Work Creep

IMPORTANT, Please Read - General Practice Work 'Creep'

Many practices are experiencing requests to carry out activities that are not part of their GMS/PMS/APMS contract due to the general shift of services towards general practice. This 'creep' will soon overwhelm practices and make it impossible to manage the day job. To try and assist practices in understanding the type of requests that colleagues are experiencing and to empower them to recognise and resist un-resourced work I have added this section to the bulletin. Each week I will include a list of requests, of which practices have made me aware, that are not part of the GMS/PMS/APMS contract. If you receive a request please email details to me. As well as including new ones each week I will also collate a central list that will be available on request.

Recent requests received by your colleagues…

…if you receive the same you are entitled to return to sender! This is not NHS work covered by your GMS/PMS contract so you can charge appropriately and/or say 'no'! Important small print – if you have signed up to additional services outside the standard GMS/PMS contract you need to check the terms of this but, to our knowledge, this work is not covered either in your core contract or under enhanced services.

We have also discussed the 'work creep' issues with both CCGs and they are supportive in addressing clear 'work creep' to ensure that where providers are commissioned to carry out the services they do so. Where they have been able to provide a resolution/feedback on 'work creep' issues, I will include the CCG response in red below.

26/3/13

- Citizens Advice Bureau medical reports for employment and support allowances
- Welfare appeals – you need to complete these but chargeable at various levels depending where the request originated
- Rehousing support requests
- ECGs requested by other people to provide their services e.g. psychiatrist to provide psychoactive drug
- Some shared care medications – practices need to check what they are and are not paid to provide
- Cremation Certification/Crem 1 Forms when outside the locality and the undertaker is unwilling to make arrangements for inspection at a suitable local undertakers premises
- MMR/Measles Blood Tests – for occupational health purposes e.g. Trust staff making requests

2/4/13

- Providing records for deceased patients when you no longer hold the record – you can charge the PCT for reviewing the record
- Suicide death audit through TEWV – you need to provide this and historically it has been free of charge but if it is more than a minor report you can consider charging, unless practice involvement is critical then this should be free
- Pre procedure checks and medication provision on behalf of secondary care when required purely for the procedure
- Post procedure result check e.g. discharge with GP to check
- Monitoring red drugs on discharge
- Blood forms, tests and screening (routine or otherwise) requested by other people to provide their services e.g. specifically for conditions under treatment elsewhere, such as secondary care, specialist clinics, tertiary referral centres, private hospitals
- Provision of results of the above blood tests – e.g. faxing weekly test results to consultants
- Anticoagulation initiation when the patient is still in hospital
- Management of chronic lymphocytic leukaemia – manage or refer as appropriate
- Automatic referral of neonates to cardiology and orthopaedics – only refer if appropriate
- Consultant to consultant referrals – we understand this is a CCG initiative. You may choose to engage and if you have signed up to any scheme are required to do so. However, if this is having an impact on your workload it is work outwith your contract and you can decline to do this. Discussion with CCG is recommended.

16/4/13

- Referral for long term oxygen therapy at the request of the Respiratory Consultant
- Bedroom Tax/under occupancy exemption letters
- Medicines management – whilst not specifically work creep we would like to highlight that this work is no longer resourced under QOF. You may choose to continue to engage where you find this beneficial to your practices or if you have signed up to any scheme requiring you to do so. However, if this is having an impact on your workload it is work outwith your contract and you can decline to do this. Discussion with CCG is recommended.

23/4/13

- Anything involving red drug – the answer is most likely 'NO'! You are not expected to prescribe or monitor red drugs
- Dexamethasone suppression test at request of specialist weight management service
- 4weekly monitoring of blood pressure and blood tests at request of oncologist for ongoing oncology treatment unless covered under an enhanced service
- ECGs at request of memory clinic
- MRSA screening and treatment (if required) at Trust request prior to admission
- Measles immunoglobulin at request of obstetricians

30/04/13

- Report for employers re appropriateness of patients taking holiday whilst on sick leave
- Patient dressings for lymphodaema clinic unless covered under an enhanced service
- Medical assessments where there is no clinical need e.g. ATOS requests or patient requests for benefit purposes

07/05/13

- The work creep notifications we have had this week are all a variation on an important theme – you are **NOT** contracted to carry out any pre or post procedure tests, monitoring, dressings, screening or scans requested by other people to when they are purely to enable the other party to provide their services unless you have a specific LES in place which covers the requested work

14/05/13

- Reminder: anything involving red drug – the answer is most likely 'NO'! You are not expected to prescribe or monitor red drugs
- NHS scripts for private treatment at the request of the consultant for services they are providing privately
- Scripts on discharge or for in patients at the secondary provider request for treatment by secondary care. The consultant should prescribe but you do need to check what they are and that you are not paid to provide under a shared care arrangement.
- Reminder: consultant to consultant referrals – we understand this is a CCG initiative. You may choose to engage and if you have signed up to any scheme are required to do so. However, if this is having an impact on your workload it is work outwith your contract and you can decline to do this. Discussion with CCG is recommended.
- Writing letters on behalf of secondary care providers following treatment by secondary care e.g. to arrange follow on assessments for the patient.

21/05/2013

- "Regular physical and weight monitoring" with specified physical examination and bloods requested from CAMHS to deliver their Tier 4 Eating disorders service unless you have a specific LES in place which covers the requested work

04/06/2013

- Repeat welfare appeals at solicitor's request when the original appeal was lost – you can charge or decline on the basis that you have already provided the information and you have nothing additional to add (unless the patient's condition has changed)
- Providing prescriptions/medication for patients at the request of the Trust to treat a condition identified during pre op tests e.g. same day script requested by Trust following positive helicobacter pylori test identified during gastric bypass pre op assessment
- Managing onward urgent referrals for conditions identified by one secondary care provider requiring urgent surgery by another e.g. examination for cataract surgery at the secondary provider identifying a need for urgent laser retinopexy at the Trust should not be passed back through the GP. You may have signed up to a CCG scheme requiring you to manage consultant to consultant referrals. However, if this is having an impact on your workload it is work outwith your contract and you can decline to do this. Discussion with CCG is recommended.
- Regular monitoring for CAMHS patients with regard to the services they are receiving from CAHMS
- Requests for GP signatures on a pre-completed form to arrange on ward treatment/tests due to the signatory being outwith the Speech and Language Therapist's (SALT) competency e.g. radiology request form for videofluoroscopy attached and a reference in the letter to this form being "sent... to the GP... to be signed".
- Referrals for oxygen assessments at the request of the Trust following Trust treatment
- Responding/acting on blood tests results that have been ordered by secondary care on discharge and which you have no knowledge of – even if they were sent to you as the 'requestor' or even the patient's GP. The results should be directed back to the Trust for their discharge team to manage as appropriate. This is post op follow up way by the back door.

11/06/2013

- Faxing clarification of a medication dose change to care homes IF you have issued a new script clearly stating the new dosage. This is best practice but not required. If you vary any meds via telephone follow up confirmation writing (new script or fax) would protect all parties.
- Providing fit notes to patients at the request of the Trust e.g. following A&E consultation patient advised to contact their GP for a Fit note.
- Onward referrals on behalf of any clinic (inc. sterilisation and A&E e.g. to arrange USS for gall stone exclusion). You may have signed up to a CCG/enhanced service scheme requiring you to manage consultant to consultant referrals. However, if this is having an impact on your workload it is work outwith your contract and you can decline to do this. Discussion with CCG is recommended.
- Reminder you do NOT need to provide scripts at the request of the Trust inc. following discharge by the Trust. The Trust should ensure the patient has the correct meds/script on discharge.
- Requests made from a secondary provider nurse (or anyone) on behalf of a consultant to a nurse (or anyone) in your practice for tests etc. This is work creep by the back door. Just because they are not asking the GP they are still passing the work to your practice! If you have a specific LES in place e.g. bucket/treatment room you need to check if this covers the requested work.
- Provision of child immunisation record details to more than one source. You are required to ensure that you provide all information to the central Child Health Information System to allow all parties to draw down this information (e.g. school nurses) to ensure a child is fully vaccinated or receives vaccinations if required but you do not need to provide duplicates of this information to numerous parties. It is important to ensure you populate the central database as efficiently and thoroughly as possible to and refer future requests to this source for information.
- **South Tees CCG: Consultant to Consultant Referrals -** South Tees CCG have clarified that as a CCG they have agreed that any urgent/2 week rule or any pathways agreed and recommended by NICE should be referred direct via consultants and NOT passed back to the GP. South Tees are considering all the work creep raised by practices to try and find a solution and would like to know if agreed actions – such as the consultant referrals as referenced above – are not being followed so they can address this.

18/06/2013

- Arranging repeat scans for patients on discharge from secondary care for the purpose of the secondary care services e.g. scan in 3 months with a Ca125 at request of gynaecologist in their discharge letter.

02/07/2013

- Carrying out urine and blood tests as part of dementia screening at request of community nurse and providing a copy of the test results to the community nurse unless you have signed up to an agreement that requires this.
- Providing and discussing the results of tests with patients at the request/on behalf of secondary care (consultants/secretaries) when the tests have been ordered and carried out by secondary care for secondary care purposes.

- **South Tees CCG: Oxygen Referrals Response -** Thank you for flagging the issues with regards to Oxygen referrals being passed back to general practice for GPs to refer on to the Oxygen assessment service (provided by Air Liquide). The commissioning support team have clarified with the FT the process and pathway for referral and it has been made clear to the FT that referrals for oxygen can and should go direct from Consultants in Secondary care to the Oxygen assessment service, there is no need for these to go via the GP. Clarification of the pathway has now been communicated to clinical colleagues within the FT and, therefore, this is expected to resolve the issue. Should you continue to experience problems of this nature can I ask that this be flagged with Dave Welch or Kathryn Kirby, our contract managers in commissioning support, who can take the appropriate action via a contract route should this be necessary

09/07/2013

- Once again the only work creep notifications we have had this week are a variation on an important theme – you are **NOT** contracted to carry out any pre or post procedure tests, monitoring, dressings, screening or scans requested by other people to when they are purely to enable the other party to provide their services unless you have a specific LES in place which covers the requested work

16/07/2013

- Completing blood tests as part of ongoing treatment/assessment at the request of Mental Health Services when the patient is still receiving follow up care from the mental health services
- ECGs on high dose methadone patients at the request of substance misuse providers. Please remember that you should not carry out any tests/ECGs etc and interpret the results unless you feel fully competent to do so; if you have any doubts you should ensure this work is referred to an appropriate specialist.

23/07/2013

- Completing annual blood tests for patients on modecate at the request of Elderly Mental Health Service
- Arranging MRIs or prescribing medication at the request of orthopaedics following a review appointment following treatment carried out by the orthopaedic consultant
- Just as we have a recurring theme of secondary care providers requesting follow up tests, scans etc we have another emerging theme of secondary providers advising patient contact their GP for the results of tests, scans etc that the secondary care provider has carried out. The responsibility firmly rests with the requester. Please see the message from the BMA below
- **BMA: hospital's duty of care to patients with regard to delivery of test results -**

  It has come to the GPC's attention that in some areas, some hospital doctors have been instructing GPs to find out the test results that the hospital had ordered. Both the General Practitioners Committee and the Consultants Committee of the BMA agree that this practice is potentially unsafe, and that the ultimate responsibility for ensuring that results are acted upon rests with the person ordering the test ("the referrer") and that responsibility can only be delegated to someone else if they accept that responsibility by prior agreement. Handover of responsibility has to be a joint consensual decision between hospital team and GP, and if the GP has not accepted that role, the referrer must retain responsibility. This advice is in line with both National Patient Safety Agency guidance and the Ionising Radiation (Medical Exposure) Regulations.

30/07/2013

- Reminder - You should not be monitoring/carrying out tests for consultants/psychiatrists or any other third party/secondary care provider unless as part of an enhanced service/agreement. Trusts/providers should be doing the work they are commissioned and paid to do. Once you accept this work you carry all the medico-legal responsibilities that go with is.
- Reminder – you should not be prescribing or monitoring red drugs and are only obliged to monitor amber drugs if they are covered under a shared care agreement/enhanced service or CCG agreement to which you have signed
- Enoxaparin for postnatal - this is the responsibility of the Trust to organise through their maternity day unit or through community/midwifery services. You are not obliged to provide this care.
- Sick notes on behalf of Trusts – all consultants/departments should be providing their own patients with sick notes if required. There is absolutely no need for the patient to be sent back to the GP to obtain a sick note – it is inappropriate and clearly work shift.
- **South Tees CCG: ECGs on high dose methadone patients at the request of substance misuse providers** – the CCG have confirmed that it is the Public Health Locality Team whom are responsible for the commissions/contract management of the substance misuse providers. The CCG have alerted the Public Health Team to this issue and Public Health are meeting with the providers to explore this further.
- **Hartlepool & North Tees CCG: Completing blood tests as part of ongoing treatment/assessment at the request of Mental Health Services** – the CCG are exploring this issue from a contracting perspective.

20/08/2013

- Reminder – You should not be monitoring/carrying out tests for consultants/psychiatrists or any other third party/secondary care provider unless as part of an enhanced service/agreement. Trusts/providers should be doing the work they are commissioned and paid to do. Once you accept this work you carry all the medico-legal responsibilities that go with is. This is the most common work creep in the months we have been running this section. We appreciate it can be difficult to say no and continue saying no every time you are asked but it is important we keep doing so if we want to stop these requests coming through. The LMC is also trying to tackle this with providers and via commissioners.
- Referral to Rapid Chest Pain Clinic as instructed via a discharge letter for 'possible angina' patient. Trusts should be making these referrals direct unless they are covered under an agreement that has been developed with your CCG or an enhanced service.

10/09/2013

- HVS for the gynaecologists as a pre-op assessment for fertility treatment
- Monitoring and reporting, including weekly bloods, at the request of Trusts for patients on amber drugs (e.g. azathioprine**)** for purposes not covered under the shared care agreement where the drug has been prescribed in hospital and there is no appropriate LES (e.g. bucket/treatment room LES) in place
- Attendance at meetings and non-mandatory training e.g. dementia awareness training
- Arrangement of medipacks for patients prior to discharge at the request of Trusts

17/09/2013

- Completion of school asthma form (AM1) – you can either charge for providing these under a collaborative arrangement or say no but you must be consistent in your approach for equality purposes

- **South Tees CCG, Medipacks** – (summary of discussion rather than formal written response) It was agreed via commissioning and discussed in the Meds Management Group that GPs would take on this work. ST CCG are aware it was not agreed with individual practices, resourcing was not discussed and that practices can decide whether they provide the medipacks or return the request to the Trust. ST CCG are looking to address the issue via the commissioning/meds management route.

24/09/2013

- Secondary care requests for BP weight, urinalysis, ACR and Serum Creatinine for a live kidney donor

01/10/2013

- MRI scans as routine in order to make a referral into secondary care. Once again we remind that GPs should only be requesting tests and scans which they are fully competent to interpret. It is important that these tests and scans are requested by the consultant who will be taking responsibility for the interpretation. It is unacceptable for a referral to be blocked on the basis that the GP has not carried out an MRI
- X-rays at the request of a consultant, after a referral has been made, to enable the consultant to provide care. This is not the GP responsibility and, once again, we stress the principle that GPs should not request tests/scans/x-rays they are not able to interpret

08/10/13

- Monthly blood tests, on behalf of obstetrics and gynaecology, due to a patient's past history of septic cholestasis - unless covered under antenatal care or an enhanced service e.g. bucket/treatment room
- Twice weekly liver function tests, on behalf of gastroenterology, to monitor progress of a patient following an 11 day admission - unless covered under an enhanced service e.g. bucket/treatment room
- Monthly blood tests, on behalf of dermatology, to monitor a patient started on Acitretin with known allergies - unless covered under an enhanced service or agreement for drug monitoring
- Blood pressure monitoring, on behalf of psychiatrist, due to a patient's raised blood pressure due to the combination of prescribed drugs
- Prescribing of drugs and monitoring of blood pressures, on behalf of psychiatrist following a change in prescription at the request of the psychiatrist

15/10/13

- Prescribing ursodeoxycholic acid preoperatively at the request of the a secondary care provider
- Prescribing suppositories pre colonoscopy at the request of a secondary care provider
- Prescribing lorozepam pre endoscopy at the request of a secondary care provider
- Completing surveys/questionnaires to review services (e.g. Adult Weight Management Services) at the request of a third party (e.g. NWA Social Research commissioned by LA to review a service)
- Survey patients (sending questionnaires to patients) on behalf of a third party
- Providing testosterone injection after a urology appointment with a follow up booster and regular 10 – 14 week injections at the request of a secondary care provider unless covered under an enhanced service/agreement (e.g. treatment room or bucket) to which you have signed

22/10/13

- Submitting requests from patients to be added/removed from the organ donor register via open exeter. This work is outside your contract and should be referred back to NHS England who are responsible. We have raised this nationally.

30/10//13

- Requests for antibiotics (short course for acute) for an outpatients via an outpatient prescription request form. In some circumstances longer course prescriptions for ongoing symptoms may be appropriate
- Monitoring patient's weight and arranging annual blood tests and sending results to secondary care provider following patient's weight loss surgery
- Providing Med3 to patients on behalf/at the request of the Trust
- Monitoring and carrying out blood tests/investigations for patients with/potential eating disorders on behalf/at the request of TEWV

19/11/13

- Prescribe/reinitiate warfarin at the request of the Trust when the Trust has stopped the warfarin at admission to surgical unit covered under an enhanced service/agreement to which you have signed

26/11/13

- ‘Life long follow up’, including blood tests, following weight loss surgery at the request of the Trust due to the Trust only being contracted to deliver this for 2 years. If you have a specific LES in place e.g. bucket/treatment room you need to check if this covers the requested work.