GPC Newsletter

BMA

www.bma.org.uk

Friday 8 August 2014 **Issue 3**

Content

GPC guidance to GPs regarding Ebola virus

As you will know, a Cascade alert was issued on 1 August via area teams concerning patients presenting with a positive travel history to Ebola Virus areas within the previous 21 days. The full alert message can be found at 010814Ebola CAS alert.pdf. Attached to the alert is a complex viral hemorrhagic fever risk assessment algorithm which suggests that practices should carry out complex investigations. The algorithm ['Viral Haemmorrhagic Fevers Risk Assessment'] can be found online.

Below is a simplified version of the algorithm, explaining which steps practices would need to follow in case of a potential Ebola case presenting at the practice:

For any patient presenting who have visited the affected areas within the past 21 days, clinicians should consider questions A and B at the top of the algorithm.

1. If the answers to both questions A and B are negative there is minimal possibility of VHF/Ebola Virus.

2. If the answer to question B is **positive** then isolate patient in a separate room and call 999 - the ambulance service will deal with the case and transport to hospital.

3. If the answer to question A **is positive** then it is necessary to seek answers to all the additional questions in the box.

    - If any of the additional question responses to question A are affirmative then patient isolate in a separate room, call 999 and the ambulance service will deal with the case and transport to hospital.

4. If all the responses to the additional questions to question A are negative then the single further discriminator question concerning bruising or bleeding should be asked.

- if the answer is **yes** then isolate in a room, call 999 and the ambulance service will deal with the case

- if the answer is **no** then the appropriate GP response is to refer the patient immediately to their local hospital medical assessment unit for further evaluation without the need for isolation.

5. Should you or your staff be exposed to a positive case then seek advice from the Local Health Protection Team regarding next steps.

Care.data – Advisory group open meeting - England only

NHS England and the Health and Social Care Information Centre (HSCIC) are continuing to consult with stakeholders, including patients and health professionals, on potential solutions or ideas for amendments to the care.data programme. Plans are progressing for a phased roll out to the programme, with a cohort of between 100 and 500 practices to trial, test, evaluate and refine the data collection process, including communications to patients.

The BMA is continuing to negotiate with the care.data programme and advise on the BMA's position following the LMC Conference and ARM.

The care.data Advisory Group has issued an open invitation to a second public consultation discussion about the development of the programme. Issues of interest to stakeholders and potential solutions to areas of concern will be discussed.

The open meeting will be held on **Saturday 6 September 2014**, 10:30am (10am registration) to 2:00pm, including a light lunch. The meeting will be held in London and further information is available here, including details of how to book a place. Please note that places are free, but no expenses will be paid.

CQC guidance on the Disclosure and Barring Service (DBS) checks in general practice? - England only

The CQC has issued the following guidance.

Practices need to have safe recruitment procedures and need to be in line with the national policy on criminal record checks.

Practices need to have:

- A process in place for undertaking criminal record checks at the appropriate level for staff who are eligible for them.
- Determined which staff are eligible for which checks. This should include assessing the different responsibilities and activities of roles to determine if staff are eligible for a DBS check and to what level.
- When carrying out this assessment, practices must remember that the eligibility for checks and the level of that check depends on the roles and responsibilities of the job – not the individual being recruited. Eligibility is based on the level of contact staff have with patients, particularly children and vulnerable adults.

The basic pragmatic guidance is that clinical staff require a DBS check. GPs will have had criminal records checks done as part of their performers list checks. In some cases, practices may use these checks rather than obtaining an additional DBS check when the GP begins working for the provider. In such cases the provider should be able to provide sufficient evidence of seeking appropriate assurances from NHS England that a check has been undertaken.

For non-clinical staff, there is no blanket requirement for all reception or administrative staff to have DBS checks. Access to medical records alone does not mean that staff are eligible for a DBS check. Therefore, practices should **not** normally be found to be breaching a regulation solely on the basis that '*non-clinical staff have not had DBS checks*'. If staff have not had a DBS check, the practice needs to have done their own assessment to give a clear rationale as to why they have decided not to carry out DBS checks.

A good example of where non-clinical staff may be eligible for a DBS check is reception staff who also carry out chaperone duties, for example look after a baby of child while the mother is being examined by a GP or nurse.

Remember, CQC does not decide who is eligible for a DBS check or not.

If practices are unsure about who is eligible for a check or not they can contact the Disclosure and Barring Service.

CQC guidance on Significant Event Analysis (SEA) - England only

The CQC issued the following guidance.

Practices should be able to demonstrate a team based learning environment. Significant event analysis can be used to show quality improvement in the safety domain of the CQC GP inspection.

Agreed principles for SEA requirements for GP practice inspections

The NPSA's definition of a significant event analysis (SEA) is as follows:

> "A process in which individual episodes (when there has been a significant occurrence either beneficial or deleterious) are analysed in a systematic and detailed way to ascertain what can be learnt about the overall quality of care, and to indicate any changes that might lead to future improvements."

Significant events can be very wide-ranging and can reflect good as well as poor practice.

- Significant event audit is an important part of revalidation. A GP's revalidation portfolio will be expected to contain two SEAs per year, this equates to 10 SEAs per five year revalidation cycle.
- In line with revalidation there should be a minimum of two SEAs per practice with a focus on quality improvement. If a practice has done no SEAs, it is likely that there is a cause for concern and should be investigated further.
- SEAs should act as a learning process for the whole practice, individual SEAs can be shared between members of staff including GPs. The focus of the SEA is that learning is disseminated within the practice.

- A practice that we would rate as 'Good' ensures that the learning involves the whole team and becomes embedded in everyday practice. 'Good' is linked to the impact and learning resulting from the SEA.

What is a significant event analysis?

Significant events can be very wide-ranging and can reflect **good** as well as **poor** practice. Examples could include new cancer diagnoses, coping with a staffing crisis, complaints or compliments received by the practice, breaches of confidentiality, a sudden unexpected death or hospitalisation, an unsent referral letter or a prescribing error.

SEAs are a qualitative process describing: What happened and why? How could things have been different? What can we learn from what happened? What needs to change?

Aims of SEA:

- To identify events in individual cases that have been critical (beneficial or detrimental to the outcome) and to improve the quality of patient care from the lessons learnt.
- To instigate a culture of openness, not individual blame or self-criticism, and reflective learning.
- To enable team building and support following stressful episodes.
- To enable identification of good practice, as well as suboptimal.
- To be a useful tool for team and individual continuing professional development, identifying group and individual learning needs.
- To share SEA between teams within the NHS where adverse events occur at the 'overlap' or in shared domains of clinical responsibility, eg out-of-hours (OOH), discharge problems.

What are the processes involved in a SEA?

On an inspection, an inspector will be looking at the seven steps involved in an SEA:

1. All staff should be aware of and be able to prioritise a significant event.
2. Information gathering – There should be evidence of information gathering; this will include factual information on the event from personal testimonies, written records and other healthcare documentation. For more complex events, more in-depth analysis will be required.
3. Facilitated team-based meeting should have occurred to discuss, investigate and analyse events.
4. There should be evidence of the team meeting regularly for the purpose of SEAs Analysis of the Significant Event including - What happened and why? How could things have been different? What can we learn from what happened? Is change required and if so what needs to change?
5. Agree, implement and monitor change. There are no fixed end-points; outcomes should be revisited and the implementation and success of any agreed changes monitored at pre-set intervals.
6. Written records, all the processes of the SEAs should be written up to form a report. The SEA report is a written record of how effectively the significant event was analysed.
7. Report, share, review. The SEA should be shared with all members involved in the significant event.

LMC Conference 2015

The 2015 LMC Conference will be held on **Thursday 21 and Friday 22 May 2015** at Logan Hall, Institute of Education, London. A letter has been sent to LMCs asking them to confirm the number of GPs they represent for the purpose of calculating how many places they will be allocated at the Conference. Further information on the deadline for receipt of motions, expenses and nearby hotels will be sent out in October.

LMCs – change of details

If there are any changes to LMC personnel, addresses and other contact details please email Karen Day with the changes at kday@bma.org.uk.

The GPC next meets on 18 September 2014, and LMCs are invited to submit items for discussion. You may like to review these, beforehand, with the representatives in your area who serve on the GPC. The closing date for items is 9 September 2014. It would be helpful if items could be emailed to Nadia Kalam at nkalam@bma.org.uk. You may also like to use the GPC's listservers to exchange views and ideas.

GPC News

LMCs are reminded that their regional representatives can provide more detailed information about the issues covered in GPC News, and other matters. Other members of the GPC would also be pleased to accept invitations to LMC meetings wherever possible. Their names and addresses are in the GPC Yearbook. The secretariat can also provide a written background brief if required, but it would be helpful to have such requests well in advance of your meetings.

Finally, if LMCs require assistance on local issues, they can also contact the BMA's local offices: addresses are on page 3 of the GPC's yearbook.

This newsletter has been sent to:

Secretaries of LMCs and LMC offices
Members of the GPC
Members of the GP trainees subcommittee
Members of the sessional GPs subcommittee