

Exception Reporting

The BMA has issued further guidance regarding what constitutes good practice in exception reporting. The full guidance is available on the GPC website or from the LMC.

Exceptions are patients who are on the disease register, and who would ordinarily be included in the indicator denominator. However they are excepted from the indicator denominator because they meet at least one of the exception criteria set out in the Statement of Financial Entitlements, i.e.

A. Patients who have been recorded as refusing to attend review who have been invited on at least three occasions during the preceding twelve months.

Invitations to attend must be patient specific and can be in writing or by telephone. They can take the form of an individual note at the foot of the patient's prescription requesting them to attend for review. There must have been 3 separate invitations at three unique periods of time within the year in question. A telephone call invitation may lead to the application of exception criteria G, **informed dissent**, if the patient refuses to take up the invitation to attend.

The following are examples that are **not** acceptable as an invitation: a generic invitation on the right hand side of the script to attend for e.g. flu vaccination or a notice in the waiting room inviting particular groups of patient to attend.

B. Patients for whom it is not appropriate to review the chronic disease parameters due to particular circumstances e.g. terminal illness, extreme frailty.

The overriding principle is that blanket exception reporting is not acceptable and that individual decisions based on clinical judgement should be made. Thus it is not acceptable to exclude all patients above a certain age or all those with a particular diagnosis, e.g. dementia or cancer.

C. Patients newly diagnosed within the practice or who have recently registered with the practice, who should have measurements made within three months and delivery of clinical standards within nine months eg blood pressure or cholesterol measurements within target levels.

Exception reporting is done automatically through the national achievement analysis systems.

D. Patients who are on maximum tolerated doses of medication whose levels remain sub-optimal:

It is not acceptable to exclude all patients who are under the care of a consultant. Each case needs to be carefully considered and all reasonable efforts made

to provide optimal care. Even if the patient is under consultant care only, the practice must ensure it has evidence that all the requirements of the contract have been carried out. The practice should either fulfil the requirements or obtain evidence from secondary care that the particular test/check has been carried out. Where the secondary care clinician, in agreement with the primary care clinician, has exercised clinical judgement and decided further action or testing is inappropriate, exception reporting will be allowed. This should be noted in the patient record.

E. Patients for whom prescribing a medication is not clinically appropriate eg those who have an allergy, contraindication or have experienced adverse reaction. The nature of the contraindication, allergy or adverse drug reaction should be recorded in the patient's notes as well as the exception reporting code.

F. Where a patient has not tolerated medication. The nature of the intolerance should be recorded in the patient's notes as well as the exception reporting code.

G. Where a patient does not agree to investigation or treatment (informed dissent), and this has been recorded in their medical records.

A personal contact or discussion should be documented in the patient records for this criterion to apply. This can include either face to face or telephone contacts between a health professional and the patient. Patients not responding to invitations to attend or failing to arrive at appointments cannot be exception reported under G, ie DNA alone does not fulfil the criterion for informed dissent. Patients failing to respond after 3 invitations can be exception reported under criterion A. The informed dissent must have been given in the period 1st January 2006 to 31st March 2007 if applying to the current year (2006/7).

H. Where the patient has a supervening condition which makes treatment of their condition inappropriate eg cholesterol reduction where the patient has liver disease.

The nature of the supervening condition should be recorded in the patient's notes as well as the exception reporting code.

I. Where an investigative or secondary care service is unavailable.

In the event a practice indicates an investigative or other specialist service is not available, agreement should be reached through the office of the PCO Medical Director that exception reporting is appropriate.

General Dental Council

The General Dental Council (GDC) has introduced a requirement that states all prospective registrants must have a health reference form completed by their GP. The BMA has a number of concerns regarding the current guidance notes to doctors and the wording of the application form and has met with the GDC to highlight these concerns. The GDC has confirmed that it will be reviewing the documents and will consult the Association on these changes.

The Professional Fees Committee notes that the completion of health reference forms does not form part of a GP's terms and conditions and therefore an appropriate fee may be levied by the GP to the patient concerned. When deciding on a fee, GPs will need to take the following factors into account – the number of tests, the requirement for follow-up work, the possibility of counselling.

GP Returners

Up until earlier this year funding was available in England for the GP returners' scheme. This was an excellent mechanism for encouraging qualified GPs (particularly those who had taken a career break for family reasons) back to work. Unfortunately, this funding has now been withdrawn by the Department of Health. The BMA has made numerous representations about the withdrawal of the funding to the Health Department. In the meantime, the BMA has published guidance designed to advise GPs who wish to return on the current situation while no new central funding is available.

BMA member GPs who are considering returning to work are advised to contact AskBMA (email: askbma@bma.org.uk; telephone: 0870 6060828) particularly for expert individual contractual advice.

PCT Appointments

So far the following appointments have been made at Director level at the new Derbyshire County PCT:
David Sharp – Director of Commissioning and Information

Martin Whittle – Director of Corporate Strategy

Paul Badger – Director of Finance

Tracy Allen – Director of Provider Development

Maggie Boyd – Director of Clinical Quality & Nursing

Locum available

Dr Biswas, who recently retired as a single-handed GP in Alvaston, is now available to do locum work in the Derby area. He is available on 07802 414589 or 07818 432496.

Chaperones

Dr Chris Hee from Brimington Medical Practice has developed an excellent PowerPoint presentation based on the LMC's chaperoning policy. This is available for other practices for their training sessions. There is no charge and practices can modify it to cater for their needs. Please contact the LMC if you would like a copy of the presentation. The LMC is very grateful to Chris and his practice for making this available to other practices.

The Central Health Clinic in Sheffield has developed a training package to enable participants to learn and practise the skills required to act confidently and competently as a chaperone for the intimate clinical examination of patients. The training is open to both clinicians and administrative staff. For training to be held at Central Health Clinic the rate is £50 per person. They also provide on-site training at a rate of £35 per person for groups of 11-14 and £30 per person for groups of 15-20.

For further details contact:

Debbie Liversidge, Training Co-Ordinator
Central Health Clinic, 1 Mulberry Street
Sheffield S1 2PJ Tel: 0114 271 8151

Assessors in General Practice

The National Clinical Assessment Service is seeking Assessors in General Practice with substantial experience of working:

- in small practices, or
- in situations of significant urban deprivation, or
- with ethnic minority groups.

Assessors are required to be available for up to 15 days per year. It is essential that they are in good standing with the GMC and have a minimum of 5 years' experience as a GP. They need to be familiar with the principles of assessment, audit and review with a least 2 years' experience as an assessor, as well as having proven report writing skills.

For an application pack and further information please visit www.ncas.npsa.nhs.uk.

Closing date: noon, Friday 12 January 2007.

How to contact us

Derbyshire LMC office is at Norman House, Friar Gate, Derby DE1 1NU. Our telephone number is 01332 210008, fax 01332 341771, email office@derbyshirelmc.org.uk. The two Practice/PCT Liaison Officers are Melanie Beatham and Kate Lawrence who will continue to liaise with the same North and Southern practices as before the PCT reorganisation. Their email addresses are: melanie.beatham@derbyshirelmc.org.uk and kate.lawrence@derbyshirelmc.org.uk.