Service Provision at Reach Healthcare

This document has been written to provide information and clarity on services that Reach Healtcare provides or does not provide and is in line with existing practice.

The aim of this document is to educate staff and other providers on the duties and responsibilities of all parties, to help manage patient expectations, whilst also aiming to reduce the well-recognised and increasingly common transfer of unfunded and inappropriate work to General Practice.

This document represents current practice policy, errors and omissions excepted, and is subject to change without prior notice. Last update 17th April 2024.

# We provide the following services

The main bulk of this list represents **core NHS work** and is taken from the services section of our CQC statement of purpose at <https://www.cqc.org.uk/location/1-545121955>

## Essential services

* GP and nurse consultations
* Management of long-term conditions, e.g., asthma, chronic obstructive pulmonary disease, coronary heart disease, diabetes
* End of life, palliative and terminal care
* Mental health reviews
* Management of mental health conditions, e.g., depression and anxiety
* Medication reviews
* Health checks
* Managing home visits for housebound or care home patients

## Additional services

* Cervical cytology screening
* Contraceptive services
* Child health surveillance
* Fit notes
* Maternity services (Maternity care is provided by local midwife team)
* Other statutory certificates
* Vaccinations and immunisations

## Enhanced services

Though not part of essential services, the practice chooses to participate in the ICB local enhanced services contract:

* Simple wound management and suture removal
* Ambulatory blood pressure monitoring
* Spirometry
* ECGs
* Contraceptive coil fitting (IUD and IUS) and implant insertion and removal
* Ring pessaries
* Prostate cancer injection therapy
* PSA monitoring
* DMARD monitoring
* Shared care drugs (on individual patient basis)
* Minor Operations and Steroid Injections

## Other enhanced services

* Childhood vaccinations and immunisations
* In-house diabetic clinic
* Certain minor surgery procedures
* Flu immunisations
* Extended hours
* Learning disabilities examinations
* Care home reviews
* Phlebotomy
* PSA monitoring (once stable)

## Other services

* Child health and development checks
* Travel advice
* Participation in any ICB Prescribing Quality Scheme
* Online services, e.g. repeat prescribing ordering, appointment booking, symptom checker, newsletter subscriptions, smartphone responsive website, medical information and treatment plans via text messaging service

## Non-NHS services – please note these are all chargeable unless otherwise specified

* Insurance claim forms
* Fitness to travel in uncomplicated cases
* Travel prescriptions
* Private sick notes
* Pre-employment and HGV medicals
* Vaccination certificates
* Miscellaneous letters and forms, e.g. statements of fact (chargeable), aspects of record (free)
* Copies from records (free)
* Fostering applications and Occupational Health Reports
* Fire arms applications

**PLEASE CONTINUE TO NEXT PAGE FOR SERVICES THAT WE DO NOT PROVIDE**

# We do not provide the following services

As GPs who subcontract solely to the NHS, of necessity, the vast bulk of our work is core NHS work. We are therefore at liberty to decline any work that does not form part of core NHS work. Such work may form part of the responsibility or remit of another provider, either another NHS organisation or a private provider, or may be a service that is not commissioned at all – in this situation, responsibility does not automatically fall upon the NHS GP.

This list is not exhaustive – if in doubt, please ask a member of the management team.

We do not in general provide any services that are provided by another provider as their main role and/or for which that provider is specifically funded:

 (examples: physio, smoking cessation, emergency contraception, drug and alcohol services, minor injuries, complex wound care, dental problems)

This list has been compiled from existing practice as well as BMA guidance which indicates items that are not part of the core GP contract:

[https://www.bma.org.uk/advice-and-support/gp-practices/gp-service-provision/enhanced-services-gp-practices-](http://www.bma.org.uk/advice-and-support/gp-practices/gp-service-provision/enhanced-services-gp-practices-) can-seek-funding-for

and existing guidance on other matters:

[https://www.bma.org.uk/advice-and-support/gp-practices/managing-workload/general-practice-responsibility-in-](http://www.bma.org.uk/advice-and-support/gp-practices/managing-workload/general-practice-responsibility-in-) responding-to-private-healthcare

## Non-NHS services that we do not provide

 Alcohol and drug addiction services including detoxification programmes

 Benefits appeals letters or evidence – but we can supply a summary printout of patient's record for their information, further, Citizens Advice Bureau can advise on the process of appeal

 Catheter changes and management – this comes under remit of district nursing team

 Character references – we are not best placed to provide these

 Court appearance or probation letters – we do not provide these for missing attendance unless ***personally***

directed to provide such a letter by Court Order

 Dental problems – including assessment and treatment thereof

 D-dimer near patient testing – no longer recommended as part of primary care diagnostics

 Dieting approval letters or confirmation – but we can supply a summary printout of patient's record for their information

 Diazepam (Valium) for dentistry work, flights, attending scans, etc – we have a written policy on this area

 DNA or paternity testing – the patient's solicitor can arrange for this privately

 FeNO testing

 Fitness letters, e.g, to exercise or attend gym, hazardous pursuits, fitness for operation or dental work – but we can supply a summary printout of the patient's record for their information

 Fitness to drive opinions for DVLA under Section 88 of the Road Traffic Act – the DVLA is giving incorrect advice if they direct patient to us for a fitness to drive opinion under s.88

 Firearms certificates or medical reports – we are conscientious objectors, so cannot assist with firearms applications or provide firearms certificates – we can however direct patient to private services that can help

 Housing letters – the council will ask us for a paid for medical report if information is required

 Job placements for students

 Minor injuries service – patients must attend the Minor Injuries Unit

 Occupational health assessments – the patient's employer needs to arrange this privately themselves

 Patient groups – specialist patient groups or allocated patients (without prior agreement), e.g., violent, asylum seekers or refugees, removed from multiple surgeries, homeless

 Private work – any form of private work for which we are uncomfortable with nature or fee

 Recording injuries for police or insurance purposes – this is not a GP service

 School letters, e.g., toilet breaks, periods, exams, term work – a GP letter is not required for this; a letter or note from the parent should suffice; school can also advise on applications under Special Rules

 Sick notes for college, university – sick notes (fit notes) are legal documents for the purposes of confirming entitlement to statutory sick pay, if patient needs medical evidence, we can supply a copy of the relevant consultation entry

 Signature witnessing – others can do this

 Smoking cessation services – this comes under the responsibility of a specifically commissioned service for assessment, advice and treatment of patients

 Surveys

 Testamentary capacity, wills, power of attorney or court of protection – this is a specialised medicolegal area and is private work that we choose not to participate in; the patient's solicitor can advise on getting a professional opinion of a consultant psychiatrist or psychogeriatrician

 Trial participation – this will include form completion, questionnaires and phlebotomy

 Vaccination – certain additional specific programmes, e.g., for students, university entrants

## Secondary care services that we do not provide

 ADHD, ASD, tics, Tourette's diagnosis – this is a specialist area, we refer into these services

 Anticoagulation initiation for anything other than atrial fibrillation

 Bariatric surgery – post-op monitoring – this is not commissioned and therefore not part of routine GP care

 Dementia diagnosis and treatment initiation– this is a specialist area

 Dermatology monitoring of high-risk skin conditions, e.g., post op melanoma, squamous cell carcinoma, and lichen sclerosus – this is a specialist area

 Dermatoscopy – this is a specialist area

 Detox services – these are organised by inpatient specialist teams, private or community outreach clinics

 Eating disorders physical health and blood monitoring – this is not commissioned and therefore not part of routine GP care

 Emergencies arising in a hospital outpatient setting (for instance, patient has chest pain during a hospital investigation) – patient needs to be referred to the A+E department

 Fit notes following operations, hospital admissions, outpatients – this is responsibility of the hospital clinician – from November 30, 2023, contractually, all hospital providers must have processes in place to send a fit note electronically to a patient

 Medications and/or medication monitoring for medications that come under specialist remit, e.g., drugs in red category on traffic light (consultant only prescribing), specialist cardiology, dermatology, gastroenterology, gender dysphoria, neurology, psychiatry (ADHD), rheumatology drugs, drugs required before medical procedures, including initiation of such medications – these are all specialist areas – as a general rule, if GPs would not be ordinarily prescribing such medications in the usual course of their care for an NHS patient, they cannot accept responsibility for prescribing same

 Medications for which no shared care arrangement in place, or where shared care has not been formally agreed by the GP, this may include requests to prescribe drugs from private providers – note that if a shared care agreement for a particular medication exists, our participation in it is actually voluntary and not guaranteed

 Medications required specifically to undergo a hospital procedure, e.g., loading dose antibiotics, loading dose blood thinners, high dose steroids – responsibility for prescribing and advising on medications, including advice to stop medications prior to procedures lies with the clinician performing the procedure

 Medications required urgently from the hospital – it is a contractual duty of the hospital to supply

 Medications that should have been supplied to the patient following a discharge from hospital admission – it is a contractual duty of the hospital to supply

 Medications for which there is no written confirmation from the hospital – we are not responsible for delays on the part of the hospital in sending outpatient letters to the practice – it is a contractual duty of the hospital to supply correspondence within 7 days

 Medications – intravenous treatments initiated in hospital and required to be continued in the community

 Oxygen – processing of long-term oxygen requests – this is a responsibility of the respiratory consultant

 Physical examinations whilst waiting for hospital treatment, e.g., if on waiting list or to check if still needs operation or outpatient appointment – this does not form part of routine GP care

 Physical examinations of the newborn – these should have been performed before discharge from hospital

 Pre-operative assessments including anaesthetic assessments – this responsibility lies with the surgeon and/or anaesthetist covering the operation

 Private providers – GPs have no obligation to perform investigation or prescribe medication following patient attendance at any private provider; there is no automatic entitlement for a patient to have a private prescription converted to an NHS one; we do not participate in prescribing shared care medications from private providers

 Procedures – provision of authorisation or approval for another independent practitioner to perform a procedure – in this situation a summary printout from patient’s record may be provided

 Public health services, e.g., screening/vaccination and prescribing of flu antivirals, penicillin V post meningitis exposure, scabies outbreak in institutions – this come under public health responsibilities

 Referrals from a private consultant to their own NHS clinic – this can be achieved by the consultant directly without a GP referral

 Referrals from a specialist area to a related specialist area, e.g., physio/MSK referral from orthopaedics, fertility referral to gynae – referrals such as these can be very easily done by the clinician suggesting the referral

 Referrals under 2WW pathway – a patient seen in hospital who is discovered to need a two week cancer referral must be referred by the attending clinician using internal trust processes – this is confirmed by agreement between ICB and UHDB cancer leads

 Re-referrals requiring following first instance of patient non-attendance – hospitals must not immediately discharge patients and must follow their own procedures for offering the patient a further appointment

 Results – chasing up results for tests organised by others – GMC guidance states it is the responsibility of the clinician requesting the test to act upon it, this includes histology from 2WW biopsies

 Results – forwarding from one provider to another – the organisation requiring the result can liaise with the testing laboratory directty

 Results – provision of results from swabs carried out in hospital for investigation of MRSA outbreaks

 Tests or investigations whose interpretation and appropriate action comes under specialist remit – as a general rule, if GPs would not be ordinarily be requesting such tests in the usual course of their care for an NHS patient, they cannot accept responsibility for prescribing same

 Tests for occupational health services

 Tests for pre-operative screening, including ECGs, MRSA swabs, bloods

 Wound management, complex or ulceration – this comes under a specific commissioned service that deals with complex wounds