YORLMC LIMITED

Newsletter
Issue 101 – January 2016

Message from Dougy Moederle-Lumb, Chief Executive, YORLMC Ltd
YORLMC is the professional voice for NHS GPs and practice teams in the area and is the only statutory organisation which democratically **represents the professional interests of all GPs regardless of contractual** status.

YORLMC is taking the lead in securing the future of general practice across Bradford, Airedale, Wharfedale & Craven and North Yorkshire & York and is the link between local GPs and their national negotiating body, the General Practitioners Committee (GPC). In addition and in terms of commissioning it is YORLMC's responsibility to ensure all practices are treated equitably as providers of GP services. It is also important to remember that YORLMC's role isn't just about GMS/PMS services but about the wider aspects of services provided by GPs whilst in contrast the role of a practice federation is to develop business for (practice) GP colleagues.

Please remember that YORLMC has a wealth of experience and is a source of support and information for you. This includes pastoral care and together with my YORLMC colleagues we are able to provide personal and confidential support for individual GPs and practices in difficulty or experiencing major change. As mentioned in previous editions of YORLMC news, I am especially keen that practices do not delay in contacting me if they are experiencing serious financial difficulties as a result of cash flow problems, for example where they are needing to make alternative arrangements either through use of existing contingency funds or bank overdraft arrangements. I can be contacted in the first instance through the Corporate Affairs Team.

YORLMC's CAT is responsible for keeping GPs and practice teams informed of current issues relating to primary care and beyond. The CAT leads on communicating important messages, producing regular guidance and newsletters to keep all GPs and practice teams informed, involved and engaged. If there is any issue with which you think we may be able to help, then please do not hesitate to contact the Corporate Affairs Team.

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YORLMC Corporate Affairs Team - Contact Changes
Please note that our Committee Liaison Officers (CLOs) have changed their areas of responsibility as follows:

- Simon Berriman is administering the North Yorkshire Branch, Liaison and Alliance of Federations - simon.berriman@yorlmcltd.co.uk
- Stacey Fielding is now administering the 4 North Yorkshire Divisions – stacey.fielding@yorlmcltd.co.uk

Simon and Stacey are therefore the first point of contact for all North Yorkshire & York related matters.

- Kate Mackenzie kate.mackenzie@yorlmcltd.co.uk) is now administering the work of the Bradford & Airedale Branch of YORLMC Ltd.

Change of practice email addresses
To help the CAT keep track of changes within practice teams it will be much appreciated if you can advise info@yorlmcltd.co.uk when GPs join or leave your practice as well as when there is to be a change of Practice Manager.

Follow YORLMC on Twitter
Follow us @InfoYorlmc – there is also a link at the top right hand corner of our web site http://www.yorlmcltd.co.uk/

Included in this newsletter are updates for your information - YORLMC's website also includes a frequent queries section

Avoiding unplanned admissions and care plan reviews
YORLMC is aware that some practices failed to receive full payment for their September 2015 claims of the avoiding unplanned admissions enhanced service, owing to ambiguity in the wording in the ES specification. YORLMC expressed concern to the GPC, as a result of which the GPC formally raised the issue with NHS England, and agreement has been reached that full payment will be made to all affected practices, on condition that they have completed a review on their patients on the register by 31 March 2016 in addition to fulfilling the other requirements of the enhanced service. If your practice is affected please contact the relevant locality team within NHSE and if you still have difficulties please contact YORLMC's Corporate Affairs Team in line with the contact details above.

Invoices for work done under collaborative arrangements
Practices should continue to send invoices for work done under collaborative arrangements to their CCG's Finance Team.

GPs are reminded that they are responsible for determining their fees for this work. Further information is available at:
http://www.bma.org.uk/support-at-work/pay-fees-allowances/fees/fee-finder/fee-finder-collaborative-arrangements

YORLMC would also like to remind GPs that it is particularly important that matters relating to individuals who are potentially at risk continue to be dealt with in a timely manner, while discussions regarding payments continue, e.g. child protection/vulnerable adults reports, attendance at case conferences etc. Practices are also advised to keep a record of claims sent to their CCG in case any problems regarding payment arise.

First Childhood Immunisation Schedule
YORLMC is aware there has been some uncertainty amongst practices around whether first immunisations should be given at 8 weeks or 2 calendar months. GPC has sought clarification from NHSE which has confirmed that first childhood immunisations should be given at 2 calendar months, this is in line with the Statement of Financial Entitlements (SFE) (Annex I) and the Green Book.

Vaccine Update Special edition - last order and expiry dates of childhood flu nasal vaccine
The latest special edition of the PHE vaccine update number 239 includes information relating to:

- Last orders of LAIV (FluMist® Quadrivalent) for the childhood flu programme
- Expiration dates for LAIV vaccine

In particular, please note the following in relation to expiry date of FluMist:

> "To ensure timely supply, changes in the supply schedule were required. This has resulted in a mismatch between the actual expiry date and that printed on the packaging and labelling. The two batches of FluMist quadrivalent being supplied (FL2113 & FL2118) must not be used after the 24 February 2016. This does not affect the safety, quality or efficacy of the batches. In agreement with the MHRA, a pre-planned withdrawal of any unused stock of FluMist quadrivalent will begin on the 25 January 2016. This will help ensure that no time-expired vaccine remains in circulation. AstraZeneca's logistics provider, Movianto, will contact you to arrange collection. Please quarantine any unused FluMist quadrivalent ahead of 24 February 2016. This should avoid accidental administration prior to collection'.

Batches of UK labelled Fluenz Tetra will not be subject to the withdrawal and may be used up to the expiry date stated on the carton and nasal applicator.

Fluenz Tetra® for 2015/16 has been supplied with expiry dates ranging from 28 December 2015 and 18 January 2016. The list below shows the batch numbers and their expiry dates. Practices should always check the expiry date before administering, dispose of expired vaccines in line with local policies and record any stock disposed of due to expiry on ImmForm.

Batch	Expiry date
FJ2021	28 Dec 2015
FJ2022	29 Dec 2015
FJ2023	30 Dec 2015
FJ2072	31 Dec 2015
FJ2098	05 Jan 2016
FJ2188	18 Jan 2016

Vaccine update - MenB and Paracetamol / Shelf life for FluMist / Hep B blood spot testing
The latest edition of the vaccine update, published in December, contains the following updates:

- MenB and central supply of paracetamol phase out
- Shelf-life for Fluenz Tetra and FluMist (2-17 years nasal flu vaccine)
- National free dried blood spot testing service for infants born to hepB+ mothers

NHS Employers has updated its Vaccs and Imms FAQs to include a question on MenB and paracetamol, as well as flumist expiry dates.

Cessation of national supply of paracetamol sachets for the MenB immunisation programme
Public Health England (PHE) has informed GPC that as the temporary supplies of paracetamol sachets, to be given after the doses of the Men B vaccinations for infants have been given, have been fully distributed, the central supply of paracetamol sachets is being phased out. The updated patient leaflets make it clear that parents will need to make arrangements to have infant paracetamol at home in time for their baby's first immunisation appointment, and will be available to order in paper copy from late December through the DH Orderline to be handed out at the time of the vaccination. The full briefing which has gone out to PHE immunisations teams is attached for information as appendix 1.

Version 33.0 of the QOF Business Rules and related FAQs
Version 33.0 of the Business Rules have been published. In addition to the usual changes where new codes have been added to clusters, some codes have also been removed from some QOF register clusters. This does not usually happen in-year but there were clinical reasons for doing so. The changes affected heart failure, the asthma register and CKD register. These changes were

effective from 1 October 2015. The updated Business Rules are available here: www.hscic.gov.uk/qofbrv33 and NHS Employers have also published some FAQs following these changes (see below and on their QOF FAQ page here)

Heart failure (HF)

Q. Why has the code for 'left ventricular cardiac dysfunction' (Read v2 G5yyD/CTV3 Xaacj) been removed from the 'heart failure due to left ventricular systolic dysfunction (LVSD)' component of the heart failure register?

A. The HF003 and HF004 indicators are aimed at patients with a diagnosis of heart failure due to left ventricular systolic dysfunction (LVSD). As the Read code for left ventricular cardiac dysfunction does not solely relate to LVSD and following advice from NICE, it was agreed that it would not be appropriate for patients with heart failure due to cardiac dysfunction to be included in these indicators. As such, from 1 October 2015 this code will not be in the register cluster and patients with just this code will therefore no longer be included.

Practices may wish to review the records of these patients and (if clinically appropriate i.e. if their left ventricular dysfunction is systolic) update this code to G5yy9 'Left ventricular systolic dysfunction' (for EMIS, Vision or Microtest) or XaIIq 'Left ventricular systolic dysfunction' (for SystmOne).

Asthma (AST)

Q. Some of the asthma-related prescribing Read codes have been removed from the asthma register, why?

A. Part of the register criteria for asthma is based on appropriate prescribing of therapies. The Business Rules included some drug therapies only licensed for patients with a diagnosis of COPD and they are not licensed as a treatment for asthma. As such, the following Read v2 and CTV3 codes have been removed from the asthma treatment component of the asthma register:

- c1e..% hierarchy containing:
  - c1e.. INDACATEROL+GLYCOPYRRONIUM
  - c1e1. ULTIBRO BREEZHALER 85mcg/43mcg inh powder capsules+inhaler
  - c1e2. INDACATEROL+GLYCOPYRRONIUM 85mcg/43mcg inh powder caps+inh
- c1b..% hierarchy containing:
  - c1b.. INDACATEROL
  - c1b1. ONBREZ BREEZHALER 150micrograms inhalation capsules+inhaler
  - c1b2. INDACATEROL 150micrograms inhalation capsules+inhaler
  - c1b3. ONBREZ BREEZHALER 300micrograms inhalation capsules+inhaler
  - c1b4. INDACATEROL 300micrograms inhalation capsules+inhaler
- c1d..% hierarchy containing:
  - c1d.. OLODATEROL
  - c1d1. STRIVERDI RESPIMAT 2.5micrograms inhaler
  - c1d2. OLODATEROL 2.5micrograms inhaler

If you have patients with asthma whose sole asthma medication is one of the inhalers listed above then they will no longer appear on your QOF asthma register.

Patients receiving additional, appropriate asthma treatment such as short-acting bronchodilators or steroid inhalers will remain on the register. Practices may wish to review the records of any patients

affected by this change to review their asthma treatment however, a change in prescribing should only be done where clinically appropriate.

Chronic kidney disease (CKD)

Q. Why has the CKD register changed?

A. In April 2015 the CKD register was updated to take account of a change in the diagnostic criteria. In addition to the existing codes the register is now for patients with new classifications G3a to G5 CKD. The CKD clusters have been reviewed by the HSCIC and have found that some of the codes related to categories G1 and G2. As such, the clusters have been updated to include only those diagnoses of stage G3a and above in line with the register wording.

Accessible Information Standard

We included the information in the July edition of YORLMC News. YORLMC has raised with NHSE and the GPC concerns regarding resourcing this initiative. YORLMC will keep practices updated.

The Accessible Information Standard will be implemented on 31 July 2016 and aims to provide people who have a disability, impairment or sensory loss with information that they can easily read or understand. This means informing organisations how to make sure people get information in different formats, for example in large print, braille or via a British Sign Language (BSL) interpreter.

All organisations that provide NHS or adult social care are required to follow the new standard, including NHS Trusts and Foundation Trusts, and GP practices. As part of the accessible information standard, these organisations must do the following:

- *Ask people if they have any information or communication needs, and find out how to meet their needs. Record those needs clearly and in a set way.*
- *Highlight or 'flag' the person's file or notes so it is clear that they have information or communication needs and how those needs should be met.*
- *Share information about people's information and communication needs with other providers of NHS and adult social care, when they have consent or permission to do so.*
- *Take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it.*

Further details are available on the NHS England website

Exercise on Prescription

YORLMC reminds practices that frequently an exercise package that a GP is requested to prescribe will be a commercial promotion. In the event that the patient suffers some harm as a result of the package, the organisation may argue that the patient was undertaking the course of exercise on the recommendation of the GP. GPs are advised regularly (and indeed it is part of the GMC good medical practice) that they should not prescribe, recommend or promote treatments in which they are not trained and experienced. GPs who are not trained in sports medicine, or some similar discipline, cannot be considered professionally trained and experienced to pronounce a person fit to participate in any specific physical activity outside the realm of their ordinary daily living. A GP is professionally trained and experienced to advise a patient that, due to an illness or disability, the patient is NOT fit to undertake a particular physical activity, work or pleasure, but the converse does not follow.

A GP, as an ordinary member of the population exercising common sense, may reasonably say that taking some form of exercise would be good for a person, likewise as a physician it is reasonable for a GP to advise that gradually increasing the exercise a patient takes would benefit that patient's

health, but to advise a specific course of exercise is to venture outside the medical expertise of the majority of GPs.

Named Accountable GP for all patients
YORLMC has received enquiries from practices about their contractual obligations for named GPs and the need to inform patients and the GPC has developed guidance to help clarify how GP practices can fulfill this requirement. The guidance is available on the BMA website.

NHS Employers has also published an FAQ which is available here

Changes to Controlled Drugs Accountable Officer (CDAO) function within NHS England Yorkshire and the Humber
There have been recent changes to the running of the Controlled Drugs Accountable Officer (CDAO) function within NHS England Yorkshire and the Humber. The changes relate to both administration of the function and the clinical support provided and will be undertaken by a new central CDAO team based in Leeds. This team can be contacted in relation to:

- incidents
- CD destruction requests
- alerts relating to lost, stolen and fraudulent prescriptions
- all queries relating to controlled drugs

Future communications are to be directed to the team via the central mailbox:-
England.yhcdao@nhs.net

In the event of a serious CD incident or concern please contact NHSE on 0113 8253300

Controlled Drugs: Approved Mandatory Requisition Form and Home Office approved wording
The new mandatory FP10CDF CD Requisition Form for the requisitioning of all Schedule 2 and 3 drugs can be downloaded here. The new approved requisition form, in electronic format, is available on the NHS Business Services Authority website here

The form can be downloaded, completed and printed or downloaded and saved locally. Please note that requisitions not received on this mandatory form cannot be accepted

The CQC's CD GP myth-buster has also been updated to include the recent legislation changes and can be found on their website at http://www.cqc.org.uk/content/nigels-surgery-28-management-controlled-drugs

Further information is available the letter from NHS England – North (Yorkshire and the Humber locality) attached at Appendix 2.

The Economics of taking on new work
Practice income for QoF, Essential and Additional services is unlikely to do more than keep pace with increased expenses over coming years, leaving practices having to look for other sources of revenue.

With the increasing pressure to move services into the community, CCGs recognise that this needs a transfer of funds to allow this to happen. Although this could represent an opportunity, if inadequately resourced it will make matters worse. Practices will therefore need to decide whether it is in their financial interest to accept new work. Practices should ask their accountant for specific advice about their own situation but certain principles of cost-plus contracts should be considered.

The idea that practices should only be reimbursed the cost of providing a new service needs to be rejected, as such behaviour will inevitably reduce the profitability of practices. This is easily illustrated by considering a practice with £400k income and expenses of £200k. If that practice takes on £50k of new work at cost it will be working harder yet see its profitability reduce from 50% to less than 45%.

The only business that can afford to take on new work at cost is one that has spare capacity, or is using that extra business to generate profits elsewhere.

It is therefore economic necessity and not greed that means new work coming into practices must not be delivered at cost. GPs do have a duty to support the NHS in its current difficulties but will do so with their skills, professionalism and dedication rather than financial subsidy. Again, the margin above cost that a practice must secure is a matter for an accountant, but the following should be considered

Additions to staff salaries Superannuation and National Insurance. Work commissioned and resourced from non -NHS bodies cannot be superannuated and results in a loss to GPs' pensions. LA work can be superannuated but currently the mechanism is not clear.	**Premises** Including fixtures and fittings, cleaning, utilities & capacity
Sickness and Maternity pay When employing staff to undertake new work a practice is taking a risk regarding staff absence from work, and an element to cover this needs to be allowed for.	**Unfilled appointments** If working for cost, any unfilled appointment will result in a financial loss. This is particularly significant for long appointments like those for health checks. A premium to cover unfilled appointments is required
Annual leave If service is to run 52 weeks of the year a premium will be required to cover locum staff	**GP input & Training** To include training, setting up of the service, supervision, report preparation
Equipment costs Not only on consumables but also on depreciation on equipment purchased. This is important where the contract term is short requiring writing down of the equipment over a shorter period than usual.	**GP responsibility payment** As we take on more work in terms of volume and complexity we carry increased professional responsibility for the services we provide. It is correct that we are rewarded for this aspect of our work
	Non clinical staff time Managerial, secretarial and reception

SUMMARY

•Do take professional advice about the profit margins that you need to secure to make extra work worthwhile.

•Do not focus on practice income without considering expenses.

•Do not be apologetic about saying 'NO' to new work that is inadequately funded.

YORLMC would like to thank Dr Andrew Green of Humberside Group of LMCs for his contribution/input into the development of this article

Sessional GPs E-newsletter
The latest edition of the sessional GP e-newsletter is available here

It features news and information aimed at supporting sessional GPs as well as blogs from sessional GPs, including one from Dr Mary O'Brien on her appraisal experience and another on tips for dealing with mental health disorders

The e-newsletter also highlights useful hints and tips about working as a locum

The Cameron Fund - The GPs' own charity
BMA House, Tavistock Square, London WC1H 9JP, Registered Charity No. 261993

The Cameron Fund is the medical benevolent charity that provides support solely to GPs in the UK. It provides grants and loans to assist doctors and their families experiencing financial difficulties due to short or long-term illness, relationship breakdown or hardship following the actions of regulatory bodies or former partners. An increasing number of requests are being received for assistance from GPs during re-training. Guaranteed interest-free loans are available towards the expenses encountered during a return to professional work.

Anyone who knows of someone experiencing hardship is urged to draw attention to the Cameron Fund's existence.

Please consider becoming a member of the Cameron Fund – it is free to join and the membership form can be downloaded
http://www.cameronfund.org.uk/sites/default/files/MembershipApplicationForm.pdf
and returned by email to info@cameronfund.org.uk

General contact details are:
Phone: 020 7388 0796
Email: enquiries@cameronfund.org.uk
Web: http://www.cameronfund.org.uk/content/link-us

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Whatever your motivation, we have a truly excellent opportunity at Silsden and Steeton Medical Practice.

Still unsure whether such a great opportunity is for you? Why not give us a call on 01535 652447 or arrange to come in for a chat with a GP Partner or member of the management team to find out more and check out our facilities.

Closing Date 19th February

Interviews late February.

Apply on-line at LMC Jobs or send your CV and covering letter to Mark Dixon, Head of Operations and Business Development, Silsden and Steeton Medical Practice, Elliott Street, Silsden, BD20 ODG or email mark.dixon@bradford.nhs.uk

EASTGATE MEDICAL GROUP
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NORTH YORKSHIRE

Locum GP Maternity Cover 6-8 sessions per week

Locum required to cover maternity leave with a start date of 3rd May 2016 until 6th February 2017

Days to be arranged but must include a full day on Tuesdays.

We are a busy, high achieving, 6 partner GMS training practice working from 2 sites in Knaresborough and Harrogate.

Letter of application with CV to Mrs S Ward,
Eastgate Medical Group, 31b York Place, Knaresborough, North Yorkshire, HG5 0AD.

Informal enquiries welcome

Closing date Monday 15th February 2016

www.eastgatemedicalgroup.co.uk
email: sue.ward9@.nhs.uk
Telephone: 01423 798088

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- Active in local CCG and YorDales GP Federation

Start Date: April 2016, but willing to wait

For more details and to apply go to careers.bmj.com or email recruitment@gp-b82020.nhs.uk or telephone 01535 637900 and ask for Belinda Seth, Business Manager.
Closing: Monday 7th March Interview: wk/c 14th March

LOOKING FOR WORK AND VACANCIES?
Advertise in the YORLMC Ltd Newsletter
This Newsletter is circulated to all North Yorkshire & Bradford & Airedale Practices.
If you would like to advertise your availability for employment then please email info@yorlmcltd.co.uk for *further information and advertising rates*

This Newsletter is based on the best available information.
We will endeavour to ensure you are kept informed of any changes.

To help YORLMC's Corporate Affairs Team keep track of changes within practice teams will Practice Managers please advise info@yorlmcltd.co.uk when GPs join or leave the practice and when there is to be a change of Practice Manager

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