

Bradford & Airedale Branch Report Issue 74 – December 2015 & January 2016



Message from Mark Brooke, Chair, Bradford & Airedale Branch, YORLMC Ltd In order to further meet the challenges of the ever changing NHS Landscape, a new YORLMC Division structure which is designed to complement, strengthen and operate alongside YORLMC's existing Districtwide meeting arrangements has now been established.

All GPs and Practice Managers are invited and encouraged to be involved with these new Divisions, by attending a meeting or suggesting agenda items for discussion. These meetings provide a forum to progress matters that are pertinent to GPs and practice managers working in individual localities. Dates of future

meetings are available on the **<u>YORLMC website</u>**.

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.

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

#### **YORLMC Corporate Affairs Team - Contact Changes**

Please note that our Committee Liaison Officers (CLOs) have changed their areas of responsibility as follows:

• Kate Mackenzie is now the first point of contact for all Bradford, Airedale, Wharfedale & Craven matters. Kate's email address is kate.mackenzie@yorlmcltd.co.uk

Simon Berriman is now administering the North Yorkshire Branch, Liaison and Alliance of Federations and Stacey Fielding is now administering the 4 North Yorkshire Divisions.

**YORLMC Branch meeting agendas – contributions from GPs and Practice Managers** GPs and Practice Managers are reminded that their suggestions for items for inclusion on Branch agendas are welcomed.

Meetings of the Bradford & Airedale Branch of YORLMC focus on issues affecting the Bradford, Airedale, Wharfedale & Craven area as a whole. Agendas are circulated to Committee Members one week prior to meetings, following agenda planning sessions involving YORLMC Officers and YORLMC's Corporate Affairs Team. The Branch meets bimonthly in alternate months and you can check the dates of forthcoming meetings <u>here</u>.

We very much hope you will contribute to this process – your suggested items can be forwarded to the Corporate Affairs Team - info@yorlmcltd.co.uk.

YOR Local Medical Committee Limited (YORLMC Ltd) • Bradford & Airedale Branch

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# Elections & appointments to the Bradford & Airedale Branch of YORLMC Ltd

YORLMC is taking the lead in securing the future of general practice across Bradford & Airedale and is the link between local GPs and their national negotiating body, the General Practitioners Committee (GPC).

The following advantages of being elected to the Committee have been highlighted by current Members:-

- greater understanding of the political arena in which NHS general practice is placed
- assists development at all stages of a career in general practice
- enhances existing clinical and practice management skills and helps to develop communication and negotiation skills, diplomacy and accountability
- provides opportunities to work with other agencies at local and national level and to develop relationships with key individuals within those organisations
- the ability to influence initiatives affecting the livelihood of practices and the working lives of colleagues
- Members' own practices benefit from the knowledge membership brings which aids business planning
- provides the opportunity to meet with GP colleagues working across the wider Yorkshire and Humber region
- Salaried GP representatives have commented specifically that involvement with the Committee allows them to raise awareness of issues affecting sessional GPs, provides up to the minute information about key issues in the area, particularly relating to the Acute Trusts, CCGs, NHS England and the Local Authorities, and the opportunity to meet with GP Principals in the area. They have also noted that membership has highlighted that the Committee is not just a talking shop

If you would like to be part of this work please consider putting yourself forward in the seats below. Information and nomination forms relating to the above were circulated by email to GPs and Practice Managers on 28 January. Nomination forms need to be returned to the Returning Officer by 1700 on Monday 15 February 2016.

#### Locality - Bradford Districts (9 seats)

Districtwide (2 seats)

Districtwide GP who received a CCT1 or CEGPR2 within the previous 5 years (1 seat – a new seat) GPR – Bradford (1 seat)

#### Special LMC Conference – 30 January 2016

This special conference was called in response to the urgent pressures currently facing the general practice profession. Further information is available <u>on the BMA website</u>.

Mais Al-Hity, Mark Brooke, George Eskander and Alun Griffiths represented the Bradford and Airedale Branch of YORLMC and took every opportunity to contribute to debate

Four motions submitted by the Bradford and Airedale Branch of YORLMC Ltd were included on the agenda for the Special Conference:

[10i] BRADFORD AND AIREDALE: That conference believes that the first step in improving the retention of senior GPs would be to reverse the withdrawal of seniority payments.

[11a] BRADFORD AND AIREDALE: That conference calls upon the UK government to debate and decide upon the type of NHS that they wish to provide, to inform the public of the outcome of their deliberations and to fund the NHS in accordance with this.



[13q] BRADFORD AND AIREDALE: That given the perfect storm of rising workload decreasing resources and a workforce recruitment and retention crisis, conference calls for:

(i) the CQC inspection regimen to be radically overhauled to be much less onerous, less ticky-boxy in nature and more amicable to GP providers, and

(ii) that conference opposes in the strongest terms any increase in the fees paid to the CQC.

[17y] BRADFORD AND AIREDALE: That conference believes general practice cannot rely on annual contract negotiations with NHSE delivering a 'safe and sustainable service' and the GPC needs to develop an alternative model allowing practices to contract directly with patients. For the last eight years the profession has had to make the best of what little was offered or imposed and we need an alternative option if future negotiations follow the same pattern.

# Entitlement to payments for covering ordinary or additional maternity, paternity and ordinary or additional adoption leave

Practices will be aware that changes were made to the <u>GP contract for 2015/16</u> and as a result, payments to cover maternity, paternity and adoption leave are no longer discretionary.

All practices are entitled to reimbursement of the cost of GP locum cover for maternity, paternity or adoption leave of £1,113.74 for the first two weeks and £1,734.18 thereafter (for up to 26 weeks) or the actual costs, whichever is the lower. This reimbursement will cover both external locums and cover provided by existing GPs within the practice who do not already work full time.

It has subsequently come been brought to the attention of NHSE Y&H that payments in respect of Bradford & Airedale practices should not have been pro-rated for GPs who work part time. As a result should any practice feel it has been underpaid in relation to claims submitted from April 2015 onwards it is entitled to submit a claim for retrospective payment. The NHSE team in West Yorkshire will assess each claim against the SFE and where appropriate make further payment in line with the published guidance. If any practice wishes to explore this then in the first instance they are advised to submit details to Kevin Costello: <a href="mailto:kevin.costello@nhs.net">kevin.costello@nhs.net</a>

Prior to April 2015, payments under the Statement of Fees and Entitlements (SFE) in relation to Maternity, Paternity and Adoption were discretionary and as such each former West Yorkshire PCT adopted their own payment policies which NHSE continued to apply until April 2015.

In some areas of West Yorkshire the former PCTs had introduced a sliding scale formula of reimbursement. However, whilst the former NHSE Bradford & Airedale had initially sought to introduce a policy that included a sliding scale formula of reimbursement, this was successfully challenged by YORLMC and the former PCT agreed that claims would continue to be assessed against the relevant SFE criteria, and where eligible the amounts payable would be those stated in the SFE.

YORLMC has written to NHSE to request confirmation that payments made to BAWC practices in relation to Maternity, Paternity and Adoption prior to April 2015 were reimbursed in line with the policy of the former NHSE BA. We will update practices as soon as possible.

#### CCG-practice agreement for the provision of GPSoC and GP IT services

BAWC CCGs have advised that a small number of practices have yet to sign the above agreement which describes the contract between the CCG and GP practice regarding the delivery of GPSoC Services and GP IT Services. It is important that individual practices and their CCG sign the agreement as this ensures that the practice's right to a choice of system is protected as well as ensuring that central funding for IT is not withdrawn by HSCIC.

#### YorTender

YORLMC would like to remind practices that local authority contracts that are out to tender will be advertised via the YorTender website <u>https://www.yortender.co.uk</u>



Registration is free and will allow you to become aware when new services become eligible for tender

## **Neonatal Baby Checks**

There is no contractual requirement for GPs to provide neonatal checks. It is also YORLMC's view that many GPs may feel it is outside their area of expertise.

The relevant paragraph from the GMS contract regulations is included below for reference. The same will apply for PMS practices provided there is no specific provision to the contrary in individual PMS contracts.

## Schedule 2

#### **Additional Services**

#### 7. Maternity medical services

1. A contractor whose contract includes the provision of maternity medical services shall

a. provide to female patients who have been diagnosed as pregnant all necessary maternity medical services throughout the antenatal period;

b. provide to female patients and their babies all necessary maternity medical services throughout the postnatal period other than neonatal checks;

c. provide all necessary maternity medical services to female patients whose pregnancy has terminated as a result of miscarriage or abortion or, where the contractor has a conscientious objection to the termination of pregnancy, prompt referral to another provider of primary medical services who does not have such conscientious objections.

2. In this paragraph -

**antenatal period** means the period from the start of the pregnancy to the onset of labour; **maternity medical services** means -

a. in relation to female patients (other than babies) all primary medical services relating to pregnancy, excluding intra partum care, and

b. in relation to babies, any primary medical services necessary in their first 14 days of life; **postnatal period** means the period starting from the conclusion of delivery of the baby or the patient's discharge from secondary care services, whichever is the later, and ending on the fourteenth day after the birth.

#### Pharmacists delivering flu vaccines

YORLMC has queried potentially low levels of confirmations that practices are receiving where patients have had their flu vaccines at a pharmacy. If any practice is concerned about this they should email <u>england.wy-screeningandimms@nhs.net</u> as the Screening and Immunisation Team will be able to clarify how many vaccinations for the practice have been undertaken by pharmacies. Where there is a significant discrepancy then the Public Health team will be able to support the practices in following this up with CPWY and the relevant pharmacies.

#### **BCG** vaccines

YORLMC became aware that some practices were being asked to administer BCG vaccinations and that specifically practices had been contacted by worried mothers who were advising that the BCG vaccine was not being given by BTHT due to vaccine shortage and that they had been advised by the hospital to contact their GP surgery to have the BCG.

YORLMC wrote to BTHT to highlight that the BCG vaccine is not part of the normal childhood vaccine regime given in Primary Care and neither is it the responsibility of General Practice to pick up BCG vaccinations for unvaccinated babies.



YORLMC subsequently received a response from BTHT acknowledging the significant supply problems with the BCG vaccination. The Trust also advised that following discussion with NHS England it had a plan in place and would provide vaccinations to all patients who were unable to be vaccinated previously.

## Health service body status

Guidance for practices regarding opting for health service body status is available <u>on the BMA</u> <u>website</u>.

## Primary care in institutions and residential homes

YORLMC is aware that some practices have been contacted regarding providing services to patients residing in institutions or homes where the types of services expected do not fall under the responsibility of primary care. Guidance is available <u>on the BMA website</u>

## Extended Hours arrangements for 2016/17

The three NHS England regional teams in Yorkshire and The Humber have discussed how they deal with enhanced services. For Extended Hours, NHSE acknowledged that a consistent and achievable process needed to be agreed and developed across Yorkshire and the Humber which focused on both the financial validation, and support to general practice in the provision of routine appointments outside of normal core hours. NHSE looked at the options and then provided LMCs across Yorkshire and The Humber with an opportunity to comment on their proposal.

NHSE (Yorkshire and the Humber) has now advised that the following has been agreed to be put in place across Yorkshire and the Humber with effect from April 2016.

- 1. As part of the ES sign up process, all practices will be asked to refresh and submit their proposal for offering extended hours. This is will either be electronically via the portal or via a spreadsheet. This will then be checked and any queries raised with practices.
- 2. Practice will be asked to submit monitoring information, again either via a spreadsheet or the portal system for one quarter and be notified by NHS England what period this will relate to. Therefore, practices need to ensure that they are able to collate and provide information for any given period of extended hours during 2016/17.
- 3. All practices will be expected to reprovide any extended hours that fall on a bank holiday period and confirm these arrangements to NHS England.
- 4. Any changes to extended hours will need to be arranged with NHS England prior to the period in question.

In advance of the Easter Bank Holiday weekend, practices are reminded that should they wish to make changes to extended hours access arrangements they are required under the terms of the DES to provide written notice within 28 days of the proposed change. In Bradford City and Districts this written notification should be sent to the CCG; in Airedale, Wharfedale and Craven it should be sent to NHSE.

## **Deprivation of Liberty Safeguards (DoLS)**

YORLMC has become aware that nursing homes are not always following the guidance of the Chief Coroner with reference to DoLS and death certificates.

For clarity, GPs are reminded that in the event a person in the care of a hospital or a care home should die whilst subject to a DoLS authorisation, the care home or hospital as the managing authority is responsible for notifying the Coroner of the death and should ensure they know how to contact the relevant Coroner's office. Until the Coroner has made a decision on whether to undertake a further investigation, a doctor should not issue a medical certificate of cause of death.



# **Pharmacy Applications**

NHS England has received the following applications:

• Application by Olive Pharma Limited (t/a Olive Pharmacy Online) for inclusion in the pharmaceutical list at 27 Newmarket Street, Skipton in respect of a distance selling pharmacy

NHS England has approved the following applications:

- Change of ownership application for Rushport Advisory LLP at 2 Berry Street Keighley BD21 4HX by HHAF Healthcare Limited
- Change of ownership application for Moorside Health Ltd at 151B Main Street Addingham LS29 0LZ by L Rowland & Co (retail) Ltd
- Change of ownership application for Sadia Naz Khan at 1st Floor Suite A 28a Berry Street Bradford BD1 2AW by Ashcroft Pharma Ltd

The following application has been refused:

 Combined change of ownership and no significant change relocation application for Boots UK Limited from 161 Lumb Lane Bradford BD8 7SW to 238 Whetley Lane Bradford BD8 9DJ Penyffordd Pharmacy Limited

# This Bulletin 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 <u>info@yorlmcltd.co.uk</u> when GPs join or leave the practice and when there is to be a change of Practice Manager

# LOOKING FOR WORK AND VACANCIES? Advertise in the YORLMC Ltd Newsletter

YORLMC's newsletter is circulated to all Bradford & Airedale and North Yorkshire Practices. If you would like to advertise your availability for employment then please contact <u>info@yorlmcltd.co.uk</u> for further information and advertising rates

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