

Message from Dougy Moederle-Lumb, Chief Executive, YORLMC Ltd



To help practices cope with the escalating workload which is leaving many practices struggling to provide adequate time for patients the GPC developed its [Quality first: Managing workload to deliver safe patient care](#) guidance. This guidance gives practices practical guidance and measures to work within manageable limits to deliver safe quality care. It includes a number of template letters that practices can adapt for local use and I encourage you to make use of these.

In addition and as a follow on to the recently held regional NHSE/GPC workshops on managing workload and releasing capacity in General Practice a website containing ideas and questions has been set up as a resource aimed at helping GP practices release capacity through innovation. The site can be accessed through bit.ly/GPcapacitynet

YORLMC has also asked NHS England Yorkshire & Humber and the Bradford, Airedale, Wharfedale and Craven (BAWC) and North Yorkshire & York (NYY) CCGs to provide updates on the work that is taking place locally to promote the outcomes from the regional NHSE/GPC workshops

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

PGDs in General Practice

Appendix A of the GPC's guidance on PGDs & PSDs in General Practice

<http://www.bma.org.uk/support-at-work/gp-practices/service-provision/prescribing/patient-group-directions>

includes the following statement

"PGDs do not extend to independent and public sector care homes or to those independent sector schools that provide healthcare entirely outside the NHS."

As a result only practice contracted staff can work to PGDs.

Patient online

Over the last few years, changes have been made through the GP contract aimed at increasing the uptake of patient online services.

For 2016/17, a number of **non-contractual** changes have been agreed:

- GP2GP compliant practices will continue to utilise the GP2GP facility for the transfer of all patient records between practices, except where there are known limitations. GPC and NHS England have also agreed that the GMS regulations will be amended so that practices are no longer required to seek permission from NHS England not to print the electronic record where records successfully transfer using GP2GP v2.2;
- To aim for at least 80% of repeat prescriptions to be transmitted electronically using the Electronic Prescription Service Release 2 by 31 March 2017;
- Practices will be encouraged to make referrals electronically using the NHS e-Referral Service, aiming for at least 80% by 31 March 2017;

- GPC and NHS England will jointly consider ways in which GP practices can be resourced to offer patients the opportunity to add additional information to the Summary Care Record;
- To aim for at least 10% of registered patients to be using one or more online service by 31 March 2017;
- Practices will receive guidance on signposting the availability of apps approved through GPCSoC to patients to allow them to book online appointments, order repeat prescriptions and access their GP record;
- GP practices will provide patients with online access to clinical correspondence such as discharge summaries, outpatient appointment letters, and referral letters unless it may cause harm to the patient or contains references to third parties;
- NHS England and GPC will jointly develop a national template data sharing agreement, to facilitate information sharing between practices locally for direct care purposes.
- From April 2016, GP practices will be required to receive all discharge summaries and subsequent post-event messages, electronically;
- NHS England and GPC will continue to promote the completion of the Health and Social Care Information Centre (HSCIC) information governance toolkit, including adherence to the requirements outlined within it.

With regard to **Online Patient Services for Children** practices will need to consider how they handle requests from patients for online access, particularly when dealing with children between the ages of 11-15 who could be classed as Gillick or Fraser competent and wish to access their own records rather than allow their parents to have access.

The link to the RCGP guidance may help with regard to patient access and good practice: [http://www.rcgp.org.uk/clinical-and-research/practice-management-resources/health-informatics-group/~media/Files/CIRC/Health Informatics Report.ashx](http://www.rcgp.org.uk/clinical-and-research/practice-management-resources/health-informatics-group/~media/Files/CIRC/Health%20Informatics%20Report.ashx)
see also <http://elearning.rcgp.org.uk/mod/page/view.php?id=4775>

YORLMC's view is that children aged 11-15 should not be included at this stage for online access. This avoids the possibility of a parent using their own log in to access their child's information which is probably acceptable where only booking appointments and requesting repeat prescriptions is involved but wider access to the record is going to become available and this has the potential to create a range of problems.

The GMC has produced [0-18 years guidance: Principles of confidentiality](#) and practice may also find this a helpful resource

Friends and family test for GP practices

The [Friends and family test for GP practices](#) became a contractual requirement from 01 December 2014. Practices are reminded that they are contractually required to submit data monthly even if a practice has a low response.

See for updated [technical guidance](#) for practices.

Reminder - indicators no longer in QOF

Further to advice in the [February newsletter](#), practices in some areas have been asked again to accept requests within the Calculating Quality Reporting Service (CQRS) for the extraction of indicators no longer in QOF.

GPC advised LMCs in 2015 on this data extract, confirming GPC's position that the decision to retire and amend these indicators was intended to reduce bureaucracy and allow practices to focus on the needs of patients. These indicators were successfully removed during negotiations as being clinically inappropriate and unhelpful to practices. As such, there is no expectation that practices should continue to focus on achieving these targets, and GPs should instead continue to use professional

judgment to treat patients in accordance with best clinical practice guidelines. It is for clinicians to decide how they record clinical consultations and what codes, if any, to use.

Practices should be reassured that the previous GP contract agreement still stands, and there is no contractual requirement for practices to record codes for former QOF indicators. However, practices are also asked to note the position outlined within the 2015/16 QOF [guidance](#) - that practices are encouraged to facilitate data collection of these indicators. The data is intended to inform commissioners and practices and provide statistical information. It is not intended for any performance management purposes.

GPC anticipates a large fall in the recording of many of the retired codes, particularly those that were previously imposed, as practices now work more appropriately. It is the view of GPC that allowing retired codes to be extracted could help to demonstrate how inappropriate it was to impose contract changes in the first place, as well as informing discussions between GPC and government on the development of more appropriate future indicators of quality care.

If you have any questions please email info@yorlmc.co.uk

Named GP for all patients

The named GP requirement has been extended to all patients. This is a contractual requirement and builds on the 2014-2015 agreement to provide a named and accountable GP for over 75s.

By 31 March 2016 practices should, on their website and practice leaflet, make reference to the fact that all patients have been allocated a named GP, and include information about patients' options.

[Read about the Named GP requirement](#)

Publication of GP net earnings

YORLMC has recently reminded practices that from April 2015 it became a contractual requirement for practices to publish on their practice websites by 31 March 2016 the mean net earnings of the partners, salaried GPs and any locum who has worked in the practice for over six months

This includes:

- income from NHS England, CCGs and local authorities for the provision of GP services that relate to the contract or which have been nationally determined
- all earnings to be reported are pre-tax, National Insurance and employee pension contributions
- for contractors the figures are net of practice expenses incurred

This does **not** include:

- income and costs related to premises

[Read guidance on how net earnings should be calculated](#) (NHS England, PDF)

[Read about publishing your NHS earnings](#)

GP contract roadshow

The GPC's Leeds roadshow, held 9 March provided information and updates on aspects of the negotiated contract changes for 2016/17. A copy of the presentation given by Richard Vautrey, Deputy Chair, of the GPC is attached at [Appendix 1](#) for information.

Standards for the communication of patient diagnostic test results on discharge from hospital

NHS England has developed a [set of standards](#) for the communication of patient diagnostic test results when they are discharged from hospital. The standards describe acceptable safe practice around how diagnostic test results should be communicated between secondary, primary and social care and also with patients. The intention is to ensure that hospitals take responsibility for their own tests, and this is specified in the first key principle, which states

‘the clinician who orders the test is responsible for reviewing, acting and communicating the result and actions taken to the General Practitioner and patient even if the patient has been discharged’.

Following concerns raised by LMCs about other statements within the guidance, please see the following clarification.

The standard stating that *‘Where a consultant delegates responsibility for any tasks around the communication of diagnostic test results to general practitioners, they should ensure clinicians given the task understand and fulfil that responsibility’* raised concerns from LMCs that this might refer to the inappropriate delegation of tasks to GPs.

NHS England has agreed to amend the statement to ***‘Where a consultant delegates responsibility to another team member for any tasks around the communication of diagnostic test results to general practitioners, they should ensure that person understands and fulfils the responsibility’***. For clarity, the statement was never intended to suggest consultants can ‘delegate’ these tasks to GPs.

The stated principle that ***‘every test result received by a GP practice for a patient should be reviewed and where necessary acted on by a responsible clinician even if this clinician did not order the test’*** is not a new obligation.

Please note that ‘acted on’ in many cases will mean ensuring the responsible secondary care clinician who ordered the test has taken, or will take, the appropriate action, in cases where patient care will be affected. If safe systems are in place to enforce the first principle, even this action should rarely be required.

The BMA previously issued its own [statement](#) regarding the duty of care regarding communication of investigation results, which also confirms ultimate responsibility for ensuring that results are acted upon rests with the person requesting the test. GPC will be writing to CCGs and LMCs proposing that this principle is written into local service specifications with Trusts, as well as ending any unnecessary copying of hospital initiated test results to practices.

Exercise on Prescription

YORLMC reminds practices that frequently an exercise package that a GP may be 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.

Revalidation: Guidance for GPs

The Royal College of General Practitioners (RCGP) has approved a new Guide to Supporting Information for Appraisal and Revalidation (March 2016) that aims to reduce inconsistencies in interpretation and simplify and streamline the recommendations.

It is designed to ensure that any areas where there has been a lack of clarity are better understood. The guide confirms that:

- all time spent on learning activities associated with demonstrating the impact of learning on patient care, or other aspects of practice, can be credited as continuing professional development (CPD)
- Quality over quantity - GPs should provide a few high quality examples that demonstrate how they keep up to date, review what they do, and reflect on their feedback, across the whole of their scope of work over the five year cycle
- Only incidents that reach the GMC level of harm need to be recorded as Significant Events in the portfolio. Reflection on all such Significant Events is a GMC requirement and must be included whenever they occur
- GPs only need to do a formal GMC compliant colleague survey once in the revalidation cycle (like all doctors)
- there are many forms of quality improvement activity and they are all acceptable to demonstrate how you review the quality of what you do, and evaluate changes that you make. There is no requirement for GPs to do a formal two cycle clinical audit once in the five year cycle.

The RCGP recognises that GPs need to be supported by their College in resisting inappropriate additional bureaucracy and is working with key stakeholders such as the BMA GP Committee, GMC and Responsible Officer networks to look at reducing the regulatory burden.

The guide is available on the RCGP website:

<http://www.rcgp.org.uk/revalidation/new-revalidation-guidance-for-gps.aspx>

Display energy certificates (DEC)

Following recent queries from practices regarding the requirement to display energy certificates please see the below summary of BMA guidance:

The rules changed in July 2015 – what does this mean?

For many years, any building that exceeds 500m² which is frequently visited by the public has required a DEC. As of 9th July 2015, a DEC will be required where the total useful floor area of the building exceeds 250m² which 'is occupied in whole or part by public authorities and frequently visited by the public'

Do these regulations apply to GP surgeries?

Yes. As GP practices are in receipt of public funds and provide a public service to large numbers of people who visit regularly, GP premises are included in the definition of a public building.

Who is responsible for arranging the DEC?

It is for the occupier of the building, rather than the owner to arrange the DEC (the use of the building will usually be dictated by the occupier so it would make sense for them to arrange same if the above criteria is applicable to them).

However, the position might be different if an NHS landlord such as a NHS Property Services or Community Health Partnership owns the building, rather than a private landlord, in which case they will probably be responsible for obtaining and paying for the DEC.

The full BMA guidance on display energy certificate is available at <http://www.bma.org.uk/support-at-work/gp-practices/premises/focus-on-display-energy-certificates>

Guidance is also available on the Department of Communities and Local Government website: <http://www.legislation.gov.uk/ukxi/2012/3118/regulation/14/made>

The LMC Buying Group has a DEC supplier - rates can be accessed via the LMC Buying Group web site here

<http://www.lmcbuyinggroups.co.uk/suppliers/profile/asbestos-and-environmental-surveys/>

Zika guidance update

The joint [Zika guidance for primary care](#) has been updated to reflect the new wording for travel recommendations for pregnant women and clarification of advice on sexual transmission.

The changes include:

1. Updated travel advice for pregnant women
2. Clarification of advice on preventing sexual transmission to pregnant women and women planning pregnancy and their male partners
3. Clarification of symptoms associated with typical Zika virus infection
4. Further clarification on obtaining diagnostic samples and completing RIPL request forms
5. Links to new advice on Zika and immunocompromised patients, and the Guillain-Barre syndrome
6. New section on minor procedures in the primary care setting, including dentistry

The following Public Health England News Story has further information:

<https://www.gov.uk/government/news/zika-virus-updated-travel-advice-for-pregnant-women>

The guidance is also available on the BMA website [here](#)

General Practice Nursing (GPN) in the 21st century

The Queen's Nursing Institute (QNI) has launched a free online learning resource to support nurses who are new to General Practice, 'Transition to General Practice Nursing' which has been developed based on the knowledge and expertise of nurses and educators working in the profession. The GPN report is available [here](#)

European Brief: February 2016

The latest edition of the BMA's European Brief is attached at [Appendix 2](#).

DWP - General Practice bulletin

The latest updates general practice DWP bulletin is attached at [Appendix 3](#).

BMA GP committee chair's newsletter

The [newsletter](#) details the financial pressures faced by many GP practices across England, following the latest release of analysis from a survey of nearly 3000 GP practices as part of the [Urgent Prescription for General Practice](#) campaign. Findings show that one in three GP practices are facing financial uncertainty, with nearly 10 per cent of practices declaring themselves financially unsustainable, and almost half of practices expecting to lose GPs in the next year through early retirement or moving abroad.

The BMA GP committee chair also shares his view on the recently published [Public Accounts Committee report](#) on access to general practice.

Sessional GPs enewsletter

The latest enewsletter is available [here](#) or via the full link at <http://bma-mail.org.uk/t/JVX-43APZ-1BJCJOU46E/cr.aspx>

The [Chair's message](#) focuses on the NHS England's proposal to introduce maximum indicative locum rate for locum doctors' pay.

LMC Law Bulletin 7 – Federation Elections and Governance

This bulletin from LMC Law is available at [Appendix 4](#).

YORLMC Buying Group

YORLMC Ltd is part of a national buying group federation which aims to provide discounted services to practices.

If you have not yet signed up to join the buying group and wish to do so please contact info@yorlmcld.co.uk to request a registration form. Details of services and discounts available through the Buying Group are now available on your Members page – go to: [LMC Buying Groups](#) to find out more. We know a lot of practices are already using Buying Group suppliers but are you aware of the other deals on offer? And for those practices who have never used the Buying Group, you could be missing out on saving thousands of pounds a year by not switching suppliers. The Buying Group website www.lmcbuyinggroups.co.uk is the only place to view the prices and discounts in detail. If you've forgotten your log-in details then email the Buying Group at: info@lmcbuyinggroups.co.uk.

Don't forget that practices can obtain a bespoke price comparison analysis to demonstrate the value of savings the Buying Group can offer compared with existing suppliers – please contact gary@burns17.fsnet.co.uk.

'Buying Group Plus' for Federations and Provider Companies

Members can take advantage of any of the discounts as an individual practice and save thousands of pounds a year but GP federations and provider companies could also benefit from further savings. The buying group also offers a bespoke service to Federations by working with them to help save their practice members time and money on the procurement of products and services they regularly buy. For practices and federations that are already members it is important that practices notify the buying group (by emailing info@lmcbuyinggroups.co.uk) of any changes to their contact details. It may also be helpful to include information relating to the buying group in practice induction processes.

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@yorlmcld.co.uk
- Stacey Fielding is now administering the 4 North Yorkshire Divisions – stacey.fielding@yorlmcld.co.uk

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

- Kate Mackenzie kate.mackenzie@yorlmcld.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@yorlmcld.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.yorlmcld.co.uk/>

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.

You do not need to be a member of the Cameron Fund to benefit from this charity but please consider becoming a member – 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>

PRACTICE VACANCIES

EASTGATE MEDICAL GROUP
KNARESBOROUGH & HARROGATE
NORTH YORKSHIRE.

EXCITING GP PARTNERSHIP OPPORTUNITY

Due to retirement of a full time GP Partner in a well established, and structured training practice, set in the attractive towns of Knaresborough and Harrogate, which was recently voted the happiest place to live in Britain! We enjoy good local facilities and superb schools.

We are a skilled, friendly and mutually supportive team. We look to welcome a new colleague who can join us in maintaining our family medicine approach. We wish to appoint as soon as possible but are prepared to wait for the right applicant.

We enjoy the rewards and recognition of delivering high-quality patient care to our 11,800 patients from 2 purpose built sites situated approximately 3 miles apart.

- 8 clinical sessions available.
- Superb nursing and admin support teams.
- The practice is part of a new 'Vanguard' project.
- We have strong links with our local CCG and also our developing federation of local practices.
- Special interests would be encouraged; an interest in training would be desirable.

Letter of application with CV to Mrs. S Ward,
Eastgate Medical Group, 31b York Place, Knaresborough, North Yorkshire, HG5 0AD.
Tel 01423 798088

Informal enquiries welcome

Closing date Friday 22nd April 2016.

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@yorlmc Ltd.co.uk for
further information and advertising rates
YORLMC's advertising policy is available [here](#)

**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@yorlmc Ltd.co.uk when
GPs join or leave the practice and when there is to be a change of Practice Manager**

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