

Newsletter Issue 104 – April 2016

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

NHS England's <u>General Practice Forward View</u> sets out a programme of support for primary care over the next five years. This strategy follows strong lobbying and calls for action from GPC – this includes its most recent paper <u>'Responsive, safe and sustainable: our urgent prescription for general practice'</u>, which outlines the urgent actions needed to alleviate the current significant pressures. To get a sense of the changing environment in which we are working I urge all GPs to read both these documents.

In terms of next steps, the LMC Conference which takes place on 19 & 20 May will provide an important opportunity for LMC conference representatives to consider and debate the Forward View.

One year on from the introduction of the NHS 10 point workforce plan, the BMA held a special one day workforce conference offering practical support, advice and guidance for LMCs on how they can work with GPs locally to make the most of new workforce initiatives. I attended this conference together with Mark Brooke and John Crompton, Chairs of the two Branches of YORLMC. The day featured talks from prominent figures in the 10 point plan process. The conference struck a positive and constructive tone, building on the joint working between NHS England, Health Education England and the BMA on the 10 point plan to help GPs and their LMCs to consider the practical implications of, and opportunities within, the complex and constantly developing primary care workforce situation. Workshop sessions were held across the day, focussing on topics such as physician associates, training hubs and telephone triage and the learning will be helpful in informing YORLMC discussions with CCGs and NHSE locally.

The 10 point plan is now set to be migrated into a wider primary and community care strategy, more of which can be read about in the recently published NHS England General Practice Forward View mentioned above.

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

YORLMC's pastoral care team and how to access confidential support

YORLMC has a comprehensive pastoral care team and robust policies. It provides personal and confidential support for individual GPs and practices in difficulty or experiencing major change – this can be anything ranging from helping an individual GP with stress for whatever reason, to full support through performance procedures, suspension etc. This includes attendance at performance meetings plus support getting appropriate medical care when required.

YORLMC is especially keen that practices do not delay in contacting the Corporate Affairs Team 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.



Publication of NHS payments to general practice and GP net earnings - England

Practices will be aware that, from 1 April 2015, it became a contractual requirement for practices to publish on their practice website by the end of the financial year (ie 31 March 2016) the mean earnings for all GPs in their practice relating to the previous financial year (ie 2014/15). Alongside the mean earnings figure, practices will also need to publish the relevant number of full and part time GPs included in the calculation.

This <u>BMA 'Focus On'</u> is intended as a quick guide for practices on this requirement, outlining how the figure should be calculated and the only income which should be included. Full details on the publication of earnings requirements can be fund within the <u>2015/16 GMS guidance</u>.

Friends and Family Test

Since January 2015, it has been a contractual requirement for all GP practices to submit monthly Friends and Family Test data to NHS England by the twelfth working day each month. Please note that when a practice has a month of zero returns, a nil submission must still be submitted. Remedial action may be taken where practices do not submit data for several consecutive months in a row.

Focus on PMS reviews

The BMA Focus on PMS reviews has been updated to reflect legal advice on the backdating of PMS agreements by NHS England. The document is available at http://www.bma.org.uk/support-at-work/contracts/gp-contracts-and-funding/independent-contractors/personal-medical-services

Medical indemnity requirements for joining the England National Performers List Having considered NHS England's letter (attached at appendix 1) YORLMC recommends that all GPs and practice managers familiarise themselves with it. YORLMC also reminds GPs that it is a statutory requirement for doctors to have adequate insurance or indemnity.

<u>Good medical practice – paragraph 63</u> already requires doctors to have insurance or indemnity in place where necessary.

Parliament passed new healthcare legislation in 2013, which meant the GMC had to change its regulations. The <u>Regulations</u> which came into effect on 1 August 2015, gave the GMC powers to check whether doctors have appropriate insurance or indemnity in place. The GMC is now able to:

- check that any doctor practising in the UK has the appropriate insurance or indemnity in place, when it has concerns that this might not be the case
- remove a doctor's licence to stop them from practising altogether, if it learns that they don't have appropriate insurance or indemnity in place or if they fail to give the GMC the information it asks for
- refuse to grant a licence to a doctor if they can't assure the GMC that they'll have the appropriate insurance or indemnity in place by the time they start practising in the UK.

A doctor needs to have insurance or indemnity in place when they start to practice in the UK. The type and level of insurance or indemnity required depends on where a doctor works, whether they are employed or self-employed and the type of work they do.

QOF guidance 2016-17

The 2016-17 QOF guidance has been published by NHS Employers – see http://www.nhsemployers.org/your-workforce/primary-care-contacts/general-medical-services/quality-and-outcomes-framework

The BMA webpage http://www.bma.org.uk/support-at-work/contracts/gp-contracts-and-funding/independent-contractors/qof-guidance has been updated to reflect the minor amendments made to QOF for 2016-17, which are:



- An adjustment to the value of a QOF point taking account of population growth and relative changes in practice list size from 1 January 2015 to 1 January 2016. The national average list size as of 1 January 2016 is 7460 and the value of a QOF point for 2016/17 will be £165.18
- No changes to thresholds for 2016/17
- No changes to QOF indicators

In addition, as part of the negotiations for the 2017-18 contract, NHS Employers and GPC have agreed to explore ending QOF in its entirety.

Accessible Information Standard for GP practices

The Accessible Information Standard aims to ensure that disabled people have access to information they can understand and the communication support they may need. The Standard applies to service providers across the NHS and adult social care system. As organisations that provide NHS services, GP practices are required by law to follow the Standard under Section 250 of the Health and Social Care Act.

All organisations are expected to follow the Standard by 31 July 2016. Many practices are likely to be meeting a number of the requirements already. However some aspects of the Standard are onerous and it is the shared view of YORLMC and the GPC that it is not the responsibility of general practice to fund the Standard but is instead the responsibility of either NHSE or those CCGs with delegated functions to fund any required adjustments. Discussions locally and nationally continue. In the meantime, the GPC has produced a Focus On guide which includes a practical and detailed summary of actions for practices under each of the five requirements of the Standard. The GPC has also discussed with NHS England the need to ensure a proportionate approach for general practice, particularly given the current severe workload pressures. The Focus On is available here

Revalidation: Guidance for GPs - England

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 GPs review the quality of what they do, and evaluate changes that they 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 GPC, GMC and Responsible Officer networks to look at reducing the regulatory burden.

The guide is available on the RCGP website.



Avoiding Unplanned Admissions – patient survey

The patient survey mentioned within the 2015/16 Avoiding Unplanned Admissions (AUA) Enhanced Service Specification was not implemented. It was stated as being subject to a feasibility study and a decision was taken by NHS England not to proceed. References to the patient survey have been removed from the forthcoming 2016/17 AUA specification.

Patients presenting with dental problems: GP responsibilities

Although dated 2006 there have been no changes to regulations or responsibilities since and the GPC's guidance setting out GPs' responsibilities for patients presenting with dental problems remains valid.

NHS England also issued a bulletin in January 2015 regarding the prescribing of medicines for dental conditions. This bulletin focuses on the prescribing of medicines for dental conditions and provides the rationale for discontinuing their supply via General Practitioners (GPs) on FP10 prescriptions.

Both documents are enclosed for reference as Appendices 4 and 5

Firearms licensing

Following the introduction of the new firearms licensing process, GPs have raised considerable concerns to the GPC over the process and whether or not they can charge a fee for responding to the letter from the police, indicating whether they have any concerns and have placed a code on the patient's medical record. The GPC has been in discussions with the Home Office, police and shooting representatives and has faced continual challenges that have been particularly difficult to resolve, however the GPC has made it clear throughout that this work is not part of a GP's contract and therefore GPs are able to charge a fee. The GPC's original proposal to improve the process was rejected by ministers and so the GPC is having to deal with what has now been implemented, which although has its own problems, is far better than the previous process. Initial GPC guidance was cautious in order to gain feedback from members and allow the new process to unfold. However there has been a clear message from GPC members that there are concerns and these have now been raised with the Home Office.

The GPC will continue to seek further resolutions to the process and YORLMC will update practices as information becomes available. In the meantime, if a GP is concerned about a patient with a licence, there are broadly two possibilities:

- Immediate concern where informing the patient would be a risk to the patient or others, in such case the GMC is clear that no consent is required to take action by informing the police but that the patient should be informed if it is safe to do so.
- If the concern is more gradual the patient's consent should be sought, although, as with driving, if the patient doesn't act GPs may need to act unilaterally. If you are uncertain what to do you should contact either YORLMC or your MDO for further advice"

The updated GPC guidance is available on the BMA website here.

In addition the BMA has revised guidance on fees. The response to the police's letter indicating whether there are any concerns and that a code on the patient's medical record has been added is not part of a GP's contract. It is therefore up to the GP to assess how best to proceed, taking on board the following factors and guidance:

- 1. The work involved in responding to the letter is minimal and therefore can be undertaken easily without delay and without a fee.
- 2. The work involved in responding to the letter requires time and resources from the practice that necessitate a fee to be charged to the patient (the police should not be charged). GPC would advise GPs to seek confirmation from the patient that they are in agreement to pay a



fee before undertaking the work so not to cause additional confusion or delay. If there is a delay owing to this and you are unable to respond to the letter within the 21 days, please notify the police of this.

- 3. No one in the practice is available (eg on holiday or off sick) to complete the work within 21 days. Please notify the police without delay.
- 4. The practice does not have the capacity to undertake the work within the 21 days. Please notify the police without delay.
- 5. That the GP has a conscientious objection to gun ownership and no other GP in the practice is available or able to undertake the work. Please notify the police without delay.

Limited Liability Partnerships

GPC has issued a briefing note on Limited Liability Partnerships – attached at Appendix 2

CQRS national user group

HSCIC is responsible for the CQRS national user group - also referred to as the Extract Service National User Group. The Group acts as a face to face forum, for NHSE regional offices, CCGs and GP practices to join. Forums take place quarterly and follow an agenda. Forums are also used to discuss any issues and make suggestions to the system. The meetings usually take place in Leeds, (but can be at other locations), lunch is provided, expenses are covered. Practice manager representation on the group is welcomed and any practice manager interested in becoming involved can contact staceymodeste@hscic.gov.uk at HSCIC for further information.

GPC's Sessional GP Sub-Committee

The latest Sessional GPs e-newsletter can be access at http://bma-mail.org.uk/t/JVX-46095-1BJCJOU46E/cr.aspx

European Brief: March 2016

The latest edition of the BMA's European Brief is attached at Appendix 3.

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@yorlmcltd.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.

Who to contact at YORLMC's Corporate Affairs Team

Kate Mackenzie (<u>kate.mackenzie@yorlmcltd.co.uk</u>) is the first point of contact for all Bradford, Airedale, Wharfedale and Craven related matters.

Simon Berriman (<u>simon.berriman@yorlmcltd.co.uk</u>) and Stacey Fielding (<u>stacey.fielding@yorlmcltd.co.uk</u>) are the first point of contact for all North Yorkshire & York related matters

They can also be contacted on 01423 879922.

Additionally an overview of the roles of individual members of YORLMC's Corporate Affairs Team can be found at http://www.yorlmcltd.co.uk/about-us/the-corporate-affairs-team/ and any member of the team will be pleased to assist you.

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 <u>@InfoYorlmc</u> – there is also a link at the top right hand corner of our web site http://www.yorlmcltd.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. Interest-free loans may be 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

EASTFIELD MEDICAL CENTRE
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Y011 3LJ
www.eastfieldmedicalcentre.co.uk

We believe in the future of General Practice...
...and we are preparing for it.

Eastfield Medical Centre is a GMS training practice situated on a large housing estate on the outskirts of Scarborough. Over the next 5 years there will be major housing development in our area leading to an increase in list size from 7500 to over 10,000. We are looking for an additional 6 session doctor either salaried or as a partner to join us to deal with the initial increase. There will be the opportunity to increase the number of sessions in the future and we have a track record of salaried doctors joining us as partners.

In addition we recognise that succession is important and so we are particularly looking for someone who has an enthusiasm and commitment to either postgraduate training or leadership in practice management. We would be looking for someone to develop into those roles within the next 5 years and will definitely provide support for them to do that.

We work out of leasehold purpose built premises so there is no large property buy–in for prospective partners. We have the usual complement of ancillary and support staff. We believe we earn above average. The area we serve is very varied from high levels of deprivation to rural villages. We have a high level of morbidity and chronic disease that means every day is challenging and stimulating.

We use Emisweb and have tailored the system to fit in with our patterns of work. As this is an additional post the starting date is flexible.

Scarborough is a resort town on the Yorkshire coast. It offers excellent recreational possibilities for water sports, beach activities, cycling and walking in the North York Moors National Park, golf, motorcycle racing, festivals, vibrant arts and music cultures and the world famous Stephen Joseph Theatre. Schools are generally rated good and there is private education for ages 3 to 18 in the town.

As a salaried doctor you would be on a standard BMA contract, and starting salary of £63,000 rising incrementally to £72,000 pro rata for a 37.5 hour week. Allowance will be negotiated for experience.

We welcome informal visits and discussions. Please contact the Practice Manager Mrs Frankish on michelle.frankish@nhs.net or 01723 582297.





Filey, North Yorkshire Salaried GP Vacancy

Full and part time enquiries welcome/competitive salary

Filey Surgery is an innovative, friendly 3 Partner Teaching and Training practice, caring for approx. 9000 patients, working from purpose-built premises. Our practice area covers the seaside town of Filey and the surrounding villages, and the practice is situated 8 miles from Scarborough and 40 miles from the historic city of York. The practice was rated Good by CQC at our inspection in November 2014. The practice dispenses to those patients living in the rural areas around Filey.

We have a well-established clinical team of GP Partners, Salaried GPs, Clinical Pharmacist, Nurse Practitioners, Practice Nurses, HCA's and trainee doctors (GP registrars and years 3 and 5 HYMS students). We offer an excellent supportive environment where a GP of any experience will thrive. We are also supported by an efficient and friendly administrative team consisting of management, administration, dispensary and reception staff.

We are a GMS practice using TPP SystmOne clinical system. We consistently achieve all possible QOF points.

We provide extended hours on a Tuesday and alternate Wednesday evening and provide a variety of enhanced services including minor surgery. There is no out-of-hours commitment. We are looking for an enthusiastic and motivated salaried GP to join our team. If you have the right skills and ambition to join a forward thinking and thriving surgery like ours we would love to hear what you have to offer.

Informal enquiries and visits welcomed, please contact Dr Mike Shepherd, Dr Jenny Mainprize (GP partners) or Carolyn Liddle, Practice Manager 01723 515881

Please apply in writing with your CV and a covering letter to:
Carolyn Liddle, Practice Manager
Filey Surgery, Station Avenue, Filey Surgery, Y014 9AE
Tel: 01723 515197 Email: carolyn.liddle@nhs.net

Closing date for applications 17 May 2016

www.fileysurgery.co.uk



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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

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@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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