

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



NHS England's [General Practice Forward View](#), sets out support for primary care over the next five years. One of its key elements is the redesign of patient care and whilst unpalatable to many it is clear that General Practice in 2020 will look very different. Rapid change is already taking place within the NHS.

The GPC has produced a [Focus on General Practice Forward View](#) paper summarising some of the key potential opportunities for general practice that the Forward View presents. It provides a steer for practices on how to maximise the potential for the General Practice Forward View to deliver change locally.

YORLMC's May liaison meetings with NHSE and the CCGs across both Bradford, Airedale, Wharfedale and Craven and North Yorkshire and York provided the opportunity for lengthy shared discussion on the content and implementation of the Forward View and as stated by the Chairs of both Branches of YORLMC, it will be YORLMC's ongoing priority to ensure every possible stream of investment and support reaches all local practices.

The emergence of Accountable Care Organisations (ACOs) has significant implications for General Practice. This is because the basic concept of an ACO is that a group of providers, for example an Acute Trust, a GP federation, Local Authority, social services and voluntary sector will come together to provide a range of services. Collectively they will agree to take responsibility for providing all care for a given population for a defined period of time under a contractual arrangement with a commissioner. The providers collectively will be held accountable for achieving a set of pre-agreed quality outcomes within a given budget or expenditure target. GPs as providers within an ACO model are unique in the sense that they are the only group whose personal assets will be at risk. It is therefore very important that GPs ensure that resource for work within the framework of an ACO is ring fenced to ensure that their practice contract (whether GMS, PMS or APMS) is protected and importantly to ensure that individual likelihood and personal assets are not placed at risk.

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

Management of violent, potentially violent, abusive and difficult patients by General Practices and other independent contractors (including potentially violent)

YORLMC's Corporate Affairs Team is facilitating a working group that will comprise representatives of Y&H CCGs, NHSE Y&H and Y&H LMCs which will develop a consistent service across the Yorkshire & Humber footprint for those patients who are abusive, difficult and violent patients. It is intended that the group will develop a framework that can be applied across Y&H that will balance the rights of patients to receive services from GPs whilst ensuring that GPs, their staff, patients and bystanders deliver and receive those services without the threat or occurrence of violence or who might otherwise have reasonable fears for their safety. It is also intended that the framework will include dispute resolution for those situations where practice/patient relationships have broken down.

Whilst this work is taking place practices are reminded that the current arrangements for accessing the existing service are as follows.

Arrangements where the local PCS team has already transferred to the PCS England national arrangements (i.e. West Yorkshire)

Primary Care Support England – Customer Support Centre Email: PCSE.enquiries@nhs.net

Phone: 0333 014 2884

PO Box: PCSE Enquiries, PO Box 350, Darlington, DL1 9QN

Fax: 0113 277 6912

This is in keeping with the agreed national service arrangements that NHS England has commissioned from Capita.

Interim arrangements for North Yorkshire and Craven Practices (pending PCS team transfer)

Until the North Yorkshire PCS team transfer, then practices should contact Clare Streeter and Annette Enzor at Alpha Court, Monks Cross - England.primarycare@nhs.net and England.gpreturns@nhs.net for immediate removal referral.

Once North Yorkshire PCS team transfer is complete, then practices should send referrals as per West Yorkshire above.

Immediate removal improvements at PCS England

A recent discussion with local PCS England contacts highlighted that work is ongoing to streamline their processes to improve their response, particularly the timeframe, relating to immediate removals including:

- Practices will be asked when submitting immediate removal requests to include a specific subject title in the email (e.g. 'Urgent Violent Patient Referral') – this will aid quicker identification and action
- Consideration is also being given to whether such requests can be routed through directly to the team dealing with such requests at PCS England.

NHS England Safe Haven contacts

It is not intended that practices should circumvent the above routes, but in any event where practices need to contact NHS England relating to a referral.

As above for North Yorkshire - Clare Streeter and Annette Enzor at Alpha Court, Monks Cross - England.primarycare@nhs.net and England.gpreturns@nhs.net

West Yorkshire and Craven – Helen Hawran - england.wyat-medicalcontracting@nhs.net

GPs must prescribe within their competence

The GPC has written to the [GMC](#) to raise concerns about GPs being pressurised to prescribe specialist medication outside their competences, with particular reference to gender dysphoria. The GMC has proposed that GPs should consider prescribing 'bridging medication', where the [local NHS has insufficient access to provide specialist treatment](#).

YORLMC shares the GPC's belief that GPs prescribing in this way would be breaching the principles of good medical practice, and it should be a responsibility for NHS commissioners to ensure patients have access to appropriate specialist services.

The GPC also objects to GPs coming under [pressure to prescribe under shared care arrangements](#). This should always be voluntary, and based upon the GP having the requisite competence and ability to provide ongoing monitoring. The GPC believes that this should be under a formal locally commissioned arrangement, and has highlighted that the [GMC guidance](#) places a worrying expectation on any GP, regardless of their knowledge and competence, to continue prescribing specialist medication in this instance. The GPC has in addition provided specific further information

regarding shared care arrangements in its report [‘Quality First – Managing workload to deliver safe patient care’](#).

Specialist prescribing - letter to GMC

GPC has previously raised concerns regarding NHS England's proposals for GPs to undertake specialist prescribing for patients, such as those with gender dysphoria. GPC has also received widespread concerns from GPs and Local Medical Committees (LMCs) that this guidance is placing GPs in a difficult position and undermines the principles of the GMC's own Good Medical Practice

Attached at [Appendix 2](#) is a letter from GPC to the GMC, outlining GPC concerns. As mentioned in the letter, GPC is also writing to NHS England and the indemnity organisations.

Firearms licensing

The following entry appeared in the April edition of YORLMC news

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](#), as is the updated BMA 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.

In addition to the above YORLMC makes the following comments.

There are two important factors to take into consideration. Firstly, workload and the lack of resource to provide the service and secondly and most importantly is the issue of responsibility. It is YORLMC's view that unless a GP has forensic psychiatry expertise or feels competent in this area the decision on suitability will be outside their level of expertise. YORLMC thanks Devon LMC for producing the attached ([Appendix 1](#)) template letter for use by practices when responding to approaches from the police.

Focus on GP Funding Changes

BMA has released a new 'Focus on GP funding changes' guidance and is available at the following link

<https://www.bma.org.uk/advice/employment/gp-practices/focus-on-gp-funding-changes>

NHS Property Services - Service Charge recovery template lease launched

Over the last year GPC has been negotiating with NHS Property Services to improve conditions for GPs occupying NHSPS-owned premises. These negotiations have come to an end and GPC are pleased to let you know that a template lease has been agreed. The full template lease, the guidance and other resources are available on the BMA webpage at:

<https://www.bma.org.uk/advice/employment/gp-practices/premises/gp-premises-leases>

This template will, following local agreement between each practice and NHS Property Services on any specific premises or personal issues and/or requirements that are unique to them, form the basis upon which a formal and final lease agreement can be agreed.

GPC have secured a number of agreements within and outwith the lease that should benefit practices, for example:

- a clause allowing the tenant to break the lease if notice has been served on their core contract (by the NHS or by the tenant)
- a mechanism built into the lease which ensures that reviewed/revised rents match what a practice was entitled to in terms of reimbursement
- service charges must be reasonably and properly incurred and a dispute resolution provision (which involves independent surveyors) is included if the charges are deemed unreasonable
- agreement with NHS England to provide transitional funding (for up to two years) for practices who have historically been supported in connection with their service charge payments
- very favourable assignment clauses which enable a practice to freely assign the lease to different partners or NHS allowed entities
- NHS England will cover SDLT (stamp duty land tax) and legal costs (up to a set level) where practices enter into a lease within 18 months of this announcement

Other key things to remember:

- NHS PS have indicated that they will seek to start discussions with any practice who is in occupation of one of their premises on an unwritten basis or uncertain basis. This will start with written communication and the provision of a set of heads of terms which reflect the points agreed in the template.
- certain concessions, such as the payment of SDLT and legal costs, are open for an 18 month grace period which will end mid-October 2017
- All rents (including shared area rents) need the prior approval of NHS England before the lease is entered into
- NHS PS are seeking to move to a position of full recovery service charges and although certain comfort provisions have, as mentioned above, been agreed there is the possibility for service charges to increase notwithstanding the efficiencies which NHS PS are seeking to drive through. Practices need to have visibility of what their exposure could be and agree limits and/or additional funding if these are deemed unreasonable
- NHS PS is keen to make efficiencies through economies of scale, therefore they will be appointing a facilities management provider who they hope practices will use. The use of such providers is not compulsory albeit there is a reasonable endeavours requirement to enter into negotiations over a separate FM contract that will facilitate the same
- as part of the negotiations over the ability to break the lease where core contracts end (to mitigate the impact of a 'last man standing' situation occurring) the lease has been negotiated outside of statutory protection which would ordinarily give a practice a statutory right to renew at the end of a lease term. Whether this is appropriate for each practice is dependent on their circumstances but we have sought to mitigate this issue by agreeing that the lease term can be up to 30 years and that it is capable of being contractually renewed.
- you should still negotiate the specifics of the template lease and should ensure you seek legal advice before signing

For any queries related to the new template lease, please email info@yorlmc.co.uk

Prescriptions (FP10s)

An issue about the use of private prescriptions alongside FP 10s was recently raised at GPC. The question raised relates specifically to whether GPs can issue private prescription forms at the same time as FP10s, in circumstances where this is a cheaper option for the patient than paying the NHS prescription charge. The GPC was asked to consider whether this could be either a breach of the Regulations or collusion to defraud the NHS, who would otherwise recoup the prescription charge.

The legal advice GPC have received is clear that in cases of treatment under the primary care contract, GPs may not issue private prescriptions alongside and as an alternative to FP10s. In any case where a GP is obliged to issue an FP10, the concurrent issue of a private prescription will be a breach of obligation. In any case where a GP is obliged or entitled to issue an FP10 the concurrent issue of a private prescription will be conduct calculated to deprive the NHS of a small amount of money and will on that account also be wrongful.

The advice is therefore that GPs do not issue private prescriptions under these circumstances.

General practice nurse (GPN) ready scheme

Attached at [Appendix 7](#) is an information pack for primary care on the General Practice Nurse Ready Scheme.

MARAC report or a Domestic Violence Notification Protocol

YORLMC recommends that on receipt of the forms this information is shared within the practice and any relevant entries are made in the notes of the individual concerned rather than scanning in of the whole report, but this will need individual judgement. If it is scanned in then YORLMC suggests that the fact that the report contains third party information is highlighted so that this is obvious for any cases of future release of notes. It may be relevant to make a record in the notes of any children within the household or any other parties if felt relevant (especially vulnerable adults). With any recording of this nature it is important to be mindful to the fact that records may in the future be released to the parties involved. (See [The Data Protection Act](#) for guidance on the releasing of medical records.)

Certification of death where a Deprivation of Liberty Safeguard is in place

YORLMC wishes to remind GPs and Practice Managers that following the death of a patient who is subject to a DoLS, it is the care or nursing home's responsibility to report the death to the coroner; the coroner should then commence an investigation under section 1. The investigation cannot be discontinued and there must be an inquest. These requirements do not alter the responsibility of the GP in issuing a MCCD.

Acute Kidney Injury (AKI) notifications

April 2016 saw the introduction of new reporting of warning stage test results for acute kidney injury arriving in general practice, via the GP IT systems. It is estimated that Acute kidney injury (AKI) is associated with 100,000 deaths per year. Up to a third of those deaths could be avoided. AKI occurs in one in five acute hospital admissions. Over 60% of these AKI presentations start in the community and primary care is in a position to play a leading role in tackling the problem.

Attached at [Appendices 3](#) and [4](#) are some useful resources provided by Wessex LMC.

Further information and resources are available at
<https://www.thinkkidneys.nhs.uk/aki/resources/primary-care/>

Issue with QRISK®2 Calculator in SystmOne

As you may be aware, there is an issue involving the QRISK®2 Calculator in SystmOne, run by TPP. If you run TPP in your practice please do not use this QRISK®2 Calculator option until further notice.

Attached as [Appendix 5](#) is the letter sent to practices from the Medicines and Healthcare products Regulatory Agency (MHRA) on 11 May, which provides more detail about the issue and steps being taken to resolve it.

European Brief: April 2016

The latest edition of the BMA's European Brief is attached at [Appendix 6](#).

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'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.

Who to contact at YORLMC's Corporate Affairs Team

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

Simon Berriman (simon.berriman@yorlmcld.co.uk) and Stacey Fielding (stacey.fielding@yorlmcld.co.uk) 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.yorlmcld.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@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](https://twitter.com/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. 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

Farfield Group Practice, Keighley

Salaried GP vacancy

We are looking to recruit an enthusiastic and motivated Salaried GP

to join our friendly, supportive Practice team.

***Full time or part time/job share working considered
Future Partnership prospects available.***

- Five Partners and three Salaried GPs
- Experienced and committed nursing team including two Advanced Nurse Practitioners
- Supportive Practice admin team including full time in house Pharmacist support.
- On site Health Visitors, District Nurses, Counsellors and Chiropodist
- Actively involved with our local CCG and a member of YorDales GP Federation Group.
- GP and medical student training practice
- Consistently high QOF achievers
- System one users
- Enhanced services including Level 2 Diabetes , Contraception & Sexual Health, Minor Surgery and Substance Misuse
- Attractive rate of pay and favourable terms and conditions (including Medical Indemnity Fees paid)
- Professional development encouraged.

Starting Date: We are looking to appoint as soon as possible but would be willing to wait for the right candidate(s)

Closing Date for Applications: 30th June 2016

For an application form, further details or to arrange an informal visit please contact Ms Cheryl Lamb, Practice Manager, Farfield Group Practice, St Andrews Surgeries, West Lane, Keighley BD21 2LD. Email: cheryl.lamb@bradford.nhs.uk

We look forward to hearing from you

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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