

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



I attended the 2016 BMA annual representative meeting (ARM) which took place in Belfast, week commencing 20 June. It is an annual four-day conference, which brings together doctors from across the UK and from all specialties and grades to discuss and debate the issues facing our profession, and to formulate BMA policy to tackle those issues.

Chaand Nagpaul, chair of the BMA GPs committee, the GPC, addressed the conference during the general practice section and he highlighted to the wider profession the crisis which GPs are facing as a result of years of neglect, disinvestment, and unresourced workload. He outlined the solutions and measures as described in the [Urgent Prescription for General Practice](#) plan as well as the need to ensure that NHS England's [General Practice Forward View](#) is implemented so that resources and support reach the frontline.

The ARM passed resolutions for the BMA to undertake a workload analysis that can define safe limits of working in general practice; and to demand that certification of fitness to work should also be able to be completed by other health professionals, and that there should be an extension of self-certification for illness from seven to 14 days.

The ARM also resoundingly resolved that, should general practice fail, then so too will the NHS, clear evidence, once again, that our colleagues from the other branches of practice value and stand by us.

There was a valuable debate on **seven-day services**, and the so called 'weekend effect' relating to suggested increased mortality in hospitals on weekends. This session was led by professor of epidemiology and public health and the co-director of the Dr Foster Unit at Imperial College London Professor Paul Aylin and professor of public health policy at the University of York Professor Tim Doran who both presented research evidence.

Chaand Nagpaul spoke in this debate and firmly restated that general practice already offers a seven-day service, with several thousands of GPs up and down the country working at night and weekends seeing ill patients at home and in out-of-hours clinics. Chaand also highlighted the perverse 'weekend effect' in general practice, whereby GPs who would have worked out-of-hours urgent care shifts now instead work in new seven-day routine access clinics which is resulting in a weekend effect of taking GPs away from looking after acutely ill and housebound patients towards low demand routine care. It is the GPC's position that the priority must be to use the already scarce resources in General Practice to ensure a properly funded seven-day urgent care service, which will ensure acutely ill patients can receive responsive GP services.

There was also debate on a wider range of areas including: a themed debate on end of life care; the junior doctors' contract; increased privatisation of the NHS; professional regulation; appraisal and the GMC; the lack of NHS funding and medical ethics.

There was also the opportunity at the ARM for discussion with senior officers from the GMC and NHSE on the subject of **transgender care**. Specifically it was highlighted to the GMC that it has

recently issued guidance to one group of doctors, GPs, obliging them to prescribe if told to by a tertiary specialist and this instruction is now being included in letters to GPs. It was put to them that this advice is at odds with accepted practice as it exposes patients and GPs to the risks of prescribers acting outside their field of expertise. This point was further illustrated by the fact that very recently a coroner had severely criticised a GP for prescribing citalopram to a patient on the advice of another clinician, and in doing so reinforced the principle that if a GP signs a prescription they are responsible for it. This remains the subject of ongoing discussion. The GPC is currently discussing the matter with both the GMC and NHSE, the GMC in terms of the guidance itself and NHSE in terms of its approach to the issue, and the need for a properly commissioned service to cover these patients. Pending the outcome of these discussions, the May edition of [YORLMC news](#) provides advice with regard to the care of transgender patients.

YORLMC Recruitment

We are expanding as an organisation and are recruiting to an exciting new Committee Liaison Officer role – please click [here](#) for details.

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

Public Procurement and GP federations FYI

You may already be aware that the Procurement, Competition and Contracts Regulations 2014 had a shelf life until April 18th this year - the new EU Public Procurement Rules have now been entrenched into our legislation and the advantage that GP federations had in being able to be awarded contracts without having to bid based on being the only capable "single entity" provider has now **gone**.

GP federations will now have to find the funding to tender for all public health contracts over the procurement threshold of 750,000 Euros and CCGs and other commissioners are obliged to follow a transparent and fair procurement process.

Don't forget that if your federation needs any legal advice in relation to this or any other matter you may be able to access this at no additional cost through our **YORLMC Law** service in association with LMC Law. **This service is available to both Practices and Federations** - for more details please see the flyer we circulated recently, attached at [Appendix 1](#) and available on our website [here](#).

Recognition of general practitioners as specialists

GPC and the Royal College of General Practitioners (RCGP) have been working together to lobby for changes to primary legislation in the UK to ensure general practice is recognised as a specialty. Please see the statement of support below from the European Union of General Practitioners (UEMO).

UEMO statement on Recognition of General Practitioners/Family Doctors as Specialists

11 Jun 2016, General Assembly, Portugal

UEMO, as an organisation of General Practitioners/Family Doctors, supports the recognition of General Practitioners as Specialists.

General Practice is the robust basis of any cost-effective Health System and General Practitioners are highly qualified and vocationally trained medical graduates.

After successful completion of their medical degree they have a period of hospital based training which is combined with specialist training for general practice involving a period of supervised work within a GP training practice.

There are Chairs of General Practice/Family Medicine in universities and most European countries recognise the speciality of General Practice/Family Medicine.

UEMO calls upon all countries that do not yet have recognition of the Speciality, to examine their own systems so as to promote and achieve the recognition of GPs/FDs as Specialists in the field of General Practice/Family Medicine within one year.

Furthermore UEMO pledges itself to pursue this goal through the European Commission and the forthcoming Directive in 2017 (Annex V, 5.1.3).

Measures to control workload

GPC has discussed potential models to help manage workload in general practice, further exploring the concept of locality hubs, as described in GPC's recent paper '[Responsive, safe and sustainable our urgent prescription for general practice](#)' outlining the urgent actions needed to alleviate the current significant pressures.

For practical ways in which practices can manage workload to deliver safe care, the BMA has launched a [Quality First Web Portal](#) that practices and individual GPs can use. This provides a single portal, including 'how to' guides, with real case examples of positive change and covers areas including:

- Managing inappropriate workload
- Guidance on establishing or joining a GP network or federation
- Collaboration and working at scale
- Technology – new ways of working
- Patient empowerment
- Assessing and negotiating workload

GPC hope to keep adding to and evolving this resource as per feedback and new examples that they receive from around the country. The original template pack has been updated and also converted to Word, with additional SystemOne, EMIS and Vision web templates ready to be exported into practice systems with ease.

Issue with QRISK®2 Calculator in SystemOne and Prioritisation of work with respect to QRISK2 miscalculations

Further to the entry in the [May edition of YORLMC news](#), on the issues with the QRISK2 score calculator integrated into 'SystemOne', practices should have received a letter from David Geddes, Head of Primary Care Commissioning, NHSE, regarding the implications for practices and advice to practices regarding review of patients who may have an inaccurate QRISK2 score. This letter is also attached at [Appendix 2](#). Also attached as [Appendix 3](#) is a letter from Dr Andrew Green, Chair of the GPC Clinical & Prescribing Subcommittee, regarding prioritisation of work with respect to QRISK2 miscalculations.

Upper Tribunal Ruling on Business Rates and Premises Valuations

Guidance on the above was included in Appendix 3 of the [April 2015 edition of YORLMC News](#). Professional advice received by GPC is that revaluation of the business rates shouldn't impact upon any subsequent notional rent valuations, as the valuation systems and purposes are distinct enough to hold them entirely separately and there should not be any real impact for practices.

Prescriptions (FP10s)

The following entry appeared in the May edition of YORLMC news:

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.

In addition, YORLMC would also like to remind GPs that while it may be in the interests of patients who pay for prescriptions to be aware that a product is less expensive to buy over the counter than the prescription price, where a patient is in receipt of free prescriptions, GPs should offer a prescription as opposed to suggesting they buy over the counter medicines, as to do so would be a breach of a GPs contract and contrary to the [GMC's Good Medical Practice](#).

Responding to the LMC conference resolutions

GPC has discussed next steps in taking forward the following resolutions from both the January LMC special conference and the May LMC conference.

Special conference:

That conference instructs GPC that should negotiations with government for a rescue package for general practice not be concluded successfully within 6 months of the end of this conference

- (i) actions that GPs can undertake without breaching their contracts must be identified to the profession
- (ii) a ballot of GPs should be considered regarding what work/ services must cease to reduce the workload to ensure safe and sustainable care for patients
- (iii) the GPC should canvass GPs on their willingness to submit undated resignations.

LMC conference:

(S12) That conference with regards to the General Practice Forward View

- (i) welcomes the acknowledgment of significant past underfunding and commitment to increased spending*
- (ii) believes that most of the investment promised is conditional upon practices delivering transformation and service change*
- (iii) recognises that only some of the demands of the profession have been included, and instructs GPC to continue to press for further dedicated resources to support GPs*
- (iv) does not believe that there is sufficient urgency in the measures described*
- (v) is concerned that the present financial state of the NHS makes the prospects of these financial flows unlikely.*

(S20) That conference does not accept the General Practice Forward View is an adequate response to the GPC's statement of need within the BMA's Urgent Prescription for General Practice, and considering this to be sufficient grounds for a trade dispute, unless the government agrees to accept the Urgent Prescription within 3 months of this conference, the GPC should ask the BMA to:

- (i) ballot the profession on their willingness to sign undated resignations*
- (ii) ballot the profession on their willingness to take industrial action*
- (iii) ballot the profession as to what forms of industrial action they are prepared to take*
- (iv) produce a report to practices on the options for taking industrial action that doesn't breach their contracts.*

The May resolution (S20) requires that the government agrees to accept the Urgent Prescription by 20 August 2016, and in the event of not doing so, for the GPC to ask the BMA to ballot the profession on its willingness to sign undated resignations and take industrial action (IA). GPC has formally written to NHS England, pressing for their acceptance of the Urgent Prescription. GPC has also commenced dialogue with NHS England regarding identifying those proposals in the Urgent Prescription '[Responsive, safe and sustainable](#)' that are not covered in the GP Forward View, and which will form the basis of further negotiation. There is recognition by NHS England of the timescale required by the resolution.

Work is also underway in responding to resolution S12 on the [General Practice Forward View](#), instructing GPC to continue to press for further dedicated resources to support GPs. GPC is working to influence the detail and implementation of the GPFV, and to hold the government to account to deliver on the positive elements. It is vital that resources and schemes within the GPFV are developed and delivered to the frontline as quickly as possible to address core pressures in general practice. GPC is represented on the GPFV oversight board, is contributing to a workstream on the practice resilience programme, and the reference group of regional LMCs is being developed to feed into GPC's national work. GPC is additionally setting up a roundtable with the LMC reference group and NHS England to discuss implementation of the GPFV, and the key role of LMCs in monitoring and supporting delivery.

CQC access to GP's own medical records

GPC has advised that a blanket demand for medical access for partner/registered manager applicants is wholly unacceptable. GPC is in the process of arranging a liaison meeting with CQC to discuss this matter. In the meantime, GPC advice is to refuse these requests unless there are exceptional circumstances which would make medical records disclosure appropriate.

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.

Tier 2 Visas for GPs

Please see the following advice on Tier 2 Visas for GPs from the BMA's International and Immigration team:

The BMA has submitted evidence to the Migration Advisory Committee on its last two reviews of the Shortage Occupation List making a strong case for General Practice to be added. On each occasion the MAC has recommended against taking such a step but we continue to raise this as an issue with the Government. The MAC report on the last review is available [here](#). A summary of the reasons given by the MAC for not including General Practice on the Shortage Occupation List are outlined on p2 and from p42 and might be of interest.

An employer wishing to recruit someone who requires a Tier 2 visa has to be registered with UK Visas and Immigration (UKVI) as a Tier 2 sponsor. This is the case whether the occupation is on the shortage occupation list or not. We are aware that there are very few GP practices who have taken this step of registering as a Tier 2 sponsor. An outline of this process is available on the UKVI website:
<https://www.gov.uk/uk-visa-sponsorship-employers/overview>

A sponsor licence costs £536 for small businesses (annual turnover of less than £6.5 million and less than 50 employees) and the application is made online. The UKVI requires evidence of suitability as a sponsor and confirmation that processes are in place to manage the sponsorship process. Having GPs on the Shortage Occupation List only reduces the need to evidence that the Resident Labour Market Test has been undertaken when recruiting a Tier 2 visa holder, all other sponsorship responsibilities still apply. The RLMT requires that jobs are advertised for 28 days and confirmation that there are no suitable UK or EEA applicants. Once these requirements are met then an employer can recruit someone on a Tier 2 visa.

The BMA immigration advice service is also available at
<https://www.bma.org.uk/advice/employment/immigration/bma-immigration-advice-service>

DWP guidance on providing medical reports – England, Scotland and Wales

The DWP has updated the guidance for Healthcare professionals on providing medical reports to DWP and is available [here](#)

GPC's Sessional GP Sub-Committee

The latest Sessional GPs e-newsletter can be access at
<http://bma-mail.org/t/JVX-4ACJR-1BJCJOU46E/cr.aspx>

European Brief: May 2016

The latest edition of the BMA's European Brief is attached at [Appendix 4](#).

Latest GMC updates

Statutory requirement for doctors to have insurance or indemnity

[Good medical practice – paragraph 63](#) 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 [new regulations](#), 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 practise 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.

GMC hot topics

There is a 'hot topics' section on the GMC website. This can be accessed at <http://www.gmc-uk.org/guidance/27163.asp> - this webpage focus on issues which are topical among doctors. The GMC identifies these through a variety of sources, such as its data, incoming enquiries, emerging themes in the news, and external government priorities. Each topic clearly outlines the GMC's position, the learning it can share from this and the resources it and others have to support doctors in this area. This page also invites questions or suggestions about the topics included by contacting hottopics@gmc-uk.org

The following GMC guidance documents may also be of interest

- [GMC Cosmetic Practice](#)
- [Reducing the workload and duplication associated with the regulation of General Practice in England](#)
- [GMC on-Line Services](#)

GMC Online is a password-protected area of the GMC's website designed to make administration easier for doctors. GPs can use a GMC Online account to:

- Manage your registration
 - Join or rejoin the register, apply for a licence to practise or to join the GP and Specialist registers
 - Apply to relinquish your licence to practise or to remove your name from the register (voluntary erasure)
 - Apply to take the PLAB test
 - Pay your fee or manage your Direct Debit.
- Maintain your details
 - Update your details or change your communication preferences
 - Update and maintain your revalidation details.
- View and print your documents
 - View and print a certificate of proof of entry on the register
 - View and print your fees notices and receipts.
- Request a certificate of good standing (CGS)
- [Doctors Support Service](#)

The GMC has commissioned BMA Doctors for Doctors to provide dedicated confidential emotional support to any doctor involved in a fitness to practise case who would like it. This service offers doctors going through a fitness to practise case an independent source of confidential emotional support. The service is open to any doctor and is free of charge.

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@yorlmltd.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@yorlmc.co.uk) is the first point of contact for all Bradford, Airedale, Wharfedale and Craven related matters.

Simon Berriman (simon.berriman@yorlmc.co.uk) and Stacey Fielding (stacey.fielding@yorlmc.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.yorlmc.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@yorlmc.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.yorlmc.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

YORK

Full time/Part Time Partner

Front Street Surgery and Beech Grove Medical Practice

Due to senior partner retirement an exciting opportunity has arisen to join the merger of two small neighbouring practices who value providing personal family centred holistic care.

8100 patients

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SystemOne

Training Practice: GP Registrars and Hull York Medical School.

Modern purpose built premises

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Informal enquires and visits welcome.

Please contact Carol Bullock, Practice Manager, Front Street Surgery, 14 Front Street, York, YO24 3BZ. Telephone: 01904 794141

Closing date: 31st July 2016

Start date: 1st October but flexible for right candidate.

LOOKING FOR WORK AND VACANCIES?

Advertise in the YORLMC Ltd Newsletter

This Newsletter is circulated to all North Yorkshire & Bradford & Airedale Practices.
If you would like to advertise your availability for employment then please email info@yorlmcltd.co.uk for
further information and advertising rates
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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