YORLMC LIMITED

Newsletter
Issue 107 – July 2016

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

We will shortly be launching our new Education, Training & Development service with the aim of providing practices with access to a range of relevant training and events. Ahead of this we are excited to announce that the practices in Bradford, Airedale, Wharfedale, Craven, North Yorkshire & York now have access to a suite of Lunch & Learn training packages developed by Wessex LMCs - some are charged at £30 and others at £15. These provide a different way for practices to train their staff as it enables you, on behalf of the practice, to deliver training over a lunchtime, by giving you all the materials you need.

When you purchase the Lunch and Learn package your payment will trigger access to a PowerPoint presentation and all the relevant accompanying training materials. The training packages are accessible via https://www.wessexlmcs.com/lunchandlearn. You will need to create an account and use the code **YORLMC** when you purchase in order to access the preferential rates offered. The Lunch & Learn training packages currently available are:

- Accessible Information Standard
- Adult & Children Safeguarding Awareness Level 1
- Chaperone Training
- Customer Service Skills
- Dementia
- Emergencies in General Practice
- Equality and Human Rights in General Practice
- Information Governance
- Mental Capacity Act
- Practice Nurse Revalidation
- Understanding Conflict

You can access the files of any purchased package as often as you like from this website, and Wessex LMCs undertake to maintain and keep them up-to-date. We recommend, therefore, that you don't save your own versions, as these will not be updated automatically.

Benefits of the Lunch & Learn packages include:

- They are more cost effective than face to face training
- They can be run whenever & wherever suits you
- They can be run as a multi-disciplinary meeting, with specific groups of staff or with individuals
- When training is being done as a practice, useful practice-wide decisions and discussions can result
- Then they can be run with new staff as part of their induction
- The resources will be updated by the authors of the training package so you can feel reassured that you are delivering accurate training
- By using the package's original material, a consistent message will be portrayed to staff who have the training sessions at different times.

We hope you find this facility useful and welcome your feedback.

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

Retained Doctor Scheme
The retained doctor scheme is a package of support resources aimed at GPs who may be considering leaving the profession, to remain in clinical practice providing between one - four sessions per week.

The resources also offer support to the GP practices employing them.

From July 2016, NHS England increased the funding available in the retained doctor scheme.

This additional resource will be available for up to 36 months from the date of recruitment up to 31 March 2019. This top up will be paid via the NHS England local team.

The scheme is in recognition of the fact that the retained GP role is different to a 'regular' salaried GP post.

GPs may be on the scheme for up to five years with an annual review each year to ensure that they remain eligible.

See a Step by Step Guide and FAQs here

Prioritisation of work with respect to QRISK2 miscalculations
Concerns have been raised about calls for GPs to review urgently the care of patients whose risk calculation may have been incorrect, and management plan may have been affected. The concern is that, by prioritising this work, the overall primary health care of our patients may be harmed by diverting clinical time away from those with higher needs.

It is important to appreciate that the prescription or otherwise of a statin, which is the likely drug intervention under consideration, is only one part of the management of these patients. Whatever the calculation the most important part of care, the lifestyle advice, will not have been affected. Also the benefits, such as they are, of statin therapy apply to all patients no matter what their initial risk level, and the NICE cut-offs are based on economic not clinical grounds.

The precise QRISK2 figure (within reasonable limits) is rarely the ultimate determinant of whether a patient chooses to take a statin or not, which is far more likely to be based on patient factors such as attitude to risk, and the willingness to take medication to mitigate that risk.

Patients who are taking a statin without problems, but where one is not recommended according to NICE, will be highly unlikely to be harmed by the continuing prescription although it may not be as cost-effective. With the acquisition cost of the recommended statins being low it could be argued that providing expensive GP time to provide an earlier review than previously planned simply compounds the situation.

For those patients whose recalculated risk would lead to a discussion of possible benefits of prescribing, a review is indicated. There is no requirement to see face to face, only to ensure that patients who are affected are informed and can, if they want, change their mind about management. However, as any benefits that might result from drug therapy for primary prevention would come to fruition in the long and not short term this review must not disrupt the care of other patients.

In dealing with any unexpected situation it is up to GPs to clinically prioritise the demands on their time to ensure maximum overall health benefit.

The GPC is involved in an audit to assess the time required for this work with a view to getting it properly reimbursed.

In the meantime, practices are encouraged to:

- Access the data lists NHSE has provided to know the extent of the problem
- If they have given, on the basis of faulty IT information, patient advice that is proven to be inaccurate they need to put this right, with a degree of urgency commensurate with the significance of the error and taking into account other patients' needs
- Complete the survey to allow an accurate assessment of the reimbursement to press for.

Medical indemnity guidance for GPs
Whilst the GMC's *Good medical practice* – paragraph 63 has historically required doctors to have insurance or indemnity in place where necessary, it is now also a statutory requirement for all doctors to have insurance or indemnity. 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. GPs are required at appraisal to declare they have adequate indemnity. GPs who have their indemnity covered by their employing organisation should satisfy themselves that the level of indemnity provided is adequate.

The BMA has recently updated its Medical indemnity guidance for GPs. It includes guidance on vicarious liability, a section setting out factors that affect indemnity subscriptions and a particularly helpful FAQ.

Indemnity - England
GPC has discussed rising indemnity costs, which remain a significant concern for GPs in whatever contractual capacity they work. GPC has repeatedly raised concerns at a national level, and discussions have been held with NHS England and the Department of Health, with a view to taking forward the commitments made in NHS England's GP Forward View.

Responding to the LMC conference
GPC has discussed the next steps in taking forward the resolutions from the January LMC special conference and the May LMC conference, regarding the 'rescue package' for general practice, and the government's acceptance of GPC's urgent prescription proposals. GPC has both taken legal advice and considered a risk assessment on the implications of undated resignations and industrial action, and also what actions can be legally taken by practices without breaching their contract.

GPC has also continued its dialogue with NHS England on accepting the proposals in GPC's urgent prescription. NHS England has considered in detail each of the proposals in the urgent prescription that are not in the GP Forward View (GPFV). Much of the urgent prescription is already contained in the GPFV. Other areas in the urgent prescription are in the form of bullet points, in which the detail has yet to be worked up. Therefore any acceptance of such areas by NHS England has to be considered within this context, in which there will need to be further dialogue. Conversations and correspondence between GPC and NHS England have been positive and NHS England has committed to discussing taking forward all elements of the urgent prescription not addressed by the GPFV, including where relevant as part of forthcoming 2017/18 GP contract negotiations, as well as through the new Primary and Secondary Care Interface Working Group and the LMC reference

group. It is of note that NHS England has not put forward any obstacles, or ruled out any of the urgent prescription proposals.

GPC will continue its dialogue with NHS England in the hope of fulfilling the aims of both resolution S20 as well as resolution S12 from the May LMC conference. GPC is nevertheless still minded to conduct a consultative survey in September, looking at the actions practices can take to limit workload to safe levels.

Meanwhile, it is vital that areas of the GPFV, including the practice resilience programme and changes to the NHS standard contract, are delivered for practices as quickly as possible to address core pressures. Discussions will continue, including through the LMC reference group, which has already yielded a very useful dialogue between the centre and localities.

Primary care support services - England
GPC has discussed the current issues related to NHS England's contract with Capita to provide primary care support services. GPC passed a motion of no confidence in Capita, following the months of concerns highlighted by practices in England about the failures in patient record transfer, delivery of supplies and payment problems since NHS England handed over responsibility to Capita, as well as the very real concerns highlighted in NHS England's plans to remove patients from practice lists. The press release is available online. The GPC chair had previously written to NHS England highlighting the significant concerns of GPC and the wider GP population. Capita has dramatically failed the NHS in England, disrupted general practice, and more seriously is still putting patients at risk of harm in their disastrous handling of the Primary Care Support contract. GPC representatives will be meeting with NHS England in the near future to discuss the situation.

PCSE stakeholder bulletin
Attached at Appendix 1 is the PCSE stakeholder bulletin which updates on Performers Lists Applications, supplies, Medical records movement, Ophthalmic payments, Screening, PCSE Customer Support Centre, and Relocating services delivered by local PCSE offices in July and August.

YORLMC has fed back to GPC that the content of the bulletin does not reflect the experience of feedback YORLMC continues to receive from practices, in that supplies are not being met, failures in patient record transfer bordering unsafe, telephones and emails not being answered, and trainee payments are not being made to practices.

BMA revised guidance on firearms – England, Scotland and Wales
In response to GPs' concerns over the new firearms licensing process introduced in April this year, new policy was passed at the Local Medical Committee's Conference and the BMA's Annual Representatives Meeting seeking further action and changes. In addition to this the British Association for Shooting and Conservation (BASC) are now advising their members to refuse payment to GPs for responding to the initial letter from the Police.

In light of these events, GPC has revised their position and updated their guidance which is available here

Quality first webportal - managing workload
Further to the entry in the June edition of YORLMC news, GPC have updated the Quality First Web Portal. Updates have been made to the original template pack with documents now available in MS Word format. SystmOne, EMIS and Vision web templates have been sourced and are available to be exported into practice systems with ease. This should enable automated letters to push back on inappropriate workload.

A reminder the portal includes '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. Practices are encouraged share examples of effective workload management by emailing GPworkload@bma.org.uk

GPC Safeguarding
Practices will be aware of ongoing problems around the obligations and entitlements of General Practitioners who are asked to attend child protection case conferences or to prepare written safeguarding reports for use at them. It has been brought to GPC's attention that some CCGs, while noting the GP contracts contain no provisions requiring them to contribute to the safeguarding process, have nonetheless suggested that GPs would need to justify non-compliance with regard to their statutory safeguarding duties if a report was not submitted and that non-compliance could justify a referral to the GMC with the implication that disciplinary action could be taken against defaulting GPs. Alternatively, it has been suggested that a CCG could contemplate taking action for alleged non-compliance by means of a breach/remedial notice.

The approach of GPC has been to encourage practices to engage with safeguarding processes but to agree a fee in advance of attending conferences or providing reports. The provision by GPs of the relevant safeguarding services falls outside the scope of the range of essential, additional or enhanced services provided for in parts 8 – 12 of the standard GMS contract. Clause 19.1.2 (a) of the GMS contract specifically permits the contractor to demand or accept a fee or other remuneration '*from any statutory body for services rendered for the purposes of that body's statutory functions*'.

GPC is aware of some confusion among GPs, local authorities, regional teams and CCGs as to who is now responsible for payment to GPs for work that falls under the term collaborative arrangements and while it works well in some parts of the country, in others, GPs are not being remunerated for this work. GPC is continuing to discuss with NHS England how this situation can be best resolved and it forms part of the 'Urgent prescription for General Practice' published earlier this year. GPC have emphasised that a fee is needed to cover the costs of the workload done and to ensure the practice has the capacity to do this work properly. Failing to fund this area of work leads to poorer quality services and local authorities should not be making cost cutting efficiencies in an important area such as the safeguarding of children and vulnerable adults.

GPC has obtained external legal advice on the issue, in which GPC asked for a view on the best way forward if it was not possible to reach a resolution through negotiation with NHS England. GPC's position, having taken such advice, is that GPs do have an obligation to comply with their statutory safeguarding duties, but equally that they are entitled to a fee.

GPC's advice is therefore to provide the relevant services, but on the basis that a fee will be sought for the same, indicating the rate of charge ahead of the provision of the report or attendance at the case conference as the case maybe. The commissioner of the service would be notified that acceptance of such services will be treated as signifying a willingness to engage the GP on the stipulated terms. In the event of non-payment a claim for the fee could then be pursued.

NHS Standard Contract
NHS England has published a shorter-form version of the NHS Standard Contract, for use in defined circumstances. This will complement the full-length version of the Contract, which will continue to be

used (and indeed will remain mandatory) in many situations. Guidance on when each form of Contract should be used is set out in section 9 of the NHS Standard Contract 2016/17 Technical Guidance.

The relevant documentation is available here

The Economics of taking on new work
Practice income for QoF, Essential and Additional services is unlikely to do more than keep pace with increased expenses over coming years, leaving practices having to look for other sources of revenue.

With the increasing pressure to move services into the community, CCGs recognise that this needs a transfer of funds to allow this to happen. Although this could represent an opportunity, if inadequately resourced it will make matters worse. Practices will therefore need to decide whether it is in their financial interest to accept new work. Practices should ask their accountant for specific advice about their own situation but certain principles of cost-plus contracts should be considered.

The idea that practices should only be reimbursed the cost of providing a new service needs to be rejected, as such behaviour will inevitably reduce the profitability of practices. This is easily illustrated by considering a practice with £400k income and expenses of £200k. If that practice takes on £50k of new work at cost it will be working harder yet see its profitability reduce from 50% to less than 45%.

The only business that can afford to take on new work at cost is one that has spare capacity, or is using that extra business to generate profits elsewhere.

It is therefore economic necessity and not greed that means new work coming into practices must not be delivered at cost. GPs do have a duty to support the NHS in its current difficulties but will do so with their skills, professionalism and dedication rather than financial subsidy. Again, the margin above cost that a practice must secure is a matter for an accountant, but the following should be considered

Additions to staff salaries Superannuation and National Insurance. Work commissioned and resourced from non -NHS bodies cannot be superannuated and results in a loss to GPs' pensions. LA work can be superannuated but currently the mechanism is not clear.	**Premises** Including fixtures and fittings, cleaning, utilities & capacity
Sickness and Maternity pay When employing staff to undertake new work a practice is taking a risk regarding staff absence from work, and an element to cover this needs to be allowed for.	**Unfilled appointments** If working for cost, any unfilled appointment will result in a financial loss. This is particularly significant for long appointments like those for health checks. A premium to cover unfilled appointments is required
Annual leave If service is to run 52 weeks of the year a premium will be required to cover locum staff	**GP input & Training** To include training, setting up of the service, supervision, report preparation
Equipment costs Not only on consumables but also on depreciation on equipment purchased. This is important where the contract term is short requiring writing down of the equipment over a shorter period than usual.	**GP responsibility payment** As we take on more work in terms of volume and complexity we carry increased professional responsibility for the services we provide. It is correct that we are rewarded for this aspect of our work
	Non clinical staff time Managerial, secretarial and reception

SUMMARY
•Do take professional advice about the profit margins that you need to secure to make extra work worthwhile.
•Do not focus on practice income without considering expenses.
•Do not be apologetic about saying 'NO' to new work that is inadequately funded.

YORLMC would like to thank Dr Andrew Green of Humberside Group of LMCs for his contribution/input into the development of this article

Accessible Information Standard for GP practices
The April edition of YORLMC news included an update regarding the Accessible Information Standard for GP practices. The 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 and YORLMC's regular information bulletins and monthly newsletters can be accessed here.

As mentioned in the Focus On document, there will be a detailed review of the Standard in September 2016. To inform this review practices are invited to share any specific feedback with the Corporate Affairs Team on the difficulties in implementing the standard. This in turn will be shared with the GPC. Please forward your comments to simon.berriman@yorlmcltd.co.uk

Wi-Fi services in GP practices for staff and patients
NHS England's General Practice Forward View states that from April 2017 funding will be made available to cover the hardware, implementation and service costs for Wi-Fi in practices for staff and patients.

Further details are awaited although practices may wish to consider this before making their own arrangements.

Nuffield report on large scale general practice
The Nuffield Trust has published a report on general practice entitled: *Is bigger better? Lessons for large-scale general practice*
http://www.nuffieldtrust.org.uk/sites/files/nuffield/publication/large_scale_general_practice_web.pdf
The report looks at pooling GP resources and the impact that this will have.

GPC have produced a very useful summary of the report which is attached at Appendix 2.

GPC's Sessional GP Sub-Committee
The latest Sessional GPs e-newsletter can be access at
http://bma-mail.org.uk/t/JVX-4DGLH-1BJCJOU46E/cr.aspx

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.

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@yorlmcltd.co.uk) is the first point of contact for all Bradford, Airedale, Wharfedale and Craven related matters.
Simon Berriman (simon.berriman@yorlmcltd.co.uk) and Stacey Fielding (stacey.fielding@yorlmcltd.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.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 @InfoYorlmc – 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

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
5 GP Partners
SystmOne
Training Practice: GP Registrars and Hull York Medical School.
Modern purpose built premises
Member City and Vale Alliance (CAVA)

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 August 2016
Start date: 1st October but flexible for right candidate.

Distinctive and award winning General Practice: an opportunity for a GP to join our team at Bevan Healthcare CIC

Bevan Healthcare CIC is looking for a salaried GP to work between 3 and 7 sessions per week across our outstanding CQC rated, innovative services for homeless patients, asylum seekers and vulnerable refugees. We are particularly looking for an experienced GP who will contribute to clinical leadership and service development, preferably with an interest in substance misuse.

We are a social enterprise committed to improving the health of the most vulnerable groups in Bradford.

Ideally suited to GPs looking for part-time work in a different setting, the post offers:

- delivery of primary care within a health and social care model
- fascinating work with a diverse patient group
- a supportive, experienced team, highly committed to inclusion healthcare
- "street medicine" option - the opportunity to provide healthcare to homeless and other vulnerable patients at outreach locations
- regular, paid education sessions focused on key, relevant topics
- 15 minute appointments
- competitive salary
- newly refurbished city centre premises

If you are interested please contact Andy Lephard (Medical Director) or Gemma Wilcock (PA) via email:

andrew.lephard@bradford.nhs.uk
gemma.wilcock@bradford.nhs.uk

The closing date for applications is Friday 26th of August 2016

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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