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



You will see from the NY and BA Branch reports that NHSE has released further details on the [General Practice Resilience Programme](#) (GPRP). Discussions have taken place across the footprint of NHSE North Region (Yorkshire and the Humber) involving CCGs, LMCs and NHSE during the week ending 19 August. Those discussions sought to gather views as to the types of intervention/support which will add value for practices.

There was further productive discussion at a meeting of the Yorkshire & Humber LMC Alliance and Officers of NHS England North Region (Yorkshire and the Humber) held 26 August which I attended. The discussion recognised that whilst the indicative funding allocation for Y&H will be just short of £4m over a 4 year period there was agreement that to make best use of the funding it should be spent in a targeted way that will benefit a wide range of practices. NHS England is looking to publish the Memorandum of Understanding (MoU) that practices receiving support under the GPRP programme will be asked to sign up to. Having had sight of the initial draft MoU I made it clear to NHSE that if left in the format proposed it would act as a barrier to practices accessing funding because the early indications are that it will be an involved and bureaucratic process.

As a result of the above discussions, NHSE will compile a plan informed by input by all CCGs who will be invited by NHSE to submit what they consider to be their top 3 priorities for their member practices.

[The General Practice Development Programme](#) is designed to support practices to manage their workload differently, freeing up time – Time for Care – for GPs and improving care for patients. This will help practices implement proven innovations, including online consultations, that others have already found useful and that NHSE has expressed as 10 High Impact Actions. In turn, this will help practices lay the foundations for new models of integrated care, and play their part in delivering a sustainable and high quality NHS as part of the STP process in which general practice has a key role

With the above in mind I encourage practices to submit to [info@yorlmcld.co.uk](mailto:info@yorlmcld.co.uk) which of the [10 high impact actions](#) they consider to be their top 3 priorities for releasing capacity. YORLMC will share the emerging themes with NHSE to inform its work with CCGs as described above.

NHSE is fully aware that there is urgency to develop a plan to spend the GPRF. It is also clear to me that because the funding attached to the programme is non-recurrent the funding must be used to achieve change by promoting transformation.

Attached at [Appendix 1](#) is a YORLMC practice guide to funding and support for general practice. The guide is intended to be a reference tool for practices and endeavours to clarify the various funding streams available to general practice and how they can be accessed. These relate to the commitments in the [GP Forward View](#).

### **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.*

### **Lunch and Learn**

As highlighted in the [July edition of YORLMC news](#), 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.

A useful guide produced by Wessex LMC on accessing lunch and learn packages is attached at [Appendix 2](#).

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

### **General Practice Forward View - indemnity**

NHS England has announced a new GP indemnity support scheme starting in 2016/17, to provide a payment to practices to offset average indemnity inflation. Details of the scheme, which will initially run for two years before being reviewed are available at <https://www.england.nhs.uk/ourwork/gpfv/gp-indemnity/>

The GP indemnity review is available at <https://www.england.nhs.uk/wp-content/uploads/2016/07/gp-indemnity-rev-summary.pdf>

### **Access to health records**

The BMA has produced guidance for GPs and their practices covering all aspects relating to [confidentiality of patient information and medical records](#)

The resource includes a number of key guidances including

- [Access to health records](#). This includes specific guidance relating to [deceased patients](#) setting out the circumstances in which health professionals may receive, and respond to, requests for access to health records in relation to deceased patients
- [Access to medical reports](#)
- [Confidentiality and health records tool kit](#)

Additionally guidance on the disclosure of data for secondary purposes, the GP report insurance package, GPs as data controllers, principles for sharing electronic patient records, retention of health records, summary care record, taking and using visual and audio recordings of patients, test results in an electronic world and subject access requests (SARs) for insurance purposes can also be found [here](#)

The BMA also provides clarity in relation to [Medical records access and copying fees](#). Importantly this includes advice relating to exceptions for police authorities as well as covering solicitor requests for access to patient records, solicitors photocopying in a GP surgery. This guidance also sets out what practices can and cannot charge for this work.

### **Funding formula statement**

A joint statement from NHSE and the BMA on the Carr Hill funding formula review is attached as [Appendix 3](#).

### **Recognising general practice as a specialty**

The BMA and the Royal College of GPs have jointly signed a [statement](#) calling on general practice to be formally recognised as a specialty in its own right, just as hospital colleagues are recognised for their specialist training. The statement also has the support of the wider BMA in a motion passed at the [annual representative meeting in June 2016](#).

The statement formally notes that, 'it is an anachronistic anomaly that the postgraduate training of general practitioners remains unrecognised in this respect' and calls on the Government and GMC to, 'make the changes necessary to add GPs to the list of specialists and for the status of GPs to be equal to that of their secondary-care colleagues. GPs are specialists in general practice or family medicine and must be recognised as such'.

Twenty four out of 28 EU states recognise that general practice is a specialty as do Australia, Canada and the USA — and UEMO (the European Union of General Practitioners/Family Physicians) has called for all European countries to recognise the specialty.

The BMA hope that this will the first major step in rectifying this prejudicial status.

### **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.

**Update:** YORLMC does however support a GP to complete a referral form for a patient to attend a local authority or private leisure company to be assessed for suitability to undertake an exercise programme

### Using social media

The BMA has produced practical and ethical guidance for doctors and medical students. This is available within the [BMA's A to Z ethics page](#)

The GMC also has a set of [guidelines](#) that it recommends all doctors adhere to when communicating publicly.

In addition the following fact sheets, produced by medical defence organisations, provide a helpful overview of the considerations practices should take before communicating with patients by email and text message.

<http://www.medicalprotection.org/uk/resources/factsheets/england/england-factsheets/uk-eng-communicating-with-patients-by-fax-and-email>

<http://www.mddus.com/risk-management/risk-alerts/2012/september/patient-contact-via-email-and-texting/>

The fact sheet below includes a section on consent

<http://www.medicalprotection.org/uk/resources/factsheets/england/england-factsheets/uk-eng-communicating-with-patients-by-text-message>

and this is set out below for ease of reference

Do not assume that just because you hold the patient's mobile telephone number on the patient's record, they have provided consent for text messages to be sent.

Only send text messages to those patients where consent has been recorded for you to undertake this form of communication.

During an appointment or other communication, ask the patient if he/she would be happy to receive a text message via mobile phone, eg, for an appointment reminder. The patient's consent or refusal must be clearly recorded on the patient's computer record where it is easily visible.

Patients who consent should be advised of the importance of informing the surgery of any changes to their contact details. This is important because patients may change their mobile phones at regular intervals, and if they choose to give their old phone to a friend or family member there is obvious potential for a breach of confidentiality.

The consent should be revisited and updated at regular intervals.

The ICO has issued a [document](#) to help health organisations prepare for the **General Data Protection Regulation (GDPR)** which is expected to come into force in mid-2018.

Whilst not specifically about text and email communication, this document does contain further information relating to consent and this is set out below.

You should review how you are seeking, obtaining and recording consent and whether you need to make any changes. Like the DPA, the GDPR has references to both 'consent' and 'explicit consent'. The difference between the two is not clear given that both forms of consent have to be freely given, specific, informed and unambiguous. Consent also has to be a positive indication of agreement to personal data being processed – it cannot be inferred from silence, pre-ticked boxes or inactivity. If you rely on individuals' consent to process their data, make sure it will meet the standards required by the GDPR. If not, alter your consent mechanisms or find an alternative to consent. Note that consent has to be verifiable and that individuals generally have stronger rights where you rely on consent to process their data. The GDPR is clear that controllers must be able to demonstrate that consent was given. You should therefore review the systems you have for recording consent to ensure you have an effective audit trail.

The ICO also recommends that organisations complete a [Privacy Impact Assessment \(PIA\)](#) for any project that involves the collection of new information about individuals, or using information about individuals for a purpose it is not currently used for. A PIA is a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet individuals' expectations of privacy. Conducting a PIA is not a legal requirement of the DPA.

### **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.)

### **Focus on the MCP contract framework**

The BMA have produced a focus on MCP Contract Framework and is available at the following link <https://www.bma.org.uk/advice/employment/contracts/gp-partner-contracts/mcp-contract-framework>

### **Focus on industrial action and undated resignations**

The BMA Focus on industrial action and undated resignations is attached as [Appendix 4](#).

### **Reimbursement for use of GP practice services by external providers**

Following recent queries, YORLMC reminds practices that in 2009 £10.54 per room, per session, was a rate YORLMC, NHS North Yorkshire and York and NHS Bradford & Airedale considered to be a reasonable and proportionate service charge. Please note that this is not a "YORLMC rate" and practices are at liberty to negotiate their own rate for their own circumstances and inflation. The amount of £10.54 took into account heating, lighting, wear and tear etc and it would also be appropriate for practices to adapt their charges, where applicable, to include other overheads such as use of telephones, receptionist time etc. This is a service charge and not a rental amount - any rental received by a practice could have an immediate negative effect on notional or cost rent.

For the avoidance of any doubt, practices are reminded that:

- YORLMC agreed with the former NHS North Yorkshire & York and the former NHS Bradford & Airedale in principle that a charge for use of GP practice services by external providers was reasonable
- YORLMC is not in a position to negotiate a reimbursement scheme on behalf of all practices
- It is for individual practices to decide whether or not to offer space to external providers, and if they do whether or not they wish to charge for this.



- Individual practices are responsible for contacting external providers directly to negotiate reimbursement
- Practices should not submit invoices to external provider organisations until agreement has been reached between the practice and the external provider
- If the external provider does not wish to agree a reimbursement rate for use of GP practice services, it is for individual practices to decide whether or not to accommodate those external providers in the future

### **Advice on preventing telephone fraud**

GPC advice on preventing telephone fraud is attached at [Appendix 5](#)

### **Universal credit and identity verification**

YORLMC has been notified that some practices are being asked by the DWP to verify the identity of patients for universal credit purposes. We would like to advise practices that it is not appropriate for GPs to complete this work. We have sought the advice of the GPC who have confirmed that it is not a GP's responsibility to provide this information, and have advised practices to refuse such requests. The [BMA's managing inappropriate workload webpage](#) contains a number of template letters, including a response to requests for non-contractual admin tasks, which may provide a useful reference in these circumstances.

We would like to remind practices that there are a number of statutory certificates that GPs have an obligation to provide free of charge. More information on certificates GPs cannot charge for can be found [here](#).

### **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](mailto: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](http://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](mailto: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](mailto: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](mailto: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@yorlmccltd.co.uk](mailto:kate.mackenzie@yorlmccltd.co.uk)) is the first point of contact for all Bradford, Airedale, Wharfedale and Craven related matters.

Simon Berriman ([simon.berriman@yorlmccltd.co.uk](mailto:simon.berriman@yorlmccltd.co.uk)) and Stacey Fielding ([stacey.fielding@yorlmccltd.co.uk](mailto:stacey.fielding@yorlmccltd.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.yorlmccltd.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@yorlmccltd.co.uk](mailto:info@yorlmccltd.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.yorlmccltd.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](http://www.cameronfund.org.uk) 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](mailto:info@cameronfund.org.uk)

General contact details are:

Phone: 020 7388 0796

Email: [enquiries@cameronfund.org.uk](mailto:enquiries@cameronfund.org.uk)

Web: <http://www.cameronfund.org.uk/content/link-us>

**PRACTICE VACANCIES**

**Glebe House Surgery  
Bedale  
North Yorkshire**

**GP Partner or Partners required due to planned retirement,  
up to 8 sessions available**

- Preference for 8 session full time partner, but will consider combination of part-time partners
- GMS practice with 9600 patients in attractive North Yorkshire market town, close to A1 within easy reach of Yorkshire Dales and North Yorkshire Moors
- 5 wte partners plus 1 salaried GP
- EMIS Web and high QoF achievement
- Hard working dedicated staff team with low staff turnover
- Partner owned purpose built premises
- Close association with CCG and local Federation
- Post available 1.4.17

For further details, an application pack or to arrange an informal visit, please contact Martin Baggaley, Practice Manager, Glebe House Surgery, 19 Firby Road, Bedale, North Yorkshire, DL8 2AT, telephone 01677 422616 or by email to:

[martinbaggaley@nhs.net](mailto:martinbaggaley@nhs.net)  
[www.glebehousesurgery.nhs.uk](http://www.glebehousesurgery.nhs.uk)

**Closing date for applications: 23<sup>rd</sup> September 2016**

**LOOKING FOR WORK AND VACANCIES?**

**Advertise in the YORLMC Ltd Newsletter**

This Newsletter is circulated to all North Yorkshire & Bradford & Airedale Practices.

If you would like to advertise your availability for employment then please email [info@yorlmltd.co.uk](mailto:info@yorlmltd.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.co.uk](mailto:info@yorlmc.co.uk) when GPs join or leave the practice and when there is to be a change of Practice Manager**

#### **YORLMC Ltd Disclaimer**

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