

Bradford & Airedale Branch Report
Issue 80 – July-August 2016



Message from Mark Brooke, Chair, Bradford & Airedale Branch, YORLMC Ltd

Further guidance regarding the practice resilience fund has now been issued by NHSE. YORLMC will seek to work closely with NHSE and BAWC CCGs to ensure money allocated locally is used to help General Practice in Bradford, Airedale, Wharfedale & Craven. The current workforce and workload problems are, I think, making all practices feel vulnerable and NHSE has taken notice of this with the GP Forward View package and further by now agreeing to accept the BMAs "Urgent Prescription for General Practice" as being necessary to future proof GP services.

YORLMC continues to receive examples of inappropriate shift of work from secondary care which we use in discussions with the various Hospital Trusts and the CCGs; many thanks for sending them in.

You might be aware that changes have been made to the NHS Standard Contract this year with the aim of addressing these issues, for example, unnecessary GP involvement in hospital DNAs and poor quality information from hospitals. However, these contract changes need enforcing.

The CCGs are aware that at the September meeting YORLMC will be seeking updates in terms of the progress made by individual Trusts towards meeting the six new requirements set out in the NHS Standard Contract for hospitals in relation to hospital/general practice interface that they were contractually obliged to meet from April 2016. The September meeting will also provide the opportunity to discuss any additional support the CCGs may require from YORLMC to enforce contract management processes.

The new requirements are set out in Annex A of the letter at [Appendix 1](#).

To inform discussion with the CCGs during September, practices are encouraged to share any examples of Trusts acting contrary to the six new standards for outpatient appointments and interactions between hospitals and practices now in force as part of the NHS Standard Contract.

Please forward examples to kate.mackenzie@yorlmcld.co.uk. Please can I ask that any patient identifiable data is removed prior to sharing.

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

Contact details – YORLMC's Corporate Affairs Team

YORLMC's Corporate Affairs Team (CAT) is responsible for keeping GPs and practice teams informed of current issues relating to primary care and beyond. The CAT leads on communicating important messages, producing regular guidance and newsletters to keep all GPs and practice teams informed, involved and engaged.

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 email addresses change, when GPs join or leave your practice as well as when there is to be a change of Practice Manager.

- Kate Mackenzie administers the Bradford & Airedale Branch (Kate.Mackenzie@yorlmcLtd.co.uk) and is therefore the first point of contact for all Bradford, Airedale, Wharfedale and Craven related matters.

Division locality structure - Bradford & Airedale Branch, YORLMC Ltd

It is one year since YORLMC launched its Division locality structure in Bradford & Airedale. Bi-monthly Division meetings take place in each of the three localities: City, Districts and AWC. These meetings enable YORLMC representatives in each locality to meet with their CCG to progress matters that are pertinent to individual localities. GPs and Practice Managers are invited and encouraged to attend their locality Division meetings and take an active role in discussions. Dates for future Division meetings are available on the YORLMC website [here](#)

YORLMC Branch and Division Meeting Agendas:

Contributions are welcomed from GPs and Practice Managers

GPs and Practice Managers are reminded that their suggestions for items for inclusion on Branch and Division agendas are welcomed.

Meetings of the Bradford & Airedale Branch of YORLMC focus on issues affecting the Bradford, Airedale, Wharfedale & Craven area as a whole. There are also three Divisions of YORLMC Ltd which correspond to the three CCG areas. Division meetings focus on more localised discussion and, as co-commissioning gathers momentum, are becoming increasingly significant.

Agendas are circulated to Committee Members one week prior to meetings, following agenda planning sessions involving YORLMC Officers and YORLMC's Corporate Affairs team. Branches and Divisions meet bimonthly in alternate months and you can check the dates of forthcoming meetings [here](#)

We very much hope you will contribute to this process – your suggested items can be forwarded to the Corporate Affairs Team as follows: info@yorlmcLtd.co.uk

GMC training sessions - 20 September

In partnership with the GMC's Regional Liaison Service (RLS), YORLMC is facilitating the above event which is specifically designed for GPs working across North Yorkshire & York and Bradford, Airedale, Wharfedale and Craven and will take place at YORLMC's offices at 87-89 Leeds Road, Harrogate, HG2 8BE.

One of the functions of the RLS is the provision of interactive sessions to the profession that explain the GMC's work. These sessions also provide teaching to doctors on all aspects of GMC guidance and medical ethics. The GMC investigates approximately 3000 complaints annually and recent analysis of complaints made to the GMC reveal that in the majority of cases these have been as a result of doctors not following the appropriate GMC guidance. The event therefore is designed to improve understanding of the GMC's guidance and explain what happens should a doctor fall short of what is expected.

Topics covered on the 20 September will include areas of the GMC's work and guidance including Confidentiality, Consent, professional use of social media and maintaining boundaries and because we want the session to be as informative as possible numbers will be limited to a small group to enable individuals to share scenarios.

Who are the speakers?

Ian Wilson, Regional Liaison Adviser, General Medical Council

Dr Douglas Moederle-Lumb, Chief Executive, YORLMC Ltd and past GMC associate

How to book

Bookings will be taken on a first-come first-served basis. To secure a place at this event, please confirm your booking as quickly as possible by emailing – info@yorlmc Ltd.co.uk. There is a small non-refundable charge of £25 per person and bookings are required by Tuesday 13 September. Lunch and refreshments during the afternoon will be included. CPD certificates will be issued to participants.

Please advise us of your method of payment when booking:

BACS payments to:

Account: YORLMC Ltd

Bank Sort Code: 40 23 12

Account Number: 62103958

Please include the name(s) of the delegate(s) in the payment reference to enable us to reconcile payments.

Cheques: payable to YORLMC Ltd

Update on Capita/PCSE

Further to entry in the [June edition](#) of YORLMC News, GPC have provided the below update following their recent meeting with Capita on the main current issues:

Supplies

- Some reported in July that supplies were not delivered on time – these appear to be localised issues and not nationwide.
- The main issue with supplies is the range of products now available via the portal. As part of the transfer to Capita, NHS England reviewed the supplies offered and so some are no longer available on the portal. Practices are advised to contact their CCG to find out what local provisions are in place to source and be reimbursed for such supplies.

Records

- Patient records continue to be the main issue for most practices.
- PCSE informed us that there is no backlog within their sorting office and they are currently processing approximately 90,000 records per week. The current process of collecting, sorting and delivering takes approximately three weeks.
- PCSE did inform us of backlogs being held at CitySprint depots and PCSE is working with CitySprint to ensure these are processed ASAP.
- Some practices informed us that they are refusing to hand over records. This is compounding the issue as it means the receiving practice cannot receive them – therefore we are encouraging all practices to ensure collections are permitted.

Performers List

- NPL1 (registrars registering on the performers list) – there is a three month deadline from the start of training to register on the performers list. PCSE are currently processing requests as they come in, but require all of the necessary information to complete the process (the process and requirements are outlined on the PCSE website: <http://pcse.england.nhs.uk/performer-list/>). PCSE advise registrars to get applications in early and ensure all information is included.
- NPL3 (change of status from registrar to GP) – these are being processed as they come in and currently have a 2 week turnaround time. Again all of the necessary information is required in order to complete the process.
- There has been some confusion over exactly what is required and what the process is. We have been assured that the process as outlined on the PCSE website is correct, and that all information must be received in order for the process to be completed. It is advisable that

GPs send all information together in one envelope/email so that the application can be processed in full all at once.

New registrations

- Many reported that new registrations were not being processed in a timely manner.
- PCSE reports that there has been a build-up of new registrations which is now being sorted through. Letters to patients, and records to practices, should be sent out in the next week or so. New registrations will take 4-6 weeks to complete processing.
- Late processing of new registrations has not, and will not, impact on Global Sum payments. Global Sum is recalculated quarterly and is based on the number of patients registered on the first day of the quarter. This is calculated when all registrations submitted by that day have been processed.

Contacting PCSE

- There were a lot of reports of unsatisfactory interactions with the PCSE customer support centre and confusion about who to contact for what.
- PCSE is finalising a contacts list which will be sent to practices to highlight who to contact for what. This will also be provided to the customer support centre staff so that they can transfer any calls/emails appropriately.
- Staff at the customer support centre are receiving regular training to ensure they have the skills and knowledge to deal with queries appropriately, however it will take time for all staff to reach the appropriate level.
- The PCSE website (<http://pcse.england.nhs.uk/>) holds a lot of valuable information and should be the first port of call. The FAQ section (<http://pcse.england.nhs.uk/help/>) is particularly useful.

The GPC evidence collection is now complete, therefore practices are asked to continue to report issues through to PCSE directly and the GPC will continue to work with PCSE and NHS England to monitor the situation and feed into the improvement process.

Notwithstanding this, practices are invited to continue to share **any new problems** with YORLMC on kate.mackenzie@yorlmcld.co.uk

Also attached to this bulletin at [Appendix 2](#) is a letter sent on behalf of Karen Wheeler, National Director: Transformation and Corporate Operations at NHS England in relation to concerns with Primary Care Support Services provided by Capita.

The letter sets out the steps that NHS England is taking to hold Capita to account contractually and to drive them to improve service delivery. It also includes contact details for Capita, which may be useful for when issues require onward escalation.

Access to medical records for deceased patients

<https://www.england.nhs.uk/contact-us/pers-info-req/> includes the following information:

GP Health Records for un-registered or deceased individuals

NHS England is the data controller of GP health records where an individual is currently not registered with a GP or is deceased. These records are held by Primary Care Support England (PCSE) on behalf of NHS England. You can find the application form and details of where to send your request on the PCSE website at <http://pcse.england.nhs.uk/recordsrequests/>

In turn, the PCSE link above leads to the following information:

Accessing medical records

The Data Protection Act gives you the right to ask for a copy of the information an organisation holds about you – this right is commonly known as a subject access request (SAR).

A request for information from health records has to be made with the organisation that holds your health records – the data controller. For example, your GP, optician or dentist. For hospital health records, contact the records manager or patient services manager at the relevant hospital trust. You can find a [list of hospital trusts on the NHS Choices website](#).

GP Health Records for un-registered or deceased individuals

NHS England is the data controller of GP health records where an individual is not currently registered with a GP or is deceased. To request access to your own health records or those of a deceased person, you will need to complete an application form.

The [application form](#) and [additional information](#) about access requests are available to download.

Please note that to process an application, appropriate identification documents and a £50 fee must be provided. To make a request in these circumstances, please use this [list](#) to locate the office to which you should submit your request. You can find more information about accessing health records on the [NHS Choices website](#).

Please be aware that the above is written from the perspective of the individual applicant requesting access to their own health records or those of a deceased patient and it is therefore not the practice that is required to pay the £50 fee.

The BMA's [Access to health records](#) as well as its Confidentiality and health records tool kit which includes specific guidance relating to [deceased patients](#) provide additional guidance setting out the circumstances in which health professionals may receive, and respond to, requests for access to health records in relation to deceased patients.

Various pieces of information regarding access to health records are easily accessible on the YORLMC website at <http://www.yorlmc.co.uk/guidance/access-to-health-records/>

Expiring Patient Group Directions (PGDs)

YORLMC wrote to NHSE Y&H at the end of July to express concern that at a time when efforts are supposedly being made by NHSE to reduce workload in General Practice it was disappointing to learn that Twinrix; Ambiri; & Twinrix Paediatric PGDs that were due to expire at the end of July were currently being reviewed by NHSE. As a result a PSD was needed in the interim until final sign off was agreed.

YORLMC reminded NHSE Y&H that there were workload implications for practices in developing PSDs. The point was also made to NHSE that it was a considerable concern to note that the flu PGDs were also due to expire as at 31.08.16, particularly as issuing a PSD for every patient administered a flu vaccine is impractical and will involve significant additional work for practices.

YORLMC understands that NHSE Y&H has now written to practices to share the updated PGDs that had expired as at 31 July.

NHSE Y&H also informed YORLMC that the inactivated Flu and Shingles PGD are progressing through the regional review process and are due to be completed imminently. YORLMC has urged NHSE to ensure there are no delays.

Updated PGDs will be uploaded to the NHS Vale of York Clinical Commissioning Group PGD page <http://www.valeofyorkccg.nhs.uk/rss/index.php?id=patient-group-direction> YORLMC has highlighted

to NHSE that, as of 25 August, the expired versions of the Twinrix; Ambiri; & Twinrix Paediatric PGDs still appear on the website.

Flu vaccinations - practice employed staff

YORLMC sought to develop a system whereby practices could vaccinate their own staff and in addition to recouping the cost of the vaccine they could also be able to claim an item of service fee to cover the associated work. It has however been established that GP practices are not eligible to claim the administration fee for vaccinating their staff as their employer although they can still be reimbursed the PPA/vaccine costs. Following queries from GP practices in relation to governance/assurance arrangements when vaccinating staff, NHSE has developed a staff consent form - a copy of which is available at [Appendix 3](#).

NHS Property Services / CHPs – management charges

YORLMC is aware that some practices have been billed for extra management charges by NHS Property Services or CHPs.

There is guidance regarding service charges on the BMA website at <https://www.bma.org.uk/advice/employment/gp-practices/premises/service-charges-for-gp-premises> including the section below regarding property management charges:

Can my landlord charge me property management charges as part of my service charge?

Your landlord may seek to recover the costs of local property managers, regional infrastructures or indeed national infrastructures as well as the staff employed within the same. Whether these are recoverable will depend on the terms of your lease and any express limits or exclusions.

In the absence of any lease provisions you should seek a breakdown of any increased management costs. Whilst the law does not imply any obligation upon a landlord to be reasonable, market forces and the Code (see below) may assist.

Royal Institute of Chartered Surveyor's Code of Practice regarding Service Charge in Commercial Properties ("the Code")

The Code has the status of a guidance note and surveyors are not obliged to follow the advice or recommendations contained in the Code. However, the Code represents what is considered best practice, and where allegations of professional negligence are made against a surveyor the courts are likely to take the Code into account. For this reason surveyors would generally look to comply with the Code, which is therefore a key driver of what might be considered "market" practice.

Whilst the Code does allow for Landlords to recover a Management Fee from a Tenant, the Code is quite specific as to what may be considered a Management Fee. The Code specifies that the Management Fee should relate to the person managing "the services comprised in the service charge". The Code does anticipate that in some circumstances the manager may comprise a tiered management structure (i.e. regional team, county teams and national teams), but it cautions that in such cases the manager "should be prepared to demonstrate that the total cost of management is fair and reasonable".

YORLMC received queries last year from practices where property companies had given the impression that the practice are actually being charged below market value for the property, and property companies are using the management charge as a way of clawing back their costs. Practices in this position may wish to consider a rent review based upon a revaluation of the building. If the review were to increase the rent, then this could be reimbursable from the NHSE Area Team

(providing that the assessment of the valuer used by the property company matches that of the District Valuer, acting on behalf of the Area Team). The property company would then have no need to charge a separate management fee and the practice could get fully reimbursed. Provisions for rent reviews are usually contained within the property lease. It would also be appropriate for the practice to ask the property company for a breakdown of the management charge.

For information service charges are eligible for reimbursement under the Premises Costs Directions if they meet certain conditions. However, as this reimbursement is at the discretion of the Area Team, it is often the case that such applications are rejected as ATs don't have the additional funding within their budget.

The relevant section of the Cost Directions is below.

Payments in respect of running costs

(1) Where—

- (a) a contractor is in receipt of payments pursuant to this Part in respect of leasehold rental costs or borrowing costs, or by way of notional rent payments;
- (b) the contractor actually and properly incurs the costs which are or relate to—
 - (i) business rates,
 - (ii) water and sewage charges,
 - (iii) charges in respect of the collection and disposal of clinical waste, or
 - (iv) a utilities and services charge which covers the matters in paragraph (2);
- (c) those costs are not covered in the other payments that the contractor is receiving pursuant to these Directions, and

the contractor makes an application to the Board for financial assistance towards meeting any or all of these costs, subject to direction 45, the Board must consider that application and, in appropriate cases (having regard, amongst other matters, to the budgetary targets it has set for itself), grant that application.

(2) The utilities and services charge in paragraph (1)(b)(iv)—

- (a) may include a service charge under a lease or a charge levied under separate arrangements made by a contractor which is an owner-occupier,
- (b) must cover—
 - (i) fuel and electricity charges,
 - (ii) building insurance costs,
 - (iii) costs of internal or external repairs, and
 - (iv) plant, building and grounds maintenance costs.

YORLMC has had feedback from a Practice Manager that Charles Wright has been a helpful contact at NHSPS. His email address is Charles.Wright@property.nhs.uk

Message from Chris Brennan

Practice Manager resource, Bradford & Airedale Branch, YORLMC



Just a reminder that I am the Practice Manager resource co-opted to the Bradford & Airedale Branch of YORLMC. My role is to use my experience to inform YORLMC discussions and negotiations with a range of organisations, including CCGs, NHSE, AHNHST, BTHNHST and the Local Authority. For clarity, my role is not to provide practice manager representation but instead is to provide a resource and expertise to the Committee by providing a practice manager perspective.

I attend Branch meetings and also liaison meetings with CCG leads, representatives of the Area Team and Bradford MDC's Public Health Team, so if you feel there are issues/themes emerging that would benefit from being highlighted at these meetings, please let me know so I can ensure these can be considered for inclusion on meeting agendas. The easiest way to contact me is by email - chris.brennan@bradford.nhs.uk. When emailing it would be helpful if you could also copy your email to Kate Mackenzie at the Corporate Affairs Team (kate.mackenzie@yorlmcld.co.uk).

YorTender

YORLMC would like to remind practices that local authority contracts that are out to tender will be advertised via the YorTender website <https://www.yortender.co.uk>

Registration is free and will allow you to become aware when new services become eligible for tender.

Pharmacy applications

The following application has been received:

- No significant change relocation to L Rowland & Co (Retail) Ltd, Windhill Green Health Centre, 4 Thackley Old Rd, Windhill, Shipley BD18 1QB

The following applications have been approved:

- Change of ownership application for Imaan Ltd at 1054 Manchester Road, Bankfoot, Bradford, West Yorkshire, BD5 8NN by Sharief Healthcare Ltd
- Change of ownership application for Imaan Ltd at 43 Coventry Street, Bradford, West Yorkshire, BD4 7HX by Sharief Healthcare Ltd

The following application has been rejected:

- Application for a no significant change relocation by Barkerend Pharmacy from 489 Barkerend Road, BD3 8QX to Bluebell Building, Barkerend Health Centre, Barkerend Road, Bradford, BD3 8QH

**This Bulletin 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@yorlmcld.co.uk when GPs join or leave the practice and when there is to be a change of Practice Manager

**LOOKING FOR WORK AND VACANCIES?
Advertise in the YORLMC Ltd Newsletter**

YORLMC's newsletter is circulated to all Bradford & Airedale and North Yorkshire Practices.

If you would like to advertise your availability for employment then please contact

info@yorlmltd.co.uk *for further information and advertising rates*

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