

**Update for sessional GPs (salaried and locum) working in
North Yorkshire & York
Issue 2 – August 2016**

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



Our records show that you are a sessional GP (salaried or locum) working in the North Yorkshire and York localities - please will you let us know by emailing info@yormcltd.co.uk if this is incorrect.

Throughout this bulletin I will refer to sessional GPs – this term will apply equally to salaried and locum GPs.

YORLMC is funded through a practice based levy which covers all GPs and as a sessional GP you have the opportunity to be represented through YORLMC Ltd at no cost to you personally.

To ensure we are able to make contact with you and that you have the opportunity to participate in the democratic and representative process which will enable you to have your voice heard locally and nationally, and to have your views represented fairly and adequately when determining and negotiating policy, it will be appreciated if you can advise info@yormcltd.co.uk if your contact details change. This will ensure you continue to receive our regular Newsletter and bulletins as well as updates from YORLMC's Corporate Affairs Team. The newsletter can also be accessed through the latest news section at <http://www.yormcltd.co.uk/> and the newsletter library of previous editions at <http://www.yormcltd.co.uk/archive/>

I would also like to take this opportunity to highlight that YORLMC continues to be the professional voice for all NHS GPs regardless of contractual status as well as their wider practice teams in North Yorkshire & York. It is the only statutory organisation which democratically represents the professional interests of all GPs in the area and its role is not just about GMS/PMS services but about everything that GPs and practices do in their normal working day.

YORLMC has a wealth of experience and is a source of support and information for you. This bulletin aims to provide you with an overview of the services that are available and includes the following information and updates.

YORLMC will shortly be launching its new **Education, Training & Development** service with the aim of providing individual GPs as well as practices with access to a range of relevant training and events. Ahead of this YORLMC is excited to announce that all 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. Please ask your practice manager or see the [August edition of YORLMC news](#) for further information.

YORLMC – a view from Chris Stanley



Since March this year I have held the position of 'first 5 years' representative on the North Yorkshire branch of YORLMC. I am a salaried GP with the Haxby Group and the day to day job has been hugely enhanced by my role within the LMC.

The role and information gained through attendance at branch meetings gives significant insights into the strategic planning of primary care. It helps my understanding of Government policy and how this translates into practice in the clinical setting and had made the financial constraints more understandable. I am able to access up to date information regarding workforce planning, local commissioning decisions, national strategy and much more besides.

I have been able to discuss with colleagues and GPs in the local area decisions which are being taken that will impact our working lives, for example inappropriate shift of work from secondary to primary care. The role also

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gives me great insight into the interface between primary and secondary care and where GPs as commissioners sit within this interface. I have been able to attend meetings with local councils regarding public health and access training in leadership.

I am able to meet with and have regular contact with other sessional colleagues outside of the practice and have found this both enjoyable and useful, particularly with regard to management of workload and resilience.

Chris Stanley

First 5 years: districtwide representative, North Yorkshire Branch

YOR Local Medical Committee Limited

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](#)

Quality first webportal - managing workload

The GPC has updated the [Quality first: delivering safe patient care web portal](#)

Updates have been made to the original template pack with documents now available in MS Word format.

SystemOne, 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.

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 aims to keep adding to and evolving this resource as per feedback and new examples that it receives from around the country. Please share examples of effective workload management by emailing

GPworkload@bma.org.uk

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. The scheme will initially run for two years before being reviewed: <https://www.england.nhs.uk/ourwork/gpfv/gp-indemnity/>

The GPC will be providing guidance to practices to ensure this funding benefits all doctors working within the practice. This scheme is one part of wider work into the complex indemnity issues, including indemnity costs of working with wider allied healthcare professionals and those working in unscheduled care, especially OOH.

The BMA has also commented as follows:

The increasing costs of indemnity cover is causing concern for all GPs and is starting to have a detrimental impact on most GPs who simply cannot afford to work more sessions or maintain their current working commitments. This announcement today does offer some immediate financial support to practices that is much needed, and is to be welcomed, but we will be examining this in more detail. We do need to find a long term solution to this issue that is not just a quick fix.

There is also an informative update included within the GPC's sessional newsletter mentioned below written by the Sessional GPs subcommittee deputy chair Krishan Aggarwal – for ease of reference this can be accessed [here](#)



Zoe Norris has recently taken up the post of Yorkshire and Humber Representative on the GPC's Sessional GP Subcommittee. Zoe also Chairs this sub-committee and has recently started a [blog](#). The GPCs [Sessional GPs subcommittee](#) provides national representation for all sessional GPs and its latest newsletter is [here](#)

Mandatory training considerations in general practice



Faisal Baig was the Yorkshire and Humber Representative on the GPC's Sessional GP Subcommittee until recently. He has highlighted the fact that training for locum GPs (easier for salaried GPs who are based in a practice) is a big problem nationally. Lots of misconceptions exist but in reality the only training that is needed is what is "expected (not mandatory though)" by CQC; i.e. which training records CQC expects that practices have checked with locum GPs they employ. This link provides further clarification <http://www.cqc.org.uk/content/nigel%E2%80%99s-surgery-70-mandatory-training-considerations-general-practice>

Faisal has also written a number of blogs which may be of interest to sessional GPs including one highlighting how in an evolving NHS it is essential that [sessional GPs are engaged, respected, valued, and offered equitable opportunities for career development and progression](#)

Faisal has also written a blog on the [BMA salaried GP model contract](#) – this is also featured in a previous edition of the GPC's sessional GP newsletter.

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.

Follow YORLMC on Twitter

Follow us [@InfoYorlmc](#) – there is also a link at the top right hand corner of our web site <http://www.yorlmcftd.co.uk/>

Pastoral Support

YORLMC's Chief Executive and Officers provide personal and confidential support for individual GPs in difficulty or experiencing major change – issues may relate to health, conduct or performance.

Between us we have many years of experience of defence bodies and GMC procedures. For example in the past GPs have contacted us about issues including dependency on alcohol and drugs, stress and anxiety, conflict with colleagues and staff, colleagues struggling to cope with maintaining a high level of performance, conduct issues – both personal and professional worries.

We urge colleagues to [contact us](#) for help as early as possible when difficulties arise, to enable YORLMC to provide as much support as possible. However it is never too late to make contact.

If you would like to advertise your availability for employment then please email info@yorlmcld.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@yorlmcld.co.uk when GPs join or leave the practice and when there is to be a change of Practice Manager

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