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



As highlighted in the [August YORLMC newsletter](#) NHS England has now released its [Resilience Programme funding](#). Although NHSE are responsible and accountable for this funding, there is a requirement on them to engage with CCGs and LMCs before making decisions about how this funding will be spent. YORLMC is keen to ensure that no practice/group of practices with a specific need for funding/support are missed when the discussions about how to prioritise funding take place.

With this in mind I recently invited NYY and BAWC practices to share information with YORLMC on both practice and area specific concerns and also examples of how practices would benefit from Resilience Funding.

I would like to thank all those practices who have provided this useful feedback. This will help YORLMC to accurately reflect practice and area needs in discussions about the Resilience Funding programme and will also ensure that YORLMC are well informed about all the relevant issues our practices are experiencing.

NHS England and CCGs have given us their assurance that information provided by practices will be considered with a view to this being a supportive as opposed to punitive process.

Some of the key milestones in the GPRF programme are:

By 23 September: NHS England local teams will confirm to NHS England central team how they will deliver the menu of support, including single point of contact for practices. NHS England central team will publish these details nationally so there is clarity for all GP practices on the support arrangements in place. This will be in addition to local communications

By 30 September: NHS England local teams will confirm to the NHS England central team list of practices selected to receive support in 2016/17 (notwithstanding practices who may be subsequently assessed for support, including practices who self-refer) and that support offers have been made to practices listed. Offers will be followed up with agreed MoUs.

By 14 October: where any practices have been identified in need of urgent support due to risk of closure, and are not already receiving support under the existing national programme, NHS England local teams will need to confirm to NHS England central team, that practices are now in receipt of practical support.

By 30 December: local teams to confirm £16m investment support in GPRP (expenditure and/or evidence of investment being fully committed to named practices).

YORLMC will keep practices updated with future developments and there will be ongoing discussions at YORLMC liaison meetings with NHSE and CCGs across both Bradford, Airedale, Wharfedale and Craven and North Yorkshire and York, and also across the footprint of NHSE North Region (Yorkshire and the Humber).

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.

New template letter for breaches to standard hospital contract in England

As outlined in the GP Forward View, the new [NHS standard contract](#) for secondary care trusts came into force on 1 April 2016. This has placed new requirements on hospitals to reduce inappropriate bureaucratic workload shift onto GP practices.

The GPC has produced a template letter for each of the hospital standard contract requirements (see details below) in order for practices to send any breach notifications back to the provider to take appropriate action. The templates can be adapted for practice use, and can be embedded into GP clinical systems so that the letter to the hospital is pre-populated with patient details.

Please do use the relevant template at each instance of a breach - failing to do so will simply legitimise continuation of inappropriate workload shift onto practices.

The following [templates](#) are available:

- Situations where trusts are adopting blanket policies to discharge patients from their service back to their GPs for re-referral when they do not attend outpatient clinics
- Situations where a trust is not undertaking onward referral to other specialties internally, but is referring back to the GP for re-referral
- A failure of a trust to notify patients in a timely manner of the results of tests or investigations, or where they ask the GP to chase up the result
- A failure of a trust to send discharge summaries by direct electronic or email transmission for inpatient, day case or emergency care within 24 hours
- A failure of a trust to communicate within 14 days after an outpatient clinic attendance appointment
- A failure of a trust to provide medications following discharge from inpatient or day-case care, where medication must be supplied for the period established in local practice or protocols.

YORLMC has written to each CCG and Trust highlighting the urgent need to implement these requirements in order to reduce inappropriate demands on general practice at a time when many are struggling to cope with escalating pressures.

The BMA has also produced a [template proforma to send to your CCGs](#), notifying them of a hospital breach, so that they can be held to account as commissioners to ensure hospitals adhere to these

new contract requirements. Please also keep a record of the number and nature of breaches, and notify the LMC (no identifiable patient data necessary) so that we can build up a national picture of adherence to these new standards, and take up any concerns with NHS England.

Practice checklist:

1. Develop a practice policy on how to push back on inappropriate hospital requests that breach the standard contract. Perhaps use your next practice meeting to agree this.
2. Ensure all GPs in the practice are made aware of these new standards, and use our templates (or any of your own), on each occasion that a hospital has failed to meet these new standards. Embed the template into your clinical system for automated use (you could request your CCG IT lead to support implementation). YORLMC has asked each Trust to whom these letters should be directed and we will provide practices with details as soon as we are able
3. Ensure the CCG is notified of the breach using the CCG template.
4. Keep a practice record of all breaches, and the nature of the breach. Feedback the numbers to YORLMC on a monthly basis:

North Yorkshire & York practices to:

simon.berriman@yorlmcld.co.uk

or stacey.fielding@yorlmcld.co.uk

Bradford, Airedale, Wharfedale & Craven practices to:

kate.mackenzie@yorlmcld.co.uk

GMC Regional Liaison Service (RLS)

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.

In partnership with the GMC's Regional Liaison Service (RLS), YORLMC recently facilitated an event for GPs working across North Yorkshire & York and Bradford, Airedale, Wharfedale and Craven which was designed to improve understanding of the GMC's guidance and explain what happens should a doctor fall short of what is expected. Topics covered included areas of the GMC's work and guidance including Confidentiality, Consent, professional use of social media and maintaining boundaries. Because we wanted the session to be as informative as possible numbers were limited to a small group. This enabled the group to work through some very useful real case scenarios and the feedback received from delegates was excellent. Further similar sessions will be held – please keep a look out for dates.

Capita

Capita has been responsible for the delivery of NHS England's primary care support services since September 2015, under the name Primary Care Support England (PCSE). During that time, many GPs have notified the BMA of serious issues with the service, with both patient safety and GP finances being affected. Discussions between GPC and NHS England have taken place to highlight these issues, which have gained significant media coverage. Further information is [available here](#), including the recent BMA [press release](#).

Also attached at [Appendix 2](#) is the GP September update from PCSE

GP Trainees and the medical performers list

The BMA is aware that there have been delays in processing GP trainee applications for the performers list beyond the three month window for applications to be processed. The BMA understand that this has serious implications for both trainees and practices and legal advice on this issue has been sought.

Whatever the reason, GP trainees are not lawfully allowed to perform primary medical services past the three month mark (ie three months after the start of their GP specialty training programme, **not** three months after the start of the first GP placement), if the trainee has not been added to the medical performers list. Trainees should inform their employer in a timely manner if there is a delay in an application being progressed.

If the application is approaching 3 months after the start of the GP specialty training programme, the trainee should contact their NHS England local area team personally to ask for their intervention. They could intervene urgently to consider the application, irrespective of whether Capita considers it to be complete, and to see whether it can be progressed to allow you to continue working.

In the event that the necessary documentation has not been provided by the deadline, the NHS England local area team will be notified and will decide if the application should progress or further information is required.

Instructions for applications are outlined by HEE on the PCSE website (<http://pcse.england.nhs.uk/performer-list/http://pcse.england.nhs.uk/performer-list/>). All documentation should be sent together with the application in order to be processed.

If practices have any concerns about how this will affect them or would like further advice, please call BMA employment advisors on 0300 123 1233 (between 08.30 to 18.00 Monday to Friday, excluding UK Bank Holidays).

Provision of information on general practice access data - guidance and letter

The letter and guide for completing the general practice access survey have now been published. They are both available on the NHS England website at: <https://www.england.nhs.uk/commissioning/gp-contract/>

The revised amendments to the GMS Contract Regulations which contain the provisions for the survey among other changes can be found here: <http://www.legislation.gov.uk/ukxi/2016/875/introduction/made>

Overseas visitors and registration requirements

GPC is aware of concerns about the lack of clear advice from NHS England about the obligations of practices with regard to registration and is taking urgent steps to ensure NHS England produces clear and definitive guidance to resolve this uncertainty. GPC has been consulted on guidance and has insisted it should be published as soon as possible.

In the interim YORLMC would like to remind practices that people applying for registration cannot be turned down for reasons relating to the applicant's race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition. Practices should not refuse registration on the grounds that a patient is unable to produce evidence of identity or immigration status or proof of address; there is no contractual duty to seek such evidence. Anyone who is in England is entitled to receive NHS primary medical services at a GP practice. Further information is at <https://www.bma.org.uk/advice/employment/gp-practices/service-provision/patient-registration-for-gp-practices/patient-registration-for-gp-practices-faqs>

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

Focus On Gender Incongruence in Primary Care

A number of queries have been raised with the GPC regarding the management of patients who present at their general practice with gender identity problems; including questions relating to patient records and confidentiality and, in particular, regarding prescribing and monitoring responsibilities in relation to the gender reassignment process.

In response, there is new GPC guidance, which:

- Aims to explain what should be provided in primary care
- Signposts to further sources of guidance
- Highlights some of the underpinning ethical and legal considerations.

A copy of the guidance can be found [here](#)

Advice for NHS General Practitioners on military veterans attending with concerns on use of mefloquine

Attached as Appendices [3](#), [4](#) and [5](#) is information from NHS England relating to Mefloquine, an anti-malarial which was prescribed to military personnel who were operating or training in Sub-Saharan Africa (not in Iraq or Afghanistan, with few exceptions) over the past 20 years. The attached appendices provide information on what steps should be taken by practices if a patient presents with symptoms relating to the side-effects of Mefloquine.

Court of Protection issues

The Court of Protection has moved from a centralised arrangement to using non specialised regional judges. The GPC has received reports of one or two unusual instances, including a GP being 'ordered' to examine a patient without a fee; this was because it was assumed that the GP Practice was an NHS Body, whereas the nearest it can be is an NHS Body for the purpose of the GMS/PMS Contract.

If you hear of any unusual or inappropriate requests for GPs please email info@yorlmcld.co.uk

GP Earnings and Expenses Enquiry Report 2014/15

The GP Earnings and Expenses Report 2013/14 has been published by the Health and Social Care Information Centre this morning and can be found at

<https://www.gov.uk/government/statistics/announcements/gp-earnings-and-expenses-2014-15>

Recording patient's telephone calls

YORLMC is aware that some practices are in the process of upgrading their telephone systems and, as part of the upgrade package, are being given the option of recording all calls. Please note that although the recording of patient's calls is permitted for legitimate purposes, practices must ensure they take all reasonable steps to ensure callers are aware the call is being recorded. In addition practices should be aware that any recordings made as part of a patient's care will form part of the medical record, therefore practices must store and dispose of recordings in the same way as other medical records. Further information can be found in the GMC's '[making and using visual and audio recordings of patients](#)' guidance.

Do not attempt CPR forms

Following recent concerns that some Trusts are not accepting DNACPR forms unless they have a red border, YORLMC sought clarification from the GPC who have advised that when a DNACPR form is completed the original form should always be left with the patient, with no copies taken. This is to ensure that if the decision is changed and the form is destroyed, there are not multiple copies to track down. A blank DNACPR form that is photocopied (whether in colour or black and white) and then completed is permitted and should always be accepted as a DNACPR instruction.

Legionella - ASI Environmental

LMC Buying group advise that one of their suppliers, ASI Environmental, reported that a company called Legionella Scotland has been calling GP practices that had used them previously and telling them that they had taken over ASI and could do their future surveys for them.

LMC buying Group advise that this is completely false - ASI has contacted the company in question to tell them to stop making these claims. We are not aware that any of our practices have used ASI Environmental but wanted to highlight the issue so if you are contacted by Legionella Scotland you know there is no truth in the claims that they have taken over ASI Environmental.

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

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

General contact details are:

Phone: 020 7388 0796

Email: enquiries@cameronfund.org.uk

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

PRACTICE VACANCIES

Catterick Village Health Centre

Catterick Village Health Centre are looking for a salaried doctor to join our practice for 2 - 3 days a week, we are a friendly 2 site, 3 partner, systmone training practice with an expanding list size of 6500 patients. All 3 partners have a special interest in training and would provide a supportive environment for a GP.

We currently train registrars, F2s and medical students. We have a dynamic and motivated nursing and administrative team and a high level of QOF achievement.

If you are interested please contact Lyn Akers on Lyn.akers@nhs.net or call 07787190770, or the surgery on 01748811475.

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

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