



A monthly newsletter for North Yorkshire & Bradford & Airedale practices



YORLMC represents all GPs and their practices in:

- Bradford, Airedale, Wharfedale and Craven
- North Yorkshire and the City of York

Providing:

- ◆ Support & Advice
- ◆ Pastoral Care
- ◆ YORLMC Law
- ◆ HR & Employment
- ◆ Training
- ◆ Events
- ◆ YORLMC News
- ◆ YORLMC Buying Group
- ◆ *Regular updates*

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



HR and Employment Package

The HR and Employment Indemnity Package was launched last month. The package (YORLMC in conjunction with AXA Insurance) is available to practices and federations at very competitive rates and under a contract which can be renewed annually. The package provides practices with:

- A dedicated employment & HR support helpline;
- Employment policies;
- Employment contracts;
- Negotiation of settlement agreements and the provision of the agreement itself;
- Employment indemnity insurance cover for employment tribunal claims of up to £250,000 per claim

For further information please see:

- Practices—[Appendix 1](#)
- Federations—[Appendix 2](#)
- Statement of Fact—[Appendix 3](#)
- LMC Law terms agreement—[Appendix 4](#)

Or via the YORLMC [website here](#)

Save the date—YORLMC Annual Conference— 17 October 2017

YORLMC are pleased to announce that we holding our first Annual Conference on Tuesday 17 October at the Pavilions of Harrogate, Great Yorkshire Showground, Harrogate.

It will be a full day event available to all North Yorkshire & York and Bradford & Airedale practices and event details will be released very shortly but in the meantime please save the date in your diaries.

New Corporate Affairs Team Member

I am pleased to let you know that Neil Bostock has joined the CAT as a Committee Liaison Officer for Bradford & Airedale. Neil will be working closely with the Bradford & Airedale Liaison Officers to plan agendas, produce meeting papers and will attend Bradford & Airedale Division meetings. Neil is also a first point of contact for queries relating to Bradford & Airedale practices —[please see CAT contacts](#) for contact details

New template letter for breaches to standard hospital contract in England

Breach reports should be sent to:

Harrogate and District NHS Foundation Trust breach reports should be sent to

- Dr Ros Tolcher, Chief Executive at ros.tolcher@hdfnhs.uk

York Teaching Hospital NHS Foundation Trust breach reports should be sent to

- Dr Patrick Crowley, Chief Executive at patrick.crowley@yorknhs.uk and Sue Rushbrook, Director of Systems and Networks at sue.rushbrook@yorknhs.uk

South Tees Hospital NHS Foundation Trust breach reports should be sent to

- commissioninginfo@nhs.net and cc: shirleymoses@nhs.net

Tees, Esk and Wear Valleys NHS Foundation Trust breach reports should be sent to the following Directors of Operations:

- Adele Coulthard at adele.coulthard@nhs.net – Hambleton, Richmondshire & Whitby CCG, Scarborough & Ryedale CCG and Harrogate and Rural District CCG area
- Ruth Hill at ruth.hill6@nhs.net - Vale of York CCG area

Bradford Teaching Hospital NHS Foundation Trust breach reports should be sent to

- Donna Thompson, Director of Governance and Operations, at donna.thompson@bthft.nhs.uk

Airedale NHS Foundation Trust breach reports should be sent to

- Dr Karl Mainprize, Medical Director, at karl.mainprize@anhst.nhs.uk

Please note that breach letters should, as best practice, be **copied to the original Consultant** as well as the nominated Trust contacts above. Failing to do so could lead to delay and confusion regarding responsibility for the patient's onward requirements.

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.

A reminder that 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.

2017/18 GMS Contract Announcement

Full details of the agreement is available via the BMA website at <https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-current-issues/gp-contract-negotiations>

There are also a set of FAQs available at <https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-current-issues/gp-contract-negotiations/faqs> and further guidance will follow in due course.

The main changes:

- Ending of the AUA DES (avoiding unplanned admissions direct enhanced service) in April 2017, with funding moved to core budgets. There will be a requirement to review patients living with extreme frailty, based on clinical judgement, with no forms to fill or claims to make
- Full reimbursement of CQC (Care Quality Commission) fees
- Practice payment to cover indemnity-fee rises
- Non-discretionary reimbursement to cover GP sickness absence, with no list-size criteria, and with provision for internal GP cover
- Learning disability DES payment uplift from £116 to £140 per check
- Recognition of specific expenses – increased employer NHS superannuation costs, increased workload in bagging and labelling notes from Primary Care Services England or Capita and completion of workforce census reports
- Five million pounds to cover administrative costs for new patient self-declaration of European Health Insurance Card or S1 status at registration
- An overall intended pay uplift of 1%
- The global sum per weighted patient is set to rise from £80.59 to £85.35 in 2017/18. This is a 5.9% increase overall.

Firearms licensing - Updated guidance available

Updated guidance regarding the firearms licensing process is now available on the BMA website at <https://www.bma.org.uk/advice/employment/ethics/ethics-a-to-z/firearms>

CQC - GP Insight

GPC have given advanced warning of communications that may begin to reach practices from the CQC regarding its new monitoring scheme called GP Insight.

This new scheme is designed to replace the previous Intelligent Monitoring process with CQC's stated aim being to use GP Insight to inform the prioritisation for the next phase of physical inspections.

As part of the scheme CQC will produce an individual 'Insight report' for each practice and encourage it to verify the data in advance of publication on the CQC website. Practice reports will be based on a number of indicators, using data already published by the NHS, such as prescribing data and patient experience. Individual practice Insight reports will be structured as follows:

- * Contextual information, providing a summary of the practice's profile including local population demographics and practice staffing information.
- * Summary level information, detailing how the practice is doing for three of the five key questions (effective, responsive and caring domains).
- * Indicator level data, detailing how the practice compares against the England average, as well as showing the practice's results. The GP Insight methodology identifies indicator scores that demonstrate variation from the expected value, which is usually defined as the average value or target value for all GP practices with data. Indicators are flagged as showing:
 - * Significant variation (negative)
 - * Variation (negative)
 - * Comparable with other practices
 - * Variation (positive)
 - * Significant variation (positive)
- * CQC will do this for each indicator, thereby highlighting the practices that significantly vary from the average. They have stated that they will use their analysis of these indicators to raise questions, not make judgements, about the quality of care.

A supplementary FAQ document and guidance on the indicators and methodology they have used will also be published.

CQC have strenuously reiterated the point that GP Insight is designed to deliver information and not to make judgements about practices. However, GPC is extremely concerned about the proposals and today have formally written to Professor Steve Field setting out its objections.

As you will see from the attached letter at [Appendix 5](#) GPC have advised CQC that:

- * despite the provision or statements that the data within the reports will not constitute regulatory judgements on performance, their publication on the CQC website and linked to some of the CQC's key questions (e.g. effective, caring) will inevitably be interpreted that way by practices, and more importantly by patients and the wider media.
- * the provision of context from practices about the data provided is vital, yet this is not catered for in the proposed methodology.
- * the use of z-scores and benchmarking against local and national averages will give a skewed impression of achievement by the profession with half of practices being denoted below average.
- * the parameters used in GP Insight are likely to represent a form of informal Quality and Outcomes Framework at a time when this has been scaled back by common consent.

GPC have called on CQC to halt the distribution and publication of these Insight reports. YORLMC will keep you updated on developments

Sessional GPs e-newsletter - UK

The latest edition of the sessional GPs e-Newsletter is [available here](#) which includes updates on changes to funding for indemnity arising from changes in the 2017/18 GP contract, and progress on pensions issues following a further meeting with NHS England and Capita.

Follow up of patients discharged from secondary care

Practices are responsible for essential services, in a manner determined by the practice. As with the management of any chronic disease the practice will be mindful of guidelines, NICE or otherwise. If the patient has been discharged from secondary care, consideration should be given on a patient by patient basis as to whether the patient can be managed without specialist input. If not practices are advised to re-refer.

Also by way of reminder, it is a matter for individual GPs to decide whether they choose to take on shared care arrangements. Where they do choose to assume responsibility they have to consider their professional responsibility to practice within their level of competency; it is important that consultants acknowledge this and that there are proper shared care arrangements in place.

Access to medical reports for insurance purposes

Updated BMA access to medical reports for insurance guidance is available at:

<https://www.bma.org.uk/advice/employment/gp-practices/service-provision/access-to-medical-reports-for-insurance-purposes>

Workforce Minimum Data Set

Practices are required to submit a workforce minimum data set (WMDS) under the health and social care act. This data can either be submitted to HSCIC using the national primary care workforce tool, or to Health Education England using their GP tool. The HSCIC submission is mandatory, however practices have the option of providing the HSCIC data via the HEE GP tool (this involves ticking a box on the HSCIC tool confirming the practice has completed the HEE tool).

Although we understand the initial set up of the HEE submission is more time consuming than the HSCIC submission, YORLMC supports the use of the HEE GP tool as it provides greater benefits in terms of primary care strategy development. The HEE data is analysed in detail and is shared at a

local and regional level, with CCGs and NHSE; we are aware the HEE analysis has been a valuable resource in discussions with NHSE regarding STPs.

Dr. Krishna Kasaraneni, Policy Lead: Education, Training and Workforce, General Practitioners Committee, has written a blog regarding the WMDS, entitled 'Another form to fill? Yes, but this one matters' which can be found [here](#).

BMA guidance is available at

<https://www.bma.org.uk/advice/employment/gp-practices/gps-and-staff/workforce-minimum-data-set>

QOF Year End 2016/17 bulletin

The QOF year end 2016/17 bulletin is available at:

<http://link.ict.hscic.gov.uk/m/afe79ebc7e4c49b7833320fba1e59a62/E561C085/11403F32/022017n>

This issue of the NHS Digital GP Bulletin will help practices prepare for the QOF 2016/17 year-end actions.



The **Cameron Fund**

The GPs' own charity

BMA House, Tavistock Square, London WC1H 9JP, Registered Charity No. 261993

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

YORLMC Law

For over a year now YORLMC has made available a range of legal services to Practices and Federations under the banner of **YORLMC LAW** – in conjunction with LMC Law Limited.

The services have been well utilised by GPs and their Practices and by Federations Including: Disputes, merger and takeover advice, SLA reviews, private services, PMS contract reviews, review of contracts practices considering entering into, review of data sharing agreements, the NHS Standard Contract, advice and documentation required for setting up Federations, template contracts for services and advice regarding Board elections.

YORLMC will continue to support and funding the delivery of these services utilising LMC reserves, with a view to ensuring that practices and federations receive high quality expert advice from legal professionals with significant NHS experience.

More details about the **YORLMC LAW** service are available [here](#).

LMC Law—Bulletin 8 - mergers and takeovers

Attached at [Appendix 6](#) is the new LMC Law bulletin 8 on mergers and takeovers:



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Changes within practice teams

To help YORLMC's Corporate Affairs Team keep track of changes within practice teams will Practice Managers please advise

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

Practice Vacancies

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@yorlmcld.co.uk for further information and advertising rates

YORLMC's advertising policy is available [here](#)

EASTGATE MEDICAL GROUP KNARESBOROUGH/HARROGATE NORTH YORKSHIRE

Enthusiastic Salaried GP

Required to join our friendly, hardworking team with a flexible start date from May – August 2017

6 sessions per week over 3 days – including all day Tuesday.

High achieving, forward thinking 6 partner GMS training practice working across 2 sites in Knaresborough and Harrogate.

In-house pharmacist and phlebotomy service

Letter of application with CV to Mrs S Ward,
(Practice Manager) Eastgate Medical Group, 31b York Place, Knaresborough, North Yorkshire, HG5 0AD.

Informal enquiries welcome

Closing date 24th April 2017, interviews to take place 9th May 2017

www.eastgatemedicalgroup.co.uk

email: sue.ward9@nhs.uk

Telephone: 01423 798088

Cervical screening letters—cease recall

NHSE and PHE are working to standardise the forms being used across the country as there have been multiple local variations.

When the national letters are approved communication from NHSE will be sent to practices.

Please also note that a common cause of rejected forms is that they are sent to PCSE incomplete (common issues are that they are not signed by a clinician or the Patient). As per National Screening Programme requirements for being ceased from screening programmes, signatures are mandatory, and therefore, Capita are following the instruction to check that ceasing forms meet this requirement.

Ongoing issues with NHSPS

GPC have met with NHSPS over the ongoing issues that practices have been experiencing and have outlined the unacceptable heavy-handed approach that has been taken and that this has been causing significant distress to practices. GPC wrote ([appendix 7](#)) to NHSPS recently insisting that they desist from this approach and withdraw such demands. NHSPS have informed us that the debt recovery letters were sent out in error by SBS and that practices should ignore these letters. Please see the below statement from NHSPS:

‘Like many in the NHS, NHS Property Services uses NHS SBS services to support our administrative functions. NHS SBS have previously assisted us with contacting customers in relation to outstanding bills, however we ceased using SBS for this activity in June 2016.

We are aware of around 200 letters sent by SBS to our customers due to a computer error during January and February of this year. These letters should not have been sent. We are engaging with SBS to ensure this is not repeated and from June 2017, NHSPS will no longer use SBS to support our administrative functions when these services will move in-house.’

NHSPS have committed to get back to GPC with their plan to provide practices with schedules of charges that are reasonable and sensible in order to resolve this problem. GPC are working with some of the examples that have been shared with them of significantly inflated and unexplained service charges and GPC continue to meet with NHSPS to ensure that there is a robust process for calculating service charges going forward.

If you hear about any further incident of bullying behaviour then let Ciara Greene (cgreene@bma.org.uk) know immediately and we will take it up directly with NHSPS

YORLMC Buying Group & 'Buying Group Plus' for Federations and Provider Companies

YORLMC has been a member of the LMC Buying Groups Federation since 2010. This means that all practices are eligible to access the discounts the Buying Group has negotiated on a wide range of products and services.

If you're not sure if your practice is a member of the Buying Group you can call them on 0115 979 6910, email info@lmcbuyinggroups.co.uk or put your practice code into their website: <http://www.lmcbuyinggroups.co.uk/members/> find out. If your practice isn't a member, you can contact them directly to sign up.

If you're not sure what the Buying Group is all about then this short video explains what they do: <https://www.youtube.com/watch?v=FekMwFI5ILg>

By registering with the Buying Group's website: www.lmcbuyinggroups.co.uk/members/ you can view all the suppliers' pricing, contact details and request quotes. The Buying Group also offers any member practice a free cost analysis which demonstrates how much money your practice could save just by swapping to buying group suppliers.

And if your practice is part of a GP Federation group then the Buying Group Plus initiative could help you save additional money as a group. This short video explains what Buying Group Plus does: <https://www.youtube.com/watch?v=BXpQmb7pVUo>.

Contact:

Tel: 0115 979 6910

Email: info@lmcbuyinggroups.co.uk

Website: www.lmcbuyinggroups.co.uk

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