



## 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*

## Key features inside this issue

<a href="#">Message from Dougy Moederle-Lumb including YORLMC Conference and GPC Regional Elections</a>	2	<a href="#">NHS SBS—Significant event</a>	5
<a href="#">Important changes to intermediaries legislation affecting GP locums and practices (IR35)</a>	3	<a href="#">NHS GP Health Service - England</a>	6
<a href="#">GPC Firearms guidance launched - UK</a>	3	<a href="#">GP Career Plus Scheme - England</a>	6
<a href="#">GP Forward View—BMA Webpage</a>	3	<a href="#">Return to practice - England</a>	7
<a href="#">QRISK2 Enhanced Service</a>	4	<a href="#">Principles for releasing electronic medical information for insurance under the Access to Medical Reports Act 1998-UK</a>	8
<a href="#">Indemnity payment briefing</a>	4	<a href="#">Accessible information standard</a>	8
<a href="#">Extension of NHS England Winter Indemnity Scheme</a>	5	<a href="#">Sickness cover reimbursement for GPs</a>	9
<a href="#">SNOMED CT in Primary Care</a>	5	<a href="#">New General Practice Nursing plan published - Recognise, Rethink, Reform - England</a>	9
<a href="#">Sessional GPs e-newsletter - UK</a>	5	<a href="#">Deprivation of Liberty Safeguards (DoLS)</a>	11
<a href="#">TPP SystmOne - FAQs for GP practices</a>	5	<a href="#">YORLMC Corporate Affairs Team</a>	11

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



### YORLMC Conference - 17 October

I am pleased to announce that the first YORLMC Conference will be held on Tuesday 17 October at the Pavilions of Harrogate, Great Yorkshire Showground, Harrogate. This full day Conference is designed to help GPs and practice teams navigate the changing landscape of general practice by providing practical information and advice on new models of care, future proofing general practice, working within the changing shape of the GP workforce, new consultation types, social prescribing and more. While we recognise this is a serious challenge for practices, our aim is that the day will be informative, inspirational, interactive and entertaining.

A full programme will be available in due course but to secure your place, for a nominal fee of £40 per person, please book as soon as possible via the link below to avoid disappointment.

<https://www.yorlmcld.co.uk/events/3360>

You will need to create an account if you don't already have one. Creating an account is quick and will allow you to book onto this and any future YORLMC events.

Alternatively, please contact [YORLMC's Corporate Affairs Team](#) with your name, role and practice address.

### GPC Regional elections

I am pleased to announce that I have recently been re-elected to the BMA General Practitioners Committee (GPC). This ensures that the voice of general practice in North Yorkshire and Bradford & Airedale is heard and respected at a national level.

## Important changes to intermediaries legislation affecting GP locums and practices (IR35)

The BMA has produced guidance [on the impact on GP locums and practices of the important changes to intermediaries legislation \(IR35\) affecting GP locums and practices](#).

IR35 is an anti -tax avoidance measure introduced by the Government in April 2000. It is also known as the 'intermediaries legislation'. It targets individuals who attempt to avoid paying employee income tax and national insurance contributions (NIC) by supplying their services through an intermediary (usually a PSC—

'personal service company') and paying themselves dividends. The IR35 regime investigates the nature of the relationship between the worker and the end-user to determine whether, were it not for using a PSC, that individual would be considered as an employee or office holder (for example, a director) of the client, and has important implications for both GP locums and practices. Please note that this guidance has been prepared by BMA Law for the BMA, and is intended as a general overview of the law. It is recommended that specific legal advice is sought in individual cases.

## GPC Firearms guidance launched - UK

The new BMA guidance on firearms licensing is available at <https://www.bma.org.uk/advice/employment/ethics/ethics-a-to-z/firearms>

In drawing up the guidance, GPC have carefully considered all aspects of licensing exhaustively and they are happy that the advice falls within all ethical and legal opinion they have received. The GPC Task and Finish group responsible for this guidance was at all times cognisant of the importance of producing safe, ethical and legal guidance relating to the current system and at publication they will have discharged that responsibility.

However, both GPC and the Professional Fees Committee (PFC) will continue to engage with the Home Office to press for improvements to a system which continues to create grave anxieties.

For further information on the rationale and reasoning behind this guidance, [please see this blog](#) written by GPC England Executive team member, Mark Sanford-Wood, who led the work of the Task and Finish Group.

## GP Forward View—BMA Webpage

The BMA website has been updated with a specific section for the GP Forward View. Everything is together on one hub page and any updates/new information/guidance specific to the GP Forward View will be linked through this central page.

<https://www.bma.org.uk/advice/employment/gp-practices/general-practice-forward-view>

## QRISK2 Enhanced Service

As you will be aware there was a QRISK2 patient safety incident reported in June last year by TPP, the providers of the SystmOne IT system, whereby they identified code mapping errors with the integration within their software of a calculator used by GPs to estimate cardiovascular risk. This led to some patients being given an incorrect risk score. These issues were subsequently resolved and GP practices have been in the process of carrying out any necessary follow up with patients given an incorrect risk score.

TPP has now agreed a financial settlement of up to £2 million with the Department of Health, NHS England and NHS Digital and this includes a new Enhanced service being offered for a time limited period.

This settlement will be used as a financial contribution in recognition of the work this has caused GP practices. NHS England has introduced the new Enhanced Service (ES) to allow GP practices to submit a manual financial claim through CQRS which equates to £6.50 per assessed patient, regardless of the manner in which they are assessed.

Attached at appendices 1 & 2 are the covering letter from Dr David Geddes, Head of Primary Care Commissioning, NHSE, plus the new Service Specification for the Enhanced Service.

In particular YORLMC would like to draw attention to the deadline to claim:

- The ES is available to all practices with patients affected by the QRISK2 code mapping error. Claims need to be made by **31 May 2016** and payments will be made by Monday 31 July 2017. All claims are on the basis that the follow up work set out in the Enhanced Service is carried out by 31 September 2017.

NHS England have also sent a briefing note to CCGs along with an Excel spreadsheet which identifies the practices affected, the GPIT provider, indicative maximum number of patients affected by the incident per practice to support payment processing in CQRS and indication of which practices may be in need of further support and due a reminder.

The sign up process will be as usual, via the Enhanced Services Portal. Practices are able to accept the sign up on the portal and will also see the offer on CQRS. Please ensure that you undertake both these actions to accept the Enhanced Service offer.

## Indemnity payment briefing

Further to the 2017/18 contract agreement, we understand that indemnity payments are now starting to be made to practices. Please see the [briefing note on the payments in case of queries](#).

## Extension of NHS England Winter Indemnity

NHS England's Winter Indemnity Scheme has been extended and will now run until Sunday 30<sup>th</sup> April 2017. GPC representatives had previously called on NHS England to extend the 31<sup>st</sup> March deadline to cover the Easter period.

Further details are available below:

<https://www.england.nhs.uk/2017/03/gp-support-ideminity-costs/>

<https://www.england.nhs.uk/gp/gpfv/investment/indemnity/winter-indemnity/>

## SNOMED CT in Primary Care

For information attached at Appendix 3 is the SNOMED CT in Primary Care briefing. Please also see the below link to a schedule of training webinars:

<https://digital.nhs.uk/article/762/SNOMED-CT-webinars>

## Sessional GPs e-newsletter - UK

The latest edition of the sessional GPs e-Newsletter is [available here](#) which includes a [sessional GP survey](#), and a locum's guide to IR35 legislation.

## TPP SystemOne - FAQs for GP practices

You will by now have seen the various media coverage of the problems raised around the data sharing model operated by TPP. Significant work has been done by the BMA & GPC to develop advice to practices and this can be accessed here: <https://www.bma.org.uk/advice/employment/gp-practices/service-provision/tp-systemone-faqs>

The guidance has been through many iterations within an evolving situation and will be updated as necessary.

## NHS SBS—Significant event

We have been asked by NHS England to pass on the attached letter at (Appendix 4) which was sent to NHS England Heads of Primary Care recently, and to remind practices of the importance in responding to allow NHS England to establish patient harm – to date, only 40% of practices have responded. GPC believe NHS England are expecting a response from everyone, whether that says 'no impact' or 'patient harm detected'.

## NHS GP Health Service - England

The NHS GP Health Service is a new confidential NHS service for GPs and GP trainees in England. It has been launched as part of the GP Forward View programme of commitments. It will run in parallel to primary care performer occupational health services commissioned by CCG (clinical commissioning groups) under NHS England's national service specification.

Launched on 31 January 2017, The NHS GP Health Service can help with issues relating to a mental health concern, including stress or depression, or an addiction problem, where these might affect a GP's work. Operating on a self-referral basis, it is provided by health professionals specialising in mental health

support to doctors and is available in various locations across England.

Access the service by emailing [gp.health@nhs.net](mailto:gp.health@nhs.net)

or by calling  
0300 0303 300.

Availability is from 8am – 8pm Monday to Friday and 8am 2pm Saturday.

Please note the service is not for emergency or crisis issues. These should be directed to mainstream NHS services.

For further information about the service, visit the dedicated web page <http://www.gphealth.nhs.uk/>

## GP Career Plus Scheme - England

As part of the GP Forward View commitment to retain the considerable experience already in general practice, the GP Career Plus will be piloted in 11 areas in England from summer 2017. NHS England data shows that the number of GPs leaving in most age groups, particularly those aged 55–59 and 60–64, has risen over the last 10 years. Commissioned research suggests that experienced GPs may remain in practice if they had the opportunities to work more flexibly.

The pilot areas are expected to test a range of ways to offer greater flexibility and support for approximately 80 GPs. The intention is to

keep hold of the vital skills and experience of GPs on the verge of leaving general practice altogether. The GPs will be recruited into a general practice pool in each area that works across that health system. The BMA GP Committee has worked with NHS England, Health Education England and the Royal College of General Practitioners to agree the principles behind this pilot.

You can find out more about the scheme and the pilot sites via NHS England's dedicated web page <https://www.england.nhs.uk/gp/gpfv/workforce/gp-career-plus>

## 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](mailto:info@yorlmcld.co.uk) for further information and advertising rates

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



## Return to practice - England

NHS England have launched a [new website](#) and [brochure](#) to help promote the return to practice programme. The site provides information about the Induction & Refresher scheme for those looking at the possibility of returning to work in the NHS as a GP.

The BMA has been working with NHS England and Health Education England to improve the Induction & Refresher Scheme to make the process less onerous and to increase the number of doctors signing up. Alongside the new website and promotional resources, NHS England will be running a series of adverts to help raise awareness.

Further information on the scheme can be accessed via the [HEE website](#) and the [BMA website](#). Please pass this information on to anyone you think may be interested in looking into the scheme



*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](#) 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)

## Principles for releasing electronic medical information for insurance under the Access to Medical Reports Act 1998-UK

In January 2017, the Association of British Insurers published a set of high level principles on requesting and obtaining medical information electronically from GPs. The principles were developed with input from the BMA and the ICO. Compliance with these principles will ensure that the release of electronic medical information for insurance purposes will be in line, or be a higher data protection standard, than the current paper - based system.

[The new guiding principles can be found on the ABI's website](#)

### Accessible information standard

NHS England is reviewing the Standard to assess the impact and to ensure that it is 'fit for purpose'. The review is looking at:

- how organisations have implemented the Standard;
- the impact of the Standard, including organisations' and service users' experiences;
- any aspects of the Standard which need updating or clarifying.

**The opportunity to share feedback as part of the review has now closed.**

All of the responses received are being analysed and a report will be produced. NHSE expect to publish the report in April / May 2017. Depending on the findings, revised versions of the Specification and/or Implementation Guidance for the Standard might be issued. However, there will be no substantive changes to the overall scope of the Standard.



Follow [YORLMC](#) on

twitter

[@InfoYorlmc](#)



### Changes within practice teams

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

[info@yorlmcld.co.uk](mailto:info@yorlmcld.co.uk) when GPs join or leave the practice and when there is to be a change of Practice Manager



## Sickness cover reimbursement for GPs

As part of the GP contract negotiations for 2017/18, the BMA GPs committee (GPC) England has reached agreement with NHS Employers on changes to Sickness cover reimbursement for GPs as set out below

-----

GPC has also negotiated important beneficial changes to **sickness cover reimbursement**. Practices are currently at considerable financial risk of paying for sickness absence of GPs, due to discretionary reimbursement, outdated list-size criteria and the need for cover to be provided by an external locum.

GPC has secured that sickness cover reimbursement will no longer be a discretionary payment, but a practice entitlement. The qualifying criteria based on list size, which often prevents a practice from being able to claim a payment to cover locum costs, has been removed. Payments will be made after 2 weeks of a GP being absent from the practice due to sick leave. As part of the agreement, existing GPs within the practice can now be used to cover sickness, mirroring existing maternity cover arrangements. The amount payable for sickness cover has also been uplifted to £1734.18 per week in line with current maternity cover arrangements. There will be no medical exclusion criteria for this sickness reimbursement, which we believe will be a very significant benefit to GPs with long-term conditions who currently find sickness cover difficult or expensive to source. It should also reduce practice locum insurance cover expenses, and enable practices to offer better sickness absence terms for salaried GPs.

-----

Please be aware that further GPC guidance on this is expected imminently and GPs/practices are advised to await this before making any changes to their existing sickness cover insurance arrangements

## New General Practice Nursing plan published - Recognise, Rethink, Reform - England

The Health Education England (HEE) general practice nursing workforce [development plan](#) '[Recognise, Rethink, Reform](#),' has been launched. It puts forward a range of recommendations to support and develop the workforce for the future and to help nurses make effective career choices. Members representing HEE, NHS England, the Queen's Nursing Institute, the Royal College of Nursing and the Royal College of General Practitioners formed a task and finish group chaired by GP, Dr Peter Lane, to look at four key areas:

- entry into general practice – raising the profile as a first career choice and

increasing the availability of training placements for students

- establishing the role of the GP nurse ensuring appropriate training and support is available for new GPNs
- enhancing the role with professional development and career progression
- expanding the healthcare support work force with standardised training and career paths.

A [press release](#) and the development plan can be found on the [Health Education England website](#).

## Deprivation of Liberty Safeguards (DoLS)

***Patients who die while subject to an authorisation under the Deprivation of Liberty Safeguards (DoLS) no longer require automatic referral to the coroners***

From Monday 3 April 2017 the Coroners and Justice Act 2009 was amended so that people subject to authorisations under DoLS will no longer be considered to be 'otherwise in state detention' for the purposes of Section 1 of the Coroners and Justice Act 2009. This means that coroners will no longer be under a duty to investigate a death solely because a DoLS authorisation was in place.

Such deaths will only be reported to the coroner if the cause of death is unknown, or where there are concerns that the death was violent or unnatural. This effectively brings the position in line with deaths which do not involve DoLS, and the circumstances where a jury will now be required will be rare. The practical effect of this change will be to reduce the number of referrals to the coroner, and the number of associated witness statements and inquests.

Therefore, it will be important for all doctors and Care Home staff involved in death certification and referrals to coroners, to be trained about this change.

The Coroner will expect the referrals from 3rd April to comply with the new law, and families will want accurate information as to whether the death can be registered.

### **Key points:**

- All 'DoLS' deaths which occur prior to 3rd April 2017 must still be reported to the coroner, and an automatic inquest will be held (even where the death is natural). These deaths must be dealt with under the 'old' law.
- DoLS deaths which occur from 3rd April 2017 onwards, do not need to be automatically reported to the coroner; the usual considerations as to the circumstances of the death apply.
- It is the date of death, not the date of reporting to the coroner or the date of the inquest, which is relevant.

## Private practice conference – UK

The private practice conference will take place on 5 April 2017 at BMA House. This event will look at the 'ins and outs' of private practice from the logistics of setting up a private practice for the first time, to making sure established practitioners are reaching their maximum potential. For new entrants to the private sector, the conference will offer a chance to network with colleagues who have already established and run successful practices. If you are interested in attending the event, [please register online at the BMA website](#)

## 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](mailto: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=tfQ6eE7qdV8>

By registering with the Buying Group's website: [www.lmcbuyinggroups.co.uk/members/](http://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](mailto:info@lmcbuyinggroups.co.uk)

Website: [www.lmcbuyinggroups.co.uk](http://www.lmcbuyinggroups.co.uk)

YOR Local Medical Committee Limited

(YORLMC Ltd)

Registered office: First Floor, 87-89 Leeds  
Road, Harrogate,

North Yorkshire, HG2 8BE t. 01423 879922

f. 01423 870013

e. [info@yorlmcld.co.uk](mailto:info@yorlmcld.co.uk)

w. [www.yorlmcld.co.uk](http://www.yorlmcld.co.uk)

Registered as a Company limited by Guar-  
antee. Registered in England No. 6349731.

### YORLMC Ltd Disclaimer

YORLMC Limited does not provide legal or financial advice and thereby excludes all liability howsoever arising in circumstances where any individual, person or entity has suffered any loss or damage arising from the use of information provided by YORLMC Limited in circumstances where professional legal or financial advice ought reasonably to have been obtained. YORLMC Limited provides representation, guidance and support to GPs and practices in the North Yorkshire and Bradford and Airedale areas. YORLMC Limited strongly advises individuals or practices to obtain independent legal/financial advice. Articles and adverts included in this newsletter must not be assumed to be endorsed by YORLMC Ltd.

## **YORLMC Corporate Affairs Team**

**Dr Douglas Moederle-Lumb**

**Chief Executive**

[Info@yorlmcld.co.uk](mailto:Info@yorlmcld.co.uk)

**Belinda Smith**

**Director of Corporate Affairs**

[belinda.smith@yorlmcld.co.uk](mailto:belinda.smith@yorlmcld.co.uk)

**Angela Foulston**

**Director of Liaison**

[angela.foulston@yorlmcld.co.uk](mailto:angela.foulston@yorlmcld.co.uk)

**Simon Berriman**

**Committee Liaison Officer - North Yorkshire & York**

[simon.berriman@yorlmcld.co.uk](mailto:simon.berriman@yorlmcld.co.uk)

**Stacey Fielding**

**Committee Liaison Officer - North Yorkshire & York**

[stacey.fielding@yorlmcld.co.uk](mailto:stacey.fielding@yorlmcld.co.uk)

**Kate Mackenzie**

**Committee Liaison Officer - Bradford & Airedale**

[kate.mackenzie@yorlmcld.co.uk](mailto:kate.mackenzie@yorlmcld.co.uk)

**Neil Bostock**

**Committee Liaison Officer - Bradford & Airedale**

[neil.bostock@yorlmcld.co.uk](mailto:neil.bostock@yorlmcld.co.uk)

**Leanne Ashton**

**Education, Training and Development Officer**

[leanne.ashton@yorlmcld.co.uk](mailto:leanne.ashton@yorlmcld.co.uk)

