



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



I attended the 2017 [BMA annual representative meeting \(ARM\)](#) which took place in Bournemouth, week commencing 25 June. It is an annual four-day conference, which brings together doctors from across the UK and from all specialties and grades to discuss and debate the issues facing our profession, and to formulate BMA policy to tackle those issues.

I am pleased to advise that [Chaand Naggpaul](#), has been elected as the BMA Council Chair, replacing Mark Porter. At the ARM, Chaand highlighted to the wider profession the crisis which GPs are facing as a result of years of neglect, disinvestment, and unresourced workload. Chaand outlined the solutions and measures as described in the [Urgent Prescription for General Practice](#) plan as well as the

need to ensure that NHS England's [General Practice Forward View](#) is implemented so that resources and support reach the frontline.

The ARM also resoundingly resolved that, should general practice fail, then so too will the NHS, clear evidence, once again, that our colleagues from the other branches of practice value and stand by us.

ARM also resolved:

- Integration of health and social care is not possible without appropriate funding
- Dialogue with patients about what the NHS can provide
- Lobby for abolition of referral management systems
- Demand an occupational health service for all NHS staff
- Lobby GMC to amend guidance to acknowledge competent doctors might harm patients because of poor systems
- Underfunding will not be addressed by unrealistic savings by STPs
- Abandon STPs
- Calls for NHS funding to at least average that of other EU countries
- Medical staff should not be involved in ascertaining eligibility for NHS treatment for overseas visitors
- Organisations must avoid using revalidation as a lever to achieve local objectives over and above GMC requirements
- Supports changes to the NHS national contract and demands commissioners hold Trusts to account
- Demands a 'black alert' system for general practice similar to hospitals when capacity is reached
- Make Pregabalin a controlled drug
- Employment contracts must not discriminate against women
- More diversity in representation locally, regionally and nationally
- Seek direct reimbursement of medical indemnity costs relating to NHS work
- Seeks compulsory dental hygiene lessons in schools
- Free toothbrushes for under fives
- Modernise collaborative fees structure
- Uphold the right of residence of EU Drs working in UK and visa versa
- Better support for trainees and trainers
- Oppose charging for patients to see a GP or for DNAs

There was also a major debate on committing the BMA to campaigning for abortion on demand, for any reason, up to 28 weeks.

YORLMC's survey of sessional GPs (salaried and locum)

Sessional GPs (salaried & locum) make up approximately 50% of the GP workforce across Bradford, Airedale, Wharfedale and Craven and North Yorkshire & the City of York. YORLMC's Corporate Affairs Team holds email addresses for about 80% of that number.

10% of sessional GPs working across the geography of YORLMC for whom we hold email addresses (if you didn't receive the survey you may wish to contact us to provide/check the email address we hold) completed our recent

survey and we are grateful to those of you who did as it will help us to better understand your needs.

Based on the responses we received the attached survey report ([Appendix 1](#)) has been produced which sets out how YORLMC can support sessional GPs. We hope you find it useful and informative and we value any further feedback or suggestions you may have.

YORLMC's website also has an updated section for sessional GPs [here](#)

NHS Standard Contract—summary of requirements

YORLMC has put together the attached document ([Appendix 2](#)) to help raise awareness/inform practices of the requirements set out in the NHS Standard contract for 16/17 & 17/18 that have been designed to reduce inappropriate bureaucratic workload shift onto GP practices from secondary care.

Primary Secondary Care Interface Guidance launched

Please find attached as [Appendix 3](#) a joint GPC England, NHS England, NHS Improvement, NHS Clinical Commissioners, Royal College of General Practitioners, Royal College of Nursing and the Academy of Royal Medical Colleges [guidance document](#) which describes the key national requirements which clinicians and managers across the NHS need to be aware of aimed at improving the interface between primary and secondary care.

This guidance document, which has been produced following significant pressure from GPC, provides clear national requirements that NHS managers and clinicians should follow to reduce inappropriate workload and by doing so deliver a better service to our patients. It's now imperative that NHS managers stick to their obligations which are laid out here and also in recent changes to hospital contracts. Improving patient care is at the centre of this work, as when implemented these measures will make the delivery of appointments and care much

smoother for the patient.

As a direct result of GPC's [Urgent Prescription for General Practice](#), this document builds on the contractual changes secured from NHS England, which for the first time introduced contractual levers to specifically stem inappropriate workload transfer into general practice.

These requirements are set out in the new [NHS Standard Contract for 2017-19](#), (see article above). The guidance document also includes the measures previously introduced from April 2016.

These changes are significant and symbolic, as they represent a new and unprecedented national policy to end the damaging impact of unnecessary workload shift onto GPs when we should be treating patients instead.

Capita

A reminder that individuals who can provide evidence of the financial loss they have incurred as a result of Capita's failures can contact NHS England to make a claim. The GPC has produced a PCSE claims guidance – available on line [here](#). The GPC has also updated its guidance “Bringing a claim to the small claims court” and this can be accessed [here](#).

Capita has introduced new service line email address to direct queries/questions:

- For GP Payments, please contact pcse.gp-payments@nhs.net
- For GP Pensions, please contact pcse.gp-pensions@nhs.net
- For Performers Lists queries please contact pcse.performerlists@nhs.net
- For Supplies and Portal queries, please contact pcse.portalenquiries@nhs.net
- For all other queries, please continue to use pcse.enquiries@nhs.net.

Practices may be aware that Capita are signatories to the [Prompt Payment Code](#) issued by the Department for Business, Energy and Industrial Strategy which states:

“Additionally, signatories undertake to pay suppliers within a maximum of 60 days (in line with late payment legislation requirements), to work towards adopting 30 days as the norm, and to avoid any practices that adversely affect the supply chain”

It is possible to challenge the status of a signatory via the following link <http://ppc.promptpaymentcode.org.uk/ppc/challenge.a4d>

Latest ransomware

Attached at [Appendix 4](#) is the official advice from the NHS’s Cybersecurity division.

It is advisable for every practice to have one or two people with different e-mail accounts that are registered with CareCERT to receive e-mails. You can sign up to receive bulletins and alerts by sending an e-mail to carecert@nhsdigital.nhs.uk

with this text in the subject box

“Sign me up to the security threat bulletin and emergency updates”.

Then type an explanatory note in the message box. You do not have to have an NHS mail address to receive them.

Anti-virus protection

Practices should ensure that any device linked to the practice IT system has adequate anti-virus cover in place. We particularly encourage practices to check the security of any IT systems that have not been purchased/installed through standard NHS routes.

IR35 - UK

NHS Improvement had previously issued guidance to NHS and Foundation Trusts recommending that all individuals providing services through an intermediary should fall within IR35 and therefore, all locum, agency and bank staff would be subjected to PAYE. The BMA wrote to NHS Improvement to seek clarification on this advice and we welcome that NHS Improvement has now published further [guidance](#) confirming that assessment of whether or not IR35 applies to an individual must be carried out on a case by case basis rather than by a broad classification of roles. [Further information is available on the BMA website.](#)

Focus on funding from the GPFV - England

The BMA have recently updated their [GPFV funding and support guide](#) and [GPFV hub page](#) to reflect changes to some of the 2017 timelines for implementation. It is vital that this funding which has been promised reaches the practices which need it.

Virtual MCP/Alliance agreement guidance – England

GPC has published further guidance on virtual MCPs and Alliance agreements. This covers some key legal factors that practices should carefully consider if they are thinking of entering such an arrangement. This guidance can be found on the [BMA website](#).

The guidance provides a summary of the main elements pertaining to the MCP contract and GPC's key concerns and will be joined by more detailed guidance on each of the proposed contractual models as further information is released.

Locum GP and salaried GP handbooks - UK

Updated versions of the [locum GP handbook](#) and [salaried GP handbook](#) have been published.

The locum GP handbook provides advice and guidance on all aspects of locum work, including on starting out as a locum, setting up as a business and establishing a contract for services with a provider. The handbook also provides advice to practices on recruiting locums. The BMA salaried GPs handbook is a resource for salaried GPs and GP employers. It explains the legal entitlements of salaried GPs as employees, helps to ensure that salaried GPs are aware of their statutory and contractual rights, and outlines the effect of the various provisions of the model salaried GP contract. It includes sections on maternity leave and redundancy, and information on many other areas such as salary, hours of work, sick leave and employment protection

Police requests for medical records

The BMA has received new legal advice regarding medical note requests received from the police, which are detailed below.

There is clear guidance regarding the obligations that GPs have with respect to copying and/or release of the GP record. For your reference, these circumstances are:

- If the police do not have a court order or warrant they may request voluntary disclosure of a patient's health records under section 29 of the Data Protection Act 1998.
- However, while health professionals have the power to disclose the records to the police where section 29 applies, there is no obligation to do so.
- In such cases health professionals remain bound by the long-established common law duty of confidentiality and may only disclose information where the patient has given consent, or there is an overriding public interest. They may also be required to defend their decision to disclose before the GMC which is a statutory tribunal.
- Disclosures in the public interest based on common law are made where disclosure is essential to prevent a serious threat to public health, national security, the life of the individual or a third party, or to prevent or detect serious crime. This includes crimes such as murder, manslaughter, rape, treason, kidnapping and abuse of children or other vulnerable people. Serious harm to the security of the state or to public order and serious fraud will also fall into this category.

Your practice is entitled to a fee for producing the notes for the police.

There is no set fee for producing these notes, as they are not considered a subject access request that you may receive from a patient. Therefore the practice is able to set its own fee. In order for you to proceed with the police request, please find attached ([Appendix 5](#)) a pro forma that we recommend you complete and send to the police authority. We recommend that you obtain each of the following:

1. Provide written patient consent to release of their records OR provide written confirmation as to the nature of the serious crime allegedly committed by the patient and an explanation as to why the patient's records, or other information requested, are considered necessary for the specific purpose you are pursuing. You will require one of these in order to fulfil your responsibilities as the Caldicott Guardian.
2. Confirmation in writing that the fee of £xx will be paid within 28 days of the police receiving the record. This fee is due to the disproportionate effort placed on an already overburdened GP practice to provide these notes which recognises the need to support the police in their investigation of a crime, where appropriate to do so.
3. Written confirmation from a senior police officer – ranked Superintendent or above – that he or she considers that the crime being investigated is a serious crime in line with the examples provided above.

Once you are in receipt of both of these at the practice, and have checked the appropriateness of release of the records, you should respond to the police authority as soon as possible.

Police requests for medical records– continued

Alternatively, should it be appropriate for the police to view the record (based on their answer to requirement 1 above), then there is the option for them to view the record in the practice in the presence of a practice staff member. In this situation there is no fee chargeable.

There is no set fee for providing records in this manner. Therefore it is the responsibility of individual practices to set their own fee for this work. When completing the attached pro forma you must enter the fee you choose to charge.

It is vital that the police agree in writing to pay the fee, otherwise you will not be able to claim for the service. If the police authority do not agree to pay the GP can decide whether they would like to provide the service free of charge, or not at all.

Please note that if the police authorities have a court order or warrant for disclosure of the records, you may be required to comply with the request even where a fee has not been paid or agreed. This will depend on a number of factors, including the terms of the court order or warrant.

GPs should, in all cases where there is no patient consent, consider whether the benefits to an individual or to society of disclosing the records outweigh both the public and the patient's interest in keeping the information confidential before agreeing to disclose the records.

If you have any further queries about this please contact info.professionalfees@bma.org.uk

Sessional GPs e-newsletter - UK

The latest edition of the sessional GPs e-newsletter is [available here](#), which this month focuses on the results of the Sessional GPs survey, and updates on recent progress achieved with Capita on pension issues.

Clinical pharmacists in GP practices scheme

GPC is currently working with NHS England to develop and agree an enhanced service for this scheme. This will enable easy transfer of funding to practices employing clinical pharmacists. There are also discussions ongoing regarding MoU (memorandum of Understanding) arrangements between groups of practices utilising clinical pharmacists across multiple sites. This will also include approaches to ensuring clinical pharmacists and practices have adequate indemnity cover regardless of where the clinical pharmacist is based at any point in the week.

Guidance on employing shared staff is [available here](#), and includes information on secondments, joint employment, VAT considerations, alternative arrangements and managing change.

GP workforce initiatives

Avoiding the loss of salaried, partner and locum GPs from the workforce is as much a priority as increasing the annual cohort of GP trainees. Further to the implementation of new schemes, including [GP Induction and Refresher](#), [Clinical Pharmacists in General Practice](#), the [NHS GP Health Service](#), the [General Practice Improvement Leader Programme](#), [Practice Manager Development](#), [Training for Reception and Clerical Staff](#), [GP Retention](#) and the [GP Career Plus \(pilot\)](#), GPC remain in regular dialogue with NHS England and HEE to find more ways to offer flexible working arrangements to GPs. GPC will communicate further updates to the profession as discussions progress.

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

Embed ICO registration advice

We are aware that a recent Embed information governance communication to practices (issue 8) contained a General Data Protection Regulation (GDPR) action plan for Primary Care which included the following statement:

Organisations will no longer have to register with the ICO but will have to be able to prove compliance with the GDPR at any time to the ICO.

YORLMC contacted the ICO to seek clarity on this; the ICO advised that although the way the ICO is funded is currently under review, no regulations have changed to date and so they are unsure how Embed are able to make this statement. We subsequently contacted the GPC who were of the view that the ICO is the ultimate authority on this matter and their advice was that practices should be guided by the ICO.

YORLMC intends to highlight this to commissioners and ask them to take this up with Embed as a matter of urgency. In the meantime we would recommend that practices do not cancel their ICO registrations until this situation is clarified.

GP Patient Survey Briefing 2017

Please see the link below for an analysis of the GP patient survey 2017:

<https://www.bma.org.uk/-/media/files/pdfs/collective%20voice/policy%20research/public%20and%20population%20health/gp-patient-survey-briefing-2017.pdf?la=en>

Free study day for GPs

Attached at [Appendix 6](#) is information on a free study day for Yorkshire and Humber GPs.

The free study day is being held in Leeds on 8th September 2017. This is for GPs, GP trainers, GP trainees and medical students currently (or interested in) working in areas of deprivation.

The day will be delivered by people working in so called “deep end” areas and is designed for anyone with an interest in tackling health inequalities and making care better for some of the poorest and most vulnerable in society.

Follow [YORLMC](#) on

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[@InfoYorlmc](#)



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](#) 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

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

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

Park Parade Surgery, Harrogate

Partner or Salaried General Practitioner required for 6-8 Sessions per week

Start date: Negotiable

Salary: Negotiable

We are a 3 partner town centre practice in Harrogate. We are based in a modern purpose built premises which we share with two other practices and a pharmacy.

We are looking for an enthusiastic and motivated individual to join our close knit team where humour and mutual support are valued as we deliver high quality patient focused care.

We recognise that change is inevitable in primary care delivery and we would be supportive of a candidate who is interested in working in collaboration with other local practices to develop new models of care.

About us:

- List size 6,700
- High QOF achievement
- Excellent nursing team and supportive administrative team
- CQC Outstanding for care of Families, Good in all other areas and overall

We would welcome applications from both experienced and newly qualified GPs.

Please forward your application and CV to:

Sarah Wilkinson
Practice Manager
Park Parade Surgery
Mowbray Square Medical Centre
Harrogate
HG1 5AR

www.parkparadesurgery.nhs.uk

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=tfQ6eE7qdV8>

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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