



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



YORLMC Annual Conference —18 October 2018

Please do book your place at our Annual Conference via <https://www.yorlmcld.co.uk/events/6617> There is a great programme ([Appendix 1](#)) which will deliver a informative, inspirational, interactive and entertaining day. The event features a number of high profile speakers & key highlights include:

- **Primary Care Today & Tomorrow—**
Dr Krishna Kasaraneni, GPC
- **Workforce Planning in Primary Care**
- Dr Peter Lane, HEE
- **Fun with NHS Finances—**David Bailey
- **PM Workshop—How Best to Handle Complaints and Risk**
- **GP Workshop—Myth Busting**
- **‘Bouncebackability’** - Andy Cope
- **Examples of Local Initiatives:** Bradford Primary Care Homes (Richard Haddad) & Scarborough Federation (Dr David Hickson)
- **New Ways of Working (Paramedic, Physicians Associate & GP Assistants)** Dr Neil Modha
- **Mojo: A Users Guide’** - Andy Cope

To book please click on this link— <https://www.yorlmcld.co.uk/events/3360>

King's Fund report on innovative models in general practice

The King's Fund has published a new report, [Innovative models of general practice](#). It looks at models of general practice from the UK and other countries and identifies key design features they believe will be important in designing effective GP services in the future. Attached at [Appendix 2](#) is a brief summary of the report and recommendations which you may find useful.

The National GP Worklife Survey

The results of the ninth edition of the National GP Worklife Survey have been published. The report, which was first carried out in 1999, is funded by the Department of Health. This is an important survey and focuses upon GPs' experiences of their working lives, asking questions about: satisfaction with various aspects of their work, sources of pressure at work, overall experience of their work and future working intentions.

The report found that the number of GPs who say they are likely to quit direct patient care within five years rose to 39% in 2017 from 35% in 2015. For GPs aged over 50 the figure rose from 61% in 2015 to 62%.

More than nine out of 10 GPs reported experiencing considerable or high pressure from 'increasing workloads'. Although there has been relatively little change between 2015 and 2017, average reported pressures remain at a high level relative to earlier surveys. Particularly high levels of pressure were

identified with 'having insufficient time to do the job justice', 'increasing workloads', 'paperwork' and 'increased demand from patients'.

More positively, overall job satisfaction increased slightly since the 2015 survey, although levels of satisfaction in 2015 were the lowest since 2001. Again, while slightly higher than 2015, satisfaction with aspects of the job such as remuneration, hours of work and amount of responsibility given remain lower than in the surveys undertaken before the introduction of the new GP contract in 2004.

Stated working hours per week have remained largely stable since 2008, with an average of 41.8 hours per week. Those earning £110,000 per year or more rose to 32.5% in 2017 having fallen from 34.6% in 2010 to 31% in 2015. The full report can be accessed [here](#).

Solicitors charging a fee for SARs

Following legal advice on the issue of solicitors charging a fee for SARs, the BMA have updated their GDPR [guidance with an FAQ](#) which states:

Can we charge solicitors a fee for SARs?

Under GDPR, SARs are generally free of charge. Only if the SAR is considered to be 'manifestly unfounded' or 'excessive' can a 'reasonable' fee be charged. We don't yet know when the circumstances when the ICO might consider it appropriate to charge a reasonable fee – but, in the BMA's view, these circumstances are likely to be limited.

The BMA also confirm that a charge for postage cannot be passed on unless for unfounded or excessive requests. The BMA are very much aware that these changes are causing serious concerns to practices and are doing all they can to ensure doctors and their practices do not suffer under these changes. They are in the process of writing to the ICO and continue to collate information to use in future planned discussions with Government.

Data Protection Officers and GP practices under GDPR

The BMA has recently published new guidance on the role of the DPO in GP practices and this can be found by visiting the [BMA GDPR hub page](#).

GP Forward View 2 years on

The GPC has published a report that looks at the progress of the GPFV since its publication in April 2016. GPC surveyed BMA and LMCs and engaged directly with GPs via a series of roadshow events conducted in early 2018 and this has helped review its impact after 2 years. Although there are some positive changes, it is clear that in the important areas that would really make a difference to general practice the GPFV is failing and doesn't go far enough, fast enough. Crucially, investment is far below the target of 11% of the NHS budget, GP workforce is falling, practices continue to close and many practices report complex and bureaucratic processes to actually access the funding and support set out in the GPFV. The support provided to general practice needs a wholesale review, as GPC outlined in [Saving General Practice](#), and the government needs to put general practice at the centre when establishing a long-term funding settlement for the NHS.

Read the [GPFV two year on report here](#) and the BMA press release [here](#).

Public Accounts committee report on clinical correspondence handling in the NHS

The House of Commons Public Accounts Committee published a report which shows that the NHS has had to spend nearly £2.5m reviewing the handling of over one million pieces of misdirected clinical correspondence. NHS England is still assessing nearly 2,000 cases to determine whether there has been harm to patients and has so far identified two incidents where expert consultant review has concluded that patient harm cannot be ruled out.

In response to the report, Dr Richard Vautrey, Chair of the BMA GPs committee commented: "Amid the longstanding chaos caused by the outsourcing of GP support services, as clearly exposed by the recent National Audit Office report, this further publication is another damning indictment of NHS England's inability to deliver basic administrative efficiency in back-office systems. Given the ongoing confusion and lack of effective communication, it is regrettable yet understandable that some practices may have, in good faith, sent misdirected correspondence on to PCSE. This would have been the arrangement before NHS England tried to cut costs by commissioning PCSE services to Capita two years ago." Read the full report [here](#). Read the BMA's previous response to the NAO investigation [here](#).

Tier 2 visa caps for overseas doctors

The GPC welcomes the change in position of the Home Office that overseas doctors and nurses will be removed from the Tier 2 visa cap. This arbitrary cap prevented thousands of non-EEA doctors from taking up jobs in the UK, placing additional pressure on existing staff as they seek to provide clinical cover and deliver patient care, as well as increasing temporary staffing costs for the NHS.



The Cameron Fund

BMA House,

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

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](#) 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>

Pensions

The BMA are currently seeking legal advice over the annualisation of NHS pension contributions. The BMA believe that the process is currently unfair for certain GPs that do not work all year. Please read BMA [guidance](#) for more information. Once the BMA have received their legal opinion we will inform you of how they will be taking this issue forward.

Focus on quality indicators

The BMA have produced a [Focus on quality indicators](#) briefing to provide background and context in preparation for the forthcoming negotiations on the Quality and Outcomes Framework (QOF) in England and the potential changes following the current QOF review, led by NHS England. The review brought together key stakeholders to analyse current evidence and other incentive schemes, with the intention of delivering proposals on the future of QOF. The report has highlighted, and NHS England agrees, that a significant proportion of QOF funding is core income for practices and is an essential resource used for the employment of practice staff, and is already committed to delivering important practice activities. The briefing can be accessed [here](#).

Out of hours recruitment supplement affecting GP trainees

The BMA are aware in some areas that employers are misinterpreting a clause in the previous junior doctors' contract which is resulting in some GP trainees not being paid for out of hours (OOH) work. On the previous contract of 2002, there was a 45% recruitment supplement, which was introduced to provide parity for wages between GP and hospital trainees. Confusion has arisen due to a common misconception that the 45% supplement was 'banding' for OOH work, and that GP trainees that transitioned onto the new junior doctors' contract half way through the year (such as academic and less than full time (LTFT) GP trainees) were paid for their OOH shifts in advance through the supplement. The BMA believe this is clearly a misinterpretation of the previous contract and the BMA view is supported by some employers locally.

Any remaining OOH shifts that are needed to make up their 72 hours of OOH work after transitioning should fall under the arrangements of the new contract, the main difference being that trainees should receive time off in lieu (TOIL) for these. This issue has been highlighted to some employers locally and this interpretation has been agreed.

The BMA recommend that any GP trainee affected by this should exception report in the usual way to enable them to receive the time off in lieu that is owed and if necessary contact the BMA if you have difficulty claiming back time earned (follow this [link](#)).

Reimbursement for locum cover for sickness

Following several requests from GPs and LMCs for clarification around reimbursement for locum cover for sickness, NHS England has confirmed to GPC England that where a GP is signed off sick as part of a phased return then the SFE entitles the practice to locum reimbursement where the requirements under the SFE are met. Where a GP is not signed off sick but has agreed a phased return or does not meet the requirements of the SFE, this would be a discretionary matter. Practices are encouraged to quote this clarification from the Head of Primary Care Commissioning (Medical Services) if they are having problems with this issue when liaising with their CCG.

Revised PHE Hib/MenC PGD template

Please find attached ([Appendix 4](#)) a revised PHE Hib/MenC PGD template V03.00 (Gateway Number 2018057). The previous template (V02.00) expires on the 31 July 2018 after which V03.00 should be used. This PGD will be available on the [Public Health England PGD template webpage](#) a link to which is also available on the [vaccs and imms webpage](#) on the BMA website.

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 when GPs join or leave the practice and when there is to be a change of Practice Manager

Update on diamorphine supply

Following reports of a diamorphine supply issue last month, the Department of Health and Social Care (DHSC) and NHS England (NHSE) have been working with Accord and their supplier in Germany, and the manufacture of diamorphine 5mg and 10mg injection will soon resume with an anticipated resupply date of the beginning of September 2018. DHSC and NHSE have also been working with the remaining supplier, Wockhardt, which has been able to increase the production of diamorphine 5mg and 10mg but are unable to support the entire market in July and August. A management plan has been developed to manage the supply issue during July and August 2018. From 1st July 2018 primary care and drug misuse centres can continue to order diamorphine in line with historical demand whilst secondary care will have access to restricted supplies of diamorphine.

Recommended Local Action- Primary care and drug misuse centres:

- Although diamorphine will be accessible as per historical demand, the DHSC is encouraging prescribers to be aware of the supply issues and reduce prescribing where appropriate
- Please order responsibly during this time, in line with historical demand and do not stock pile to avoid lengthening the stock out period.

In the case that diamorphine cannot be accessed, please refer to the [clinical guidance issued by UKMI](#) which provides more information on suggested alternatives to diamorphine (the first-choice is morphine). If you require clinical guidance locally, please liaise with secondary care prescribing partners in substance misuse services or pain specialist services

Further information in the [Patient Safety Alert on high dose morphine and diamorphine](#)

Distribution Arrangements (From 1st July):

- Diamorphine 5mg and 10mg will only be available to order from Alliance. No minimum surcharges will be levied
- Morphine 10mg injection (Martindale) available to order from AAH only.
- Diamorphine 30mg injection (Wockhardt), diamorphine 100mg (Accord) and diamorphine 500mg (Accord and Wockhardt) – usual wholesalers.

For further information on ordering processes please contact **Alliance**: 0330 1000 448 / customerservice@alliance-healthcare.co.uk, or **AAH**: 0344 561 8899

Please also see attached ([Appendix 5](#)) a patient information leaflet which has been developed by NHS England.

Falsified Medicines Directive

Attached at [Appendix 6](#) is the BMA guidance on the Falsified Medicines Directive. GPC are actively taking up their concerns with the Department of Health and with Steve Brine MP, Parliamentary Under Secretary of State for Public Health and Primary Care. And YORLMC will update practices on developments

Clinical Pharmacists & Indemnity

Practices will be aware of the clinical pharmacist programme within the GP Forward View which looks to integrate clinical pharmacists within the GP Practice team.

NHSE Y&H is aware that a number of practices within Yorkshire & Humber have independently secured a pharmacist to support their skill mix and delivery of their practice service. In response to this, NHSE has developed the attached guidance ([appendix 3](#)). It is intended to support **all** practices employing clinical pharmacists to ensure that they have appropriately considered their professional and service indemnity. YORLMC considers this useful advice.

Judicial review challenging accountable care organisations

The BMA is supporting a judicial review challenging health service transformation plans that “risk handing an area’s entire NHS budget to private providers”. BMA Council Chair Dr Chaand Nagpaul said: “While we agree with the principle of greater collaboration in the NHS and between health and social care, such transformation plans sit outside of existing legislation and frameworks and risk handing an area’s entire NHS budget to private providers through competitive tendering. This brings with it all the problems associated with commissioning such companies to handle important public services.”

Sessional GPs e-newsletter - UK

The latest edition of the sessional GP newsletter is [available here](#) and includes sessional GPs guidance on NHS Pensions and Capita.

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NICE guideline on hearing loss

New [NICE guidelines on hearing loss](#) has been published. It was reported by Pulse that practices should provide earwax removal services rather than referring patients to specialists, according to the recommendations. GPC prescribing lead, Dr Andrew Green, commented that “the guidance places no obligation on GPs to provide this service unless contracted to do so, and suggested CCGs must commission this service separately. NICE is responsible for clinical guidance but have nothing to do with commissioning services which are the responsibility of CCGs. The fact that NICE recommends something as suitable for primary care places no obligations on GPs to provide this service unless contracted to do so.”

YORLMC Buying Group

The LMC Buying Groups Federation offers free membership to practices in the YORLMC area.

Membership gives practices access to an extensive range of products and services on which the Buying Group has negotiated discounts with their approved suppliers. A full list of suppliers is available on the Buying Group's website: <https://lmcbuyinggroups.co.uk/suppliers>.

The LMC Buying Group has recently added a recruitment page to their website giving all member practices a free, national platform to advertise practice vacancies: <https://lmcbuyinggroups.co.uk/job-vacancies/gp-practice/uk>. They will also be adding new content to the website over the summer to help practices get the most out of their membership.

If you are already a Buying Group member but didn't re-register your details before the GDPR deadline on 25 May, please complete this form: <https://form.jotformeu.com/73232425890355> to access the new recruitment platform, request quotes from suppliers and receive membership updates including the annual flu vaccine offers.

For further information get in touch with the LMC Buying Group on 0115 979 6910, send them an email to info@lmcbuyinggroups.co.uk or Live Chat via their website.



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