



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 Services

I would like to take the opportunity to highlight the suite of services that YORLMC offers to North Yorkshire & York and Bradford and Airedale practices. YORLMC has a wealth of experience and is a source of support and information for you:

Legal & Financial advice

YORLMC Ltd cannot provide individual GPs or practices with legal or financial advice. However YORLMC offers all its constituents access to a range of legal services.

- **YORLMC Law**

The services are offered under the banner of YORLMC LAW – in conjunction with LMC Law Limited. The services are designed to assist and facilitate legal advice and services to practices and federations. More details about the YORLMC LAW service are available [here](#)

- **HR & employment**

YORLMC in conjunction with AXA Insurance offers an HR and Employment Indemnity Package which is available to practices and federations at very competitive rates and under a contract which can be renewed annually. Further information is [available here](#)

Pastoral Services

YORLMC has a comprehensive pastoral care team with many years' experience of defence bodies and GMC procedures and is able to provide personal and confidential support for individual GPs in difficulty or experiencing major change. For example it can include helping an individual GP through difficulties linked to contractual, financial or performance concerns, including attendance at performance meetings and/or support getting appropriate medical care when required. Importantly this confidential support is also available for the wider practice team. I cannot stress enough how important it is for colleagues to contact YORLMC for help as early as possible when difficulties arise so that as much support as possible can be provided.

However it is never too late to make contact.

I can be contacted in the first instance through any member of the Corporate Affairs Team – contact details can be [found here](#).

Education, Training & Development

YORLMC offers a suite of ETD services with a range of courses available to practice staff. Further information is [available here](#)



Please contact [Leanne Ashton](#) in the first instance for all your training needs

Job advertising service

YORLMC offers a free advertising service for NHS Practices in the YORLMC seeking to fill GP and staff vacancies. GPs seeking work in YORLMC area can place adverts on the job page free of charge too.

Finally, I wish you all a merry Christmas and all the best for 2019

General Data Protection Regulation (GDPR)

YORLMC has recently updated its [GDPR guidance](#). It now includes:

1. Data Sharing Agreement – [guidance and checklist](#)

This has been prepared for YORLMC by LMC Law. It includes guidance highlighting that practices will need to have data sharing agreements in place where they are passing any type of personal data including special category data to other organisations or individuals to process.

2. GDPR & DPA – FAQs

These FAQs will be updated regularly so it will be important to check back [here](#) regularly for updates.

3. Template letter to Solicitors – responding to subject access requests

In the event a practice received a subject access request that would entail a significant and a substantial volume of work that was considered by the practice to be complex and excessive, the practice should contact YORLMC for further assistance.

Have you been impacted by annualisation?

The BMA believe the current arrangements relating to annualisation within the 2015 NHS Pension Scheme are discriminatory and are prepared to take legal action to address this. In order to help strengthen their argument against this unacceptable process they need more examples they can use as test cases. Krishan Aggarwal, deputy chair of the GP Sessional subcommittee, [explains what annualisation is and what to do if you have been affected by it](#). If you have been impacted by annualisation, please fill the survey and email your responses to pensions@bma.org.uk.

Partnership review workforce survey

Over the last few months the [GP Partnership Review](#) team, led by the independent chair Dr Nigel Watson, has been meeting GPs across the country to listen to the challenges that the profession faces. As he highlighted in his presentation to the English LMC conference, and which were made clear in the latest NHS Digital quarterly figures, there is a significant issue within the GP workforce, in that despite an increase in the number of GP trainees, the number of partners is decreasing. The DHSC would like to gain a better understanding of how this affects a GP's career and what the potential solutions might be, and have therefore published a short [survey](#) to help provide more evidence to support the final recommendations of the review. They have already received a large number of responses, but please encourage local GPs to complete it to add to this.

Flu vaccine supply

There has been further coverage about supplies of the flu vaccine for the over 65s. Following GPC's requests, a national publicity campaign has now been launched, encouraging patients to make an appointment to be immunised.

NHS England has also now sent out a [letter to practices outlining the preliminary information on the recommended vaccines for the 2019/20 seasonal flu vaccination programme](#). Both of the vaccines that were recommended for the 2018/19 season will continue to be recommended for next year:

- the quadrivalent inactivated vaccine (QIV) is recommended for 18 to 64 year olds in clinical at-risk groups and other eligible groups, including frontline health and social care workers.
- the adjuvanted trivalent inactivated vaccine (aTIV) is recommended for individuals aged 65 years and over.

Practices can therefore start ordering the licensed vaccines now to avoid this year's problems with phased deliveries.

Workload data

NHS Digital has published a report outlining workload data about GP appointments. This is the first time that such detailed information has been collected, and it provides clear evidence of the huge workload delivered by practices on a daily basis. The report provides information on the following areas:

- the number of surgery appointments, home visits, telephone and online consultations
- type of healthcare professional leading the appointment
- the number of appointments where a patient did not attend
- the time between an appointment being booked and taking place

It shows that practices in England are booking more than a million appointments a day, many of which are taking place on the telephone and that practices are using a wide range of healthcare professionals to support their work. It also shows that the largest proportion of appointments are booked and attended on the same day and the majority take place within a week of booking.

While it does not include a wide range of tasks that GPs and their teams undertake on a daily basis, such as dealing with results and prescriptions, attending meetings and engaging in teaching, learning and development, and therefore does not show the totality of practice workload, it does provide definitive data which can help to underline the need for additional investment in to general practice.

In response to the report the GPC Chair said:

“This new data will become an important resource, and although only providing a limited snapshot of the total work that GPs and their teams do, it now provides clear evidence of the huge amount they are doing, booking more than a million appointments a day. The largest proportion of these appointments are made and attended on the same day, and the majority of patients are seen within a week of booking – showing that, despite rising demand, that general practice is offering a high quality and timely service to patients within their community. Many other patients will be appropriately booking ahead as part of the continuity of care they receive for long-term conditions and complex problems that need regular support.”

QOF business rules coding issues

Following the introduction of SNOMED (a clinical terminology that standardises terminology across different health locations) in 2018/19, NHS Digital's business rules team has been converting and mapping the READ and CTV3 codes into SNOMED, which has proved difficult and complex. Although there was always an expectation that there would be some errors as there are each year with the baseline version of QOF, a larger number than previous years have been detected:

- 85 codes have been identified and queried from the v39 baseline QOF business rules from the total of 16,000+ that QOF uses (0.5% of all the codes).
- Of these 85 queried codes 67 were incorrect and have been changed in v41 of the business rules
- Those 67 codes impact on 12 registers from the 28 in QOF

It was therefore agreed that v40, the mid-year release, would not be implemented as new errors were continuing to be reported, and that v41 would be used instead. The revised v41 business rules will be published on the [NHS Digital website](#) next week and have already been distributed to suppliers. The affected registers are: Smoking, Dementia, Epilepsy, Heart failure, Asthma, Osteoarthritis, Stroke, CVD, AF and CHD.

NHS Digital has confirmed that no final QOF Payment will be affected. However, until mid-February there may be some slight errors in some reports, but practices should be able to identify which ones may be suspect by using the attached spreadsheet ([Appendix 1](#)).

Falsified Medicines Directive guidance

The Falsified Medicines Directive will become effective on 9 February 2019. The Directive introduces tougher rules to ensure medicines are safe and that the trade in medicines is rigorously controlled. This will have an impact on all practices and therefore, practices should be preparing for implementation in order to demonstrate compliance with the Directive. Updated guidance is now available on the BMA [website](#) together with a blog on Brexit and the Falsified Medicines Directive [here](#).

Prescription direction

Following concerns about communications from online distance selling pharmacies which could be seen as misleading advertising and prescription direction, GPC have written to NHS England to raise their concerns. The GPC published a statement advising practices not to engage with these companies which could put practices at risk of breaching the GMS regulations prohibiting directions of prescriptions. The GPC have also written directly to Pharmacy2U who have responded saying that they are withdrawing their campaign with Docmail. Read the statement [here](#).

Data Quality Checks

Practices should ensure that their lists only include registered patients for whom the practice continues to be responsible for providing primary medical services. As they are required to do, PCSE have now commenced a list verification programme. Initially they will contact practices to verify the registration details of patients aged over 100. Before checks on each patient group start, further details will be sent on how to proceed. The attached letter ([Appendix 2](#)) has been sent to practices.

DWP guidance on completing medical reports

The Department of Work and Pensions (DWP) has [published guidance for doctors who are involved with the benefit system](#). There is also more specific guidance which has been designed to offer support to GPs when asked to provide information on behalf of their patients and help clarify the various different benefits and processes involved. GPC continue to liaise with the DWP and meet regularly to seek improvements where possible.

Subject access requests to GP practices increase by a third since GDPR legislation came in

The number of subject access requests (SARs) GP practices are receiving each month from patients and their representatives have increased by more than 30 per cent since the introduction of GDPR legislation, according to the recent BMA survey of GPs. The survey of more than 1,500 GPs found that the average number of SARs went up from around 8 per month before May to 11 per month since GDPR was introduced. Please see the attached document ([Appendix 3](#)) to see the full results.

NHS Long Term Plan briefing

NHS England has published the attached briefing ([Appendix 4](#)) on the NHS Long Term Plan to update on the progress so far and the next steps after publication, as well as some of the policy announcements that have already been made.

Joint guidance on e-RS

We have published joint guidance with NHS England on the electronic Referral System (e-RS). Use of e-RS for practices is now a contractual requirement; the joint guidance provides information about its use and utility. <https://digital.nhs.uk/services/nhs-e-referral-service/joint-guidance-on-the-use-of-the-nhs-e-referral-service-2018>

Primary Care Indemnity Survey

The Department for Health and Social Care (DHSC) has published the [results of their Ipsos Mori indemnity survey](#), designed to help the department understand current indemnity arrangements within General Practice, informing the development of the new state backed scheme.

As over half of the GPs survey were unaware of what kind of cover they had, the DHSC are encouraging GPs to be proactive in checking their current and previous indemnity coverage. GPs with claims-paid or claims-made indemnity policies will be required to purchase run off cover separately themselves to ensure they are fully indemnified for any claims that may occur. Further FAQs are to be published in due course.

Indemnity scheme in England FAQs

The Department of Health and Social Care has published [FAQs on State Backed Indemnity for General Practice](#). Understandable concerns have been expressed about the answer in the FAQ relating to funding arrangements. This was reflected in comments at the English LMC conference and led to an emergency motion which was passed unanimously. This stated:

That conference is outraged and deeply concerned at the statement of 22 November 2018 from the Department of Health and Social Care that the newly state backed indemnity scheme may be funded from “existing resources allocated for general practice” and instructs GPC England to work with the government in ensuring that:

- 1. the scheme is supported by new funding*
- 2. no GP is financially disadvantaged by a change to a state backed scheme*
- 3. all GPs and practices are protected from any future increases in the cost of the state backed scheme.*

Hepatitis C guidance for GPs and patients

NHS England has published resources about Hepatitis C, including guidance for GPs and patients, available [here](#).

Cervical smear letters and results

NHS England confirmed that Primary Care Services England (PCSE), run by Capita, have failed to send 48,500 women information about their cervical screening appointments and results after a system error. The BMA have written to NHS England to express their extreme concern over the unacceptable service being delivered and have urged NHS England to strip Capita of the contract and take PCSE services back in-house. Although the majority of the correspondence relates to appointment invitations or reminder letters, some were for screening results, which will have undoubtedly caused anxiety for those involved and could have caused serious harm if it were not for the fact that laboratory systems had ensured patients were contacted directly about the need for a colposcopy. NHS England has written to those affected and informed patients' practices. Capita have written to apologise to patients.

The BMA's full press statement is available [here](#)
Read Capita's apology [here](#).

Sessional GPs e-newsletter—UK

The latest edition of the sessional GPs e-newsletter is [available here](#)

Contract guidance for GPs working in non standard roles

Increasingly GPs step beyond the conventional boundaries of general practice to forge diverse careers that suit their interests, expertise and skills. It is important for GPs engaging in these roles, in which they might not be protected by nationally agreed TCS, to be aware of their rights and check that the employment offer and their working arrangements are fit for purpose. With this guidance the BMA attempts to help ensure that all GPs receive appropriate employment terms and conditions regardless of their employer. Read the guidance [here](#).

Ethics guidance

The BMA Ethics team has published new guidance, [*Clinically-assisted nutrition and hydration \(CANH\) and adults who lack the capacity to consent: guidance for decision-making in England and Wales*](#).

The guidance is in response to a number of legal developments which have altered how these decisions should be made. It provides the most up-to-date statement of your legal and professional obligations; sets out the decision-making process that should be followed; and provides practical guidance on approaching best interests assessments and second opinions. Further information and various training resources, can be accessed at www.bma.org.uk/CANH. Please also see attached a GP specific leaflet.

Evidence based interventions: Guidance for CCGs

NHS England has issued new guidance on 17 interventions which evidence suggests are of little or no value to patients. Four of the interventions, such as surgery to prevent snoring, will now only be offered in exceptional circumstances, while a longer list of thirteen interventions such as, breast reduction surgery or the removal of benign skin lesions will be offered when specific clinical criteria are met. The guidance and supporting information can be found [here](#).

Bricanyl Turbohaler Supply

The Department of Health and Social Care has provided the following update on Bricanyl Turbohaler supply issues. More information can be found in the attached letter ([Appendix 5](#)).

- There will be interim deliveries expected in late November and in December but normal supply will not resume until end of January 2019
- Astra Zeneca have provided a Dear HCP letter

UKMi have produced a [memo which details clinical management strategies](#)

Prescribing of cannabis-based products

Following the publication of England's Chief Medical Officer's [open letter](#) about prescribing of cannabis-based products, GPC have written to her to raise their concerns regarding the mention of shared care prescribing and the potential pressure on GPs to prescribe outside their area of competence or contractual obligations. In response to their letter the Chief Medical Officer said that the current legal position is that although the law allows these to be prescribed by GPs on the direction of a specialist *'the concerns of your colleagues around potential pressures on GPs to prescribe outside of their competence or contractual obligations are entirely valid ones. Healthcare professionals should never feel pressured to prescribe. NHS England and I published a letter on cannabis-based products for medicinal use on the 31st of October which mentions that in the first instance we expect specialist prescribing only.'*

The BMA has also published some [Q&As](#) to explain what these changes mean.

Please do let us know if you become aware of any problems by emailing info@yorlmcld.co.uk

Rationing of drugs in no-deal Brexit

The Secretary of State for Health and Social Care, Matt Hancock, has written to practices to provide more information about the supply of medicines, vaccines and other items in the event of a no-deal Brexit. The letter is attached at [Appendix 6](#).

Primary care supply updates- November/December

Attached at [Appendix 7](#) is the November/December primary care supply update .

Private practice committee conference - 5 April 2019

The next Private practice committee annual conference will take place on Friday 5 April 2019 at BMA House, London. The conference is aimed at doctors who are thinking about setting up in private practice and established practitioners who could benefit from some practical advice. To register your interest email confunit@bma.org.uk

BMA Expert Witness Conference - 8 March 2019

The Annual BMA Expert Witness Conference will be held on 8 March 2019 at BMA House. This is a one-day conference, for all levels of experience, covering the essentials of working competently as an expert witness. If you are interested in working as a GP expert witness, register your interest by emailing confunit@bma.org.uk.



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>

YORLMC Buying Group & Member rates

Members of the LMC Buying Group can access discounts with any of the suppliers on the attached list ([Appendix 8](#)). To access these discounts, you can either login to the Buying Group website and request a quote or if you contact the supplier directly, you need to make sure you mention your practice is a member of the LMC Buying Group or state the discount code from the suppliers page of the Buying Group website.

If you were using an approved supplier before you became a Buying Group member or have been using a supplier for a long time and aren't sure whether you are receiving the correct rates, you can email the Buying Group to check: info@lmcbuyinggroups.co.uk.

For further information on LMC Buying Group member benefits or to speak to a member of the team, you can live chat via their website: <https://www.lmcbuyinggroups.co.uk/> or give them a call on: 0115 979 6910.



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