



## 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.

## Changes within the Corporate Affairs Team (CAT)

Unfortunately Neil Bostock has recently left the Corporate Affairs Team to take up a role with NHS Digital. Neil has been a great asset to the CAT since joining the team at the end of February 2017 and we are all very sorry to see him go. However the new role is a great opportunity for him and we wish him every success. Neil's departure does create a vacancy with the CAT – for information about this role, our full application pack, including job description and person specification can be found [here](#)

The closing date for applications is Monday 18 February and interviews will take place on Friday 22 February.

Pending the recruitment of a new Executive Officer to the Corporate Affairs Team, the first points of contact are as follows:

Bradford, Airedale, Wharfedale & Craven: Kate Mackenzie - Executive Officer - [kate.mackenzie@yorlmcld.co.uk](mailto:kate.mackenzie@yorlmcld.co.uk)

North Yorkshire & York: Simon Berriman - Executive Officer - [Simon.berriman@yorlmcld.co.uk](mailto:Simon.berriman@yorlmcld.co.uk)

## GP Contract 2019/20 & Roadshow

Details have been published of a five-year GP contract deal agreed between GPC England and NHS England. Different elements of the deal will be introduced over the coming five years including significant changes due to start in April this year. More details of the new contract are available via the YORLMC website at <https://www.yorlmcld.co.uk/gpcontract201920>

There is opportunity to hear more about the contract direct from GPC Chair Dr Richard Vautrey, and put your questions to Dr Vautrey, at the GPC Roadshow on **Tuesday 19 February**. The roadshow is taking place at The Village Hotel North, from 7pm to 9pm. There is no charge to attend, but places must be booked in advance via <https://www.yorlmcld.co.uk/events/8482>. Places are booking up fast, so don't delay reserving your place.

## DDRB evidence

The Department of Health and Social Care has published their DDRB evidence for 2018-19 which can be accessed [here](#). See the BMA response [here](#)

## Pensions Consultation

The Department of Health and Social Care has announced that it will be [consulting on proposals to change NHS pension scheme regulations](#). The proposed changes include introducing a new contribution rate of 20.6% for employers from 1 April 2019, and the Government has committed to providing additional funding to meet costs arising from the current actuarial valuation of the NHS Pension Scheme alongside the long-term funding settlement for the NHS.

Other proposed changes include renewing current member contribution rates so that the same rates continue to apply beyond 31 March 2019, providing civil partners and same sex spouses with the same survivor pension rights as widows and extending the current forfeiture of pension benefits rules.

Many understandable concerns have been raised by practices and GPs since the consultation was published as this clearly has serious implications. The GPC will be working to ensure this new cost is fully funded by government and will be responding to the consultation about the wider implications to GP pensions.

## NHS Long Term Plan

NHS England has launched its [long-term plan for the NHS](#) which sets out its vision for the future direction of the NHS. The plan lays out ambitious aims for the health service linked to an expansion in digital services and a focus on preventive care. The previously announced £3.5bn for primary medical care and community services has been increased to £4.5bn, in part as a result of current contract negotiations. There is also an important and clear commitment to increase the proportion of NHS investment spent on primary medical and community services. This is described as an “NHS-first” and is a direct result of GPC campaigning in recent years.

There will be a focus on the development of [primary care networks](#) with a network contract built on the current GMS contract. GPC will provide more details about this shortly, once contract negotiations are completed. The intention is that practices should be able to lead and direct networks, which will enable an expansion of the workforce to include pharmacists, physiotherapists, social prescribers, paramedics and physician assistants, and to help rebuild and reconnect the primary healthcare team within an area.

The plan highlights a range of digital goals related to general practice, including a commitment to enable all practices to do video consultations, to offer more online booking and online repeat prescribing ordering. Whilst patients will continue to be able to choose to be registered with digital-first providers, the plan outlines that steps will be taken to address the financial issues related to this as well as committing to review the out of area registration arrangement. The BMA have welcomed the recommitment to a state backed indemnity scheme, to begin in April 2019, and the commitment to implement the premises review. There is also a clear commitment to move away from the NHS Act's competition agenda, something again the BMA has been campaigning for and is pleased to see NHS England and the government acting on.

Please see attached at [Appendix 1](#) a briefing on the NHS Long Term plan - impact on general practice.

## GP Partnership review final report

The GP Partnership review final report is now available [here](#). The BMA have commented that they welcome this report which addresses the issues of risk, workload, workforce and status in the system, and identifies the major problems as being about resources, implementation and delivery. In response to the publication of this report Dr Richard Vautrey, BMA GP Committee chair said “This important report, and the support offered to it both by the Secretary of State and the chief executive of NHS England, provides clear backing at the highest level to the partnership model as the best way of delivering what most patients want – and that is good quality continuity of care delivered by a locally-based team, embedded within their community, who they know and trust. The model, which gives practices the autonomy and independence to innovate while building quality relationships with people in their local community and being able to advocate on their behalf, is why both patients and the CQC continue to rate general practice so highly.”

## Access to health records

The BMA has produced guidance for GPs and their practices covering all aspects relating to [confidentiality of patient information and medical records](#)

The resource includes a number of key guidances including:

- [Access to health records](#). Health professionals often receive requests from people who wish to access health records. These requests can include requests from patients to view or obtain copies of their own health record using GDPR subject access request rights or the requests might come from 3rd parties, such as the police. Sometimes the requests are for access to the records of deceased patients.
- [Access to medical reports](#)

The BMA also provides clarity in relation to [Medical records access and fees](#) following the General Data Protection Regulations that are now in place, with the Data Protection Act 2018 having replaced the Data Protection Act 1998.

## Falsified Medicines Directive guidance

The Falsified Medicines Directive will become effective on the 9<sup>th</sup> February 2019, however GPC expect there to be a long lead in time and that full implementation will not happen for at least 12 months, although this is still to be confirmed. 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.

BMA guidance is available [here](#) and is also attached as [Appendix 2](#). Krishna Kasaraneni, GPC England Executive Team, has also started a blog on Brexit and the Falsified Medicines Directive [here](#).

Practices are advised to contact their system suppliers and await their confirmation as to timescales and process; GPC are currently waiting for further details from NHS England and these will be communicated as soon as they are available

## Implementation of the medical examiner system

From April 2019 a new medical examiner led system will begin to be rolled out within hospitals in England and Wales. The non-statutory system will introduce a new level of scrutiny whereby all deaths will be subject to either a medical examiner's scrutiny or a coroner's investigation. The government envisage that once the ME service is established within a Trust, the system will then look to be extended to include deaths within the community. Please see the BMA [website](#) for a fuller picture of the implementation, how this will affect GPs, and what the BMA are doing to support you.

## Doctors re-trained as GPs – expressions of interest

Health Education England (HEE) are developing a new recruitment video and are seeking expressions of interest from doctors who decided to re-train as a GP or GP trainees who have swapped specialty training. Filming will be based in London and the South East and if you are interested in being involved, or know anyone who fits the bill, please email HEE at [gprecruitment@hee.nhs.uk](mailto:gprecruitment@hee.nhs.uk)

## Update on vaccines for 2019/20 seasonal flu vaccination programme

NHS England has published an update on vaccines for 2019/20 seasonal flu vaccination programme. As stated previously, QIVe (18 to 64-year olds in clinical at-risk groups and other eligible groups, including frontline health and social care workers) and aTIV (65 years and over) remain recommended. In addition, QIVc (Flucelvax® Tetra), is now licensed for patients from the age of 9 and considered to be suitable for all patients eligible for QIVe and aTIV, meaning one vaccine instead of two.

The high-dose trivalent vaccine (TIV-HD) has also been licensed **but will not be reimbursed by NHS England due to its high cost.**

Practices should order the licensed vaccines (aTIV, QIVe and QIVc) for the 2019/20 season. Read the letter [here](#).



## Influenza season 2018/19: use of antiviral medicines

Public Health England (PHE) surveillance data indicates an increase in influenza cases in the community. As is usual when this happens they have informed prescribers that they may now prescribe and community pharmacists may now supply antiviral medicines for the prophylaxis and treatment of influenza at NHS expense. This is in accordance with NICE guidance, and Schedule 2 to the National Health Service (General Medical Services Contracts (Prescription of drugs etc) Regulations 2004), commonly known as the Grey List or Selected List Scheme (SLS).

Antiviral medicines may be prescribed for patients in “clinical at-risk groups” as well as any who are at risk of severe illness and/or complications from influenza if not treated. For information on clinical at risk groups and patients eligible for treatment in primary care at NHS expense with either oseltamivir or zanamivir, please see the guidance on the [PHE website](#). The CMO CAS alert is also available [here](#).

### Clexane 40mg Injection supply issue

Sanofi has informed NHS England and DHSC that there has been a quality issue with their most recent batch of Clexane 40mg injection. It is anticipated that all wholesalers will now be out of stock of Clexane 40mg injection with an anticipated resupply date of week commencing 18 February 2019. This date may be brought forward to end of January/early February if the current batch passes further QA testing.

Alternative options include Clexane (Sanofi) Imported stock – available from 23<sup>rd</sup> January 2019 – as Sanofi have imported Clexane 40mg stock from Italy to help cover an anticipated shortfall in stock. This product is imported under a batch specific variation to the UK and is therefore classed as licensed in the UK. The most important difference between the two preparations is the difference in the needle guard device. To deploy the Preventis needle shield on the Italian syringes, users need to firmly push the plunger after completing the injection. The user will hear an audible “click” to confirm the activation of the protective sleeve and the protective sleeve will automatically cover the needle. Patients and HCPs will need to be trained on this new device; instructions for use can also be found within the PIL. This product will NOT be over-labelled in English but an English PIL will be included in the pack.

DHSC have also been in contact with the suppliers of Enoxaparin biosimilar agents:

Inhixa 4,000 IU (40mg) in 0.4ml solution for injection pre-filled syringe (supplied by Techdow)

Techdow supply Inhixa (enoxaparin) and have confirmed that they have sufficient stock of Inhixa 40mg injection to cover the additional demand: <https://www.medicines.org.uk/emc/product/784/smpc>

If you wish to switch Clexane 40mg to Inhixa please see attached support / training materials and link to online video: <https://www.youtube.com/watch?v=E8AytPojtVI>

For further support and to arrange a visit with a field director who can provide training on how to use Inhixa please contact: [selina.temperton@uk.techdow.com](mailto:selina.temperton@uk.techdow.com) 07376280709 or [jo.phillips@uk.techdow.com](mailto:jo.phillips@uk.techdow.com) 07540979066. Orders for product can be placed via wholesalers.

Arovi 4,000 IU (40mg) in 0.4ml pre-filled syringe (supplied by Rovi Biotech)

- Rovi Biotech supply Arovi (enoxaparin) and have confirmed that they have sufficient Rovi 40mg injection to cover additional demand in primary care.

If you wish to switch Clexane 40mg to Arovi please see attached supporting / educational material and link to further online material: <https://www.rovi.es/en/biosimilar-de-enoxaparina>

For any queries or to order training material please contact: Blanca Esteban, [besteban@rovi.com](mailto:besteban@rovi.com) 0203 642 06 77. Orders for Arovi can be place via Alliance Healthcare.

Alternative Clexane presentations remain available however Sanofi cannot support increased ordering of any other presentations to support the shortfall in 40mg syringes. Pharmacies will be asked to continue to order all other strengths in line with historical demands and reminded that NHS Purchases will be monitored during this period.

## NHS Payments to General Practice in England

NHS Digital released its report on NHS Payments to General Practice in England 2017/18. The report provides detailed information on NHS payments to individual providers of general practice services in England. Figures are given for the main payment categories made to every practice in England. Click [here](#) to read the full report. For all contract types combined, the average annual payment per registered patient was £152.04. GMS practices received £148.92 whilst PMS practices received £155.52 per patient. Click [here](#) to read the BMA press release.

## EU Exit operational readiness guidance – summary for primary care

The GPC has published a summary for primary care of the '[EU Exit operational readiness guidance](#)' which is now available on the [BMA website](#).

The Department of Health and Social Care has responded to the consultation on changes to the Human Medicines Regulation 2012 to ensure the continuity of supply of medicines in the event of a serious shortage as a result of Brexit and published the Statutory Instrument and explanatory memorandum, which is [available here](#). The new protocols will allow for substitution, in restricted circumstances, of a different quantity of a prescription only medicine, or a different prescription only medicine, to that ordered by the prescriber.

## Information for GPs: Responding to Witness Summons & Court Orders; Electronic Signatures

Please see the attached GPDF commissioned legal Information Notes from Pennington Manches LLP on a couple of areas which will be of interest to you.

The first covers responding to legal summonses and court orders ([Appendix 3](#)), the second addresses electronic signatures ([Appendix 4](#))

GPDF hope you find them helpful but would like it made clear that they are not responsible for the content.

## Practice Nurse Conference—1 May 2019

Attached at [Appendix 5](#) is a flyer for the Practice Nurse Conference arranged by the Primary Care Training Centre on 1 May 2019.

## QOF registers and business rules coding issues

GPC England wrote to NHS England and NHS Digital after problems relating to the deployment of QOF business rules (v39). GPC have received a response to say that they are confident that the corrections in the data collection that will come into force with QOF business rules version 41 will resolve the problems identified to date. These [rules](#) are publicly available so that practices will be able to see the changes made prior to implementation by suppliers. They tell GPC that all four system suppliers will have appropriate resources and processes in place to ensure that version 41 will be implemented in January. In addition, EMIS have already deployed version 41 in their internal search engines and practices using this system will be able to view reports that will reflect the new set of business rules.

NHS England and NHS Digital are aware that as a result of the change to SNOMED coding and the concerns raised that there may be closer scrutiny to achievement at year end than usual and additional work for practices and commissioners. As a result, there may also be an increase in queries raised before practices and commissioners are happy to sign off achievement.

NHS England will contact local commissioners and NHS England local teams requesting that where possible they support practices in resolving any queries as quickly and efficiently as possible and ensuring workload is kept to a minimum. NHS Digital will ensure their customer service team are fully briefed on the issues raised and will anticipate the possibility of an increase in activity this year end.

## BMA guidance - death in service

The BMA has produced a death in service FAQ about the benefits available if you die in service, who they can be allocated to and whether they are taxable as well as answers to queries about child allowance. This can be found here <https://www.bma.org.uk/advice/employment/pensions/death-in-service>

## Sessional GPs e-newsletter

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

## Cameron Fund—newsletter

The Cameron Fund's recent newsletter is attached at [Appendix 6](#).



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](mailto:info@cameronfund.org.uk) General contact details are: Phone: 020 7388 0796

Email: [enquiries@cameronfund.org.uk](mailto: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](mailto: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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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@yorlmc Ltd.co.uk](mailto:info@yorlmc Ltd.co.uk)

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

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## **YORLMC Corporate Affairs Team**

**Dr Douglas Moederle-Lumb**

**Chief Executive**

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

**Dr Brian McGregor**

**Medical Director**

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

**Belinda Smith**

**Director of Finance/Company Secretary**

[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)

**Stacey Fielding**

**Associate Director of Liaison**

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

**Simon Berriman**

**Executive Officer (North Yorkshire & York)**

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

**Kate Mackenzie**

**Executive Officer (Bradford & Airedale)**

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

**Leanne Ashton**

**Education, Training and Development Manager**

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

**Gabriella Baldini**

**Apprentice Administrative Assistant**

[gabriella.baldini@yorlmcld.co.uk](mailto:gabriella.baldini@yorlmcld.co.uk)

