

YORLMC News

For practices in North Yorkshire & York and Bradford & Airedale - August 2019



YORLMC has organised 2 wellbeing seminars in October for GPs, Practice Managers and other primary care staff, which aim to help healthcare professionals and their colleagues to recognise the signs of burnout; understand the importance of their own wellbeing; and provide practical workshops sessions providing support/techniques on how to reduce the risk of burnout and stress in the workplace.

YORLMC will not charge a fee for these events however we do request a £20 donation on booking (collected by YORLMC) to the [Cameron Fund](#) – the GP's own charity.

There's more from Dr John Bibby, YORLMC wellbeing lead, [here](#) about what to expect at the seminars.

Book your place now via the links below:

Tuesday 15 October 2019 at Cedar Court Hotel, Bradford
<https://www.yorlmcld.co.uk/events/9113>

Thursday 24 October 2019 at the Pavilions of Harrogate
<https://www.yorlmcld.co.uk/events/9114>



Key features in this issue

Page 2

[Message from Dr Dougy Moederle-Lumb](#)
[Erroneously archived medical records](#)

Page 3

[Pensions reform](#)
[Indemnifying flu vaccs for practice staff](#)
[Tier 2 visa sponsorship](#)
[Firearms](#)
[Apprentice levy](#)

Page 4

[Data sharing](#)
[Safeguarding reports and CNSGP](#)
[Patient survey](#)
[Hepatitis resource](#)
[Declining patient registration](#)
[GP Digital Services Operating model](#)
[EMIS issues](#)

Page 5

[Letter to Prime Minister re premises](#)
[PCN premises requirements](#)
[Integrated urgent care: Direct Booking roadshow](#)

Page 6

[Framework for ambulance responses](#)
[PAC investigation into NHSPS](#)
[Opioid prescriptions](#)

Page 7

[GP pressures](#)
[Healthcare insurance needed in the EU after Brexit](#)
[Vision for the future of the NHS](#)

Page 8

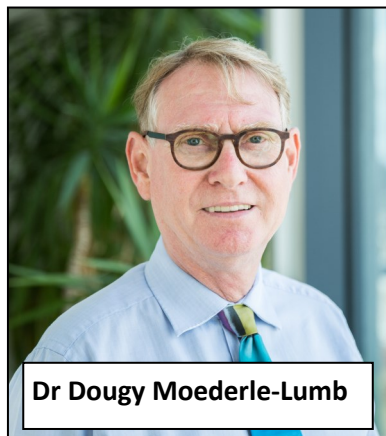
[Rosalind Franklin programme](#)
[YORLMC Buying Group](#)
[The Cameron Fund](#)
[PCSE GP bulletin](#)
[BMA wellbeing conference](#)

Page 9

[YORLMC contact details](#)

Message from Dougy Moederle-Lumb

Chief Executive, YORLMC Ltd



Dr Dougy Moederle-Lumb

Dear colleagues

There is information on the front page of this newsletter about the YORLMC wellbeing seminars taking place on 15 and 24 October. These seminars are a new style of event for YORLMC and are an opportunity for GPs and practice staff to hear from a range of local and national speakers about wellbeing and find out about tools and techniques to help reduce stress and burnout.

These seminars are just part of the support that YORLMC provides for GPs and practice staff and there is more information about YORLMC's wellbeing work on [our website](#).

In addition, 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. This could 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. Please contact the YORLMC Corporate Affairs Team to access this pastoral support.

Best wishes
Dougy

Dr Dougy Moederle-Lumb
Chief Executive, YORLMC Ltd



Erroneously archived medical records by Capita

As highlighted in the [last Newsletter](#), Capita reported to NHS England that they had realised 160,000 patient medical records had been erroneously archived instead of sending to the subsequent GP practices (following further investigation, the number is closer to 148,000).

These records will need to be sent to the practices that currently have the patients registered, and NHS England expects those practices to undertake an assessment of harm for each patient affected.

GPC England has highlighted to NHS England the impact this would have on practices (as well as them not being to blame for the issue) and their patients, and has been negotiating to ensure practices receive support to compensate for this, not only for the inconvenience caused by Capita's error, but to ensure that GPs and other practice staff are not taken away from direct patient facing provision.

Unfortunately, NHS England is not prepared to provide the necessary funding that GPC believe is necessary to cover GP and practice staff time to do this assessment properly and GPC is not prepared to accept a substandard settlement for practices to compensate for the problems created by Capita. GPC have instructed their legal team to pursue alternative actions that are available to us.

We will keep you up to date with developments as they arise.

Pensions reform

The Government has announced a number of proposed [changes to improve the NHS Pension scheme](#), including a consultation on pension flexibility, a commitment to review the impact of the Annual Allowance taper and guidance to employers setting out how existing flexibilities can be used to ensure doctors do not lose out.

The BMA has led the campaign against damaging tax legislation and in response to the announcement, Chaand Nagpaul, BMA council chair, said: “We acknowledge this step forward by the Government”, however, he went on to say “The new proposed flexibilities will provide short-term relief for many doctors, but they themselves do not tackle the core and underlying problem. This lies in tax reform, and as we have said before, it is the overhaul of the annual allowance and tapered annual allowance, that will make a difference to all doctors, including consultants, GPs and medics in the Armed Forces.”

Read the full statement [here](#).

Indemnifying flu vaccines for staff

Following the decision by the Department of Health and Social Care and NHS Resolution that CNSGP will not cover practices who vaccinate their own staff against flu, the GPC has been in discussions with the Medical Defence Organisations on the matter. They have all provided GPC with reassurance that all current members will be indemnified through them for this activity. If you are in any doubt about any of your indemnity arrangements the GPC would advise you to contact your MDO who will be able to guide you.

Tier 2 visa sponsorship

Now is a good time to consider becoming a Tier 2 visa sponsor

- GP registrars from non-EU countries are looking for posts and the international recruitment programme is expanding into more non-EU Countries.
- All of the costs are currently being reimbursed and from 01 October 2019 individual practices employing international GPs no longer have to complete the Resident Labour Market Test as this will be covered nationally.

Becoming a sponsor and getting a certificate of sponsorship for a specific doctor can take 4-6 months so if you begin at the point when it is needed it can be too late. If you are interested in becoming a Tier 2 sponsor and would like further information please contact england.intrecruitment@nhs.net.

YORLMC is also able to advise and help with the application process. The latest information and key guidance documents are available to view [here](#)



Firearms update

The BMA has agreed a Memorandum of Understanding (attached at [Appendix 1](#)) with the Home Office and the National Police Chiefs Council (NPCC) on the licensing of firearms, which addresses and clarifies the long-held concerns of GPs around liability, making it clear that the legal responsibility for judging whether someone is suitable to possess a firearm or shotgun certificate rests solely with the police.

The [blog](#) by Mark Sanford-Wood, GPC England Deputy Chair, outlines how the BMA are engaging with the Home Office, police chiefs, the RCGP and others to agree a consistent, funded and transparent approach to firearms licensing across the country.

The BMA's priorities continue to be public safety, professional autonomy and sufficient resourcing.

Apprenticeship levy

In April 2017 the Apprenticeship Levy was introduced. This requires organisations with a pay bill of over £3 million per annum to pay 0.5% of this money as a tax that can only be used to pay for apprenticeship training.

Within West Yorkshire and Harrogate many levy paying organisations are not spending this money. Therefore this funding is available to gift to the rest of the health and social care system, primarily social care, primary care and community care. The West Yorkshire and Harrogate Excellence Centre (WYHEC) has been given responsibility to help the aforementioned organisations to access this money and employ apprentices.

There are a number of apprenticeships that may suit Primary Care staff. For more information please see [Appendix 2](#).

Data sharing guidance

NHS England and the GPC England have agreed on a non-mandatory, high-level data sharing template for use by PCNs. To make things simpler for practices, the BMA has also produced a version of the agreed template which expands on a number of areas with greater detail, along with guidance on the document. This provides practices with a better idea of how they may wish to populate the template agreement, including proposed best practice when sharing and transferring data between partners within the network.

Further information and a link to the BMA resources are available on the [BMA web page Creating and running primary care networks \(PCNs\)](#).

Safeguarding reports and CNSGP

Following further discussions on some of the finer definitions of the scope of CNSGP in England, GPC have agreed with DHSC and NHS Resolution that the compiling of safeguarding reports for NHS patients will now be included within scope.

It was initially thought that as these reports can be chargeable under collaborative fees arrangements they should be deemed to be private work and therefore out of scope. However GPC made the case that these are statutory reports which should be reimbursed by the system rather than a private service to patients.

This perspective has been accepted by DHSC and NHSR and therefore actions originating from the completion of safeguarding reports after 1st April 2019 will be covered by CNSGP.

Patient survey (England)

NHS England has published its latest [GP Patient Survey](#), which assesses patients' experiences of healthcare services provided by GP practices, including experience of access, making appointments, quality of care, use of care plans and experience of services when their GP practice is closed.

In addition, NHS England have developed information packs for CCGs presenting the latest results specific for local areas. The BMA has produced a short presentation with some of the key data and infographics produced for this information pack which is available at [Appendix 3](#).

Hepatitis resources

Public Health England has produced some resources to raise awareness of hepatitis B and C, and to encourage GPs to refer infected patients for life-saving treatments. [Eliminate hepatitis B and C resource summary](#) contains links to an online testing quiz, videos, posters, and banners in multiple languages.

Read the GPC's [focus on hepatitis B immunisations here](#).

Declining patient registration

GP practices may only decline to register a patient if they have reasonable grounds to do so and the circumstances where this will be the case are very limited.

There is full guidance available on the BMA website [here](#)

The Primary Care (GP) Digital Services Operating Model 2019-21

NHS England has published [Securing Excellence in Primary Care \(GP\) Digital Services](#), which outlines the Primary Care (GP) Digital Services Operating Model for 2019-21, setting out the commissioning framework for the provision of high-quality general practice digital services.

The model embeds the GP IT Futures Framework, nationally commissioned digital solutions and Primary Care Networks, addresses the challenges for digitally enabled general practice and will be supported by a new CCG Practice Agreement.

Read more [here](#)

EMIS issues

Following reports of problems with EMIS, the EMIS team has advised that there have been several issues recently within the BT network affecting access to various suppliers' clinical systems – including, but not limited to, EMIS.

There have been no availability issues from the EMIS Web data centre during this period. NHS Digital has been working with BT to address and prevent these issues occurring in the future.

Letter to Prime Minister on practice premises funding

In an article for the [Sunday Times](#), the Prime Minister pledged a further £1.8bn in funding for capital projects, with a focus on hospitals.

In response to this, the BMA's chair of council, Chaand Nagpaul, said: "If the Prime Minister is serious about improving care and tackling waiting times he must give patients reassurance that senior hospital doctors and GPs will be able to continue to provide care, and not be forced out by absurd taxes on their pensions that mean all too often they are paying to go to work."

He also said that that the funding was a 'step forward' and that 'more funding must be made available to address the impoverished state of general practice buildings so that there is increased capacity for GP staff and services'.

Dr David Wrigley, deputy chair of BMA council, said: "We do huge amounts of work in general practice and most GP surgeries bursting at the seams got no space to deal with patients and see patients and the fact that this announcement doesn't even mention General Practice is very disappointing for GPs."

Dr Richard Vautrey, Chair, BMA General Practitioners committee, has written a letter to the Prime Minister (attached at [Appendix 4](#)), co-signed by the RCGP, Patients Association, the National Association of Primary Care and the Family Doctor Association, calling for urgent action to ensure that vital capital funding is allocated for primary care premises.

This follows the BMA's [premises survey](#) that showed that only half of practices considered their premises to be fit for present needs, falling to just over 2 in 10 practices when asked if they thought their premises were fit for the future. In addition the recent NHS England GP premises review which GPC England were part of also concluded that significant additional funding is required for primary care premises. If the government is to deliver on the new Prime Minister's commitment to improve access to general practice appointments, then long overdue investment in premises must be a priority.

Read the BMA press release [here](#).



Dr Richard Vautrey has written to the Prime Minister about premises funding

Integrated urgent care: Direct booking roadshow

NHS England and NHS improvement, via PCC, are also running a number of free integrated urgent care events focused on supporting practices with direct booking from NHS 111:

London, 10 October 2019,
Amba Hotel Marble Arch
<https://www.pccevents.co.uk/2252>

Birmingham, 14 October 2019,
Birmingham Botanical Gardens
<https://www.pccevents.co.uk/2253>

Leeds, 22 October 2019,
Cloth Hall Court, Well Met
<https://www.pccevents.co.uk/2254>

London, 28 October 2019,
Mary Ward House
<https://www.pccevents.co.uk/2255>

South West, 29 October 2019,
Bristol Marriott
<https://www.pccevents.co.uk/2256>

Manchester area, 20 November 2019,
The Midland Hotel
<https://www.pccevents.co.uk/2257>

PCN premises requirements for additional workforce

A number of queries made nationally to GPC have highlighted the issue of practices requiring additional space for Primary Care Network activities.

As a Direct Enhanced Service of the GMS contract, Primary Care Networks are an extension of GP practices. The same rules should apply for PCN staff and premises requirements as for GMS. Any space utilised to provide PCN services should be treated as GMS space and treated similarly for rent reimbursements.

National Framework for Healthcare Professional Ambulance Responses

A new [national framework for ambulance responses to requests from health care professionals \(HCPs\)](#) has recently been published. Urgent care leaders within the NHS have been working on this for 18 months, so the GPC was concerned that the final draft was shared only in June. However, GPC have engaged to revise the obviously unworkable elements of the proposals and there is now a framework that sets clear standards for response times.

An area of significant concern was the requirement to provide a [National Early Warning Score](#) (NEWS2) in all situations. GPC raised the point that NEWS2 scoring has not been fully validated for assessing response priority in the community. However, recognising that the project group saw this as the best available measure of risk, and was disinclined to change, GPC agreed that NEWS2 scoring should be provided *only where available*, especially given that GPs visiting patients at home will often not have access to pulse oximetry. GPC also agreed that the original requirement that the requesting HCP *must* make the phone call should be revised to encouragement that the HCP *should* make the call. This was for reasons obvious to people working in practices with small teams where the imperative is often to deliver life-saving patient care whilst asking supporting staff to make the emergency call.

Notwithstanding these adjustments this framework is welcomed as a national set of standards against which GPs and their staff can expect delivery in situations of stress and need. GPC have been aware for some time of unacceptable variability in response times to patients in GP settings and this framework is intended to help ensure consistently high standards.

Public Accounts Committee investigation into NHSPS

Following publication of the [NAO report into NHSPS](#) in June, the PAC - a powerful committee of MPs scrutinising public spending - heard from senior officials at NHSPS, NHSE and the DHSC who answered questions on how the Service is managed and what action can be taken to improve how it manages its tenants.

The BMA submitted [written evidence](#) to the committee highlighting the significant increases to service charges to GP practices without their agreement and the impact this is having on the profession. The BMA was concerned by comments made by NHSPS during the hearing in relation to the BMA's position on GP leases. NHSPS stated that a template lease was agreed with the BMA which the BMA shared, but subsequently 'retracted' support for. This is not the case. The BMA did and continues to support the principle of lease agreements between NHSPS and practices, and continue to host the [lease template letter on the BMA web-site](#). The BMA has written to the committee to highlight this inaccuracy. The session is available to [view online](#).

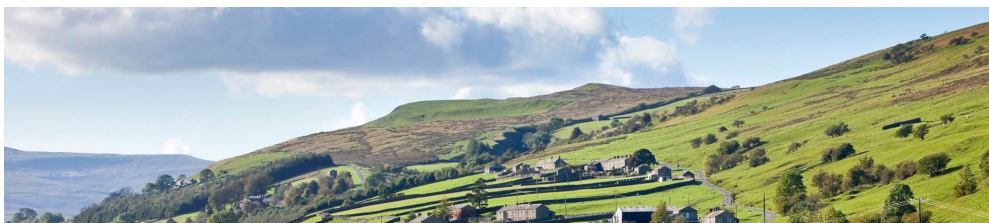
Practices should be mindful that the BMA are proceeding with legal action to address historical charges. Practices should ensure that in reaching any agreement independently of this they do not put themselves at risk of any future liability or compromise their future position.

Opioid prescriptions

PHE has published a [review on pre-scripted medicines](#). The findings show that 5m people in Britain have been prescribed opioids every year, or one in eight of the adult population.

Andrew Green, BMA Council member and previous GPC prescribing lead, said: "To reduce prescription levels, we need significant investment in support services; this will enable patients and GPs to manage dependencies in the community. GPs will often be the sole clinicians who are often managing a patient's withdrawal, and there is a real need for better clinical guidance in this respect. We are glad that NICE is in the process of developing these. While there remains a place for prescribing these drugs, we need many more alternatives to medication, such as pain clinics, improved access to mental health services, and physiotherapy – the universal provision of which are all lacking."

Read the full statement [here](#). A link to the review is [here](#), and a blog about it [here](#).



GP pressures

Following on from the [BMA's analysis of the pressures on the NHS](#) in England, the BMA is presenting more detailed figures specifically relating to GP pressures on a monthly basis. The key figures for July are (based on [NHS Digital data](#)):

- The total number of appointments at GP surgeries in England was 27,010,000 in July 2019, a 7.7% rise on the previous July.
- The total number of patients rose by 732,000 from last July to 59,911,000, which leaves each fully qualified GP responsible for an average of 2120 patients. An extra 68 patients each compared to last July.
- Despite delivering an extra 771,000 same day appointments this July, 17.4% of appointments recorded involved a wait of over 2 weeks, up from 15.6% last July. The number of appointments involving a wait of over 28 days were up 25% on last July to 1,216,000, and 31.2% of appointments involved a wait of over a week
- The 2019 GP patient survey found that only 3.8% of respondents wanted an appointment with a week or more wait.

The latest data on appointments in general practice shows the continuing trend of rising demand, with patient numbers and appointment numbers up. This pressure is worsened by the loss of 576 fully qualified GPs as compared to last year, leaving each GP with a greater workload.

The workforce pressures were also reflected in the NHS Digital's [annual GP earnings and expenses report for 2017/18](#), published last week, and GPC Exec team member Dr Krishna Kasaraneni said, "These figures suggest that years of repeated, real-terms pay cuts for GPs are starting to be reversed. However, while earnings may have gone up, the number of doctors continues to fall, with the NHS in England losing more than 800 partners alone over the same period. As patient demand rises and the workforce gets smaller, GPs are taking on more work – often in excess of their contracted hours. This places a huge amount of strain on GPs, who are putting their own health and wellbeing at risk to ensure their patients get the best care possible."

Healthcare insurance needed in EU after Brexit

The Department of Health and Social Care has updated their guidance '[Healthcare after Brexit: visiting the EU, Norway, Iceland, Liechtenstein and Switzerland](#)', which warns anyone travelling to EU countries that they will need travel insurance, and informs patients with pre-existing health conditions to 'speak to your GP and insurer about how to get the right cover and how this affects your travel'.

In response to this, Farah Jameel, GPC England Executive team member commented to GPonline that the government advice was another example of poor planning around Brexit, and that "it was not right that the government should expect GPs already working under significant pressure to bear the brunt of poor planning - and warned it was simply not the role of a GP to provide advice on appropriate travel insurance."

The BMA has published a [briefing highlighting the dangers of a no deal Brexit](#) and a member-focused resource, [information for doctors if there is a no deal Brexit](#), which includes information on how to prepare for medicine shortages.

BMA report: vision for the future of the NHS

The BMA has published [Caring supportive collaborative: Doctors' vision for change in the NHS](#), which outlines the changes needed to ensure safeguarding patient care, making the NHS a great place to work and transform services for the better.

It draws on the experience and expertise of BMA members across all branches of medical practice in the UK.

The report sets out specific recommendations aimed at government and NHS bodies, including:

- radically changing the way patient safety incidents are investigated so that they are seen as an opportunity to improve future care rather than assigning blame.
- new legislation in England to create much clearer lines of accountability for safe staffing in line with recent developments in Scotland.
- investing in IT systems that work across different parts of the NHS, so that patient information can be securely shared between clinicians and with patients.
- underpinning these changes with sufficient resources by reversing the underfunding that has left the NHS in crisis over the last decade.

Some of the changes demand the immediate attention of government and MPs, set out in an accompanying [manifesto](#) document.

Rosalind Franklin programme for GPNs and nurses

Practices may be interested in the information below about a second cohort of the Rosalind Franklin programme for GPNs and nurses working in primary care. The flyer mentioned in the letter below is available at [Appendix 5](#).

Dear Colleagues

I am delighted that we have been able to secure funding to run a second cohort of the Rosalind Franklin programme for GPNs and nurses working in primary care. As you know from the first cohort, we have added in some bespoke elements to the programme developed by the NHS Leadership Academy to tailor it to the development of nurses working in general practice. The feedback so far from those on the first cohort is really positive.

I would be grateful if you could circulate the attached flyer out in your networks across your region so as to encourage as many GPNs as possible to apply for this fantastic leadership development opportunity.

Kind regards

Paul

Paul Vaughan, RN, MSc

Head of Nursing Now England

NHS England and NHS Improvement

YORLMC Buying Group & Member rates

Members of the LMC Buying Group can access discounts with any of the suppliers on the attached list ([Appendix 6](#)).

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.



The Cameron Fund

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.

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 [here](#) and returned by email to info@cameronfund.org.uk

In addition, it is now possible to donate to the Cameron Fund when buying from Amazon via the [Amazon Smile website](#).

General contact details for the Cameron Fund are:

020 7388 0796

enquiries@cameronfund.org.uk

<http://www.cameronfund.org.uk/content/link-us>

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

PCSE GP bulletin

The PCSE GP bulletin for August is available at [Appendix 7](#).

Wellbeing campaign conference

The BMA is holding a wellbeing day conference on **8 November 2019**.

It will provide an opportunity to learn, in supportive interactive sessions, the five steps to mental wellbeing as recommended by the NHS – connect; be active; keep learning; give to others; be mindful. This event is for BMA members only.

Read more about the event [here](#).

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YORLMC's Corporate Affairs Team

YORLMC's Corporate Affairs Team (CAT) is responsible for keeping GPs and practice teams informed of current issues relating to primary care and beyond. The CAT leads on communicating important messages, producing regular guidance and newsletters to keep all GPs and practice teams informed, involved and engaged.

To help the CAT keep track of changes within practice teams it will be much appreciated if you can advise info@yorlmcld.co.uk when email addresses change, when GPs join or leave your practice as well as when there is to be a change of Practice Manager.

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