

YORLMC News



Message from Dr Doug Moederle-Lumb,

Dear Colleagues

It has been a busy start to the new year for General Practice and YORLMC. The PCN draft outline service specifications were released before Christmas with a consultation period running until mid January. YORLMC has many concerns regarding the draft specifications, which we have fed back to both NHSE and the GPC. Our position statement on the draft specifications can be found [here](#). GPC England has voted not to accept the proposed contract agreement and have called for a Special Conference of English LMCs to allow GP's to debate and consider the outcome of contract negotiations once they are concluded.

Appointment to all seats on YORLMC's North Yorkshire & York and Bradford, Airedale, Wharfedale & Craven branches commenced at the beginning of January. I am pleased to announce that we received a considerable number of nominations and elections took place in 5 of our 6 localities. We are now commencing the process of appointing and electing YORLMC Officers; full details of the new committees will be shared with you once this process is complete.

It was with great sadness that I informed you of the passing of Dr John Givans. John had a long association with the LMC, having been appointed as Medical Secretary of North Yorkshire LMC in 1984 and of Bradford LMC in 1988. He continued as Chief Executive of both LMCs, under the umbrella of YORLMC Ltd, until December 2008 and in January 2013 YORLMC Ltd awarded John the title of Honorary President in recognition of his significant contribution, over many years, supporting GPs and their practices across Bradford & Airedale and North Yorkshire. I would like to thank everyone who has sent their wishes to the team and John's family.

I was also saddened to hear of the passing of Dr. Phil Garnett. I had the pleasure of working with Phil in the Scarborough locality for many years. Phil was one of the most loved and well respected members of the North Yorkshire and York Local Medical Committee, having been a dedicated member since 1994. Our thoughts are with Phil's family.

Best wishes, Dougy

For practices in North Yorkshire & York and Bradford & Airedale *January 2020*

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YORLMC - Supporting Practice Managers

Although YORLMC does not represent Practice Managers, it does recognise just how vital this professional group is.

As the challenges facing General Practice continue to increase, we want to help ensure that Practice Managers receive the support needed to continue to deliver high quality practice management whilst at the same time, preserving their own personal resilience. We are therefore delighted to inform you that YORLMC has secured funding from Vale of York CCG and Scarborough and Ryedale CCG to look at Practice Manager resilience.

Dee Lynes from brightSOLUTIONS is supporting YORLMC with this project. We will begin by sending out a survey to all Practice Managers and Managing Partners working across the Scarborough and Ryedale CCG and Vale of York CCG footprint. This in-depth survey is an important opportunity for Practice Managers in practices of all sizes to tell us exactly what life is like for them, right now. We will also be sending out a shorter survey to GP Partners to hear what they think too.

We hope as many people as possible complete these surveys as they will help inform the next steps of this unique project. We will share the survey findings with our Scarborough Ryedale and Vale of York GPs, Practice Managers and CCG colleagues.

Although this programme is currently being piloted in Scarborough & Ryedale and Vale of York practices, if the pilot proves successful we hope to be able to roll it out in time to all YORLMC constituent practice teams. For more information about Dee and the work of brightSOLUTIONS please visit www.brightsolutions.info

New FP10 and prescriber endorsement

NHSE/I have published a new FP10 NHS prescription form with the new prescriber endorsement 'FS' for free supply of sexual health treatment. The guidance and toolkit can be found in [appendix 1](#) and [appendix 2](#).

This new FP10 form is being rolled out at the end of January 2020. Existing stocks of the old form already in the system, such as in GP practices and pharmacies should be used up prior to use of the new form. Both forms will be accepted for processing during the transition to the new form.

The new prescriber endorsement will become live from 1 February 2020. Until the necessary changes have been made to prescribing systems, prescribers should revert to issuing paper prescriptions with 'FS' manually endorsed next to each item intended for the treatment of an STI. Where 'FS' has been added as a handwritten endorsement, for example, on a computer-generated form, this should be counter-signed in the usual way. Dispensing doctors will continue to use paper prescriptions with a handwritten endorsement. More information is available [here](#)

BMA Update: Premises Claims

The BMA has lodged claims with the High Court on behalf of five test claimant practices challenging the basis of inflated service and facilities management charge demands from NHS Property Services.

LMC's and practices are advised to continue to refer to the attached guidance ([appendix 3](#)) issued by GPC in December 2019 providing action and advice relating to pressure to sign new lease agreements or other forms of agreement such as 'rental agreement letters'

MMR: NHSE campaign materials

Practices in England should now have received the materials to support the NHS MMR "Help Us Help You, Get Protected" campaign (also available on the PHE Campaign Resource Centre).

This is final one of the six campaigns that practices are required to take part in as agreed in contract negotiations last year. The other campaigns, materials for which practices have also been sent already are:

- NHS 111 (Help Us Help You - Know what to do)
- Keep Antibiotics Working
- GP Access (Help Us Help You – When you need it)
- Pharmacy Advice (Help Us Help You – Before it gets worse)
- NHS App

If you have not received materials for any of the above, please contact your local NHS England team .



PCN draft service specifications and GP contract update

GPC England met on 16th January 2020 and voted not to accept the proposed contract agreement with NHS England and NHS Improvement. The GPC members condemned the draft Primary Care Networks service specifications and called for a Special Conference of English LMCs to allow GP to debate and consider the outcome of contract negotiations once they are concluded.

The feedback about the draft specifications has been overwhelmingly negative with practices, PCN Clinical Directors, LMCs and local and national bodies all raising concerns about levels of workload involved and recruitment of additional staff giving a clear message that these proposals were not achievable.

GPC have returned to negotiations with NHSEI with a clear mandate to secure a deal that truly benefits and safeguards general practice, family doctors and their patients. You can read the full GPC statement [here](#)

YORLMC's position statement on the draft service specifications can be found in [Appendix 4](#).

PCN Surveys

The BMA has published a survey on Primary Care Networks. This survey was completed prior to the publication of the draft PCN service specifications. The survey findings echo much of the same serious concerns raised by the profession in recent weeks.

A survey carried out by [Pulse](#) found that the vast majority of GP partners (over 80%) will pull out of the network DES contract if NHSE/I's proposals for the service specifications remain unchanged. Findings show the drive and ambition of clinical directors however it highlights that PCNs cannot be expected to solve all problems facing the profession and the wider NHSE/I particularly if concerns around present levels of workload are not heeded.

GPC Regional Elections



YORLMC Medical Secretary Dr Brian McGregor has been re-elected unopposed to the North Yorkshire & Bradford seat in the GPC regional elections. There's more information about Brian on the [YORLMC website](#)

The GPC is the national body representing GPs and in this role Brian will continue to represent our local GPs and practices in national discussions and be part of the GPC's campaigning on behalf of all GPs.

The Health and Social Care Network (HSCN): Migration information

HSCN will provide delivery of digital healthcare services replacing the old N3 network/Transition Network (TN).

HSCN will provide faster connectivity at reduced prices supporting initiatives such a Digital First, as well as improved performance for primary care systems, e-prescribing etc.

It will enable simplified connectivity with third sector providers supporting referrals and discharge notifications.

A CCG HSCN project team will work with your IT supplier/CSU to develop plans for your migration to HSCN. NHS Digital's local HSCN project teams will provide support and guidance to prepare for a successful migration.

Migration must be completed no later than the end of August 2020.

Failure to migrate/vacate the legacy network on time will delay access to improved connectivity and incur planned cost to the NHS of circa £3m a month.

The attached information ([Appendix 5](#)) advises that these costs will be recovered from organisations with sites connected to legacy Transition Network services after August 2020 .

Palliative Care Study “The Surprise Study”

As part of a European working group the Marie Curie Palliative Care Research Department, University College London have developed an online study “The Surprise Study” and would value GP input to review patient summaries.

This study will inform wider research into the question of when to initiate Palliative Care. In return for their input GPs will receive feedback and a certificate of participation. For more information please see: <http://bit.ly/thesurprisestudy>

Routine Immunisation Target Payments

From 1st April 2020 NHS England and NHS Improvement have stated that they will process claims for 2-Year-Old and 5-Year-Old Immunisation Payments in line with the Statement of Financial Entitlements (SFE). The SFE states that no quarterly immunisation payment is payable if the contractor provides the necessary information more than four months after the final date for immunisation that counts towards the payment.

The SFE requires that claims are submitted through Open Exeter within 1 month of the quarter end and that manual claims are submitted within 4 months of the quarter end. The Public Health Commissioning Team will operate strictly to this 4 month period from 01/04/2020.

NHSEI advise that adhering to this rule will ensure that both the Provider and Commissioner fulfil their obligations under the SFE and will bring Yorkshire and the Humber in line with the other NHS England Regions. For reference the timetable for claims from April 2020 is detailed in the letter from NHSEI ([Appendix 6](#))

In response to this change YORLMC raised concerns that only having a month from the end of the quarter did not give practices long to submit their claims and highlighted that this deadline could easily be missed in the event of sickness for example.

NHSE Y&H have confirmed that if a practice has unexpected issues which cause it to miss the Open Exeter submission date, the practice can contact the local team to request a manual claims process, meaning the practice would have 4 months from the quarter end to submit a manual claim. Further detail on the manual claiming mechanism is available in the 2019/20 Vaccination and Immunisation Agreement ([Appendix 7](#)).

Private Prescriptions Online

As patients increasingly order private prescriptions online, individual practices have been receiving direct communication from online prescribers. These typically include requests for GP consent, authorisation, alerts to inappropriate medication. These requests usually ask for a response within 24 hours.

The GPC advises that in principle the on-line Pharmacy is correct to check the appropriateness of the prescription. However, there is recognition that this will cause additional, unfunded workload for practices. The GPC stress that it is the online provider's responsibility to take a full patient history, including other drugs and to then make their own assessment of acceptability and safety before prescribing medication. If they cannot satisfy themselves of this then they should not be issuing a prescription.

The GPC advise that there is no contractual requirement for practices to respond to these requests for information and authorisation. If a practice chooses to respond they are entitled to charge the requestor. The practice should record the interaction in the patients record prompting a discussion at the next consultation.

Quality Outcomes Framework - Personalised Care Adjustments

Following the concerns raised by practices about the loss of opportunistic prompts following the roll out of the Quality and Outcomes Framework (QOF) changes in 2019, TPP have confirmed to NHS Digital that they will add a status flag to the patient record. This will alert practices to the fact these patients may be missing QOF care as part of their roll out of v44 of the QOF business rules. This is due to be implemented by 31st January.

NHS Digital will explore whether additional functionality can be added to v45 of the QOF business rules to ensure that the two invitation Personalised Care Adjustments (PCA) will only come into force at the end of the reporting period; i.e. 31st March.

GP Forum: CPD study days

GPs and Primary Care Health Professionals are invited to attend 2 CPD study days on the following topics:

Neurological Emergencies:

The Hallmark Hotel,
Ferriby High Road,
North Ferriby, HU14 3LG
Wednesday 11 March 2020

Medical Emergencies

RUFC, Silver Royd, Scalby,
Scarborough, YO13 0NL
Thursday 23 April 2020.

A Certificate of Attendance will be issued along with a Personal Development Plan summary form, which will be supplied for your portfolio. You can find out further information and register via the links above.

Patient Removal Processes

Practices have the right to ask for a patient to be removed from their list. To remove a patient from their list the practice should contact PCSE. The standard process takes 8 days however there is a 24 hour removal process in the case of violent patients.

Under the standard 8 day removal process: Practices should, in most circumstances, have already warned the patient in the previous 12 months. The practices should write to the patient explaining why they are removing them, and inform PCSE. The practice should continue to treat the patient as they would any other patient, until their removal is confirmed.

In cases of violence or threatening behaviour by the patient: The incident should be reported to the police and an immediate (within 24 hours) removal should be requested via PCSE. In addition, practices should also inform CQC when an incident relating to a practice's service has been reported to the police. More information can be found at the following links:

<https://www.cqc.org.uk/guidance-providers/notifications/police-involvement-incident-notification-form>

<https://pcse.england.nhs.uk/help/registrations/patient-removals/>

<https://www.bma.org.uk/advice/employment/gp-practices/service-provision/removal-of-patients-from-gp-lists>

Coronavirus Guidance

Public Health England has now published [guidance for primary care](#) to reduce the risk of spread of infection during and following consultation with a suspected case of the Coronavirus (WN-CoV). The main principles are:

- identify potential cases as soon as possible
- prevent potential transmission of infection to other patients and staff
- avoid direct physical contact, including physical examination, and exposures to respiratory secretions
- isolate the patient, obtain specialist advice and determine if the patient is at risk of WN-CoV infection, and inform the local Health Protection Team (HPT). All PHE's coronavirus guidance is available [here](#), further information for travellers and HCPs can be found on the [NaTHNaC website](#)



Flu coding: TIA Seasonal Flu Service 2019/20

NHS Digital has emailed practices about an error with the Seasonal Flu 2019/20 extraction where the codes for patients in under 65 at-risk groups with TIA were inadvertently removed from the business rules. This means that these patients are not being included in the payment extraction despite vaccines having been given and coded appropriately. It is anticipated that the number of missed payments will be low, as it is likely that most people will have other risk factors that are captured by the current business rules.

There will be a single collection in April 2020 for payment in 20/21. The service will be offered out centrally and will be called **TIA Seasonal Flu Service 2019/20**.

The service will be offered out by the end of February. Practices will need to accept this offer on CQRS when it is made available. Other than that, no further action will be required by Practices as the collection will be automated.

In the meantime, CQRS would encourage practices to double check that all patients under 65 with TIA have been offered the flu vaccine this season. For more information please see the attached document at [Appendix 8](#).

West Yorkshire & Harrogate Excellence Centre (WYHEC)

WYHEC are offering a range of courses, including some free of charge, to anyone working in a supporting role across the WYH area. For details of all courses and registration please see: www.skillsplatform.org/dashboard/organisation/1047/courses

NHS Pensions Scheme

The BMA has secured victory in the High Court in relation to changes made by the Secretary of State for Health and Social Care to the NHS Pensions scheme in England and Wales.

In April 2019, the Government amended the NHS pension rules in order to grant the Secretary of State the power to suspend payment of pensions benefits to any doctor or NHS professional who had been charged with certain criminal offences but not yet convicted. These changes, did not include a right to appeal or a provision for the suspension of payments to be lifted automatically upon acquittal, and were considered by the BMA to disregard the principle that a person charged with a crime is presumed innocent until proven guilty.

The High Court concluded that the new regulations breached Article 6 (right to a fair trial), Article 14 (protection from discrimination) and Article 1, Protocol 1 (right to peaceful enjoyment of property) of the European Convention on Human Rights (ECHR) and the Public Sector Equality Duty (PSED) under the Equality Act (in failing to have regard to the equality implications of the changes).

The BMA describe this as a significant victory only for members but for all doctors, their dependants and other NHS professionals in the NHS Pension Scheme in England and Wales. The BMA continues to campaign on the issue of the annual allowance.

As part of their ongoing campaign to address the current pension taxation crisis impacting doctors across the country, the BMA have produced a briefing paper which highlights the current situation, background to the issue and consideration of possible solutions. This includes an overview of the BMA's preferred solution which is removing the annual allowance in defined benefit schemes, such as the NHS pension scheme. Read the briefing [here](#)



Tier 2 Sponsorship

Tier 2 is an immigration route for GPs from outside the European Economic Area (EEA) and they each require a sponsor in order to live and work in the UK.

Tier 2 sponsorship is an opportunity for practices that are having difficulty recruiting to vacant GP posts, to employ migrant doctors who will generally have completed their training in the UK.

If practices want to be in a position to recruit these doctors, they need to be starting a sponsor application as soon as possible. Sponsor approval can take up to 8 weeks so it is advisable to apply sooner rather than later.

Practices no longer have to complete a Resident Labour Market test before employing an international candidate.

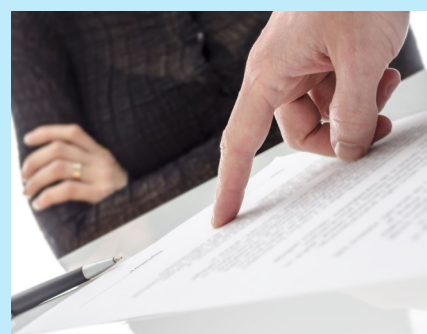
The funding is only available until the 31 March 2020 so if you want to be ready to recruit in August it's advisable to become a sponsor now while there is funding available.

If you are interested in becoming a Tier 2 Sponsor Organisation and would like further information, please contact the IGPR Programme Lead Lindsey Bell lindsey.bell@nhs.net

The IGPR Programme Team are happy to talk through the process with you either over the phone or in person.

YORLMC is also able to advise and help with the application process.

The latest information and key guidance documents are available to view [here](#)



YORLMC Buying Group & Member Rates.

Members of the LMC Buying Group can access discounts with any of the suppliers on the attached list at [Appendix 9](#).

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.

YORLMC Jobs page

YORLMC has a job page on our website at <https://www.yorlmcld.co.uk/jobs>. Please visit this page to view current vacancies and details of GPs seeking work.

NHS Practices in the YORLMC area seeking to fill GP and staff vacancies and GPs seeking work in the YORLMC area can place adverts on the job page free of charge. To place an advert please contact the Corporate Affairs Team via info@yorlmcld.co.uk

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