

LMC ViewPoint

The newsletter of Leeds Local Medical Committee Limited

Easter 2015

DDRB REPORT, GMS GUIDANCE AND SFE

The Government has accepted the Doctors' and Dentists' Review Body (DDRB) recommendation that GPs should receive a 1% increase in net income. An overall contractual uplift of 1.16% has been calculated using the DDRB's formula to deliver this net increase after expenses. A further 1/7th of correction factor payments will be recycled in to global sum as part of the continued phasing out of MPIG and the funding from the former patient participation and alcohol enhanced services will also be added to global sum. The overall impact will be a 3% increase in global sum per weighted patient from £73.56 in 2014/15 to £75.77 in 2015/16. PMS baselines will also see an increase to reflect the DDRB award and enhanced services funding transfer. For this year only, the value of global sum will increase again in October to reflect the start of seniority recycling.

GMS CONTRACT DOCUMENTATION FOR 2015-16

The QOF guidance for 2015-16, applicable from 1 April 2015, has been published and can be found on the BMA website at:

<http://bma.org.uk/practical-support-at-work/contracts/gp-contracts-and-funding/independent-contractors/qof-guidance>

The QOF Business Rules v31.0 have now been published and can be found via the following link:

<http://www.hscic.gov.uk/qofextractspecs>

A detailed guidance document covering all the new elements of the GMS contract for 2015-16 has also been published and can be found here:

<http://bma.org.uk/practical-support-at-work/contracts/gp-contracts-and-funding/general-practice-funding/gp-contract-2015-2016-england>

The enhanced services specifications (for Childhood flu, Seasonal flu and Pneumococcal, Men C, Pertussis for pregnant women, Shingles catch up, and Dementia) are also available on the BMA website <http://bma.org.uk/practical-support-at-work/gp-practices/service-provision/vaccination>

MEN C/MEN W VACCINATIONS PROGRAMME

Following a rapid increase in meningococcal group W (MenW) disease in England, the **JCVI** recommended an emergency programme to vaccinate all 14-18 years-olds (school years 10-13) with a quadrivalent MenACWY conjugate vaccine to provide direct and herd protection to the whole population. NHS England has also made provisions in the MenC university freshers programme to accommodate a change of vaccine from MenC to MenACWY mid-year.

To ensure those starting university receive the most effective vaccine and avoid the need to recall them at a later date, PHE and NHS England are requesting a delayed start to the delivery of the MenC freshers programme until the new MenACWY vaccine is available. This decision is based purely on clinical grounds to ensure that patients receive the most appropriate vaccine. This delay will not change the agreed terms of the freshers programme or have any impact on the payment practices receive once the programme commences.

JCVI link: <https://www.gov.uk/government/groups/joint-committee-on-vaccination-and-immunisation#minutes>

SPEC link: <http://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/03/men-c-freshers-serv-spec.pdf>

GP INDUCTION AND REFRESHER SCHEME

A new national GP Induction and Refresher scheme has gone live from 1 April 2015. The new scheme is part of the GP workforce 10 point action plan, launched in January by NHS England, Health Education England, the RCGP and the BMA.

<https://www.england.nhs.uk/commissioning/primary-care-comm/gp-action-plan/>

The scheme, developed collaboratively between the four organisations, standardises pre-existing regional schemes providing a consistent single point of contact, via the GP National Recruitment Office, to guide doctors through the system. <http://gprecruitment.hee.nhs.uk/>

It will provide an opportunity for GPs who have previously been on the GMC Register and on the NHS England National Performers List (NPL), to return to General Practice after a career break, raising a family or time spent working abroad. It also supports the safe introduction of overseas GPs who have qualified outside the UK and have no previous NHS experience.

Doctors will also be able to apply from overseas, before they either return or come to the UK.

The scheme will offer a bursary of £2,300 per month and participants will be given a supervised placement in general practice. The placements will be tailored to the needs of doctors to ensure they have the confidence and knowledge needed to be a GP. More information is available at:

<http://gprecruitment.hee.nhs.uk/Induction-Refresher>

NEW CQC REGISTRATION AND REGISTRATION VARIATION FORMS

The CQC is introducing new registration application and registration variation forms for providers. The new forms have been developed to take account of the changes to regulations from 1 April, including the introduction of the fundamental standards. This change will affect all health and social care providers, including those GP providers who use online services. Around two-thirds of GP providers currently use online services to apply to make changes to their registration.

<http://www.cqc.org.uk/content/are-you-ready-fundamental-standards#>

The new forms will be made available to users of online services between Friday 17 and Monday 20 April – and any draft forms will be deleted at this stage. More information is available on

<http://bma-mail.org.uk/t/JVX-3AE4M-1BJCJOU46E/cr.aspx>

The CQC has published a news article on its website, explaining the phased process by which they will begin accepting the new offline forms and stop accepting the old versions:

<http://www.cqc.org.uk/content/new-registration-application-and-registration-variation-forms>

GENERIC PRESCRIBING OF PREGABALIN

A generic version of pregabalin (Lyrica) is shortly to become available, but it only has a licence for use in epilepsy and general anxiety disorder with the manufacturer's patent on use for pain control continuing. The manufacturers have indicated their intention to enforce their patent through the courts, and anyone supplying generic pregabalin for pain control might be open to litigation. While this primarily affects dispensing doctors, others might be troubled by pharmacists seeking to confirm the indications for generic prescriptions. The GPC would therefore advise doctors to prescribe Lyrica by brand when used for its pain control indication for the time being. This advice is available on the BMA website prescribing page: <http://bma.org.uk/practical-support-at-work/gp-practices/service-provision/prescribing>. NHS England has also published guidance which has been cascaded to practices.

NHS PRESCRIPTION CHARGE INCREASE FROM 1 APRIL 2015

The prescription charge in England increased by 15p from £8.05 to £8.20 for each medicine or appliance dispensed as from 1 April 2015. More information on this is available on the prescribing pages of the BMA website: <http://bma.org.uk/practical-support-at-work/gp-practices/service-provision/prescribing>

IMPORTANT INFORMATION REGARDING NEISVAC-C VACCINE, BOOSTRIX IPV INJECTION AND FLUENZ TETRA NASAL SPRAY SUSPENSION INFLUENZA VACCINE

NHSBSA Prescription Services is making practices aware that where vaccines have been centrally procured for the practice through Public Health England, they should not make a claim under personal administration arrangements to the NHSBSA on form FP34P/D Appendix or FP10.

NHSBSA Prescription Services has identified an increase in FP34P/D Appendix forms and FP10 forms claiming payment for Fluenz Tetra nasal spray suspension Influenza vaccine, NeisVac-C vaccine and Boostrix IPV injection where practices have later verified these have been centrally procured via a vaccine ordering facility, such as ImmForm. Practices must not submit payment claims for vaccines or injections obtained in this way to the NHSBSA. An FP34P/D appendix or FP10 should only be submitted for payment to cover the 'dispensing' of the vaccine for personal administration where the vaccine has been purchased by the practice. Practices who have incorrectly submitted centrally procured vaccines to NHSBSA Prescription Services should contact: nhsbsa.repricingrequest@nhs.net

THE NATIONAL CKD AUDIT

Detection of chronic kidney disease (CKD) in primary care allows identification of people at higher risk of developing 'end stage' kidney disease, acute kidney injury and cardiovascular disease. There is an important balance between the identification and management of risk and a prudent approach to minimise over-medicalisation. To inform the understanding and encourage better identification and management, NHS England and the Welsh government have jointly funded a National CKD clinical audit. The audit has been commissioned by the Health Quality Improvement Partnership and is being undertaken by BMJ Informatica.

The aim of the audit is to improve the identification and treatment for patients with CKD. One of the key features of the audit is the serial collection of data on kidney function over time, which will help practices to identify patients with CKD and optimise the care provided to those patients already on the CKD register. The audit will run automatically so requires no extra work once it is installed. Practices are encouraged to participate so that their data can contribute to the national picture of CKD care. The software also includes an optional Quality Improvement (QI) tool for practices, providing in-consultation computer prompts and lists of patients who potentially need recoding.

The Clinical Review Group for the audit is chaired by Dr Kathryn Griffith, the RCGP Clinical Champion for CKD. The free CKD Audit is available to GP practices who are current BMJ Informatica customers. It will soon be made available to all practices through the new GP Systems of Choice (GPSoC) framework. Please visit the website and follow the instructions to sign up: <http://www.ckdaudit.org.uk/>

FIT FOR WORK SCHEME ROLL OUT BEGINS – England and Wales

Fit for Work offers free and impartial guidance and resources that can be used by GPs who are supporting patients facing work-related health challenges. It is designed to help employed people with health conditions, or those who want to return to work after a period of sickness absence lasting or expected to last four weeks or more.

In addition to accessing online resources around work-related health topics, GPs across England and Wales can use the Fit for Work website to refer patients who have been, or are likely to be, off work for four weeks or more for a health assessment. This free and voluntary referral, which can replace the need for a fit note, will culminate in a Return to Work Plan tailored to patients' needs and focused on helping them return to work in a way that is right for them. The roll out of the referral service across England and Wales will be taking place over the coming months, and has so far begun in Sheffield and the areas covered by the Betsi Cadwaladr University Health Board areas. GPs outside these areas can register their interest on the Fit for Work website in order to receive updates about service developments and roll out: <http://fitforwork.org/general-practitioner/>

WORK CAPABILITY ASSESSMENTS

GPs often face requests for letters to support appeals to a tribunal for Employment Support Allowance (ESA) following a Work Capability Assessment (WCA). The GPC position remains that the work capability assessment process should be scrapped with immediate effect and replaced with a rigorous and safe system that does not cause avoidable harm to the weakest and most vulnerable people in society. There is concern about whether the WCA assesses adequately and accurately a patient's 'fitness for work'.

However, there are Regulations in place that go some way to address concerns about the WCA process and GPs that are approached for letters in support of their patients' appeals should be aware of them. The ESA Regulations 2013 set out the exceptional circumstances where an adverse decision may pose a substantial risk to the claimant or others in the workplace. These are Regulation 25 and 31 and can be found online at:

http://www.legislation.gov.uk/ukxi/2013/379/pdfs/ukxi_20130379_en.pdf

MEDICAL INFORMATION AND INSURANCE – subject access requests

The BMA's joint guidance with the Association of British Insurers (ABI) on the use of medical information for insurance purposes has been withdrawn and is under review. The BMA is aware that some insurance companies are now requesting full medical records (via a Subject Access Request – SAR) rather than asking for a report from the applicant's GP, as previously agreed with the ABI.

In the GPC's view, requesting the full medical record for any patient is excessive and potentially in breach of the third data protection principle under the Data Protection Act 1998 (DPA) which states that personal data shall be "adequate, relevant and not excessive" in relation to the purpose for which it is processed. Under the DPA, patients are entitled to copies of their full medical record.

We are awaiting guidance from the Information Commissioners Office (ICO) regarding the BMA's concerns about the use of SARs. Until this guidance is received, the BMA would recommend that a letter is sent to any patients requesting their medical records via a SAR. The letter can be found via the BMA website at: <http://bma.org.uk/practical-support-at-work/ethics/confidentiality-and-health-records>

APPRAISAL AND REVALIDATION GUIDANCE FOR SESSIONAL GPs

The recent GPC survey made it clear that many sessional GPs require further support with the appraisal and revalidation process.

For example, sessional GPs reported that they often encountered difficulties gathering appropriate supporting information on quality improvement activity and significant events, and had trouble collecting feedback from both colleagues and patients. In light of these concerns, the appraisal and revalidation guidance for sessional GPs has been updated and is available on the BMA website at: <http://bma.org.uk/sessionalgpappraisals>

SESSIONAL GP E-NEWSLETTER

The March edition of the sessional GP e-newsletter is now available. The e-newsletter is available here <http://bma-mail.org.uk/t/JVX-39HD0-1BJCJOU46E/cr.aspx>

SAFEGUARDING NEWSLETTER – March 2015

The March edition of the Safeguarding newsletter is attached for your information.

PERSONAL MESSAGE FROM OUTGOING LMC CHAIR, DR RAJ MENON

After 20 years involvement with Leeds LMC, my time has come to leave. I have had a wonderful time both as a General Practitioner in Leeds and through my association with the LMC.

For many who may not be aware, the LMC is the nearest to our local "trade union". The LMC is able to negotiate on your behalf on a whole range of issues and can be of assistance, if you have difficulties with either the CCGs or area team. Rather than be sucked into despair, let us know your problem and the LMC could perhaps help you overcome your concerns.

For the LMC to be successful, you need to be involved. At election times, please forward your name to be elected and help us go forward. In the future the LMC hopes to invest in a new IT system to create a GP forum where you can pose questions. We are also planning to expand our pastoral and mentoring care.

Unfortunately these and other exciting developments will commence after April 2015, when I will have retired. I wish to thank all my constituents in South Leeds for electing me and I hope you will all get more involved with the LMC.

COMINGS AND GOINGS

Good bye and best wishes to...

- *Allerton Medical Centre wish to announce the retirement of Dr Francis Lawrenson on 31 March after 17 years at the surgery and Penny Kettlewell, Practice Nurse who retires on 30 April after 19 years at the surgery. Together they have 75 years of service in Health Care. They will be greatly missed by all staff and patients. The practice would like to wish them good luck in the future.*
- *Advanced Nurse Practitioner, Anne Stanley, will be retiring in April 2015 from St Martin's practice. Anne has been with the practice for nearly 9 years and has been an invaluable part of their clinical team. She will be much missed by staff and patients and they wish her a long and happy retirement.*
- *Dr Paul Davies will be leaving St Martin's practice in April 2015. In the nearly-3 years that he has been with the practice Dr Davies has made a significant contribution to the practice and is very popular with patients and staff alike. They are all sad to see him go and wish him continued success in the future.*
- *Senior Partner Dr Sue Laybourn will be retiring on 30th April 2015 leaving her practice at Dr S Laybourn and Partners where she has worked for over 25 years. Patients, partners and staff will miss her and her efficient, caring and professional approach that she has been delivering to generations of patients during her successful and thriving career.*

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