

# LMC ViewPoint

*The newsletter of Leeds Local Medical Committee Limited*

*August 2015*

## **LEEDS LMC SURVEY ON GP RECRUITMENT CRISIS**

Last month we published the results of the Leeds LMC survey to assess the problems with GP recruitment and retention in Leeds. The survey attracted considerable media coverage, including a prominent piece in the Yorkshire Evening Post and a copy of the article is attached to this edition of Viewpoint. We would like to take this opportunity of thanking all those who took the time to respond to the survey and so help draw attention to this urgent issue which is clearly affecting many practices in our city.

## **SUPPORT FOR GP NETWORKS AND FEDERATIONS**

The BMA's GP Committee (GPC) is leading on important work in relation to GP networks and federations. In a short space of time a dynamic database has been established containing the contact details of over 80 GP networks and federations in England, Wales and Northern Ireland, covering approximately 3,000 practices.

As a result of gathering this data the GPC recently launched a BMA Online Community for GP networks. This is a secure online space where staff from established and emerging GP networks and federations can:

- share best practice and learning experiences with other organisations
- discuss any challenges they are facing and explore solutions with peers
- access practical advice and information on policy, regulation and other topics.

The BMA Community for GP Networks is open to non-BMA members and non-clinical staff, including practice managers and business managers. More information about registering or accessing the BMA community can be found on the BMA website at: <http://bma.org.uk/practical-support-at-work/gp-practices/gp-networks>

## **THE CARR HILL FORMULA REVIEW GROUP**

The BMA's GP Committee (GPC) is represented on the NHS England groups reviewing the Carr-Hill formula. This work is in its early stages and will no doubt face many challenges along the way. The GPC is also engaged with NHS England in a parallel workstream looking at the distinct needs of atypical practices, for whom a formulaic approach may never be appropriate.

The review group is likely to report in time to inform contract negotiations for 2017/18 but implementation will be dependent on negotiation with the GPC and will have to take into account detailed modelling of the impact of any change at individual practice level.

The GPC has just published new guidance to remind practices how the global sum is calculated and to update them on the current review and this is available at: <http://bma.org.uk/practical-support-at-work/contracts/gp-contracts-and-funding/general-practice-funding/focus-on-global-sum-allocation-formula>

## **UPDATED PGD AND PSD GUIDANCE**

The GPC's guidance on *Patient Group Directions (PGD) and Patient Specific Directions (PSD)* in General Practice has been updated to clarify the rules surrounding private PGDs. The guidance is available on the BMA website at: <http://bma.org.uk/practical-support-at-work/gp-practices/service-provision/prescribing>

## **CQC 'WHAT TO EXPECT WHEN WE INSPECT'**

For those GP practices that might be about to face an inspection by the CQC, the CQC has produced a 'what to expect from an inspection' video which is a mixture of interviews with an inspector, GP and practice manager explaining their experience of an inspection. It is supported by a more detailed publication giving practical advice as to what to expect from an inspection and another 'hard copy' case study.

We understand that these materials have been shared with all GP practices, but for anyone who may not have seen them the links are here:

- [Salford Health Matters: What to expect when we inspect \(video\)](#)
- [What to expect when we inspect PDF | 499.43 KB](#)
- [Edenbridge Medical Practice: Experience of new approach](#)

CQC has been inspecting general practices under their new inspection model since October 2014, and have now published approximately 1,200 GP practice inspection reports. The new online tool brings together a collection of some of the most innovative and effective examples of outstanding practice that CQC inspectors have found since implementing the new methodology. The examples are divided into the five key questions that they ask when making judgements about the quality of a service in their new inspection model, as well as the six patient population groups they pay particular attention to. You can find the examples of outstanding practice for GPs at [www.cqc.org.uk/outstandingprimarycare](http://www.cqc.org.uk/outstandingprimarycare)

## **SMS TEXTING**

The 3 Leeds CCGs have agreed to fund the current level of SMS use by GPs from their GP IT budgets from October 2015 to March 2016. However, this does not include paying for additional services (from those GP IT budgets) over and above those services previously funded nationally, such as the use of MJOG. If any agreements have been made between GPs and CCGs on the use of MJOG, for example, funded from other sources, these will remain unaffected by the above.

The reason that they cannot currently plan beyond end-March 16 is that the national GP IT framework expires at that point and they do not yet know what's included and how it will be funded. Further information is expected in October/November.

## **SUBJECT ACCESS REQUESTS FOR INSURANCE PURPOSES**

GPs providing full patient medical records at the request of insurance firms risk breaking data-protection law, an investigation by the ICO (Information Commissioner Office) has concluded. <http://bma.org.uk/news-views-analysis/news/2015/july/gp-data-protection-warning>

The BMA has been aware for some time that some insurance companies are obtaining full medical records through the use of Subject Access Requests (SAR) under the Data Protection Act 1998, rather than asking for a report from the applicant's GP as previously agreed with the Association of British Insurers. The BMA raised this matter with the Information Commissioner's Office.

The ICO has now written to the Association of British Insurers to confirm that the right of subject access is not designed to underpin the commercial processes of the life insurance industry. The Commissioner takes the view that the use of subject access rights to access medical records in this way is an abuse of those rights and that such practice is likely to fall foul of the DPA in a number of ways.

In light of the ICO's comments the BMA's advice is that practices should not comply with SARs for insurance purposes. To do so may put GPs themselves at risk of breaching the DPA should they release information which is "excessive". Full guidance and a template letter which practices may wish to use is available on the BMA website at: <http://bma.org.uk/practical-support-at-work/gp-practices>.

## **MENINGOCOCCAL VACCINATION FOR UNIVERSITY FRESHERS**

The Men C University freshers programme, which was due to start on 1 April 2015, has been on hold until the MenACWY vaccine becomes available. The MenACWY vaccination programme for university freshers has now commenced as of 1 August 2015.

MenACWY vaccination will be offered to freshers (first time university or further education students who have received notification via UCAS to obtain the vaccine – aged 29-25) not previously vaccinated with MenC since reaching age 10 who self-present at their practice for vaccination. There is a flat fee of £7.64 for one dose. This is a single dose programme for patients aged 19 years and over and will run from 1 August 2015 to 31 March 2016. Further information about all these programmes is available on the BMA website at: <http://bma.org.uk/practical-support-at-work/gp-practices/service-provision/vaccination>. The service specifications are available on the NHS England website: <http://www.england.nhs.uk/commissioning/gp-contract/>

## **DUTY OF CARE REGARDING COMMUNICATION OF INVESTIGATION RESULTS**

The GP Committee and the Consultants Committee of the BMA have issued a joint statement about the duty of care regarding communication of investigation results and that the ultimate responsibility for ensuring that results are acted upon rests with the person requesting the test: <http://bma.org.uk/practical-support-at-work/gp-practices/service-provision/duty-of-care-to-patients-regarding-test-results>

Handover of responsibility has to be a joint consensual decision between hospital team and GP. If the GP hasn't accepted that role, the person requesting the test must retain responsibility. This advice is in line with both National Patient Safety Agency guidance and the Ionising Radiation (Medical Exposure) Regulations.

We are aware that there is a growing number of cases where hospital doctors ask GPs to find out test results which the hospital has ordered. There is helpful guidance, including template letters, on the BMA website and this can assist practices in dealing with these situations: <https://bma.org.uk/practical-support-at-work/gp-practices/quality-first>

## **DUTY OF CARE REGARDING DRUGS RECOMMENDED FROM OUTPATIENTS**

The following statement has been published and is also available on the BMA website at: <http://bma.org.uk/practical-support-at-work/gp-practices/service-provision/duty-of-care-to-patients-regarding-test-results>

Communication of prescribing recommendations from out-patient clinics to patients and their GPs is a complex area where patient safety can be compromised. The GPC would strongly recommend that LMCs and Hospital Trusts agree policies that are publicised and adhered to by all parties. These policies should include the following general principles:

- Drugs required for urgent administration should be prescribed by the hospital doctor, and if appropriate dispensed by the hospital.
- Responsibility for the provision of a prescription for non-urgent medications should be determined and agreed locally, but must recognise that delegation of responsibility for prescribing from hospital to GP can only take place with the explicit agreement of the GP concerned.
- All communications should be in writing with the responsible doctor identified. Where communications are sent via the patient, there should be clear instructions to the patient regarding the time scale for completion of the prescription, and this should be in addition to and not instead of a formal communication.
- The doctor recommending a prescription should ensure that the prescription is appropriate, including carrying out any tests required to ensure safety.
- The doctor recommending a prescription should provide counselling for the patient about important side effects and precautions, including any need for ongoing monitoring, which if needed should be agreed between primary and secondary care clinicians.

- Recommendations should be in line with any agreed local formularies. Individual judgements should be made about the desirability of recommending a particular drug as opposed to a therapeutic class.
- Where a GP feels that a prescription recommendation is inappropriate, the secondary care clinician should be informed.
- Notwithstanding any of the above, all prescribers must be aware that the ultimate responsibility for the prescription lies with the prescribing doctor and cannot be delegated.

## **LAUNCH OF NEW JOINT GMC/NMC GUIDANCE ON THE PROFESSIONAL DUTY OF CANDOUR**

The GMC and NMC have produced guidance for doctors, nurses and midwives on the professional duty of candour. It aims to provide a framework and give confidence to individuals working with patients to respond openly and honestly when things go wrong. The guidance is available to read: [http://www.gmc-uk.org/guidance/ethical\\_guidance/27233.asp?dm\\_i=CUG,3HTBA,HBHIMU,CIMXH,1](http://www.gmc-uk.org/guidance/ethical_guidance/27233.asp?dm_i=CUG,3HTBA,HBHIMU,CIMXH,1)

## **LOCAL SERVICE PROVIDER (LSP) EXIT & THE CCG-GP GPSoC IT AGREEMENT**

We are grateful to Rommel Lao, GP IT Commissioning Manager for Leeds, for supplying the following update:

Historically, GP clinical IT systems have been provided using two NHS 'frameworks'; the Local Services Provider (LSP) framework which supplies TPP SystemOne and the GP System of Choice (GPSoC) framework which we use to supply EMISWeb.

### **SystemOne users**

The LSP contract is ending in July 2016. This then becomes part of the GPSoC agreement. For this reason, those GPs using SystemOne are required to make a choice; do they wish to continue using their current clinical system or choose a new system that is on the GPSoC framework? These **intentions will need to be made by end of September 2015**. GPs can only consider systems available on the GPSoC framework and it is important that an explicit selection process is undertaken. [Please refer to Guidance A below for the LSP Exit process].

Once all the GP intentions are known, part of the process is to ask all the SystemOne users to then **sign the CCG-GP IT agreement by March 2016** as part of the novation process across frameworks. [Please refer to Guidance B for the CCG-GP IT Agreement process].

### **EMIS web users**

As EMISWeb users are already on the GPSoC framework, the only requirement for these GP Practices is to **sign the CCG-GP IT agreement by December 2015**. [Please refer to Guidance B for the CCG-GP IT Agreement process].

### **Contact**

If you have any queries about the above, please contact Geoff Riley, [Geoff.riley@nhs.net](mailto:Geoff.riley@nhs.net).

### Guidance A for LSP exit process

(1) An email will be sent to each GP Practice Manager or the Senior GP, providing the guidance, selection spreadsheet and factors to consider. This will be sent to all GPs using SystemOne on 24 July 2015.

(2) Whilst each GP will be entitled to arrange system demonstrations directly from the different suppliers, EMIS have agreed to do group demonstrations on the following dates and venues:

Date August 6, 2015, 12.00-13.00

Venue: Leafield House, LS17 5BP

Date August 27, 2015, 12.00-13.00

Venue: Leafield House, LS17 5BP

(3) The completed selection spreadsheet will need to be sent to [Geoff.riley@nhs.net](mailto:Geoff.riley@nhs.net) on or before 28th September 2015 via email.

(4) An aggregated return will be made by Geoff Riley to the LSP Exit team

#### Guidance B for CCG-GP IT agreement process

(1) For EMISWeb users: An email will be sent to GP practice managers or Senior GPs on 3rd August 2015. GPs will need to read and print at least the signature sheet for signing. The signed sheet will need to be scanned and emailed to [Geoff.riley@nhs.net](mailto:Geoff.riley@nhs.net) on or before 1<sup>st</sup> December 2015.

**Please note: Each agreement may be different between GPs.**

(2) For SystmOne users: an email will be sent in early March 2016 for return on or before end of March 2016 to [Geoff.riley@nhs.net](mailto:Geoff.riley@nhs.net) (as above)

(3) The agreement will be signed by the CCG and a complete copy of the agreement will be kept for reference and emailed to the practice if requested.

(4) The national tracking database will be updated accordingly.

#### **FGM PREVENTION PROGRAMME – letter from Jane Ellison**

A letter from Jane Ellison, Minister for Public Health, has been sent to NHS Trust Chief Executives, Directors of Public Health and Chairs of CCGs across England on FGM prevention.

Within the letter, the Minister highlights the need for extra vigilance across the NHS in the lead up to the school summer holidays, a time when female genital mutilation is often performed on young girls who are taken abroad for this purpose. She outlines the main 'warning signs' for NHS staff to look out for, and the range of support and training materials available. The letter reiterates that FGM is illegal, and that safeguarding procedures must be followed every time there are concerns. Please also see an article for The Guardian health Professionals Network which highlights this letter: <http://www.theguardian.com/healthcare-network/2015/jul/10/fgm-cutting-season-nhs-female-genital-mutilation>

#### **SESSIONAL GP E-NEWSLETTER**

The July edition of the sessional GP e-newsletter has been published. The Chair's message focuses on Death in Service and the newsletter also features top tips on working in commissioning and some interesting blogs. <http://bma-mail.org.uk/t/JVX-3JWXZ-1BJCJOU46E/cr.aspx>

#### **3<sup>RD</sup> REGIONAL PRIMARY HEALTH CARE ASSISTANT CONFERENCE**

The above Conference will be held at the Cedar Court Hotel, Bradford, on 16 September 2015, 9.15 am to 3.45 pm. The event will feature lots of new topics, including kidney and blood testing, sexual health and contraception, erectile dysfunction, dementia and ECG. Part funding is available to people working in the NHS within the Yorkshire and Humber region.

For further information and to book a place please see:

<http://www.primarycaretraining.co.uk/product/primary-health-care-assistant-conference/>

#### **LMC BUYING GROUPS FEDERATION**

Earlier this year Leeds LMC joined the countrywide LMC buying groups federation. It offers discounts on a range of products and services for GP practices. We have received a recent update on potential savings from Helen Shuker, Head of Operations for the buying group, which is attached to this edition of Viewpoint and which may be of interest to practice managers. Further information is available at [www.lmcbuyinggroups.co.uk](http://www.lmcbuyinggroups.co.uk) or contact: 0115 979 6910.

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### **Practice vacancies at.....**

- **GP Partner – Hillfoot surgery**  
Salaried GP – 6 sessions Hillfoot surgery  
Closing date 24<sup>th</sup> July but will take applications beyond that date - please speak to the PM  
Address and contact details: 126 Owlcotes Road, Pudsey, LS28 7QR. Tel: 0113 2574169  
Contact: Alison Stewart, Practice Business Manager, email: [alison.stewart20@nhs.net](mailto:alison.stewart20@nhs.net)
- **Salaried GP (6-8 sessions) - The Menston and Guiseley Practice**  
Address and contact details: 44 Park Road, Guiseley, LS20 8AR  
Contact - Rachel Metcalfe, Practice Manager, 01943 873332, email: [rachel.metcalfe@nhs.net](mailto:rachel.metcalfe@nhs.net)  
Closing Date - 7th August 2015
- **Band 6 Practice Nurse Vacancy (20-22 hrs per week) - Arthington Medical Centre**  
Liz Scott, Practice Manager, [Lizscott2@nhs.net](mailto:Lizscott2@nhs.net) Tel: 0113 3852180  
5 Moor Road, Leeds LS10 2JJ. Job vacancy to remain open until candidate found
- **Salaried GP position (part-time – 5 sessions) – The Avenue Surgery**  
Address: 24 The Avenue, Alwoodley, Leeds, LS17 7BE  
Contact: Lynne Doyle, Practice Manager, 0113 2953790, email: [lynnedoyle@nhs.net](mailto:lynnedoyle@nhs.net)  
Closing date: 31 August 2015
- **Practice Manager at Newton Surgery (due to retirement)**  
Address: 305 Chapeltown Road, Leeds, LS7 3JT  
Contact: Dr Khan at [gulrez.khan@nhs.net](mailto:gulrez.khan@nhs.net) or call 0113 2953737, (salary and hours negotiable)  
Interviews week commencing: 14/08/2015

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