LMC ViewPoint

The newsletter of Leeds Local Medical Committee Limited

October 2015

'GPs AT THE HEART OF NEW WAYS OF WORKING'

Multi-specialty community provider (MCP) development for Leeds
Important event to be hosted by Leeds LMC
Date: Tuesday, 17 November 2015, 6.45 pm – 9.30 pm
Venue: Weetwood Hall Conference Centre, Otley Road, Leeds, LS16 5PS

The NHS Five Year Forward View, produced by NHS England, Monitor, HEE and other NHS bodies in October 2014, set out several new care models that "aim to dissolve traditional boundaries" between general practice, hospitals, community providers, mental health services and social care providers. All well and good, but what's that got to do with us as frontline GPs? It could just mean more moving of the deckchairs but alternatively it could be the stepping stone to a radically new way of working that could impact us all. The recent announcement of a "new contract" for GPs by the Prime Minister could be closely linked to this agenda.

Every day we see patients whose needs aren't met by current services. We struggle with confusing pathways and paucity of communication. In between doing what we can for each patient, doing our best for them within the limitations, I'm sure we all sometimes wonder if there could be a better way of doing things? Well, that's what the "new models of care" are all about - pilots (called "vanguards") of different ways of doing healthcare, to try to find out what works and what doesn't. And then sharing the learning across the NHS. Some are led by GPs and known as Multi-speciality Community Providers (MCP) whilst others are more akin to vertical integration with the local hospital taking the lead, so called Primary and Acute Care Systems (PACS). However, GPs are playing a key role in developing both models which in some cases involve radically new ways of working.

All GPs and practice managers working in Leeds are invited to an important meeting on **17th November** which builds on the event we held in February. We've invited leading GPs involved in two of the vanguard projects, a MCP model in Hampshire and a PACS model in Harrogate. Even more importantly this will provide an opportunity to discuss with fellow Leeds GPs and practice managers what we might want to do together in the future.

It is for us to shape the future of healthcare in Leeds and we should not wait for others to do it for us. Please try to ensure you are represented at this important event – a copy of the detailed agenda is attached to this edition of Viewpoint.

Please be aware that due to capacity restrictions at the venue, places will be limited and bookings will be taken on a first-come first-served basis. To reserve a place, please email to: mail@leedslmc.org. Alternatively if you require any further information, please contact the LMC office on 0113 295 1460.

UPDATED GUIDELINES ON MALARIA PREVENTION IN UK TRAVELLERS

The Advisory Committee on Malaria Prevention (ACMP), an expert advisory committee of Public Health England (PHE) has updated its guidelines on malaria prevention for medical professionals and other travel medicine advisors based in the UK.

The key changes are:

- updated guidance on the use of insect repellent and sun protection
- clarification on the use of hydroxychloroquine

- updated guidance on the use of anticoagulants with antimalarials
- updated guidance on the use of doxycycline in epilepsy
- changes to the country recommendations for Vietnam and Malaysian Borneo, and clarifications on the recommendations for India
- clarification of advice for travellers moving through areas where different antimalarials are recommended

Undertaking a stringent individual risk assessment
Recommendations for antimalarials should be appropriate for the destination and tailored to the individual, taking into account possible risks and benefits to the traveller. As part of an individual stringent risk assessment, it is essential that a full clinical history is obtained, detailing current medication, significant health problems and any known drug allergies. A suggested risk assessment template is included with the guidelines.

ACMP position on the use of mefloquine
Falciparum malaria is a common, preventable and life-threatening infection. Mefloquine (Lariam) is an extremely effective antimalarial and is currently recommended as one of a number of antimalarials for travellers to high risk areas following an individual risk assessment. During the ACMP meeting in June, the committee reviewed current evidence on the use of mefloquine, including data provided by the manufacturer Roche, and recommendations on the use of mefloquine for malaria prevention made by other countries. The ACMP concluded that all the currently available evidence had been examined and, on the basis of this, determined that there should be no changes to existing ACMP recommendations regarding mefloquine.

Details on the use of mefloquine in travellers, including contraindications and drug interactions are detailed in section 4.2.4 of the revised guidelines, which is available on the PHE website: https://www.gov.uk/government/publications/malaria-prevention-guidelines-for-travellers-from-the-uk

FLU VACCINATION RESOURCES 2015/16
Patient information leaflets for the annual flu vaccination programme are now available at: https://www.gov.uk/government/collections/annual-flu-programme.
In addition to a general leaflet, tailored versions targeting pregnant women, parents of eligible children and people with learning disabilities are available. Hard copies can be ordered through the DH Orderline or by phoning 0300 123 1002 and quoting the reference numbers on the back pages. The Winter Marketing Campaign 2015/16 also incorporates flu vaccination, and materials for this will be made available in late September.

Flu immunisation for patients with BMI over 40
Following an issue raised asking whether practices should or should not immunise those with BMI over 40 as per the JCVI recommendations, the BMA's GP Committee (GPC) contacted NHS England for clarification. It has confirmed that there will be no changes to the current enhanced service to include the morbidly obese as a stand-alone cohort, as the recommendation for this cohort came in after the funding had been secured for 2015-16.

The wording in the service specification addresses this (page 24, footnote 33 of the specification):
33 JCVI have advised that morbidly obese people (defined as BMI>40) could also benefit from a seasonal influenza vaccination:
http://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/09/seasnl-flu-pneumococcal-upd.pdf

Many of this patient group will be eligible for vaccination under another risk category due to other health complications that obesity places on them. However, funding has not been agreed to cover this cohort as part of this ES. Practices are able to use clinical judgement to vaccinate patients in this group, but vaccinations for morbidly obese patients with no other risk factor are not eligible for

payment under this ES. The inclusion of this cohort in subsequent years is under consideration. In addition NHS England confirmed that the morbidly obese are not included in the pharmacists additional service so they should not be directed to pharmacists unless recommending a private vaccination.

The GPC's advice to practices is that there is no obligation to vaccinate patients with BMI over 40 and that no pressure can be applied to practices as this is not about clinical risk, but due to a funding decision by NHS England. In addition, if practices find themselves with flu vaccinations left over due to pharmacists' activity, the obese (of any BMI) might be an appropriate population to use them up on.

TAMILU FOR THE PROPHYLAXIS OF INFLUENZA IN NURSING AND CARE HOMES

Following concerns raised in January about inappropriate pressure from Public Health England (PHE) to prescribe Tamiflu for the prophylaxis of influenza in nursing and care homes where there have been confirmed cases of influenza, the BMA took legal advice on this issue which we highlighted in a letter to PHE, and which is pasted below for information.

GMS regulations are clear that this service is not included under essential services that practices are required to provide for their registered patients. Essential Services are defined in the GMS regulations with reference to regulations 15(3) (5) (6) and (8). Additional work must be commissioned and funded separately as an enhanced service. Examples of these are the influenza vaccination programme and catch up MMR vaccination campaign.

Although PHE disagreed with this view, the GPC's advice to practices is that this work is not covered by their contracts and that if requested, practices should advise PHE [or whoever else who requests this] that unless this service is properly commissioned, they will not be providing it in the event of a flu outbreak. The GPC has informed the Chief Medical Officer that they would advise practices as such.

MENINGOCOCCAL B FOR INFANTS – FAQs

NHS Employers have updated their vaccs and imms FAQs in relation to meningococcal B for infants to explain the eligible age cohort (2 – 13 months), as well as a catch-up cohort up to 2 years for children born on or after 1 May 2015.

The FAQs also explain what practices can do if parents approach them about having children outside of the cohort vaccinated privately:

Q. Can parents or guardians whose children don't fall into the eligible age groups get their child vaccinated against MenB? If so, how?

A. Children can be vaccinated through a private clinic that is able to obtain the vaccine from the manufacturer. However, parents or guardians should be aware that they will be responsible for the full cost of the vaccine. Under the current contract for general practice, practices are restricted from providing private services to their own NHS patients except in very specific areas, such as travel advice.

In addition to this FAQ, the GPC have reiterated the advice that whilst GPs can provide private prescriptions, they are not allowed to charge their own NHS patients and it is therefore recommended that patients (outside the cohort) access a comprehensive private service provided by another practice or service provider, who would then be able to charge an appropriate fee for this private service.

MEN B VACCINE – OLDER CHILDREN

The LMC is aware that some GPs are receiving requests from parents asking for private meningitis B vaccines for children outside the current age cohorts. At a recent meeting with the public health

team at NHS England (Yorkshire & the Humber) we asked if there was any clinical evidence to support why the Men B vaccine is not available to older children. The attached document (Appendix A) gives some supporting evidence but at present there does not appear to be anything else. In addition the public health team has also spoken to Dr Graham Sutton, Consultant in Communicable Disease at Public Health England, Health Protection Unit who has said that because we are the first country to offer Men B, there is limited evidence, especially on cross-protection between Bexsero and ACWY and the degree of herd immunity for non-immunised age groups.

MEN ACWY FOR UNIVERSITY FRESHERS – MISSED COHORT

A university practice has highlighted an issue about a missed cohort of Men ACWY patients – namely patients born after 1 Sept 1997 who have just started University. Those in the current year 13 (DOB 01/09/1996-31/08/1997) would be in the school catch-up cohort and for a patient to be in the university freshers cohort they must be 19 years on 31 August 2015 in order to be eligible.

GPC raised this issue with NHS England who have confirmed that, as per the tri-partite letter, patients born between 01/09/1997-31/08/1998 will be eligible for vaccination from April 2016. As this means that this group of patients would not be protected against meningitis until then, the GPC asked whether this group (although likely to be small) could be included in one of the cohorts (and funded nationally). However, the request to amend the service specification was refused, and instead the following FAQ has been added to the NHS Employers vaccs and imms FAQs:

Q: What about teenagers and young adults who are going to university early but do not meet the age criteria for the two MenACWY programmes?

A: As these patients fall outside of the eligible cohorts defined by the NHS England service specifications, they would not be covered by the automated data collections. As such, practices should discuss the vaccination of these patients with their commissioner on a case-by-case basis. In line with established procedures, where the practice and commissioner agree to the amendment the commissioner will adjust the practice achievement.

In the spirit of the agreement, we would expect these practices to be remunerated for vaccinating these patients and Leeds LMC will be taking this up with NHS England's local public health team to suggest that a local arrangement is put in place to enable practices to immunise and be paid for what is likely to be a very small number of students.

Although we are pleased that this allows for these patients to be protected and should allow for payment to be made, we appreciate that the workload involved in claiming may negate any overall income received for the practices, and we would have preferred an amendment to the scheme.

INDICATORS NO LONGER IN QOF 2015/16

The indicators no longer in QOF (INLIQ) Business Rules v32.0 have now been published and are available here:
http://www.hscic.gov.uk/qofesextractspecs

SESSIONAL GPs E-NEWSLETTER

The sessional GPs e-newsletter has been sent out and is available on the BMA website:
http://bma-mail.org.uk/t/JVX-3O7BF-1BJCJOU46E/cr.aspx

The main items this month are news on the national occupational health service for GPs suffering from stress and burnout, and an update on what we are doing to change the unfair rules on death in service benefits for locum GPs. It also features news and information aimed at supporting sessional GPs as well as blogs from sessional GPs, including one this month from sessional GPs subcommittee member Mary Anne Burrow on doing out-of-hours work.

The e-newsletter has been sent out to all the sessional GPs on the BMA's membership database, but to ensure that it gets to as many sessional GPs as possible we would encourage you to distribute the link as widely as you can. Using the new format it is also possible to easily highlight different sections of the newsletter via social media if you use Twitter, etc.

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 regarding private PGDs. The guidance is available on the Drugs and Prescribing page on the BMA website:
http://bma.org.uk/practical-support-at-work/gp-practices/service-provision/prescribing

MATERNITY AND SICKNESS REIMBURSEMENT POLICY

The GPC executive team has spent considerable time this summer reviewing NHS England's draft policy for maternity and sickness reimbursement. This only operationalises what is in the SFE, though it also makes clear the 26 week limit for maternity reimbursement (rather than the 20 weeks mentioned in contract guidance earlier this year). Unfortunately, despite making detailed comments on several drafts of the document the GPC has had to write to NHS England to let them know that the policy document still needs work to improve clarity. While they work on a new version of the policy document the GPC has asked again that NHS England makes it clear to local teams that the maternity reimbursement period is 26 weeks. We are aware this situation is frustrating for some doctors who need clarity on the reimbursement arrangements.

HEALTHWATCH ENGLAND

The BMA's GP Committee (GPC) has met with Healthwatch England to discuss charges that GPs can make for work not covered by their contract. The patient group understands the reasons behind charging, their main concern was a lack of consistency between practices and sometimes even within practices.

It was explained that the BMA is not able to set fee levels for this work and is expressly prohibited from doing so, but it was agreed to remind practices of current guidance on charging, which can be found here:

http://bma.org.uk/practical-support-at-work/pay-fees-allowances/fees/fee-finder/fee-finder-why-gps-charge-fees
http://bma.org.uk/practical-support-at-work/pay-fees-allowances/fees/fee-finder
http://bma.org.uk/practical-support-at-work/pay-fees-allowances/fees/check-to-see-gps

It may also be helpful for practices to display information about fees and the reasons where they can easily be seen by patients.

SENIORITY AND GLOBAL SUM CHANGES

For this year only, changes will be made to the Statement of Financial Entitlements mid-year, on 1 October, to implement the agreed annual transfer of funding from seniority payments to core funding. The seniority payscales will be adjusted and the global sum amount will increase accordingly. A new Focus On document explaining these changes in detail has been prepared and is attached to this edition of Viewpoint.

THE CCG-PRACTICE AGREEMENT FOR PROVISION OF GPSoC and GP IT SERVICES

NHS England has now published an agreement, for signature by practices and CCGs, setting out the provision of GP Systems of Choice (GPSoC) and GP IT services.

The CCG-practice agreement sets out the relative responsibilities of CCGs in providing these services, and each practice's responsibilities in receipt. The agreement replaces the previous PCT-practice agreement.

The deadline for signature of the agreement by practices and CCGs is **31 December 2015**. Signature is necessary to ensure each practice's right to a choice of clinical system is protected, and to help ensure CCGs meet their IT obligations. Where signature is not possible, a resolution should be sought through CCG escalation to their area team. **The HSCIC has stated that central IT funding could be withdrawn from practices that have not signed the agreement by the deadline**.

The GPC's IT Subcommittee recommends that practices work with their CCG to ensure an agreement is reached; the subcommittee is aware that some CCGs are yet to initiate discussions with practices. The Joint GPC/RCGP IT Committee was consulted on the agreement and practices are advised to familiarise themselves with its content. The agreement, plus supporting guidance, is available on the HSCIC (http://systems.hscic.gov.uk/gpsoc/order/contracts/index_html#ccg) and NHS England (http://www.england.nhs.uk/digitaltechnology/info-revolution/digital-primary-care/) websites. The HSCIC has also published some FAQs (http://systems.hscic.gov.uk/gpsoc/faqs/index_html#ccgfaqs).

The HSCIC has advised that CCGs and practices are only able to update the three specific appendices. Appendices 1, 2 and 3, listed below, are subject to local agreement and should be completed by the CCG in consultation with practices. The agreement itself should remain as per the version on the HSCIC/NHS England websites.

- Appendix 1 – summary of services
- Appendix 2 – support and maintenance service levels
- Appendix 3 – escalation procedure

CQC DUTY OF CANDOUR - came into effect for all GP practices on 1 April 2015

This is covered by Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which sets out all of the Fundamental Standards. It aims to ensure that providers are open and honest with people when something goes wrong with their care and treatment.

When a service is meeting the duty of candour patients should expect:

- A culture within the service that is open and honest at all levels.
- To be told in a timely manner when certain safety incidents have happened.
- To receive a written and truthful account of the incident and an explanation about any enquiries and investigations that the service will make.
- To receive an apology in writing.
- Reasonable support if they were directly affected by the incident.

If the service fails to do any of these things, **CQC can take immediate legal action against that provider.** It is recommended that practices read the CQC mythbuster http://www.cqc.org.uk/content/gp-mythbuster-32-duty-candour-and-general-practice-regulation-20

DISABILITY LIVING ALLOWANCE CLAIMANTS

The following information has been received from the DWP:

The DWP is writing to all Disability Living Allowance (DLA) claimants aged 16 to 64 on 8 April 2013, to tell them that their DLA is ending. This includes people on lifetime or long term DLA awards. The letter gives information to help people decide whether to claim a Personal Independence Payment (PIP). People will be asked to contact DWP with their decision. If people do not take any action their DLA will stop. The first letters were sent out in July to a small number of people within a limited number of postcodes in the North-West and the Midlands. Volumes and

areas will gradually increase, until all eligible DLA claimants have been contacted by September 2017. If someone decides to claim PIP then their DLA will remain in payment, providing they comply with the process, for example attending an assessment if asked to do so. DLA will continue to be paid until they have received a decision on PIP entitlement.

The DWP has pointed out that GPs may be asked to provide Further Medical Evidence in the normal way for DLA claimants who decide to claim PIP and may receive enquiries from patients currently on DLA who have received a letter or heard that DLA is ending. If the patient has not received a letter yet, they don't need to do anything. Their DLA will continue to be paid as normal. If they have received a letter, then they need to contact DWP with their decision about claiming PIP.

TRAVELLING WITH CONTROLLED DRUGS

The September edition of NHSE Y&H Controlled Drugs & Governance newsletter states:

Patients must obtain a licence to enter or leave the UK for 3 months (or more) OR with three months' supply (or more) of medication containing a CD. If their drug is on the controlled drugs list they will need to apply at least 10 working days before they are due to travel. Applications from overseas could take longer. Patients will need to obtain a letter from their GP or drug worker and send this with the appropriate Home Office form to the specified address. The letter must confirm:

- their name
- their travel itinerary
- a list of their prescribed CDs including dosages and total amounts for each drug.

RCGP STUDY DATES

The RCGP has two study days for potential candidates planned, one in Maidstone on 5th November and another on 2nd December in Glasgow. The details are set out below.

MAP study days are an opportunity for potential and existing candidates to learn in detail about the MAP process. All study days are facilitated by experienced MAP assessors. Study days focus on the requirements for each of the 13 MAP criteria, with most of the day given over to small group work.
Refreshments and lunch will be provided. Bookings must be made in advance online.

To book for Maidstone:
http://www.rcgp.org.uk/professional-development/imap/map-candidate-study-day-5-november-2015.aspx

To book for Glasgow:
http://www.rcgp.org.uk/professional-development/imap/map-candidate-study-day-2-december-2015.aspx

Contact details: MAP Team, email: map@rcgp.org.uk, tel: 020 3188 7661, www.rcgp.org.uk/map. Should you have any queries, either about MAP or about the study days, please use the contact details above.

COMINGS AND GOINGS

A warm welcome to…..

Dr Kay Jones and Dr Jennifer McAlpine who started at Fountain Medical Centre in August 2015 as salaried GPs

Dr Laura Kapolyo who joins Gibson Lane Practice as a salaried GP on 30.9.15

Dr Sunni Khan and Dr Dominic Lees who have joined Shaftesbury Medical Centre as salaried GPs. Their colleagues are already enjoying working with them!

Good bye and best wishes to…

Dr Amjid Khan will be leaving Gibson Lane Practice on 30.9.15

Dr Joyce Pieroni who is retiring from Shaftesbury Medical Centre on 02.10.2015. Her colleagues will miss her and wish Dr Pieroni a long and happy retirement doing all the things she has not had time to do!

Practice vacancies at…..

WEST LEEDS

- **Salaried GP (6 - 8 sessions) to commence as soon as possible.**
- **Maternity Locum to commence Dec 2015 (8 sessions) for 9 – 12 months.**

Expanding inner city training practice of 14,000 patients. 4 partners and 4 salaried GPs with excellent nursing support. Friendly, supportive and hardworking team. Competitive salary, indemnity paid and generous annual leave.
Email application including CV to: linda.thompson24@nhs.net
To arrange an informal visit or more information please speak to Linda on 0113 2953800 at Armley Medical Practice. Closing Date 15th October 2015

SALARIED GP POSITION AT HILLFOOT SURGERY, PUDSEY
8 SESSIONS PER WEEK

A friendly, supportive, enthusiastic team working on the Leeds Bradford border and looking for a salaried GP to join them for 8 sessions per week. They have a flexible approach and are happy to discuss timetables and the possibility of job share with interested applicants. Competitive salary offered. This is a PMS training practice with 7,000 patients, high QOF achievement and excellent nursing and admin support. 4 partners, 1 salaried GP 4 sessions per week. Personal development and clinical interests encouraged and supported.

For further details, please contact Alison Stewart, Practice Business Manager on 0113-257-4169 or by email. To apply, please return a CV along with a covering letter to Alison.stewart20@nhs.net.

THE MENSON AND GUISELEY PRACTICE

The Menston and Guiseley Practice is looking for a reliable and enthusiastic band 5-6 Practice Nurse for 18-22 hours per week. If you are interested, please send a CV and covering letter to Rachel.metcalfe@nhs.net.

LMC ViewPoint is published by Leeds Local Medical Committee Limited
Registered Office: 2 Farrar Lane, Leeds, West Yorkshire. LS16 7AA
Tel: 0113 295 1460 fax: 0113 295 1461 email: mail@leedslmc.org website: www.leedslmc.org Twitter: @Leedslmc