

# LMC ViewPoint

*The newsletter of Leeds Local Medical Committee Limited*

*December 2015*

## **GPs AT THE HEART OF NEW WAYS OF WORKING**

On 17<sup>th</sup> November, one year since the publication of the NHS Five Year Forward View, a large number of GPs, practice managers and community colleagues attended an LMC hosted meeting to look at new ways of working and specifically at multi-specialty community provider (MCP) development for Leeds.

Two leading GPs involved in Vanguard projects in different areas of the country gave presentations on their experiences. Dr Nigel Watson, Chief Executive of Wessex LMC and Chair of the South West New Forest MCP Vanguard, noted that in his opinion the current model of general practice was no longer sustainable due to an ageing population, huge growth in complex long term conditions and general demand rising faster than funding. He believed that the MCP model delivering out of hospital care, provided at scale and GP led, working as a single team with community services, was the way forward.

The MCP model in Hampshire is based on a locality design with extended primary care teams (operating at the level of a large practice or a group of smaller practices) working together in 20 natural communities. Each locality is led by a GP and brings together the knowledge and resources of primary care, community and mental health services, pharmacists, social care and voluntary sector partners. Dr Watson explained that within six months the pilot scheme had achieved a radical change in culture with organisational barriers being removed, more GPs and groups of practices working together, an increase in GP status as they worked more closely with consultants and an easing of some recruitment and retention issues.

Dr Watson was optimistic that the Hampshire MCP model could result in a more positive future for general practice. Future challenges would include a greater use of technology including a common health record and Web GP, together with workforce changes such as developing the employed model for GPs in addition to the more traditional partnership model.

Dr John Crompton, Chair of YOR LMC, gave a valuable insight into his experience of collaborative working in Yorkshire, as part of the Harrogate and district primary and acute services (PACS) vanguard. The PACS model aims to integrate general practice with community and hospital services but Dr Crompton highlighted that it can easily become a secondary care led organisation. For example, the management capacity and expertise of a foundation trust is generally much greater than that of groups of GPs. Dr Crompton described the robust discussions which were necessary to ensure that general practice priorities were given equal and adequate consideration and that general practice received its fair share of budgets etc. The challenges in the Harrogate pilot were ongoing, although Dr Crompton remained convinced that GPs needed to work collaboratively and that any new models of care would ultimately fail, if GPs were not fully involved.

Following the presentations, the meeting split into break-out groups based on CCG locality areas. This provided an important opportunity for colleagues to discuss possible ways forward in their own areas and to consider what could be adapted from the examples around the country.

The LMC has now taken the lead in forming an MCP provider group network group which brings together developing GP networks in Leeds, Leeds Community Healthcare, the community mental health service and could provide a forum for overseeing further developments across the city.

We would like to take this opportunity to thank the speakers and over 80 of our colleagues who turned out on a rather wet and windy November evening to attend this informative and stimulating

event. It was pleasing to note the many positive comments on the feedback forms, with 94% rating the presentations as good or excellent.

### POTENTIAL DEVELOPMENTS IN GP CONTRACTING UNDER NEW MODELS OF CARE

A 'Focus On' guidance document has been produced by the BMA's GP committee and provides a useful checklist of the questions and issues that need to be considered for practices planning to engage in new models of care. In particular it focuses on the importance of retaining a G/PMS contract for practices to build upon within an MCP or accountable care organisation. It can be found here on the BMA website: <http://bma.org.uk/support-at-work/gp-practices/service-provision/focus-on-local-implementation-of-new-models-of-care>

### SPECIAL LMC CONFERENCE

A special conference has been called by the GPC for the first time in over a decade. This is an extraordinary meeting of representatives of local medical committees and will take place on 30 January 2016. It has been called to address the fact that general practice is at a critical juncture, with unsustainable workload pressures that are preventing GPs from delivering adequate, safe and quality care to patients.

The conference will focus on urgent and immediate action that needs to be taken by Government, and medium and longer-term measures to turn around the workload and workforce crisis and ensure that GPs can deliver a safe and sustainable service. The LMC will be considering motions to the conference at its meeting this week.

### 2015/16 SEASONAL INFLUENZA CAMPAIGN UPDATE

*Update provided by Public Health England*

You will be aware that there were problems with ImmForm not receiving a valid data file from TPP (SystemOne) within the submission timeframe and a validation error for around 600 EMIS practices. This resulted in nearly all TPP GP Practices and around 600 EMIS practices appearing as non-responders in the October survey and practices were asked at short notice to input their own data.

Public Health England would like to take this opportunity to thank practices for responding to this request.

Immform have now published provisional monthly data which is as follows:

	Over 65s		At risk patients aged 6 months – under 65 years		Pregnant women		Children aged 2 years		Children aged 3 years		Children aged 4 years	
	2015/16 October % uptake	2014/15 Week 47* % uptake	2015/16 October % uptake	2014/15 Week 47* % uptake	2015/16 October % uptake	2014/15 Week 47* % uptake	2015/16 October % uptake	2014/15 Week 47* % uptake	2015/16 October % uptake	2014/15 Week 47* % uptake	2015/16 October % uptake	2014/15 Week 47* % uptake
Leeds North CCG	66	72.5	39	47.1	33.1	51.5	25.1	35.8	27	36.2	21.2	31
Leeds South & East CCG	66.7	70.5	39	43	29.1	48.4	23.1	31.2	25.5	33.9	19.5	27.2
Leeds West CCG	63.8	71.9	35.5	43.1	35.1	49.1	17.6	30.2	21.3	35.1	15.3	25.7

\* in 2014/15 monthly data was not available for October. Therefore Week 47 data was released (week commencing 24 November 2014)

Unfortunately, it is difficult to compare uptake as 2015/16 is measured at the end of October and 2014/15 three weeks later. Practices are however encouraged to continue to offer flu vaccine to all eligible groups. We would also remind you to continue to input data shared by pharmacists as this will go towards practice uptake and for some at risk groups also count towards QOF.

**The Leeds children's nasal flu campaign** is progressing well with an uptake of 54.9% in the 131 schools the School Immunisation Team has already visited. They still have 90 schools to visit. Unfortunately due to an outbreak of Hepatitis A it was necessary to suspend the programme for one week so that the team could vaccinate in two schools. This meant that 21 schools need to be rescheduled and will be visited in January. Parents were informed and invited to one of three community clinics if they did not want to wait.

**The Healthcare Workers campaign** is underway. Uptake for West Yorkshire GP staff in October was 31.1% but only 131 of 331 practices reported. A breakdown for Leeds was:

	No. of practices	No. of practices responded on Immform
Leeds North CCG	27	17
Leeds South & East CCG	43	16
Leeds West CCG	37	15

Public Health have contacted non-responding practices with a request that they complete the November data collection survey so that we can report an improved situation. If any practice is struggling to input data or access Immform please contact the Screening and Immunisation Team.

### **CQC – tools for GP providers and professionals**

The CQC is publishing two further tools for GP providers and professionals on their website:

The first is an **Introduction to guidance for GP practices**. The new web-page [www.cqc.org.uk/gpintroguide](http://www.cqc.org.uk/gpintroguide) will give a brief overview of the inspection process, and sign-post to essential and recommended reading. This resource has been put together following feedback from primary care professionals around the clarity and accessibility of CQC's guidance to providers. They hope that this new resource will make CQC guidance easier to find and use in preparing for inspection.

CQC is also planning to publish **Examples of inadequate practice from our GP inspections**. The new web-tool highlights the common features of inadequate practice that they have found in their inspections so far by using anonymised examples from inspection reports, and showing the impact they have on the quality and safety of care. This follows on from the [examples of outstanding practice web-tool](#) for GP practices that they published in July, from which they received positive feedback from the GP sector.

### **MATERNITY LOCUM PAYMENTS**

We understand that there has been some confusion recently regarding maternity locum payments for GP retainers. The Area Team has now confirmed that GP retainers are classed as part of the practice establishment and therefore are within the scope of the maternity reimbursement. If any practices have any problems obtaining the correct maternity payments please inform the LMC.

### **NHS ENGLAND GUIDANCE ON PATIENT REGISTRATION**

<https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/11/pat-reg-sop-pmc-gp.pdf>

GPC has published updated guidance on patient registration, which is available on the BMA website. <http://bma.org.uk/support-at-work/gp-practices/service-provision/patient-registration-for-gp-practices>

This guidance aims to clarify the conditions surrounding patient registration in GP practices. The key point to remember is that anyone, regardless of nationality and residential status may register and consult with a GP without charge. Practices cannot charge tourists or visitors from overseas visiting family and anyone who is in England is entitled to receive NHS primary medical services at a GP practice and applications for registration for any patient in England must be considered in exactly the same way, regardless of country of residence

### **AVOIDING UNPLANNED ADMISSIONS (AUA) CARE PLAN REVIEWS**

Following a number of queries about how often the care plan for the Avoiding Unplanned Admissions (AUA) enhanced service needs to be reviewed, NHS Employers has published the following guidance:

#### **How often does a care plan need to be reviewed for patients remaining on the AUA register from previous years?**

Practices are expected to review a patient's care plan at least once during 15/16. The service specification requires that a review is carried out within 12 months of the creation or last review of the care plan and the Business Rules are structured to look back 12 months, therefore the data collection at the end of September 2015 looked back to 1 October 2014 and for the March 2016 collection it will look back to 1 April 2015.

Practices should review care plans more often if appropriate to the patients, but care plans must be reviewed at least once in a rolling 12 month period in order to meet the criteria for payment.

All the AUA FAQs are available in the Enhanced Services FAQs section of NHS Employers' website: <http://www.nhsemployers.org/your-workforce/primary-care-contacts/general-medical-services/faqs-and-queries/es-faqs#AUA>

However there are a number of practices that have completed the necessary number of care reviews but have unwittingly not done them in the way outlined by NHS Employers and NHS England. The BMA's GP committee is currently in dialogue with NHS England about this situation as it is unfair to penalise practices who have acted in good faith and completed the necessary care reviews but find themselves financially penalised.

### **CHRISTMAS AND NEW YEAR 2015**

Please find via the following link a standard letter regarding NHS England's expectations of general practice availability over the Xmas and New Year period.

<https://www.england.nhs.uk/commissioning/primary-care-comm/resource-primary/> Note that the letter is at the bottom of the page when you click on the link.

The GPC guidance from previous years is still available here and should be read in conjunction with the NHS England letter:

<http://bma.org.uk/support-at-work/gp-practices/service-provision/gp-services-during-holiday-period>

The CQC has also issued a mythbuster on opening hours that is worth reading:

<http://www.cqc.org.uk/content/nigels-surgery-55-opening-hours>

### **RECORD KEEPING FOR GPs**

Recent cases which have been reviewed by the Area Team's Performance Advisory Group (PAG) have highlighted that good record keeping is essential and the lack of it often the cause of investigation and further action. There are various courses available on medical record keeping including the following workshop run by MPS:

<http://www.medicalprotection.org/uk/education-and-events/workshops/workshops/medical-records-in-primary-care>

## **5 YEAR ANTIMICROBIAL RESISTANCE STRATEGY**

As part of the 5 year antimicrobial resistance strategy, Health Education England has produced an e-learning package to help healthcare staff understand the threats posed by antimicrobial resistance. <http://www.e-lfh.org.uk/programmes/antimicrobial-resistance/> (select the open access session).

The updated Health and Social Care Act code of practice now contains 'Antimicrobial stewardship' (AMS), defined as 'an organisational or healthcare-system-wide approach to promoting and monitoring judicious use of antimicrobials to preserve their future effectiveness' and recommends: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/449049/Code\\_of\\_practice\\_280715\\_acc.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/449049/Code_of_practice_280715_acc.pdf)

*“3.6 Providers should ensure that all prescribers receive induction and training in prudent antimicrobial use and are familiar with the antimicrobial resistance and stewardship competencies.”*

The [NICE AMS systems and processes guideline](#) also recommends:

1.1.10 Consider using the following antimicrobial stewardship interventions:

- education-based programmes for health and social care practitioners, (for example, academic detailing, clinical education or educational outreach).

## **SELF CARE WEEK**

The BMA supports self care for patients and have published guidance, FAQs and a blog to highlight the importance of this, to coincide with this year's national self care week in England. <http://bma.org.uk/working-for-change/improving-and-protecting-health/self-care>

The guidance provides some easy tips for patient on how best to self-care such as:

1. colds, flu and most sore throats do not need antibiotics and can be treated at home
2. order repeat prescriptions and book your flu jab in good time
3. get advice from your pharmacist
4. check online for information and advice.

The BMA's Patient Liaison Group (PLG) has published self care FAQs for patients and a blog from the PLG chair. Further advice and resources for practices are available on the Self Care Forum website. <http://www.selfcareforum.org/events/self-care-week-resources/>

## **MINOR ALIMENT SCHEME**

The Pharmacy First initiative for minor ailments has now been rolled out across Leeds North and Leeds West CCG areas. We would like to remind practices that they can suggest their patients could access the service direct via a pharmacy rather than book a GP appointment for a minor ailment.

## **PATIENT ONLINE CONTRACTUAL REQUIREMENTS 2015-16**

We are grateful to Dr Taz Aldawoud, Digital Clinical Champion, NHS England for providing the following update:

The Patient Online Programme is an NHS England National Programme designed to guide and support GP Practices to meet the contractual obligations outlined in the 2015/16 National Health Services (GMS Contract and PMS Agreement) Amendment Regulations 2015.

As detailed in last year's contract, practices must continue to offer online access to patients who request access to: booking; cancelling and amending appointments; ordering of repeat prescriptions; access their summary information – allergies; adverse reactions; medication; and promote these services.

This year's regulations also state that practices must also:

From April 2015, provide patients with online access to their coded records, and; ensure that the appointments available online meet the demand of their patients.

Patient Online are continuing to work in partnership with the BMA and RCGP and have developed guidance and materials to support GP Practices in relation to Patient Online Access.

Guidance includes:

Registration; ID Verification; Proxy; Coercion; Children's Online Access

All above are available online:

<http://elearning.rcgp.org.uk/course/view.php?id=180&section=1>

Additionally, the programme have developed guides in relation to increasing online Transactional Services and Detailed Coded Record Access that are available on the NHS England website

<http://www.england.nhs.uk/ourwork/pe/patient-online>

Within the Yorkshire & Humber region many practice managers have attended User Groups to learn what is available to help practices, and feedback has been extremely positive.

### **PATIENT OBJECTION DATA**

Practices in England have received a communication from the Health and Social Care Information Centre (HSCIC) about the collection of patient objection data. **GPC strongly recommends that practices participate in this collection** to allow the HSCIC to uphold patient objections to their data being shared.

Patients are able to register objections with their practice to prevent their identifiable data being released outside the practice for purposes beyond their direct care (known as a Type 1 objection), or to prevent their identifiable data from any health and social care setting being released by the HSCIC for purposes beyond their direct care (known as a Type 2 objection).

The HSCIC will be collecting the following data:

- for patients with a Type 2 objection (or a withdrawn Type 2 objection), the NHS Number, objection code(s) and code date will be extracted. The collection of patient identifiable data (NHS Number) is necessary to allow the HSCIC to uphold these objections. The data will be used internally by the HSCIC and will not be published or released
- aggregate data on the number of Type 1 and Type 2 objections. This will allow the HSCIC to monitor the rate of objections.

The legal basis for the collection of this data is the issuing of directions under section 259 of the Health and Social Care Act 2012.

Practices will have received an offer from the HSCIC, available from 21 October, to participate in the collection called 'Patient Objections Management' within the Calculating Quality Reporting Service. The deadline for participation has not been specified, but practices have been asked to participate as soon as possible ahead of the first extract. Extractions will run monthly from December 2015.

Queries on how to participate should be directed to the HSCIC contact centre [via enquiries@hscic.gov.uk](mailto:enquiries@hscic.gov.uk) with 'Patient Objections Management data collection' in the subject line, or by calling 0300 303 5678.

### **1995 NHS PENSION SCHEME - Final pay controls**

Practices may be aware that final pay controls were introduced this year for those in the 1995 NHS Pension Scheme. As a result of these controls, a penalty may be applied to an NHS Employing Authority, including GP practices, where a scheme member is awarded an increase to pensionable pay which exceeds CPI plus 4.5% and where this increase will be included in the calculation of the best of the last three years pensionable earnings increase.

Guidance and working examples can be found on the BMA website:

<http://bma.org.uk/support-at-work/pensions/final-pay-controls>

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

The November edition of the sessional GP e-newsletter was sent out last week and is available on the BMA website. <http://bma-mail.org.uk/t/JVX-3T7XL-1BJCJOU46E/cr.aspx>

It features news and information aimed at supporting sessional GPs as well as blogs from sessional GPs, including one from Dr Mark Selman on How to handle patient complaints. There is also revalidation advice from the GMC and top tips for preventing a bad day.

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 easily to highlight different sections of the newsletter via social media if you use Twitter, etc.

### **THE CENTRE FOR SEXUAL HEALTH**

The Centre for Sexual Health, currently based at Leeds General Infirmary, **closed on Thursday 26 November** at 12pm and has moved to the Merrion Centre. It will **reopen at 50 Merrion Centre, Merrion Way, Leeds LS2 8NG on Monday 30 November at 10am.**

### **PERTUSSIS FACTSHEET FOR HEALTHCARE PROFESSIONALS**

Please find attached the Public Health fact sheet for your information.

### **WEST YORKSHIRE HEALTH PROTECTION UNIT**

Please find attached the latest West Yorkshire Health Protection Unit newsletter for your information.

### **MESSAGE FROM FAMILY DOCTORS SOS**

GPs and patients at a practice in Huddersfield facing a difficult PMS review have launched Family Doctor SOS (Save Our Surgeries). It provides information and networking for practices affected by funding cuts via:

[www.familydoctorSOS.co.uk](http://www.familydoctorSOS.co.uk)

### **ORAL CANCER ONLINE TRAINING RESOURCE**

To coincide with Mouth Cancer Action Month in November, Cancer Research UK has developed an online oral cancer toolkit to support dentists, dental care professionals and GPs in detecting oral cancer. Funded by the Department of Health, it is supported by the British Dental Association and the Royal College of General Practitioners.

The toolkit provides information on possible risk factors for oral cancer, signs and symptoms and how to respond. Also included is a detailed image library, a referral guide, case studies, oral examination videos and a CPD quiz. This resource is freely accessible via this link:

[http://www.doctors.net.uk/eClientopen/CRUK/oral\\_cancer\\_toolkit\\_2015\\_open/?utm\\_medium=referral&utm\\_source=BASCD&utm\\_campaign=OralCancerToolkit&utm\\_content=webpage](http://www.doctors.net.uk/eClientopen/CRUK/oral_cancer_toolkit_2015_open/?utm_medium=referral&utm_source=BASCD&utm_campaign=OralCancerToolkit&utm_content=webpage)

For any queries, please contact Charlie Huson (Cancer Research UK) – [charlie.huson@cancer.org.uk](mailto:charlie.huson@cancer.org.uk)

## **LEEDS CHILDREN'S RIGHTS NEWSLETTER**

Please find attached the 2<sup>nd</sup> e-newsletter from Leeds Children's Rights. It is full of useful information, important contact details plus the different ways we can help support young people within Leeds.

### **LOCATING BNF70 and BNFc – notice for locum GPs**

We have been notified that some locum GPs have "lost" their BNFs due to assumptions about their workplace. Although it is usual for locum GPs to regard their home address as the base for work purposes and not one of many GP practices in which they may have worked, BNFs have been allocated to practices where the locum has worked sometime during in the year.

If a practice has received a BNF for a locum GP, please could you contact and inform so that arrangements can be made for the GP to collect these – thank you.

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### **OLD BNF and BNFc**

Thank you to Dr Doug Pollock who forwarded an email along with the attached photo from Dr Rachel Nunn, a Sessional GP, previously from Leeds but currently working in Addis Ababa, Ethiopia:

*"Dear all,*

*I am sure you'll be pleased to learn that Ethiopia's first ever family doctors all passed their final exams last week! Thank you so much for the Oxford handbooks you so kindly donated - and thanks to Doug for posting them on. They are absolutely delighted with them, astounded by the kindness of fellow-doctors halfway around the world, and I am sure they will be used on a daily basis in clinics and on rounds. If you ever have any more primary care textbooks you no longer need - please let me know!*

*Best wishes, Happy Christmas and many, many thanks, Rachel"*

Rachel has been there for 18 months training Ethiopia's first ever GPs at Addis Ababa University which she describes as great fun but a huge challenge too. She had 21 residents and they have no textbooks which are specifically tailored to primary care...they are also shockingly paid.

Several Leeds sessional GPs and GP practices donated their redundant copies of Oxford Handbook of General Practice, and other clinical text books, over the summer months this year which were then posted to Ethiopia by the Sessional GP Group, to be distributed amongst their trainees. We have been informed that Pharmaid recycling of BNFs has stopped and there is no collection for Commonwealth countries this year. However, Rachel reports that these BNFs would be very helpful if forwarded to Ethiopia and anything from the last 4-5 years is fine as the formulary there is very small (and supplies even more so... the entire city recently ran out of gliclazide for a month).

Dr Pollock has kindly offered to collect out-of-date BNF and BNFc copies from GP practices, or please drop these off along with any other relevant text books to the LMC office. You can also post redundant copies directly to her:- Dr Rachel Nunn, SIM (Press Compound), PO Box 127, Addis Ababa, Ethiopia. Postage (even by surface mail) to Ethiopia isn't cheap but well worthwhile to make these books available as they are they are so valuable out there.



## **COMINGS AND GOINGS**

### **A warm welcome to.....**

*Dr Henry Hardaker and Dr Dionne Limaye who joined Pudsey Health Centre in August and September  
Dr A Chaudhry, salaried GP who joins Armley Medical Practice*

### **Good bye and best wishes to...**

*The Menston and Guiseley Practice wish Dr Hilary Taylor a very happy retirement after 27 years at the  
practice!*

*Dr L Boyle from Armley Medical Practice who has started maternity leave*

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

#### **Newton Surgery – Practice Nurse vacancy**

Newton Surgery are looking for a replacement practice Nurse for their busy inner city practice with a multi-ethnic population on the border of Chapeltown/Chapel Allerton. An interest in diabetes management would be welcome but is not essential.

The surgery are prepared to offer maximum flexibility to suit work/life balance for the right candidate. Salary negotiable according to experience and qualifications. Informal enquiries and visits welcome. Please contact Dr Khan on 0113 2953737 or [gulrez.khan@nhs.net](mailto:gulrez.khan@nhs.net) for further information.

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### **Condolences**

*We are extremely saddened to hear the news that Dr Martin Swaby who practised at Manston Surgery/Crossgates Medical Centre died on Sunday 15/11/2015 aged 64. Dr Swaby had been part of the practice team for over 29 years and we send our condolences to his family and colleagues at this very sad time.*

*On 3<sup>rd</sup> December 2015 Dr John Singh, former committee member of Leeds LMC, died in hospital. John was a GP in Harehills and latterly in Guildersome, as well as a founder member of the Leeds Doctors' Co-operative. He made a valuable contribution to the work of the LMC over many years and we offer our sincere condolences to his family, friends and colleagues.*

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### **Congratulations to award winners**

Congratulations to Dr Nigel Bew who was named as the “Doctor of the Year” at the recent Yorkshire Evening Post Best of Health Awards. Nigel is the senior partner at Street Lane Practice.

Congratulations also to John Walsh the practice manager at York Street Health Practice who was recognised for the real difference he makes to the city’s homeless population and who received the Overall Judges Award.

### **AND FINALLY ...**

**We wish a Merry Christmas and a Happy New Year to all our readers**

