

LMC ViewPoint

The newsletter of Leeds Local Medical Committee Limited

FEBRUARY 2016

GP CONTRACT 2016/17

At a recent meeting of the BMA's General Practitioners committee (GPC), the committee voted to accept limited changes to the GP contract in 2016/17. This in no way detracts from the GPC's mandate from the recent special conference to hold the government to account with an ultimatum to deliver a rescue package for general practice.

The contract changes for 2016/17 are far fewer than in previous years, and in keeping with two key resolutions passed at the special conference in January: to minimise the disruption of annual contract changes to practices and that the reimbursement of GP expenses must be properly funded. This agreement provides for increased core resources and reimbursement of expenses to an extent not achieved in recent years, and should help support practice financial pressures. The headline agreed changes are:

- A £220m investment of new funding in the contract – more than double that last year – and seven times greater than in 2014/15
- Recognition of GP expenses, which for the first time has taken account of individual components that include rises in Care Quality Commission (CQC) fees, indemnity costs, national insurance contributions, superannuation and increased utility and other charges
- An intended 1% net pay uplift
- A 28% increase in vaccination and immunisation fees from £7.64 to £9.80
- Ending of the imposed dementia enhanced service, therefore reducing the workload and bureaucracy of this flawed scheme, and with resources going into global sum
- No new clinical workload requirements and no changes to QOF indicators or thresholds
- A commitment from NHS England to explore a national strategy to manage demand through self-care and appropriate signposting of patients to services
- A commitment to explore ending QOF and the Avoiding Unplanned Admissions enhanced service in 2017/18

Full details are available on the GPC homepage at:

<http://www.bma.org.uk/working-for-change/negotiating-for-the-profession/bma-general-practitioners-committee/gp-contract-negotiations/contract-agreement-england>

GP CONTRACT ROADSHOW – 7pm, Wednesday 9 March, Village Hotel, Leeds

YOR LMC is coordinating the GPC's Leeds roadshow and the speaker will be Dr Richard Vautrey, deputy chair of GPC and assistant secretary of Leeds LMC, who will provide information and updates on aspects of the negotiated contract changes for 2016/17 as well as discussing wider issues relating to the current crisis in general practice.

The event will take place at the Village Hotel and Leisure Club, 186 Otley Road, Leeds, LS16 5PR on **Wednesday 9 March 7pm to 9pm** and will be open to all GPs and practice managers working in the Yorkshire and Humber region. Registration is from 6.30 pm and tea and coffee will be available. Bookings will be taken on a first come first served basis. To book a place, please email to: info@yorlmcld.co.uk or telephone to 01423 879922.

URGENT PRESCRIPTION FOR GENERAL PRACTICE

The BMA's GP campaign 'Urgent Prescription for General Practice' has now been launched in direct response to calls at the 2015 annual representative meeting for a campaign to highlight the pressures on general practice. This campaign is very much about sending concurrent local and

national messages to the Government, to press for urgent action to stabilise general practice and provide the basis for a sustainable service for patients in the future.

Full details can be accessed via the link: <http://www.bma.org.uk/working-for-change/urgent-prescription-for-general-practice>, with information on how to support the campaign via #GPincrisis, as well as the twibbon link and campaign thunderclap.

CUTS TO PUBLIC HEALTH BUDGET

Following decisions by the Treasury to make significant cuts to the national public health budget, plans have been drawn up to make reductions to the Leeds public health budget. It is anticipated that there could be a cut of £3.9m in 2016-17 which increases to £5.1m, around 10% of the overall budget, by 2017-18. Leeds LMC met with the Director of Public Health to discuss the impact of these cuts to public health services and campaigns in Leeds.

INDICATORS NO LONGER IN QOF

Practices in some areas have been asked again to accept requests within the Calculating Quality Reporting Service (CQRS) for the extraction of indicators no longer in QOF.

The BMA's General Practitioners Committee (GPC) advised in 2015 on this data extract, confirming its position that the decision to retire and amend these indicators was intended to reduce bureaucracy and allow practices to focus on the needs of patients. These indicators were successfully removed during negotiations as being clinically inappropriate and unhelpful to practices. As such, there is no expectation that practices should continue to focus on achieving these targets, and GPs should instead continue to use professional judgment to treat patients in accordance with best clinical practice guidelines. It is for clinicians to decide how they record clinical consultations and what codes, if any, to use.

Practices should be reassured that the previous GP contract agreement still stands, and there is no contractual requirement for practices to record codes for former QOF indicators. However, practices are also asked to note the position outlined within the 2015/16 QOF [guidance](#) - that practices are encouraged to facilitate data collection of these indicators. The data is intended to inform commissioners and practices and provide statistical information. It is not intended for any performance management purposes.

GPC anticipates a large fall in the recording of many of the retired codes, particularly those that were previously imposed, as practices now work more appropriately. In its view, allowing retired codes to be extracted could help to demonstrate how inappropriate it was to impose contract changes in the first place, as well as informing discussions between GPC and government on the development of more appropriate future indicators of quality care.

ZIKA GUIDANCE FOR PRIMARY CARE

Zika virus guidance for primary care has now been published on the Public Health England website, as well as on the BMA website at: <http://www.bma.org.uk/support-at-work/gp-practices/service-provision/zika-virus-infection>.

This is joint guidance between PHE, the BMA and RCGP and gives information and advice for practices when approached by patients who have travelled, or may be planning to travel to affected countries, and focuses on risks for pregnant women. Further information about the Zika virus and countries affected is available on the PHE website at: <https://www.gov.uk/guidance/zika-virus>.

VERSION 33.0 BUSINESS RULES

Version 33.0 of the Business Rules have been published. In addition to the usual changes where new codes have been added to clusters, some codes have also been removed from some QOF register clusters. This does not usually happen in-year but there were clinical reasons for doing so. The changes affected heart failure, the asthma register and CKD register. Note that these changes are effective from 1 October 2015.

The updated Business Rules are available here: www.hscic.gov.uk/qofbrv33 and NHS Employers have also published some FAQs following these changes (see below and on their QOF [FAQ page](#)).

Heart failure (HF)

Q. Why has the code for 'left ventricular cardiac dysfunction' (Read v2 G5yyD/CTV3 Xaacj) been removed from the 'heart failure due to left ventricular systolic dysfunction (LVSD)' component of the heart failure register?

A. The HF003 and HF004 indicators are aimed at patients with a diagnosis of heart failure due to left ventricular systolic dysfunction (LVSD). As the Read code for left ventricular cardiac dysfunction does not solely relate to LVSD and following advice from NICE, it was agreed that it would not be appropriate for patients with heart failure due to cardiac dysfunction to be included in these indicators. As such, from 1 October 2015 this code will not be in the register cluster and patients with just this code will therefore no longer be included.

Practices may wish to review the records of these patients and (if clinically appropriate i.e. if their left ventricular dysfunction is systolic) update this code to G5yy9 'Left ventricular systolic dysfunction' (for EMIS, Vision or Microtest) or Xallq 'Left ventricular systolic dysfunction' (for SystemOne).

Asthma (AST)

Q. Some of the asthma-related prescribing Read codes have been removed from the asthma register, why?

A. Part of the register criteria for asthma is based on appropriate prescribing of therapies. The Business Rules included some drug therapies only licensed for patients with a diagnosis of COPD and they are not licensed as a treatment for asthma. As such, the following Read v2 and CTV3 codes have been removed from the asthma treatment component of the asthma register:

- c1e..% hierarchy containing:
 - o c1e.. INDACATEROL+GLYCOPYRRONIUM
 - o c1e1. ULTIBRO BREEZHALER 85mcg/43mcg inh powder capsules+inhaler
 - o c1e2. INDACATEROL+GLYCOPYRRONIUM 85mcg/43mcg inh powder caps+inh

- c1b..% hierarchy containing:
 - o c1b.. INDACATEROL
 - o c1b1. ONBREZ BREEZHALER 150micrograms inhalation capsules+inhaler
 - o c1b2. INDACATEROL 150micrograms inhalation capsules+inhaler
 - o c1b3. ONBREZ BREEZHALER 300micrograms inhalation capsules+inhaler
 - o c1b4. INDACATEROL 300micrograms inhalation capsules+inhaler

- c1d..% hierarchy containing:
 - o c1d.. OLODATEROL
 - o c1d1. STRIVERDI RESPIMAT 2.5micrograms inhaler
 - o c1d2. OLODATEROL 2.5micrograms inhaler

If you have patients with asthma whose sole asthma medication is one of the inhalers listed above then they will no longer appear on your QOF asthma register.

Patients receiving additional, appropriate asthma treatment such as short-acting bronchodilators or steroid inhalers will remain on the register. Practices may wish to review the records of any patients affected by this change to review their asthma treatment however, a change in prescribing should only be done where clinically appropriate.

Chronic kidney disease (CKD)

Q. Why has the CKD register changed?

A. In April 2015 the CKD register was updated to take account of a change in the diagnostic criteria. In addition to the existing codes the register is now for patients with new classifications G3a to G5 CKD. The CKD clusters have been reviewed by the HSCIC and have found that some of the codes related to categories G1 and G2. As such, the clusters have been updated to include only those diagnoses of stage G3a and above in line with the register wording.

PCSE: REGISTERING ON THE PORTAL COMMUNICATION

Primary Care Support England (PCSE) will shortly launch a new online portal. The portal will provide all their service users with a quick and easy way for ordering and tracking supplies from them, including pre-printed forms, prescription pads and other NHS stationery.

Over time, the portal will also become the main route for accessing additional primary care support services, including payments, pensions and performer list applications.

PCSE is planning for the portal to be available to practices in West Yorkshire from 8 March 2016 and then nationally to all other practices from 29 March 2016. These dates will be confirmed shortly.

A letter and leaflet will be sent to all GP practices in England w/c 8 February to inform them of these changes, and invite them to register to use the portal.

INFORMATION COMMISSIONERS'S OFFICE (ICO) DATA PROTECTION WORKSHOP

- **Wednesday 9 March 2016, 9am-4pm Venue: LS17, Nursery Lane, Leeds, LS17 7HW**
Leeds LMC is hosting a data protection workshop, provided free of charge by ICO, and wish to invite Practice Managers and GPs to attend.

The workshop is planned to be an interactive day focussing on data protection and will be of benefit for those who process personal data in their daily roles. The workshop will look at topics such as:

- **Data governance – the DPA and myth busting**
- **'Being the Regulator' – Understanding Civil monetary penalties**
An opportunity for you to step into the shoes of the ICO Enforcement team and investigate a potential personal data breach.
- **Practice-specific issues and concerns**
Practice specific scenarios discussed in groups followed by wider group discussion.
- **Data day hygiene training video**
A training video the ICO have produced that is set in a doctor's surgery.
- **'When to share?' – what to consider when required to share personal data outside your practice**
Some practical advice on how to make difficult decisions involving disclosures of personal data.
- **Common causes of concern**
..and any other Q & As.

There is no charge for attendance at the workshop and lunch will also be provided. Please can you reserve a place by emailing the LMC office on mail@leedsimc.org. There are 50 places and these will be allocated on a first come basis.

RELEASING CAPACITY IN GENERAL PRACTICE ROADSHOWS

As advertised in last month's edition of Viewpoint, the GPC is co-hosting a series of GP workshops with NHS England looking at ways to reduce unnecessary workload and increase capacity in general practice. Due to high demand, NHS England recently added three additional dates, including another one in **Leeds** on **23 March**.

You can register on the NHS England website at: <https://www.england.nhs.uk/ourwork/qual-clin-lead/pressure-in-gp/2016-roadshows/>. Contact and email address for any queries: Please email england.gpaccess@nhs.net for further information and to register for your free place. Places are limited and these workshops are expected to fill up fast.

CONTRACEPTIVE TRAINING COURSES

We are grateful to Dr Ian Cameron, Director of Public Health, for providing the following update:

As you will be aware from January 2014, the Diplomat Assessment of the Faculty of Sexual and Reproductive Healthcare is no longer compulsory before implant or IUD/S (Coil) training. GPs are required to complete, at a cost, the electronic knowledge assessment tool (eKA) and then register with a training programme to achieve a letter of competence.

In Leeds training can be accessed from the following accredited trainers;

Implant / IUD/S

- Leeds Sexual health service (LSH) advertise on the professional area of their website www.leedssexualhealth.com
- Leeds Student Medical Practice run observations on a termly basis (every 9 weeks). There is a waiting list for April 16.

Implant

- MSD provide in practice training for health professionals to achieve the letter of competence in subdermal contraceptive implant techniques, this is funded by MSD Nexplanon.

Manisha Singh (Clinical Lead for Contraception) at LSH has forwarded the training outline for LARC, including the entry criteria specified by Faculty of SRH, and it is annexed to this edition of Viewpoint.

VAT GUIDANCE FOR GPs INVOLVED IN CCG CONTRACTS

The GPDF was asked to seek advice on the VAT position of GPs working for CCGs. This has been drafted by a VAT specialist at Greenback Alan LLP, and a copy of that guidance is annexed to this edition of Viewpoint.

In its covering letter Greenback Alan's specialist states the following:

- The VAT liability in the notes was agreed with Mr M Barlow of HM Revenue and Customs, NHS team and can now be issued to GPs. If any of the GPs have any questions, they should discuss these with their present advisors.
- I would stress that GPs should now check whether or not they are required to register for VAT. Any belated VAT registration could be subject to a penalty. However, Mr Barlow stated that he would deal with this issue and intervene if any penalties are levied. I would suggest that any belated VAT registration applications are submitted within the next few months.
- If however, after receiving the guidance notes a GP does not check their VAT position and is subsequently subject to an HMRC inspection, penalties will automatically be applied and Mr Barlow may not be able to assist.
- Finally, if VAT is due to HMRC, I do not foresee any problems in a GP requesting time to pay pending payment of the VAT from the CCG.

Please note: The BMA, GPC and GPDF are unable to give individual taxation advice. Whilst Leeds LMC Limited is prepared to disseminate this information, as always we strongly advise individuals or practices to obtain independent professional advice.

NEW REFERRAL SYSTEM OF MEDICAL SUITABILITY OF GUN OWNERS

A safer system for firearms licensing is being introduced in April to improve information sharing between GPs and police and to reduce the risk that a medically unfit person may have a firearm or shotgun certificate. At present, the police usually only contact an individual's GP before the issue of the certificate if the applicant has declared a relevant medical condition. After the certificate is granted there is no reminder system to inform the GP that the patient they are seeing is a gun owner.

From 1 April 2016:

- **Police will ask every firearm applicant's GP if the patient suffers from specific health issues, such as depression or dementia.**
- **GPs will be asked to place a firearm reminder code on the patient's record.** This means the GP will know the person is a gun owner, and they can inform the police licensing department if the patient's health deteriorates after the gun licence is issued.
- **New guidance will be published to help GPs and police operate the new system.** Responsibility for deciding if a person is suitable to hold a firearm certificate remains with the police.

The new system was developed after the BMA raised concerns about weaknesses in the current process with the Home Office. It has been developed by the BMA, RCGP and the police, in conjunction with shooting associations and the Information Commissioners Office.

DLA IS ENDING ADVERT TO BE SHOWN IN SURGERIES

Disability Living Allowance (DLA) is ending for people who were born after 8 April 1948 and are aged 16 or over. DWP is writing to DLA claimants to ask if they wish to make a claim for Personal Independence Payment.

A DLA is ending advert is being shown via screens in GP surgeries and hospitals. This advert is to raise awareness that DLA is ending and to make sure that patients in receipt of DLA know what to do next. The advert is being shown in over 1,500 sites across England, Scotland and Wales. It will run until 4 March. To find out more about the DLA ending and Personal Independence Payment (PIP) visit: www.gov.uk/dla-ending

Effect on GPs / action required

GPs will be asked to provide further medical evidence in the normal way for DLA claimants for individuals who decide to claim PIP. GPs may receive enquiries from patients currently on DLA who have received a letter or heard that the DLA is ending

SESSIONAL GPs NEWSLETTER

The latest copy of the sessional GPs subcommittee newsletter, which can also be accessed at <http://bma-mail.org.uk/t/JVX-421D9-1BJCJOU46E/cr.aspx>

MANAGEMENT AND EMPLOYMENT LAW TRAINING COURSES FOR GP PARTNERS AND PRACTICE MANAGERS

Introducing GP practices to key issues in management, the BMA full-day courses will help you to keep up to date with employment legislation, understand the essentials of people management and enable you to get the best out of your team in a good working environment. The courses will also help you to build confidence and avoid legal challenges when dealing with difficult employment situations. Taking place in **London, Leeds** and **Birmingham** throughout the year, the courses are suitable for GP partners and practice managers, with reduced registration fees for BMA members.

Introduction to employment law and contracts offers the perfect opportunity to get to grips with the fundamentals of practical employment law quickly. It will provide you with guidance on contracts of employment, including variations and termination of the contract.

Managing absence, performance and conduct issues is designed to provide GPs and managers with the skills and confidence required to deal effectively with employee absence, performance and conduct while maintaining a positive and productive working environment.

Managing difficult people and situations will provide you with an insightful and practical guide on how to manage yourself and the difficult people and situations you encounter in your practice. It will provide you with tips and techniques to enable you to develop the confidence to be proactive and not reactive when challenged by people and circumstances. Find out more by visiting the BMA [webpage](#).

CAMERON FUND PARTNERSHIP CLINICS

In association with BMA Law, the Cameron Fund (the GPs' own charity) will be providing a series of partnership clinics. GPs, GP Partners and Practice Managers who are in need of legal advice on a partnership or premises issue, are invited to book a **FREE half-hour phone session** with a specialist solicitor. The clinics will cover partnership matters, corporate or commercial enquiries and issues relating to commercial property. The clinics cannot advise on negligence or disciplinary matters or on GMC issues.

The clinics will run on Friday 26 February and Friday 18 March, from 10.00 am to 4.00 pm. You will be provided with the earliest available slot. If you would like more information or wish to book a 30 minute slot, email: admin@cameronfund.org.uk with 'Partnership Clinic' as the subject and stating: your full name, contact email, direct line, address, practice name and a brief summary of the issue that you wish to discuss.

EXPLORING THE BARRIERS AND FACILITATORS TO HELP-SEEKING BY GPs

Dr Johanna Spiers (PhD) is the lead researcher on a NIHR funded project based at Bristol, Keele and UCL universities. The study team has asked for help in publicising their qualitative study aiming to explore what helps and hinders GPs when they seek help and support for mental health problems and/or stress and burnout.

As you will be aware this is a highly topical study and one of importance for GPs. You may wish to find out more about the study using the links below or circulate the details to your networks and colleagues:

The link to the study page is here: <http://www.bristol.ac.uk/primaryhealthcare/researchthemes/improving-support/>
The tinyurl for Tweeting etc is: <http://bit.ly/1PcRBjS>

Practice vacancies at.....

St Martin's Practice, 317-319 Chapeltown Road, Leeds, LS7 3JT: Salaried GPs and or Nurse practitioners

Part or full time. Salary according to skills & experience

We are seeking GPs and or Nurse Practitioners with strong clinical skills to join our democratic and forward-thinking practice. We'd like you to bring a commitment to serve our varied practice population, and you will have the opportunity to play a full role in all aspects of the practice.

We are a co-operative team, meeting daily for a cup of tea and mutual support. We want all our clinicians to have a good work-life balance and an enjoyable working day.

St Martin is an urban training practice, caring for a patient list of 6200. Excellent QOF and target achievement and a track record of innovation. Full range of enhanced services. 5 GP partners, excellent nursing team including HCAs, and wide range of attached staff and services.

For a full information pack and to arrange an informal chat or visit please contact Camilla Hawkes, Practice Manager, camilla.hawkes@nhs.net, 0113 284 9749.

Our website will also tell you more about our practice including our appointment system which changes from February 2016. **Closing date: 09:00 GMT, Monday 29th February 2016**
St Martins Practice, 317-319 Chapeltown Road, Leeds LS7 3JT www.stmartinspracticeleeds.nhs.uk

Ashcroft Surgery, Newlands Way, Eccleshill, Bradford, BD10 0JE

Salaried GP – full time or part time (exact work pattern to be discussed at interview)

Looking for an enthusiastic, ambitious and self-motivated GP to join our warm and friendly GP team. Are you fresh out of training and looking for an exciting opportunity with a dynamic forward thinking practice? Or are you an established GP looking for a new challenge in a friendly and professionally rewarding environment? Perhaps you have a special clinical interest you wish to develop in the right environment? Or perhaps you just want to work in a relatively new purpose built facility, with a great team? Whatever your motivation, we have created a GP salaried post that will interest you.

The offer from us:

- We will train you up for things you feel you need help with.
- We will provide individual professional development for job enhancement.
- We will support your work-life requirements.
- We offer you a friendly, supportive multi-disciplinary team to work with.
- We have a safe nurturing learning environment for you.
- We will offer you competitive pay and conditions.

We would like you to:

- Have good communication skills when consulting with patients and colleagues.
- Be personable and approachable in nature. Be self-motivated and ambitious.
- Be interested or willing to participate in the teaching and training of others.
- Have a good level of IT skills
- Be forward thinking, open and positive to change.

More about us...

We are a practice consisting of 8 GPs, 4 Practice Nurses, 3 Health Care Assistants, and a lovely admin team. We have around 8500 patients. We use SystmOne and we operate from a large new purpose-built building with easy access and plenty of car parking space. We have a strong clinical team including in-house Midwives, Health Visitors, District Nurses, Case Managers, Podiatrists, Health Trainers and CAB that you will have access to.

Interested? We'd love to hear from you. Come and find out more. In the first instance, please reply via the NHS Jobs site.

Primrose Surgery, Bradford – Practice manager vacancy (hours negotiable up to full-time)

To provide leadership and management skills to enable the Practice to meet its agreed aims and objectives within a profitable, efficient, safe and effective working environment. The person appointed must have strong leadership and communication skills, a proven track record in Practice Management, HR, Business Management and Innovation, Customer Services, IT and Operating Systems.

Please apply in writing with CV and covering letter to:

Mrs Pauline Woodrow, Primrose Surgery Hillside Bridge H/C Centre, 4 Butler Street, West Bradford, BD3 0BS – or alternatively please email CV and covering letter to Pauline.woodrow@bradford.nhs.uk, and sayed.shah@bradford.nhs.uk

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