LMC ViewPoint

The newsletter of Leeds Local Medical Committee Limited

March 2016

INFORMATION COMMISSIONER'S OFFICE – Leeds Data protection workshop

On Wednesday, 9th March, Leeds LMC hosted a data protection workshop provided by the Information Commissioner's Office. We were pleased to welcome many practice managers and GPs representing practices across the city, all keen to share best practice and learn more about the Data Protection Act (DPA) and how to ensure compliance within the daily working environment of a busy GP practice.

At the outset the ICO team was keen to highlight the **8 data protection principles**, as follows:

1. Personal information must be fairly and lawfully processed
2. Personal information must be processed for limited purposes
3. Personal information must be adequate, relevant and not excessive
4. Personal information must be accurate and up to date
5. Personal information must not be kept for longer than is necessary
6. Personal information must be processed in line with the data subject's rights
7. Personal information must be secure
8. Personal information must not be transferred to other countries without adequate protection

The full-day workshop aimed at a practical approach and colleagues were able to work through various scenarios representing typical situations which GP practices face on a regular basis. With regard to access to records, the need for adequate staff training (including refresher training) was emphasised and it also became clear that basic security measures should reduce the opportunity for inappropriate access. Patient access to their records needs to be carefully managed. The ICO team noted the importance for practices to have up to date privacy notices which were accurate and accessible to patients.

Data sharing was discussed, together with the requirement to have the appropriate data sharing agreements in place. The ICO reported that fax errors could produce serious breaches of the DPA. The need to dispose of confidential paper waste securely was also highlighted.

The ICO team noted that they were aware of the pressures faced by GPs as data controllers for their patient records at a time of great change within the NHS. It was reassuring to hear that in the year 2014/15 out of 7,962 GP practices in England, only 287 cases concerning practices were handled by the ICO of which 108 required no further action. The ICO also explained that they were willing to make advisory visits to organisations to give practical advice on how to improve data protection. More information on these visits is available at:
https://ico.org.uk/for-organisations/improve-your-practices/advisory-visits/.

The LMC is grateful to Maria Dominey and her associates at the ICO Good Practice Team, as well as the many colleagues from GP practices across Leeds, who attended this informative event. There is a list of links to relevant guidance and materials attached to this edition of Viewpoint.

STANDARDS FOR THE COMMUNICATION OF PATIENT DIAGNOSTIC TEST RESULTS ON DISCHARGE FROM HOSPITAL

NHS England has developed a set of standards for the communication of patient diagnostic test results when they are discharged from hospital:
https://www.england.nhs.uk/patientsafety/wp-content/uploads/sites/32/2016/03/discharge-standards-march-16.pdf

The standards describe acceptable safe practice around how diagnostic test results should be communicated between secondary, primary and social care and also with patients. The intention is to ensure that hospitals take responsibility for their own tests, and this is specified

in the first key principle, which states *'the clinician who orders the test is responsible for reviewing, acting and communicating the result and actions taken to the General Practitioner and patient even if the patient has been discharged'*.

Whilst supportive of this first principle, LMCs raised a number of concerns about other statements within the guidance that could have been interpreted as suggesting the inappropriate delegation of tasks to GPs. NHS England therefore agreed to amend the statement to *'Where a consultant delegates responsibility to another team member for any tasks around the communication of diagnostic test results to general practitioners, they should ensure that person understands and fulfils the responsibility'.* It was never intended to suggest consultants can 'delegate' these tasks to GPs.

The stated principle that *'every test result received by a GP practice for a patient should be reviewed and where necessary acted on by a responsible clinician even if this clinician did not order the test'* also raised some concerns but is not a new obligation. 'Acted on' in many cases will mean ensuring the responsible secondary care clinician who ordered the test has taken, or will take, the appropriate action, in cases where patient care will be affected. If safe systems are in place to enforce the first principle, even this action should rarely be required.

The BMA previously issued its own statement regarding the duty of care regarding communication of investigation results, which also confirms ultimate responsibility for ensuring that results are acted upon rests with the person requesting the test. The BMA's General Practitioners Committee (GPC) will be writing to CCGs proposing that this principle is written into local service specifications with Trusts, as well as ending any unnecessary copying of hospital initiated test results to practices and the LMC will follow this up with our local secondary healthcare providers.

CQC FEE RISE

It will come as no surprise to any practice that CQC have increased their fee structure for the coming year. GPC had already negotiated an additional £15m as part of the £220m GP contact package to cover the first year of increased fees. They will now need to focus on negotiating additional funding to cover the second big increase in 2017/18. In response to the proposals, Dr Chaand Nagpaul, BMA GP committee chair said:

"The CQC's proposed rises are wholly disproportionate and unwarranted. These increases will see a significant rise in fees for GP practices at a time when many are under intense, unsustainable pressure from rising patient demand, falling resources and staff shortages. The planned changes show the CQC has completely ignored the vast majority of responses to its consultation and its announcement today makes a mockery of the whole exercise.

"GPs have long since lost confidence in a cumbersome, time consuming CQC process that has been beset by U-turns and mismanagement, including the withdrawal last year of part of the inspection programme which ludicrously allocated ratings to practices before inspectors had even arrived at the practice. A recent BMA survey found that eight out of ten GPs felt that preparing for inspections reduced the time they spent caring for patients, while three quarters felt that the entire process made them more likely to leave general practice altogether[2].

"At present there is little evidence that the public is benefiting from this over bureaucratic and expensive system. The CQC needs to listen to grassroots GPs and the BMA's response to its consultation and reverse these unacceptable proposed increases."

PRIMARY CARE SUPPORT ENGLAND (PCSE)

The LMC is very aware of the service concerns which practices are experiencing since Capita took over the PCSE contract. We wish to thank those practice managers who have been keeping the LMC informed on a regular basis. The LMC officers and practice manager representative are meeting with Capita management next week to discuss the way forward. Please let us know if you experience new additional concerns, by email to: mail@leedslmc.org.

REMINDER - 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 GPC has advised that 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. HSCIC ran a further collection on 14 March.

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 our 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.

PUBLICATION OF NHS PAYMENTS TO GENERAL PRACTICE AND GP NET EARNINGS
GP practices will be aware that, from 1 April 2015, it is a contractual requirement for practices to publish on their practice website by the end of the financial year (ie 31 March 2016) the mean earnings relating to the national contract for all GPs in their practice relating to the previous financial year (ie 2014/15). Alongside the mean earnings figure, practices will also need to publish the relevant number of full and part time GPs included in the calculation.

Guidance can be found on the BMA website. This 'Focus On' is intended as a quick guide for practices on this requirement, outlining how the figure should be calculated and the only income which should be included. Full details on the publication of earnings requirements can be found within the 2015/16 GMS guidance.

GUIDE TO SUPPORTING INFORMATION FOR APPRAISAL AND REVALIDATION
The RCGP has approved a new Guide to Supporting Information for Appraisal and Revalidation (March 2016) that aims to reduce inconsistencies in interpretation and simplify and streamline the recommendations.

It is designed to ensure that any areas where there has been a lack of clarity are better understood. The guide confirms that:

- all time spent on learning activities associated with demonstrating the impact of learning on patient care, or other aspects of practice, can be credited as continuing professional development (CPD)
- quality over quantity - GPs should provide a few high quality examples that demonstrate how they keep up to date, review what they do, and reflect on their feedback, across the whole of their scope of work over the five year cycle
- only incidents that reach the GMC level of harm need to be recorded as Significant Events in the portfolio. Reflection on all such Significant Events is a GMC requirement and must be included whenever they occur
- GPs only need to do a formal GMC compliant colleague survey once in the revalidation cycle (like all doctors)

- there are many forms of quality improvement activity and they are all acceptable to demonstrate how you review the quality of what you do, and evaluate changes that you make. There is no requirement for GPs to do a formal two cycle clinical audit once in the five year cycle.

The new guide makes clear that one CPD credit = one hour of learning activity demonstrated by a reflective note on lessons learned and any changes made as a result. All hours spent on learning activities can be credited, even if nothing new was learned and the activity merely reinforced what was already known. There is no need to produce more than one reflective note for a learning activity that has taken several hours.

The previous guidance about doubling credits to recognise impact has also been changed. The new guide makes clear that all time spent on learning activities associated with demonstrating the impact of learning on patient care, or other aspects of practice, can be credited. "Doubling" will be removed from 1st April 2016, so any credits achieved in this way before 31st March 2016 will still be accepted. From 2016-17 appraisal year onwards, all time spent on learning and demonstrating impact can be credited.

Feedback to the RCGP has also been that the scanning of certificates was a waste of time and educationally meaningless. The new guide makes clear that there is no need to routinely scan certificates for CPD (although GPs may wish to keep particular certificates e.g. those relevant to statutory and mandatory training defined by their employer). The RCGP recognises that GPs need to be supported by their College in resisting inappropriate additional bureaucracy and is working with key stakeholders such as the BMA GP Committee, GMC and Responsible Officer networks to look at reducing the regulatory burden.

The guide is available on the RCGP website – http://www.rcgp.org.uk/revalidation/new-revalidation-guidance-for-gps.aspx

ZIKA GUIDANCE UPDATE

The joint Zika guidance for primary care has been updated to reflect the new wording for travel recommendations for pregnant women and clarification of advice on sexual transmission. The changes include:

- Updated travel advice for pregnant women
- Clarification of advice on preventing sexual transmission to pregnant women and women planning pregnancy and their male partners
- Clarification of symptoms associated with typical Zika virus infection
- Further clarification on obtaining diagnostic samples and completing RIPL request forms
- Links to new advice on Zika and immunocompromised patients, and the Guillain-Barre syndrome
- New section on minor procedures in the primary care setting, including dentistry

https://www.gov.uk/government/publications/zika-virus-infection-guidance-for-primary-care
https://www.gov.uk/government/news/zika-virus-updated-travel-advice-for-pregnant-women
http://www.bma.org.uk/support-at-work/gp-practices/service-provision/zika-virus-infection

HEALTHCARE ASSISTANTS

Health Education England working across Yorkshire and the Humber (HEE YH) are running a second cohort of this successful scheme which aims to promote a standardised regional programme to ensure healthcare assistants (HCAs) in general practice have the knowledge and skills required to understand the role they are delegated.

Practices that meet a defined set of criteria are eligible to receive funding to support HCAs completing an apprenticeship in clinical healthcare support, plus primary care specific 'bolt-on' modules. Please contact Sharon Simister, Workforce Transformation Project Co-ordinator for further information by email sharon.simister@yh.hee.nhs.uk

SESSIONAL GP eNEWSLETTER MARCH 2016
The March edition of the sessional GP enewsletter can be assessed here.

The Chair's message focuses on the NHS England's proposal to introduce maximum indicative locum rate for locum doctors' pay. Other blogs highlight the value of sessional GPs getting involved with their Local Medical Committees, including a feature written by our own Dr Doug Pollock which can be read in full below, and also provides guidance on managing clinical risk for locum GPs as well as advice on diagnosing scarlet fever. The enewsletter also provides a useful update on the GP campaign – *Urgent Prescription for General Practice*, and personal accounts of why one medical student is considering a career in general practice and another on coming through the other side of a GMC investigation.

LEEDS LMC AND SESSIONAL GPs — get involved
Leeds LMC Limited is the professional statutory body, representing and supporting the interests of all GPs in the Leeds area, including salaried and locum GPs. These sessional GPs make up an increasingly important proportion of the GP workforce in Leeds and the committee has been keen to welcome them and invite their contributions in recent years.

Locum GPs are encouraged to become involved in LMC activity by the acceptance that fees have been paid by the practices that employ locum GPs, rather than charging these individuals, in much the same way as salaried GPs are treated.

In 2007-2009 Leeds LMC hosted separate sessional GP subcommittee meetings to facilitate discussion of issues affecting both salaried and locum GPs, but in more recent years items have been discussed in the main body of the monthly evening committee meetings, along with topics of broader concern in which they have particular experience such as the provision of OOH services.

Sessional GPs and GP registrars have been welcomed to attend LMC meetings often as observers initially, being co-opted onto the committee to gain experience and with increased interest and understanding, have been encouraged to make greater contributions, such as vice-chair of the LMC.

Leeds Sessional GP educational forum members have supported many practices in Leeds, forging strong links with the LMC over the years, and at one stage there were seven sessional GPs on the committee totaling 21 members.

With increased familiarity, sessional GPs have felt able to raise issues with the committee either individually or via representatives, giving voice to their concerns arising from clinical practice. The LMC has taken up matters directly with local hospitals or other administrative organisations such as clinical commissioning groups and primary care services England on their behalf.

The LMC produces a monthly newsletter containing one or more articles of relevance to sessional GPs with links to other items of information and communication, such as the GPC sessional GP subcommittee newsletter, which are circulated directly to sessional GPs on their books as well as via the sessional GP group. It is difficult for Leeds LMC to know how many locum GPs there are at any given time, hence the dual channels of communication to disseminate relevant LMC information to most if not all of these individuals.

There have been many open meetings of the LMC to which all GPs including sessional GPs have been invited. Some meetings have been specifically tailored to GP registrars and sessional GPs, such as discussion on the role they will play in a future general practice.

Each year elections to the LMC are publicised as widely as possible and it is made clear that sessional GPs are entitled to stand and vote to ensure that their collective voice can continue to be heard on the Committee.

Currently Leeds LMC have offered to support the sessional GP group as it evolves, with administrative help, a dedicated sessional GP liaison officer, and further access to its sessional GP tab on its website.

More information on how LMCs and sessional GPs can work together
Doug Pollock, Locum GP & member of Leeds LMC

VACANCIES ON LEEDS LOCAL MEDICAL COMMITTEE
At a time of crisis for many, and potentially significant change for all practices, it's vital that we have a strong and vibrant LMC which reflects the views of all GPs in Leeds. Whether we are GP partners, salaried GPs, locums or those who work solely in out-of-hours or other settings, we are all GPs and one profession. Due to a number of GP retirements, the LMC committee currently has vacancies that we are keen to fill as soon as possible. We have an opportunity to represent your colleagues through GP citywide membership (these seats are open to GPs, regardless of contractual status, who work within any of the Leeds CCG locality areas) and also a vacancy in the Leeds South & East locality area (this seat is open to GPs, regardless of contractual status, working within the NHS South & East CCG locality).

The LMC would like to actively encourage you to consider joining the committee to represent your fellow GPs. If you are interested in finding out more about the work of the committee, please contact the LMC office for an informal chat in the first instance on 0113 295 1460 or by email to mail@leedslmc.org.

PRACTICE MANAGER REPRESENTATION ON THE LMC COMMITTEE
Leeds LMC wishes to thank Mr Derrick Allen, Practice Manager at Sunfield Medical Centre, who has been the elected practice manager representative on the LMC committee for the last 3 years. As Derrick's term of office is due to end shortly, the LMC will be circulating details on how practice managers can be nominated to join the committee to represent their colleagues across Leeds. Please look out for the nomination forms or contact the LMC office for further information: mail@leedslmc.org.

COMINGS AND GOINGS

A warm welcome to…..
Dr Julianne Lyons and Dr Esther Sterrenburg who are now both partners with Leeds Student Medical Practice

Good bye and best wishes to…

- *Dr Makram Mossad who retires at the end of the month from Whinmoor Surgery which will also coincide with the closure of his practice which was a story that featured in the Yorkshire Evening Post. Dr Mossad was a former member of the LMC and we wish him well for the future.*
  http://www.yorkshireeveningpost.co.uk/search?query=Dr+Mossad&p=header
  http://www.yorkshireeveningpost.co.uk/news/yep-says/yep-says-leeds-gp-closure-is-a-symptom-of-a-national-crisis-1-7808727

- *Dr David Murray and Dr Julie Greenway who both retire from Leeds Student Medical Practice*
- *Dr John Berridge who retires from Beeston Village Surgery and general practice at the end of the month. Dr Berridge joined the LMC committee in 1994 and has been an active and supportive committee member – the LMC wish him well for his retirement*
- *Dr Doug Pollock who, as a sessional GP, has supported many GP practices in the Leeds area and takes early retirement at the end of the month from general practice. Dr Doug Pollock has chaired, organised and supported the sessional GPs group over many years and has also been a very active member of Leeds LMC. The LMC wish to thank him for his work and tireless support – we wish him well for his retirement.*

Practice vacancies at…..

Vacancy for Salaried GP/Partner
A busy, constantly growing, training practice looking to recruit a full-time (7/8 sessions) salaried GP/ Partner.

- Inner city practice of 15,000 patients, 5 partners, Excellent nursing support
- Purpose built premises
- EMIS Web, paper light
- Extended hours (7am – 7pm and Saturday morning) but no OOH commitment
- Training practice, Friendly and supportive team

Informal enquiries / visits welcome. Written applications, including CV, to:
Linda Thompson (Practice Manager) or Dr Sarah Cawthra (GP Trainer)
Armley Medical Practice, 95 Town Street, Armley, Leeds LS12 3HD
Or by email to: linda.thompson24@nhs.net or sarah.cawthra@nhs.net; Tel: 0113 467 7499

Vacancy for Salaried GP working 5 to 6 sessions in Leeds LS14 and LS9
Due to the promotion of a Salaried GP moving up to become a Partner, this successful training practice in North East Leeds is looking to engage a Salaried GP to join this 6 Partner, 2 site, SystmOne, GMS Practice with 9000 patients and not operating Extended Hours.

The candidates must be motivated, wanting to join a happy and cohesive team with a low visit rate, have a committed, flexible and approachable outlook with the desire to deliver high quality patient health care in a supportive environment.

Applications in writing or by email to: Justin Park, Practice Manager, The Medical Centre, 846 York Road, Leeds, LS14 6DX or by email to justinpark@nhs.net. Closing date is Friday 1st April 2016 for a July or August 2016 starting date.

Job Vacancy for GP (on either a salaried or self-employed locum basis)
8 sessions per week on a 12 months contract – start date: August/September 2016
Leigh View Medical Practice is looking for a highly motivated GP to join a busy medical practice on the Leeds/Wakefield border on a salaried or locum basis. We are seeking an individual who is able to provide 8 sessions per week for continuity of care for our patients. The practice is part of Leeds West Clinical Commissioning Group.

Our attached staff team in-house include the Midwives, Mental Health Workers, Alcohol Support Workers, Pharmacist, Podiatrist, and Physio and we have physical space for accommodating further services over the coming years.

- Rising List @ 16,300 patients to date, with many housing developments planned.
- 'Extended Hours' work will be one set evening each week until 7.30pm/8pm. The practice does not open at the weekends.
- There are no Nursing Homes in the practice boundary area, though there are several Learning Disability support homes
- The Clinical Team consists of 7 Partners, 2 Salaried GPs, 4 Practice Nurses and 3 Health Care Assistants
- Modern and newly extended premises with community patient groups in-house and a pharmacy next door
- High Scoring QOF
- EMIS Web system and a specialist GP Intranet

Salaried GP rates and job plan will be primarily based around recommended BMA terms.

Applications: Please send a CV with a covering letter to: Miss Victoria Allen, Practice Manager, Leigh View Medical Practice, Bradford Road, Tingley, Wakefield, WF3 1RQ. Tel: 0113 253 7629 Email: vallen1@nhs.net. We are happy to accommodate informal visit requests prior to application.

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