

LMC ViewPoint

The newsletter of Leeds Local Medical Committee Limited

April 2016

GENERAL PRACTICE FORWARD VIEW

NHS England has published its long awaited *General Practice Forward View*, setting out a programme of support for primary care over the next five years. This strategy follows strong lobbying and calls for action from the BMA GP committee, including in their most recent paper '*Responsive, safe and sustainable: our urgent prescription for general practice*' outlining the urgent actions needed to alleviate the current significant pressures.

GPC has worked closely with NHS England to represent the views of the profession and influence their final strategy. A large number of the GPC's proposals have been accepted by NHS England and included in their roadmap for the future.

Whilst the *Forward View* represents a comprehensive package of support to general practice, both in the immediate and longer term, GPC is equally clear there are a number of areas requiring more clarity and work on the detail of implementation. There is a need for further information and analysis of the proposals before their significance can be fully understood. It has been agreed that GPC should continue to push NHS England to respond to the remaining areas outlined in *Urgent Prescription* which they have yet to address, as GPC believes implementation of these are vital to help resolve both the current crisis facing general practice and to provide sustainability for the future.

In terms of next steps, the LMC Conference in May will provide an important opportunity for grass roots GPs to consider and debate the *Forward View*. GPC will sit on the Advisory Oversight Group which will steer and drive implementation of the measures; it is vital that this programme of support is delivered rapidly so that practices receive the support so urgently needed. Links to the *Forward View* document, GPC's letter to the profession and other relevant documents can be found at: <http://www.bma.org.uk/working-for-change/urgent-prescription-for-general-practice>

PRIMARY CARE SUPPORT ENGLAND – Leeds LMC meeting with Capita

As practices will be aware, the LMC met with Capita on 8th April to discuss the very poor level of service which practices and locum GPs are receiving from PCSE. We are grateful to the many practice managers who sent us detailed information on the problems experienced with the movement of medical records, logging onto the portal, ordering supplies, locum GP superannuation contributions etc.

The meeting was held at the LMC offices and was attended by senior staff from Capita including the Managing Director, Mark Berham, as well as representatives from Leeds practice managers, the Leeds Sessional GP group and LMC officers. We had a very frank discussion raising practices' serious concerns and the Capita management apologised and stressed that they were committed to dealing with the issues as soon as possible. A follow-up meeting is scheduled to take place in 6 – 8 weeks and the LMC will continue to hold Capita to account. The problems are widespread and have also been taken up by the BMA nationally.

The situation was discussed by LMC committee members at our April meeting. It was felt that in circumstances where practices have almost run out of prescriptions or essential supplies such as needles due to delivery failures by PCSE, then these may be judged patient safety issues and as such practices may wish to consider filing a Datix incident report. In this way, an official record would be kept and documented which may assist in encouraging a speedy resolution of these matters. Please also keep the LMC informed about further problems, but also if you feel that the system is improving.

Since the meeting an update from Capita has been provided as follows:

1. Customer Support Centre

We absolutely recognise that the service currently provided isn't up to scratch and have put together a Customer Support Centre recovery plan to get us back to the point of delivering service levels. The key elements of this are increasing the number of staff available to take calls and identifying the key issues that are driving calls to the CSC and fixing the root causes.

A large number of new staff started this week and there are more in training to start work next week. As a result of this we have seen the percentage of calls answered increase and the average wait time continue to decline. There is still more work to do but the direction of travel is positive.

2. Medical Records

We continue to pilot the new approach in West Yorkshire and are collecting both quantitative and qualitative data to support the decision to go live across the rest of the country. When we met with the Leeds LMC three weeks ago the University of Leeds practice were particularly vocal about their concerns. When we visited them this week we had an extremely productive visit where the practice made a couple of very sensible suggestions about how we could practically improve a service they could now see the benefits of.

Some aspects of City Sprint continue to cause concern and we have worked with them to reinforce their contractual requirements around ID and talked to them about the attitudes and behaviour of their staff. Across the rest of the country the contingency arrangements have largely bedded in with records flowing through the system.

We are from this week producing a weekly update for GPs on medical records which will go out each Friday and answer the most frequently asked questions. As we now have over 92% of GP practices signed up on the portal (with email addresses) we have for the first time a quick and reliable way of reaching people with such updates.

3. Supplies

This is without doubt the biggest area of concern across all primary care contractor groups. We have experienced a level of demand that is several times above what would be expected, based on historical patterns. This has put enormous pressures on all stages of the supply chain (CSC, supplies ordering, City Sprint and our suppliers Xerox and NHS Supplies).

We are up to date with supplies orders so the focus is on the fulfilment of these orders and dealing with issues caused where stocks are running low. The main area of concern is sterile products and we have worked with NHS England to put some short term practical solutions in place that allow us to buy direct from suppliers and, in extremis, allow practices to do the same and invoice NHS England.

ACCESSIBLE INFORMATION STANDARD FOR GP PRACTICES

The Accessible Information Standard aims to ensure that disabled people have access to information they can understand and the communication support they may need. The Standard applies to service providers across the NHS and adult social care system. As organisations that provide NHS services, GP practices are required by law to follow the Standard under Section 250 of the Health and Social Care Act.

All organisations are expected to follow the Standard by **31 July 2016**. Many practices are likely to be meeting a number of the requirements already. Some aspects of the Standard will require support from CCGs or NHS England to allow practices to comply.

GPC has produced a Focus On guide, summarising practice responsibilities. They have discussed with NHS England the need to ensure a proportionate approach for general practice, particularly

given the current severe workload pressures. The Focus On guide is available on the BMA website, under 'key guidance': <http://www.bma.org.uk/support-at-work/gp-practices>.

AVOIDING UNPLANNED ADMISSIONS (AUA) SURVEY

It has been confirmed that the patient survey mentioned within the 2015/16 AUA ES spec was not implemented. It was stated as being subject to a feasibility study and a decision was taken by NHS England not to proceed. References to the patient survey have been removed from the forthcoming 2016/17 AUA specification.

2016-17 QOF GUIDANCE

The 2016-17 QOF guidance has been published on the NHS Employers webpage (<http://www.nhsemployers.org/your-workforce/primary-care-contacts/general-medical-services/quality-and-outcomes-framework>). The BMA webpage (<http://www.bma.org.uk/support-at-work/contracts/gp-contracts-and-funding/independent-contractors/qof-guidance>) has been updated to reflect the minor amendments made to QOF for 2016-17, which are:

- An adjustment to the value of a QOF point taking account of population growth and relative changes in practice list size from 1 January 2015 to 1 January 2016. The national average list size as of 1 January 2016 is 7460 and the value of a QOF point for 2016/17 will be £165.18
- No changes to thresholds for 2016/17
- No changes to QOF indicators

REVALIDATION: GUIDANCE FOR GPs

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 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 at: <http://www.rcgp.org.uk/revalidation/new-revalidation-guidance-for-gps.aspx>

NEW FIREARMS LICENSING PROCESS

As of 1 April 2016, there has been an introduction of a new firearms licensing process, further details are available on the [BMA website](#). This webpage also provides links to [more detailed Home Office guidance for GPs and all the relevant forms](#).

MEDICAL INDEMNITY REQUIREMENTS FOR JOINING THE ENGLAND NATIONAL PERFORMERS LIST

Having considered NHSE's letter, a copy of which is attached to this edition of Viewpoint, the LMC recommends that all GPs and practice managers familiarise themselves with it. We also remind GPs that it is a statutory requirement for doctors to have adequate insurance or indemnity. Good medical practice – paragraph 63 already requires doctors to have insurance or indemnity in place where necessary.

Parliament passed new healthcare legislation in 2013, which meant the GMC had to change its regulations. The Regulations which came into effect on 1 August 2015, gave the GMC powers to check whether doctors have appropriate insurance or indemnity in place. The GMC is now able to:

- check that any doctor practising in the UK has the appropriate insurance or indemnity in place, when it has concerns that this might not be the case
- remove a doctor's licence to stop them from practising altogether, if it learns that they don't have appropriate insurance or indemnity in place or if they fail to give the GMC the information it asks for
- refuse to grant a licence to a doctor if they can't assure the GMC that they'll have the appropriate insurance or indemnity in place by the time they start practising in the UK.

A doctor needs to have insurance or indemnity in place when they start to practise in the UK. The type and level of insurance or indemnity required depends on where a doctor works, whether they are employed or self-employed and the type of work they do.

PMS CONTRACTS

We wish to draw your attention that NHSE are encouraging CCGs to issue the new model PMS contract to practices. Please note that the new contract is likely to have requirements which are not part of the GMS contract and we would suggest PMS practices read the new contract carefully before signing. We have also been discussing with the three Leeds CCGs, how the delayed PMS review process is progressing and how they will ensure appropriate use of any freed up PMS premium payments this year.

We understand that the legal firm Leigh Day are progressing a patient-led Judicial Review application on behalf of a patient registered at Slaithwaite Health Centre in Huddersfield, against national PMS GP funding cuts, and will release an update on their website in due course. As more information becomes available we will update practices in Leeds.

The BMA's PMS guidance has also been updated and can be found here:
<http://www.bma.org.uk/support-at-work/contracts/gp-contracts-and-funding/independent-contractors/personal-medical-services>

LTHT CHANGES TO THICKENER BRANDS

Admissions to LTHT who require thickened drinks will be going home on Resource Thicken Up Clear (as opposed to Thick & Easy) and it is important to note that fluid has to be added to the powder as opposed to adding the powder to the fluid.

Key points:

- Resource Thicken Up Clear (RTUC) is being introduced across LTHT to improve care for patients who require their drinks to be thickened. RTUC is much more palatable and anticipated to result in increased (and safer) fluid intake
- **Resource Thicken Up Clear must be put into a dry, cup, beaker or jug BEFORE adding fluid** (unlike the current product which is added to the drink)
- Resource Thicken Up Clear is not indicated for patients with a Milk Allergy or on a Low Sodium Diet

- New documentation has been prepared in anticipation of product launch ensuring that this product is prescribed by GP's on discharge from hospital
- the launch of this product in conjunction with Fresubin Stage 2 Pre-Thickened Supplement which is being rolled out at the same time as RTUC to facilitate intake of Supplements for those presenting with swallowing problems

ANTICIPATORY PRESCRIBING FP10 FORM

We would like to draw your attention the updated guidance to Anticipatory Prescribing and the appropriate doses as agreed by St Gemma's Hospice for use in the community. The guidance FP10 and relevant information should be available on Leeds Health Pathways and should also be available on EPaCCS on your clinical system in due course. A copy of the FP10 is attached to this edition of Viewpoint.

SESSIONAL GPs eNEWSLETTER

Please see below for the link to the latest Sessional GPs e-newsletter:

<http://bma-mail.org.uk/t/JVX-46095-1BJCJOU46E/cr.aspx>

SESSIONAL GPs ELECTIONS

Voting is now open for elections to the BMA sessional GPs subcommittee. The ballot closes at 5pm on Friday 6 May. If you are a sessional GP and have not received information on how to vote, but would like to do so, please contact elections@bma.org.uk.

EVALUATING HEALTH AND MEDICAL APPS

NICE, supported by Public Health England and Imperial College London, is developing a framework for evaluating health and medical apps. This current study aims to better understand the ways that GPs are utilising such apps in their clinical practice, and their opinions around app evaluation. GPs play a pivotal front-line role in health promotion and in the diagnosis and management of chronic disease - scenarios in which health and medical apps may have an important role to play in the future. If you are a fully qualified GP currently practicing in the UK, please complete this short anonymous electronic survey

https://imperial.eu.qualtrics.com/SE/?SID=SV_7TZYGvJfEmVXn2I

YOUNG PEOPLE WITH LEARNING DISABILITIES – video for health professionals

A group of young people with learning disabilities along with [Fixers](#), [Paperworks](#) and [YouthWatch](#) have created a really powerful short video (2 minutes long) called '[Doctors, Talk to me](#)' aimed at doctors, dentists and other health professionals. It's a completely free resource for you and your staff.

One of the young people, Gurdesh (22) explains in his own words why they made the film:

"The video is based on our own experiences of how we sometimes feel when we go to the doctor. We have made the video because doctors don't always explain things to people with learning disabilities. We want to change that."

It's a high quality professional film, which could be used to improve practice by raising awareness about issues faced by people with learning disabilities. You can use the video to train your staff, or in online toolkits for professionals.

The film can be accessed easily online [here](#) and there's also a poster to go with the film which can be downloaded [here](#). If you would like some higher quality printed copies of the poster or more information, please contact Harriet Wright, Community Project Worker, Healthwatch Leeds at: harriet@healthwatchleeds.co.uk

LEEDS LOCAL MEDICAL COMMITTEE LIMITED
CURRENT GP MEMBERSHIP OF THE COMMITTEE from 1 April 2016

Locality GP members

NORTH CCG

▪ 2014-2017	Dr Raj Sathiyaseelan	Principal	LMC Officer
▪ 2015-2018	Dr Richard Vautrey	Principal	LMC Officer
▪ 2016-2019	Dr Annette Bearpark	Principal	LMC Officer

SOUTH AND EAST CCG

▪ 2014-2017	Dr Helen Alpin	Principal	
▪ 2015-2018	<i>vacancy</i>		
▪ 2016-2019	Dr Khalid Muneer	Principal	

WEST CCG

▪ 2014-2017	Dr Amanda Robinson	Principal	
▪ 2015-2018	Dr Nicola Hambridge	Salaried	LMC Officer
▪ 2016-2019	Dr Farakh Sadiq	Principal	

City wide GP members

▪ 2014-2017	Dr Julianne Lyons	Principal	
▪ 2014-2017	Dr Simon Ottman	Principal	
▪ 2016-2019	Dr Jonathan Adams	Principal	LMC Officer
▪ 2016-2019	Dr Gwyn Elias	Salaried	
▪ 2016-2019	Dr Paul Robinson	Principal	
▪ 2016-2019	Dr Sarah McSorley	Sessional	

Appointed members

▪ Appointed GP registrar	Dr James Worsfold		
▪ Practice Manager representative	Current representative 3 year term has ended. Role to be Advertised shortly		

COMINGS AND GOINGS

A warm welcome to.....

Julie Martin who joins Manston Surgery as Practice Manager

Practice vacancies at.....

Salaried GP Vacancy for Surgery, Otley www.westgatesurgery.com

We are looking for an enthusiastic and committed doctor for 6-7 sessions per week (negotiable) following retirement of the senior partner.

Friendly, innovative and supportive practice with excellent and stable staff.

Superb purpose-built premises, directly overlooking the River Wharfe.

- PMS practice (6000 patients)
- Excellent QOF score
- Comprehensive range of enhanced services
- AQP Vasectomy & Minor Surgery Services
- Training Practice with Harrogate VTS
- Regular PLT, MDT and practice team meetings
- Excellent nursing, management and administrative support
- SystemOne, ETP
- Medical Indemnity fees paid

Start date: flexible for the right candidate

Westgate Surgery is part of One Medical Group and there will be opportunity to work across their Leeds based services. For an informal discussion or to arrange visit please contact our manager, Deborah Hollings on 01943 660533 or email deborah.hollings@nhs.net

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