

# LMC ViewPoint

*The newsletter of Leeds Local Medical Committee Limited*

**September 2016**

## **FAILURE OF HOSPITAL PATHOLOGY SYSTEM**

Practices and patients will have been equally frustrated over the last week with the major failure of the Leeds Teaching Hospital Pathology system which led to countless appointments and blood tests cancelled, causing major disruption for practices and serious inconvenience to patients. Leeds LMC met with the CCGs as soon as the situation developed and made it clear what impact this serious failing would have on the day to day work of practices. We are grateful to the CCG officers who worked hard with LTHT staff to resolve the situation. Last week, practices received an apology from Julian Hartley, the chief executive.

Dear colleague,

I would like to take this opportunity to apologise for the inconvenience to you and your patients caused by the failure of the pathology IT systems at Leeds Teaching Hospitals NHS Trust.

Ensuring patients receive safe care is our number one priority and I would like to thank you all for the hard work you are doing to help manage contingency plans and escalate concerns where you need to.

This system is incredibly complex and the LTHT IT team has been working with partners around the clock to bring it back up to full functionality as quickly as possible.

Laboratory teams are working incredibly hard to process test results and get them out to requesters as soon as they can.

We are working as a Leeds and Bradford health community so that we have a joint approach to managing this situation and can ensure that all patients receive the best possible care.

We now have temporary arrangements in place with other providers to process samples from primary care and, from Tuesday, GPs will be able to carry out routine blood tests.

I know that it has been a difficult week but I wanted to thank you for your support and your continued hard work.

Yours sincerely,



**Julian Hartley**  
**CHIEF EXECUTIVE**

## **SAVE THE DATE: TUESDAY 1<sup>ST</sup> NOVEMBER – LEEDS LMC STP EVENT**

There has been national coverage of the process adopted by NHS England to review the sustainability of health plans across the country. In some areas, radical recommendations are being made and so far much of this work has been done without wider consultation. Leeds is part

of the wider West Yorkshire Sustainability and Transformation Plan area. However each locality is developing its own plan which feeds in to the wider West Yorkshire arrangement.

Leeds LMC is keen to ensure all GPs have the opportunity to both learn about what is being developed for Leeds as well as the wider West Yorkshire plan, and to be able to discuss and comment on it. We are therefore intending to hold an evening event at Weetwood Hall to share details of the STP with Leeds GPs, practice managers and consultants from the Leeds Trusts.

The STP could have far reaching consequences so come along and find out what it will mean for you and your patients. Further details of the event and a full agenda will be circulated in due course.

### **PRIMARY CARE WORKFORCE: GENERAL PRACTICES' DATA COLLECTION**

For the past couple of years, practices have been completing the Health Education England (HEE) 'Primary Care Workforce: General Practices' data collection. This workforce tool provides a valuable mechanism to ensure that we can plan for the future primary care workforce and commission training and education more effectively in Yorkshire and the Humber and we would like to thank you for your continued input into the tool.

We recognise that workforce is a key risk for general practice and the GP Forward View outlines some possible opportunities and solutions. The 3 Leeds CCGs and the LMC have established a workforce group for primary care and one of the key actions we have agreed initially is to fully understand the current workforce in Leeds and specifically understand where the risks are.

The workforce tool provides us with some good data, however there are some gaps in the completion of the tool and the CCGs and the LMC would like to ensure that the tool provides the most up to date position with regard to workforce and specifically with regard to the problems that individual practices may be facing now and in the immediate future. We have put forward some suggestions to the tool to support the data collection but unfortunately these will not be implemented for the next submission.

The next deadline for submitting data is the **30th September 2016** and we would be grateful if you could ensure that you review the data for your practice and ensure this reflects the current position in the practice.

Please note, there is a section in the tool which enables you to input 'risks and actions'. We would encourage you to enter any 'free text' that would specifically enable us to understand the number of vacancies within the practice (across all staff groups) and also the number of regular locums sessions that you have in practice (where this is not captured within the clinical sessions).

HEE will submit the workforce data on the practices' behalf to the Primary Care Web Tool and therefore please note that practices **DO NOT** need to submit to both tools. However, practices do need to go into the Primary Care Web Tool and tick the box to indicate they are submitting via the HEE tool. CCG Locality Teams are available to support practices with submitting their data if required, please contact your locality team. The LMC and the CCGs would also welcome discussing any specific practice concerns you have regarding workforce.

Thank you once again for your continued support.

Guidance on the Workforce Minimum Data Set (WMDS) has been published on the BMA website and can be accessed [here](#)

### **TOOLS FOR GPs TO STOP BUREAUCRATIC WORKLOAD DEMANDS**

Imagine if in our daily work as GPs:

- We no longer receive letters requesting a GP to re-refer a patient who misses an outpatient appointment, with hospitals instead directly liaising with patients to book another appointment

- Results of investigations requested by hospital clinicians are communicated by the hospital directly to the patient, including telephoning them where necessary. Patients would therefore no longer make appointments with GPs, for example, to find out the result of the scan they had two weeks ago in hospital, nor would we receive letters requesting us to chase up results for patients discharged, or in-between clinic appointments
- Hospitals make direct internal referrals to another department or clinician for a related medical problem; GPs would no longer therefore receive letters, for example from a chest physician requesting a re-referral to a cardiologist because the patient's shortness of breath is felt to be owing to heart failure
- GPs always receive electronic discharge letters after an emergency department visit or inpatient episode within 24 hours, and all outpatient clinic letters are received within 14 days, so that we no longer see patients without necessary information to manage them, nor do we have to ask them to come back again after receiving the relevant correspondence
- Patients discharged from hospital are given full and adequate supplies of medication, and do not require the GP to make up any shortfall.

All of the above requirements were added to the [NHS England standard hospital contract](#) in April 2016, in response to the BMA'S GP committee's lobbying as part of their UPGP (Urgent Prescription for General Practice) campaign to end relentless inappropriate demands on GPs, wasting an estimated 15 million GP appointments annually, as well as the additional time and expense of our staff.

### **New templates to end inappropriate bureaucratic demands**

The BMA have received feedback that, in many parts of the country, hospital providers have not yet implemented the above standards. As a result of a specific request from GPC, [NHS England has written](#) to all CCGs (clinical commissioning groups) and chief executives of NHS Trusts to remind them that this must be done promptly. However, to make this a reality, GPs and practices should take control and push back on inappropriate hospital-initiated demands, which now constitute breaches in relevant areas of the standard contract.

To make this easier for you, GPC has developed new [standard hospital contract template letters](#) as part of their Quality First web resource. The templates can be adapted for practice use, and can be embedded into GP clinical systems so that the letter to the hospital is pre-populated with patient details.

Please use [these templates](#) on each occasion when a hospital makes an inappropriate request which breaches the standard contract, so that the hospital can fulfil its obligations and take necessary action. The following [templates](#) are available:

- Situations where trusts are adopting blanket policies to discharge patients from their service back to their GPs for re-referral when they do not attend outpatient clinics
- Situations where a trust is not undertaking onward referral to other specialties internally, but is referring back to the GP for re-referral
- A failure of a trust to notify patients in a timely manner of the results of tests or investigations, or where they ask the GP to chase up the result
- A failure of a trust to send discharge summaries by direct electronic or email transmission for inpatient, day case or emergency care within 24 hours
- A failure of a trust to communicate within 14 days after an outpatient clinic attendance appointment
- A failure of a trust to provide medications following discharge from inpatient or day-case care, where medication must be supplied for the period established in local practice or protocols.

### **Notify your CCG of breaches**

The BMA have produced a [template proforma to send to your CCGs](#), notifying them of a hospital breach, so that they can be held to account as commissioners to ensure hospitals adhere to these new contract requirements. We would also ask that you keep a record of the number and nature of breaches, and notify the LMC (no identifiable patient data necessary) so that we can

build up a national picture of adherence to these new standards, and take up any concerns with NHS England.

### **GP ACCESS SURVEY**

The letter and guide for completing the general practice access survey have now been published. They are both available on the NHS England website at:  
<https://www.england.nhs.uk/commissioning/gp-contract/>

The revised amendments to the GMS Contract Regulations which contain the provisions for the survey among other changes can be found here:  
<http://www.legislation.gov.uk/ukxi/2016/875/introduction/made>

### **FOCUS ON GENDER INCONGRUENCE IN PRIMARY CARE**

A number of queries have been raised with the GPC regarding the management of patients who present at their general practice with gender identity problems; including questions relating to patient records and confidentiality and, in particular, regarding prescribing and monitoring responsibilities in relation to the gender reassignment process.

In response, the GPC have produced new guidance, which:

- Aims to explain what should be provided in primary care
- Signposts to further sources of guidance
- Highlights some of the underpinning ethical and legal considerations.

A copy of the guidance can be found on the [BMA website](#) or the LMC website at [www.leedslmc.org](http://www.leedslmc.org).

### **GPFV LINKS**

Please find below the link to an NHS England programme that is aimed to provide expertise and support for groups of practices in a CCG area to implement innovations that should hopefully release time for care.

<https://www.engage.england.nhs.uk/consultation/time-for-care-programme-eoi>

### **INVESTMENT IN GENERAL PRACTICE REPORT**

NHS Digital, formerly the Health and Social Care Information Centre, have published the annual investment in general practice report for 2015/16. Dr Chaand Nagpaul, BMA GPC UK chair, said: "As the detail behind these figures confirm, general practice has suffered from a decade of under investment with the proportion of funding GP services receive dropping as a proportion of the NHS budget from 10% in 2004/05 to 8.1% today. This is despite an unprecedented surge in pressure on GP practices, with rocketing demand, especially from an older population with complex needs, widespread staff shortages and more care being moved from secondary care into the community. In this worsening climate, many practices are facing a disastrous financial future, with more than 300 GP practices in England recently telling the BMA they are potentially facing closure.

"There are signs that the proportion of funding is beginning in a small scale to increase, however this does not match the relentless expansion in workload and activity in GP surgeries which has left many without the necessary resources to sustain an effective service to patients. Much of the funding increase recorded in this report derives from one off payments from the PM Challenge Fund and other pilots. What is really needed is for the government to implement immediately its promised injection of extra resources and a proper recruitment drive in general practice so that we can ensure GP services are able to deliver the care the public deserves."

A copy of the Investment in General Practice report can be found [here](#).

On the same day the annual Payments to General Practices report was published. This showed that the average NHS payment, including CCG LES payments, to practices per registered patient was £142.62 in 2015/16 compared to £141.09 in 2014/15. The full set of data tables is available as Annex 1 at: <http://digital.nhs.uk/pubs/nhspaymentsgp1516>

### **GP EARNINGS AND EXPENSES REPORT 2014/15**

NHS Digital have also now published the GP Earnings and Expenses Report for the financial year 2014/15. The report was agreed by the Technical Steering Committee (TSC) which includes representatives from the four UK health departments, NHS Employers and the GPC. The report continues to focus on the mean, rather than the median, measure of average, which skews figures in favour of outliers. However, the median is included with a number of key figures.

For contractor GPs, the headline figures relate to gross earnings, total expenses and income before tax derived from all self-employed sources, as reported on tax returns. The figures therefore include private as well as NHS work. The estimates presented in the report exclude employer's superannuation contributions.

The report also includes income averages for salaried GPs. Figures for salaried GPs relate to earnings, expenses and income derived from all employed and self-employed sources, as reported on self-assessment tax returns. They therefore include private as well as NHS work. The results for salaried GPs also include full and part-time GPs.

The data source for the survey is HM Revenue and Customs' (HMRC's) self-assessment tax database as of March 2016.

#### **Combined GPs**

The *mean* income before tax for combined GPs (contractor and salaried) in the UK in 2014/15 was £90,600 for those GPs working in either a GMS or PMS (GPMS) practice (compared to £90,200 in 2013/14, an increase of 0.4% which is not statistically significant).

The *median* income before tax for combined GPs in the UK in 2014/15 was £86,400 compared to £86,700 in 2013/14, a decrease of 0.4%.

The average income before tax for GPMS combined GPs in 2014/15, by country was:

- £91,000 in England compared to £90,700 in 2013/14, an increase of 0.3 per cent which is not statistically significant.
- £87,400 in Scotland compared to £86,500 in 2013/14, an increase of 1.0 per cent which is not statistically significant.
- £85,400 in Wales compared to £85,900 in 2013/14, a decrease of 0.5 per cent which is not statistically significant.
- £98,500 in Northern Ireland compared to £96,500 in 2013/14, an increase of 2.1 per cent which is not statistically significant.

<https://www.gov.uk/government/statistics/announcements/gp-earnings-and-expenses-2014-15>

### **CONSULTATION RE MANAGING CONFLICTS OF INTEREST IN THE NHS**

Earlier this year NHS England set out plans to design a stronger, more consistent approach to managing potential and existing conflicts of interest across the system. An NHS task and finish group has been working to develop a full set of rules. A [consultation](#) on the proposed rules is now available.

It is hoped the final guidance will be stronger and more consistent, meaning patients and the public can have full confidence in how NHS funding is invested. Feedback can be provided from Monday 19 September until midnight Monday 31 October. To have your say visit the NHS England [consultation hub](#).

## **RCGP COURSES FOR PRIMARY CARE NURSES**

The RCGP has introduced a series of new courses for Primary Care nurses. Please share these details with your Practice team.

**17 November 2016** – COPD for Primary Care Nurses Cedar Court Hotel, Wakefield. For more information and to book online click [here](#)

The course will cover the diagnosis, assessment and management of COPD. Smoking cessation is discussed in detail. Also covered within this course are the common co-morbidities that are known to coexist significantly in those persons diagnosed with COPD. There are no written assignments. Assessment is via case study analysis and is completed and marked within the course.

Please note that each half day course equals 3+ CPD points and a full day equals 7+ CPD points.

Places on all of the courses are limited, so please book early to avoid disappointment. For further details please contact: Antonia Ford, Fiona Brennan & Fiona Lowndes, Royal College of General Practitioners, tel: 020 3188 7785 | [Antonia.Ford@rcgp.org.uk](mailto:Antonia.Ford@rcgp.org.uk)

## **CLINICAL PSYCHOLOGY DOCTORAL STUDY – attitudes towards self harm**

The LMC has been contacted by a Trainee Clinical Psychologist/Professional Doctoral degree student from the University of Hertfordshire who is conducting a clinical psychology study into factors which affect attitudes towards self harm, including individuals' empathy and experience of self-harm.

One of the target groups for the study is GPs and Practice Nurses due to their frequent contact with people who self harm. The study involves a short (approx. 6 minute) online survey, and along with further information about the study it can be accessed here: [https://herts.eu.qualtrics.com/SE/?SID=SV\\_3aDVJWRIsTpQfSI](https://herts.eu.qualtrics.com/SE/?SID=SV_3aDVJWRIsTpQfSI)

The study is being conducted by Shelley Bartlett and supervised by Dr Keith Sullivan. It has ethical approval from The University of Hertfordshire (ethics approval number LMS/PGR/UH/02437).

Research is obviously crucial to improve outcomes for this group of patients and your assistance would be greatly appreciated. Contact details: Shelley Bartlett, Second Year Trainee Clinical Psychologist/Professional Doctoral degree student, University of Hertfordshire, [s.bartlett4@herts.ac.uk](mailto:s.bartlett4@herts.ac.uk)

## **PRIMARY CARE RHEUMATOLOGY SOCIETY**

The PCR was created in 1986 by a group of GPs with a special interest in musculoskeletal medicine and rheumatology. It is a registered charity and educates GPs in musculoskeletal medicine. There are still places available at the forthcoming Primary Care Rheumatology Society Annual Conference:

24th - 26th November 2016 at the R Park Inn Hotel in York.

Workshops:-

- Special Lower Limb Joint Injection Sessions - using cadaveric prosections to demonstrate lower limb anatomy and injections
- Minimising risk in MSK Practice
- 10 minute gout appointment
- Examination skills for the GP
- Controversy in "Musculoskeletal Practice" – explored with clinical cases
- The GP back pain/sciatica consultation
- Assessment of hip and groin pain
- 10 minute knee appointments

- Ultrasound – Aligning MSK anatomy with ultrasound assessment
- Best ways of disseminating information to patients in the digital age
- The GP and the chronic pain patient
- Paediatric MSK triage in primary care
- Tendinopathy

A full programme and application form can be found on their website -

<https://www.pcrsociety.org/events/108>

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### GENERAL INFORMATION DISTRIBUTED TO PRACTICES THIS MONTH

Listed below is the information the LMC has sent to Practices recently. If for any reason you would like another copy and/or further information, please contact us.

- A Practice Guide to Funding and Support for General Practice (produced by Humberside Group of LMCs) circulated to practices on 31<sup>st</sup> August 2016

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New useful documents on [www.leedslmc.org](http://www.leedslmc.org)

- Focus on Gender Incongruence in Primary Care
  - Guidance and links re the GP access survey
-