

LMC ViewPoint



The newsletter of Leeds Local Medical Committee Limited

December 2016

SHARED BUSINESS SERVICES – significant incident and payment to practices

Back in April, NHS England informed GPC of a significant incident reported by NHS SBS (Shared Business Services), who previously provided primary care support to GPs in a number of areas across England.

SBS had identified a warehouse of patient-related written items stretching back four years that they had failed to transfer to practices for processing. This includes DNA hospital correspondence, temporary resident forms, duplicate documents, patient test results and communications about treatment steps. Since then a group of GPs have been commissioned by NHS England to look at all the documents and assess the clinical risk. As a result of this exercise the most clinical information carrying the greatest risk should already have been acted upon

Practices may now be receiving other items relating to this incident, for practices to review and assess for clinical harm, and any necessary action.

There are further details on the BMA **website**.

https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-current-issues/problems-outsourcing-nhs-services?utm_source=The%20British%20Medical%20Association&utm_medium=email&utm_campaign=7839947_NEW12A1%20GP%20NEWSLETTER&utm_content=sbs&dm_t=0,0,0,0

This will place extra workload on practices over the coming month(s), at a time of excessive pressures. GPC has secured funding from NHS England for this extra work which will be paid automatically to practices, based on numbers of documents received. **Details are on the BMA website**. Whilst this incident is separate to the problems relating to Capita's management of Primary Care Services England, it is yet another example of how failures from outsourced service providers commissioned by NHS England are causing havoc on the ground for practices and ultimately patients.

NHS.net – email scams

We would like to make all practices aware of a national issue regarding scam emails on NHS.net. It does not appear that accounts are being hacked but due to the availability of email addresses in the public domain, practices are being targeted and as a result, we are aware that in error, payments have been made to fraudulent accounts.

The emails are professional and will usually have the name of the senior partner at the practice. They have been noticed to be addressed to the practice manager requesting payment of some sort. However, if you look closely these emails are not from the assumed NHS account they are from a different email address but this is not immediately obviously – please take care in actioning any financial transactions in such emails.

We are aware that in Leeds, some practices have been victims of this fraud due to receiving this type of email so please take this very seriously.

If payments are made, the funds are usually withdrawn very quickly from the fraudulent account and this results in practices not being able to reclaim funds.

GP CONTRACT ROADSHOW - 7pm, Tuesday 31 January 2016

GP contract negotiations are continuing later than normal this year, but should an agreement be reached there is a GPC roadshow planned for Leeds at which a member of the GPC's Executive Team will provide information and updates on aspects of any contract changes for 2017/18, as well as more general update about national issues relevant to GPs.

The event will take place at the Village Hotel and Leisure Club, 186 Otley Road, Headingley, Leeds, LS16 5PR on Tuesday 31 January 7pm to 9pm and will be open to all GPs and practice managers working in the Yorkshire & Humber region. Registration is from 6.30pm and tea and coffee will be available.

Please note that there is additional car parking at this venue immediately inside the entrance to the hotel and it may be advisable to park here rather than proceed closer to the hotel. Bookings will be taken on a first come first served basis.

As with any venue, capacity is limited so it is essential that your place is booked to ensure you do not miss this opportunity. To book a place please email info@yorlmcld.co.uk, or phone 01423 879922 and any member of YORLMC's Corporate Affairs Team will be pleased to take your details.

GP FORWARD VIEW PRACTICE DEVELOPMENT FUNDING – survey and support for practice managers

As part of the *GP Forward View*, NHS England is running a practice manager development programme, worth £6m, which aims to support training and networking between managers at a local and national level, in order to share successful ways of managing workload and provide peer to peer encouragement and support.

As part of that work, they are undertaking a survey of practice managers to understand what their development needs are. Practice Managers - please do respond to the survey to ensure that the *GP Forward View* budget allocation for practice manager development is spent in areas that will be of greatest benefit. The survey can be completed **here**:

https://www.engage.england.nhs.uk/survey/3d761bd2/?utm_source=The%20British%20Medical%20Association&utm_medium=email&utm_campaign=7839947_NEW12A1%20GP%20NEWSLETTER&dm_t=0,0,0,0

We also wish to highlight the free **networking events** which are taking place across the country this month to promote the sharing of good ideas, action learning and peer support. We know that practice managers are vital to the running of GP practices, yet are aware many feel overburdened and isolated in their roles – therefore we wish to encourage you to take up opportunities for training and development to support your practice.

CQC CONSULTATION RESPONSE

Whilst CQC are proposing to increase GP fees in April 2017 by 76%, it is important to note that the overall cost of regulating the GP sector is not increasing, and that the CQC will not be receiving an increased quantum of income as a result of these fee rises. The CQC proposals are a consequence of the loss of Department of Health funding and would see the costs recovered from GP practices rise from 56% of total recoverable costs this year (£21.3m) to 100% of recoverable costs next year (£37.5m).

Nevertheless, GPC strongly argued that the overall cost of regulation should reduce as a result of the CQC's own intention to have fewer, scaled down inspections in the future, and which makes these fee rises wholly unjustifiable. Following pressure by GPC, the value of the CQC fee rise in April 2016 was fully reimbursed by NHS England through an increase to core practice funding. GPC will be holding NHS England to its commitment in the *GP Forward View* that practices are appropriately compensated against further rises and is in active discussions to secure this additional new funding to cover the projected rise next year. GPs who also wish to respond to the consultation can do so **online** before midday on 11 January.

INFECTION PREVENTION AND CONTROL

Please see attached link for important information on a new 'Super Bug – CPE' and the infection control measures that GP practices should be aware of.

Please share this message with your practice nurses:

<http://www.infectionpreventioncontrol.co.uk/content/uploads/2016/11/Advice-Bulletin-GP-04-2016.12.pdf>



FIREARMS GUIDANCE

Please note there is now a link from the current firearms guidance on the BMA website to a series of FAQs drafted to help clarify the obligations of GPs with regard to the licensing process:

<https://www.bma.org.uk/advice/employment/ethics/ethics-a-to-z/firearms>

GUIDANCE ON LIST MANAGEMENT

We would like to highlight the BMA's guidance on list management. This provides practices with guidance on list management such as information on formal list closure and informal temporary suspension of patient registration. The BMA are aware that NHS England have sent out guidance on temporary suspension of patient registration to commissioners, some of the information in this guidance contradicts the BMA's guidance and the BMA would like to assure practices that they believe their guidance is within the regulations. <https://www.bma.org.uk/advice/employment/gp-practices/quality-first/manage-inappropriate-workload/list-management>

NATIONAL DATA GUARDIAN FOR HEALTH AND CARE REVIEW OF DATA SECURITY, CONSENT AND OPT-OUTS

We wish to draw your attention to this document and the changes for CCGs and Authorities to access personal identifiable data. Please find links to the National Data Guardian (Caldicott) review from earlier in the year. This made recommendations which have not been approved to be implemented yet, however, it has been implied that the recommendations are acceptable

Key points around direct care and audit are on page 27 - 3.2.14 (ii), page 29 - 3.2.17 (i), page 57 - direct care. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/535024/data-security-review.PDF

GLAUCOMA/IOP SCHEMES

On behalf of the Leeds Local Optical Committee (LOC), we wish to draw their current enhanced Glaucoma/IOP schemes to your attention:

1. Goldman Applanation Tonometry referral refinement scheme- **GAT** :

If a patient is found to have IOP > 21mmHg on NCT (Non-contact tonometry) this can be repeated on 2 separate occasions with GAT to recheck the IOP before onward referral.

If the optometrist cannot perform GAT they must refer the patient to a colleague for GAT referral refinement before referral to the GP or ophthalmologist.

2. Ocular Hypertension Monitoring scheme- **OHTMS**:

Following a full glaucoma assessment by an ophthalmologist or specialist hospital optometrist, patients who are given a **diagnosis of Ocular Hypertension (OHT) and do not require treatment** and who fall within the inclusion criteria will be offered the choice to be registered onto the OHT monitoring scheme (OHTMS). These patients will be seen for 5 years by their chosen accredited optometrist or community ophthalmologist. If there is a clinical change at any point during the 5 years the patient will be referred directly to their choice of ophthalmology provider. See attached protocol for further details of inclusion criteria and details of what constitutes a clinical change.

Each year, an outcome report for each patient will be sent to their GP (Sample outcome form attached). If there are any queries please contact the LOC by email on Leedsloc@gmail.com
Ann Barrett MCOptom, Msc, Dip Glauc, Dip IP Tp, Chair Leeds LOC

LOCUM AGENCIES – avoiding the pitfalls

Please note the attached advice from BMA Law. The primary issues are their cancellation charges, ability to replace locums last minute and minimum hours requirements. We are aware BMA have had to rebut numerous solicitors' letters that were sent to practices seeking payment of sums in excess of £20k. Please take a moment to read.

STAY WELL LEEDS

Just to let you all know that www.StayWellLeeds.org.uk microsite is now live. The content is based on the leaflet 'Stay well this winter' and links into the NHS choices website.

SESSIONAL GP NEWSLETTER

Please find below a link to the latest edition of the Sessional GPs newsletter, which in this edition, as well focusing on the views of sessional GPs on the BMA survey results, also dispels some myths around working as a locum GP, and updates on the work of the sessional GPs subcommittee to ensure that locum doctors are entitled to access clinical commissioning group-led education events. <http://bma-mail.org.uk/t/JVX-4NDO7-1BJCJOU46E/cr.aspx>

HUGE CONGRATULATIONS to...

YEP 'Best of Health Awards' for Doctor of the Year 2016. Congratulations to Dr Stephen Humphris from Meanwood Health Centre who was highly commended for providing outstanding care and Dr Christine Carr from Rutland Lodge Medical Centre who was also nominated for the same award. Well done to both Doctors and to all GPs who all provide outstanding care on a daily basis.

Also congratulations to Robin Lane Health and Wellbeing Centre and York Street Practice who have both just been rated as outstanding following a CQC visit.

COMINGS AND GOINGS

Good bye and best wishes to...

Dr Helen Taylor who is leaving Garforth Medical Practice on 31st December 2016 to take up a position at Front Street, Acomb
Dr Rosemary Yarwood (partner GP) who is leaving Manor Park Surgery after 29 years and will be missed by patients and staff alike.

AND FINALLY ...

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



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