

LMC ViewPoint

The newsletter of Leeds Local Medical Committee Limited

April 2017

IMPLEMENTING THE GP FORWARD VIEW

A national conference was held in London on 26 April 2017 attended by representatives of LMCs from across England, including from Leeds LMC. Dr Chaand Nagpaul, chair of the BMA GP committee, spoke of the massive increase in GP workload and pressures. He reported that for the first time the government had acknowledged both these pressures and that the current funding for general practice was inadequate. £2.4 billion in recurrent funding by 2020 has therefore been committed, together with an additional non-recurrent transformation fund. The GPC are trying to ensure that these funds are pushed out to front-line practices and networks as quickly as possible. This will be further stressed by the LMC in Leeds in our discussions with the CCG. We are aware that there is significant variation in accessibility to these funding streams at present, but understand that processes are becoming more efficient and improving.

The second phase of hospital contract changes, based on the GPCs "Urgent prescription for general practice", includes a requirement for hospitals, when appropriate, to provide fit notes to patients at discharge. This and other measures should help to reduce inappropriate workload shift from secondary to primary care. Analysis has shown that 27% of GP appointments are avoidable and all practices have a role to play in challenging any inappropriate workload shift that creates these unnecessary consultations. We are aware that things will not improve overnight but the LMC has a good relationship with hospital colleagues and we expect that they will work to ensure contract changes are implemented. The BMA have drawn up templates that can be used by practices and GPs to ensure that secondary care is following the contract requirements. These templates can be accessed at: <https://www.bma.org.uk/advice/employment/gp-practices/quality-first/quality-first-templates>. Practices should also inform the CCG of specific examples as ultimately it is the CCG as commissioner of secondary care services who must hold hospital trusts to account.

Dr Arvind Madan, NHSE Director of Primary Care, told the conference that NHS England are fully aware of the difficulties faced by primary care and general practice and that they were showing a desire to support practices. In the past 12 months £27.2 million has been provided to support practice resilience, with more to come this year. The GP Health Service had been launched in April and has already had significant numbers of GPs contact them for support. NHS England are continuing with their aim to increase whole-time workforce numbers with increased numbers of training posts, an international recruitment programme and improvements to the induction and refreshers scheme. He highlighted that further workforce support should come from practice based pharmacists and physician's associates. Patient demands on GP time could be managed better with care navigation by practice reception staff, for whom training will be provided, and NHS 111 is expected to have a significantly increased number of clinicians triaging calls they receive.

The conference mirrored the recent successful event hosted by Leeds LMC and heard a number of case studies describing how practices had developed their skill-mix, including the use of practice based pharmacists and physios, to support their practice manage demand and workload, as well as hearing from examples of the use of demand-led appointment systems, active signposting and resilience development, online consultations and workflow optimisation and social prescribing.

Dr Robert Varnham, NHS England Head of general practice development, also spoke briefly about the 10 high impact actions for primary care to help release time for care.

Please see the following link: <https://www.networks.nhs.uk/nhs-networks/releasing-capacity-in-general-practice/messageboard/general/611331738>

GPC has also produced a report marking the first year of implementation of the GP Forward View. Monitoring so far has highlighted that funding and support is starting to make its way through to practices. More funding streams and support initiatives are due to start in April 2017. The full report and analysis can be found at the following link and is attached to this copy of Viewpoint: <https://www.bma.org.uk/advice/employment/gp-practices/general-practice-forward-view/gpfv-one-year-on>

INFORMATION ON QOF CALCULATIONS

Practices will have been aware of concerns about the recent QOF calculations and aspiration payments, which NHS England and NHS Digital have investigated as a matter of priority.

This identified discrepancies with some prevalence calculations which impacted on some practices' achievement and as a result on final payment and aspiration. We have now been informed by NHS England that these issues have now been resolved. In order to ensure that practices receive the correct payment, the QOF calculations were re-run on the evening of 2 May 2017.

The aspiration payment will also be recalculated and corrected. Once the calculations have been re-run, practices will need to follow standard business processes for reviewing and declaring their QOF achievement in CQRS.

REMINDER RE ENHANCED SERVICE IN RECOGNITION OF WORK CAUSED BY QRISK2 MAPPING ERROR

A temporary Enhanced Service was introduced in February 2017 to recognise work caused by historic issues with code mapping errors in the QRISK2 calculator in SystemOne. Practices have been provided with lists of patients potentially affected and clinical recommendations for identifying patients for call/recall and support reviews. Practices need to identify patients who may have been affected by the QRISK2 code mapping error and offer an up to date cardiovascular assessment where clinically appropriate. Where clinically indicated, patients should be invited for a consultation and offered appropriate follow up clinical interventions.

Practices can claim £6.50 per affected patient. Full details of the Enhanced Service and more background on the QRISK error are available here: <https://www.england.nhs.uk/wp-content/uploads/2017/03/enhanced-service-spec-tpp-qrisk2.pdf>

Please note: claims need to be made by 31 May 2017 and payments will be made by Monday 31 July 2017. All claims are on the basis that the follow up work set out in the Enhanced Service is carried out by 31 September 2017.

UPLIFTED INDEMNITY MONIES IN THE 2017/18 GMS CONTRACT

As part of the 2017/18 GP contract negotiations, it was agreed that £30m would be paid to practices to cover this year's rises in indemnity insurance costs for all doctors delivering GMS work. Further details about these payments are available on the BMA's GP contract 2017 webpage and also in the briefing note attached to this edition of Viewpoint: <https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-current-issues/gp-contract-negotiations>

IMPORTANT NOTICE FOR PRACTICES IN NHS PROPERTY SERVICES PREMISES

The following message from the BMA's General Practitioners Committee premises lead, Dr Ian Hume, is relevant to practices in NHS PS buildings:

'We are aware that NHS England (NHSE) and NHS Property Service (NHSPS) have sent out a joint communication to tenant practices whereby NHSE have indicated that they will temporarily

reimburse increased rental costs that NHSPS are seeking to charge despite the fact that a formal assessment has not yet been carried out by the District Valuer (or such other valuer acting on behalf of NHSE).

GPC have serious concerns about this proposal given that NHSE and NHSPS are two separate legal bodies. As such the relationship between a practice and NHSE, as the commissioner/ funder, and the relationship between a practice and NHSPS, as the landlord, should be considered as being separate from one another.

With this in mind, all practices occupying NHSPS premises should be careful to avoid agreeing to any temporary measure put forward by NHSE unless NHSPS have provided categorical written confirmation that their ability to charge such increased sums, and indeed the obligation on practices to meet such increased rental costs, is conditional on the practice receiving funding to cover the same.

Furthermore NHSPS should formally recognise and acknowledge that if a practice makes such payments it is without prejudice to the practice's position and is not in any way to be taken as an acceptance of the increased rents indefinitely.

Ultimately temporary measures should be avoided. As such GPC have been meeting with NHS PS to seek permanent solutions to the ongoing issues facing their GP tenants. Crucially this includes issues surrounding service charges. We are looking to reach a negotiated resolution so that a fair, consistent and reasonable process for calculating charges will be implemented, that has due regard to historical arrangements, doesn't expose practices to unreasonable levels of un-reimbursable costs and offers value for practices and the health service.

We hope to provide further information on this in May. In the meantime, if a practice is considering agreeing to a temporary arrangement concerning reimbursements and charges they must ensure that once the temporary measure ends in respect of reimbursements, that they do not inadvertently find themselves continuing to be liable for the increased cost. To this regard we strongly advise practices to seek advice before agreeing any temporary measures.'

If practices are in this situation, please inform the LMC.

PRIMARY CARE MENTAL HEALTH LIAISON PILOT

Leeds LMC recently became aware of a 12-month pilot scheme which has been commissioned to test a new enhanced primary care mental health liaison role to support patients with stable but severe mental health problems, and/or complex common mental health problems in primary care.

We have some concerns about these proposals and in particular that practices will be expected to pick up additional work without adequate resources and support. In addition there would be no guarantee that discharged patients would be accepted back in to the specialist service should a referral back be made. The LMC has raised these issues with LYPFT and the CCGs and until such time as we receive further clarification, we would suggest that practices may wish to defer any involvement with the pilot scheme.

GP RETENTION SCHEME

At a time of severe GP shortages, when we know that one in three GPs surveyed intend to retire in the next five years, it is vital that every effort should be made to retain the trained GP workforce.

We are therefore pleased that the GP Retention Scheme has now been launched, which the BMA's General Practitioners Committee (GPC) helped negotiate through the 2017/18 GMS contract negotiations, as well as it being a commitment in the GP Forward View.

A step-by-step guide, including who is eligible, funding available, support provided to practices employing a retained doctor, and a set of FAQs, together with other information is available at: <https://www.bma.org.uk/advice/employment/gp-practices/general-practice-forward-view/workforce/retained-doctor-scheme>

In essence, the GP Retention Scheme (formerly the Retained Doctor Scheme) is a package of support and resources aimed at GPs who may be considering leaving the profession, to remain in clinical practice providing between one and four sessions per week. It includes protected time for continuing professional development with educational support.

The scheme supports both the GP who is being retained and the practice employing them by offering financial support in recognition of the fact that this role is different to a 'regular' part-time, salaried GP post, offering greater flexibility and support. Retained GPs may be on the scheme for a maximum of five years with an annual review each year to ensure that the GP concerned remains in need of the scheme and that the practice is meeting its obligations.

Practices will be resourced to pay the retained GP an annual professional expenses supplement of £1,000 per weekly contracted session to help fund the cost of indemnity cover, professional expenses and CPD needs. The practice will also receive £76.92 per session towards the employment costs of the retained GP, up to a maximum of £15,999.36 per annum.

The most valuable resource available to the NHS is its workforce. That is why GPC supports anything that can be done to ensure skilled, experienced and hard-working GPs are able to remain within the profession and that they are provided with opportunities to continue to develop their careers and contribute to the provision of patient services.

NEW GENERAL PRACTICE NURSING PLAN PUBLISHED – RECOGNISE, RETHINK, REFORM

The Health Education England (HEE) general practice nursing workforce development plan 'Recognise, Rethink, Reform' has been launched. It puts forward a range of recommendations to support and develop the workforce for the future and to help nurses make effective career choices.

Members representing HEE, NHS England, the Queen's Nursing Institute, the Royal College of Nursing and the Royal College of General Practitioners formed a task and finish group chaired by GP, Dr Peter Lane, to look at four key areas:

- Entry into general practice – raising the profile as a first career choice and increasing the availability of training placements for students
- Establishing the role of the GP nurse – ensuring appropriate training and support is available for new GPNs
- Enhancing the role with professional development and career progression
- Expanding the healthcare support workforce with standardised training and career paths.

Information and the development plan can be found on the HEE website - please forward this information to any nursing colleagues who may be interested:

<https://www.hee.nhs.uk/our-work/hospitals-primary-community-care/primary-community-care/general-practice-nursing-workforce-development-plan>

APPRENTICESHIPS FOR GENERAL PRACTICE

A number of practices in Leeds are benefiting from engaging in recruiting apprentices to expand their workforce.

From April 2017 all employers in any sector with a pay bill of more than £3 million a year will have to pay an apprenticeship levy of 0.5% of their annual pay bill to HM Revenue and Customs. This will be subject to a 10% top-up by the Government. Employers who pay the levy will be able to access funding for apprenticeships through a digital account. A new digital apprenticeship service

will help employers to find training providers to develop and deliver apprenticeship programmes. The levy can be drawn down for 100% of the costs of training.

However small and medium sized organisations such as most GP practices, which do not pay the levy, will still be able to benefit from support for apprenticeships. This will cover 90% of the cost of apprenticeship training. The system for non-levy payers (most GPs) is explained [here](#).

GUIDANCE: LAST PARTNER STANDING AND HANDING BACK YOUR GMS/PMS CONTRACT

The BMA has published guidance on last partner standing and on handing back your GMS/PMS contract. Both documents are available at the following link, towards the end of the page: <https://www.bma.org.uk/advice/employment/contracts/gp-partner-contracts>

The documents are also available on the Leeds LMC website at: www.leedslmc.org

PRINCIPLES FOR RELEASING ELECTRONIC MEDICAL INFORMATION FOR INSURANCE UNDER THE ACCESS TO MEDICAL REPORTS ACT 1998

In January 2017, the Association of British Insurers published a set of high level principles on requesting and obtaining medical information electronically from GPs. The principles were developed with input from the BMA and the ICO. Compliance with these principles will ensure that the release of electronic medical information for insurance purposes will be in line, or be a higher data protection standard, than the current paper-based system.

The new guiding principles can be found on the ABI's website:

<https://www.abi.org.uk/globalassets/sitecore/files/documents/publications/public/2017/health/requesting-and-obtaining-medical-information-electronically.pdf>

ADULT SAFEGUARDING ON LEEDS HEALTH PATHWAYS

We all understand that safeguarding is everyone's business and at times this can be difficult and complicated. To support primary care the Safeguarding team within the Clinical Commissioning Groups have developed an Adult Safeguarding resource for Leeds Health Pathways, to sit alongside the Children Safeguarding and Domestic Abuse pathways.

The pathway has been developed to guide and support clinicians when managing a suspected adult safeguarding issue as well providing guidance in relation to Mental Capacity and Deprivation of Liberty concerns which arise. It contains resources which would be useful in clinical practice when working with adults at risk and a wealth of additional information to support understanding of risks and responsibilities. Information can be found in relation to appropriate and useful contacts, how to raise a concern / make a referral, what is meant by abuse and neglect, information regarding training which is available and how to access this, as well as resources related to specific topics such as: FGM, mental capacity, deprivation of liberty, Human Trafficking and honour based violence.

The pathway is available to view now on Leeds Health Pathways:

<http://nww.lhp.leedsth.nhs.uk/LeedsPathways/Detail.asp?ID=69>

THE NHS GP HEALTH SERVICE

As mentioned in recent editions of Viewpoint, the new NHS GP health service (GPHS) has now been launched and is available for GPs and GP trainees who need confidential mental health and addiction support. Further details, including how to access the service, are contained in the information leaflet [attached to this edition of Viewpoint](#) or via the website: www.gphealth.nhs.uk. Dr Zoe Neill, who will be known to many GPs in Leeds, is the regional clinical lead for GPHS.

MEDICAL CHARITIES' PORTAL LAUNCHED TO HIGHLIGHT FINANCIAL HELP AVAILABLE TO STRUGGLING DOCTORS

The Cameron Fund has been working with four other medical charities to launch a new portal site to highlight the financial support available for struggling doctors. It aims to assist doctors in finding out which of the charities may be able to offer the help they need and to signpost them to those charities.

A copy of the press release issued at the launch of the portal [‘Help me, I’m a Doctor’ Portal](#) is attached to this edition of Viewpoint and contains further details. In 2016, the five charities involved supported doctors, and their dependent families, with charitable grants and loans totalling over £1.3m.

LMC STAFF UPDATE

We are pleased to welcome our new member of staff, Jodie McNeil, who joined the LMC on 25th April and who is sharing the joint executive officer role with Kate Gagen. Jodie left the Department of Health in January 2017 where she worked as a civil servant in central government for 17 years. Jodie held a number of roles at DH, ranging from assisting with the delivery of national programmes, managing health policy and building relationships with senior NHS stakeholders.

CURRENT KEY DISCUSSION AREAS BY THE LMC **....please contact the LMC Office for current status.....**

- Primary Care Mental Health Liaison Practitioner Pilot

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.

- Information on QOF / GPES and enhanced service payments circulated 31st March
- Information about diabetic eye screening circulated on behalf of the Screening and Immunisation team at NHS England North (Yorkshire and the Humber) 19th April 2017
- Reminder re enhanced service in recognition of work caused by QRISK2 mapping error circulated 21st April

COMINGS AND GOINGS

A warm welcome to.....

*Dr Sahar Alikhan and Dr Angela Cooke who joined Whitehall Surgery as salaried GPs from April
Dr Zahra Alani who joined Manston Surgery as a salaried GP at the beginning of April
Dr Katherine Sampson who joined North Leeds Medical Practice as their new sessional GP on 2nd May
Dr Laura Isherwood who joined Woodhouse Medical Practice as a salaried GP on 3rd April*

Good bye and best wishes to...

*Dr Amanda Robinson who has withdrawn from being a partner at Whitehall Surgery as at 1st April 2017, after over 25 years at the practice. Dr Robinson will stay on as a salaried GP until August, when she will retire.
John Walsh who left York Street Health Practice at the end of March, after 22 years. He has taken up a new role at Leeds Community Healthcare.
Dr Hemchand Paruchuri who retires from the partnership at North Leeds Medical Practice effective 23rd May. His colleagues wish him every success in his new endeavours around and about in Leeds.*

Practice vacancies at.....

Ashfield Medical Centre, Leeds

We are looking to recruit GPs for our high quality and expanding practice in Leeds 14 & 15:

- Exciting opportunities have arisen for high calibre, enthusiastic and forward thinking GPs to be part of our team delivering a first class primary care agenda
- Training practice looking to recruit a number of GPs to complement our excellent service. Amongst our partners we have the CCG director of primary care and a federation director. Following an imminent business merger, we operate over 3 sites covering over 11,000 patients
- We are equally interested in hearing from experienced GPs or newly qualified and can consider a flexible number of sessions and options for salaried or salaried with a view to partnership
- We are recruiting due to expanding list size and retirement
- Enthusiastic team excited about new possibilities in General Practice. We are involved in new care models pilot work and part of a local collaborative home visiting service
- Great salary and lovely working environment supported by an excellent nursing and administration team as well as GPs. Fantastic population to care for
- Highly commended in the Yorkshire Evening Post Health Awards 2016 for community care and winners of our CCG's celebrating success award, both for the significant work delivering house of care approach for patients with long term conditions
- Rated "good" by the Care Quality Commission at last visit
- Opportunities and support to develop special interests.

Please pop in and meet us or arrange a visit with Lisa our Practice Manager. Alternatively give her a ring on the number below to have a chat about opportunities. We are looking forward to meeting you and hoping to welcome you to our team!

Lisa Smedley, Practice Manager, Tel: 0113 295 1828 (reception), Tel: 0113 2044 921 (direct),
Email: l.smedley@nhs.net

Leigh View Medical Practice, Tingley / East Ardsley

Salaried/regular locum GP, 4-7 sessions per week on a 12 months contract (initially).

We are looking to recruit a highly motivated salaried/regular locum GP to join our medical practice on the Leeds/Wakefield border.

- Seeking an individual who is able to provide 4 - 7 sessions per week for continuity of care for our patients. At present we are flexible with working arrangements and would consider a minimum of 4 sessions.
- List size is around 16,500 patients, with no nursing homes in catchment area, although we do cover a few specialist learning disability homes.
- 9 GPs – 7 partners and 2 salaried GPs. Experienced in teaching and used to be a training practice, although we currently do not have GP registrars. Happy to support and mentor newly qualified GPs; happy to accommodate GPs with specialist interests.
- Dedicated admin team who provide support with paperwork, including a prescriptions clerk. We try to be as fair as possible with sharing work out – we average 1–2 visits per doctor each day.
- Practice is situated in purpose built modern premises in pleasant residential area of Tingley/East Ardsley. Practice is part of Leeds West CCG.
- Attached staff team who work in-house include the midwives, podiatrist, ultrasound and physio and we have space for accommodating further services over the coming years.

We offer a competitive salary and terms based around BMA guidance depending on skills and experience.

Please send a CV with covering letter to:

Miss Victoria Allen - Practice Manager, Leigh View Medical Practice, Bradford Road, Tingley, Wakefield, WF3 1RQ, Telephone 0113 253 7629, Email: vallen1@nhs.net

Bellbrooke Surgery, Leeds 9

Salaried GPs required: four to six sessions per week commencing immediately

We Are - a busy, well respected, innovative and high achieving GP training Practice in Inner City Leeds with five GP partners, 3 salaried GPs, a Practice Matron, highly skilled nursing team and efficient and friendly administrative and reception team. We are an active member of Leeds South & East CCG. We were rated 'good' in every area in a recent CQC inspection.

We Have - a patient list of more than 13,000 which is still growing and operate from modern purpose-built premises with parking on site. We use EMIS Web

We Need - someone who is efficient, decisive, committed and genuinely interested in helping to develop Primary Care. We offer a friendly and supportive environment with good opportunities for personal development

Interested?

For further details or informal visit please contact –

Andy Haigh, Business Manager direct dial – 0113 391 8441 email andyhaigh@nhs.net
Bellbrooke Surgery, Bellbrooke Avenue Leeds LS9 6AU

Application by CV and covering letter; please address your application for the attention of Andy.

Whitehall Surgery, Leeds

We currently have a vacancy for a salaried GP, 8 sessions:

- Practice list size 8825
- Friendly practice, new premises
- Looking for candidate to start around August

For further details, please contact the Practice Manager, Joanne Woods, at joanne.woods@nhs.net.

New useful documents on www.leedslmc.org

- BMA guidance on last partner standing
- BMA guidance on handing back GMS/PMS contract
- Information relating to the new NHS GP Health Service

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