



# General Practice In Touch

A newsletter from Lincolnshire LMC Ltd  
For GP's, Practice Managers and Staff

March 2017

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## Working Together, How To Make It Work

The LMC recently held a successful one day conference with speakers from across the UK to help GPs, Practice Managers & key practice team members get to grips with changing times.

Speakers included:

- Dr Robert Varnam, Head of General Practice Development at NHS England.
- Susan Sinclair CEO & GP Director - AT Medics
- Dr Mike Hearne Medical Director - Taurus healthcare, Herefordshire
- Dr Narinder Sahota GP and Exec Partner - Modality Partnership
- Dr Priya Kumar, Slough and Alison Manson, The ELC Programme - Group consultations
- Dr Jonathan Serjeant Medical Director Here, Brighton - Document management & workflows
- Dr Murray Ellender Medical director eConsult - Online consultations
- Charlotte Scott-Wilson - Physician's Associate



## Sorry It's Late

This edition of the LMC's Newsletter is coming to readers a bit late due to the recent cyber attack on the NHS's computer systems and we have only recently become fully functional again. We apologise for any information that may seem a little out dated however hopefully it will still be useful for you.

## **Performance Matters**

The LMC is regularly involved in representing and supporting doctors who have been identified as having “performance” issues. The LMC has identified a number of themes which recur, and this regular feature will highlight these, so that our members can avoid these pitfalls.

### **Exposure to Blood Borne Viruses (BBV)**

What do you do if one of your staff or patients is exposed to a blood borne virus? This is not a question which we often have to answer. Recently though two incidents have highlighted the need for practices to seek an answer to this question.

The Lincolnshire-wide BBV policy sets out precisely what we should do for both patients and staff. This policy is available on our website.

If exposure occurs, there is a useful flow chart in the policy which guides what actions should then take place. ([Displayed Overleaf](#))

If a needle stick injury or other exposure occurs, the first action is to wash the wound, or mucous membrane. The wound or broken skin should be washed liberally with soap and water, but without scrubbing. A puncture wound should be encouraged gently, but the wound should not be sucked. For mucous membranes, they should be irrigated copiously with water. Contact lenses should be removed before this for eye exposures.

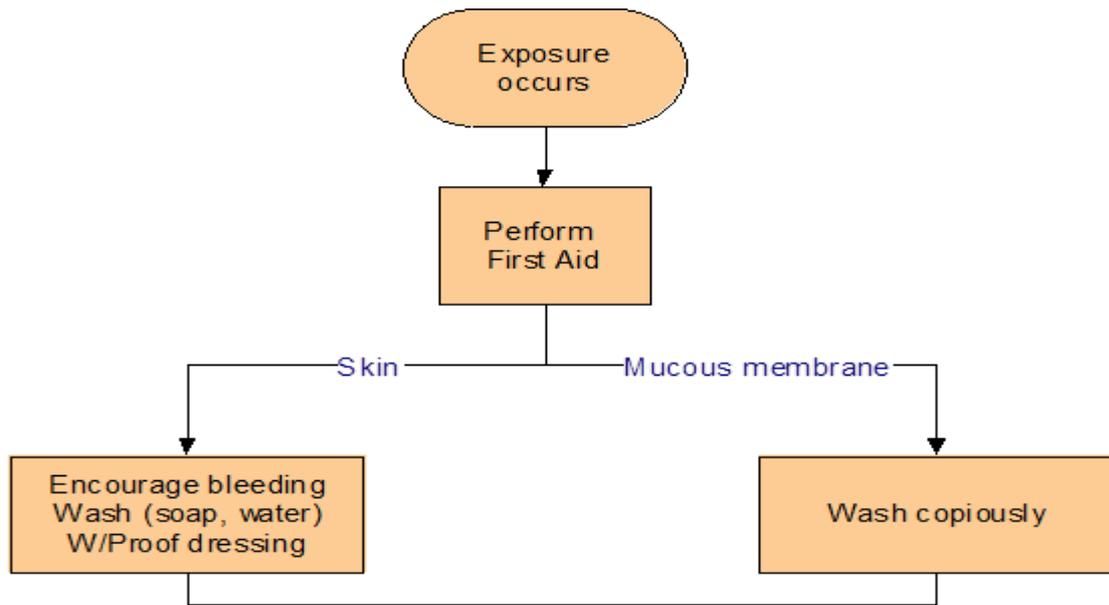
The type of exposure should also be assessed. If the risk is low, then no further action is needed. If the risk is significant, then the patient should be referred for further specialist assessment. It is not the responsibility of GP practices to assess the need for post-exposure prophylaxis (PEP), and we should not be prescribing this.

For non-NHS related exposure, for instance, a carer in a residential home who gets a needle stick injury, the policy gives advice to wash the affected area and to direct the patient to the local emergency department.

For NHS related exposure the member of staff should be advised to wash the affected area, and to attend occupational health in hours, or the ED in the out of hours period. Occupational health can be contacted in hours by calling 01522 573597

The LMC recommends that practices have a copy of the BBV flowchart available as an aide memoire for clinicians.

# Performance Matters Continued: Lincolnshire-wide BBV Policy flow Chart



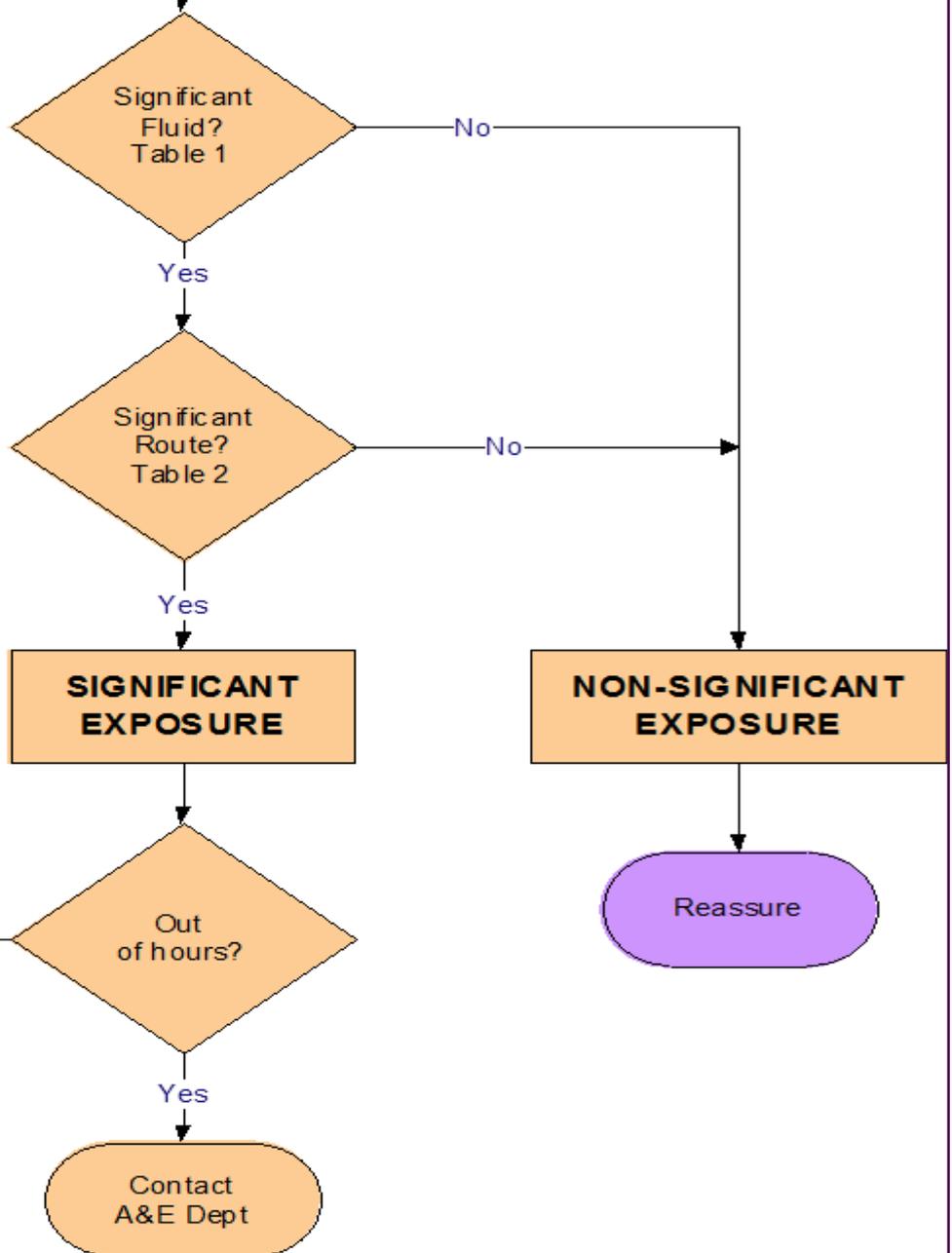
**Table 1**  
Significant fluids

- Blood (++) risk)
- Internal body fluids
- Semen
- Vaginal Secretions
- Saliva (dentists only)

NOT Urine/faeces

**Table 2**  
Significant route

- Percutaneous
- Broken Skin
- Mucous Membranes



## Indemnity payment – briefing note

As part of the 2017/18 GP contract agreement, it was agreed that £30m would be paid to practices to cover 2016/17 rises in indemnity insurance costs for all doctors delivering GMS work. This amount has been based on average rises in costs using figures received from surveyed GPs and medical indemnity organisations. This will be paid to practices on a per patient basis, set out under the Statement of Financial Entitlements (SFE), and will not be weighted as a result of the Carr-Hill formula. **This funding is intended to cover the average rise in indemnity cover costs.**

Practices will receive a payment of **51.6p per patient** based on their registered list as at December 2016.

**This funding will have been be paid to practices in March 2017.**

These payments will be made to practices on the condition that, where principal and salaried GPs are paying for part or all of their indemnity costs, the practice will reimburse to them, from the payment received, an appropriate proportion of the amount which the GP has paid for their cover. The reimbursement amount should be based on the proportion of GMS services which the GP is providing for the practice.

It is recognised that every practice will have its own arrangements in place. In some practices, GPs are responsible for paying the entirety of their own indemnity costs. In some, part or all of the indemnity costs for GPs at the practice are paid for by the practice/reimbursed by the practice. Therefore, each practice will need to allocate payment to its GPs which is equitable and proportional based on their circumstances.

The conditions above will be set out in the revised SFE which will be in place from 1 April 2017. A similar funding arrangement has been confirmed for 2018.

## Fit notes- update

From April 17 the Standard NHS contract for hospital explicitly requires hospital clinicians to provide fit notes for patients who are; admitted to hospital, discharged from hospital, or seen in outpatients.

Clause 11.11 of the contract states-

“the Provider must, where appropriate under and in accordance with Fit Note Guidance, issue free of charge to the Service User or their Carer or Legal Guardian any necessary medical certificate to prove the Service User’s fitness or otherwise to work, covering the period until the date by which it is anticipated that the Service User will have recovered or by which it will be appropriate for a further clinical review to be carried out”

If a patient request that you provide them with a fit note for time when they were in hospital or after discharge, or following a clinic appointment, we recommend that you do provide this to them. However we would also suggest that you report this error through Datix, so that the CCG can monitor the occurrence of these errors. Datix can be accessed via [https://incidentreporting.lincolnshire.nhs.uk/datix/live/index.php?module=INC&form\\_id=5](https://incidentreporting.lincolnshire.nhs.uk/datix/live/index.php?module=INC&form_id=5)

We also have a standard letter which you can use and amend to send to the relevant clinicians to try to change their future behaviour. This can be found at the [LMC website](#).

## Reimbursement of CQC Fees

We have received a few queries from practices regarding reimbursement of CQC fees. The process for reimbursement will be the same as that for the rates.

Please send a copy of the invoice to [england.leiclincs-pcfinancequeries@nhs.net](mailto:england.leiclincs-pcfinancequeries@nhs.net) along with a covering email which includes your practice code.

## Firearms Update

From 1 April 2016 new information sharing processes between GPs and the police were introduced in an attempt to ensure those licensed to possess firearm and shotgun certificates are medically fit to carry arms.

There have been many iterations of advice in regards to how to deal with requests for information from the police firearms licensing departments. BMA GPC has recently released some updated guidance in relation to this issue. This can be found at <https://www.bma.org.uk/advice/employment/ethics/ethics-a-to-z/firearms>

Lincolnshire LMC has held discussions with Lincolnshire Constabulary. Lincolnshire police have informed the LMC that if they receive

no reply from a GP practice within 21 days

a reply which states that the applicant has not consented to share information

a reply which states that no fee has been paid by the applicant

they will be obliged to issue the license, as there is no evidence to prevent them from doing so.

The LMC has thus generated further guidelines specifically for Lincolnshire practices in the form of a flow chart and template letters which are available on the LMC [website](#).

## Updated BMA advice for practices relating to Access to Medical Reports for insurance reports and guidance on electronic requests

The BMA has recently issued new guidance on how to respond to requests for electronic medical reports for insurance purposes. This can be found on the LMC and [BMA](#) websites.



# Lincolnshire General Practice

*All together for a healthier community*

## **Newark Road Surgery, Lincoln**

**Salaried GP 7-9 Sessions P/W Negotiable**

01522 537944 | [christopher.symonds@nhs.net](mailto:christopher.symonds@nhs.net) | Closes 15/05/2017

## **Millview Medical Centre, Heckington Nr. Sleaford**

**Advanced Nurse Practitioner, 4-5 Days P/W**

01529 460213 | CV's to: Millview Medical Centre, 1 Sleaford Road, Heckington, Sleaford, Lincolnshire, NG34 9QP

## **St John's Medical Centre, Grantham**

**GP Vacancies, 13 Sessions Available, £10k per session per year**

01476 400041 | email: [d.croucher@nhs.net](mailto:d.croucher@nhs.net) | Closes 01/08/2017

## **Lindum Medical Practice, Lincoln**

**Salaried GP, Full Time Opportunity Available**

01522 569033 | email: [paulinemardle@nhs.net](mailto:paulinemardle@nhs.net) | Prepared to wait for the right person.

## **Market Cross Surgery, Corby Glen**

**Part-time Salaried GP with a view to Partnership**

01476 550056 | email: [louise.allen@nhs.net](mailto:louise.allen@nhs.net) | Closes 26.05.2017

## **Market Cross Surgery, Corby Glen**

**Practice Nurse - 25 hours per week**

01476 550056 | email: [clare.burrows@nhs.net](mailto:clare.burrows@nhs.net) | Closes 26.05.2017

## **Market Cross Surgery, Corby Glen**

**Receptionist - 15 hours per week**

01476 550056 | email: [louise.allen@nhs.net](mailto:louise.allen@nhs.net) | Closes 26.05.2017

## **Market Cross Surgery, Corby Glen**

**Assistant to Practice Manager - 24 hours per week**

01476 550056 | email: [louise.allen@nhs.net](mailto:louise.allen@nhs.net) | Closes 26.05.2017

**You can advertise your practice vacancies for free on the [LMC website](#), please send enquiries and adverts to:**

[Rosa.Larner-Peet@lpft.nhs.uk](mailto:Rosa.Larner-Peet@lpft.nhs.uk)

**Also there is still the opportunity for practices to get subsidised advertising with the BMJ for further information please email [Sam Thomson](#) at the BMJ or call the LMC on T:01522 576 659**

## **Important changes to intermediaries legislation affecting GP locums and practices (IR35)**

The BMA has produced guidance on the impact on GP locums and practices of the important changes to intermediaries legislation (IR35) affecting GP locums and practices.

IR35 is an anti-tax avoidance measure introduced by the Government in April 2000. It is also known as the 'intermediaries legislation'. It targets individuals who attempt to avoid paying employee income tax and national insurance contributions (NIC) by supplying their services through an intermediary (usually a 'personal service company') and paying themselves dividends.

The IR35 regime investigates the nature of the relationship between the worker and the end-user to determine whether, were it not for using a PSC, that individual would be considered as an employee or office holder (for example, a director) of the client, and has important implications for both GP locums and practices.

The guidance may be downloaded [here](#).

## **Deprivation of Liberty Safeguards (DoLS) and Coroners - The law changes from 3<sup>rd</sup> April 2017**

Currently, the law has requires that all deaths where a Deprivation of Liberty Safeguards (DoLS) authorisation was in place, be referred to the coroner for further investigation. This is because such patients are deemed to be detained by the state.

From Monday 3 April 2017 the Coroners and Justice Act 2009 will be amended so that people subject to authorisations under DoLS will no longer be considered to be 'otherwise in state detention'. This means that coroners will no longer be under a duty to investigate a death solely because a DoLS authorisation was in place. These deaths will only be reported to the coroner if the cause of death is unknown, or where there are concerns that the death was violent or unnatural. This brings the position in line with deaths which do not involve DoLS.

It would be wise to inform care home managers and staff in your practice area of this change, so that the coroner's teams are not unnecessarily involved where patients die with a known cause of death.

The most recent Coroner's newsletter for GP is available in the article below and on the [LMC website](#).

## **GP's Newsletter - Coroner Services**

This newsletter aims to keep you informed of any developments within Registration, Celebratory and Coroners Services.

We hope you find it useful and we welcome your feedback.

If there is a certain topic or if you have any suggestions regarding the content of the next newsletter please email [regist@lincolnshire.gov.uk](mailto:regist@lincolnshire.gov.uk)

## Interested in becoming a member of the Royal College of GPs?

For further information and for training or events go to the **RCGP** [website](#).



Please follow the link to view the latest

[Sessional GPs e-newsletter](#)

### Lincoln Medical Society

For all of the upcoming events please go to the [Lincoln Medical Society Website](#) or email [Kath Shone](#)

### Primary Care Development Centre (PCDC)

Courses available

To view the courses and book please go to:

[www.lpcdc.co.uk/events](http://www.lpcdc.co.uk/events)

For more information regarding any of the courses listed please call the LMC office on 01522 576659 or email: [Rosa.Larner-Peet@lpft.nhs.uk](mailto:Rosa.Larner-Peet@lpft.nhs.uk)



**Lincolnshire**

**Primary Care Development Centre**

Encouraging • engaging • enabling



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**Kate Pilton, LMC Practice Development Manager - [@KateLincsLMC](#)**

**Dr Kieran Sharrock, LMC Medical Director - [@KieranLincsLMC](#)**

**Contact Us:**



01522 576659



[infolincmc@lpft.nhs.uk](mailto:infolincmc@lpft.nhs.uk)



[www.lincslmc.co.uk](http://www.lincslmc.co.uk)

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