

# LMC ViewPoint



*The newsletter of Leeds Local Medical Committee Limited*

*May 2018*

## **GDPR – LETS STAY INTOUCH – REMEMBER TO OPT IN!**

The LMC emailed everyone on the 17<sup>th</sup> and the 22<sup>nd</sup> May asking to **opt-in** should you wish to continue receiving GP related information from us. If you have not yet responded to the email, please reply saying YES or NO ASAP. Please don't forget to reply before the 25th May to avoid losing contact.

## **GDPR PRIVACY NOTICES**

Template GDPR [practice privacy notices](#) (PPNs) have now been published on the GDPR [hub page](#) in the BMA resources section. The hub page also contains information on the regulation and hosts a suite of resources and blogs to help guide members, including a new [GDPR webinar](#) to help practices prepare.

## **NATIONAL AUDIT OFFICE REPORT ON PCSE**

The [National Audit Office](#) has released a report on NHS England's management of the PCSE contract with Capita. The report underlines how ill-prepared both NHS England and the outsourcing firm were when the programme was commissioned, and illustrates Capita's failure to deliver backroom services for GP practices and individual GPs.

GPC has also launched a campaign, asking for all general practice staff members and individual GPs who have been negatively impacted by one or more of the service lines to sign the pledge. Despite GPC writing to NHS England numerous times to express disappointment that the operation of the service continues to fall short of an acceptable standard and calling for action to resolve the issues, this remains a daily challenge for practices and many sessional GPs. Therefore this campaign will be used to further demonstrate how far reaching the poor delivery of PCSE is on practice staff and show the Government the number of individuals demanding for the service level to be improved. [Pledge your support](#)

Read the [BMA press release](#), the [BMA News story](#) and the GPC's [update on PCSE service failures](#). Here is a link to GPC executive member [Krishna Kasaraneni's blog](#) on the NAO report. It was also reported in [BBC Online](#), [Guardian](#), [Independent](#), [iNews](#), [Financial Times](#), [Daily Mail](#), [The Times](#), [Telegraph](#), [Huffington Post](#)

## **PROGRESS TOWARDS FULL USE OF THE ELECTRONIC REFERRAL SYSTEM**

Please see attached e-Referral - Leeds Teaching Hospitals Paper Switch Off : Project Update.

The CCG remain eager to receive feedback about any additional ways in which the referral process and outcomes could be improved still further, so if you have any comments or suggestions please contact Steve Laville, Senior commissioning manager for the CCG on [steve.laville@nhs.net](mailto:steve.laville@nhs.net)

## **SUPPLY ISSUES UPDATE FOR PRIMARY CARE APRIL- MAY 2018**

We have received the latest update on medicine supply issues for primary care for April and May 2018 from the Department of Health and Social Care. It is attached for you to refer to.

## **NHS PROPERTY SERVICES AND TEMPLATE LEASE**

Since the release of the new NHSPS template lease in 2016, the BMA – alongside BMA Law – have been working to address the key residual issues that have prevented many GP tenants from signing up to the lease. As you will no doubt be aware, these issues primarily concerned the lack of clarity over, and indeed the level of, service charges. The BMA are looking to resolve these issues

through a number of avenues, and while the issues with the current charges are ongoing, they have made good progress with the template lease particularly with reaching agreement in principal to a cap for non-reimbursable costs for practices. There are a number of other positive elements in the template lease, please follow this [link](#) for further information.

In relation to current charges, the BMA's position has not changed. These increases are being levied with seemingly no reference to the contractual arrangements (or lack thereof) that are in place, or the sums historically paid. This issue is further complicated as practices are often not provided with an itemised list of charges, or when they are, there are often errors or incorrect charges included. In respect of current charges, practices should only make payments to both the extent that they are both satisfied as to the legal basis upon which they are payable and their accuracy. Please follow this [link](#) for further information and guidance.

### **UPDATED PRESCRIBING GUIDANCE**

The GPC prescribing policy group has updated the [Prescribing Guidance](#), to include a link to [the template letters](#) relating to the new requirements on hospitals to reduce inappropriate bureaucratic workload shift, in the Q&A section "Can my GP refuse to give me a prescription that my consultant asked them to provide?" (page 9). The prescribing guidance is available on the newly updated [prescribing pages](#) on the BMA website.

### **CLAIM ARRANGEMENTS FOR CONTRACEPTIVE SERVICES**

Many practices are concerned about the increased bureaucracy related to the new claim arrangements for contraceptive services provided. The LMC raised these problems with both Leeds Director of Public Health and Leeds Community Healthcare.

The new claim form on PharmOutcomes is much more time consuming for practices to claim for implant/coil insertions. There is duplication on the reporting form with the requirement to enter the batch number and expiry dates of the LARC on the claim form even though it is already held within practice records. In addition patient postcodes are requested for the LARC claim and it's not clear whether this is in line with GDPR.

Leeds Community Healthcare (LCH) have responded to the issues raised stating the templates have been designed to support retrospective data inputting to reduce time within clinics. The developers of PharmOutcomes have assured LCH that templates should not take more than two minutes to complete if the staff member has all of the information required. LCH believe that this may be a training issue and as such have commissioned training videos giving users a step by step guide on how to complete each template. The video was sent directly to practice managers and has also been uploaded to PharmOutcomes.

The LMC remains concerned about this additional workload and would welcome feedback on how helpful practice managers found the video and the process itself. Please email your comments to [mail@leedslmc.org](mailto:mail@leedslmc.org)

### **LYPFT CHANGES TO COMMUNITY MENTAL HEALTH SERVICES**

Leeds and York Partnership Foundation Trust is discussing its proposals for changes to community mental health services with service users and communities across Leeds. The proposals for community mental health services have been influenced by the [Leeds Mental Health Framework 2014 – 2017](#). The current 'ageless' community mental health service will be split into two distinct services – Older People's and Working Age Adult.

### **WORKING AGE ADULTS COMMUNITY SERVICES**

A citywide crisis and intensive support service for adults who have severe and lasting mental health problems related to illness, trauma and addiction. Three community teams will offer assessment over six weeks to clearly understand people's difficulties. People who have longer term difficulties will be offered care for longer to support them towards recovery.

## **OLDER PEOPLE'S SERVICES**

Support for people of any age with dementia and older people with a mental disorder plus physical illness or frailty plus those people (usually the over 65s) who have psychological or social difficulties related to the ageing process, or end of life issues. Three area teams will work with people who have memory problems and mental health problems. There will also be a citywide team to work with people who are experiencing more intense distress.

LYPFT has produced three service user leaflets and an animated slide show to stimulate discussion, along with a [questionnaire](#) for people to share their view in paper and electronic format. These are all available on the Trust's [website](#) and have been posted to more than 16,000 service users and Trust members.

There'll be two meetings for service users and carers at the Cardigan Centre, 145 -149 Cardigan Road, Leeds, LS6 1LJ on Monday 11 June from 10.00am, and on Thursday 14 June from 5:30pm.

## **GP WORKFORCE NUMBERS**

NHS Digital has produced the quarterly update on GP workforce figures. There are [316 fewer full-time equivalent GPs in England since December according to new figures from NHS Digital](#), and 1,000 fewer GPs since September 2015 despite the government pledging to recruit more family doctors. It is extremely concerning that the workforce has fallen from 33,890 FTE GPs to 33,754 in only three months. Dr Richard Vautrey, GPC chair commented that "It's more than two and a half years since the Health Secretary promised to recruit 5,000 more GPs before 2020, and these figures are a damning progress report. With less than two years until this target date, the trend is clearly going the other way and it's a sign that a step change in action needs to be taken. As GPs struggle with rising demand, increasing workloads and burdensome admin, and are expected to do so with insufficient resources, it's no surprise that talented doctors are leaving the profession and although the number of GP training places have increased, this is not enough to address the dire recruitment and retention crisis. Read the full article in [Pulse](#), and the BMA press release [here](#). Read GPC executive member Krishna Kasaraneni's [blog on workforce numbers](#)

## **GPs AS FOUNDATION OF PRIMARY CARE IS ONE OF NHS'S GREATEST ACHIEVEMENTS**

In a special feature for the BMJ, marking the 70<sup>th</sup> anniversary of the NHS later this year, being interviewed alongside other leading health voices, I explained why general practitioners, and their role as the foundation of primary care, are one of the NHS's greatest achievements. I said "The past 70 years have seen the health landscape change considerably. One thing that hasn't changed over that time, however, is the role that general practice plays as the cornerstone of the NHS." Read the full feature in the [BMJ](#).

## **PERINATAL MENTAL HEALTH – LEEDS LMC SUPPORT**

Becoming a parent brings a wide range of emotions, ranging from joy and excitement to stress and apprehension. The physical changes you go through can also affect your mood and feelings, and it's common to experience more ups and downs than usual. But depression is more than just a low mood – it's a serious condition that affects your physical and mental health.

In many cases, depression during the perinatal period (pregnancy and the year following birth) isn't recognised and may get worse. This can interfere with your pregnancy or becoming a parent. Depression doesn't just affect you – it can affect those around you, including your relationships and your baby's development.

That's why it's so important to speak to someone if you're finding it hard to cope. Leeds LMC would like to reach out and let you know that we are here to offer confidential support / advice if you are a GP (of any gender) struggling with perinatal mental health problems. Please do not hesitate to contact us on [facebook](#), by email [mail@leedslmc.org](mailto:mail@leedslmc.org), or by calling the office on 0113 295 1460.

## **DIPLOMA COURSE IN ADVANCED PRIMARY CARE MANAGEMENT**

Applications are now being received for October starters for the National Association of Primary Care's [Diploma in Advanced Primary Care Management](#).

The one-year diploma has been tailor-made for the evolving landscape in primary care and is run in partnership with the Healthcare Financial Management Association (HFMA) and health and housing legal experts Capsticks.

It offers flexible online learning and is ideal for practice and business managers needing new skills to enable them to manage the transformation of primary care. The June course is full and applicants are encouraged to apply now for October which is the last opportunity to study for the diploma in 2018.

The course has been developed by the National Association of Primary Care (NAPC) in partnership with others, including the Practice Management Network. The curriculum incorporates the learning and experience of multispecialty community providers, integrated primary and acute care systems and primary care homes. It's a practical, 'how to', focused, service development and business management training diploma. On qualifying, students will receive the equivalent of 60 credits at postgraduate level. They can then apply to study for the HFMA's Diploma and Higher Diploma which provides a pathway to a full MBA.

To find out more about the diploma, which is funded by NHS England, and the range of bursary options available please email the NAPC team at: [napc@napc.co.uk](mailto:napc@napc.co.uk). For further information visit: <http://napc.co.uk/primary-care-home/diploma/>.

## **NUMSAS – INNAPROPRIATE SUPPLIES OF CONTROLLED/HIGH RISK DRUGS**

On behalf of NHS England please find attached letter regarding tackling inappropriate supplies of Controlled/High Risk drugs. We would be grateful if this could be circulated as wide as possible within your practice.

## **WORKLOAD TRANSFER TO PRIMARY CARE – LEEDS GPS SURVEY**

As part of the wider work to stop the inappropriate shift of work from secondary care to primary care, the CCG are aiming to understand why we are not reporting it when it happens. Please fill in this very quick survey so George Winder and team can understand the issues and then do something about it.

<http://www.smartsurvey.co.uk/s/WZB84/>

## **CHAIR APPOINTED FOR THE GP PARTNERSHIP REVIEW**

We very much welcome the news that Dr Nigel Watson, GPC member and Chief Executive of Wessex LMC, has been appointed by the Secretary of State for Health and Social Care in England to chair the independent review into GP Partnerships. Valuing and building on the partnership model is at the heart of our *Saving General Practice* report, and backed by LMC conference resolutions, and we are glad the Secretary of State has listened and commissioned this review into reinvigorating the model. The review will look at how the partnership model needs to evolve and address the issues that can lead to difficulties recruiting and retaining partners. The GPC will be working with DHSC, NHS England and RCGP on this.

Read the full BMA Press release [here](#). Read more about the appointment on the [DHSC website](#). It was also reported in [GP online](#).

## **CHANGES TO DATA SHARING MOU**

The Government has announced a fundamental change to the Memorandum of Understanding (MoU) between NHS Digital, the Home Office and the Department of Health and Social Care, and will now be restricting NHS Digital's data sharing with the Home Office to the tracing of an individual who is being considered for deportation action having been investigated for, or convicted of, a serious criminal offence, or where they present a risk to the public. Previously the MoU permitted disclosures by NHS Digital to the Home Office for suspected immigration offences

without consideration of the seriousness of the offence. The change in position aligns the MoU with existing legal and ethical standards of confidentiality which restrict disclosures 'in the public interest' for law enforcement purposes only when the crime under investigation is a 'serious' crime. It is estimated that the change to the MoU will exclude some 95% of current Home Office requests.

The BMA has strongly opposed to the MoU, because of the concerning impact it has on the confidential and trusting relationship between doctors and patients. GPC chair, Richard Vautrey, welcomed the change in government's position in a discussion he had with health minister Lord O'Shaughnessy.

Read the BMA press release [here](#). The story was also featured in [The Guardian](#), [BBC News Online](#), [The Times](#) and [OnMedica](#).

### **GMS CONTRACT GUIDANCE 2018/19 FOR ENGLAND**

The [GMS contract guidance audit and audit requirements for 2018/19](#) has now been published on [NHS Employers website](#). You can read about the contract changes in more detail on the [GP contract agreement England 2018/19 BMA webpage](#).

### **VACCINATION AND IMMUNISATION GMS GUIDANCE 2018/19 FOR ENGLAND**

The finalised vaccinations and immunisations GMS guidance is now live on the [NHS Employers website](#), and a link to this guidance is also available on the [BMA vaccs and imms page](#).

### **OVER-THE-COUNTER MEDICINES GUIDANCE**

Following public consultation, NHS England has published [revised commissioning guidance for CCGs on reducing prescribing of OTC medicines for minor, short-term health concerns](#). Although the GPC supports the efforts to educate patients about self-care of minor ailments, and the appropriate use of effective medicines that are available from community pharmacies or other retail outlets, without changes to the GMS regulations that govern GP prescribing, GPs will be at risk of complaint from patients or criticism from their CCGs. GPs must continue to treat patients according to their individual circumstances and needs, and that includes issuing prescriptions where there are reasons why self-care is inappropriate. The GPC has published guidance on the contractual requirements for practices in prescribing over-the-counter medicines, available [here](#).

### **REVISED MenB PGD TEMPLATE**

Please see attached a revised MenB PGD template V03.00 - this is an early revision in order to align with the recommendations for the prevention of secondary cases of MenB disease in the [Guidance for public health management of meningococcal disease](#). This PGD will also shortly be available on the [PHE PGD webpage](#), a link to which is also available on the BMA's [vaccs and imms webpage](#).

Please be aware that the attached PGD template is not legally valid until it has been signed off by the CCG. This has been passed to the CCG to sign.

### **CLINICAL PRACTICE RESEARCH DATALINK**

Clinical Practice Research Datalink (CPRD) is a research service supported by the MHRA and the National Institute for Health Research, that has been used by GPs for the past 30 years to collect anonymised patient data for vital public health research, such as demonstrating the safety of the MMR vaccine and the whooping cough vaccine in pregnant women. In return for contributing anonymised data to CPRD, GP practices receive free, confidential practice-level prescribing and patient safety quality improvement (QI) reports, to enable patient case finding and national practice bench marking. Case review from QI reports can be used in annual appraisals, revalidation and evidence of GP practice QI activities. Practices also have the opportunity to earn extra income from participating in CPRD supported research questionnaires and clinical studies. Joining CPRD is a simple, quick, one-off process. Find out more about how to contribute to CPRD at [www.cprd.com/generalpractitioner](http://www.cprd.com/generalpractitioner)

## **ONLINE CONSULTATIONS SURVEY**

We would encourage practices to feed in their views to NHS England's survey into online consultations. They are running two public surveys seeking views from GPs, practice teams and members of the public on what people think about the idea of online consultations so that service can be improved and to increase the availability and use. Access the survey [here](#).

## **NON PRESCRIPTION MEDICATION FOR CARE HOME**

Some practices elsewhere in the country are reporting that they are receiving increasingly detailed requests from care homes about 'homely remedies', requesting a GP to sign a form for the administration of these remedies, the GPC Prescribing policy group's advice is:

We approve of patients in residential homes or other such environments self-caring or receiving over-the-counter (OTC) medicines as all other people do, although recognise that their frailty does being with it special problems. Many care homes are introducing these policies, sometimes with the approval of local medicines management schemes, and GPs are being asked to complete the paperwork as an alternative to receiving inappropriate prescription requests.

The main problem, however, is that there is no guarantee that the circumstances that were present when the form was signed still apply when the OTC medicine is to be used, and there is a real danger that these forms will not be updated when patients' circumstances change.

Therefore, it is safest if OTC medicines are available to care home residents after the input of a community pharmacist, where possible from the same pharmacy that supplies the patient's normal medication. This is an appropriate use of a pharmacist's skills, within their competence, and in line with the low value medicines agenda.

## **GPC UK NEWSLETTER**

[Read](#) GPC Chair – Dr Richard Vautrey 's latest GPC newsletter.

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

- GDPR coming into effect on 25<sup>th</sup> May 2018

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### **GENERAL INFORMATION DISTRIBUTED TO PRACTICES THIS MONTH**

- GDPR – OPT-IN email
- Practice Manager Funding from NHS England
- Practice Manager Appraisal Project - Recruitment

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## **COMINGS AND GOINGS**

### ***A warm welcome to.....***

- Dr Ellen Oakhill joined Colton Mill and The Grange Medical Centre as a 3 session Salaried GP on the GP retainer scheme

### ***Good bye and best wishes to...***

- Sarah Younge will be going on Maternity leave to have her twins in May 18. Everyone at Colton Mill and The Grange Medical Centre wishes her all the best.

### ***Practice vacancies at.....***

#### **Salaried GP/Partner or ANP Required - Pudsey Health Centre, Leeds**

An exciting opportunity has arisen to join our friendly and successful 6 Partner Training Practice in West Leeds.

- We are prepared to be flexible and wait for the right person
- 6 sessions per week Mon, Wed & Fri
- Purpose built, rented premises, no financial input needed
- Well organised, EMIS Web, high QOF achiever
- 7,300 patients with high patient satisfaction
- Core hours 8am – 6.30pm Mon, Wed, Thurs & Fri. 7am – 6.30pm on Tuesdays.
- No OOH/OOA cover. Home visit light
- Excellent nursing and admin team
- Part of the Pudsey Locality Hub

We are seeking an enthusiastic, motivated and forward thinking new member of the team.

Applications with CV and covering letter please to:  
Mrs Pauline Shipsey, Practice Manager,  
Dr Ross and Partners, Pudsey Health Centre,  
18 Mulberry Street, Leeds LS28 7XP

Closing Date: 30<sup>th</sup> June 2018  
Interviews will be held in July

Informal visits welcome

Contact: Pauline Shipsey, Practice Manager [paulineshipsey@nhs.net](mailto:paulineshipsey@nhs.net)

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

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

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LMC ViewPoint is published by Leeds Local Medical Committee Limited  
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