

LMC ViewPoint



The newsletter of Leeds Local Medical Committee Limited

July 2018

DDRB AWARD ANNOUNCEMENT

The DDRB award for 2018-19 was announced on the 24th July 2018. As previously reported GPC England made strong representations to the DDRB for a significant uplift to GP pay and expenses based on many factors including extra costs relating to staff pay awards linked to AFC, increasing overheads, costs of regulation, GDPR, indemnity and others. The GPC also made a strong case for an uplift to GP pay. The DDRB has responded with a report advising that GPs should receive a 4% uplift on pay and expenses. This would have been the most significant increase in practice income for over a decade.

Our 2018-19 agreement was for GPs to receive a 1% interim pay and expenses uplift with any DDRB award in excess of this being back-dated. It is extremely disappointing that on this background the government has announced that it does not intend to honour the DDRB award.

Please see BMA response to the announcement below. However, to be clear, whilst this will not apply to other doctors, the GP award will be backdated to April, this is something that has been secured.

Dr Richard Vautrey (GPC England Chair) spoke with Matt Hancock, the new Secretary of State for Health and Social Care, on the morning of the announcement and stressed deep concern that the government has chosen not to honour the findings of its own independent pay review body across the entire NHS, but specifically for GPs. During this call, he maintained that GPs would be getting 2% this year backdated to April with a further 1% to be added from next April. This will effectively be then consolidated to be the equivalent of a 3% award.

Dr Richard Vautrey made it clear that GPs should be receiving at the very least a 4% uplift, as recommended by the DDRB, simply to keep services for patients running. He also stated the significant concerns about the impact this could have on practice staff recruitment and retention, particularly as some of their colleagues such as community nurses, health centre reception staff etc. will get 3% or more.

The GPC have made it clear in press statements that for a decade now, GPs have seen their real terms pay cut by over 20% and this is one of the key factors that explains the dire recruitment and retention situation in general practice. For the new Secretary of State to commit to addressing the workforce crisis in general practice and raise hopes of investment in primary care in his first speech, only to dash those hopes a few days later, will send a signal to dedicated GPs and their staff that they are not sufficiently valued.

GPC will be encouraging practices to award their staff (including salaried GPs) the 2% pay uplift, backdated to April, and once we get clarity about the additional 1% we will provide more information.

BMA press release response:

"Dr Anthea Mowat, BMA representative body chair, said:

"It is truly astonishing that the UK Government has chosen to ignore the already insufficient recommendations of its own independent pay review body and to then compound the misery that this will cause for thousands of our hard-working members and their families by refusing to backdate what will be an inadequate pay uplift.

"Just last week the new Secretary of State for Health and Social Care talked about how 'heart-breaking' it was to see how 'under-valued' NHS staff feel. Considering those words, doctors in England will rightly feel both anger and disappointment that sentiment has not been matched with action.

"While the long overdue recognition of SAS doctors is positive, it is unacceptable that the policy of inflicting a real-terms pay cut on the majority of doctors will continue. Since 2008, doctors have experienced the largest drop in earnings of all professions subject to pay review bodies, with consultants seeing a 19 per cent fall in pay, junior doctors 21 per cent and GPs 20 per cent. The effective pay uplift this year for some doctors will be as little as 0.75%, which will be widely seen as derisory.

"At a time when the NHS faces severe shortages of doctors across all specialties, it beggars belief that the ministers have failed to recognise the contribution declining pay has had on the ability to recruit and retain doctors and the significant damage to morale.

"Today's announcement, coming at a time when understaffed and under-resourced hospitals and primary care services are having to manage unprecedented levels of patient demand, will only make a bad situation much worse and the BMA will be considering its next steps in response."

NEW SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE

Matt Hancock, the new Secretary of State for Health and Social Care in England, has given his first speech. He talked about his priorities being workforce, technology and prevention. He spoke about general practice and said, "GPs need more assistance to tackle with their substantial workloads. There is currently a review of GP partnerships ongoing but I also want to see more training to those pharmacists based in GP surgeries and more staff to support them." He concluded with a commitment "to make the investment in primary care and community pharmacies so people don't need to go to hospital", but gave no specifics.

He also spoke about this registration with GP at Hand, "Not only do I have my own app for communicating with my constituents here in West Suffolk, but as you may have heard I use an app for my GP. The discussion around my use of a Babylon NHS GP, which works brilliantly for me, has been instructive. Some people have complained that the rules don't work for care provided in this revolutionary new way. Others have said the algorithms sometimes throw up errors. Emphatically the way forward is not to curb the technology – it's to keep improving it and – only if we need to – change the rules so we can harness new technology in a way that works for everyone: patient and practitioner. I want to see more technology like this available to all, not just a select few in a few areas of the country."

You can read the BMA press release commenting on the speech [here](#).

LEEDS GP CONFEDERATION SET TO ELECT A CHAIR

The Leeds GP Confederation will shortly be inviting expressions of interest from local medical practitioners in the post of Chair. The election of the chair is the next step in the establishment of the Confederation as it grows to fulfil its purpose of working to improve the health of the population of Leeds by strengthening and sustaining primary care. Interested individuals will need to fulfil the specification for the role which will be sent out with the invitation to express an interest. If you have

any questions regarding this process then please contact Simon Boycott, Interim Company Secretary, Leeds GP Confederation – simon.boycott@nhs.net

GMS AND PMS REGULATION AMENDMENTS

Following agreement in the last round of negotiations, the amendments to the GMS and PMS regulations in England have now been agreed and laid before Parliament. These have been released on gov.uk but will not come into force until 1 October 2018.

One of the main changes is to the section around removing a patient who is violent; these changes have been made following our concern that some practices were left vulnerable when patients with a recent history of violence registered with a new practice without the practice being aware of the situation. Such patients should instead be provided general practice services by a specially commissioned service. We were successful in agreeing some key changes to resolve this situation.

It has been agreed that a patient having a violent patient flag on their record, is reasonable grounds for a practice to refuse to register that patient (using paragraph 21 of part 2 of the regulations 'refusal of applications for inclusion in the list'). It has also been agreed that if a practice does register someone with a violent patient flag on their record, they may remove them immediately by giving notice to the Board. While the latter will come into effect in October, the former is an agreement around interpretation of the regulations and so can be implemented immediately. GPC hopes that commissioners would recognise the change coming in October and so may provide some scope for this too to be implemented right away.

PRIMARY CARE QUALITY IMPROVEMENT SCHEME 2018-2021

Following feedback from practices, the LMC has written to Leeds CCG to express concerns about the quality improvement scheme. Practices are telling us that the scheme is far too complex and bureaucratic, focuses on specific diseases rather than the whole person and sets unreasonable targets. The LMC has highlighted to the CCG the potential adverse impact of setting cliff edge targets and how attempts to reduce exception reporting could lead to some patients being over-treated simply to hit an arbitrary target. In addition, we have highlighted the need to use of blood pressure targets of 150/90 rather than 149/89, and 140/90 rather than 139/89, to bring them in to line with routine practise and recording.

The committee is of the view, albeit reluctantly, that we need to progress with the scheme given that we are already some four months in to the first year. However, we hope that further modifications can be made and that we can work together to discuss plans for years 2 and 3 to develop a much better scheme for the future.

ENHANCED SERVICE – ANTIVIRALS PROPHYLAXIS TO CARE HOME RESIDENTS

The CCG has developed a new enhanced service to support the initiation of anti-virals following an outbreak of influenza within care homes. This is a welcome initiative and we would encourage practice to confirm their participation.

PRACTICE MANAGER DEVELOPMENT FUNDING 2018/19

LMCs are working together across West Yorkshire to make the best use of funding provided for practice manager development. We successfully recruited and trained Practice Manager appraisers from each of the LMC areas. In some areas we have been inundated with requests, with more than double the number of places that we had available. We will do our best to offer as many practice managers as possible this opportunity.

We have also had an overwhelming for coaching sessions. We received nearly a 100 expressions of interest for the 24 places. After a random selection process was carried out the 24 managers will now begin their sessions within the next 3 weeks. We are sorry for those who we are not currently in a position to offer this to, but we will do what we can to secure additional funding to expand the scheme when possible.

TELE DERMATOLOGY

Please see attached feedback and lessons learned in the first month of operation of the tele-dermatology project.

FUTURE OF QOF IN ENGLAND AND RESPONDING TO DIGITAL-FIRST PRIMARY CARE

NHS England are inviting feedback on two important reports, the review of QOF and a consultation on digital-first primary care providers. Both documents and more information on how to send feedback can be found [here](#).

The GPC have worked with NHS England, RCGP and others to review QOF and expect the report to stimulate further discussion. The intention is that any changes to QOF must provide stability for practices and better enable them to better respond to the needs of their patients. The review document and the feedback we receive will inform, but not determine the outcome of negotiations which will begin shortly.

While GPC recognise the many advantages that technology and innovation can provide for general practice, they have serious concerns about the model used by providers, such as GP at Hand, that unfairly exploits the out of area registration arrangement, cherry picking largely health young adults who often only want brief episodes of care, and which risks destabilising other practices and the funding they receive to treat patients in their local community. However, the suggestions made by NHS England to reduce the funding such providers receive have wider implications and therefore GPC England will carefully consider them as part of our response to the consultation.

NHS FUNDING SETTLEMENT BRIEFING

On 18 June Government announced a long-term plan for the NHS. This included a funding increase of 3.4% in real terms each year from 2019/20 to 2023/24, increasing the NHS England budget by £20.5b. The BMA have published a briefing that discusses how this will impact health funding in the UK, suggests where it should be spent and highlights that it is not enough to cope with growing patient need. The BMA is calling for primary care to be one of the key areas that should be prioritised for this extra funding.

[Read the briefing](#)

[Visit the web page](#)

SURVEY – UNFAIRNESS IN THE 2015 NHS PENSION SCHEME

The BMA is gathering data to find out whether certain groups of GPs are being discriminated against under the NHS Pension Scheme Regulations 2015. They believe that GPs who take breaks from work are ending up paying more without receiving any increase in their pension. This is happening through a method for calculating contributions called 'annualisation'. If you are in the *2015 Career Average Revalued Earnings scheme*, please to complete their short [survey](#). If you are unsure whether you are in this scheme you can find out [here](#). To get the best possible data, we need as many GPs as possible to complete the [survey](#). The objective is to persuade the Department of Health and Social Care to acknowledge and remove the unfairness in the way the NHS Pension scheme currently operates.

SUPPLY CHAIN UPDATE - JULY 2018

The Department of Health and Social Care (DHSC) has published a supply chain update for primary care for July (attached). In addition, the DHSC has informed the BMA that they have been working with clinical experts to produce advice on the Priadel 520mg/5ml Liquid supply issue, due to the important nature of this medication and the issues around switching formulations / brands of lithium. The advice is now available on the [Specialist Pharmacy services website](#). Sanofi are advising that the next supply of Priadel 520mg/5ml Liquid will be available mid-August.

ONE IN SIX GP POSTS VACANT

Pulse's annual vacancy survey of 658 GPs found that 15.3% of GP positions are currently empty, up from 12 per cent last year, and 11 per cent in 2016. Richard Vautrey (GPC Chair) responded to this and said: "The fact that so many surgeries are unable to recruit GPs provides yet more evidence of the scale of the crisis impacting general practice. The Government must prioritise

general practice and urgently invest in it to address this growing crisis which is threatening to undermine the foundation on which the wider NHS is built. We cannot allow a situation where patient safety is being compromised by a lack of political action. This is placing an intolerable pressure on local GP services, especially as they increasingly need to deliver intensive, specialist care in the community to the growing number of older patients with complex health conditions.” This was covered in [The Daily Mail](#), [The Daily Telegraph](#) and [The Daily Express](#).

UPDATE FOR PRACTICES IN NHSPS AND CHP PREMISES

For your information, please see the email below dated 13th July from Dr Krishna Kasaraneni GPC Executive to all LMCs re NHSPS and CHP premises.

Dear LMCs,

For the attention of practices in NHS Property Services (NHS PS) and Community Health Partnerships (CHP) premises.

I am writing to you about the ongoing issues with NHS Property Services (NHS PS) and Community Health Partnerships (CHP). We are aware that a written question was submitted to the Secretary of State (SoS) about money owed to NHSPS and CHP by GPs, and that this has now been covered by Pulse.

We are writing to reiterate to LMCs and practices our previous guidance on this issue. 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.

GPC are aware that this issue is causing practices significant stress, and we would like to reassure you that GPC will stand with you in circumstances where, despite there being no legal basis to do so, NHSPS seek to enforce these charges. To this regard, if NHS PS take action to enforce charges against you please let us know immediately (email gpcpremises@bma.org.uk).

Further guidance and updates are available on our website, please follow this [link](#).

Best wishes,

Dr Krishna Kasaraneni

GPC Executive

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

- NHS Leeds CCG re Primary Care Quality Improvement Scheme 2018-2021
- LARC services provided by general practice
- Future of QOF in England consultation
- Future funding arrangements for digital services consultation

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.

- GP Partnership Review – opportunity for comment

COMINGS AND GOINGS

A warm welcome to.....

Dr Anthony Walmsley and Dr Philippa Crabtree who will be joining Armley Medical Practice as salaried GPs on 28th August
Dr Grant Syme who has taken up a partnership with Armley Medical Practice with effect from 1st July.

Good bye and best wishes to...

Dr Kate Welch who left Abbey Grange Medical Practice at the end of June after 28 years' service. She will be greatly missed by patients and staff. Everyone at the practice wishes her well for the future.

Practice vacancies at.....

Oakwood Lane Medical Practice – Salaried GP

We are seeking a Salaried GP at Oakwood Lane Medical Practice in the LS8 area of Leeds. This is an exciting opportunity for a talented and enthusiastic GP looking to work in a progressive and forward thinking practice. The practice is located in a modern, state of the art, purpose built property and has strong connections with the CCG, their locality and other health and social care providers within the city. We are offering between 4-6 sessions a week, 6 weeks holiday per year, with an additional week's study leave entitlement and a competitive salary. It is anticipated the 4-6 sessions will cover a Wednesday and Friday of each week.

Practice overview

- PMS practice 13,406 patients
- Good CQC rating overall with an 'Outstanding' rating in the well led domain (2016)
- High QOF achiever
- 7 GP partners and 3 salaried GPs
- ANP led care home visits
- Effective correspondence management system in place
- Nurse led Chronic Disease Management
- Nursing compliment of 6 Practice Nurses, 2 HCA's and a Phlebotomist.
- GPs are supported by an effective administration and reception team
- Other health professionals employed or co-located within the practice include, Practice Pharmacists, a Community Midwife and Social Prescriber

To apply for this position please send a covering letter and CV to mark.donaldson5@nhs.net or post to: Business Manager, Oakwood Lane Medical Practice, Leeds, LS8 3BZ. Informal enquiries and visits are welcome and encouraged.

North Leeds Medical Practice Leeds, West Yorkshire - Salaried GP

A new opportunity has arisen for you to practise as a Salaried GP for a high-performing surgery in Leeds working across two sites. The practice has a great reputation for being forward-thinking and offering high quality care to their diverse patient population. You will be working with a team of experienced GPs which means that you will be very well supported. This surgery offers you a great work life balance where no weekend/out of ours work is required.

Key Information

- View to Partnership available
- Sessions to be worked negotiable (flexible session times)
- Superb QOF score consistently in the high 90s, so you are working with a surgery that has a reputation for consistent high achievement

- Training Practice which means that you will be working in a very organised and well-structured practice (including organised admin and management team)
- Outstanding support team with a highly skilled Nurse Practitioner and 5 experienced Nurses which means that you will have more time to focus on clinical work and achieve professional satisfaction

Key Benefits

- Salary circa £75,083 (pro rata) + Indemnity fees paid in addition
- 6 weeks annual leave + 1 week study leave
- NHS Pension

What Happens Next?

If you would like to be considered for this post you can talk to us in confidence about this opportunity on 0113 218 5794.

Pudsey Health Centre – Salaries GP Partner required in 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
- 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 Hubs

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: 30th June 2018. Interviews will be held in July. Informal visits welcome

Contact: Pauline Shipsey, Practice Manager paulineshipsey@nhs.net

www.pudseyhealthcentre.co.uk

Lingwell Croft Surgery - GP Vacancy

We are looking for an enthusiastic and motivated GP to join our friendly GP Practice at Lingwell Croft Surgery in Middleton, Leeds. We are looking for 6-8 sessions per week; we will consider job shares.

We have just one site and have a patient list size of 14,800, 10 GP's, three Advanced Nurse Practitioners, a Pharmacist and a highly qualified Nursing team of 10.

We are a well organised, high performing practice who prides themselves on continuous improvement. We have very little turnover of staff which means we have a wealth of knowledge and experience at the practice.

The structure of the practice allows us to have a Reception team, a Prescribing team, an IT/Admin and coding team, Pathology Results team and a Secretarial team who liaise closely with the GP's.

Salary up to £80k/year depending on experience (9 sessions full time)

Windmill Health Centre - Salaried GP - Opportunity of Partnership

We are looking for a 6 session GP to join our friendly, motivated, well organised team

- List size 9000
- TPP SystemOne
- PMS Practice
- Training Practice
- High QOF achievers
- Enhanced services including extended hours
- Research
- Full Nursing, Admin and Reception teams
- Awaiting NHS approval for new premises

Start date can be immediate however we are willing to wait for the right person, salary negotiable dependant on experience with opportunity of partnership in the future if desired.

Please send CV with covering letter to:

Carole Midgley, Practice Manager
Windmill Health Centre, Mill Green View
LS14 5JS
Email: carole.midgley@nhs.net, Tel 0113 273 3733

Rutland Lodge Medical Practice – Salaried GP Partner

Looking for a Salaried GP/Partner required 4-8 Clinical Sessions for a forward looking practice in Leeds 7.

Due to unforeseen circumstances we are seeking a caring, enthusiastic Doctor with excellent clinical skills to join our friendly, high performing practice. We have a varied demographic and are committed to ensuring the practice is efficient as it can be with GP workload.

Flexible working is available

The practice has:

- 9,200 patients
- 5 Partners (2 whole time/3 part time)
- 2 sites
- GMS contract
- SystemOne
- Training Practice
- CQC rated Good
- Friendly and Supportive Team
- Active engagement with patients and local CCG

For further details or to arrange an informal visit please contact: Dr Simon Ottman or Paula Dearing on 0113 2007474 or email p.dearing@nhs.net

Alwoodley Medical Centre – Salaried GP

We are looking for an additional Salaried GP (Retainer scheme considered) to join our friendly, supportive group of 12 doctors (11 Partners).

- Competitive salary
- Well organised GMS practice, EMIS Web, high QOF achiever
- 4 sessions per week Weds & Fri preferred, timings negotiable

- 15100 patients
- FY2, Year 3 medical students, Student Nurses, GP Registrar
- Partners specialise in teaching, research, women's and sexual health, minor surgery and dermatology
- 50% Indemnity covered
- Excellent Nursing and admin team
- Operating across two sites - Purpose built premises in Alwoodley and a branch surgery in Adel.
- Rated 'Good' in CQC inspection
- BMA model contract

We are seeking an enthusiastic and motivated new member of the team. We are a friendly group who believe in achieving a good work-life balance and enjoying our jobs. We are streamlining our administrative processes, run a hybrid of bookable appointments with telephone triage, and the majority of time we can leave on time!

We are a training practice, with a wide range of learners in post, including innovative rotational posts with other organisations, including community pharmacy, Hospital trust and the Ambulance service. We have a productive learning environment where all staff are supported to develop. We will support applicants wishing to develop special interests to the benefit of our patient service. Applications with CV and covering letter please to: Alwoodleymedicalcentre@nhs.net
Informal visits welcome – contact as above.