

LMC ViewPoint



The newsletter of Leeds Local Medical Committee Limited

August 2018

2018 GP PATIENT SURVEY RESULTS

The 2018 GP patient survey results have just been published. The key findings were:

- confidence and trust in GPs and healthcare professionals remains extremely high at 95.6%
- 93.5% of patients felt involved in decisions about their care and treatment
- 94.8% felt the healthcare professional met their needs.
- 83.8% described their overall experience of their GP practice as very or fairly good.
- The majority of patients (68.6%) rated overall experience of making an appointment as good
- Overall 61.6% of patients got an appointment at a time they wanted or sooner and 66.1% of patients who wanted a same day appointment got one

The full report can be found [here](#).

In response to this, Dr Richard Vautrey, Chair of the BMA's GP Committee and Assistant Medical Secretary of Leeds LMC, commented that "These results show that the overwhelming majority of the public are happy with the care they receive from their GP and the healthcare professionals at their local surgeries. They are further testament to the hard work of dedicated family doctors and their teams who continue to provide an excellent standard of care despite the huge and growing pressures they face." Read the BMA press release in full [here](#).

GP EARNINGS AND EXPENSES 2016/17

NHS Digital has just published the annual [GP earnings and expenses report for 2016/17](#) for the UK. Attached is a summary of the headline figures. Overall, the average income before tax for combined GPs (contractor and salaried) in the UK increased by 2.7 per cent between 2015/16 and 2016/17.

Although an increase in earnings is welcome, and reflects the positive steps which have been made with negotiated agreements which in England resulted in an additional investment of £220 million into the contract for 2016/17, headline figures must be taken with caution as over the same time frame there has been a reduction in the workforce. It is likely that the falling workforce accounts for a significant proportion of the apparent rise in an average partner's salary, as funding allocated to them to meet the needs of their patients is shared between fewer doctors who are doing more work.

The Daily Mail and iPaper reported on the increases and Dr Richard Vautrey commented: "After a decade during which GP pay fell by 20 per cent, something that has had a real impact on GP recruitment, retention and morale, at long last GPs may be seeing an end to repeated pay cuts. However, these figures need to be treated with caution as while earnings may have risen, over the same time frame we have seen the workforce crisis deepen, with the number of full-time equivalent GPs in England falling by more than 2% and partners by more than 4%. GPs are therefore spreading themselves more thinly. With partners unable to hire more doctors, they themselves are taking on additional work, are forced to work longer hours and are placing further pressure on themselves to deliver care to patients amid mounting demand". Read the full article in [the Mail](#)

UK GP TRENDS DATA

NHS Digital has published a report with the key figures on country level workforce trends, practice numbers and list sizes and population projections in the UK and a breakdown of contract types in England. It shows that there are now 9085 practices in the UK, 191 less than 2016, with 7527 practices in England, a fall of 166 from 2016. The report also notes that 54-55% of GPs in England, Northern Ireland and Wales are female but in Scotland this is almost 60%. Read the report [here](#).

GP RETENTION SCHEME

As of June 2018, around 295 GPs across England had joined the [GP Retention scheme](#) giving them the flexible working options they need to enable them to remain in practice. This scheme could be helpful for a range of GPs, including those who need time to care for family members, those wanting to reduce their hours as they approach retirement or GPs who want to receive educational and development support after a period of absence. In these cases it is worth seriously considering joining this scheme. You can watch this [video](#) interview with two GPs explaining how the scheme has helped them to continue practising.

GENERAL PRACTICE PREMISES POLICY REVIEW – CALL FOR SOLUTIONS

Please note that the LMC shared this information with Practice Managers earlier this month to circulate within their practice to ensure enough time was given in light of the 5th September deadline:

NHS England and the DHSC are working collaboratively with the GPC England and RCGP to undertake a [review of General Practice Premises Policy](#), which will seek to identify how to ensure that general practice premises are fit for purpose, both now and in the future. Within the scope of the review NHS England is holding an open call for solutions, inviting submissions from interested stakeholders. We would like to encourage practices and individual GPs to submit solutions that address both individual and systematic issues. We welcome a range of proposals, no matter how brief, from those designed to address specific issues to those which would require a more significant system reconfiguration. If you have ideas or suggestions you are able to share please reply to the group as soon as possible.

The [call for solutions pack](#) sets out further information about what the review is considering and how to submit a response (online survey or by post) – further details are available [here](#).

SUPPORTING SMALL PRACTICES

As previously reported, the BMA's General Practitioners Committee (GPC) [wrote](#) to NHS England to highlight their serious concerns over the comments made about small practices. This has also been discussed with a number of senior members of NHS England, including in a meeting with Dr Steve Powis, NHS England's medical director. The GPC believes practices of all sizes have a future in the NHS and as the recent GP survey shows, there is clear evidence that many patients prefer to be registered with smaller practices that offer good quality continuity of care.

NHS England has now responded, being explicit that they 'remain committed to enable high quality general practice to be provided in a range of forms and sizes, including in small practices.' They also told the GPC that the development of networks is designed to support collaboration between practices and is not about actively encouraging practice mergers. Their ambition is for all practices – irrespective of size – to be part of a network to enable general practice to work with local partners to reduce health inequalities, improve the health span of a population and create a sustainable and resilient multidisciplinary workforce'.

RECORD TRANSFER SAFETY BREACH RELATING TO DOCMAN

NHS England has issued a central alerting system (CAS) communication to general practice on the use of Docman software (version 7) with Electronic Document Transfer (EDT) enabled, in which documents received by GP practices using NHS mail are not being reliably transferred into patients' electronic records. This communication is attached. This only affects GP practices using Docman software (v7) with EDT enabled. If practices have moved to Docman 10 but have previously used Docman 7, they may still be affected. All practices in the UK using this software are in scope; and, in England, you should follow the instructions as set out by NHS England in the guidance attached.

In response to this, the GPC has made it clear that this is obviously a seriously concerning situation and they are pressing NHS England to urgently ascertain the scale of the problem, and crucially establish whether patients have been put at risk. Plans to address the issue must immediately be put in place, and practices must be adequately resourced to manage the additional workload this involves. This is clearly the latest in a number of examples of patients and GPs bearing the brunt of technological failings which is not acceptable.

In order to estimate the size of the impact, the GPC are looking to survey practices. Please could you complete this short survey, via this link: <https://www.surveymonkey.co.uk/r/GYZHJ5J>

The survey consists of the following questions:

- 1) Find the 'unprocessed' folder on your Shared Drive (Shared > PCTI > DOCMAN7 > DATA_S1 > EDT > UNPROCESSED). Enter the total number of files.
- 2) Download and run the Docman tool, then enter the total number of files left in this folder.
- 3) You will be asked to carry out a clinical risk assessment on the remaining files. Please enter the total number of risk assessments.
- 4) What is the total number of practice hours spent reviewing and completing this task?
- 5) Was the practice at the time of Docman installation instructed how to use the Docman Alert scheduler? Yes/No/Don't know/Not aware of the alert scheduler.

LETTER TO CHANCELLOR RE PENSION CONCERNS

The serious problems caused by recent changes to the pension scheme are well known to most GPs. The BMA has written to the Chancellor of the Exchequer to highlight ongoing concerns about the application of the tapered annual pension allowance and its effects on a growing number of GPs. This issue has caused significant recruitment and retention problems across the health service, including GPs, and it is unacceptable that complex and rigid pension policies are presenting financial disincentives to doctors taking on new positions or considering additional work. In the letter to the Chancellor the BMA has asked him to consider greater flexibility in the way these limits are set, and in doing so prove that the government values our expert medical workforce and ensures it can continue to deliver high quality care in the future.

INTERIM SENIORITY FACTORS 2018-19

The Interim Seniority Factors 2018-19 for England and Northern Ireland have now been published on [NHS Digital's website](#).

PCSE / CAPITA SERVICE UPDATE

NHS England has provided the GPC with an update on the progress that has been made to address the many issues of poor service delivery by Capita/PCSE. They have said that following complete roll-out of the bar-code tracking system, 98.5% of records are now being delivered within 12 days of collection. In addition Capita's management of the performers list is improving, with

complaints having dropped by 72% from the peak in August 2017 and turnaround times for changes to the performers list completed in less than two weeks.

They have said that both Capita and NHS England are committed to continuing to resolve outstanding issues and the GPC meet with them both regularly to ensure this is happening. There is still much that needs to be done to get to an acceptable service, and if practices have specific issues that you want us to take up on your behalf, then please continue to contact us by emailing with full details to mail@leedsimc.org.

TECHNICAL FAULT WITH PCSE ONLINE QUERIES

PCSE has asked us to let practices know that due to a technical fault, queries submitted via their online form from 17 July until earlier last week, have not been getting through to their system and cannot be retrieved. The issue has now been resolved, however, if a practice or GP submitted a query in July or August and have not received a response, please resubmit your query using the form in this [link](#).

Note that the technical issue **did not** apply to the follow enquiry types: CET claims, GP payments, GP pensions, Pre-visit notifications.

This is yet another example of a failure impacting practice workload, and the GPC will be picking this up with NHS England.

UPDATE DIAMORPHINE SUPPLY STUDY

The Department of Health and Social Care has provided an update on the diamorphine supply issue. Accord are still out of stock of diamorphine 5mg/10mg injection but have advised that new stock of both strengths will be available during the w/c 27 August. There are further deliveries scheduled from September onwards. Wockhardt still have supplies available but cannot support the full demand for primary and secondary care. The DHSC has advised that this supply issue should hopefully be resolved by early September, and until then please continue with the management plan as previously stated:

- Primary care and drug misuse centres will be able to continue to order diamorphine in line with historical demand.
- Secondary care will have access to limited supplies of diamorphine

Recommended Local Action - Primary care and drug misuse centres:

- Although diamorphine can be accessed as per historical demand, prescribers should be aware of the supply issues and reduce prescribing where appropriate
- Please order responsibly during this time, in line with historical demand and do not stock pile to avoid lengthening the stock out period.
- If you can't access diamorphine, please refer to the [UKMI clinical guidance](#) which provides more information on suggested alternatives (the first choice is morphine). For local clinical guidance please liaise with secondary care prescribing partners in substance misuse services or pain specialist services
- For further information see: [Patient Safety Alert on high dose morphine and diamorphine](#)

Distribution Arrangements:

- Diamorphine 5/10mg will only be available to order from Alliance. No minimum surcharges will be levied
- Morphine 10mg injection (Martindale) available to order from AAH only.
- Diamorphine 30mg injection (Wockhardt), diamorphine 100mg (Accord) and diamorphine 500mg (Accord and Wockhardt) – usual wholesalers.

For further information on ordering processes please contact **Alliance**: 0330 1000 448; customerservice@alliance-healthcare.co.uk; **AAH**: 0344 561 8899.

CLINICAL PHARMACISTS AND INDEMNITY

The following message and attached document have been received from Dr Paul Twomey, NHS England (North):

Practices will be aware of the clinical pharmacist programme within the GP Forward View which looks to integrate clinical pharmacists within the GP Practice team.

NHSE Y&H is aware that a number of practices within Yorkshire & Humber have independently secured a pharmacist to support their skill mix and delivery of their practice service. In response to this, NHSE has developed the attached guidance.

It is intended to support **all** practices employing clinical pharmacists to ensure that they have appropriately considered their professional and service indemnity.

MANAGING MENTAL HEALTH AT WORK

The charity Mind's research has found that 9 in 10 of primary care staff experience workplace stress, while two in five GPs said they had experienced a mental health problem. The poll of over 1,000 NHS workers in primary care, including GPs, nurses and practice managers, also showed that work is currently the most stressful area of their lives, ahead of their finances, health, family life and relationships. That is why Mind is campaigning for improved mental health support for people working in primary care.

Working in healthcare doesn't make it any easier to find the words to talk about your mental health at work. In fact, it can make it harder. It needs to be acceptable and possible for health care staff to talk about their mental health and by getting people talking about mental health we can break down stereotypes, improve relationships, aid recovery and tackle stigma. Mind asked a group of people working in GP surgeries to talk about their own experience of mental health problems. [Watch their film here](#).

The BMA have resources to help staff manage their mental health at work, which you can access [here](#). We encourage you to have a conversation with a colleague about mental health today – [Time to Change](#) have resources to help you get started.

NEW OMBUDSMAN'S CLINICAL STANDARD

The Parliamentary and Health Service Ombudsman (PHSO) has introduced a new Ombudsman's Clinical Standard. For complaints about NHS clinical care and treatment in England, including those made directly to GP practices, PHSO aims to establish what would have been good clinical care and treatment in the situation complained about and whether what actually happened fell short of that.

PHSO states that the new Clinical Standard gives greater clarity to how the appropriateness of care and treatment is considered. Clinicians and health organisations can inform the PHSO which professional guidance or standards they based their practice on, and the PHSO will consider the explanations of those complained about and balance them against the relevant standards or guidance. The intention is that this will offer a clearer opportunity to explain how the decisions about care and treatment were reached. The GPC are seeking a meeting with the PHSO to discuss this with them.

FLU IMMUNISATION CAMPAIGN - JOINT LETTER FROM COMMUNITY PHARMACY WEST YORKSHIRE & LMC

Please see the attached joint letter from CPWY and Leeds LMC regarding working together in promoting this year's flu immunisation campaign. This has already been circulated to practices and we hope that this joint approach will increase immunisation uptake in our city.

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

- Primary Care Quality Improvement Scheme 2018-2021
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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.

- Election of a Chairperson for the Leeds GP Confederation
 - GP Mentorship Pilot Scheme - expressions of interest
 - General Practice Premises Policy Review - Call for Solutions
 - Recruitment of Clinical Lead for Reducing Inequalities in Health
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COMINGS AND GOINGS

A warm welcome to.....

Leigh View Medical Practice are delighted to announce that Dr Dee Pollard will be joining the team from 20th September as a Salaried GP.

Dr Uzma Ashraf, Salaried GP is joining the Whitfield Practice on the 28th August.

Dr Zandra Quinn joins Crossley Street Surgery in September 2018 as a salaried GP

Good bye and best wishes to...

Leigh View Medical Practice would like to wish Dr Jenny Bond - Salaried GP the very best for her temporary departure for extended travels, she will return to Leigh View in January 2019.

Dr Danny Hurwitz senior Partner at Fountain Medical Centre is retiring on the 30th August. Wishing him all the very best in enjoying his retirement. He will be sadly missed by all the team and patients at the Fountain Medical Centre

At Robin Lane Health and Wellbeing Centre Dr Linda Belderson (Senior Partner) is retiring at the end of October and Dr Saskia de Mowbray (Salaried GP) is leaving in November to pursue other opportunities.

Practice vacancies at....

Salaried GP opportunity, Morley, Leeds – Flexible sessions

Do you want to maintain a controlled workload as well as having the security and the stimulation of working within a team? We can offer a flexible working week with Duty Doctor pro rata.

Do you want 7 weeks paid holiday per year plus one session a month study leave?

Do you want to maintain a good income but also have the opportunity to provide continuity of care and broaden your GP skills?

- System One
- High QOF Achievers
- No out of hours
- Advanced Nurse Practitioners
- Integrated Nursing Team
- Practice Pharmacist
- Access to Local Physio and other therapists
- On-site minor surgery and Endoscopy
- Locality and CCG representation
- Weekly supportive clinical meetings
- Group Indemnity cover

Start date can be immediate however we are willing to wait for the right person, salary is negotiable and dependant on experience but is on the high end of the salaried scale. An interest in women's health and contraception is desirable and would fit in well with our team.

Please send CV with covering letter to:

Karen Jones, Practice Manager, Fountain Medical Centre, Little Fountain Street, Morley, Leeds LS27 9EN. Email: karenjones10@nhs.net

Woodhouse Medical Practice - Full time/Part time Salaried GP/Partner

We are a forward thinking practice, keen to expand our services, with modern, leased premises in keeping with the future direction of primary care.

We are looking to recruit a GP with the commitment to continuing their development and that of our General Medical Practice across our two sites in North Leeds. Our practice provides excellent medical care to a younger than average and very diverse list of 8300 patients.

Our team comprises two GP partners, five salaried GPs, 4 Practice Nurses, 3 HCA's and 12 support staff. We are a very friendly and extremely supportive organisation with high standards of clinical care housed in our purpose built main site at Woodhouse Health Centre.

We also support FY2 doctors, trainee nurses/HCA's and Physician Associates.

We welcome applicants looking for either a salaried position, or those wanting to explore partnership prospects now or in the future.

Rated good by CQC. We have a strong collaborative network within the Chapeltown locality. Start date to be confirmed (willing to wait for the right candidate).

To arrange an informal chat please contact: Dr Michelle Hume, Senior Partner – mjh@doctors.org.uk or Andrew Stephens, Practice Business Manager – andrew.stephens1@nhs.net

Robin Lane Health & Wellbeing Centre, Pudsey Leeds - Salaried GP/GP Partner

Following the upcoming retirement of our senior partner, we have an opportunity to recruit a Salaried GP/GP Partner to come and join our friendly & innovative GP practice in west Leeds.

You will be required to work 5-7 sessions per week in our recently fully refurbished and extended modern premises. Single Site. 13,500 registered patients and a CQC rating of an "Outstanding" organisation.

The practice runs a well-established onsite Community Ophthalmology Service, and we have an Independent-Sector Community Gastroenterology, Endoscopy, Dermatology and Ultrasound services.

We have an integrated patient-volunteer group supporting the Wellbeing Centre, which has already attracted 26 social groups to attend regularly.

The "Love Pudsey" charity and "Lux" café are all part of the Wellbeing Centre which we are very proud of as they are great additions to our practice.

We are well organised, SystmOne user and high QOF achiever.

We have a multi-disciplinary team approach to care: we use proactive care via our well-established Elderly Care Team; Practice Pharmacist; Practice Matrons; Advanced Nurse Practitioner; Advanced Clinical Practitioner and excellent nursing team.

We are ultimately seeking an enthusiastic, forward-thinking and motivated individual to join the team.

GP Trainer status ideal, or someone interested in becoming a GP trainer is preferable, but non-essential.

Informal visits or contact welcome. Contact Dr Neil Bastow, GP Partner at n.bastow@nhs.net or on 07946 151751

Interested candidates should send their CV and covering letter to Farmida Ishaq, Head of Human Resources, Robin Lane Health & Wellbeing Centre, Robin Lane, Pudsey LS28 7DE or ClinicareHR@clinicareservices.net

The Gables Surgery, Pudsey, Leeds – GP Vacancy

Due to one of our partners moving to Australia, we are now looking to recruit a new salaried/GP partner, 4-6 sessions required.

Salary negotiable, indemnity paid and BMA model contract. Purposed built modern building with community dermatology and Ultrasound service being run on site.

Friendly small practice with 3 partners, 3 nurses (1 nurse prescriber) and 1 HCA

System One clinical system. CQC rating Good (2017), high QOF achievement.

A very supportive working environment where teamwork is prioritised and a good work life balance.

Informal chat and visit welcome!

Please contact Joanne Robinson, Practice Manager on 0113-257473

Or email: joanne.robinson3@nhs.net or suemaychen@nhs.net

Drighlington Medical Centre, Station Road, Drighlington BD11 1JU - Part time salaried GP required

Part time salaried GP required

4 sessions per week

Salary negotiable

We are a small friendly rural GP practice with 2 fulltime GPs. We are seeking an enthusiastic and motivated GP to join our existing team with a view to partnership.

We have a list size of 3000 patients. Our team includes a part time Practice Nurse and a Phlebotomist. We provide a high standard of healthcare to our patients and this can be seen in our achievements including opportunistic screening.

We are a PMS practice with regular high QOF achievements.

We are System One users.

www.drighlingtonmedicalcentre.co.uk

For further information and an informal viewing please contact:

Practice Manager

Mr I Khan

igbal.khan@nhs.net

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