

LMC ViewPoint

The newsletter of Leeds Local Medical Committee Limited

January 2019

Improving access, reducing workload - Digital Solutions for Primary Care

Following the national GP contract agreement, in which digital developments are central to many of the initiatives, we are holding an important event with the national NHS App team and local IT specialists as speakers. They will enable us to learn about what all practices can expect in the coming months and discuss how to make the most of these opportunities.

You can now register your attendance at the LMC / NHS CCG event which will be held on Tuesday 12th February 2019 from 6.45 – 9.00pm at Weetwood Hall Conference Centre, Otley Road, Leeds, LS16 5PS.

Please see enclosed agenda for your information. A hot buffet will be provided from 6.15pm.

Please register your interest as soon as possible by emailing your name and practice to mail@leedslmc.org. Should you have any further questions please do not hesitate to get in touch.

GP contract agreement

GPC England and NHS England have agreed a contract agreement spanning the next five years. The NHS long-term plan committed to £4.5bn for primary and community care, allowing them to agree contract changes that will not only help deliver the plan, but also start to address the workforce, workload and investment pressures we've seen over the last decade.

Over the next five years, guaranteed funding of almost £1bn will be invested via the practice contract, as well as £1.8bn via a new network contract DES. This means, year on year, pay and expenses can match predicted inflation, additional workforce will increase via the network, resources for IT and digital will increase and general practice will do its part in delivering the NHS long-term plan.

For 2019 the following has been agreed:

- That practices will be supported to focus on building the foundations for primary care networks, something Leeds is well on the way to doing.
- Guaranteed investment of £405m through the practice contract and the network contract DES means every practice will be able to uplift their staff pay by at least 2%.
- The much-awaited state-backed indemnity scheme will be introduced, meaning no GP or practice will need to pay for clinical negligence cover for NHS work from 2019 onwards.
- QOF will evolve, reducing the number of indicators, introducing a new quality improvement domain and replacing exception reporting with personalised care adjustment.
- Primary care networks will be developed with groups of practices coming together, led by a compensated GP, to discuss how the new network funding, additional workforce and augmented services will be configured over their population. Each network should be able to employ one clinical pharmacist (with 70% costs recurrently reimbursed) and one social prescriber (with 100% costs recurrently reimbursed).

- Patients' digital access will increase, with practices offering 25% of all appointments to be bookable online, improvements to websites and other online presence and giving access to online records for all newly registered patients prospectively as the default. £20m will be invested in a global sum to offset the cost of SARs requests.
- Practices will make one appointment for every 3,000 patients per day, available for NHS 111 to book directly into practice appointments (following triage).
- The extended hours DES funding and requirements will in July be transferred from practices to the network, with equivalent coverage for 100% of the population. This will increasingly be merged with the £6/patient funding and requirements for evening and weekend working.

There is a lot of detail within the contract package and it's important that practices become familiar with it. [Further agreements are explained on the BMA website.](#)

Invitation to attend GPC Contract Roadshow - 7pm, Tuesday 19 February 2019

Leeds LMC would like to invite you to attend the GPC's Leeds roadshow, for an update from GPC Chair Dr Richard Vautrey on the 2019/20 GP contract changes following the conclusion of this year's contract negotiations. There will also be a chance to ask questions about this major contract change.

The event will take place at the Village Hotel Leeds North, 186 Otley Road, Headingley, Leeds, LS16 5PR, on Tuesday 19 February from 7pm to 9pm and will be open to all GPs and practice staff working in the Yorkshire & Humber region. Registration is from 6.30pm and tea and coffee will be available. There is car parking available at the hotel and please note that there is additional car parking at the venue immediately inside the entrance to the hotel.

There is no charge to attend, but places do need to be booked in advance via the YORLMC website at <https://www.yorlmc.co.uk/events/8482>

Places are limited so book as soon as possible to reserve your place. Bookings will be taken on a first come first served basis.

This promises to be a very useful and interesting evening – please do book your place today.

GP Mentorship Scheme – spaces still available!

Further to the information circulated in November 2018 regarding the Mentorship scheme for GPs, the LMC would like to inform you that there are still mentoring sessions available.

The funding Leeds LMC have secured has enabled us to provide training to 10 mentors across the Leeds area. This is an exciting opportunity to build and develop support mechanisms for GPs across Leeds whilst providing a basis for evaluation that will support the wider West Yorkshire area to consider how it develops the role of GP Mentorship.

If you are interested in applying to become a mentee, please contact the LMC office by email mail@leedslmc.org or by telephone, providing the following information:

- your name
- home and practice address
- a few brief bullets on what you are hoping to cover during the mentorship sessions

NHS Long Term Plan

NHS England has launched its [long-term plan for the NHS](#) which sets out its vision for the future direction of the NHS. The plan lays out ambitious aims for the health service linked to an expansion in digital services and a focus on preventive care. The previously announced £3.5bn for

primary medical care and community services has been increased to £4.5bn, in part as a result of the GPC England contract negotiations. There is also an important and clear commitment to increase the proportion of NHS investment spent on primary medical and community services. This is described as an “NHS-first” and is a direct result of our campaigning in recent years.

There was a major focus on the development of [primary care networks](#) with a network contract built on the current GMS contract, as has now been agreed in contract discussions. The intention is that practices should be able to lead and direct networks, which will enable an expansion of the workforce to include pharmacists, physiotherapists, social prescribers, paramedics and physician assistants, and to help rebuild and reconnect the primary healthcare team within an area.

The plan highlights a range of digital goals related to general practice, including a commitment to enable all practices to do video consultations, to offer more online booking and online repeat prescribing ordering. Whilst patients will continue to be able to choose to be registered with digital-first providers, the plan outlines that steps will be taken to address the financial issues related to this as well as committing to review the out of area registration arrangement.

There is also a clear commitment to move away from the NHS Act's competition agenda, something again the BMA has been campaigning for and is pleased to see NHS England and the government acting on.

Please see attached a briefing on the *NHS Long Term plan - impact on general practice*.

NHS Planning guidance for 2019-20

NHS England has published its [NHS planning guidance for 2019-20](#). Further guidance is due to be published shortly and will include what is expected from year one of the Long Term Plan.

For primary care, NHS England inform CCGs that they should build on the £3/head in the primary care transformation fund that was spent during 2017-19, and must now commit £1.50/head recurrently to develop and maintain primary care networks (PCN). This funding should be provided in cash rather than in kind. PCNs must also be provided with data analytics for population segmentation and risk stratification to help networks to understand their population's needs for symptomatic and prevention programmes, including screening and immunisation services. It is expected that all practices will be in a PCN by July 2019.

The document states that STPs and ICSs must have a primary care strategy in place by April 2019 setting out how they will ensure the sustainability and transformation of primary care. There is also a big emphasis on tackling provider and CCG deficits. CCGs are told to deliver a 20% real terms reduction in their running costs by 2020/21. The NHS is expected in the next five years to deliver 1.1% efficiency per year. This will therefore continue to be very challenging at a time when demand is growing and there is a long term underinvestment in the system, something that could ultimately affect services. Read the BMA's briefing [here](#).

Update on vaccines for 2019/20 seasonal flu vaccination programme

NHS England has published an update on vaccines for 2019/20 seasonal flu vaccination programme. As stated previously, QIVe (18 to 64-year olds in clinical at-risk groups and other eligible groups, including frontline health and social care workers) and aTIV (65 years and over) remain recommended. In addition, QIVc (Flucelvax® Tetra), is now licensed for patients from the age of 9 and considered to be suitable for all patients eligible for QIVe and aTIV, meaning one vaccine instead of two.

The high-dose trivalent vaccine (TIV-HD) has also been licensed but will not be reimbursed by NHS England due to its high cost.

Practices should order the licensed vaccines (aTIV, QIVe and QIVc) for the 2019/20 season. Read

the letter [here](#). In addition, it should be noted that as part of the GP contract agreement, the item of service fee for influenza vaccinations has been increased to £10.06.

QOF registers and business rules coding issues

GPC England wrote to NHS England and NHS Digital after problems relating to the deployment of QOF business rules (v39). We have received a response to say that they are confident that the corrections in the data collection that will come into force with QOF business rules version 41 will resolve the problems identified to date. These [rules](#) are publicly available so that practices will be able to see the changes made prior to implementation by suppliers. They tell us that all four system suppliers will have appropriate resources and processes in place to ensure that version 41 will be implemented in January. In addition, EMIS have already deployed version 41 in their internal search engines and practices using this system will be able to view reports that will reflect the new set of business rules.

NHS England and NHS Digital are aware that as a result of the change to SNOMED coding and the concerns raised that there may be closer scrutiny to achievement at year end than usual and additional work for practices and commissioners. As a result, there may also be an increase in queries raised before practices and commissioners are happy to sign off achievement.

NHS England will contact local commissioners and NHS England local teams requesting that where possible they support practices in resolving any queries as quickly and efficiently as possible and ensuring workload is kept to a minimum. NHS Digital will ensure their customer service team are fully briefed on the issues raised and will anticipate the possibility of an increase in activity this year end. The support teams will be ready and able to support practices with their queries.

Falsified Medicines Directive guidance

The Falsified Medicines Directive will become effective on the 9th February 2019, however the GPC expect there to be a long lead in time and that full implementation will not happen for at least 12 months, although this is still to be confirmed. The Directive introduces tougher rules to ensure medicines are safe and that the trade in medicines is rigorously controlled. This will have an impact on all practices and therefore, they should be preparing for implementation in order to demonstrate compliance with the Directive. Please visit the BMA [website](#) for guidance (it is also attached) and read Dr Krishna Kasaraneni's, GPC England Executive Team, blog on Brexit and the Falsified Medicines Directive [here](#).

Practices are advised to contact their system suppliers and await their confirmation as to timescales and process; we are currently waiting for further details from NHS England and these will be communicated as soon as they are available.

EU Exit operational readiness guidance

The Government have published '[EU Exit operational readiness guidance](#)' for the health and care system in England which identifies actions that GPs and commissioners should take to prepare for, and manage the risks of a no-deal exit scenario. A summary of the guidance is attached.

Most of this activity will be dependent on actions the CCG can take. The Department of Health and Social Care are engaging with the BMA along with other stakeholders as they build on their guidance in response to the situation. Further information about the BMA position on Brexit and all of our briefings are available [here](#).

Brexit - Continuity of medicines supply legislation

The Department of Health and Social Care has responded to the consultation on changes to the Human Medicines Regulation 2012 to ensure the continuity of supply of medicines in the event of a serious shortage as a result of Brexit and published the Statutory Instrument and explanatory memorandum, which is available [here](#). The new protocols will allow for substitution, in restricted circumstances, of a different quantity of a prescription only medicine, or a different prescription only medicine, to that ordered by the prescriber

PharmOutcomes

Please see the attached briefing update.

GP partnership review

The Department of Health and Social Care (England) published their [GP Partnership review report](#) earlier this month. The review was independently chaired by Dr Nigel Watson in collaboration with NHS England, GPC and RCGP. The LMC welcomes this report which addresses the issues of risk, workload, workforce and status in the system, and identifies the major problems as being about resources, implementation and delivery.

In response to the publication of this report Richard Vautrey said "This important report, and the support offered to it both by the Secretary of State and the chief executive of NHS England, provides clear backing at the highest level to the partnership model as the best way of delivering what most patients want – and that is good quality continuity of care delivered by a locally-based team, embedded within their community, who they know and trust. The model, which gives practices the autonomy and independence to innovate while building quality relationships with people in their local community and being able to advocate on their behalf, is why both patients and the CQC continue to rate general practice so highly."

[Pulse](#) reported on the recommendations and Richard commented: "As the review suggests, there isn't a simple alternative legal structure that could significantly limit liability whilst maintaining a partnership model, which is why the review suggests further legal opinions are sought to clarify this. We would not want to see practices' contracts put at risk of being time-limited and put out to competition."

Read the full review and associated case studies [here](#). There are also a number of videos explaining the different sections:

- Summary of the GP Partnership review - <https://youtu.be/DQnDVzIZxvg>
- Introduction Vblog <https://youtu.be/huApVopK5IU>
- Workforce part 1 - <https://youtu.be/mSoWcTBBEXw>
- Workforce part 2 - <https://youtu.be/zp2miKX5ZUE>
- Risk - https://youtu.be/U7_8Nhr-As

Implementation of the medical examiner system

From April 2019 a new medical examiner led system will begin to be rolled out within hospitals in England and Wales. The non-statutory system will introduce a new level of scrutiny whereby all deaths will be subject to either a medical examiner's scrutiny or a coroner's investigation. The government envisage that once the ME service is established within a Trust, the system will then look to be extended to include deaths within the community. Please see the BMA [website](#) for a fuller picture of the implementation.

The Neuroradiology MRI report

Please see extract below from the Primary Care Bulletin 30 January 2019:

Over recent years imaging has become increasingly prominent in diagnostic medicine and consequently there has been a shift in referrer patterns. Whereas in the past brain magnetic resonance imaging (MRI) was only available to a neuroscientist, General Practitioners (GPs) in West Yorkshire were given direct access in 2016. Consequently, they now find themselves having to primarily interpret, explain and action neuroradiology reports.

As a neuroradiology department we have observed an increase in correspondence from GPs seeking clarification of neuroradiology reports. We appreciate that General Practice is a time sensitive discipline and that this practise is suboptimal.

We performed a survey asking GPs to review a small number of anonymised patient reports with the dual purpose to: (1) determine the level of confidence GPs have in interpreting, explaining and acting upon neuroradiology reports and; (2) elicit the preferences of GPs regarding report format and level of detail.

Our results revealed that only a small fraction of GPs felt entirely confident with the reports and a not insignificant proportion were not at all confident that they could understand the reports sufficiently to explain or action them. Causes of confusion included the use of detailed anatomy, radiological terminology and a lack of an action plan. Some respondents acknowledged that a certain level of detail is often required but emphasised the importance of a clear conclusion in these cases.

Based on the valuable feedback received our recommendations were to avoid unnecessary complexity and jargon whenever possible and to provide a clear conclusion including any action required by the GP.

Private Doctors Leeds – Practice closure

Please be aware that Private Doctors Leeds practice announced its closure from Friday 18th January 2019. As a result of the closure North Leeds practices may receive increased enquiries from patients.

Sessional GPs Newsletter

Read the latest GPC newsletter [here](#)

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

- Brexit deal outcomes
 - LMC Elections
 - LMC / CCG IT Event 12th February, Weetwood Hall Leeds
 - Leeds LMC GP Mentorship Scheme – spaces still available
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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.

- Next Generation GP – West Yorkshire & Harrogate application open until 1st Feb 19
 - LMC / NHS CCG Event - Improving access, reducing workload - Digital Solutions for Primary Care - 12/2/19
 - GP Contract agreement 2019-20 - publication information
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Comings & goings...

City View Medical Practice welcomed Dr Nina Owen to the team on 10th December. We are delighted that she chose to return after working here as a Registrar some time ago, and hope that she has many happy years here.

Dr Ross & Partners would like to wish a long and happy retirement to Dr Robert Ross who after many successful years at the practice commences his retirement at the end of January 2019. The practice would also like to announce it is changing its name with effect from 1st February 2019 to Mulberry Street Medical Practice.

Colton Mill and The Grange Medical Centres: Dr Wiper, GP Partner, will be leaving to emigrate to Australia in March 2019 and Dr Barrett, Associate GP, has left on maternity leave.

Dr Lisa Riordan is joining Allerton Medical Centre as a part-time salaried GP for 2019 and they are delighted to welcome her to the team.

LEEDS PRACTICE LIVE VACANCIES

Salaried GP / Partner required for 5 sessions - Whitehall Surgery, Leeds LS12 5SG.

- Salaried GP or Partner required for 5 sessions per week, to join 3 GP partners and 3 salaried GPs.
- Partnership opportunities for the right candidate.
- Friendly and welcoming team. Good working environment and collaborative staff.
- 8750 patients in mixed urban/rural setting.
- Modern purpose built premises.
- Routinely high QOF achiever, 100% attained this year.
- Special interests welcome.
- Start date March 2019.
- Informal visits and enquiries welcome.
- For further information regarding the practice please see our website, www.gpnhs.net

Applications to be made with CV to Mrs Joanne Woods, Whitehall Surgery, Wortley Beck Health Centre, Ring Road, Lower Wortley, Leeds LS12 5SG. Tel: 0113 4677533.
E mail: joanne.woods@nhs.net

Salaried GP opportunity, Morley, Leeds – 4-8 sessions available

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

We are looking for a conscientious and enthusiastic GP for 4-8 sessions per week. This position would be ideal for a newly qualified or experienced GP. Come and have a look we would be happy to show you around the surgery

- 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 or email karenjones10@nhs.net:

Karen Jones, Practice Manager, Fountain Medical Centre, Little Fountain Street, Morley, Leeds, LS27 9EN.

Robin Lane Health & Wellbeing Centre - one or two Salaried GPs/GP Partner

<http://www.robinlanehealthandwellbeingcentre.com>

We are looking to recruit one or two Salaried GPs/GP Partner to come and join our friendly & innovative GP practice in west Leeds.

We are flexible with sessions per week, between 4-9, in our recently fully refurbished and extended modern premises. Single Site. 13,500 registered patients. CQC "Outstanding" .

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. "Love Pudsey" charity and "Lux café" are all part of the Wellbeing Centre.

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 seeking an enthusiastic, forward-thinking and motivated individual/s 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

Leeds Student Medical Practice – Vacancy for Salaried GP - 8 Sessions per week

LSMP: A busy, friendly and growing Practice, based in Leeds City Centre

- Over 45 000 patients; students and their dependents
- Supportive team environment with protected daily team coffee break
- 15 minute appointments
- Extensive training involvement including Diploma of the Faculty of Sexual and Reproductive Healthcare DFSRH, GP Registrars and Student Nurses
- Leaders in Student Health, with particular emphasis on mental health, sexual health and contraception and musculoskeletal medicine
- NHS Leeds CCG, Student Locality
- Terms and conditions based on BMA model contract

Our achievements:

- 4 stars, NHS Choices
- Rated OUTSTANDING by CQC in October 2016

Informal visits are welcome

If you have any questions, please don't hesitate to contact Vanessa Hails, Practice Manager; Vanessa.hails@nhs.net

Please apply through NHS Jobs. Closing date for applications; Friday 8 February 2019
Interview date: 15 February 2019

Leigh View Medical Practice, WF3 1RQ

We are looking to recruit a salaried GP – start date is negotiable:

- 6-8 Sessions per week
- Potential partnership opportunity in the future
- Single site, purpose built and owned premises
- Part of Leeds CCG and Morley locality hub
- 7 partners and 4 salaried GPs
- List 16500, no nursing homes, average 1 visit per GP per day
- EMIS web, dedicated admin and prescriptions staff
- High QOF achievement
- On call duties 1 every 2 weeks
- Extended hours optional
- Competitive salary and employment terms based around BMA guidance depending on skills and experience

Feel free to contact us for more information or to arrange an informal visit.

Please send a CV with a 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

Oakwood Lane Medical Practice, Leeds LS8 3BZ

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 6-8 sessions a week, 6 weeks holiday per year, with an additional week's study leave entitlement and a competitive salary. It is anticipated the 6-8 sessions will cover a Wednesday and Friday of each week.

Practice overview:

PMS practice 13,536 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

Currently piloting specialist paramedic acute home visits

Effective correspondence management system in place

Nurse led Chronic Disease Management

Nursing compliment of 6 Practice Nurses, 2 HCAs 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

Please email your CV with covering letter to Oakwoodlane.manager@nhs.net

Executive Officer Vacancy – YORLMC

Listed from: 25/01/2019

Closing date: 18/02/2019

Contact email: info@yorlmc.co.uk

Contact phone: 01423 879922

Organisation: YORLMC
Location: Harrogate
Post code: HG2 8BE (View on a map)
Salary: Up to £28000

YOR Local Medical Committee Ltd invites applications to join its friendly, highly motivated professional team. The successful candidate will work in an attractive environment with excellent opportunity for personal and professional development.

YOR Local Medical Committee Ltd (YORLMC) is one of a unique group of organisations that exist across the country to represent and support NHS GPs and their practice teams. LMCs are representative organisations. This means that we have a membership of GPs elected by their peers to represent them.

YORLMC covers a wide geographical area that includes North Yorkshire & York and Bradford, Airedale, Wharfedale and Craven and is led by a Board of Directors. YORLMC also has a small secretariat team, known as the Corporate Affairs Team (CAT) which carries out the day to day work of the organisation. It is a small, highly focused and cross-supporting unit where individuals are expected to work autonomously and support colleagues as much as possible. The CAT handles and has access to personal and sensitive information so all members of the team are required to maintain confidentiality at all times.

The successful candidate will work within the CAT and will receive training supported by a comprehensive induction programme. They must be able to manage a range of tasks in a demanding and often time critical environment, maintain attention to detail and have the ability to plan, manage and take ownership of workload.

The ideal candidate will also be able to demonstrate the following:

- ability to work independently and take responsibility for their own workload in accordance with team priorities
- demonstrate high levels of maturity, excellent interpersonal skills and a flexible and adaptable approach to work
- confidence and an ability to communicate information clearly
- ability to gather, analyse, summarise and share information in a variety of ways
- an interest in learning about primary care and developing knowledge of general practice
- excellent organisational and administrative skills including the ability to work with a variety of IT applications

Workload will therefore be a mix of routine and much more varied activities providing the exciting opportunity to mould certain aspects of this role and make them your own.

Please read our full application pack attached (including job description and person specification) for more information about YORLMC and about this role and how to apply.

If you would like to have an informal discussion about this role, please contact Stacey Fielding, Associate Director of Liaison, 01423 879922.