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Introduction from LMC Development Manager, Claire Deare



Claire Deare

Here at the LMC we try and provide relevant services for our members' needs, the GPs and Practice Managers in LLR. I am often asked '**What does an LMC do?**' and in a nutshell we **look out for and look after GPs and their teams** through providing **Advice, Support and Representation**.

We regularly attend meetings with the CCGs, Health Education England and NHS England to ensure the grassroots GP voice is heard. We provide reps for the Primary Care Commissioning Committees for each CCG (the body responsible for overseeing the GP contract now co-commissioning of primary care has

been devolved to CCGs). Our Board GPs meet once a month on the first Wednesday of every month. We also participate in the local LLR Workforce Delivery Group, and the Primary Medical Services Steering Board at Health Education England (East Midlands).

Our team are here to deal with enquiries and provide the advice you need e.g. (this list is not exhaustive!):

- Contracts and regulations
- Disputes
- Issues with payments or centrally procured services
- You're the subject of a patient complaint
- You have concerns about your GP appraisal or validation
- You need career advice or mentoring
- You're feeling stressed, burnt out or under pressure
- You are worried about a CQC inspection or you have issues with the CQC following an inspection
- You need advice about dealing with a media enquiry
- Your practice is struggling financially or to recruit/retain the staff it needs
- You're the subject of being investigated for potentially failing to meet contractual requirements, or if there are enquiries into your fitness to practice, professionalism or probity

Our team:

Dr Anu Rao (Medical Secretary)
Dr Saqib Anwar (Medical Secretary)
Dr Chris Hewitt (Chief Executive)
Claire Deare (Development Manager)



Dr Anu Rao &
Dr Saqib
Anwar



Dr Chris Hewitt
& Claire Deare



Tuesday 3rd May 2016, 7.15-9.00pm
(light buffet from 6.45pm)

Rosebery Medical Centre, Rosebery Street,
Loughborough, Leicestershire, LE11 5DX

**Calling all practice-based GPs and GP locums,
Pharmacists, Practice Managers and Practice
Nurses who work in Loughborough**

We are running a project to develop ideas to change
some of the ways in which you work together and to
work up proposals to streamline services for patients.

- We need your help to strengthen professional networks and to build trust, understanding and common purpose
- We want to help you to implement innovative solutions that will help you to manage your workload

Following the event fifteen people will be selected to participate in the project.

What's involved?

- There will be five 3-hour workshops on Wednesday afternoons from 8th June to 6th July – certificates for personal development/appraisal will be issued
- **High level external facilitator** - Manny Gatt from Shared Service Architects
- Your time is valuable... participants in the project will be paid for their input

To secure your place at the event, or to find out more about the project and the contribution you could make, please email: enquiries@llrlmc.co.uk

- Tailored Career Coaching

We secured non recurrent funding to deliver a series of five 90 minute one-to-one workshops for GPs in LLR, with highly experienced and qualified coaching. All places on this scheme have been booked, but if you would like to be kept on our 'reserve' list in case a place becomes free please email: enquiries@llrlmc.co.uk

- Mentoring Pilot

We have a group of trained GP and Practice Manager Mentors who are available to offer help and support. Mentoring is a developmental partnership through which one person shares knowledge, skills, information and perspective to foster the personal and professional growth of someone else. This is a

You can contact us at any time by emailing enquiries@llrlmc.co.uk or via our [website](#), or by phoning the office on 0116 243 0933 Mon-Fri 9-5. We will be changing our landline number in the near future, as we have changed telephony supplier.

LMC on social media

LLRLMC is active on social media, particularly on Twitter. We are mindful not to clog your inboxes with multiple communications, and we have moved to a monthly newsletter from a fortnightly edition. All latest news and comment are in our Twitter feed- follow us at <https://twitter.com/llrlmc>

Our twitter feed also features on the home page of our website, so we can keep our members thoroughly up to date without cluttering up your inboxes.

Current projects your LMC is running, in addition to dealing with enquiries from practices:

- Inter Professional Working Project

We secured non recurrent funding to bring together a team of clinical professionals from general practice and pharmacy to develop solutions to improve ways of working. We are **actively seeking participants based in the Loughborough area**. Participants will be funded for providing their skills and expertise.



INTER-PROFESSIONAL WORKING PROJECT - AWARENESS EVENT



one-year pilot with capacity to support 20-25 GPs and/or Practice Managers in LLR. There is no charge for participating but we will ask you to provide feedback for the evaluation at the end of the scheme.

Click [here](#) for full details of our Training and Development programmes and scroll down to 'Guide to joining the mentoring scheme (Mentee)'.

Your LMC has moved!



Narborough Wood Park with fantastic views



We have moved out of Fosse House to Binder House, Unit 7, Narborough Wood Park, Desford Road, Enderby, Leicestershire, LE19 4XT. Our new offices are larger than the space we had at Fosse House, and we now have our own meeting room, which will mean we can host more events at our 'new base'. Our office team of Charlotte, Susan and Claire have worked very hard on our move while also keeping the office running, so we thank them very much.

BMA and GPC updates:

BMA's Urgent Prescription for General Practice



The BMA has been highlighting the growing crisis in General Practice through its Urgent Prescription for General Practice campaign (see [full site](#)). It is now published its full report [Responsive, safe and sustainable: our urgent prescription for general practice](#). This document sets out a series of policy proposals which need to be implemented to provide long term sustainability for general practice:

- Fair and sustainable funding and resources to reach a minimum of 11% of NHS spend to cover the work of general practice and to resolve the funding deficit of around £2.5bn.
- Reducing workload to ensure delivery of safe and high quality care with a national standard for a maximum number of patients that GPs, nurses and other primary care professionals can reasonably deal with within a working day and greater clarity about what work is appropriate to be delivered by practices.
- An expanded workforce, both within and around the practice.
- Reducing the regulatory burden of the CQC to prevent time and resource being taken away from service provision.
- Reducing bureaucracy and duplication to empower professionals and to give more time to care for patients

GP Online have produced an excellent article summarising the main points of the report which you can read [here](#).

BMA Prison GPs Network

Dr Alex Bunn is the BMA Rep for Prison GPs. There are around 700 GPs currently working in these high risk environments, and the BMA is keen to connect up, resource and advocate for Prison GPs. GPs do not have to be members of the BMA to benefit from this network.

Alex can be contacted on alexbunn@btinternet.com if you would like more information and to be included in the network.

BMA Sessional GPs newsletter

See [here](#) for the BMA's latest Sessional GPs newsletter.

QOF Guidance

The 2016-17 QOF guidance has been published on the NHS Employers webpage:

(<http://www.nhsemployers.org/your-workforce/primary-care-contacts/general-medical-services/quality-and-outcomes-framework>).

The BMA webpage:

(<http://www.bma.org.uk/support-at-work/contracts/gp-contracts-and-funding/independent-contractors/qof-guidance>)

has been updated to reflect the minor amendments made to QOF for 2016-17, which are:

- An adjustment to the value of a QOF point taking account of population growth and relative changes in practice list size from 1 January 2015 to 1 January 2016. The national average list size as of 1 January 2016 is 7460 and the value of a QOF point for 2016/17 will be £165.18
- No changes to thresholds for 2016/17
- No changes to QOF indicators

You will also be aware that as part of the negotiations for the 2017-18 contract, NHS Employers and GPC have agreed to explore ending QOF in its entirety.

Firearms guidance update – message on behalf of John Canning, Chair of the Professional Fees Committee

Since the new firearms process went live from 1st April, the BMA has received a very large number of complaints from GPs regarding fees payable for responding to the initial letter received from the police. We will therefore be issuing amended guidance (see below) on our website:

<http://www.bma.org.uk/support-at-work/ethics/confidentiality-and-health-records/firearms> which clearly states that it is up to the GP to decide whether to undertake the work with or without charging a fee.

We are also looking to publicise our position within the trade press and BMA News.

Fees for responding to the Police letter regarding firearms

Following the introduction of the new firearms licensing process GPs have already raised considerable concerns to us over the process and whether or not they can charge a fee for responding to the letter from the Police, indicating whether they

have any concerns and have placed a code on the patient's medical record.

In our discussions with the Home Office, Police and shooting representatives we have faced continual challenges that have been particularly difficult to resolve, however we have made it clear throughout that this work is not part of a GP's contract and therefore GPs are able to charge a fee. Our original proposal to improve the process was rejected by ministers and so we are having to deal with what has now been implemented, which although has its own problems, is far better than the existing process. Our initial guidance was cautious in our advice in order to gain feedback from members and allow the new process to unfold. However there has been a clear message from our members that there are concerns and we have now raised these with the Home Office and Scottish Government. We will continue to seek further resolutions to the process.

BMA revised guidance on fees

The response to the Police's letter indicating whether there are any concerns and that a code on the patient's medical record as been added is not part of a GP's contract. It is therefore up to the GP to assess how best to proceed taking on board the following factors and guidance:

1. The work involved in responding to the letter is minimal and therefore can be undertaken easily without delay and without a fee.
2. The work involved in responding to the letter requires time and resources from the practice that necessitate a fee to be charged to the patient (the Police should not be charged). We would advise GPs to seek confirmation from the patient that they are in agreement to pay a fee before undertaking the work so not to cause additional confusion or delay. If there is a delay owing to this and you are unable to respond to the letter within the 21 days, please notify the police of this.
3. No one in the practice is available (e.g. on holiday or off sick) to complete the work within 21 days. Please notify the police without delay.
4. The practice does not have the capacity to undertake the work within the 21 days. Please notify the police without delay.

5. That the GP has a conscientious objection to gun ownership and no other GP in the practice is available or able to undertake the work. Please notify the police without delay.

Publication of NHS payments to general practice and GP net earnings - England

GP practices will be aware that, from 1 April 2015, it is a contractual requirement for practices to publish on their practice website by the end of the financial year (i.e. 31 March 2016) the mean earnings for all GPs in their practice relating to the previous financial year (i.e. 2014/15). Alongside the mean earnings figure, practices will also need to publish the relevant number of full and part time GPs included in the calculation.

This 'Focus On' is intended as a quick guide for practices on this requirement, outlining how the figure should be calculated and the only income which should be included. Full details on the publication of earnings requirements can be found within the [2015/16 GMS guidance](#).

[Guidance can be found on the BMA website.](#)



Chaand Nagpaul's newsletter

From your BMA GPs committee chair

We can't get cover to run our practices

Dear Colleague,

The BMA has just published a third wave of heat map survey results from its [Urgent Prescription for General Practice campaign](#).

At a time when large numbers of practices across the country are struggling with vacancies, this heat map reveals the desperate situation of practices unable even to obtain locum cover to provide essential services to patients.

Most GP practices – about 90 percent in England – have struggled to recruit locums in the past year. Almost half of practices (46 percent) have had trouble finding locums 'frequently' and a further 40 percent

have had trouble 'occasionally'. The South and South West are the worst affected areas, with 61 percent and 57 percent 'frequently' having trouble finding locums.

Only 1 in 10 practices said they did not need locum cover at all. [See the latest infographics.](#) This inability to recruit locums is exacerbating the workload crisis in general practice, as partners and salaried GPs have to try to absorb an increasingly unmanageable amount of work.

GP locums do an outstanding job of stepping in to provide care at short notice but it is clear there is no longer enough to cover the widening gaps in the GP workforce. The Government needs to provide practices with support rather than sanction, and should make it clear to the public that the reason GP practices struggle to provide enough appointments and adequate access is because there are already too few GPs.

Crucially, this survey's findings demand the Government address this GP Workforce shortage head on and deliver its promised support package for general practice. We received considerable media coverage on the [survey's findings](#). BMA representatives conducted interviews on Sky News, Five Live, LBC and Chanel Five News, with reports by the BBC and regional and national media. There has been the usual strong coverage in the trade press, both in [Pulse](#) and [GP](#).

This means that the urgent prescription campaign has, over the course of its three separate sections, appeared in every national newspaper (including for the first wave, the front page of the Guardian), every BBC outlet (the Today Programme) for the first two poll releases and BBC1 Breakfast/Five Live have covered all three polls) and we have made in excess of 100 mentions in regional media and local BBC radio stations, as well as put camera crews in several GP practices.

Connecting with grassroots GPs

March has been a busy time for the BMA GPs Committee Executive. The team and I have been speaking at a series of 11 [roadshows](#) across England, organised through Local Medical Committees, from Newcastle to Bristol.

These events, which started on 9 March – with just one left to go on 14 April – provide an invaluable

opportunity for the GPC Executive to connect with several hundred LMC representatives and grassroots GPs nationally, ensuring that GPC's strategy and negotiations are rooted in a bottom-up perspective.

The roadshows allowed us to update local GPs on important developments such as the 2016/17 **contract agreement**, GP's **vision** for the future and emerging thoughts on what a rescue package for general practice would entail. However, what I always find most useful is the usually lengthy discussion, which allows the executive to understand local realities better such as the specifics of personal medical services reviews, practice networks or new models of care, as well as the common themes of addressing excessive and inappropriate workload.

These roadshows highlight the particular strength of GPC, which is its connection with LMCs covering all parts of the UK. It helps us to make sure that we view the world through the eyes of everyday GPs.

CQC fees increase

The CQC (Quality Care Commission) has announced increases in its fees for all providers, including GP practices, from this month. This makes a mockery of its consultation exercise, as the CQC has totally ignored the responses from the BMA and other stakeholders, most of whom completely opposed these wholly unjustified fee rises.

For 2016/17, there will be an average increase of £1,839 in fees. GPC has negotiated an uplift to the GP contract value in 2016/17 to account for this rise. While this may shoulder the expense for practices this year, it does not address the true wider cost of CQC in terms of its negative impact on practices.

Our recent **CQC survey** reveals that preparing for inspections is taking days per month of GP and staff time away from caring for patients, with significant stress on practices and with three in four GPs stating they are more likely to leave the profession as a result. Worse still, 9 in 10 practices don't believe the process is even an adequate measure of quality.

Fundamentally, CQC inspections are disproportionate, bureaucratic and flawed, and this is perversely undermining rather than supporting quality patient care. The CQC should instead scale down its inspection process, and reduce costs, rather than adding to the already huge pressures on general practice.

The GPC is continuing to push the Government to replace the current CQC registration and inspection process with a slimmed-down, targeted and proportionate system, which recognises the context of the pressures under which practices are working and within a climate of support rather than of threat and fear. **Read our press release relating to the fees increase.**

Hospital test results – please use our templates

As mentioned in my last newsletter about NHS England's **recently published guidance** on standards for the communication of patient diagnostic test results on discharge from hospital, the key principle is 'the clinician who orders the test is responsible for reviewing, acting and communicating the result and actions taken to the GP and patient even if the patient has been discharged'. This reinforces **joint guidance** between the GPC and the BMA Consultants Committee.

I urge practices to resist any imposition of inappropriate work, by using the templates designed by GPC. You can access these on our website, including:

- An **existing Quality First template** to reject inappropriate requests to follow up hospital investigations
- A **new template** to send copies of test results back to hospitals to ensure/confirm they have been actioned by the requesting clinician
- A **new template** to let the CCG know if the above principles are being breached, so that appropriate commissioning levers can be applied.

Please tell your LMC, and seek their advice, about any such issues, and also remember that as a member you should demand that your CCG (Clinical Commissioning Group) uses its powers to ensure no inappropriate work is imposed. I have also written to the CCGs asking them to stop routine copying of hospital test results to GPs, unless they are of clinical relevance; and to be clear that the results have been seen and actioned by the requesting clinician.

I have further challenged NHS England about an apparent contradictory recommendation in the guidance – that GPs should still review any received

hospital test result – as this would negate the whole purpose of this document. **[Read my letter here.](#)**

With best wishes



Chaand Nagpaul

Judicial review and junior doctors' industrial action

Last week the BMA launched a judicial review to challenge the lawfulness of the Health Secretary's decision to impose the junior doctors contract. The basis for the review centres on the Government's failure to pay due regard to the equalities imposition. This comes on the back of the Government's repeated refusal to resolve the dispute by re-entering talks.

As a result, industrial action scheduled for 26 and 27 April has been escalated to a full withdrawal of labour between the hours of 8am and 5pm, on both days. **[Read more about the dispute](#) and [guidance for GP practices.](#)**

It is most disheartening that the junior doctors find themselves in the position of having to take industrial action, to secure long-term safety for patients and themselves. The obvious and logical approach is for the Government to retract its imposition, and come back to the table to negotiate a statement. Each day that goes by in this dispute is further eroding the vestiges of goodwill from doctors, which the NHS vitally depends on. We continue to support our junior doctors. We are one profession.

Locum agreements in general practice

We remind practices that the BMA has an extensive section in its website detailing best practice in **[written locum agreements.](#)**

GPC news

The GPC meets monthly. We publish the GPC News on our website which can be accessed **[here](#)**, if you wish to read it in full.