

The newsletter for GP's, Practice Managers and Staff in Leicester, Leicestershire & Rutland

June 2017

LMC Law HR and Employment Indemnity Package	1
Dr Anu Rao quoted in Pulse Magazine	1
Email regarding NHS PS premises	1
Guidance on PCSE claims and the small claims court	2
Dr Anu Rao - GP Committee	3
Buying Group - new Supplier: nexpay (Merchant Card Services)	3
Safeguarding tool	3
DBS checks	4
Medical and Health Coaching Practitioners Programme	4
Non-essential services and unfunded work and requests to practices	5
Appointment and employment of NHS Locums	6
Contract change checklist	7
Farewell to Melanie Commons	7

LMC Law HR and Employment Indemnity Package

This service is only available to the medical profession and is run by healthcare experts in employment law (CIPD qualified), in association with Insurance Brokers Lucas Fettes and Partners Ltd. The Insurance is underwritten by AXA Insurance. Your issues will be dealt with by a qualified and dedicated individual and backed by employment lawyers. The package provides you with:

- A dedicated employment & HR support helpline
- Employment policies
- Employment contracts
- Negotiation of settlement agreements and the provision of the agreement itself
- Employment indemnity insurance cover for employment tribunal claims of up to £250,000 per claim

Below is further information regarding the package:

- [LMC Law Axa - HR Employment Indemnity Package for Practices](#)
- [LMC Law Axa - HR Employment Indemnity Package for Federations](#)
- [LMC LAW TERMS AGREEMENT - HR](#)
- [Blank Statement of Fact - LMC Law](#)

Dr Anu Rao quoted in Pulse Magazine



Dr Anu Rao

Dr Anu Rao has been quoted in Pulse following the error of QOF payment calculations for practice. To read more follow the link:

<http://www.pulsetoday.co.uk/your-practice/qof/misreported-practice-split-causes-qof-glitch-for-vast-majority-of-practices/20034409.article>

Email regarding NHS PS premises from Ian Hume, GPC premises lead

We are aware that NHS England (NHSE) and NHS Property Service (NHSPS) have sent out a joint communication to tenant practices whereby NHSE have indicated that they will temporarily reimburse increased rental costs that NHSPS are seeking to charge despite the fact that a formal assessment has not yet been carried out by the District Valuer (or such other valuer acting on behalf of NHSE).

GPC have serious concerns about this proposal given that NHSE and NHSPS are two separate legal bodies. As such the relationship between a practice and NHSE, as the commissioner/ funder, and the relationship between a

The newsletter for GP's, Practice Managers and Staff in Leicester, Leicestershire & Rutland

practice and NHSPS, as the landlord, should be considered as being separate from one another.

With this in mind, all practices occupying NHSPS premises should be careful to avoid agreeing to any temporary measure put forward by NHSE unless NHSPS have provided categorical written confirmation that their ability to charge such increased sums, and indeed the obligation on practices to meet such increased rental costs, is conditional on the practice receiving funding to cover the same.

Furthermore NHSPS should formally recognise and acknowledge that if a practice makes such payments it is without prejudice to the practices' position and is not in any way to be taken as an acceptance of the increased rents indefinitely.

Ultimately temporary measures should be avoided. As such GPC have been meeting with NHS PS to seek permanent solutions to the ongoing issues facing their GP tenants. Crucially this includes issues surrounding service charges. We are looking to reach a negotiated resolution so that a fair, consistent and reasonable process for calculating charges will be implemented, that has due regard to historical arrangements, doesn't expose practices to unreasonable levels of unreimbursable costs and offers value for practices and the health service.

We hope to provide further information on this in the near future.

In the meantime, if a practice is considering agreeing to a temporary arrangement concerning reimbursements and charges they must ensure that once the temporary measure ends in respect of reimbursements, that they do not inadvertently find themselves continuing to be liable for the increased cost. To this regard, we strongly advise practices to seek advice before agreeing any temporary measures.

Ian Hume - GPC premises lead

Guidance on PCSE claims and the small claims court



Capita has been responsible for the delivery of NHS England's primary care support services since 1 September 2015, under the name Primary Care Support England (PCSE).

We recognise that there have been a number of serious concerns about PCSE performance. We have collated the issues that practices have informed us about. In summary, there were serious issues with the service from the outset, with patient safety, GP workload and GP finances being affected. The issues have been ongoing for some time and we are aware of cases where practices or individual doctors have suffered losses due to the failing of these services.

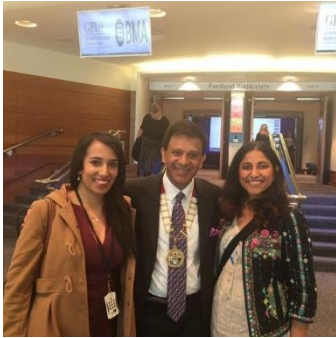
We believe practices and individuals that have suffered losses as a result of these issues should be compensated. Some progress has been made following our lobbying. However, services still fall short of what is acceptable and there is still an urgent need to resolve these issues in order to give practices and locum GPs confidence in the service.

In recognition of the additional administrative burden on practices, a goodwill payment of £250 payment per practice is being made by NHS England and this should be paid to practices by 30 June 2017.

To read the full article, click [here](#)

The newsletter for GP's, Practice Managers and Staff in Leicester, Leicestershire & Rutland

Dr Anu Rao - GP Committee



Dr Binita Parmar, Dr Chaand Nagpaul & Dr Anu Rao

We are delighted to announce that our very own Dr Rao has been elected onto the National General Practitioner Committee following last week's LMC annual conference in Edinburgh. Congratulations Dr Rao!

Buying Group - new Supplier: nexpay (Merchant Card Services)



The Buying Group's newest supplier, nexpay, is a leading UK based payment consultancy and management company, officially licensed by Visa and MasterCard for the provision of card payment services.

nexpay can save GP practices thousands of pounds annually with up to 60% off monthly bills. The LMC Buying Group and nexpay have a joint aim to save members over £1M in card processing fees.

How it works

1. Send across a recent merchant statement to enquiries@nex-pay.co.uk or request a call from an account manager.

2. nexpay will review your existing account and show you the new tariff savings.
3. You decide if you'd like to start saving.

Merchant Management

Nexpay manage your payment environment by reviewing against market and industry changes on a monthly basis.

You will receive personalised reports evidencing the savings generated and have access to in depth reporting confirming how your account continues to benefit along with comprehensive breakdown of activity.

Contact nexpay on 01752 546266 or simply email a recent merchant statement to see how much you can save.

You must mention that your practice is a member of the LMC Buying Group to qualify for our discounts.

Safeguarding tool



You might have all received an email from the Safeguarding Team around safeguarding quality markers (attached to this newsletter).

This is a check list produced by the Safeguarding Team and the LMC can confirm that there is no Legal or contractual obligation to complete this document and is entirely optional for practices.

Practices can choose to make use of this document if they think it would be of benefit.

The newsletter for GP's, Practice Managers and Staff in Leicester, Leicestershire & Rutland

If you have further queries, please contact the LMC office team.

DBS checks

The Disclosure and Barring Service (DBS) carries out criminal record checks for specific positions, professions, employment, offices, works and licences included in the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975.

Practices are able to obtain DBS services via Avon LMC and Ucheck.

Further information can be found on our website:

<http://www.llrlmc.co.uk/dbschecksforpracticeemployees>

Medical and Health Coaching Practitioners Programme



GPs wanting to grow their patient's independence and their own resilience could try the **Medical and Health Coaching Practitioners Programme** beginning on the 13th and 14th July 2017.

The programme - which is 3 full live days plus 4 x 1.5hr Webinars - equips health professionals with specific skills to grow **ownership, confidence and motivation** in their patients - to better manage their own health and move towards prevention. This approach reduces stress for patients and health professional, aligning with the NHS Five Year Forward View. The programme builds knowledge and skills in areas including: coaching, behaviour change, practical neuroscience, emotional intelligence and stress reduction. It's highly practical, with an emphasis on developing yourself as well as designing the conversations you will have with patients in the creation of an empowering partnership.

You will:

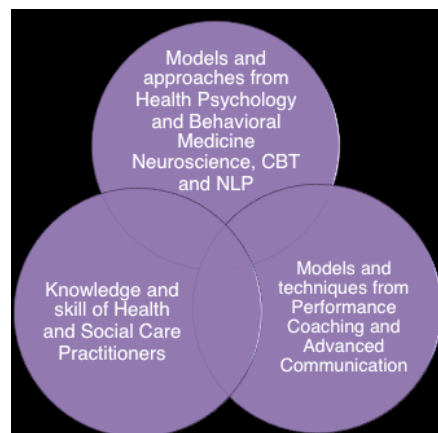
- ✓ be co-coached by colleagues
- ✓ grow and test your new skills
- ✓ join the research in providing feedback on your experiences and
- ✓ the impacts on patient outcomes

The programme is designed and facilitated by Lesley Thompson, Kaye Burnett and Mary Britton - all experienced coaches, trainers and facilitators with plenty of experience working with GPs and other health professionals. Our website is new (so please bear with us) and you can find our profiles and more programme content information there:

<https://medicalandhealthcoaching.wordpress.com/>

The first programme is offered at a big discount to reflect the contribution pioneer participant's feedback, testimonials and networking will add. Contact us for more lesleyt@beyond-consultants.co.uk.

Medical and Health Coaching Skills



Medical and Health Coaching Practitioners programmes - dates for your diary: 1st programme will be held at Dove Farm, Ellastone, Derbyshire DE6 2GY on:

The newsletter for GP's, Practice Managers and Staff in Leicester, Leicestershire & Rutland

Thursday 13th and Friday 14th July 2017 and Tues 5th Sept 2017 plus 4 x 1.5 hours webinars - dates and times to be agreed.

2nd programme will be at a venue in the East Midlands tbc on: **Tuesday 10th and Wed 11th Oct 2017 and Tues 26th Jan 2018** plus 4 x 1.5 hours webinars - dates and times to be agreed.

Non-essential services and unfunded work and requests to practices'

What do patients receive on the NHS from General Practice?

Defining 'needs' and 'wants.'

As CCGs, the Sustainability and Transformation Plans (STP) and Better Care Together Programme seek to move work out of hospitals into a primary care setting (left shift). There is a concern that CCGs may no longer wish to pay for certain services which they consider to have become, as result of changes in clinical practice or by custom and practice, part of what GPs are expected to provide under 'essential services.'

This issue is hindered by the imprecise definition of 'essential services' in the GMS contract. This has perpetuated ambiguity about what GP practices are expected to provide routinely to their patients.

Acute capacity problems in our surgeries are aggravated by substantial reductions to practice funding with the loss of MPIG, FDR and PMS Premiums. It is vital that we reach an understanding with CCGs as to whether, how, and when General Practice will agree to the transfer or continuation of work.

The three categories of general practice work:

- 'Core',
- 'Non-core',
- 'Locally core'

'Core' General Practice

This is work that all GPs have a contractual duty to provide to their NHS patients. Practices are paid for this in their standard (core) NHS contracts.

'Non-core' General Practice

This is work that GPs may provide with or without additional funding. It is imperative that the people and tools are in place to provide such work safely and effectively.

'Locally core' General Practice

This is work that may be undertaken in a General Practice or community setting that, within a particular locality, has effectively become 'core' General Practice. For example, GPs within a locality may provide services:

- that are undertaken without additional payment if it has been previously agreed that the 'locally core' work did not involve significant extra commitment; or that the 'locally core' work was bound up with services that were generally accepted as 'core' General Practice.
- that were historically funded in some way, although the source of this funding might not be clear now.

To be accepted as 'locally core,' there needs to be a local consensus among GPs that the service in question will be properly and reasonably carried out by GPs and accepted as 'good practice.' Problems tend to arise when something viewed as 'locally core' does not have any contractual funding or explicit agreements for the quality of services.

Should a practice take on new work or continue to deliver services that are no longer funded?

General Practices need to consult with patients and carers to discuss which non-essential services are offered to explain what is funded by the NHS i.e. to prioritise needs over wants. LLR LMC's opinion is that practices

The newsletter for GP's, Practice Managers and Staff in Leicester, Leicestershire & Rutland

need to assess the true costs of what is involved and to assess whether such provision is economically viable and safe for their patients. GPs are required to provide reasonable access and continuity for their patients as the key tenet of their contracts. If this is jeopardised by additional tasks, requests and workload, GPs may be found to be in breach of their contracts or fail in their duty of care (as required by the General Medical Council).

Please get in touch with us if you are concerned about 'non-core' General Practice or 'locally core' General Practice for which you are not being funded or that you believe is inadequately funded – especially if you are finding that provision of such work impacts on your capacity to deliver contracted services to your patients enquiries@llrlmc.co.uk

We are proposing to develop some literature and posters to explain to patients which requests for forms, certificates and services are not part of what patients or carers are entitled to on the NHS. Such work undertaken during NHS time could have an impact on NHS services to patients – in many cases, there is a need to explain that there is a fee for private consultation times and for the issuing of forms or paperwork.

Please feel free to use and adapt any of the contents of this letter and the table that follows. It is important that you ask us to review any information that you prepare prior to sharing it with your team or with your Patient Participation Group in order for us to back you. You may wish to use this information to explain decisions or practice policy to patients and carers on your practice website or on any posters, leaflets or communications that you circulate to your patients.

Table attached: Non-essential services and unfunded work and requests.

Appointment and employment of NHS Locums

The definition of a locum is one who is standing in for an absent doctor, or temporarily covering a vacancy, in an

established post or position. The principles in this guidance also apply to other short-term or fixed-term medical contracts.

Principles for appointment and employment of locum doctors

- Long-term locum doctor appointments should be made with the same care as a substantive appointment. All locum doctors should meet the entry criteria for the post.
- Locum doctors must be properly qualified and experienced for the work they will be required to undertake, including having satisfactory communication skills, including English language. This should also include an understanding and experience of the legal context for medical practice appropriate to the post.
- Locum doctors should not be appointed if they are currently the subject of an investigation or if there are concerns about standards or competence of previous performance (as set out in their end of placement report or appraisal documentation or by an alert letter). If they are unwilling to provide their most recent report, or if they have not engaged with appraisal or revalidation, employers should check if the General Medical Council has placed any restrictions on the doctor's practice.
- Locum doctors should not be engaged for employment until all the necessary employment checks have been conducted satisfactorily, either by the trust or by a locum agency that subscribes to this guidance and applies its requirements. This provision applies equally to locums who are already well known to the employer, for example, through having recently been permanent members of staff.

Care should be taken when relying on word-of-mouth recommendations from other doctors. Further

The newsletter for GP's, Practice Managers and Staff in Leicester, Leicestershire & Rutland

information can be found in the guidance from NHS employers attached to this document.

Contract change checklist



A Contract Change Checklist which provides an over view of the actions to consider and undertake for key variations to your GMS/PMS/APMS contract is attached to this newsletter.

Practices are encouraged to add to this list as appropriate.

Farewell to Melanie Commons

Mel was Executive Assistant to the Chief Executive for 13 months - many members will recall Mel's friendly and professional manner on the phone, in emails or have seen Mel at meetings and events. As a PA she was great at getting things done, keeping things organised and smoothing things over between people where misunderstandings or assumptions might have otherwise caused difficulties.

Mel's abilities ensured that members' issues were dealt with by the Chief Exec in a timely manner so that Chris arrived at meetings in good time having had all the relevant papers prepared for him to consider in advance.

Mel has been a great asset to the organisation and the whole team has really valued her professionalism, her commitment and her interpersonal skills, which are exemplary. Earlier this year she came runner up in the East Midland Personal Executive of the Year 2017 – a competition with over sixty nominated professionals. The loss of Mel to the LMC is the gain of Rainbows Hospice in Loughborough where her skills and humanity will no doubt be put to great use.