

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

October 2017

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Letter for practices in CHP and NHSPS premises

Attached to this newsletter is a letter for practices in CHP premises and a separate letter for practices in NHSPS premises, which we have been asked to share with practices by the BMA. A webpage has also been created for practices with useful guidance, please follow this link:

<https://www.bma.org.uk/advice/employment/gp-practices/premises/support-with-chp-and-nhsps-issues>

Data Protection Regulations



The LMC has been contacted by practices regarding the upcoming changes to EU Data Protection regulations. We have discussed this with LMC Law who are assessing the effects on GPs and guidance will be produced in due course.

If you have any concerns in the meantime, please don't hesitate to contact the LMC office.

Medical note requests from the police

The BMA has received new legal advice regarding medical note requests received from the police, which are detailed below.

There is clear guidance regarding the obligations that GPs have with respect to copying and/or release of the GP record.

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

To view a copy of the proforma template, [click here](#)

Christmas and New Year opening 2017/18



The following information is for practices who normally close on a Thursday afternoon. This year the Thursdays before Christmas and New Year are 21st and 28th December respectively.

For practices who close on a Thursday afternoon with skeletal staff: "As long as practices meet the reasonable needs of their patients they are not in breach of contract in accordance to GMS regulations."

Dr Rao and Dr Rizvi have also spoken with the CCG who agree with this approach, however, they would encourage practices to try and have some form of skeletal service on these days to make sure patient access is not compromised.

If you have any further queries please contact: enquiries@lrlmc.co.uk

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LMC Annual General Meeting – update



During the evening of Wednesday 4 October, we held a very successful Annual General Meeting at the National Space Centre, a venue which we shared with the RCGP who were also holding their Annual General Meeting.

Professor Aly Rashid and Professor Mayur Lakhani gave some well-received speeches.

The winner of our free prize draw on the evening was Victoria Theakston, a final year medical student, who took home a luxury Marks & Spencer hamper.

We would like to thank all of you who took the time to attend and for those of you who were unable to make it we look forward to seeing you next year!

Update from LMC Buying Group



Our energy broker supplier, Untied Utilities, has made the sad decision to retire from the marketplace. Untied has been working with the Buying Group for many years and I know quite a few of you have met Untied's MD Andrew Sutton at your events.

We've been working with Untied to ensure its hundreds of Buying Group customers aren't left without someone to help them manage their utilities contracts and we're pleased to announce that we've secured a new supplier called the Beond Group who will take on Untied's existing customer base and become the Buying Group's approved supplier from 1 October.

Our websites and publications will be updated with Beond's information and the rest of the membership will be informed of the change of supplier early next week.

LMC Law HR and Employment Indemnity Package

The 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](#)

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PRACTICE MERGERS

Advice for practices thinking about merging and top tips.

Be prepared to eat, drink and sleep mergers but remember that the majority of your staff won't be at the same level as you so will need to hear information many more times than you might think is reasonable! Also, be aware that if there is a void in information, staff will make up gossip to fill it so give regular updates on what is happening, even if it is that there is no news.

Your practice team will all reach a point of acceptance about the change in their own time-frame. Some staff will be sad, many in denial, some may be angry about having to work in different ways and may feel a sense of loss at the prospect of losing autonomy. You do have to accept that they will all have to find their own way through the process with you there as a constant in the background. I sent out a document about managing change to the team which some staff found very helpful:

http://www.exeter.ac.uk/media/universityofexeter/humanresources/documents/learningdevelopment/the_change_curve.pdf

Before going out to the wider public, talk to your PPG and seek support to the principle of merging. If you are rolling out more services over longer hours, therefore improving patient access, it is easier to pitch as everyone will benefit but you may need to undertake a full public consultation if there is a net loss to services through premises being closed, which the Area Team will be able to guide you through.

As you still have a day job to manage, think about freeing up key members of your team to support some of your work, e.g. you may consider employing a deputy on a short-term contract, or extra admin staff to help with information gathering.

Electing a Merger Team with two of the partners working with the PMs is a more efficient way of encouraging decisions to be made as with a larger group, there are many more opinions to hear and more chances of disagreement!

Although ultimately it is a partnership decision to merge, the relationship between the two PMs is fundamental.

Talk to the LMC early in the process, as well as the CCG, particularly if you are facing a recruitment crisis and key members of the practice leave, as it is important both organisations are aware so that measures of support can be put in place if necessary. Engage a solicitor early in the discussions to draft a Merger Deed, which will protect and guide the merger process in terms of indemnity, due diligence and timescale. This is particularly important if premises are to change ownership and one of the partnerships will effectively dissolve to create the new business. It is very important to have an understanding of the legal framework to support the process, particularly if there is any possibility of staff redundancy or contractual change required.

Try to have an idea fairly early in the process of how your appointments system might be set up as this will guide how the IT/telephone systems will need to be configured, which may potentially be your biggest areas of expense. Discuss any costs with the CCG and the AT to establish whether there might be any capital funding available to help.

Be prepared for not all of the partners to be on board with the plans, and for some to be challenging. Give yourself time to fact-find before presenting proposals and seek support from the partners who are more closely involved however, make sure that ultimately, they are behind the plans so that you don't end up being the scapegoat if things don't come together as anticipated.

Understand and accept very early on that with every good intention and a lot of hard graft, many things will

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not be in place before the merger and may not be for months afterwards.

SUMMARY

Mergers

- Rationalise premises, where possible
- Rationalise services/equipment to one site (even where maintaining more than one site) e.g. cryotherapy
- Some issues around continuity of care if staff in different places
- It is possible to undertake a slow, gradual merger but is there a point? Get on and reap benefits as early as possible.

Actions

- Get clarity on fundamentals
- Contract value differences - medical accountants will supply this
- MPIG / PMS Premium if appropriate
- Partnership income differences
- Premises
- Staffing
- IT

If decision in principle made to merge then:

- Discuss plans with CCG
- Consult LMC for help, as needed
- Produce Business Case
- PPG consultation (ideally 90 days required)
- Consider which bank, accountants and solicitors once merged
- Decide which J number will be retained – check for issues around dispensing and rural practice payments first

Local flavour

- Access is a big issue – extended opening shared from one building – less admin/reception staff needed – reduce costs of premises and staffing

- Recruitment issues – shared – fewer partners, more salaried/locums or less locums as cover available and more likely to attract other healthcare professionals.
- Public Health departments in local authorities – bidding to provide services

NB: IF 2 GMS practices wish to merge they do not need NHSE/CCG approval

Issues re timescales

- The optimum merger date is 1st April as this aligns with the beginning of the NHS financial year. However, this is not always possible due to the numbers of practices opting for this and the resources to do it. Sometimes, the practices also can't meet this deadline. Where this is the case, it is preferable to opt for the 1st day of a quarter e.g. 1st January, 1st July or 1st October.
- PCSE has to merge the practice lists onto the one chosen J code and are behind with this – worth checking if your chosen deadline can be met.
- IT – even if both practices are on the same clinical system the lead in time is around 14 weeks in many cases. If different clinical systems it may even be longer if GPSOC has to be worked through too to get both practices onto one system.
- Screening – PH (NHSE) need to align cervical cancer and breast screening programmes which takes time.

Always notify and discuss your potential merger with your CCG and NHSE as soon as possible. They will offer a meeting to explore all of the above and the timescales involved. The LMC can be invited to those meetings to help and support

Options for merger:

1. Running 2 or more contracts but with some sharing of partners and staff in each contract for further economies of scale.

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2. Merge in to one contract

Information which should be considered when completing the "Application for Consideration of a Contractual Merger"

- Demographics
- List sizes
- Practice distances
- Accessibility – bus routes, distance from practice to practice,
- Parking?
- Distribution of patients of two practices, post code areas etc
- Merger Benefits
- Sites for delivery of services
- Increased services?
- Choice of female GPs?
- Longer opening hours?
- Benefits for the CCG? Local Authority?
- Staff benefits
- Merged practice boundary and outer boundary map
- Pharmacies – request/ collection service
- Premises old to new?
- Training / research Practice
- Single hander to merge with larger practice?
- Extended hours
- Local or on-site access to Pharmacy? Home delivery?

Staffing

For each practice detail, how many:

- Partners
- Salaried GPs
- Long term locums
- GPRs
- Nursing team
- Admin and management
- Have preliminary investigations into TUPE taken place.

Finance

- Savings?
- Investment required? Area Team, Practice etc?
- Potential TUPE cost pressures?
- Have IT merger costs been considered?

Stakeholder Engagement

- Have plans been shared with CCGs and public health teams? If so, include whether the merger is supported and why?
- How will practice engage with stakeholders? Eg patients, staff, community services, media, MP, Councillor, local practices, etc
- Will there be any potential adverse reaction from stakeholders? How will this be managed?
- If a site closure is envisaged have Healthwatch/health and wellbeing board been consulted?

Premises

- Will all remain open?
- Changes to opening times?
- Notice period?
- Premises improvement to accommodate?

IT

- Added benefits or disadvantages?
- Different clinical systems? How will they merge?

Screening Programmes

Provide details for any provider / location differences between the following screening programmes for the merging Practices

- Antenatal and new-born (includes 6 programmes but most are done by maternity)
- Cervical
- Breast
- Bowel cancer



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- Diabetic eye screening
- Abdominal aortic aneurysms

Indicate if there are any differences between the practices with regard to immunisations. For example, if one practice has not signed up to any particular immunisation Enhanced Service.