

Welcome to our May 2018 Newsletter

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REGIONAL:

A. GDPR UPDATE

Leicester, Leicestershire and Rutland Local Medical Committee (LLR LMC) met with the Federation representative for LLR. The aim of this meeting was to discuss how collectively we could support practices

implement GDPR and if we could provide options in supplying a DPO.

It was a very useful and productive meeting; the main outcomes were:

- The LMC agreed it will provide a GDPR information pack for all practices, which has been approved by GPC, Paul Cundy, Policy lead. The pack will include privacy notices, FAQs and further relevant information related to general practice and GDPR. This will be circulated in due course.
- There was a further discussion regarding Data Protection Officers (DPO) and there is a strong possibility that the federations could provide a DPO for practices at a federation level across Leicester, Leicestershire and Rutland. If practices wish to take up this offer, the financial and logistical arrangements are still to be clarified. However, this will be in place by 25th May.

The LMC will be sending out communications ahead of the 25th May to provide members with the option to remain on our mailing list. We would like to encourage all to acknowledge this email.

B. PRISM (PATHWAY AND REFERRAL IMPLEMENTATION SYSTEM)

PRISM is being rolled out to all elective/Planned Care Specialties by the end of June 2018.



PRISM as a web-based tool allows GP's to find clinical advice and advice about relevant services so that patients can be seen in the right place first time.

The LMC would encourage GP's to:

- 1) Use PRISM for all referrals to secondary care services on the basis that it provides up to date, locally clinically agreed referral guidance and advice to make sure that patients are seen in the right place first time.
- 2) To refer all musculoskeletal patients to the LLR MSK triage service on ERS (electronic referral system), where physiotherapy has been unsuccessful. Referrals should be made using PRISM pathways for the same reason as above.

The following quotes highlight the positives of the PRISM referral system. It offers reassurance to both clinicians and patients as well as helpful information.

“Having access to PRISM has streamlined my referrals in the 2 week wait pathway. I know I'm sending the patient to the right service with the right information. As we put more resources onto PRISM, I am confident that this will make the life of the busy GP easier, and patient care will benefit as a result. The patient will be seen in the right clinic by the right clinician first time and everyone will benefit.” **Dr Tony Bentley**

“The facility to be able to find a wide range of resources and guidelines, all located within one single IT system which can be accessed immediately is long overdue- and most welcome!” **Dr Tom Rowley**

We appreciate that no system is perfect and for this reason we welcome constructive feedback and suggestions about how we can improve the services provided. If you have any questions or suggestions for improvement about:

PRISM - PrismAdmin@leicestershire.nhs.uk

For MSK triage -

MSKC&B@EastLeicestershireandRutlandccg.nhs.uk

C. EAST MIDLANDS CLINICAL SENATE

The East Midlands Clinical Senate has recently launched a recruitment campaign to increase its Assembly membership. Clinical Senates are a source of independent, strategic advice and guidance to commissioners, STPs, and other stakeholders, to assist them to make the best decisions about healthcare for the populations they represent. Primary care/GP input is integral to the independent clinical advice that we provide to commissioners and STPs.

Whilst the role is voluntary in nature, Clinical Senates do make a dispensation for primary care by paying for locum costs/backfill if a GP participates in any clinical review panels, as these usually take place in the day and tend to be half a day minimum (plus travel).

Further information can be found here:

<http://emsenate.nhs.uk/>

Or, please contact Emma Orrock, Head of Clinical Senate, for further details:

england.eastmidlandsclinicalsenate@nhs.net

D. BOWEL CANCER SCREENING PROGRAMME

Recently the LMC was asked to provide their view on Bowel Cancer Screening Programme and the requirements for GP's.

To see the full response, click [here](#).

E. NHS 111 BOOKING INTO PRACTICES

GPC has noted NHS England's stated intention that direct booking by clinicians from 111 CAS (clinical

assessment service) into practice systems should be rolled out universally as soon as possible.

GPC also notes that potential benefits and implications of direct booking into practice systems for patients and practices will be demonstrated as this work progresses. Over the next year, NHS England and GPC will work together to support further use of 111 direct booking where agreed with practices, to fully evaluate benefits and address any concerns about its implementation and potential consequences. The lessons learned, and the solutions reached, will inform a discussion in the 2019/20 contract negotiations.

This is optional for practices and not agreed in the GMS contract. If your practice is currently piloting this service, we are happy to feedback any concerns to the BMA.

F. LMC ANNUAL GENERAL MEETING

**** Save the date****

LLR LMC is pleased to confirm that this year's AGM will be taking place on the evening of Wednesday 7th November 2018.

We can confirm that Richard Vautrey, new Chair of the BMA GPs committee and a member of the GPC Executive.

Further details to appear in due course

G. UPCOMING LMC EVENTS

The LMC is pleased to confirm the following FREE events for our members:

- 9th May: Complaints workshop in conjunction with NHSE (FULLY BOOKED)
- 20th June: CQC seminar in conjunction with Michele Hurst (CQC, lead inspector)
- 12th July: Medical and Health Coaching workshop with Lesley Thompson
- [Repeated Event] 21st November: Complaints workshop in conjunction with NHSE

Details on all the events will follow in due course.

H. JOB VACANCIES

To view current vacancies in Leicester, Leicestershire and Rutland click the following link to see the Vacancies page on our website.

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

Please note, advertising any vacancies your practice may have is completely free through the LMC. Just send the details of the vacancy to enquiries@llrlmc.co.uk.

SHARED LEARNING AND KEY ISSUES RAISED WITH THE LMC THIS MONTH:

Recently the LMC has received concerns regarding these following:

A. Concerns re. West Leicestershire QIPP

The LMC understand the issues raised regarding QIPP. The QIPP budget for 2018/2019 and is being made up from GP 5 year forward view money. The LMC have written to West Leicestershire CCG about how we do

not feel this is the spirit the GP5YFV monies should be spent and we are awaiting feedback.

B. Social Services Contacting GP's

It has become apparent that Social Workers are asking GP's for medical assessments for patients more frequently.

LLR LMC is currently in communication with the Director of social care within the City and County, and now looking to set up a face to face meeting as a platform to hear about any issues and consider how we might work together to ensure positive and timely information sharing.

If you have any concerns you would like to share with the LMC, we are happy to feed into the meeting.

C. Training and Development Fund

There have been recent discussions regarding the Training and Development fund funding the PLTs. The LMC has written to all three CCG's asking them to re think this idea and hope the existing agreement can continue.

D. Non-Core Services within the CCGs

The LMC are aware of the discontent amongst GP's regarding the funding for these services per CCG. The LMC has written to the CCG's asking for a meeting to discuss uniform funding for these services.

E. NHS Property Services/Service charges

The LMC are aware of ongoing issues NHS Property services and the unexplained service charge invoices charges. The LMC are looking into delivering a workshop/clinic which will have specialist property

lawyers and surveyors, who are aware of the issues and can advise our members.

The workshop also hopes to provide small clinics between relevant parties and practices to discuss issues. Further details in due course.

NATIONAL:

I. STAMP DUTY LAND TAX ON SURGERY LEASES

DR Solicitors have recently released guidance on Stamp Duty Land Tax. Stamp Duty Land Tax was introduced in December 2003. It is a tax payable on a



variety of property transactions, including purchases and transfers of freehold and leasehold land and property.

Main Points for Practices:

- It is the responsibility of the purchaser/tenant to calculate the amount of tax and submit a Land Transaction Return to HMRC within 30 days of the completion of transaction date.
- Joint purchasers, such as a partnership, are jointly liable to pay the tax.
- SDLT regulations for freehold and leasehold properties differ
- Some changes in **partnership arrangements** may incur SDLT. This is a particularly complicated area but introducing and withdrawing property from a partnership are both chargeable events, regardless of

whether the name on the lease or at the Land Registry changes.

For more information on SDLT please click [here](#).

J. SHOULD A GP PRACTICE ACCEPT GIFTS & LEGACIES?

DR Solicitors have recently published guidance on the above. Occasionally, a practice can be very privileged to be remembered in a patient's will or receive gifts from appreciative patients. Though this is a lovely gesture from patients it does raise several professional and legal issues.

Professional issues:

Good Medical Practice Guidance states "You must not encourage patients to give, lend or bequeath money or gifts that will directly or indirectly benefit you." However, you "may accept unsolicited gifts from patients or their relatives." Please note, this does not permit the acceptance of these gifts entirely. The guidance also states in cases where you accept a gift you must "also consider the potential damage this could cause to your patients' trust in you and the public's trust in the profession. You must refuse gifts or bequests where they could be perceived as an abuse of trust."

Regarding professionalism it all comes down to the Practitioners professional judgement on whether they should accept the gift or not.

Legal issues:

The PMS and GMS regulations are clear that practices are obligated to keep a register of gifts from their patients that have a value of £100 or more.

Many practices disagree over whether the gift or legacy should be shared. Should the gift be split equally? Should the gift be split in terms of workload for that patient? Was the gift intended for all partners either when the patient's Will was written, time of death or when the gift was received at the practice? These types of questions can often be a source of large dispute between partners resorting in legal action.

Recommendations:

- Be careful regarding what gifts/legacies you =accept and how these are recorded
- This is an ethical issue and be sure you would be comfortable justifying your decision
- For larger gifts, prepare evidence regarding your thinking for the decision and any professional/legal advice you sought.
- Check your partnership agreement on what it states about sharing gifts/legacies.

For more information regarding gifts and legacies please click [here](#).

K. GP RETAINER SCHEME

Please see below information the LMC has received for our members regarding the GP Retainer Scheme.

Retained GP Scheme:

To be read in conjunction with the website;
<https://www.england.nhs.uk/gp/gpfv/workforce/retaini ng-the-current-medical-workforce/retained-doctors/#>
and model contract;
<https://www.bma.org.uk/advice/employment/contracts/sessional-and-locum-gp-contracts>

Who?

Any GP with firm plans to leave (including retirement), with a need for flexibility due to other personal or professional commitments and a need for educational support (at the least this would be to keep up with changes within the practice organisation).

Flexibility includes being able to work a reduced number of weeks per year (min 30 minus CPD and Annual Leave) e.g. for term time working.

Where?

Any practice, including where the applicant currently works. Non-training practices need to show an understanding of educational needs assessment and educational supervision on a visit from the HEE lead.

Support?

Financial support is provided to the Retained GP in proportion to the number of sessions worked with a maximum 208 per year (minus CPD and annual leave), and will help toward indemnity and CPD. Pay is at the local Salaried Rate and HEE cannot suggest a suitable rate.

Practices receive a fee *per session* to compensate for the supervision time and flexibility

Educational Support is through the practice and is reviewed annually with the HEE Lead.

How long?

Five years is the usual maximum, but this can be extended if you have **unpaid** leave during that time for sickness or parental leave.

Shorter times are sometimes enough for a doctor to feel they are ready to go on to a "normal" salaried job or to leave GP.

Applying

Enquire through HEE and the local lead. A non-binding discussion is available before you commit!

Find a practice that is interested (again the HEE lead can have a non-binding discussion with them to clarify anything)

Application form is on the Retained GP website. It's combined with an annual review form so make sure all the bits you need to fill in are filled in.

Allow at least six weeks before a proposed start date as the form needs signing by the HEE lead as a recommendation to be included on the scheme then sending to the LAT for them to approve.

To contact the HEE lead use the email address bevis.heap@hee.nhs.uk

L. UPDATE FROM THE BMA

The following are key topics from Richard Vautrey's weekly BMA update.

Breast Screening Programme Failures: Jeremy Hunt has admitted that there had been a "serious failure" in the NHS breast screening programme. Earlier this year analysis of data showed that an IT failure dating back to 2009 resulted in 450,000 women not being invited to their final breast screening. There will be an independent review into the facts, chaired both by the Chair of the Macmillan Cancer Trust and of the Chair of the Royal Marsden Hospital, and this will be expected to report in six months.

Please see the following letter from NHS England to all General Practitioners [here](#)

Pensions: Currently, legal advice is being sought regarding NHS Pension Contributions. The BMA believe the current process is unfair on certain GPs that do not

NEWS FROM YOUR LOCAL



MEDICAL COMMITTEE

work all year. BMA guidance on this issue can be found [here](#).

GPC Communication with Practice Managers: The BMA recently asked LMC medical secretaries about GPC England setting up an informal email group for them to use when they have issues they would find it useful to communicate with practice managers about. This will be an informal information sharing platform and enable GPC to learn about some of the practical issues that are often faced within practices and usually dealt with by practice managers.

Updated Prescribing Guidance: The GPC prescribing policy group has updated the [Prescribing guidance](#), to include a link to the [template letters](#) relating to the new requirements on hospitals to reduce inappropriate bureaucratic workload shift, in the Q&A section *Can my GP refuse to give me a prescription that my consultant asked them to provide?* (page 9). The prescribing guidance is available on the newly updated prescribing pages on the BMA website.

LMC CONTACT DETAILS:

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Email: enquiries@lrlmc.co.uk