

Welcome to our March 2019 Newsletter

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THIS MONTH:

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- * Long Standing Locums
- * Gender Pay Gap
- * GP Surgery Insurance reminder request from the City Council
- * 2% Staff uplift

Regional

A. 2018/19 INDEMNITY SETTLEMENT & THE CLINICAL NEGLIGENCE SCHEME FOR GENERAL PRACTICE (CNSGP)

Information on the above can and a statement from MPS can be found on our [website](#).

B. NEW GP CONTRACT AND PCNs

This month, we have been reading lots of guidance and answering lots of questions relating to the new GP contract and PCNs.

Earlier this month, the LMC met with Tim Sacks who is leading on PCNs for LLR, to share LMC views and understanding with PCNs.

We have been informed that guidance and information will be released by the BMA on the 28th March. The [BMA page](#), has some useful information, including a FAQ which is updated intermittently.

Clarification on different funding for PCNs:

- **DES funding for workforce expansion** which will increase over 5 years to £891m and is **nationally paid** to the PCN.
- **£1.50pp to PCNs** to support practice activity within networks and paid to the PCN **from the CCG under the Network Financial Entitlement**
- In addition, funding for **0.25 WTE GP clinical lead paid directly to the network** and taken together this is £2.01pp in 19/20 and £2.19pp from 20/21 for the network to use. From 1st of July 2019.
- **£1.76pp to practices** that sign up to **network participation paid directly to them via** the SFE. **From 20/21**; Investment and impact fund - national funding paid to networks linked to delivery against

NEWS FROM YOUR LOCAL MEDICAL COMMITTEE



objectives we have yet to agree - £75m in 20/21 rising to £300m by 23/24.

- **Access funding** - combination of existing extended hours DES (£87m) and by 21/22 Improving Access to GP schemes (£367m) paid directly to PCNs.

- Consider reviewing recall procedures for patients who miss appointments following investigations, to avoid delays in treatment.
- Providing effective and clear communication with patients avoids complaints.

On 6th March, Cathie delivered a complaints workshop to our practice managers, which has been well received. Presentation can be found [here](#). We will look forward to working with Cathie again soon.

C. LETTER TO ANDREW FURLONG RE. PROTOCOLS INTRODUCED BY UHL

LLR LMC has written to Andrew Furlong, Medical Director at UHL, to express our concerns relating to new protocols introduced by UHL. These appear to have not had any GP input but effect GP workload and is not resourced.

F. SCREENING AND IMMUNISATION TEAM UPDATE

The Screening and Immunisation team for NHS East Midlands and Central have released their latest bulletin.

This edition includes information on:

Immunisation information:

- Vaccine Updates December 2018 and January 2019 – for Information
- FMD (Falsified Medicines Directive) – for information
- Flu Vaccine ordering 2019/20- for information and action
- PGDs – for information and action

Screening Information:

- National Public Health England (PHE) Cervical Screening Campaign – for information and action
- Local screening initiatives – for information
- Derby Cytology Laboratory – for information

The full bulletin can be found on our [website](#)

D. LLR LMC PRESENT SURPLUS FROM CHRISTMAS EVE & NYE TO LOCAL CHARITIES

As agreed in the original comms to practices, any surplus in payment for the Christmas and NYE sub-contracting arrangement would go to a local charity.

The LLR LMC board decided to donate to two local charities, 'Healing Little Hearts' and 'One Roof Leicester'.

E. KEY THEMES SHARED BY NHSE COMPLAINTS TEAM

The NHS England complaints team, Cathie Cunnington (Complaints Manager, NHSE) has shared March key themes which could be beneficial to the wider GP Community:

- When declining prescription requests, it is considered good practice to contact the patient to advise the reason for the delay and to discuss options, e.g. medication review/alternative medication.

G. UPCOMING LLR LMC EVENTS



The LLR LMC is happy to confirm our current event schedule for 2019.

All events are free, but we ask that any member wishing to attend, registers their details so we can accommodate accordingly.

- **Thursday 28th March 2019, 7.00pm – 8.30pm:**
“GPC Roadshow - Changes to GMS Contract 2019/20.” (This event is now full)
- **Wednesday 3rd April 2019, 1.00 – 5.00pm:**
“Property Management workshop.”
- **Thursday 11th April 2019, 7.00pm – 8.30pm:**
“Keeping the fire burning – How to manage burnout among Doctors.”
- **Wednesday 1st May 2019, 1.30pm-3.30pm: – “A Walkthrough of Core Contracts.”**

We are also looking to deliver the following seminars which will cover the following topics:

- 24-Hour Retirement
- Case Investigator Seminar

For more information on these events, please visit our [website](#).

H. LMC BUYING GROUP

The LMC Buying Group have advertised their latest offer from their supplier Baywater Healthcare.

All LMC Buying Group members, can get a Freedom 400 or B10 Recovery Oxygen cylinder with a mask and tubing for only £89 plus VAT.

This price will be available until 31 March. They can honour this price if a practice completes a quote request form on the Baywater page on their [website](#) before the end date.

If a practice is tied to a different provider at a higher cost, they are happy to honour this price for them for the life of their contract with Baywater. However, they must complete a quote request form including a [reminder services form](#) to ensure they can get the above price.

I. EAST MIDLANDS LEADERSHIP ACADEMY

East Midlands Leadership Academy have released key messages in relation to their NHS graduate management training scheme expansion and hosting a trainee from the 2019 intake.

If you would like to host a trainee from September 2019 onwards please ensure that you have completed the online statement of intent to host and commitment to pay form by **15th March 2019**.

The form can be found by [clicking here](#).

The Key messages and Q&A can be found on our [website](#).

J. RECRUITMENT OPPORTUNITES

If you are currently advertising or plan on recruiting a new member of staff within the practice. If you send us

the job description and details of the position, we are happy to include it on our website for no charge.

To view current vacancies, visit our [website](#)

National:

K. NEW CQC PROVIDER INFORMATION COLLECTION AND ANNUAL REGULATORY REVIEW



The CQC have released information on how practices rated good or outstanding will be monitored from April 2019.

Any practice, that is rated good or outstanding, will no longer be routinely inspected every two years, with their inspections changing to a maximum interval of five years. Instead these practices will have an annual regulatory review including the outcome of a “provider information collection” (PIC) with an annual phone call to the practice, as a satisfactory IT solution for the PIC has yet to be developed.

The full information can be found on our [website](#).

L. NEW DEATH CERTIFICATE SYSTEM AND MEDICAL EXAMINERS

The BMA have released guidance on the [changes to the death certificate system and medical examiners](#) due to be implemented in April 2019.

M. EU EXIT MEDICINES SUPPLY

NHS England has published updated [information on planning for continuity of supply of medicines](#) in the case of a ‘no deal’ EU Exit. This information also includes [supporting Q&As](#) which may be helpful in any discussion with patients about their medicines and medical products.

The [nhs.uk website](#) has also been updated with some patient facing information on medicines supply.

In addition, Stephen Hammond MP, Minister of State for Health, has also [written to, the NHS, Adult Social Care, Royal Colleges and Charities](#) to provide an update on work to ensure the continuity of supply of medicines and medical products in the event the UK leaves the EU with no deal.

Further information can be found on our [website](#)

N. SERIOUS CASE REVIEW RECOMMENDATION

NHS England have released a case review recommendation for information for all GP practices.

The information can be found on our [website](#)

O. UPDATE FROM THE BMA

The BMA have released their latest update with information on the following:

Contract agreement funding figures and FAQs:

NEWS FROM YOUR LOCAL



MEDICAL COMMITTEE RUTLAND

The new values of global sum, QOF, out-of-hours adjustment and the new practice participation payment have now been published, and can be accessed on the [GP contract webpage](#) (in the 'practice funding and pay' tab).

The 1.4% additional investment to the practice contract includes a 1% uplift to global sum and a SFE payment, linked to practice participation in primary care networks, of £1.76 per weighted patient. This therefore delivers an extra £2.68 per weighted patient in to practice budgets for 2019/20. In addition, specific vaccination item of service fees have increased, including seasonal influenza. Together with the removal of indemnity expenses this means practices will be able to deliver a 2% uplift to practice staff pay.

We have published FAQs which include questions about funding, primary care networks, digital access, indemnity and QOF. The guidance is available on the GP contract pages.

Rise in penalty prescription charges:

The BMJ reported that the number of penalty prescription charges issued in England rose by a third last year with a 60% increase in the last three years. The figures came from the NHS Business Services Authority, which issues the penalty charges to patients thought to have incorrectly claimed free prescriptions or free or reduced cost dental treatment. The yearly cost to the NHS from this type of fraud is estimated at £256m and a target to halve the losses by 2020 has been set. In response I said, "It's almost always the case that people have unwittingly not renewed their certificate that entitles them to free prescriptions. Real care needs to be taken in the messaging, as it can come across as very threatening. It's not unusual for patients to be extremely distressed by the suggestion they have committed fraud."

The full update can be found on our [website](#)

SHARED LEARNING AND ISSUES RAISED WITH THE LMC THIS MONTH:

NHAIS PDS ALIGNMENT PROJECT:

The LMC has been made aware by several practices, that they have received an email outlining the above task.

NHS England have asked PCSE to undertake this work as a priority, to ensure patient registrations are reflected accurately across all systems. The request is extremely important to ensure that all patients receive continuity of care and are correctly included in relevant screening programmes. NHS England has stressed it is imperative that this work is completed as soon as possible to ensure no further impact to any patients concerned. Heads of Primary Care and associated Medical Director (s) have all been made aware of this project, as it is imperative that the work is completed by all parties.

We have since been in contact with NHSE for them to outline whether this is contractual for practices to complete and under what regulation.

This is a contractual requirement and falls under the Section 3.3 Part B1: General List Maintenance for Primary Medical Services.

LONGSTANDING LOCUMS:

We have received a few queries recently regarding longstanding locums within practices and their employee status. We would strongly recommend for practices to do a locum agreement with the locum GP, setting out the IR35 clauses and the criteria for self-employed status.

GENDER PAY GAP:

On the 30 March 2019, Gender Pay Gap reporting within the public sector will be due. The public sector pertains to "specific public authorities" with over 250 employees, which includes the NHS.

Whilst most LLR practices do not have over 250 employees – it has been questioned whether do you know if GP practices would be classed as NHS for the purpose of the Gender Pay Gap reporting? And what, if anything should practices be doing?

The guidance we have received from the BMA:

Yes. If they have fewer than 250 employees then there isn't anything they have to do. If they have 250 or more employees they might want to look at our guidance on gender pay gap reporting:

<https://www.bma.org.uk/advice/employment/pay/gender-pay-gap-reporting>

Also, the Government Equalities Office has produced helpful recently guidance to help employers this year with reporting and taking action to narrow the gender pay gap:

<https://www.gov.uk/guidance/gender-pay-gap-reporting-overview>

GP SURGERY INSURANCE REMINDER REQUEST FROM LEICESTER CITY COUNCIL:

The Leicester City Council have been requesting practices to provide insurance cover details for the contract relating to updating their Contract Care Records. The LLR LMC wrote to the City Council as we felt this was a repetition of work already requested by the Commissioner and impacts on practice workload.

We have had a response from the Senior Quality Assurance and Compliance Officer within Leicester City Council, which has stated that they will not be pursuing requests for insurance documentation at the moment.

Once new contracts are in place the City Council have said they will need to communicate further with GPs to ensure that the Council has copies of the relevant documentation. We have asked for them to keep

engaging with the LMC to ensure that the information is as streamlined as possible.

2% STAFF UPLIFT:

Salaried GPs: LLR LMC have received queries regarding salaried GPs who are at the top end of the pay scale and whether their practice is expected to pay the 2% uplift.

All GPs must be treated fairly, for those practices where GPs pay their indemnity personally after receiving practice drawings or salary, whilst the headline gross figure might not increase above 2% their net pay after personal expenses could leave them with more to spend. This is why the DDRB for partners or salaried GPs will not be used this year. But, in summary, it will be down to the individual GP and practice to negotiate.

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