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Items marked * in orange on the content list are highlighted either because of their importance or because they contain information you may not have seen elsewhere.

TRAINING, EVENTS & OPPORTUNITIES

Practice Manager Appraisals – ‘A Really Positive Experience’

Humberside LMCs were delighted to launch the Practice Manager Appraisal Pilot Scheme across our region back in July of this year. Several of these peer to peer reviews have been completed over the past few months, and the feedback from participants has been very positive:

“It was really nice to be appraised by someone who understood how you felt and was able to provide some good supportive advice that wasn’t just ‘text book’ but from actual real life experiences. The whole process was really informal and [my appraiser] was great. Overall I found it a really positive experience and yes I would definitely do this again”

“It was quite useful to actually sit down and complete the form to enable me to evaluate what my role is. I did find meeting with [my appraiser] and talking through what I had written very useful, and for me to be away from my Practice to do this was of great value.”

“It was really helpful, almost therapeutic! I think the work will lie in being able to implement some of the suggestions. We agreed to keep in touch and meet again to review progress in 6 months.”

Our trained cohort of freelance Practice Manager Appraisers are keen to continue to connect with their local PM colleagues and facilitate these valuable sessions. If you are interested in being part of this scheme, then please contact the Humberside LMCs team by email on humberside.lmcgroup@nhs.net.

Opportunities to receive an appraisal will be offered on a first come, first served basis so please do not hesitate to get in touch!

Primary Care Networks - Next Steps for Practice Managers Conference

Tuesday 3rd December 2019, 09:30-16:30

Well Met - Leeds Beckett University (Cloth Hall Court), Quebec Street, City Campus, Leeds, Yorkshire, LS1 2HA

NHS England and NHS Improvement are holding a series of dedicated regional events this autumn for Practice Managers. The day will focus on:

- Hearing from PCNs about the fundamental role of practice managers and what development support is available
- Providing an opportunity to talk to other practice managers who are working within PCNs and understand how their roles have developed
- Getting involved in interactive workshops that focus on:
 - PCN leadership: Clinical Directors and Practice Managers
 - Health & Wellbeing: work/life balance and resilience
 - Proactive patient care and collaborative working
 - Creating time and capacity: understanding your demand and future workforce needs

This conference is free to attend. Register for a place online [here](#).

PCN Support and Development – New to Practice Programme

Funding and support is available to each PCN across the Humber, Coast and Vale region through the New to Practice Programme which has been developed in response to feedback from newly qualified GPs that they have felt isolated once in post. This aims to support GP and Nurse recruitment in to general practice and enhance retention by offering a package of support and development to newly qualified/first year in post GPs and GPNs.

Support available through the programme:

Primary Care Networks – Bursary Offer:

The opportunity for every PCN in the HCV area to attract 1 x newly qualified GP and 1 x newly qualified GPN by offering them a bursary which would allow them to develop their skills/support the development of the PCN. The bursary would support the GP/GPN to be released for up to 1 session a week to, for example:

- undertake coaching, mentorship or supervisor training
- 

- undertake an extended role specialising in a disease area that is prevalent within the PCN
- support a PCN with an identified area of need, e.g. workforce development, leadership, management or business skills, training needs analysis, quality improvement
- fund additional qualifications e.g. MBA or a research project in an area of special interest (additional funding could be made available by application).

Applications are now invited for:

- up to £9,000 per annum (pro rata) bursary for GPs
- up to £4,500 per annum (pro rata) bursary for GPNs.

Where PCNs are unable to attract interest from a GP, funding will be available to support an additional GPN bursary.

Criteria for funding support:

- the GP/GPN must be within their 1st year of practice in general practice
- the GP/GPN must hold/be about to hold a substantive contract with a practice/PCN
- the GP/GPN must be working a minimum of 9 sessions a week in general practice (any exceptions to this will be considered on an individual basis)
- where deemed appropriate the offer is open to colleagues who may have held a contract for longer than 1 year who have not been undertaking duties within that time due to a period of long term sick leave or parental leave.

Whilst the eligibility criteria states that the GP/GPN must be working a minimum of 9 sessions a week in general practice, there is flexibility on this and those doing less sessions will be equally considered for the scheme.

Applications should be made on the [programme application form](#) (pdf) and returned to Melissa.brolls@nhs.net by **31st January 2020**. Melissa is also the contact for any queries about the programme.

RCGP Humber Courses and Events 2019-20

RCGP Humber Region have a number of short courses and events available for booking between now and May 2020, with subjects including Women's Health Update, ENT,

Joint Injections, and Cognitive Behavioural Therapy.

Full details with dates and booking information can be found [here](#) (pdf).

Examination Techniques – Hip and Knee

Tuesday 10th December 2019, 18:00-19:30

Clifton Park Hospital, York

This is an RCGP event which is free for First 5 members (£25 for others). It is a hands-on session examining the hip and knee joints. Learn about when to refer, what indicators to look for, treatments available and best practice for patients.

Full details including booking information can be found on the [event flyer](#) (pdf).

Practice Manager Coaching and Mentoring Programme

Following the success of the last coaching and mentoring programme, and significant positive feedback from those who took part, Practice Managers are once again being offered coaching and mentoring sessions as part of the programme funded by NHS England, to be taken between January and March 2020.

Three 90-minute, one-to-one, tailored sessions with a professional coach mentor are being offered to support Practice Managers to individually think through and progress challenges and opportunities important to them. If you are a Practice Manager who would like something to be different for yourself, even if you are not exactly sure what it is, then coaching and mentoring is a powerful approach that will help you to work things through to make the changes that you want.

Places are limited and are offered on a first-come first-served basis. Expressions of Interest must be submitted by **midnight on 4th December 2019**.

Places are offered initially to Practice Managers who have not experienced coaching through the NHSE programme earlier this year.

Please apply via this link: <https://www.engage.england.nhs.uk/survey/1288e5ab>

For any queries, please email england.gpdevelopment@nhs.net.



LMC Roadshow, February 2020

Tuesday 11th February 2020, 17:30-20:00
KCOM Stadium, Hull HU3 6HU

This is a free event and GPs and practice team members are welcome to attend.

Agenda includes:

- GPC update – PCNs, digital services, NHS pensions
- HEE workforce update – PCN additional roles, HCV workforce strategy
- Free equipment check – get your blood pressure monitor and thermometer professionally checked and recalibrated
- LMC surgery – advice from LMC officers on your queries

Includes 2 hours CPD. Food/refreshments provided.

Book your place online: <http://www.fourteenfish.com/events/9268>

Clinical Application Courses January-February 2020

EMBED Health Consortium have published their schedule of clinical application courses for practices for January-February 2020. There is a wide range of courses available with sessions taking place in Willerby and Brigg.

[Download the course schedule.](#)

Modern Slavery Awareness Training (North East Lincolnshire)

North East Lincolnshire Council is making this free training available to statutory bodies, businesses and voluntary/charitable organisations in their area.

The UK government estimates that there are tens of thousands of people in slavery in Britain today. North East Lincolnshire Council and Ashiana will present an overview of modern slavery and human trafficking, how it affects your organisation and the steps we can take together to tackle this growing issue.

Topics covered will include:



- An introduction to Modern Slavery
- The global and national picture
- The Modern Slavery Act
- The National Referral Mechanism
- NELC's response
- Potential Victim's Pathway
- The victims perspective
- Spot the signs

Courses run at Grimsby Town Hall in March and April 2020. For dates, times and booking information [click here](#).

Primary Care Leadership Academy Programme 2020

This is a funded opportunity for aspiring and existing leaders to develop leadership skills whilst working in collaboration on a chosen project. The programme brings together three different health professionals from your practice including a Medic, Clinician and Manager (i.e. GP, Practice Nurse and Practice Manager), thus offering an innovative approach to enable multi-professional teams to learn and work together, delivering a positive impact for the individual, team, practice, and wider locality.

The programme is open to General Practice, Dental, Pharmacy and wider primary care teams who believe they will benefit from being part of the programme and who are ready to embrace organisational change. You will need to identify three multi-professional individuals from your practice organisation to attend (Medical, Clinical and Managerial – i.e. GP, Practice Nurse, Practice Manager or your equivalent).

Places are funded but this does not include costs relating to travel or backfill.

The programme takes place at venues in Leeds on the following dates:

- 15 January 2020
 - 11 February 2020
 - 11 March 2020
 - 8 April 2020
 - 6 May 2020
 - 4 June 2020
 - 15 July 2020 – evaluation event
- 

Full details can be found in the [information pack](#) and applications need to be made via the expression of interest form at

<https://healtheducationyh.onlinesurveys.ac.uk/triumvirate-programme-eoi>

CLINICAL ISSUES

Valproate Prescribing in Women of Child-Bearing Age

GPs are reminded that valproate medicines must not be used in women and girls of childbearing potential unless the conditions of the Pregnancy Prevention Programme are met and only if other treatments are ineffective or not tolerated, as judged by an experienced specialist.

Drug safety guidance states that GPs must identify and recall all women and girls who may be of childbearing potential, provide the [Patient Guide](#) and check they have been reviewed by a specialist in the last year and are on highly effective contraception.

The full guidance can be found at <https://www.gov.uk/drug-safety-update/valproate-medicines-epilim-depakote-contraindicated-in-women-and-girls-of-childbearing-potential-unless-conditions-of-pregnancy-prevention-programme-are-met>

PRACTICE MANAGEMENT

Flu Vaccine – Transfer of Excess QIV/LAIV Stock between Providers

NHS Public Health Commissioning Central Team have issued a communication to health providers regarding the short supply of QIV flu vaccines recommended for those aged under 65 years in clinical risk groups and LAIV flu vaccine recommended for the children's programme in the 2019/20 flu season. The letter outlines how supplies can be transferred given the circumstance of 'in short supply' or temporary 'no supply' available and what measures should be explored as in the first instance.

[Download the letter \(pdf\).](#)

Supply Issues with Flu Nasal Vaccines – Phasing of Supply

Supply issues with the flu nasal vaccine have necessitated a phasing of supply of the



vaccine. Practices are requested to implement the seasonal influenza programme as outlined in the Direct Enhanced Service Specification. Because of the phasing of supplies PHE recommends planning the childhood vaccination programme using following priorities:

- Children in high risk groups aged 6 months to 2 years – these children should be called and offered quadrivalent inactivated vaccine (QIVe)
- Children in high risk groups from 2 to 18 years should be called in and offered LAIV) unless contraindicated.
 - Those aged 2-3 years and age 11-18 years should be called in and offered LAIV or a suitable quadrivalent inactivated vaccine (QIV)
 - Those of primary school age (4-10 years) will be invited through schools, but should be vaccinated with LAIV or QIV if they choose to present in general practice
 - Where a practice does not have LAIV available, vaccination of children in high risk groups should not be delayed and a suitable QIV should be offered as an alternative.
- Healthy children aged 2-3 years should be called and offered LAIV as the practice receives stock. 2 year olds who are receiving vaccine for the first season are a higher priority than 3 year olds.
- Where practices see high risk children and have no central QIV stock, they can use locally procured stock and replace it with stock order through the ImmForm website.

Practice staff are asked to only order the vaccine they need, one week at a time, even if this is below the maximum quota and to avoid stockpiling. Close adherence to the vaccine storage in the cold chain is essential to avoid vaccine wastage. Further details on eligible groups can be found in '[The Green Book](#)'. An [information leaflet](#) has been developed for parents to explain which children are eligible for vaccination and where this will be delivered.

Supply Alerts for Seroxat, Opicapone and Litomycin-C Injection

The Department of Health and Social Care have issued a [supply update for Seroxat \(paroxetine\) 20mg/10ml oral solution](#) which will be out of stock until January 2020 due to manufacturing delays. Paroxetine tablets remain available from various suppliers.

Supply Disruption Alerts have been issued for [Opicapone 50mg capsules](#) and



[Mitomycin-C injection](#), Kyowa Kirin.

There have also been supply communications this month for the following:

- UK licensed Jext 300mcg adrenaline auto-injectors are currently unavailable – MHRA has authorised for ALK to import Jext® 300mcg from Austria – [view the update](#)
- Delmosart (methylphenidate) 18mg prolonged-release tablets are out of stock until mid-November 2019 – all other strengths are available – [view the update](#)
- Salofalk (mesalazine) 500mg and 1g suppositories are out of stock until w/c 16 December 2019 - 1g suppositories remain available during this period – [view the update](#)

Amendment of Serious Shortage Protocol for Fluoxetine 30mg Capsule

The Department of Health and Social Care has advised that the [Serious Shortage Protocol](#) for fluoxetine 30mg capsules (SSP02) is being extended to 18 December 2019. Please also note that this SSP has been changed, so pharmacists now supply fluoxetine 10mg capsules instead of tablets i.e. 1 x 10mg fluoxetine capsule, plus 1 x 20mg fluoxetine capsule. The SSP for fluoxetine 40mg capsules (SSP03) expired on 21st November, as scheduled.

Supply Issues Update for Primary & Secondary Care November 2019

This is the latest issue of the update from the Department of Health and Social Care (DHSC) Medicine Supply Team. This information is confidential to the NHS; please do not upload to websites in the public domain. Please do share with relevant colleagues and networks.

[Download the November update.](#)

Flu Immunisations for Practice Staff

The state-funded indemnity scheme for England and Wales does not cover GP practices providing flu vaccinations to their own staff. The [Seasonal Influenza DES Specification](#) makes clear that staff of GP practices/contractors and other primary care



staff are the responsibility of their employer as part of occupational health arrangements. However the BMA advise they have been assured that the schemes provided by all three main Medical Defence Organisations do cover this activity.

In 2018, the BMA's Occupational Health Committee worked with the Specialist Pharmacy Service and other key stakeholders to identify a way that organisations can offer employee seasonal 'flu vaccinations within the legislation. The outcome of this work has been to produce a written instruction for seasonal influenza vaccination. The template and advice on how to use it is available [here](#).

CCG-Practice Agreement for the Provision and Receipt of Digital Services in General Practice

In September the NHS England and NHS Improvement published the revised [GP IT Operating model](#). It covers the key policies, standards and operating procedures that CCGs are obliged to work with to fulfil their obligations. The model is intended to ensure that general practices have access to safe, secure, effective and high performing IT systems and services that keep pace with the changing requirements to deliver care. The 2019 edition includes;

- An updated description of roles and responsibilities.
- A strong emphasis on ensuring the security and safety of digital services in general practice.
- Arrangements for the replacement for GPSoc Framework with the new GP IT Futures Framework.
- An updated definition of organisational and functional scope.
- A re-categorised schedule of requirements and capabilities underpinned by applicable standards. Includes addition of a 'national digital services' category.

A new CCG-Practice Agreement accompanies the release of this operating model. All CCGs and practices will be required to sign this new agreement which will provide clarity and assurance to both parties on the requirements for the provision and use of digital services available to general practices under this operating model.

Report into NHS Property Services Service Charges

The Public Accounts Committee have published their [report](#) concluding that NHSPS 'was set up to fail', and that DHSC are not setting a course of action to address the issue



but are leaving others to find a solution. The report finds it is unacceptable that 70% of tenants do not have leases in place and urges DHSC to move towards a more transparent and equitable charging model with adequate funding in place.

In response the BMA issued a press statement saying ““The PAC report into NHS Property Services highlights what the BMA has been saying for some time – the current model is not fit for purpose and never has been. Absurd or extortionate services charges are proving an impossible barrier to many agreeing new leases with the current system actively threatening the future of GP services in some parts of the country. Ultimately, this ridiculous situation means GPs are being forced to spend far too much time and effort trying to resolve these issues instead of caring for patients and is also discouraging many young doctors from becoming GP partners.”

The BMA announced on 22nd November at the 2019 Conference of England LMCs that they were launching legal action against NHS Property Services (NHSPS) over “unjustifiable” rises in service charges faced by GP practices. In their earlier letter of claim they set out why we believe NHSPS are acting unlawfully, but received no acceptable response

BMA guidance is clear that practices should engage with NHSPS, identify areas where there is a dispute and pay undisputed amounts. Practices cannot be forced into any agreement which places the viability of the practice at risk and solutions must be sustainable. Practices should be mindful that the BMA are proceeding with legal action to address historical charges and should ensure that in reaching any agreement independently of this they do not put themselves at risk of any future liability or compromise their future position.

If you are concerned about property charges and would like to discuss it with a member of the LMC team please contact us.

Central Alerting System - Reminder

Earlier this year practices were told to register to receive CAS alerts directly. The contractual requirements for practices now require them to:

- register a practice email address with the CAS and monitor the email account to act on CAS alerts where appropriate;
 - notify the MHRA if the email address changes to ensure MHRA distribution list is updated;
- 

- register a mobile phone number (or several numbers) with the MHRA CAS which will only be used as an emergency back up to email for text alerts when e-mail systems are down.

If any practice hasn't yet done so please register via the link:

<https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=10287>

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Patient Access to Records Online Guidance

GPC England and NHS England have published [joint guidance on patient access to records online: prospective record access](#). This guidance aims to support practices in meeting the commitment to give new registering patients online access to prospective data, subject to existing safeguards for vulnerable groups and third party and system functionality.

GUIDANCE & RESOURCES

New Maternity System Website Launched in Humber, Coast and Vale

A new website which serves as a comprehensive online guide to pregnancy, giving birth and beyond has been launched.

The Humber, Coast and Vale Local Maternity System has created www.humbercoastandvalematernity.org.uk to support people who are thinking about having children, who are already pregnant or who have recently had a baby.

The website has been designed to be a single point of information for people wishing to learn more about maternity services in Humber, Coast and Vale, so they are able to choose the most appropriate place to receive care based on their needs.

Remote Prescribing High Level Principles

The GMC, and some other healthcare regulators and organisations, have published their [Remote prescribing high level principles](#). The principles outline a set of expectations for UK healthcare professionals when prescribing remotely, whether online, over video-link or by phone. The principles encourage good practice in remote prescribing, and that



health care professionals are expected to:

- Understand how to identify vulnerable patients and take appropriate steps to protect them
- Carry out clinical assessments and medical record checks to make sure medication is safe and appropriate
- Raise concerns when adequate patient safeguards aren't in place

CONSULTATIONS

LMC Annual Survey

GPs and Practice Managers are asked to take 5 minutes to [complete our annual survey](#) and shape the work of the LMC.

The survey is a key method we use to assess our services to general practitioners and identify how we can improve. We study all the feedback we receive and use the results to help set the LMC's priorities for the coming year.

Last year's survey helped identify a number of key areas which we have been working hard to deliver since then:

- Supporting practices with the major changes underway in general practice through the new GP contract and formation of PCNs
- New resilience programme of training and support for GPs and practice managers
- New ways to engage with our constituent GPs and practices, including an improved website with access to a greater range of content

The closing date for responses is **Friday 13th December 2019**. Click on the link below to take the survey. You can complete the survey on phones and tablets as well as your desktop.

Take the survey: <https://www.surveymonkey.co.uk/r/NTYYWMQ>

GENERAL NEWS

Changes to Community Pharmacy Contract and Patients with

Diabetes

The new contract for Community Pharmacies across England went live from 1/10/2019, and contains some substantial changes for community pharmacies. PSNC summaries can be found here <https://psnc.org.uk/wp-content/uploads/2019/07/PSNC-Briefing-026.19-A-Summary-of-the-Five-Year-Deal-on-the-Community-Pharmacy-Contractual-Framework.pdf>

The LMC is planning on summarising some key points from the pharmacy contract that practices need to be aware of, and sharing these in the near future.

However, we wish to draw your immediate attention to the fact that most community pharmacies are expected to participate in the revised Pharmacy Quality Scheme (PQS). This year one of the prevention domains of the PQS includes foot and eye screening checks for patients with diabetes. In order to fulfil the criteria for this domain community pharmacies are required to:

Check all patients aged 12 years and over with diabetes who present with a prescription from 1st October 2019 to 31st Jan 2020 have had an annual foot and eye check (retinopathy). Make a record on the PMR or appropriate form/patient record and signpost/refer as appropriate. The total number of patients who have had this intervention, the number that have not had one or either check in the last 12 months and where they have been appropriately signposted/referred should be recorded and reported as part of this criterion.

Pharmacies will need to direct patients who do not think they have had the relevant checks back into primary care. Recognising that this will generate work for GP practices, the LMC has been in active discussions with the LPC and NHSE. Everyone wants to avoid patients requesting unnecessary appointments in an already pressured system. This is likely to only be an issue for those patients who may need diabetic foot checks as referral into the retinopathy screening service is via an entirely separate route.

The LPC will be providing local pharmacies with nationally agreed template letters to send to GP practices, so that discussions can take place at practice or PCN level to agree a local mechanism for pharmacies to direct patients back into primary care when required.

Practices should begin to think about what they would like pharmacy colleagues to do

when a patient needs directing back to their surgery – this could mean asking them not to advise patients to contact the surgery on busy days of the week, during certain peak times, or utilising email or online contact options so the practice can best manage workflow. When your local pharmacy makes contact with the agreed letter, it will hopefully be a quicker and easier process.

We are keen to hear from practices who have found solutions with their local pharmacies, or who are having problems around implementing this and addressing potential workload issues – please [contact us](#). This is the first of a number of changes to the community pharmacy contract that are likely to impact on general practice, and we are intending to work closely with the LPC to mitigate this whilst supporting our pharmacy colleagues.

Take Part in UCL Research Study for GPs

Participants are still needed for research by University College London (UCL) looking at how the “Surprise Question” is used in practice by GPs. You will be asked to review 20 patient summaries. It will take no more than 30 minutes to complete. For participating, you have the option to receive feedback on your results in addition to a certificate of participation. For more details, see the website: <http://bit.ly/thesurprisestudy>

Interim Findings of the Vaccinations and Immunisations Review

The interim report of the [Vaccinations and Immunisations Review](#) notes that while coverage for most vaccines is high, there has been a decline in the last few years, meaning that we do not have a high enough coverage to prevent the onward transmission of infections, particularly measles. The work of the review will continue and this will then lead in to potential GMS contract negotiations with NHS England in the coming months.

IR35 Rules Changing

The BMA have published a new blog by Matt Mayer, deputy chair of the Sessionals GPs committee, highlighting that the rules on IR35 are changing and how locum GPs might be affected. Private, as well as public sector bodies will now be responsible for determining the employment status of their workers. [Read the blog](#).

New Mental Health Service for Doctors and Dentists

NHS England has announced that all NHS doctors and dentists in England now have access to a [mental health service](#) 24 hours a day through a dedicated phoneline and a crisis text service available through the night. This builds on the service already available to GPs in England. To sign up, call 0300 0303 300 or email prac.health@nhs.net (Monday to Friday 8am to 8pm and Saturday 8am to 2pm). Text NHSPH to 85258 for the out-of-hours crisis text service.

Case Studies Needed to Help National GP Recruitment Campaign

As you may be aware, HEE is having some success in recruiting more doctors to train as GPs – 3,538 were accepted onto GP training places for 2019-20, the highest ever number. Applicant feedback indicates that accounts from GPs and GP trainees can inspire and influence the decisions of doctors as they choose specialty training. HEE needs more case studies for the [GP National Recruitment Office website](#). If you are willing to describe how you feel about treating your patients, what you're able to achieve or something around the outcome or benefit(s), please email GP Recruitment gprecruitment@hee.nhs.uk

Pension Tax Payment for 2019/20

Simon Stevens, chief executive of NHS England and NHS Improvement, has announced plans for covering the costs of tax on the annual allowance for 2019/20. He has stated that the annual allowance tax charge for this financial year (for anyone that incurs it) will be covered via the scheme pays route and that when the individual retires and claims their pension, the NHS will pay to them the value of the tax charge for 2019/20 (including interest accrued), so covering the cost.

The BMA is continuing to liaise on the details of how this will operate, as well as continuing to lobby for longer-term solutions, including proposals to get rid of the annual allowance altogether. Read the NHS England letter and FAQs [here](#).

Enhancing Shared Parental Leave (England)

The SPL (shared parental leave) scheme allows parents and adopters more flexibility in how they care for their child during the first year after birth/adoption. Currently the



salariated GP contract only allows for enhanced maternity and paternity leave and statutory SPL. Maternity leave and pay in the salariated GP model contract is linked to the provisions of section six of the GWC handbook, rather than the NHS terms and conditions handbook. As such, salariated GPs employed under the model contract are still only entitled to the statutory SPL provisions. The provision for GP contractors will be whatever is set out in their partnership agreements.

GPC England is looking at how enhanced SPL could be provided under the contract. They need to understand the financial impact it will have on practices, if any, in moving from statutory to enhanced SPL, as well as from enhanced maternity/paternity to enhanced SPL. Email info.gpc@bma.org.uk with examples of practices that have introduced enhanced SPL/pay and its impact. All information shared is confidential and will help make the case for enhancement to NHS England. Read more in a [blog](#) by Sarah Westerbeek, of the Sessional GPs committee.

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