



A monthly newsletter for North Yorkshire & Bradford & Airedale practices



YORLMC represents all GPs and their practices in:

- Bradford, Airedale, Wharfedale and Craven
- North Yorkshire and the City of York

Providing:

- ◆ Support & Advice
- ◆ Pastoral Care
- ◆ YORLMC Law
- ◆ HR & Employment
- ◆ Training
- ◆ Events
- ◆ YORLMC News
- ◆ YORLMC Buying Group
- ◆ Regular updates

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Message from Dougy Moederle-Lumb, Chief Executive, YORLMC Ltd



YORLMC Annual Conference —18 October 2018

I am pleased to announce that the agenda for the YORLMC Conference being held on 18 October 2018 is now available at [Appendix 1](#). The event features a number of high profile speakers & key highlights include:

- **Primary Care Today & Tomorrow—**
Dr Krishna Kasaraneni, GPC
- **Workforce Planning in Primary Care**
- Dr Peter Lane, HEE
- **Fun with NHS Finances—**David Bailey
- **PM Workshop—How Best to Handle Complaints and Risk**
- **GP Workshop—Myth Busting**
- **‘Bouncebackability’** - Andy Cope
- **Examples of Local Initiatives:** Bradford Primary Care Homes (Richard Haddad) & Scarborough Federation (speaker TBC)
- **New Ways of Working (Paramedic, Physicians Associate & GP Assistants)** Dr Neil Modha
- **Mojo: A Users Guide’** - Andy Cope

To book please click on this link— <https://www.yorlmcLtd.co.uk/events/3360>

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 -- see page 9, Q&A section *Can my GP refuse to give me a prescription that my consultant asked them to provide?*

Low value medicine guidance

Following two consultations on which items should not be routinely prescribed in primary care, and on conditions for which over the counter (OTC) items should not routinely be prescribed in primary care, NHS England published [revised commissioning guidance for CCGs on reducing prescribing of OTC medicines for minor, short-term health concerns](#), as part of a drive to reduce prescribing of OTC medicines to save the NHS money. The GPC responded to both consultations, supporting the efforts to educate patients about self-care of minor ailments, and encouraging the appropriate use of effective medicines that are available from community pharmacies or other retail outlets. However, without changes to the GMS regulations that govern GP prescribing, GPC highlighted that GPs will be at risk of complaint from patients or criticism from their CCGs, and that the NHS England guidance cannot be used by CCGs to ban all such treatments.

GPs must continue to treat patients according to their individual circumstances and needs, and that includes issuing prescriptions where there are reasons why self-care is inappropriate.

The GPC has now published guidance on the contractual requirements for practices in prescribing OTC medicines for minor, short-term health concerns, which is available [here](#)

Hospital contract guidance – onward referral

New guidance [on onward referral](#) has been published. Changes to the contract in 2016 allowed for onward referral of patients by secondary care clinicians, in certain situations, rather than having to always require referral back to the GP. The guidance is designed to support doctors locally in applying the change appropriately.

As a reminder, new guidance was also published recently on the [responsibility for prescribing and principles for shared care](#). All guidance can be found on the [BMA website](#), including the [Quality First pages](#) with the [template letters](#) to support LMCs and practices in reporting contract breaches.

Practice staff mandatory training guidance

There are so many different and conflicting demands on GP practices in England, from commissioners or practice inspectors, to undertake mandatory training that it can be hard to know what's what. In some instances, what is described as mandatory or statutory training may not actually be the case. To help practices make informed decisions the BMA has produced new guidance [here](#).

YORLMC has a [Education, Training and Development](#) arm so please contact Leanne Ashton (leanne.ashton@yorlmc.co.uk) for all your practice training needs

Vaccs and Imms 2018/19 GMS guidance

The finalised vaccinations and immunisations GMS guidance is now live on the [NHS Employers website](#), - a link to this guidance is also available on the [BMA vaccs and imms page](#).

MenB PGD v03.00

Please find attached ([Appendix 2](#)) a revised MenB PGD templates V03.00 - this is an early revision of this PGD in order to align with the recommendations for the prevention of secondary cases of MenB disease in the [Guidance for public health management of meningococcal disease](#).

GMS contract guidance 2018/19 for England

The [GMS contract guidance audit and audit requirements for 2018/19](#) has now been published on [NHS Employers website](#). You can read about the contract changes in more detail on the

Physician associates in general practice - England

HEE (Health Education England), in consultation with key stakeholder representatives on the national PA (physician associates) in General Practice Working Group, has produced a new booklet for practices on the benefits PAs can bring to the primary care workforce.

The booklet – Physician Associates, a working solution in primary care – gives a short overview of how the role is expected to work to complement GPs adding extra flexibility and capacity to the practice team. Information and resources including FAQs and local contacts are available on the Faculty of Physician Associates website www.fparcp.co.uk/employers/pas-in-general-practice

Naturally, GPC provided HEE with feedback during the production of this new booklet. [Download the booklet](#)

YORLMC's new Medical Director—Dr Brian McGregor

[Dr Brian McGregor](#) has been a partner in a small and large practice, has been salaried twice and worked as a locum. His currently roles include a salaried GP post 2 days a week, OOH Clinical Lead for York 16 hours a week, with some OOH sessions, GP appraiser, and his LMC role. Historically he was a GPwSI in Addiction Therapy for 23 years, and has worked in this role in prison medicine.

Brian has been an LMC Rep for 23 years, and was Vice Chair for the North Yorkshire Branch of YORLMC for 10 years. Recently he has spent time supporting Dr Lumb in pastoral work and moderation for practices in difficulty. A frequent attendee of LMC Conference he has spoken on several issues over the years, and is keen to support and promote LMC involvement in younger GPs to ensure robust succession planning and to support the whole GP community.

Brian has 4 children, all boys, now young adults, 3 of whom work in digital media and one is still at University studying Computer Science. What spare time there is, he spends on walking, reading, and re-viewing a collection of British comics based on 2000AD.

Pensions

The BMA are currently seeking legal advice over the annualisation of NHS pension contributions. The BMA believe that the process is currently unfair for certain GPs that do not work all year. Please read BMA [guidance](#) for more information. Once they have received their legal opinion we will inform you of how they will be taking this issue forward.

National Audit Office report on PCSE - England

The National Audit Office's (NAO) has published a report looking in detail at the process by which Capita procured Primary Care Support England (PCSE) services in September 2015, the problems that have arisen since and the impact that these have on patients and practitioners. Key findings include:

- NHS England's decision to hand a contract to Capita both to run existing services and also simultaneously to transform those services, was high risk;
- Capita was incentivised through the contract to close existing services to minimise its losses;
- NHS England has made £60m in savings in the first two years of the contract, which is broadly in line with its targets;
- NHS England's assessment of the contract risk focused on the likelihood of it failing to achieve its financial savings target and did not adequately assess the risk of Capita being unable to provide the service to a good standard;
- NHS England has fined Capita £5.3m for poor performance, and expects to pay £3m to primary care providers in compensation;
- Failings potentially put patients at risk of serious harm, though no actual harm was identified;

Following the report, GPC has [written](#) to NHS England's chief executive, Simon Stevens, expressing disappointment that after over two years of operation the service continues to fall short of an acceptable standard. The letter also asks for an action plan for how NHS England intends to address the many issues highlighted in the report. Furthermore, despite GPC writing to NHS England numerous times to express disappointment that the operation of the service continues to fall short of an acceptable standard and calling for action to resolve the issues, this remains a daily challenge for practices. Therefore on the day of publication of the NAO report, GPC launched a campaign, asking for all general practice staff members who have been negatively impacted by one or more of the service lines to sign a pledge. This campaign will be used to further demonstrate how far reaching the poor delivery of PCSE is on practice staff and show the government the number of individuals demanding for the service level to be improved. [Please click here to pledge your support.](#)

Primary Care Support England briefing

The BMA's PCSE webpage has been updated and now includes a briefing which covers the background, an overview of issues and some advice/resources which may assist practices. Please click [here](#) to access the page. The Sessional GPs subcommittee have also updated their guidance on NHS Pensions following meetings with PCSE and NHS England. NHS England withdrew their support to Capita and the delivery of the PCSE contract in January this year, which brought unease as to how the service will continue and whether Capita will be able to deliver. [This guidance](#) aims to address the main questions that sessional GPs have raised.

New national data opt-out

NHS Digital has announced the introduction of a new national data opt-out and conversion of type 2 objections, enabling patients to make a choice about whether their data can be used for research and planning purposes. The type 2 objection means that a patient's confidential information should not be shared for purposes beyond their individual care. NHS Digital has written to practices to explain that they will automatically converting patients' existing type 2 objections to the new opt-out from 25 May 2018. Every patient aged 13 or over with a type 2 objection recorded will receive a personal letter after 29 May, explaining the change, and a handout explaining the national data opt-out. Patients will not have to take any action and this will not affect the way that their information is used.

Practices will not be able to see the national data opt-out in the patient's electronic record as they will be held on the NHS Spine and will not be updated in GP systems. The type 2 objection codes will still be available in GP systems after 25 May 2018 but must not be used from the 1 October 2018 as NHS Digital will no longer continue to process and convert them.

Some patients may also have a type 1 objection registered on their electronic record, which should continue to be respected. The type 1 objection prevents the sharing of a patient's personal confidential information held by the GP practice for purposes beyond the patient's individual care. It remains the responsibility of the practice to ensure these are applied where relevant, except for General Practice Extraction Service (GPES) collections where the type 1 objection will be applied automatically unless instructed to the contrary by Direction.

NHS Digital will be sending practices a pack of patient communication materials to help explain the changes, and have developed a checklist of actions that practices might want to take, available [here](#). [Please see this link](#) for more detailed questions and answers.

GDPR changes to SARs and fees from 25 May

The General Data Protection Regulations and the Data Protection Act 2018 replaced the existing Data Protection Act 1998 on 25 May and will see widespread changes to UK data protection legislation. For GPs it will bring in a number of changes, specifically the charges that were in place for undertaking Subject Access Requests (SARs). In most cases, patients must be given access to their medical records free of charge, including when a patient authorises access by a third party such as a solicitor. A 'reasonable fee' can be charged if the request is manifestly unfounded or excessive. However, these circumstances are likely to be rare. If the request is for a medical report (rather than a SAR) then this falls under the Access to Medical Reports Act (AMRA) and should be handled in the usual way. The GDPR does not change the AMRA.

The BMA have updated their guidance document '[Access to Health records](#)' to reflect GDPR. For more general information on GDPR and how this may affect you please view the BMA's [GDPR guidance](#).

The BMA are keen to pursue how they can ensure doctors and their practices do not suffer under these changes and will be collating information post implementation to use in future discussions with Government.

Online consultations survey

NHSE are running two public surveys seeking views from GPs, practice teams and members of the public on what people think about the idea of online consultations so that service can be improved and to increase the availability and use. Please do complete the survey which can be [accessed here](#).

NHS Property Services and template lease

Since the release of the new NHSPS template lease in 2016, the BMA alongside BMA Law – have been working to address the key residual issues that have prevented many GP tenants from signing up to the lease. As you will no doubt be aware, these issues primarily concerned the lack of clarity over, and indeed the level of, service charges. The BMA are looking to resolve these issues through a number of avenues, and while the issues with the current charges are ongoing, the BMA have made good progress with the template lease particularly with reaching agreement in principal to a cap for non-reimbursable costs for practices. There are a number of other positive elements in the template lease, please follow this [link](#) for further information. In relation to current charges, the BMA's position has not changed. These increases are being levied with seemingly no reference to the contractual arrangements (or lack thereof) that are in place, or the sums historically paid. This issue is further complicated as practices are often not provided with an itemised list of charges, or when they are, there are often errors or incorrect charges included. In respect of current charges, practices should only make payments to both the extent that they are both satisfied as to the legal basis upon which they are payable and their accuracy. Please follow this [link](#) for further information and guidance.

NHS Property Services

GPC are aware that NHSPS have been issuing letters through their lawyers relating to unpaid charges. The tone of these letters is quite threatening and completely unacceptable. GPC have asked NHSPS to recall the letters urgently and are awaiting a response. GPC know that this issue is causing practices significant stress, and would like to reassure that GPC will stand with practices in circumstances where, despite there being no legal basis to do so, NHSPS seek to enforce these charges. To this regard, if NHSPS takes action to enforce charges against you please let the Corporate Affairs Team know immediately—email [in-fo@yorkmcltd.co.uk](mailto:info@yorkmcltd.co.uk)

Ultimately GPC are pushing to reach a negotiated agreement nationally, but are prepared to consider all possibilities to resolve this situation. GPC want to see a fair and reasonable process for calculating service charges agreed, which has due regard to historic arrangements and does not result in practices having to fund the historic neglect of buildings. While GPC are pushing for a national solution, if practices are being threatened with legal action, GPC would advise seeking independent legal advice on the particulars of their situation. Further guidance is available [here](#).

Introducing the National Spirometry Certification Programme - GPC statement

A GPC statement on Spirometry in primary care has been published on the BMA website and is available [here](#)



The **Cameron Fund**

London WC1H 9JP, I

The GPs' own charity

BMA House, Tavistock Square, London WC1H 9JP, Registered Charity No. 261993 The Cameron Fund is the medical benevolent charity that provides support solely to GPs in the UK. It provides grants and loans to assist doctors and their families experiencing financial difficulties due to short or long-term illness, relationship breakdown or hardship following the actions of regulatory bodies or former partners. An increasing number of requests are being received for assistance from GPs during re-training. Interest-free loans may be available towards the expenses encountered during a return to professional work. Anyone who knows of someone experiencing hardship is urged to draw attention to the Cameron Fund's existence. You do not need to be a member of the [Cameron Fund](#) to benefit from this charity but please consider becoming a member – it is free to join and the membership form can be downloaded <http://www.cameronfund.org.uk/sites/default/files/MembershipApplicationForm.pdf> and returned by email to info@cameronfund.org.uk General contact details are: Phone: 020 7388 0796

Email: enquiries@cameronfund.org.uk Web: <http://www.cameronfund.org.uk/content/link-us>

GPC policy group workplans - UK

The GPC has a range of policy groups which focus on specific workstreams, and which deliver work on behalf of GPC. You can find out more about these policy groups and their work here <https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-policy-groups>

Judicial review challenging accountable care organisations

The BMA is supporting a judicial review challenging health service transformation plans that “risk handing an area’s entire NHS budget to private providers”. BMA council chair Dr Chaand Nagpaul said: “While we agree with the principle of greater collaboration in the NHS and between health and social care, such transformation plans sit outside of existing legislation and frameworks and risk handing an area’s entire NHS budget to private providers through competitive tendering. This brings with it all the problems associated with commissioning such companies to handle important public services.”

Sessional GPs e-newsletter - UK

The May edition of the sessional GP newsletter is [available here](#) and features the recent sessional GP roundtable event and provides an update on sessional GP pension issues.

Changes within practice teams

To help YORLMC’s Corporate Affairs Team keep track of changes within practice teams will Practice Managers please advise

info@yorlmcld.co.uk when GPs join or leave the practice and when there is to be a change of Practice Manager

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Diamorphine supply issue

The Department of Health and Social Care (DHSC) and NHS England have been made aware of a manufacturing issue from one of their suppliers of Diamorphine 5mg and 10mg injection. There are currently two suppliers of Diamorphine injection in the UK; Accord and Wockhardt. Recently Accord's plant in Germany has experienced quality issues and the DHSC is working closely with Accord, regulators, and others to resolve these issues.

Based on current usage and remaining stock, there is the potential for supplies of Diamorphine 5mg to be depleted week commencing 4 June and diamorphine 10mg injection week commencing 11 June. Further supplies are currently expected the week commencing 28 June.

The DHSC is working closely with the remaining supplier, Wockhardt, to secure further supplies for the UK market from July, and are continuing work with Accord to resolve the manufacturing issues.

The DHSC has been working with national clinical leads and specialists to discuss alternatives. The UKMi has published guidance to help support this supply issue, available [here](#): The recommended alternative is morphine injection; the DHSC are in discussions with all the manufacturers to ensure that any additional demand can be met.

Further information includes the Patient Safety Alert on high dose morphine and diamorphine available [here](#).

Also attached ([Appendix 3](#)) is patient information that has been developed by NHS England to support this medicine supply issue.

Recommended local actions:

- Please order responsibly during this time, in line with historical demand, and do not stock pile to avoid lengthening the stock out period.
- Review and share UKMi clinical guidance and engage with clinical colleagues to review / amend clinical guidance accordingly.
- Morphine 10mg injection will be available to cover the Diamorphine supply issue in June.
- Please only order extra stock of Morphine as Diamorphine injection becomes unavailable locally and do not stockpile.

Please cascade this message to all relevant networks in primary care including GPs, pharmacies and palliative care networks.

DHSC and NHSE will continue to work with all stakeholders and provide further updates as available.

Britlofex (lofexidine) tablet shortage

Britannia will no longer be supplying **Britlofex (lofexidine)** tablets from the end of May, as all stock they have on hand is due to expire at the end of this month. Due to ongoing manufacturing issues, Britannia are unable to confirm when they will next be back in stock, and the out of stock period is likely to last several months. Britannia is the sole supplier of this product in the UK. The DHSC have been in discussion with specialist importer companies about this and they have been unable to source supplies from abroad, as this product is not used in many other countries.

UKMI have also prepared the following shortages memo, available here: www.sps.nhs.uk/articles/shortage-of-lofexidine-hydrochloride-tablets-200-microgram-britlofex/ The DHSC will send further updates as and when they have any information about the resupply of this product.

Also attached at [Appendix 4](#) is a medicine supply issue update for primary care for April and May 2018 from the Department of Health and Social Care.

HEE 2018-19 Post-CCT GP Fellowship Programme

The NHS Five Year Forward View gave a national target of 250 GP Fellowships by 2020. As part of this Health Education England (HEE) has agreed a national programme framework and investment model. The attached letter ([Appendix 5](#)) outlines local plans for development of these posts and details of how to bid for fellowships and feed into priority areas. The aim of the programme is to support newly qualified GPs to develop the skills required for the future of GP development. This will facilitate both individual career development and local health service needs.

Please see the attached letter for further details. The deadline for applications for a Fellowship post is by 30th June 2018 using the attached application form ([appendix 6](#)).

YORLMC Buying Group

Please see the below message from Helen Shuker, Head of Operations, LMC Buying Groups:

The Buying Group and GDPR

You're probably already aware that the regulations surrounding data protection are changing. The General Data Protection Regulation (GDPR) will apply in the UK from 25 May 2018.

Whilst there are similarities with the current UK Data Protection Act, GDPR goes much further which is why we need you to re-register your practice as a member of the LMC Buying Groups Federation. By re-registering you can have full access to all the pricing information on their website, ensure your practice continues to receive Buying Group discounts and be amongst the first practices to be able to use their new vacancy advertising service which will be launched next month.

The registration form only takes two minutes to complete so we'd be really grateful if you could spare the time in the coming weeks to fill it in so they can continue to provide their service to your practice: <https://www.lmcbuyinggroups.co.uk/members>.

If you've recently re-registered (in the last two months), you should have already received your new website login details but if you have any questions, please call the Buying Group on 0115 979 6910, email info@lmcbuyinggroups.co.uk or Live Chat via their website.

Due to changes to data protection regulations, we need all member practices to complete a new [membership form](#).

Membership gives practices access to an extensive range of products and services on which the Buying Group has negotiated discounts with their approved suppliers. A full list of suppliers is available on the Buying Group's website: <https://lmcbuyinggroups.co.uk/suppliers>.

The LMC Buying Group has recently added a recruitment page to their website giving all member practices a free, national platform to advertise practice vacancies: <https://lmcbuyinggroups.co.uk/job-vacancies/gp-practice/uk>. They will also be adding new content to the website over the summer to help practices get the most out of their membership.

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