



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



GP Partnership Model Review

As I am sure you will be aware, in February the Secretary of State announced a review into the partnership model of general practice. There was then a period of consultation with the GPC, RCGP, NHS England and the Department of Health and Social Care to agree the terms of reference and to agree on an independent chair for the review. The terms of reference are available as at annex 1 of [Appendix 1](#).

The Chief Executive of Wessex LMCs, Dr Nigel Watson was appointed chair and is overseeing the review. He is travelling around the country meeting GPs and front line staff, practice managers, patients and others, to seek their opinions and collect views on what works and what doesn't work. YORLMC was invited to contribute directly to the review and Nigel and his team have already met with local practices and practice colleagues. The Corporate Affairs Team also circulated a survey to all practices so that views can be fed directly into discussions and a summary of the views collated is enclosed at [Appendix 2](#).

Nigel has been asked to produce an interim report by the end of September with a final report by the end of the year. The report aims to make recommendations that will revitalise the partnership model and ensure that it has considered GPs, other staff working in general practice, patients and the wider system.

The Key lines of enquiry document ([Appendix 1](#)) is the first publication to frame the work being undertaken. It includes a range of key questions. It is important that all front line staff working in general practice, regardless of contractual status or whether they are clinical or non-clinical have the opportunity to contribute and share what they feel is going well and what is going less well. I hope you will be able to spare a few minutes to share your thoughts - if you fed into the earlier CAT survey please share any further thoughts you may have had in the meantime - contact details can be found at the end of the key lines of enquiry document.

It is of course essential that this work is not carried out in isolation and already outcomes are awaited for:

- The state backed indemnity package
- The DDRB report
- A premises review
- Contract negotiations for 2019/20
- Investment announced for the 70th anniversary of the NHS

As Nigel says in his foreword, it is our future; and it is up to us to shape it.

Pay award impact on GP contract agreement

The Government announced its GP and staff pay decision on 24 July 2018. Please [see here](#) for further information on the updated elements of the contract agreement based on the pay announcement.

GMS and PMS regulations amendments

Following agreement in the last round of negotiations, the amendments to the GMS and PMS regulations in England have now been agreed and laid before Parliament. These have been released on gov.uk but will not come into force until 1 October 2018.

One of the main changes is to the section around removing a patient who is violent; these changes have been made following concern that some practices were left vulnerable when patients with a recent history of violence registered with a new practice without the practice being aware of the situation. Such patients should instead be provided general practice services by a specially commissioned service. GPC were successful in agreeing some key changes to resolve this situation.

GPC agreed that a patient having a violent patient flag on their record, is reasonable grounds for a practice to refuse to register that patient (using paragraph 21 of part 2 of the regulations 'refusal of applications for inclusion in the list'). GPC also agreed the new addition to the regulations that if a practice does register someone with a violent patient flag on their record, they may remove them immediately by giving notice to the Board.

While the latter will come into effect in October, the former is an agreement around interpretation of the regulations and so can be implemented immediately. GPC would also hope that commissioners would recognise the change coming in October and so may provide some scope for this too to be implemented right away.

NHS e-Referral Service

The hospital [Standard Contract for 2018/19](#) in England requires the full use of the NHS e-Referral Service (eRS) for all consultant-led first outpatient appointments. From 1 October 2018, providers will only be paid for activity resulting from referrals made through eRS. Earlier this year GPC secured agreement that the introduction of the eRS should be done in a supportive manner. Where a practice is having technical or other practical difficulties with eRS, it must agree a plan with the commissioner toward resolving the issues. Where the issues are not within the gift of the practice, it is for the commissioner to resolve.

NHS England has issued [guidance for managing e-referrals](#) which is aimed at commissioners, practices and providers of acute consultant-led outpatient services which accept referrals from GP practices. The [latest paper switch off \(PSO\) dates](#) for NHS Trusts can be accessed [here](#).

GPC England has regular meetings with the national eRS team and would like to hear of any implementation related difficulties you are facing by email to info.gpc@bma.org.uk

Data Protection Officers and GP practices under GDPR

The BMA has recently published new guidance on the role of the DPO in GP practices and this can be found by visiting the [BMA GDPR hub page](#).

YORLMC Conference

Thursday 18th October 2018
Harrogate



YORLMC Annual Conference – 18 October 2018

If you have not already booked your place at our conference, please visit <https://www.yorlmltd.co.uk/events/6617> where there is an agenda for the day and details of how to book.



The feedback from attendees on last year's conference was very positive and we have secured great speakers for this year's event, including a range of local and national figures as well as welcoming back Andy Cope from the Art of Brilliance.

Low volume appraisal guidance

A new guidance on supporting doctors who undertake a low volume of NHS general practice clinical work has been launched by NHS England and is available [here](#). Mark Sanford-Wood, GPC England deputy chair, has also written a blog about the new guidance, which can be accessed [here](#).

Costs to GP's due to GDPR and SAR requests - Letter to MPs

Attached at [Appendix 3](#) is a template letter developed by Paul Cundy, GPC Policy IT Lead. It encourages practices and GPs to consider using elements of the letter, personalising it slightly and then sending it to the practice's constituency MP (cc: to own personal home address MPs). You can find any MP by postcode at this link; <https://www.parliament.uk/mps-lords-and-offices/mps/>.

Positive results across the Country are being reported from practices writing to their MPs about this. Paul has also advised that if requests are vague and only say its a personal claim then practices should quote Recital 63 of GDRP "Where the controller processes a large quantity of information concerning the data subject, the controller should be able to request that, before the information is delivered, the data subject specify the information or processing activities to which the request relates."

Explain that this part of GDPR and allows you to clarify what data is to be released and you expect them to comply with it. Then refer to Article 25 stating that only relevant, appropriate and necessary data will be released.

Varicella Zoster Immunoglobulin (VZIG) in pregnancy guidance

Guidance on the use of VZIG in pregnancy during current supply constraints has been published on the [Gov website](#) (towards the bottom of the page).

VZIG is a scarce blood product that is offered to individuals at high risk of severe chickenpox following an exposure. This includes immunosuppressed individuals, young babies in their first week of life and pregnant women. VZIG is centrally procured and issued by Public Health England. When supplies of VZIG have been short in the past, restrictions have been placed on its use in pregnant women.

In response to a significant shortage of VZIG due to manufacturing issues, from 6 July 2018, VZIG will only be issued to susceptible pregnant women who have had a significant exposure to chickenpox or shingles in the first 20 weeks of pregnancy. This urgent advice (attached as [Appendix 4](#)) has been considered and agreed between PHE experts and the chair of the JCVI varicella subcommittee. This group have also advised that, based on extensive safety evidence, pregnant women who are exposed after 20 weeks, should be offered the oral anti-viral drug, aciclovir (800mg four times a day from day 7 to 14).

HPV vaccination for boys

The Joint Committee on Vaccination and Immunisation (JCVI) has recommended to extend the HPV vaccination programme to boys after they found it to be cost-effective. After the statement, the Scottish and Welsh governments announced they would add this to the immunisation schedule, however, the government in England has yet to announce whether they would follow suit. Professor Dame Parveen Kumar, BMA board of science chair, said it was an important moment for public health, and that “to properly protect people against HPV infection, this should be added to the school immunisation schedule as soon as possible.”

The JCVI statement can be read [here](#).

Read the BMA press release [here](#).

Medicine supply issue update for primary care for July 2018

Attached as [Appendix 5](#) is a medicine supply issue update for primary care for July 2018 from the Department of Health and Social Care. In addition, the DHSC has informed GPC that they have been working with clinical experts to produce advice on the Priadel 520mg/5ml Liquid supply issue, due to the important nature of this medication and the issues around switching formulations / brands of lithium. The advice is now available on the [Specialist Pharmacy services website](#). Sanofi are advising that the next supply of Priadel 520mg/5ml Liquid will be available mid-August.

Salisbury Novichok 1 INTERIM GUIDANCE

Attached as [appendix 6](#) is the latest clinical guidance from Public Health England

Compensation for Capita failure

NHS England has been ordered by MPs to show how it has compensated GPs for the botched outsourcing of primary care support services. In response to this, Dr Richard Vautrey, GPC Chair, said: "It is only right that the Public Accounts Committee be so damning in its assessment of Capita's running of the PCSE contract. The programme has been run woefully and negatively impacted patients, services and GPs. GPs experienced two years of chaos as a result of this contract. It's clear that Capita were incentivised by the contract awarded by NHS England to close support offices and cut staff as quickly as possible regardless of the problems that were quickly developing. Prioritising money over services has been very damaging for general practice." Read the BMA press release [here](#).

Apprenticeships in England

The apprenticeship levy can be accessed by employers, including NHS Trusts and GP Practices in England, to help assist with the employment of apprentices by covering training and assessment costs. While only larger employers (those with a pay bill over 3 million) will be required to pay the levy, all employers (including GP practices), regardless of size, will be able to benefit from the fund. The BMA has produced guidance on apprenticeships in England looking at what funding is currently available for employers, how the apprenticeship levy works and useful resources for those who are considering employing an apprentice. The guidance can be accessed [here](#).

CQC recommendations on the management of controlled drugs in health and social care services

The CQC has released [their annual report](#) on controlled drugs including four new recommendations:

1. Prescribers should ask patients about their existing prescriptions and current medicines when prescribing controlled drugs. Where possible, prescribers should also inform the patient's GP to make them aware of treatment to minimise the risk of overprescribing that could lead to harm.
2. Commissioners of health and care services should include the governance and reporting of concerns around controlled drugs as part of the commissioning and contracting arrangements so that these are not overlooked.
3. Healthcare professionals should keep their personal identification badges and passwords secure and report any losses as soon as possible to enable organisations to take the necessary action.
4. Health and care staff should consider regular monitoring and auditing arrangements for controlled drugs in the lower schedules, such as Schedules 4 and 5, to identify and take swift action on diversion.

Clinical pharmacists in General Practice

NHS England has published an evaluation of the phase 1 pilot of the [clinical pharmacists in general practice programme](#). The evaluation was undertaken by the [School of Pharmacy at the University of Nottingham](#), supported by patient representatives and the University of Queensland, Australia. The evaluation provides an overview of the Phase 1 pilot to integrate clinical pharmacists into general practice and identifies how best to implement and evaluate the final roll out. The report shows that clinical pharmacists significantly increase patient appointment capacity and reduces pressure on GPs. For more information and the full evaluation [please find the report here](#).

New clinical roles

[A guide to new clinical roles](#) has been published on the BMA website. It has been designed to provide members with a broad outline of the new clinical roles that are emerging across the NHS, such as Physician Associates (PAs), Advanced Clinical Practitioners (ACPs) and Clinical Pharmacists.

Update for practices in NHS Property Services and Community Health Partnerships premises

GPC continue to work on the ongoing issues with NHS Property Services (NHS PS) and Community Health Partnerships (CHP). GPC are aware that a written question was submitted to the Secretary of State about money owed to NHS PS and CHP by GPs. YORLMC would like to remind practices that the GPC's guidance on this issue 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.

GPC England are aware that this issue is causing practices significant stress. GPC would like to reassure practices that they will stand with them in circumstances where, despite there being no legal basis to do so, NHS PS seek to enforce these charges. To this regard, if NHS PS take action to enforce charges against you please let GPC know immediately by emailing gpcpremises@bma.org.uk

Further guidance and updates are [available here](#).

Evidence Based Interventions consultation

NHS England has launched an [Evidence Based Interventions consultation](#), which looks at design principles of the programme, the interventions that should be targeted initially and proposed clinical criteria, including proposed new terms in the NHS Standard Contract. This follows research evidence which showed that some interventions are not clinically effective or only effective when they are performed in specific circumstances. This is counterpart to the [items that should not be routinely prescribed in primary care programme](#), which [the BMA responded to](#). The BMA will be responding to the evidence based interventions consultation (deadline 28 September), and GPC England will be feeding in to that response. For information on how to submit a response individually, see [here](#).

Unfairness in the 2015 NHS Pension Scheme survey

The BMA is gathering data to find out whether certain groups of GPs are being discriminated against under the NHS Pension Scheme Regulations 2015. GPC believe that GPs who take breaks from work are ending up paying more without receiving any increase in their pension. This is happening through a method for calculating contributions called 'annualisation'. If you are in the 2015 Career Average Re-valued Earnings scheme, please complete the short [survey](#). If you are unsure whether you are in this scheme you can find out [here](#). The objective is to persuade the Department of Health and Social Care to acknowledge and remove the unfairness in the way the NHS Pension scheme currently operates.

Advice on Criminal Finances Act

Attached as [Appendix 7](#) is an article published by Justine Riccomini, Head of Taxation at ICAS (The Institute of Chartered Accountants of Scotland) which should be of interest to practices as employers. YORLMC would like to thank ICAS and the GPDF for sharing the information.

Sessional GPs e-newsletter - UK

The July edition of the Sessional GP e-newsletter is [available here](#) and includes a blog from Mary McCarthy, UEMO representative about general practice in Europe.

Future of QOF in England

A review of the QOF was agreed with the General Practitioners Committee of the BMA as part of the 2017/18 contract negotiations, and was also a commitment within the Next Steps on the 5 Year Forward View. This report presents the findings of that review, with the aim of stimulating discussion about how the QOF can be developed to support good quality care into the future.

It reflects extensive contributions of an Advisory Group of senior stakeholders and has also drawn widely on expertise in the field, particularly that of members of the BMA Technical Working Group, and a series of reference groups with patients,

practice staff and commissioners.

The Review concludes that there are aspects of QOF which are both valued and valuable, but there is a need to refresh the scheme to support a wider view of high quality care and to align better with professional values. It then sets out potential changes that could facilitate such a refresh.

Comments [on this report](#) may be submitted to england.qofreview@nhs.net before **31 August 2018**.

NHS England consultation on digital-first primary care - England

NHS England has reviewed the implications of digital models and is seeking your views. This is in response to the BMAs persistent call for NHS England to take action to address the many concerns expressed about the model used by GP at Hand/Babylon in London. NHS England have outlined a number of changes that could be made to GMS funding which would reduce the payments per patient made to digital-first models of care provision. However some of these suggestions would have an impact on other practices.

The online consultation survey is available [here](#)



The **Cameron Fund**

BMA House,
Tavistock Square,
London WC1H 9JP,

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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>

Firearms licensing process: GP support guide

The current BMA firearms licensing guidance is available [here](#).

YORLMC Buying Group

The LMC Buying Groups Federation offers free membership to practices in the YORLMC area.

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 sum-

mer to help practices get the most out of their membership.

If you are already a Buying Group member but didn't re-register your details before the GDPR deadline on 25 May, please complete this form: <https://form.jotformeu.com/73232425890355> to access the new recruitment platform, request quotes from suppliers and receive membership updates including the annual flu vaccine offers.

For further information get in touch with the LMC Buying Group on 0115 979 6910, send them an email to info@lmcbuyinggroups.co.uk or Live Chat via their website.

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Registered in England No. 6349731.

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