Newsletter for North Yorkshire & Bradford and Airedale practices—April 2019

YORLMC LIMITED
Established 2007

About YORLMC

YORLMC is the professional voice for all NHS GPs and practice teams across North Yorkshire, the City of York, Bradford, Airedale, Wharfedale & Craven districts.

Providing:

- Support and advice
- Pastoral Care
- YORLMC Law
- Training
- Events
- YORLMC News
- YORLMC Buying Group
- Regular updates

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Message from Dougy Moederle-Lumb

Chief Executive, YORLMC Ltd

YORLMC Conference—FINAL REMINDER

Making your network work—3 July

Please do book your place at the next YORLMC conference on 3 July 2019 which will be held at the Pavilions of Harrogate, Great Yorkshire Showground, Harrogate. Final numbers will be confirmed with the venue in a couple of weeks so don't miss out on what promises to be another excellent conference The event is open to GPs and all practice staff and will count towards CPD.

YORLMC Wellbeing Lead

Dr John Bibby

I am pleased to announce that Dr John Bibby has been appointed as YORLMC's Wellbeing Lead. YORLMC is committed to providing it's constituents with the support they require and is currently developing a wellbeing and resilience strategy, led by John. A dedicated webpage is also being developed—https://www.yorlmcltd.co.uk/wellbeing

More information on YORLMC's wellbeing strategy and the services it will offer will be shared shortly.

YORLMC Wellbeing Seminars

15th and 24th October 2019

YORLMC has organised 2 wellbeing seminars in October for GPs, Practice Managers and other primary care staff, which aim to help healthcare professionals and their colleagues to recognise the signs of burnout; understand the importance of their own wellbeing; and provide practical workshops sessions providing support/techniques on how to reduce the risk of burnout and stress in the workplace. Further details at the below links:

Bradford - Tuesday 15 October 2019 at Cedar Court Hotel, Bradford https://www.yorlmcltd.co.uk/events/9113

North Yorkshire – Thursday 24 October 2019 at the Pavilions of Harrogate https://www.yorlmcltd.co.uk/events/9114

Support for establishing Primary Care Networks

The BMA continue to publish support and guidance about establishing PCNs, the latest of which were the decision making templates for Schedule 1 of the agreement. This, and other resources are available on the PCN webpage. New blogs available:

- **next steps in establishing PCNs b**y Krishna Kasaraneni, GPC England Executive team member here.
- How PCNs can provide opportunities for Sessional GPs by Vick Weeks, former chair of the Sessional GPs subcommittee here
- The challenges that need to be overcome in commissioning for Primary Care Networks by Simon Poole, GPC Commissioning Lead available here

PCN Network Agreement Update

The mandatory PCN Network Agreement has been updated on the NHS England website to correct some minor reference errors in the originally published version. The amendments are:

•Reference to "persons" in Clause 58 has been updated to "person"
•Reference to "Clause 6464" in Clause 61 has been updated to "Clause 64"
•Reference to "Clause 722(b)" in Clause 72 has been updated to "Clause 72(b)"
• Reference to "Clause 722" in Clause 73 has been updated to "Clause 72"

Guidance on structuring Primary Care Networks

Attached as Appendix 1 is a guidance on structuring primary care networks document commissioned by the GPDF.

PCN guidance documents and template schedules - LMC Law

Attached as appendices are a number of guidance documents and template schedules developed by LMC Law:

PCN Proxy Letter of Authorisation—Appendix 2

PCN Due Diligence Questionnaire - Appendix 3

PCN Conflict of Interest Policy - Appendix 4

PCN Wording for a Privacy Notice—Appendix 5

SCHEDULES 2-7 Vs 1.1—Appendix 6

PCN wording for a Partnership Agreement—Appendix 7

New contractual guidance and ready-reckoner

NHS England has published further guidance about the new and amended GP contractual requirements for 2019/20 and related enhanced services. In addition, NHSE, in partnership with GPC England, has published a "Ready Reckoner" which is intended to provide an indication of the changes in income streams that may affect GMS practices from 1 April 2019. Both documents are available on the NHS England website.

YORLMC PCN & System Integration Lead– message from Dr John Crompton

YORLMC believes the NHS Long Term plan and 5 Year Framework for GP Contract reform set out the most major changes for Primary Care and the NHS in a generation. In addition to establishing Primary Care Networks to ensure the sustainability and resilience of General Practice through working at scale they also set out an ambitious programme for both service redesign and system integration across health and social care. The 5 year commitment of increased investment in primary medical and community health services as a growing share of total NHS spend creates an unprecedented opportunity for change against a backdrop of financial challenge.

All significant new investment for General Practice will be delivered through primary care network funding streams and therefore YORLMC has a responsibility to all local practices and GPs to support emerging PCNs and their Clinical Directors. Achieving success against the DES requirements over the next 5 years will mean General Practice leading the development of local integrated care teams and meeting the wider aims of the NHS long term plan to secure investment in staff to expand and diversify our workforce. This transformation of Primary Care will occur simultaneously with the development of much larger scale Integrated Care Systems. Success will be determined by both the ability to bring together all major stakeholders and by General Practice having a coordinated single voice at System level.

Whilst it is important PCNs create their own identity and shape the integration of services across their practices there will need to be shared ambition and common direction of travel to allow whole system changes and shift of care. YORLMC has a track record as a progressive LMC with strong well-established working relationships with all major local stakeholders and is already representing General Practice at system level. We have worked through the NHS Long Term plan and Contract reform documents and believe as an LMC there is a need: •to provide coordinated support and guidance to emerging PCNs and Clinical Directors including creating a locally based list-server to inform, interpret national guidance and share best practice•to bring CDs together at place based level to move forward the integration agenda, working with key stakeholders and local services and integrating with current YORLMC and CCG liaison structures •to bring together CDs views at system level to develop a coordinated and consistent voice within the emerging ICS's and support PCNs in implementing wider system change.

With the support of YORLMC colleagues I have resigned from my role of Chair, North Yorkshire Branch, YORLMC to concentrate on this piece of work. In taking on the role of PCN & System Integration Lead I recognise this rapidly changing and evolving landscape but believe the experience and relationships built up over the last 12 years will be key. This role will address the key aims outlined above and support General Practice to embrace the opportunities this new contract brings. It will also facilitate work with local system leaders to move Bradford, Airedale, Wharfedale & Craven North Yorkshire and York GP practices forward with the goal of service redesign that will aim for long term sustainability.

PCSE and Patient Records

Following the news of the PCSE blunder involving 160,000 patient records incorrectly archived instead of being released and sent to the appropriate GP practice when the patient re-registered, records are now being sent to practices. GPC has been discussing with NHS England exactly how they plan to support practices now facing an additional workload burden. GPC understand that resources such as template letters, guidance for practices on which records they could prioritise reviewing, and clinical assessment resources have been made developed so far. However, GPC believe NHS England must take this issue more seriously and ensure a comprehensive national support package is available for practices to access, and GPC will continue to push for this. If a practice in your area has received a large number of records and requires additional resources to clinically review the records then GPC would advise you to engage with your CCG on the practice's behalf.

Workforce figures

NHS Digital published new GP/practice staff figures last week. Since March 2018, FTE (full time equivalent) qualified GP numbers have fallen by 441 from 29138 to 28697. In the same period, overall FTE practice staff numbers have increased by 2324 from 94171 to 96495. You can read Krishna Kasaraneni's (GPC England executive team member and workforce lead) blog on this here.

TIER 2 Visa Applications
updated support information from NHSE

Tier 2 is an immigration route for non-European Economic Area (EEA) migrants who wish to work in the UK. Initially the focus was on doctors from the EEA but has now been widened to include Australia and New Zealand. These migrants must be sponsored by an organisation or company that holds a Tier 2 licence. A licence is a permission given to an organisation to sponsor workers in its business and last for 4 years. The organisation is known as a sponsor.

NHS England are aware that there are a number of non-EEA GP Trainees who qualify each year in February and August that are looking for practices who are able to provide them with Tier 2 sponsorship. However, the number of GP Practices who are currently Tier 2 Visa sponsors is limited and often non-EEA GP Trainees will be forced to return to their home country if they are unable to find employment with a practice that can continue their sponsorship. Tier 2 sponsorship therefore is an opportunity for practices that are having difficulty recruiting to vacant GP posts, to employ migrant Drs who will generally have completed their training in the UK. It doesn't guarantee that you will fill your vacancy, but it opens up a new pool of Drs who are then able to apply for your vacancies.

NHS England will support non-EEA GP trainees by matching them with vacancies at practices that hold visa sponsorship licences in their preferred locations.

(Please note that standard recruitment processes then apply for the roles within these practices.)

How to apply to become a sponsor

NHSE has produced an information pack (Appendix 8) which walks practices through the full forms and shows them all the information they will be asked for is available.

If you are interested in becoming a Tier 2 Sponsor Organisation and would like further information please contact the IGPR Programme Team in your area:

West Yorkshire & Harrogate - Lindsey Bell– lindsey.bell@nhs.net

Humber Coast & Vale – Dianne Swiers - dianneswiers@gmail.com

Hambleton, Richmondshire & Whitby – Gail Linstead - gail.linstead@nhs.net

Funding

NHS England is offering a package of funding to support any practice who wants to become Tier 2 Visa sponsors. Funding available includes reimbursement of sponsor licence fee (even if unsuccessful), Certificate of Sponsorship fee, first 2 years of Immigration Skills Charge, Visa fees for GP trainee and their family

Alternatively if you would like an initial general discussion about becoming a tier 2 sponsor, please contact angela.foulston@yorlmcltd.co.uk

EMIS move to Amazon Web Services

GPC are aware that EMIS has sent out a communication to practices which they believe is potentially misleading. In relation to the plan to move NHS records to AWS (Amazon Web Services), which the GPC supports, their communication states that practices "may wish to inform your patients". This is incorrect. It is a requirement under GDPR to be 'transparent'. Practices **must** inform their patients of significant changes to the way their data is processed, and failure to do so will almost certainly be a breach of GDPR. Given the potential sensitivity of moving NHS records to AWS this seems to be counterintuitive when GDPR expects openness, transparency and accountability. BMA guidance on GPs' responsibilities under GDPR states that: 'Practices must ensure they continue to provide updated information to patients about new data sharing arrangements'. This involves updating practice privacy notices (PPNs) and where practices have the ability to provide electronic alerts to patients relatively easily then these methods should be used. In practical terms this means that where mobile numbers or email addresses are held the practice should use these to make patients aware that new arrangements for data sharing exist and invite them to read the updated PPN. This is set out in the BMA guidance 'GPs as data controllers' (see bottom page 6, from 'Ensuring ongoing transparency – keeping patients updated' to the top of page 8).

The communication also states "and/or undertake a Data Protection Impact Assessment (DPIA)", which is also incorrect. A DPIA is not an optional alternative to informing patients, it is a standalone mandatory standalone requirement under GDPR that must be carried out prior to any significant or new processing arrangement. If you don't do a DPIA you are in breach. However, EMIS have helpfully provided a link to a template DPIA that practices can use. It is acceptable under GDPR to "borrow" or share DPIAs where the changes apply equally to many parties.

Guidance on requesting transfers of NHS property services

The Department of Health and Social care released new guidance which allows transfers of estate owned by NHS Property Services and Community Health Partnerships. NHS trusts will be able to apply to own buildings on their estate where it is intended to speed up improvements to frontline services. The guidance says that this applies to NHSPS/ CHP properties, but in instances where they do not own the freehold (NHSPS own the freehold for about half of their 3,500 buildings) they can't assign a lease or license to a provider without consent from the landlord. This new policy will not directly impact on GPs but it will effect GPs who are tenants of buildings owned by NHSPS which are transferred. In these circumstances the GP tenant will need to understand the new relationship with the new landlord, particularly in situations where there is no formal lease. If practices have any concerns about any potential transfers of ownership please contact YORLMC via info@yorlmcltd.co.uk

Toolkit for Tackling Chronic Opioid Use in Non-Cancer Pain

The University of East Anglia launched a Toolkit for Tackling Chronic Opioid Use in Non-Cancer Pain, which outlines seven areas of best practice to tackle chronic opioid use and recommend that GPs must be better-equipped to support patients to manage the psychological challenge of reducing their opioid use. This was reported in GP online, where Andrew Green, GPC prescribing policy lead, commented: "The BMA agrees that the use of opioid other drugs associated with dependence is a major public health problem and a "whole system" approach is needed to tackle this, which must include preventing patients starting these medications as much as helping them get off them."

Falsified Medicines Directive

The Falsified Medicine Directive (FMD) and Delegated Regulation came into force in 9 February 2019. NHS England has sent out an update with the start dates for distribution of vaccines in FMD-compliant packs. GPs should note that they are not within Article 23 and will not be supplied with de-commissioned medicine. However GPs will still be able to use vaccines even if they cannot decommission the packs. In the meantime BMA advice to practices remains the same

RCGP Vision for general practice

The RCGP has published its *Vision for general Practice – Fit for the future*, which is their outline of what general practice should look like by 2030. It calls for an end to the standard 10-minute consultation to allow GPs to spend more time with patients with complex needs, recommending that it should be at least 15 minutes, with longer for those patients who need it. The document also predicts that there will be an overhaul of the GP-patient record into a personalised 'data dashboard', and that networks of GP practices will evolve into 'wellbeing hubs'.

Providing flu vaccinations for staff

The Specialist Pharmacy Service has published a factsheet and written instruction template for registered nurses to administer seasonal influenza vaccine as part of an occupational health scheme, both of which are available here.

Community pharmacy guidance

The BMA have updated the joint guidance with the Pharmaceutical Services Negotiating Committee about *Community Pharmacies*. The guide is aimed at GPs and practice staff and gives more in-depth information about running a community pharmacy, the NHS Community Pharmacy Contractual Framework, funding and FAQs. Read the guide here.

Medicine supply update

Please see attached (Appendix 9) the medicine supply update for May from the Department of Health. In addition, the DHSC has also sent the following message about an impending supply issue with Epanutin 30mg/5ml oral suspension.

Pfizer, the sole supplier of Epanutin (phenytoin 30mg/5ml) oral suspension have experienced manufacturing delays of this product and as a result, anticipating a gap in supply from w/c 10th June 2019 until end of July 2019. However, exact dates have not been confirmed. To help mitigate the shortage, Pfizer has obtained approval from the Medicines and Healthcare Regulatory Agency (MHRA) to import stock of phenytoin oral suspension, Dilantin-30®, from Canada. This stock is considered an unlicensed preparation in the UK. Pfizer have confirmed they have sufficient quantities of this stock to support the whole UK market during this period of short supply.

To ensure that all those affected by this situation are aware and provided with information and guidance during this time, guidance has been issued with input from national neurology and patient safety experts via the MHRA's Central Alerting System (CAS). The CAS provides guidance to HCPs on the supply issue and on switching patients to alternative phenytoin products and monitoring them during this time if required. The published CAS alert, along with a Dear Health Care Professional letter issued by Pfizer, summary of product characteristics and patient information leaflets for Epanutin and Dilantin can be found via this link.

Pension annualisation

Regulations that came into effect on 1 April 2019 to the 2015 NHS Pension Scheme removed the three-month concession around gaps in pensionable earnings for locum GPs. The one month concession which was previously available to Type 1 and Type 2 GPs was removed when the NHSBSA agreed to change the method of calculating 'annualised income' for pensionable earnings from 'annualise then add' basis to a 'add then annualise basis. The regulations affect those members of the pension scheme who may have taken breaks within the pension year and may have to tier their pension contributions at a higher rate based on their annualised earnings, rather than their actual earnings. GP locums are particularly disadvantaged by the regulations, but it can affect all types of GP depending on your mix of work, and on top of the other pension changes, is a very significant blow to retention. The sessional subcommittee is seeking further clarification from NHS Pensions on how the new regulations are being interpreted and applied, so that new guidance can be released shortly to support GP members. If you are unsure on how the new regulations affect you, get in touch via sessionalGPs@bma.org.uk

Contract variation letters for EPS & dispensing practices

The BMA are aware that NHS England has now sent out contract variation letters for the changes to the contract agreed in 2018 (ie not the latest contract agreement from this year). One element of the contract changes relates to the use of the Electronic Prescription Service Phase 4.

This service is being switched on in stages and once enabled practices are expected to use EPS as the default. The BMA are aware of concerns regarding dispensing practices where there are particular system issues that prevent the use of EPS Phase 4. The wording of the regulation changes is such that if the prescriber is unable to use it, or if they have not had the service switched on, then there is no expectation to use it as default. The service is being switched on at a practice level and therefore this should not lead to different patients within the same practice receiving a different service.

MenACWY and EMIS flags

In August 2015, a meningococcal vaccine programme was introduced for teenagers and young people in response to a rapid increase in meningococcal meningitis and septicaemia due to serogroup W (MenW). The programme involved offering MenACWY vaccination through general practice to teenagers leaving school in the summers of 2015, 2016 and 2017, including sending invitations to those teenagers in the relevant cohort. Younger teenagers were vaccinated through school over the same period. Following the programme those who were eligible can be opportunistically vaccinated up to the age of 25 years, under the GP contract. Coverage in the school programme has been high (>70%) but levels in the GP programme were much lower (40%). PHE has been working with the meningitis charities and others to raise awareness of the need for those young adults who have missed out to attend their practice for catch-up vaccination.

Following the tragic death of Tim Mason from group W meningococcal disease in March 2018, the coroner sent a letter to NHS England about the missed opportunities for Tim to have been vaccinated. He was eligible for vaccination in the first catch-up year but had not been called in, and, despite attending the practice subsequently, had not been offered a catch up. Tim's mother discovered that EMIS contains a flag that could have prompted his practice to offer Tim his missing dose, but that the default setting for the flag was off. Earlier this year, after prompting by the meningitis charities, the public health minister contacted NHS Digital who in turn contacted EMIS. From April 2019, therefore, the default setting, for the EMIS flag will be on. Practices using EMIS will notice the flag appear for any young adult born after 1 September 1996 who is not recorded as having received the vaccine. Practices should offer the missing dose and can claim reimbursement for administration using CQRS. The latest data from PHE shows that cases of group W meningococcal infection have now started to fall.

NHS England Interim People Plan and pension reforms

The NHS England Interim People Plan has now been published following an extended delay. While the plan is very light on specific general practice-based proposals, simply highlighting measures already in place, it does acknowledge not only the need to address GP recruitment and retention, but also focuses on the similar challenges relating to general practice nursing. It also includes a plan for bringing forward a consultation on a new pension flexibility for senior clinicians. The proposal would give senior clinicians the option to halve the rate at which their NHS pension grows in exchange for halving their contributions to the scheme (the 50:50 option).

The GPC position on the 50:50 option remains that whilst the chancellor talks about pension flexibility, a fixed "50:50" offering does not provide the necessary flexibility or solution to the growing pension crisis impacting doctors and patients. The 50:50 system used in the local government pensions scheme enables employees to reduce their pension contributions to 50% while employer contributions are maintained at 100%. Whilst this may be attractive to some staff groups, it would not resolve the problems facing growing numbers of GPs and consultants. The fixed 50% arrangement could result in many years where GPs and consultants would still contribute at rates leading to a punitive and excessive AA taxation charge and other years where inadequate pension contributions were made by the doctor, leading to a reduced pension at retirement. Rather than a fixed 50:50 approach, doctors need true flexibility with a range of options and mitigations for excessive annual allowance charges.

However even full pension flexibility does not address the root cause of the current NHS pension crisis - the tapered annual allowance. This tax arrangement is fundamentally flawed leading to "tax cliffs" which may cause tax rates over 100%. No-one, not least hardworking doctors, should be expected to do additional work and pay for the privilege. The tapered annual allowance must be scrapped in additional to any proposed pension flexibilities. GPC have written jointly, with the BMA consultants committee and pensions committee, to Matt Hancock to that effect. Read the full statement here.

Seniority figures 2015/16 (England and Wales)

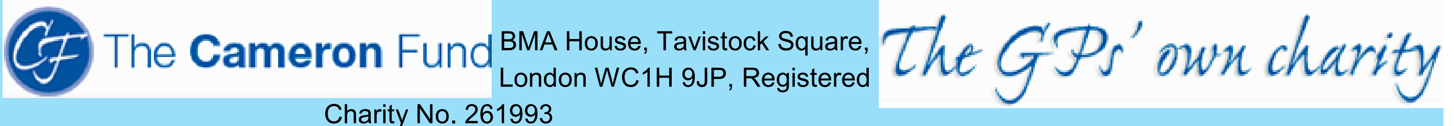
The Final Seniority Figures for GMS GPs in England and Wales, 2015/16 have now been published and can be viewed here.

New Chief and Deputy Chief Medical Officer (England)

Professor Chris Whitty has been announced as the new Chief Medical Officer for England and the UK government's Chief Medical Adviser. He is currently Chief Scientific Adviser for the Department of Health and Social Care, Professor of Public and International Health at the London School of Hygiene and Tropical Medicine, and a practising Consultant Physician in acute medicine and infectious diseases. He will replace Professor Dame Sally Davies, the current CMO, in October 2019.   Dr Jenny Harries OBE has been announced as the new Deputy Chief Medical Officer for England. She is a public health doctor and her most recent position was as Deputy Medical Director for Public Health England. She will start the position on 15 July.

YORLMC Buying Group
& Member rates

Members of the LMC Buying Group can access discounts with any of the suppliers on the attached list (Appendix 10). To access these discounts, you can either login to the Buying Group website and request a quote or if you contact the supplier directly, you need to make sure you mention your practice is a member of the LMC Buying Group or state the discount code from the suppliers page of the Buying Group website. If you were using an approved supplier before you became a Buying Group member or have been using a supplier for a long time and aren't sure whether you are receiving the correct rates, you can email the Buying Group to check: info@lmcbuyinggroups.co.uk. For further information on LMC Buying Group member benefits or to speak to a member of the team, you can live chat via their website: https://www.lmcbuyinggroups.co.uk/ or give them a call on: 0115 979 6910.



BMA House, Tavistock Square, London WC1H 9JP, Registered Charity No. 261993

BMA House, Tavistock Square, London WC1H 9JP, Registered Charity No. 261993The   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

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