

Worcestershire and Herefordshire Local Medical Committees Ltd NEWSLETTER

FEBRUARY 2019

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FIVE YEAR GP CONTRACT FRAMEWORK FOR ENGLAND

Following last week's announcement about the [five year GP contract framework for England](#), more information and analysis has been published about the important changes and they are available [here](#).

INTEGRATED CARE PROVIDER CONTRACT

GPC England has serious concerns about the risks related to NHS England's integrated care provider contract (previously the multispecialty community provider contract) which has been proposed as a way of integrating services. Practices entering in to such an arrangement would be required to give up their existing GMS or PMS contract in part or altogether. With the new GP contractual focus on primary care networks, which build on the existing core GP contract, we do not believe the use of the ICP contract is necessary.

The BMA has produced some briefing materials on the ICP contract and its potential impact on the NHS, and for general practice. These provide a brief overview of what GPs and patients need to know about ICPs, the BMAs concerns about them, and the alternative options available for achieving

integration of NHS services. The briefings can be accessed via the [BMA website](#).

GP PARTNERSHIP REVIEW

The Department of Health and Social Care (England) published their [GP Partnership review report](#) this month. The review was independently chaired by Dr Nigel Watson in collaboration with NHS England, GPC and RCGP. We welcome this report which addresses the issues of risk, workload, workforce and status in the system, and identifies the major problems as being about resources, implementation and delivery.

In response to the publication of this report Richard Vautrey said: "This important report, and the support offered to it both by the Secretary of State and the chief executive of NHS England, provides clear backing at the highest level to the partnership model as the best way of delivering what most patients want – and that is good quality continuity of care delivered by a locally-based team, embedded within their community, who they know and trust. The model, which gives practices the autonomy and independence to innovate while building quality relationships with people in their local community and being able to advocate on their behalf, is why both patients and the CQC continue to rate general practice so highly."

ROUTINE PRESCRIBING OF OTC MEDICINES

As part of the contract agreement, NHS England has written [a letter to GP practices](#) to provide assurance that practices will not be at risk of breaching their contract when following OTC prescribing guidance.

STATE BACKED INDEMNITY

The state backed indemnity scheme will be in place from April. There will be a one off permanent adjustment to global sum which in turn is offset by funding going in to global sum. All staff employed by the practice will be covered from April, however, they should have their own cover in place until then.

The scheme will cover all NHS commissioned work. Partners, salaried, locum and out-of-hours will all be covered for all NHS commissioned work through all settings whether GMS, PMS, APMS or integrated urgent care providers providing commissioned NHS services. All members of the practice team, including those supervised by GPs (eg: nurse practitioners, paramedics) will be covered by the scheme.

There is a very good document on the BMA website on Indemnity for GPs, in the FAQ section. This explains the current understanding of how this will

work:

<https://www.bma.org.uk/advice/employment/gp-practices/gps-and-staff/medical-indemnity-for-gps>

PENSION YEAR END

Please see attached communication sent to all GP Practices nationally, relating to year end Pensions. For your information please note the following important areas:

- Once a GP has submitted their end of year certificates, PCSE will automatically adjust the next contractual payment run to account for any arrears or overpayments. GP Practices are not required to take any action.
- If GPs wish to make a payment before the end of 2018/19 tax year, they must submit their end of year certificates first. The GP can then make an ad-hoc payment via **online banking**. For NHS England bank details please contact PCSE Customer Support Centre on 0333 014 2884.
- Reference for ad-hoc payments should be entered in the following format: *Practice code – year ending – GP's full name*

(NB: cut-off date for the submission of annual certificates is **28th February 2019**)

There is a pensions blog that may be of interest to salaried and locum GPs. The main focus of this blog is the Type 2 forms for Sessional GPs. This can be found here:-

https://www.bma.org.uk/connecting-doctors/the_practice/b/weblog/posts/capita-and-the-nhs-pension-fiasco-what-is-going-on-part-9

FALSIFIED MEDICINES DIRECTIVE GUIDANCE

The Falsified Medicines Directive became effective on the 9th February 2019, however we expect there to be a long lead in time and that full implementation will not happen for at least 12 months, although this is still to be confirmed. The Directive introduces tougher rules to ensure medicines are safe and that the trade in medicines is rigorously controlled. This will have an impact on all practices and therefore, they should be preparing for implementation in order to demonstrate compliance with the Directive. Please go to the BMA [website](#) for guidance and read Krishna Kasaraneni's, GPC England Executive Team, blog on Brexit and the Falsified Medicines Directive [here](#).

We are currently waiting for further details from NHS England and these will be communicated as soon as they are available.

UPDATE ON VACCINES FOR 2019/20 SEASONAL FLU VACCINATION PROGRAMME

NHS England has published an update on vaccines for 2019/20 seasonal flu vaccination programme. As stated previously, QIVe (18 to 64-year olds in clinical at-risk groups and other eligible groups, including frontline health and social care workers) and aTIV (65 years and over) remain recommended. In addition, QIVc (Flucelvax® Tetra), is now licensed for patients from the age of 9 and considered to be suitable for all patients eligible for QIVe and aTIV, meaning one vaccine instead of two.

The high-dose trivalent vaccine (TIV-HD) has also been licensed **but will not be reimbursed by NHS England due to its high cost.**

Practices should order the licensed vaccines (aTIV, QIVe and QIVc) for the 2019/20 season. Read the letter [here](#).

IMPLEMENTATION OF THE MEDICAL EXAMINER SYSTEM

From April 2019 a new medical examiner led system will begin to be rolled out within hospitals in England and Wales. The non-statutory system will introduce a new level of scrutiny whereby all deaths will be subject to either a medical examiner's scrutiny or a coroner's investigation. The government envisage that once the ME service is established within a Trust, the system will then look to be extended to include deaths within the community. Please see the BMA [website](#) for a fuller picture of the implementation and how this will affect GPs.

GP PRACTICE SUPPORT SERVICES CAMPAIGN

The BMA launched its **GP practice support services campaign**, aimed at GP partners and practice managers which complements the local support provided by the LMC.

This campaign is aimed at demonstrating the value of the BMA's practice support offering. Practices may access a range of support services, which include HR support, BMA Law, financial and insurance services, GPC/policy guidance and advice, and L&D courses.

As long as a practice has at least one GP partner BMA member, the practice manager can access any of these services on their behalf. Practice managers or GP Partners can call 0300 123 1233 or email support@bma.org.uk to discuss their workplace needs.

LMC BUYING GROUP UPDATE

Focus on: Transcription Services

If your surgery is ever in danger of drowning in a backlog of transcription, then perhaps the Buying Group's newest supplier, Accuro is the answer to your problems!

Accuro offers a no obligation, pay-as-you-go solution with no cost when the service is not required. Practices can simply install Accuro's free software and they'll be there as your safety net. There is absolutely no commitment to send dictation to them, but if your surgery comes under pressure due to high volumes or staff absences then you can immediately upload your dictation to Accuro, and they will ensure your letters are transcribed and returned the following day.

All members can try the service for free and you can find out more information and request a quote on [Accuro's page](#) on the Buying Group website.

WORCESTERSHIRE ISSUES

DATIX REPORTING

It's great news that many practices are now logging their quality concerns on the Datix system. We met with The CCG Governing Body GP for Quality, Dr George Henry and we have looked at some emerging themes from the data. Having this evidence from you allows these issues to be raised formally with those concerned and it gives us at the LMC office an understanding of the issues we need to look at on your behalf. Just a few of the themes identified from our last meeting include:

- Missed pathology on radiology reports
- Discharge summaries not being supplied to GPs when a patient self discharges from hospital
- Outpatient departments not issuing prescriptions to patients but directing them to their GP instead
- No follow up of patients who DNA an outpatient appointment, with immediate rejection from the service requiring re-referral by the patient's GP

Do continue to report any issues that affect you in practice that you feel impact on patient safety and the sustainability of general practice. We are not in a position to take on additional workload that other organisations are

paid to provide. It is only by challenging this that we will improve the situation.

If your practice is struggling to log on to the Datix system, this may relate to the Practice IP address. If you have changed your IP Address within the last 12 – 18 months it won't be configured with the DATIX system. If this is the case, please email the Quality Feedback central box ccg.qualityfeedback2ccg@nhs.net. Practices can also use this email box to log their concerns if they are having problems with DATIX.

FITNESS TO DRIVE FOLLOWING A STROKE

You will be aware of the current DVLA guidance on returning to work following a Stroke and TIA which is given below:

Stroke and transient ischaemic attack (TIA) – including amaurosis fugax:

Driving may resume after 1 month if there has been satisfactory clinical recovery.

The DVLA does not need to be notified unless there is residual neurological deficit 1 month after the episode and, in particular:

- visual field defects
- cognitive defects
- impaired limb function

The Community Stroke Service will refer any patient who wishes to return to driving to Worcestershire Outpatients to complete a driver's screen assessment. If patients wish to be assessed for their fitness to drive, the Stroke Association will now also advise patients to contact this service directly rather than directing them to their GP.

As a result of a query sent via the LMC office as to why patients actually need to access a GP appointment at all after their driving assessment, we are pleased to say that the LMC has been in discussion with both services who have in turn been in discussion with the DVLA and NHSE. We have agreed that the Community Stroke Service will continue to keep the patient's GP involved by sending a copy of the driving assessment report. However, the GP will not be asked to routinely see patients to discuss these reports in order to make a judgement on whether the patient is fit to drive or not.

The guidance given by the DVLA is very clear and the report itself will provide sufficient information, with the patient able to pass this information on to the

DVLA themselves in the event of an abnormal result. Patients with a normal driving assessment report will no longer be directed to their GP in order to confirm fitness to drive. The DVLA may wish to discuss a report with the GP further on receipt of the STR1 form. Patients as always, will be able to access GP appointments should they have specific concerns that they wish to address with their doctor. We hope that this change will free up a little of your time and recognises the workload pressures on surgeries.

LMC WEBSITE

The following guidance has been added to the LMC website www.worcslmc.co.uk during the last month:

BMA/GPC:

[State Backed Indemnity](#)

[FMD Guidance](#)

[2019/20 Seasonal Flu Vaccines Programme](#)

[GPC News 5](#)

[GPC News 5 Appendix 1](#)

Other:

[Guide to AHSN Network 2018](#)

NHS:

[Medicines Supply Update Letter](#)

[Pensions Admin Guidance Flyer](#)

[Pensions Admin Letter](#)

WORCESTERSHIRE AND HEREFORDSHIRE LMC LTD

Registered office: St Stephens Surgery, Adelaide Street, Redditch, Worcs B97 4AL
Tel. 01527 65082

MEMBERS OF THE WORCESTERSHIRE COMMITTEE

CHAIRMAN: Dr Shaun Pike
Elgar House Surgery, Church Road, Redditch, Worcs. B97 4AB
Tel: 01527 69261 Email: spike@worcslmc.co.uk

VICE-CHAIRMAN: Dr David Herold
Riverside Surgery, Waterside, Evesham, Worcs. WR11 1JP
Tel: 01386 444400 Email: d.herold@nhs.net

SECRETARY: Dr Gillian Farmer
St Stephens Surgery, (address and contact details as above)
Email: gfarmer@worcslmc.co.uk

ASSISTANT SECRETARY: Dr Simon Parkinson
St Stephens Surgery, (address and contact details as above)
Email: sparkinson@worcslmc.co.uk

EXECUTIVE OFFICER: Lisa Siembab
St Stephens Surgery, (address and contact details as above)
Email: lsiembab@worcslmc.co.uk

Representatives:

BROMSGROVE: Dr D Pryke
Dr K Hollier

REDDITCH: Dr S Parkinson
Dr S Pike

WYRE FOREST: Dr M Davis
Dr S Morton
Dr J Rayner

WYCHAVON: Dr D Herold
Dr J Rankin
Dr R Kinsman

MALVERN: Dr P Bunyan
Dr B Fisher

WORCESTER: Vacant
Dr C Whyte
Dr R Benney

Non-Principals: Dr H Ray
Out of Hours: Dr E Penny
Dispensing: Dr J Rankin
Registrars Rep: Dr E Shantsila (North)
Vacant (South)

Practice Manager Representatives:
Helen Garfield, Representative WF PM
Lisa Luke, Representative R&B PM
Amy Louvaine, Representative SW PM

First5 Rep: Dr M Venables
Co-opted Reps: Dr I Haines, Dr F Martin, Dr G Moore
Salaried Reps: Redditch and Bromsgrove – Dr W Safdar
South Worcestershire – Dr L Stepien
Wyre Forest – Dr R Fanous

MEMBERS OF THE HEREFORDSHIRE COMMITTEE

CHAIRMAN: Dr Nigel Fraser
Wargrave House Surgery, 23 St Owen Street, Hereford, HR1 2JB
Tel: (01432) 272285 Email: nigel.fraser@nhs.net

SECRETARY: Dr Richard Dales
Mortimer Medical Practice, Croase Orchard Surgery,
Kingsland, Leominster HR6 9QL
Tel. 01568 708214 Email: herefordlmc@btinternet.com

EXECUTIVE OFFICER: Lisa Siembab
St Stephens Surgery, (address and contact details as above)
Email: lsiembab@worcslmc.co.uk

Representatives:

All 24 practices are represented at Committee Meetings

Worcestershire and Herefordshire GPC Representative: Dr S Parkinson

**THIS NEWSLETTER IS PRODUCED FROM THE LMC OFFICE AT
ST STEPHENS SURGERY**

The next LMC meetings will be:

Worcestershire – 28th February 2019
Herefordshire – 27th February 2019