Worcestershire and Herefordshire Local Medical Committees Ltd

NEWSLETTER

SEPTEMBER 2019

Summary:

FOOTNOTE IN THE DES SPECIFICATION – POPULATION FIGURE

NHS England have confirmed that, following a number of queries, the correct

population figure to use for calculating payments to PCNs is that taken from NHAIS (Exeter) and not the figure published by NHS Digital (as proposed in the relevant footnotes of the Network Contract DES Specification). The Primary Medical Services (Directed Enhanced Services) Directions 2019 confirm that "CRP" means the Contractor Registered Population as defined in Annex A of the Statement of Financial Entitlements (SFE), with the SFE confirming that this is the number of patients as recorded in Exeter. This is the figure that should be used to determine the PCN's collective registered population.

The Network Contract DES Specification will be corrected in 2020/21. NHS England apologise for any inconvenience this error has caused.

SAFEGUARDING REPORTS AND CNSGP

Following further discussions on some of the finer definitions of the scope of CNSGP, the BMA have announced that it has been agreed with DHSC and NHS Resolution that the compiling of safeguarding reports for NHS patients will now be included within scope. It was initially thought that as these reports can be chargeable under collaborative fees arrangements they should be deemed to be private work and, therefore, out of scope. However, lobbying from the BMA extended an alternative view of these statutory reports as being reimbursed by the system rather than a private service to patients.

This perspective has been accepted by DHSC and NHSR and therefore actions originating from the completion of safeguarding reports after 1st April 2019 will be covered by CNSGP.

EATING DISORDERS UPDATE

NHSE have now established guidance for commissioners and providers which provides greater clarity around what we should expect from an eating disorders service. Follow this link. As we know, many GP colleagues have found themselves in the difficult position of trying to monitor blood tests and ECGs in this group of patients without adequate specialist knowledge or support from the CED service to interpret test results.

It has become apparent that the current service lacks adequate specialist input to provide support to GPs taking on this work making the option of an enhanced service in this area untenable at the current time. We advised you previously to consider your own level of clinical competence and specialist knowledge/access to secondary care support before agreeing to taking on this work in this cohort of patients.

The key section in the latest guidance is in section 3.6 given below.

3.6 Medical monitoring - the ability to comprehensively monitor and manage the physical health of all people with an eating disorder (across all diagnoses and presentations) is an essential function of a CED service (see NICE guideline section 1.10 2 and Appendix A). A CED service must be equipped to conduct a full medical assessment, including blood tests and ECGs, and receive same-day results to facilitate same-day clinical decision-making. Medical monitoring needs to be based on local medical monitoring agreements clearly established across the CED service and primary care network, with one consistent protocol agreed on by local commissioners. The protocol should be developed in collaboration with primary care services and clearly outline the responsibilities for each service (Table 2). A shared care pathway for medical monitoring should be produced.

16. When responsibility for medical monitoring is assumed by primary care, the limitations of this need to be recognised and mitigated. The CED service should be accessible to provide specialist consultation to primary care to ensure results are interpreted correctly, regardless of whether a person is currently engaging with the CED service.

To ensure that the CED service has capacity to reliably provide this, opportunities for upskilling other staff members (such as nurses) should be explored. A CED service that is accessible for consultation will facilitate GPs' safe acceptance of discharges from the CED service and reduce demand on the CED service's resources. King's College London has published guidance 17. on conducting and interpreting medical risk assessment for people with eating disorders, which may provide important insights for GPs and other medical professionals who do not specialise in eating disorders.

The new guidance is being considered by the CCG and we await their response.

BABYLON GP AT HAND

GP online has reported that the numbers of patients in Birmingham registered with Babylon GP at Hand could rise from next month after commissioners agreed to remove a temporary cap, subject to the provider meeting conditions around access to screening and local referral pathways. The BMA have consistently raised concerns regarding the joint agreement between NHS England, Hammersmith and Fulham CCG, and Birmingham and Solihull CCG, to allow Babylon's GP at Hand service to expand its service to Birmingham.

The BMA continues to state that this initiative flies in the face of place-based care delivered by practices embedded in local communities, which the recent

changes in the GP contract are committed to deliver.

CLINICAL PRACTICE RESEARCH DATALINK

Practices are invited to share their patient databases with Clinical Practice Research Datalink (CPRD). Practices can expect CPRD to be contacting them in the future and we would encourage them to participate. The GPC IT policy team have been working with CPRD and are satisfied with their systems. No free text is extracted, nor documents nor associated files, just the coded components. Opt outs, as recorded in the practices database are respected.

Practices will need to carry out a Data Protection Impact Assessment (DPIA) and add an entry in their Article 30 processing register (CPRD will provide pre-prepared sample documents for practices to use, which the BMA have seen and reviewed). Practices will need to ensure their privacy notices are up to date and cover the use of patient data for research.

NHS ENGLAND FAQS ON INTEGRATED CARE PROVIDERS CONTRACT

NHS England have released some explanatory FAQs on how the Integrated Care Providers (ICP) contract will operate and what will be the impact of the contract. Both GPC and the LMC have repeatedly highlighted our serious concerns about the ICP contract and that we believe it to be unnecessary with the development of PCNs.

The FAQs cover many of the same issues covered in the BMA's own guidance and briefings on ICPs. However, there are some questions within the document of particular relevance to GPs in England. The most relevant questions are; 13, 14, 15 and 17. These particular questions cover; how GPs participation in ICPs is voluntary, the different options available to GPs who do decide to partner with ICPs and, how ICPs will engage with PCNs.

For more information around the impact of the ICP contract please read the BMA guidance, as well as the NHS England FAQs.

DATA SHARING AGREEMENT

NHS England and the GPC England have agreed on a non-mandatory, high-level data sharing template for use by PCNs. To make things simpler for practices, the BMA has also produced a version of the agreed template which expands on a number of areas with greater detail, along with guidance on the document. This provides practices with a better idea of how they may wish to populate the template agreement, including proposed best practice when sharing and transferring data between partners within the network.

Further information and a link to the BMA resources are available on the BMA web page here.

PCSE MEDICAL RECORDS INCIDENT

The BMA has previously highlighted the PCSE incident whereby 148,000 patient medical records were erroneously archived instead of being sent to the subsequent GP practices. These records will have been sent to the practices that currently have the patients registered, and NHS England expects those practices to undertake an assessment of harm for each patient affected.

Over the past few weeks, GPC England has been in discussions with NHS England to highlight the impact this will have on practices and their patients. They have been clear that practices should receive the necessary support to cover the additional costs of dealing with a problem for which they are not to blame to ensure that GPs and other practice staff are not taken away from direct patient facing provision.

Unfortunately, NHS England is not prepared to provide the amount of funding that we believe is necessary to cover GP and practice staff time required to do this assessment properly. GPC England was not prepared to agree to a settlement which we believed would not fully compensate practices for the problems created by Capita. If you would like to some forward and ask NHS England what compensation they are able to offer to your practice, please contact england.reports@nhs.net. Practices should carefully consider whether any offer made reflects the work that will need to be undertaken and whether it will adequately compensate them.

If a practice believes the offer is sufficient and accepts it, they will not be able to claim additional monies via any legal route. If, however, a practice considers the offer does not reflect the work that will be required and decides to reject it with the hope of claiming compensation via a legal route for the additional work, we would recommend that the practice contacts the BMA support@bma.org.uk with the attached pro forma so that we can start to collate the necessary information to take forward legal action.

GMS AND PMS AMENDMENT REGULATIONS

Following the contract agreement in England earlier this year, the GMS and PMS amendment regulations have been laid before Parliament and have now been published on the gov.uk website. These amendment regulations will come into force from 1 October 2019. As usual, this is an amendment and not a new consolidated version of the full regulations, therefore the amendment must be read in conjunction with the 2015 consolidated regulations.

BLUE BADGES

The LMC has received reports from colleagues that there has been a rise in patients attending GP practices for evidence of medical conditions in order to obtain a blue badge. We would remind all practices that there are no changes in legislation, regulations or directions which change the obligation on general practice.

Therefore GPs, as always, should they choose to do this work, may charge a private professional fee. They may also decline of course as this is not GMS work. However, competition regulations prevent a fixed fee.

The BMA is about to produce guidance on the process that you should go through when setting fees to make sure you are paid properly for your time which might be useful should you wish to take it on. It appears that the obligation is on the patient to provide evidence of medical conditions now which may explain the rise in people coming your way.

We have contacted the Local Authority to ensure that this message gets through to patients so that they are not automatically directed to you and have suggested that patients be directed to the NHS app in order to obtain a summary of their conditions, if needed.

BMA URGES CONSERVATIVE LEADERSHIP HOPEFULS TO ADDRESS PENSION TAXATION

The BMA has written to Jeremy Hunt and Boris Johnson urging them to make reform of the current pension taxation rules a priority to avoid patient care deteriorating further. The BMA points out that doctors having to reduce their hours or retire from the NHS early will only exacerbate poor levels of patient care and reduced staffing levels.

The Government has announced a number of proposed changes to improve the NHS Pension scheme, including a consultation on pension flexibility, a commitment to review the impact of the Annual Allowance taper and guidance to employers setting out how existing flexibilities can be used to ensure doctors do not lose out.

NHS CAMPAIGNS

As part of the contract agreement in England, practices will be required to put up and display in their premises, six campaign display materials within 12 months. The six campaigns we have agreed with NHS England are:

- NHS 111 – a winter pressures campaign aimed at reducing pressure on urgent care and GP services by directing patients to the most appropriate local service.
- GP Access – to increase patient's awareness of evening and weekend

GP appointments to enable better use of these.

- Pharmacy advice – aimed at reducing unnecessary appointments with GPs, that can be effectively managed with advice from a community pharmacist.
- NHS App – aimed at increasing the usage of the app.
- Keep antibiotics working – to reduce patient's expectation that they will be prescribed antibiotics and therefore reducing demand for them.
- Vaccinations – to decrease the number of parents not getting their children vaccinated.

Practices will be sent a range of materials which they can choose to use. Suggested materials included posters text for websites and social media, slides for waiting room screens, leaflets and email banners. NHS England will produce the campaign materials and will share with each practice for them to display. GPC has asked that a range of resources are provided to practices initially so that in future they can choose to tailor the materials they are sent to suit their practice.

PREMISES

Dr Richard Vautrey has written a letter to the Prime Minister, co-signed by the RCGP, Patients Association, the National Association of Primary Care and the Family Doctor Association, calling for urgent action to ensure that vital capital funding is allocated for primary care premises. This follows the premises survey that showed that only half of practices considered their premises to be fit for present needs, falling to just over 2 in 10 practices when asked if they thought their premises were fit for the future.

The recent NHS England GP premises review which GPC England were part of concluded that significant additional funding is required for primary care premises. If the government is to deliver on the new Prime Minister's commitment to improve access to general practice appointments, then long overdue investment in premises must be a priority.

DIGITAL FIRST CONSULTATION RESPONSE

The NHS England consultation on Digital First is open until 31 August . GPC England has now submitted a response, which can be accessed here. The paper sets out proposed changes to patient registration, funding and contracting rules and makes suggestions for tackling workforce shortages, particularly in under-doctored and deprived communities. The GPC England response makes clear the out of area regulations should be withdrawn as they allow digital providers to profit by prioritising largely healthy patients and short-term care rather than delivering a comprehensive service for patients with more healthcare needs and providing continuity of care for all in a local population. A response to the consultation has been submitted by

both the GP Provider Board and LMC.

DATA SHARING GUIDANCE

NHS England and the GPC England have agreed on a non-mandatory, high-level data sharing template for use by PCNs. To make things simpler for practices, the BMA has also produced a version of the agreed template which expands on a number of areas with greater detail, along with guidance on the document. This provides practices with a better idea of how they may wish to populate the template agreement, including proposed best practice when sharing and transferring data between partners within the network.

Further information and a link to the BMA resources are available on the BMA web page Creating and running primary care networks (PCNs).

DIGITAL PROVIDER SECURES NHS DEAL

The Health Service Journal has reported that Livi, a digital provider which currently provides services in Surrey, is planning to partner with GP federations in Birmingham, Shropshire, Northamptonshire and parts of the South East to provide services to 1.85 million patients via video consultations.

In response to this GPC have said that their plans to work in partnership with practices are far more sensible than working in competition with them.

GP MENTORING: AVAILABLE FOR ALL GPS

We now have a free mentoring service that is available to all GPs. This confidential service can be used by any GP who would like to explore ways to develop themselves. This might be personally or professionally. More details can be found here.

PCNS – ADDITION ROLES REIMBURSEMENT SCHEME

NHS England has now published the joint guidance on the Additional Roles Reimbursement Scheme (ARRS) that will commence in April 2020. They hope that by releasing it now, PCNs will be able to better prepare for the additional workforce from 2020.

FIREARMS UPDATE

The Home Office has published a consultation on draft guidelines for police issuing firearms licences, which will ensure officers are consistently checking applicants' medical fitness to hold a licence, and have signed an agreement with the BMA to provide greater protection for GPs who choose to place a firearms flag on the medical record.

The draft guidelines clarify that GPs will be allowed to refuse to provide information for patients applying for licences, and that GPs will be allowed to

charge a fee for providing medical information if they so wish. Police officers - and not GPs - will be legally liable for judging whether someone is able to possess a firearm, and for checking medical records of applicants. Read about the consultation here.

The BMA has agreed a Memorandum of Understanding with the Home Office and the National Police Chiefs Council (NPCC) on the licensing of firearms, which addresses and clarifies the long-held concerns of GPs around liability, making it clear that the legal responsibility for judging whether someone is suitable to possess a firearm or shotgun certificate rests solely with the police.

COMMUNITY PHARMACIST CONSULTATION SERVICE

The Department of Health and Social Care has announced the introduction of the NHS Community Pharmacist Consultation Service which will offer local, same day, pharmacy appointments to patients with minor conditions, via NHS 111. The scheme is currently being piloted in some areas and if successful, the plan is to widen the scheme so that GPs and A&E are also able to refer patients to the service. Read more about the scheme here and in a letter from NHS England to commissioners here.

NEW CONTRACTUAL REQUIREMENT FOR REGISTERING PATIENTS BEING RELEASED FROM PRISON

There has been a contractual change in the NHS England Standard General Medical Services (GMS) Contract 2017/18 (see page 64), which means that people can now register with your practice prior to their release from prison. In addition to improving the receipt of patient information, this is intended to simplify the process of registering individuals as they transition back in to the community and avoid unplanned treatment interruptions.

Please see here the letter which explains the process for this.

MAKING GENERAL PRACTICE A GREAT PLACE TO WORK – A PRACTICAL TOOLKIT TO IMPROVE THE RETENTION OF GPS

Working with the BMA and the RCGP, NHS England and NHS Improvement have produced a new toolkit to improve GP retention. The toolkit is aimed at system leaders and clinical leads working across primary care, helping them to develop robust local retention action plans that provide GPs with the support they need to develop fulfilling careers in general practice. It also aims to tackle issues at practice, network and system level that may be having an impact on local GP retention. NHS Operational Planning Guidance 2019/20 requires that recommendations from this toolkit are incorporated into local planning, and we are assured that our CCGs are aware of the toolkit.

STATE BACKED INDEMNITY SCHEME AND TRAVEL VACCINATIONS

You will be aware that in April, a new state-backed indemnity scheme for general practice (GP) staff was introduced in England. The Clinical Negligence Scheme for General Practice (CNSGP) is operated by NHS Resolution. It automatically provides cover to nursing staff working in NHS GP services. It includes self-employed workers and covers all clinical negligence claims that arise from an act (or omission to act) on the part of someone providing a GP service that is NHS-funded in England. The scheme includes travel vaccinations given in GP surgeries except for where vaccinations are paid for by the patient. **The RCN is now extending its indemnity scheme to cover this gap.**

This means both employed and self-employed RCN members who are providing any paid-for travel vaccinations from GP practices not included in CNSGP in England and GMPI in Wales will be covered by the RCN indemnity scheme. Previous information on the NHS Resolution website stated that all vaccinations would be covered.

As this discrepancy only recently came to light, the Department of Health and Social Care and NHS England have put interim measures in place for GP staff in England. The CNSGP scheme will offer assistance in relation to any claim for clinical negligence made against GP staff for the administering of travel vaccinations between 1 April 2019, the date the scheme was introduced, and 31 July 2019 to allow time for those providing travel vaccine services to make other arrangements. From 1 August, the RCN indemnity scheme will cover such claims for members in England

HEPATITIS B CHANGES IN THE CONTRACT

GPs are often requested to give hepatitis B immunisation covering three broad areas:

- For travel
- For occupational health
- For medical reasons (e.g. IV drug use for renal disease).

As part of the GMS contract deal for 2018-19, NHS England has committed to work with specialised commissioning and secondary care colleagues, to ensure that it is clear that the responsibility to deliver hepatitis B vaccination to renal patients lies with the renal service and not with general practice. Worcestershire LMC has requested that the CCG consider a local enhanced service to enable GPs to continue to provide this vaccination in the interim period whilst this happens.

We continue to push for enhanced service payments for PSA monitoring in general practice and for the monitoring of bariatric patients post surgery following on from the hospital follow up which lasts for 2 years after the procedure. This is additional work for GPs which requires additional resource.

WORCESTERSHIRE ISSUES

CANCER OF UNKNOWN PRIMARY SERVICE

The Cancer of Unknown Primary Service is for patients who are undergoing investigations where a primary cancer has not been identified.

The service covers the county of Worcester on the 3 hospital sites. Referrals are via a nurse (see details below) and acute oncology. If a primary site is suspected they must be referred to the appropriate MDT.

They are happy to discuss any cases where you require advice on next steps for investigations.

There is a dedicated CUP (Cancer for Unknown Primary) Lead for Oncology and they have a CUP MDT weekly. They will see patients fairly promptly if they are aware they have suspected cancer/unconfirmed primary and have had some investigations.

If a primary cancer is identified they are responsible for ensuring that the patient is referred to the appropriate MDT and has the correct support.

Please see contact details below:-

Michelle Judge
Cancer of Unknown Primary and Rare Cancer Clinical Nurse Specialist
Countywide
Tel 01905 760896 Ex 39064
Pager 07623 987227 Mobile 07714 277233

This service is available Monday to Friday and is covered by Acute Oncology during any period of absence.

LMC LAW SEMINARS

The LMC has managed to secure two legal seminars to be facilitated by Shanee Baker from LMC Law.

1st October 2019
Problems in General Practice - this is a 2.5 hour seminar is about the

myriad of issues that can go wrong within general practice and for GPs and how to deal with them. It will include issues with Indemnity, Commissioners, Employees, Partners and other External Organisations.

The seminar will focus on these issues and how they can be resolved and will offer practice advice on how to avoid similar issues going forward. There will also be plenty of time for questions to be raised.

The training is suitable for Practice Managers, Practice Partners and GPs.

15th October 2019

A Journey Through the GP World – this is a 2.5 hour seminar is for newly qualified GPs and the key considerations for your career in general practice. It will cover issues such as Indemnity, Partnerships, Contracts, Employment Matters, Decision Making and more.

There will also be plenty of time for questions to be raised.

The training is suitable for all Newly Qualified GPs.

The LMC are covering the cost of these seminars. The cost of £10 is to cover administration and refreshments. Both seminars are expected to be popular – you can book your place on the LMC Website here.

LMC WEBSITE

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

NHS:

Adult Eating Disorders - Guidance for commissioners and providers
GMS Contractual Reminder on Prison Release Patients
Important information for practices to be aware of when registering patients being released from prison – new contractual requirement

CCG:

GP Mentoring Flyer
The Member Practice Update 19.07.2019

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

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 I Haines 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:**	Dr F Martin Dr C Whyte Dr R Benney

		Practice Manager Representatives:
Out of Hours:	Dr E Penny	Helen Garfield, Representative WF PM
Dispensing:	Dr J Rankin	Lisa Luke, Representative R&B PM
Registrars Rep:	Dr E Shantsila (North) Dr K Wiltshire (South)	Jackie Evans, Representative SW PM
First5 Rep:	Dr M Venables	
Co-opted Rep:	Dr R Williams	
Non Principals:	Redditch and Bromsgrove – Dr W Safdar South Worcestershire – Dr H Ray 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 20 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 – 19th September 2019
Herefordshire – 11th September 2019