LMC ViewPoint

The newsletter of Leeds Local Medical Committee Limited

November 2015

'GPs AT THE HEART OF NEW WAYS OF WORKING'
Multi-specialty community provider (MCP) development for Leeds
Important event to be hosted by Leeds LMC

Date: Tuesday, 17 November 2015, 6.45 pm – 9.30 pm
Venue: Weetwood Hall Conference Centre, Otley Road, Leeds, LS16 5PS

The NHS Five Year Forward View, produced by NHS England, Monitor, HEE and other NHS bodies in October 2014, set out several new care models that "aim to dissolve traditional boundaries" between general practice, hospitals, community providers, mental health services and social care providers. This could potentially be just more moving of the deckchairs but alternatively it could be the stepping stone to a radically new way of working that could impact on us all, ultimately leading to GPs working as employed doctors within a large organisation that was not only accountable for the whole budget in the area but also forced to live within that probably inadequate budget.

However it could also be an opportunity that GPs shape a better system, to improve communication and team work between clinicians who are currently in different organisations, move not only new work in to the community but shift the funding to make it sustainable too, and by doing so address the current workload pressures in general practice. The "new models of care" are pilots (vanguards) which could form the basis for a future contract. Some are led by GPs and known as Multi-speciality Community Providers (MCP) whilst in others the local hospital is taking the lead, so called Primary and Acute Care Systems (PACS). However, GPs are playing a key role in developing both models which in some cases involve radically new ways of working.

You are invited to an important meeting on 17th November which builds on the event we held in February. We've invited leading GPs involved in two of the vanguard projects, a MCP model in Hampshire and a PACS model in Harrogate. Even more importantly this will provide an opportunity to discuss with fellow Leeds GPs and practice managers what we might want to do together in the future.

This event will have a practical focus and is aimed primarily at GPs, Practice Managers and those working alongside practices in the Leeds area. It is linked to a webinar conference being held by the BMA on 16th November also at Weetwood Hall which is primarily focusing on HR issues for doctors working in secondary care.

It is for us to shape the future of healthcare in Leeds and we should not wait for others to do it for us. **Please try to ensure you are represented at this important event** – a copy of the detailed agenda is attached to this edition of Viewpoint.

To reserve a place, please email to: mail@leedslmc.org. Alternatively if you require any further information, please contact the LMC office on 0113 295 1460.

LEEDS WEST CCG – ENHANCING PRIMARY CARE ACCESS SCHEME

Leeds West CCG has now completed a mid-point evaluation of its £9M Enhancing Primary Care Access Scheme. The scheme is due to run for a period of 18 months from November 2014 until March 2016. The scheme is funded as below:

- Level 1 – Increased capacity through Extended Hours (£3 per patient)
- Level 2 – Increased capacity through Extended Access (5 days) (£15 per patient)
- Level 3 – Increased capacity through Extended Access (7 days) (£30 per patient)

Practices could only deliver level three if they worked in collaboration with other neighbouring (and possibly smaller) practices forming groups of at least 35,000.

All 38 practices in the CCG signed up to the scheme. Four practices were approved at Level 1, eighteen at Level 2, and sixteen at L3 services. The table below shows the financial split by scheme level:

	Amount allocated
Level 1	£22,600
Level 2	£3,336,700
Level 3	£5,675,900
TOTAL[1]	**£9,035,200**

A number of practices have organised themselves into hubs to provide Level 3 services. One practice in the group acts as the hub and patients from the other practices will access their weekend (and some weekday evening) appointments there. There are four hubs in operation in LWCCG providing Level 3 services consisting of between 2 and 5 practices.

Whilst it is too early to be able to draw any firm conclusions about the scheme and there are clearly significant issues with regard to the costs involved and long-term sustainability, the LMC wishes to commend Leeds West for the thoroughness of the mid-point report and the amount of detail it contains. The evaluation is available on the Leeds West CCG website and we suggest that GPs and practices working across all areas of the city will find it interesting:
http://www.leedswestccg.nhs.uk/content/uploads/2014/09/872.-Enhanced-PC-Evaluation-Appendix-1.pdf

PRIME MINISTERS CHALLENGE FUND EVALUATION

The findings from the independent evaluation of the prime minister's Challenge Fund pilot, (now called the GP Access Fund), has been published. This is an important report and worth all GPs reading. Not surprisingly it showed poor demand for weekend appointments on Sundays, and on Saturday afternoons. https://www.england.nhs.uk/2015/10/29/pmgpaccess-fund-eval/?utm_source=The%20British%20Medical%20Association&utm_medium=email&utm_campaign=6366516_NEW12A1%20GP%20PARTNERS%20ENEWSLETTER%20041115&utm_content=evaluation&dm_i=JVX,3SGFO,GFP5LV,DNM1B,1

The BMA's GP committee press release commenting on the results can be found here. It reiterated the significantly higher costs of providing care during these extended hours, compared to routine GP practice appointments during the week. While some areas showed a slight decrease in minor illness attendances at emergency departments, there was no reduction in hospital admissions, and any cost saving would need to be balanced by the considerable expense of running these pilots. It was of note that many pilots had ceased full weekend opening, and that two thirds of the pilot funds were instead used to explore use of technology and new ways of collaborative working to manage workload. At a time of extreme pressures on GP services, the Government needs to learn the lessons from its own pilots, and quickly.

PRIMARY CARE INFRASTRUCTURE FUND SURVEY

The GPC has increasing concerns about the use of the Primary Care Infrastructure Fund, which was the £1 Billion capital investment spread over four years announced at the beginning of the year. At the time the GPC welcomed the recognition that primary care premises investment has been neglected for 10 years, but questioned the emphasis on capital rather than recurrent funding. It is becoming clear that NHS England is struggling to release funds to approved practice schemes across England, and that there is a significant shortage of the relevant expertise in this field.
In recent weeks GPC has received a number of queries and complaints from practices about a lack of decision making at local or regional level, and even of the withdrawal of previously given approval for developments.

NHS England has recently sent new instructions to CCGs about the use of this fund, now renamed the Primary Care Transformation Fund. It is always a concern when there are changes in the criteria around new funds, and the risk that name changes can frequently move funds away from their proper planned destination. This has happened before.

GPC is therefore sending a survey to all practices in order to gather information on what is happening across England. They need both examples of what has happened and why projects have been delayed, and also to improve their knowledge of what can be changed in order to ensure that funding can flow more effectively in the next three years. They will publicise the results and discuss potential improvements with NHS England.

The survey can be accessed via: https://www.surveymonkey.com/r/PCIF and we would be grateful if you could take a few minutes to respond – it is vital that this funding is used in a way that provides the best possible value and support for practices and our patients.

CQC FEES CONSULTATION

The CQC (Care Quality Commission) has just commend a consultation on increasing its fees for all providers. The staggering sevenfold rise in fees proposed for GPs within a two or four-year timeframe would be hugely damaging. It comes at a time when practices are struggling financially, with expenses having rocketed and income fallen by 25 per cent in a decade.

The local medical committees annual conference and the BMA annual representative meeting have already called for an end to the current CQC inspection system, which GPC believe to be disproportionate in nature, over-bureaucratic, with crude performance ratings, and diverting practices from direct patient care. This proposed fee increase is wholly unjustified, badly timed and illogical given the CQC is reviewing its future strategy (see article below), with a stated aim of introducing a scaled-down process with fewer inspections.

The LMC would strongly recommend all practices responding robustly to the consultation and make it clear what they think about these damaging and misguided proposals.
http://www.cqc.org.uk/content/health-and-social-care-fees-consultation

SEASONAL FLU CAMPAIGN IN LEEDS

Practices will be aware that pharmacies have been commissioned nationally to take part in this year's flu campaign by vaccinating over 65s and at risk patients aged over 18. They are contracted to share data with the relevant GP practices 24/48 hours after vaccination. This data will be transferred via email and should be put onto the patient's record. This will count towards the practice uptake figures and QOF, particularly for patient with coronary heart disease, stroke or TIA, diabetes and COPD. Teaching Hospitals Trust is also offering flu vaccines to pregnant women attending scans and high risk women attending out-patient appointments. This data will also be shared with practices for input onto the patient's record.

The children's nasal flu campaign for Years 1 and 2 is now underway. Monthly data will be shared as soon as it is available.

We are aware of some cases where patients who would normally receive their flu immunisations from practices are being given inappropriate messages by pharmacists in order that they can provide the immunisation instead. If practices have specific examples of concern, please share them with the LMC office.

CHILDHOOD FLU VACCINE SHORTAGES UPDATE

Due to shortages of the childhood flu vaccine Fluenz, Public Health England and MHRA have agreed that practices can instead use the US labelled FluMist® Quadrivalent, which is fully licensed for use in the UK.

Public Health England has published FAQs, which explain about the batch expiry date, includes a link to a template PGD, and how to record it on the clinical system (either as 'Influenza vaccine (Live attenuated)' or 'Fluenz Tetra'). Public Health England has also produced separate guidance on cold chain failures. Further information is available in the special edition of Vaccine Update, *Live attenuated influenza vaccine (LAIV) for the UK childhood flu programme*

CHILDHOOD FLU SCHEDULING – issue with TPP queries

The BMA's GP Committee (GPC) has been made aware of an issue affecting TPP SystmOne practices and the automated extract for childhood flu. These practices are being asked to revert back to manual claims for flu activity, and will be contacted directly by the HSCIC. Please see further information below:

'This note is to alert you to a problem that has arisen with one of the GP systems providers, TPP. The HSCIC has discovered that the TPP validation and assurance for the automated extract for childhood flu does not meet the required standards set by the HSCIC. This means that the data these practices present for payment cannot be guaranteed as being accurate and as a result the reported activity may not be correct, and practices could be either under or over paid. As the planned extract was scheduled to run last night and to delay could impact on payments for all practices, the HSCIC made the decision to exclude TPP from this run. We support HSCIC's recommendation that until TPP can provide assurance that meets the required standards, their practices should be advised that they must revert back to manual claims for flu activity.

The HSCIC will immediately progress communications with practices and regional team users to advise them of the change in procedure and what they must do. They will work with TPP to deliver this. As the manual system is in place and well established, practices are aware of what is required to make a claim. In addition, under the manual system which is directly into CQRS, claims do not need to be in until later in the month, so payment can be processed in time for the due date. We will ensure that you are kept informed of the actions that HSCIC are taking to mitigate the risks of this failure by TPP to follow HSCIC's validation and assurance procedures. HSCIC will send out a message to regional teams and TPP will also send a communication out to their practices.'

The GPC plans to go back to NHS England/HSCIC with concerns about the burden this may place on practices, and will ask what steps are being taken to ensure TPP's validation and assurance are fit for purpose in future. If practices have any additional feedback or queries, please contact the LMC office by email: mail@leedslmc.org.

PATIENT REGISTRATION

The BMA GP committee has updated its guidance on registering patients. The overriding principle that applies to patient registration is anyone, regardless of nationality and residential status may register and consult with a GP without charge. This includes tourists who are visiting the country. Whilst there is no definition of immediately necessary treatment in the primary medical services contract regulations, for those who are visiting or not a resident in England, it should be viewed as including treatment of new conditions and also pre-existing conditions that have become exacerbated during the period of a person's stay in England, subject to the GP's clinical judgement.

Practices may only decline to register a patient (whether as a temporary resident or permanent patient) if they have reasonable grounds to do so. These grounds must not be not related to an applicant's race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition.

There is no contractual duty to seek evidence of identity or immigration status or proof of address. Therefore practices should not refuse registration on the grounds that a patient is unable to produce such evidence. Anyone who is in England, including tourists or those visiting relatives, is entitled to receive NHS primary medical services at a GP practice and applications for registration for any patient in England must be considered in exactly the same way, regardless of country of residence. The full

guidance can be found on the BMA web site at:
http://bma.org.uk/support-at-work/gp-practices/service-provision/patient-registration-for-gp-practices

NEW ADVICE RE TREATMENT OF PELVIC INFLAMMATORY DISEASE IN PRIMARY CARE

As you will be aware, Leeds Area Prescribing Committee approved new guidelines for the treatment of PID in primary care and these have been circulated to GPs across the city. The LMC has highlighted to commissioners that practices do not routinely stock ceftriaxone and the helpline to arrange the same day injection was only open Monday to Friday until 4pm and not at the weekend. The LMC has taken this up with the Office of the Director of Public Health at Leeds City Council and changes have been made as a result. The response from Dr Sharon Yellin is attached to this edition of Viewpoint.

ANTICOAGULANT SERVICE

At a recent meeting with the NHS England's regional team and CCGs, the LMC again raised the issue of the domiciliary phlebotomy service and the difficulty which many practices experience with referrals for housebound patients. We are informed by Helen Lewis, Head of Acute Provider Commissioning at Leeds West CCG that the service has now recruited extra staff and capacity issues have been addressed. If practices continue to experience situations where the anticoagulant service declines to accept appropriate referrals, please notify these cases direct to Helen Lewis at helen.lewis5@nhs.net.

ECGs IN LEEDS

Leeds LMC is aware that practices can sometimes receive requests from LYPFT clinicians asking them to organise ECGs for patients. We have discussed this with LYPFT senior managers and clinicians and agreed that it is the responsibility of the LYPFT clinicians to organise any baseline investigations which they need to treat their patients and for them to review the results. They are able to access ECGs at the LGI, St James's hospital or at Wharfedale hospital. We will also take up this point further with commissioners.

GUIDE FOR GPS CONSIDERING EMPLOYING A PRACTICE PHARMACIST

The guide includes sections that consider:

- What can pharmacists do?
- What to look for in a pharmacist
- Methods of recruitment
- Options for employment

and is likely to be of interest to any practice considering its workforce options. This document is available at http://www.pcpa.org.uk/

HEALTH FOUNDATION REPORT ON INDICATORS OF QUALITY OF CARE IN GENERAL PRACTICE

In June 2015, the Department of Health asked the Health Foundation to carry out a review into indicators of the quality of care offered by GP practices in England. The review *Indicators of quality of care in general practices in England* which was published recently, assessed if comparable indicators of the quality of primary care were sufficiently developed to be used to help practices improve quality, and whether such indicators help patients and carers gauge the quality of care their GP practice provides. It also considered whether credible indicators were available for specific population groups and the services available to them. The report is available at:
http://www.health.org.uk/publication/indicators-quality-care-general-practices-england

In response to the publication of this report, Dr Chaand Nagpaul, BMA GP committee chair, said:

"It is encouraging that this report confirms the BMA's view that the services GP practices provide are far too complex to be arbitrarily reduced to a single 'quality' measure. As we have seen with the Care Quality Commission's troubled inspection regime, it is not transparent to

present a range of quality measures in populist categories without context, and which can be misleading for patients and professionals. We endorse the Report's rejection of "scorecards", and agree that data should be used in a learning environment to support improvement, as opposed to erroneously judging practices. We expect the Secretary of State to listen to this report and the BMA, and rapidly abandon the concept of simplistic ratings for GP practices."

CCG OUTCOMES INDICATOR SET

Advice has been sought from the BMA's GP IT Subcommittee on the CCG Outcomes Indicator Set (CCG OIS) for 2013/14 and 2014/15. Practices have been asked to sign up to this collection within CQRS to allow data to be extracted through GPES. The intention of the extract is to provide information for CCGs about the quality of health services. Further information from the HSCIC on the CCG OIS, including the data to be extracted, can be found on the HSCIC website (see the link 'info for GP practices'): http://www.hscic.gov.uk/ccgois.

The IT Subcommittee has discussed this extract and contacted the HSCIC on behalf of practices. They can confirm that participation in the extract is voluntary, and it is matter for practices to decide whether to take part. There is no CQRS payment attached to this service. The data to be extracted is aggregated at practice level, with no record level or sensitive data included. They have been informed that 73% of practices offered the extract have signed up (not all have practices have received this request - only those where the HSCIC has the facility to extract this data automatically).

Please note that GPC has highlighted the limitations of this dataset to the HSCIC. These indicators are unlikely to be coded consistently and any interpretations of the data are likely to be inappropriate. Some of these indicators are those no longer in QOF and GPC has previously noted that the coding of retired QOF indicators will become increasingly variable over time.

THE STATE OF HEALTH CARE AND ADULT SOCIAL CARE IN ENGLAND

The Care Quality Commission (CQC) has published its annual analysis of the quality of health and adult social care in England. This is the first such national assessment since the introduction of the new inspection regime in October 2014. Key findings include:

- Despite increasingly challenging circumstances, the majority of services across health and social care have been rated as good, with some rated outstanding
- In the case of primary medical services, 85% of GP practices were rated either good or outstanding
- Strong leadership and collaboration emerged as a key factor in delivering good care
- GP practices deliver a better quality of care when sharing learning and providing joined up care through multi professional networks.

The CQC recognised the pressure GPs face from a rise in the number of patients registered with them and the number of unfilled GP posts, with fewer people entering the profession (in 2014 12% of GP training posts went unfilled) and 34% of GPs considering retirement in the next five years. It is these statistics (taken from the BMA's own survey) that should be considered when reading the conclusions reached in the report: http://www.cqc.org.uk/content/state-care-201415

PERTUSSIS DATA COLLECTIONS

Last month, NHS England regional teams had a high volume of amendment requests due to practices not using the Read codes identified in the payment guidance provided by NHS Employers for the pertussis service. NHS England has confirmed that the Business Rules for the service are correct and have instructed the HSCIC to proceed with the next extraction on that basis.

HSCIC would like to remind practices that in order to ensure accurate data collection and payment, payment guidance for the pertussis service must be adhered to for the October collection. This collection will use the codes quoted in the guidance and practices will need to code appropriately in order for the automated collection to calculate the correct payment. Failure to do so will result in practices not being paid for activity undertaken unless they spot a discrepancy. To correct this they

would have to agree adjustments with their regional team, creating additional work for all concerned. The technical requirements document is available on NHS Employers website: http://www.nhsemployers.org/~/media/Employers/Documents/Primary%20care%20contracts/GMS/GMS%20guidance%202010-present/2015-16/201516%20GMS%20Guidance.pdf

INTELLIGENT GP PRACTICE REPORTING TOOL (iGPR)

The GPC's IT Subcommittee has received a number of queries about the iGPR tool, which allows practices to respond to requests for patient health information electronically. The tool has been produced by Niche Health and is available to EMIS, INPS Vision and TPP SystmOne practices.

The iGPR provides an electronic process for practices to provide patient information to requesting third parties, such as insurers and solicitors. Requests can include Subject Access Requests (SARs) and GP Reports (GPRs). There are other systems that provide similar functionality.
LMCs have sought advice for practices on the use of this tool. The Joint GPC/RCGP IT is unable to 'approve' or 'endorse' third party software products, however they are able to provide the following generic advice:

Firstly, with regard to any SAR from an insurer, practices should read the BMA guidance on how to manage SARs for insurance purposes. The guidance was issued following a review by the Information Commissioner's Office and advises practices to contact the patient where a SAR from an insurance company is received, rather than sending the full medical record direct to the insurer. A template letter is included in the guidance, which asks the patient to choose between receiving the medical record themselves (so they can decide whether to send this onto the insurance company), or to ask their insurer to seek a GP Report from the practice.

It should also be noted that when a SAR is produced, the Data Protection Act (DPA) requires certain types of data to be redacted. Any additional redaction offered by any reporting tool over and above the legally required redaction would, in the JGPITC's view, mean that the resulting report no longer constitutes a SAR.

Where practices wish to use these tools for purposes other than an insurance company SAR, this is a matter for individual practices to decide. Separately, practices have asked for advice on electronic patient consent, and the legal position is that electronic patient consent is acceptable. However, where there is any doubt that the patient has consented to the report, practices should check with the patient.

Please note there is no requirement for practices to use these reporting tools, and it is for practices to decide whether they receive requests through them (rejecting these requests should prompt the third party to request the information by alternative means) or whether to deactivate the tool.

PATIENT OBJECTION DATA

Practices in England are due to receive a communication from the Health and Social Care Information Centre (HSCIC) about the collection of patient objection data. The BMA's GP committee (GPC) strongly recommends practices participate in this collection to allow the HSCIC to uphold patient objections to their data being shared.

Patients are able to register objections with their practice to prevent their identifiable data being released outside of the practice for purposes beyond their direct care (known as a Type 1 objection), or to prevent their identifiable data from any health and social care setting being released by the HSCIC for purposes beyond their direct care (known as a Type 2 objection).

The HSCIC will be collecting the following data:

- For patients with a Type 2 objection (or a withdrawn Type 2 objection), the NHS Number, objection code(s) and code date will be extracted. The collection of patient identifiable data (NHS Number) is necessary to allow the HSCIC to uphold these objections. The data will be used internally by the HSCIC and will not be published or released;

- Aggregate data on the number of Type 1 and Type 2 objections. This will allow the HSCIC to monitor the rate of objections.

The legal basis for the collection of this data is the issuing of directions under section 259 of the Health and Social Care Act 2012. Practices will receive an offer from the HSCIC, available from 21 October, to participate in the collection called '**Patient Objections Management**' within the Calculating Quality Reporting Service. The deadline for participation has not been specified, but practices have been asked to participate as soon as possible ahead of the first extract. Extractions will run monthly from December 2015.

Queries on how to participate should be directed to the HSCIC contact centre via enquiries@hscic.gov.uk with 'Patient Objections Management data collection' in the subject line, or by calling 0300 303 5678.

SESSIONAL GP eNEWSLETTER
The latest edition of the sessional GP e-newsletter is available on the following link:
http://bma-mail.org.uk/t/JVX-3QLGB-1BJCJOU46E/cr.aspx

The Chair's message focuses on GPC's vision document: Responsive, Safe and Sustainable: Towards a New Future for General Practice. This report looks at the whole GP workforce, further develops previously proposed models of GP working and recognises the crucial role of locum GPs.

It also features news and information aimed at supporting sessional GPs as well as blogs from sessional GPs, including one from newly quailed Dr Pooja Arora and her experience starting out as a freelance GP.

GP NETWORKS CONFERENCE 2015
Forming or joining a GP Network, Provider Company or Federation is a big decision. Part of the BMA's commitment to GPs is to provide you with the knowledge and advice you need to make informed decisions to safeguard the future of your practice. As part of this commitment, the BMA is hosting an inaugural GP Networks Conference 2015 taking place on **20 November at BMA House, London.**

This one-day conference is dedicated to GP Networks and will give you the chance to hear from the BMA's GPC and a variety of GP Network leaders and experts on a range of topics. You will also have the opportunity to take part in interactive workshops. By joining fellow GP Networks at the conference you will experience a valuable day of gathering vital insights for your practice, meet like-minded colleagues and walk away with the guidance you need to run a successful network.

The conference will take place on Friday 20 November from 9.30am – 5 pm at BMA House, London. Places can be booked at http://bma.org.uk/gpnetworks or by calling the BMA Conferences team on 0207 383 66015. Discounted rates are available for BMA members and GP networks registered with the GPC/BMA GP networks initiative.

GP WORKFORCE 10 POINT PLAN – research study into GPs joining and leaving the profession
Ipsos MORI are conducting some independent qualitative research with GPs to explore their views of joining and leaving the profession. They are especially interested in hearing from GPs who identify with the following characteristics:

- with a health condition which, at times, makes them question how easy it is for them to continue working as a GP;
- currently care for another adult or think they might need to care for another adult in the future, which may challenge their ability to stay in the profession;
- returned to practice in England following a period of not working as a GP or as a GP in England; or
- who trained in England but are now working as a GP outside the UK.

If you would like to know more about taking part in their research, and to find out if you are eligible, please email: ResearchGP@ipsos.com. If you are eligible and able to participate in an interview, Ipsos MORI will be able to pay an incentive to thank you for your time.

DOCTORS' HEALTH – never more important
A message from Professor Roger Jones, Chair, Royal Medical Benevolent Fund:

"We've known for years that doctors in all branches of medicine experience high levels of a range of health problems, particularly psychological, psychiatric and addiction problems. We know also that doctors have generally been slow to seek and accept advice and treatment, for physical as well as psychological illness. Doctors have difficult jobs, and also have good access to medications and can afford alcohol. Drinking is embedded in medical student culture in many universities and the "doctors' mess" was for many years the centre of hospital life. However, admitting a medical problem, particularly a psychological one, could be regarded as a weakness, and a mental health issue might damage future career prospects. For these and other reasons doctors have the lowest levels of absenteeism of all NHS staff. Only relatively recently, however, has the health of the medical workforce become a matter of proper concern, and only very recently has the government recognised the need to provide support for doctors in difficulty in a systematic way.

These concerns have been reflected in reports from Royal Colleges, the General Medical Council, the BMA and most recently the Roland Commission on the future of primary care. Sick doctors are a potential threat to patient safety, and unacknowledged and untreated illness threatens the recruitment and retention of an effective workforce. The successful Practitioner Health Programme, provided for doctors in London experiencing serious problems, is likely to be one of the models for a nationally-co-ordinated support service, and Jeremy Hunt has emphasised the importance of funding to support sick and struggling GPs, who at present are particularly vulnerable and unsupported.

Against this background the Royal Medical Benevolent Fund (RMBF), which was established over 175 years ago, is an important national source of advice, support, and funding for doctors in difficulties and their families, and, for the last few years, medical students facing illness and financial hardship. We are able to deploy close to £1 million per year to provide a range of grants, loans, money advice and other financial help to doctors who have fallen on hard times, who require re-training, or whose circumstances have made it impossible for them to support themselves and their families.

The charity has over 250 volunteers across the UK, mainly retired doctors or their spouses, who do invaluable work as Area Visitors and Medical Liaison Officers. Last year over 200 doctors and medical students were beneficiaries of the RMBF, and our record of helping doctors back into work and getting medical students through their final examinations is improving all the time. As well as raising our profile within the profession, we are looking into ways by which we can intervene earlier in the course of a doctor's struggles, to try to put things right before they become really bad.

Strikingly, the demographics of our beneficiaries have changed significantly over the last few years, so that younger doctors, in their 30s and 40s, represent the most prevalent age group, and doctors undergoing psychological, psychiatric and addiction problems are now the largest group applying to us and receiving assistance. The number of visits to our website increased by 25% last year, which tells its own story, so as well as ensuring that more GPs and hospital doctors know we are there for them, we also need to continue to raise and generate funds, to sustain and increase the levels of support we can provide.

Please help us by spreading the word about RMBF among your colleagues, so that they know we are here to help when things get difficult. We also hope you will take pride in supporting your fellow medical professionals, by making a donation to the Fund or by giving your time as a volunteer.

You can see the difference that RMBF's support makes to the lives of doctors and their families in our video, "At the Heart of the Medical Profession" find out more and email via the website, http://www.rmbf.org/ or call 020 8540 9194."

COMINGS AND GOINGS

A warm welcome to…..

Dr Esther Dalton, GP partner, and Dr Karen Hallas, salaried GP, who have joined St Martin's Practice – their colleagues are enjoying working with them already

Practice vacancies at…..

Band 7 Practice Nurse vacancy (20 - 25 hrs per week)
Contact - Michelle Little - Practice Manager: michelle.milnes@nhs.net Tel: 0113 2954652
Park Edge Practice, Asket Drive, Leeds, LS14 1HX.
Closing date - 20th November 2015

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