



LMC England Conference

The LMC England Conference was held in London on 22 November. The debates at the conference were reported on by [Pulse](#), [BMJ](#) (medicine shortages), [Pulse](#) and [GP Online](#) (PCNs); [BMJ](#), [GP Online](#) and [Pulse](#) (fraud in the NHS); [BMJ](#) and [GP Online](#) (Daphne Romney's report); [GP online](#) and [Pulse](#) (hospital contract workload transfer); [Chemist and Druggist](#) (drug shortages), [Pulse](#) (improved access scheme), and [pharmafield](#) (NHSPS service charges)

There was widespread reporting in the national and local media about the vote demanding that home visits should be removed from the core contract, and that a separate service should be commissioned instead. The story was covered by the [Daily Mail](#), [Telegraph](#), [Mirror](#), [Sun](#), [Express](#), [Independent](#), [Times](#), [GP Online](#), [Pulse](#), [BMJ](#), [BBC News Online](#), [New Statesman](#), and Dr Richard Vautrey, chair of GPC England, was interviewed by BBC News, BBC News Channel, Sky News and BBC Radio 4. You can listen to his interview with Radio 4 [here](#) (from around 14 minutes) and with BBC Radio York [here](#) (from 10mins in). You can replay the webcast [here](#). You can read Richard Vautrey's full speech [here](#).

Legal action against NHS Property Services

The BMA have announced that it is launching legal action against NHS Property Services (NHSPS) over "unjustifiable" rises in service charges faced by GP practices. Practices leasing their buildings from NHSPS have seen their charges rise over the last three years, with no agreement, and sometimes being billed for services they are not receiving. Earlier this year the BMA wrote to NHSPS setting out why we believe they are acting unlawfully, but received no acceptable response. Therefore, they are now taking NHSPS to court.

At the LMC England Conference on the 22nd November, in response to this, Dr Richard Vautrey said: "It's not acceptable that practices in NHS Property Services premises are left to pick up the cost of an unjustifiable hike in charges. As such, we will very shortly be lodging a legal test claim in court which, if successful, would provide a template for GP practices to defend unlawful claims for service charges by NHSPS. We must and we will stand up for GPs and take legal action when it's necessary to defend our profession." Read his full statement [here](#). It was reported by the [HSJ](#), [Pulse](#) and [GP Online](#), and again in another [GP Online](#) piece.

Write to your MP to ensure the next government hears doctors' voices

Ahead of the General Election on 12 December 2019, you can help ensure the next government hears doctors' voices by emailing your prospective parliamentary candidates (PPCs) today. The BMA has set up a template to help emailing your PPCs - by filling in your details using our [online tool](#), you can email each of the candidates standing in your constituency.

Annual allowance pensions tax payment for 2019/20

Simon Stevens, chief executive of NHS England and NHS Improvement, has announced plans for covering the costs of tax on the annual allowance for 2019/20. He has stated that

the annual allowance tax charge for this financial year (for anyone that incurs it) will be covered via the scheme pays route and that when the individual retires and claims their pension, the NHS will pay to them the value of the tax charge for 2019/20 (including interest accrued), so covering the cost.

This is an important initiative and the BMA has responded to this proposal which can be found [here](#). The BMA is continuing to liaise on the details of how this will operate, as well as continuing to lobby for longer-term solutions, including proposals to get rid of the annual allowance altogether. NHS England's letter and FAQs are available [here](#).

Annual QOF report for England published

New [figures published by NHS Digital](#) show the recorded prevalence of 21 conditions, including asthma, hypertension, dementia, diabetes, and depression. This publication provides data for the reporting year 1 April 2018 to 31 March 2019 and covers all General Practices in England that participated in the Quality and Outcomes Framework in 2018-19. The data are based on the 6,873 practices (95%) who participated in the QOF this reporting year. Key findings show:

- The highest prevalence rates were hypertension (14%), depression (10.7%) and obesity (10.1%)
- 539.2 was the average practice achievement score (out of a maximum of 559). This calculation excludes practices that had no achievement included.
- 13% of practices achieved a max score of 559 points, compared with 12.5% of practices in 17-18
- The cardiovascular disease - primary prevention indicator group had the highest exception rate at 32.7 %. Blood pressure had the lowest exception rate at 0.6%.

Social prescriber costs

Following calls from GPC England, LMCs, and PCNs, NHS England agreed to extend the purpose of the ARRS (Additional Roles Reimbursement Scheme) funding for Social Prescribers as nearly all organisations supplying a Social Prescriber Link Worker Service (SPLW) are passing on additional cost over and above the equivalent of the actual salary and the on costs, for example in administration fees.

The ARRS scheme will be updated so that, where a PCN engages an SPLW service through a supplier, a PCN will be able to claim an additional flat rate sum of £2400 per SPLW (on an annual WTE basis; to be pro-rated by the WTE and duration of the roles providing the service as appropriate) as a contribution toward those additional costs. This must be affordable within the existing maximum annual reimbursable amount for social prescribing link workers.

This will apply to any existing supply arrangements for SLPWs and any new supply arrangements for SPLWs agreed from this point forward

How medical records are accessed by solicitors

A recent court case considered a dispute about how medical records are made available to solicitors requesting them on behalf of patients. A [summary of the case](#) has been prepared by the solicitors acting for the GP practice. The BMA have now considered the details of this case. The judge did not rule on issues related to GDPR and Subject Access Requests (SARs). The court considered the question of disclosure under Civil Procedure Rules. The judge ruled in favour of the practice and did not make an order for disclosure of the records because the practice had made the records available for collection from the practice premises.

It is important for practices to note, however, that this case does not alter any aspect of the law relating to GDPR. When a SAR is received from a solicitor acting for a patient practice should follow the patient's wishes and make available medical records to the solicitor if this is what the patient has authorised, unless the practice has particular concerns about the patient's authorisation.

The ICO has recently [made a statement](#) about the case which states that: 'A person should not have to take action to receive the information, such as by collecting it from the controller's premises, unless they agree to do so'. Here is the BMA's guidance on [access to health records](#) and [SAR FAQs](#), which also reflects [advice from the ICO](#) on this subject.

Workforce data (England)

NHS Digital published the [workforce data](#) for this quarter, which showed a significant shortfall in GPs as well as doctor vacancies remaining high. According to the statistics, there were 9,319 medical vacancies in England in the second quarter of 2019/20, while there were more than 1,000 fewer full-time equivalent, fully-trained GPs in England than there were in September 2015 when the Government pledged to recruit 5,000 more. Read the BMA press release [here](#). This was reported by [i Paper](#), the [Telegraph](#), [MailOnline](#), [Pulse](#), [GP Online](#) and LBC radio.

Performers List to be moved to PCSE online

In December 2019 the management of the performers list will be switched to PCSE online. This will mean that rather than applying for changes to the performers list using paper forms, it will all be processed online. This is intended to provide better transparency of changes to the performer list and provide a more efficient service. Practices will already have received notification to the CQC registered manager to enable approved practice staff to administer practice-based changes to the performer list.

Registration of individuals leaving the secure residential estate

In June 2019, NHS England and NHS Improvement issued information reminding CCGs and GPs of 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 a GP practice prior to their release from the secure residential estate (such as prisons, young offender institutions, immigration removal centres and secure training centres).

The aim of this is to help these individuals maintain continuity of care, avoid unplanned emergency admissions to hospital, and support their rehabilitation. Such individuals can also be initially reluctant to register with their GP practice post-release. Practices should be updating their procedures, as set out [here](#).

NHS England has been advised by healthcare providers working within the secure residential estate, that not all GP practices are aware of this, which has resulted in a number of issues with registering individuals with a community GP practice prior to their release. To help prevent this from happening, and support the registration of these patients, practices are encouraged to familiarise themselves with this process. If you have any queries, please email england.healthandjustice@nhs.net

PCN organisational data service (ODS) codes published

NHS Digital has published [organisational data service codes](#) for Primary Care Networks this week, which will provide the PCN name, ODS code, affiliated practices, and 'lead' CCG for each PCN. You can access the ODS codes for PCNs [here](#).

Medicine shortages: Ranitidine and Theophylline

The MHRA has issued CAS alerts on medicine supply shortages of Ranitidine and Theophylline.

Ranitidine - Tablets, effervescent tablets, oral solutions and ranitidine injection are all expected to shortly be out of stock with no date for resupply until further notice. Read more [here](#).

Theophylline (Slo-phyllin) - Manufacture of this product has ceased, and is anticipated to be out of stock by the end of November. Read more [here](#)

Amendment of fluoxetine 30mg capsules Serious Shortage Protocol (SSP)

The Department of Health and Social Care has advised that the [Serious Shortage Protocol](#) for fluoxetine 30mg capsules (SSP02) is being extended to 18 December 2019. Please also note that this SSP has been changed, so pharmacists now supply fluoxetine 10mg capsules instead of tablets i.e. 1 x 10mg fluoxetine capsule, plus 1 x 20mg fluoxetine capsule. The SSP for fluoxetine 40mg capsules (SSP03) expired yesterday, 21 November, as scheduled.

Shortage of pneumococcal polysaccharide vaccine

As has happened over the past two years, the availability of PPV has become limited in the flu season. PHE have re-issued their previous advice in a slightly amended form in the latest [Vaccine Update](#) (page 12), please see attached letter that has been sent out.

2019/20 Flu vaccine supply

Earlier this month Dr Richard Vautrey was interviewed on ITV News about the shortage of influenza vaccine for children, which is leading to a delay in the primary school-based programme. It is likely that supplies will next be provided to schools towards the end of November. As most practices have already received LAIV Public Health England has advised that practices should implement the seasonal influenza programme as outlined in the [Direct Enhanced Service Specification](#). As part of this practices should call in those children who are eligible for flu vaccination, and to undertake recall for those children in clinical risk groups for influenza. Because of the phasing of supplies PHE recommends planning the childhood vaccination programme using following priorities:

- Children in high risk groups aged 6 months to 2 years should be called and offered quadrivalent inactivated influenza vaccine (QIVe)
- Children in high risk groups from 2-18 years should be prioritised and offered LAIV (unless contraindicated).
 - those aged 2-3 years and age 11-18 years should be called in and offered LAIV or a suitable quadrivalent influenza vaccine (QIV)
 - those of primary school age (4-10 years) will mainly be invited through schools, but may be advised to go to general practice if local school sessions are cancelled. They should be vaccinated with LAIV or QIV if they present in general practice
 - Where a practice does not have LAIV available, vaccination of children in high risk groups should not be delayed and a suitable QIV should be offered as an alternative.
- Healthy children aged 2-3 years should be called and offered LAIV as the practice receives stock. As current stock is insufficient to cover the whole cohort, it is

reasonable to call two year olds who are receiving vaccine for the first season before 3 year olds.

- Where practices see high risk children and have no central QIV stock, they can use locally procured stock and replace it with stock order through the ImmForm website.

Please also see attached a letter from NHSE and NHSI regarding the transfer of excess of QIV/LAIV flu vaccine stock between providers. The MHRA has confirmed that with regards to the QIV for those aged under 65 years in clinical risk groups and LAIV flu vaccine for children recommended in the 2019/20 flu season, it would not prevent the transfer of QIV vaccine under the given circumstance of 'in short supply' or 'no supply' available.

Remote prescribing high level principles

The GMC, and some other healthcare regulators and organisations, have published [Remote prescribing high level principles](#). The principles outline a set of expectations for UK healthcare professionals when prescribing remotely, whether online, over video-link or by phone. The principles encourage good practice in remote prescribing, and that health care professionals are expected to:

- Understand how to identify vulnerable patients and take appropriate steps to protect them
- Carry out clinical assessments and medical record checks to make sure medication is safe and appropriate
- Raise concerns when adequate patient safeguards aren't in place

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

Leeds Sexual Health Clinic changes for GPs

Please see the attached letter for all practices in Leeds about changes to the Leeds Sexual Health clinic.

Minor Surgical Skills course for GPs, GP Trainees and Nurse Practitioners

Please see the attached flyer in relation to the upcoming Minor Surgical Skills for GPs course the Newcastle Surgical Training Centre are hosting on 2nd March 2020

Otolaryngology (ENT) course for GPs, GP Trainees and Nurse Practitioners

Please see the attached flyer in relation to the upcoming Otolaryngology (ENT) for GPs course the Newcastle Surgical Training Centre are hosting on 1st May 2020

Practice Manager Mindfulness Course Feedback

The LMC have received positive feedback from those practice managers that attended our recent Mindfulness Resilience Course.

"Thank you very much for how you delivered the course, which I think went at the perfect pace for a complete beginner! It has given me a real interest in mindfulness and you will be pleased to know that I am sharing my knowledge (although limited) with my team at work and even my family!"

"I'm still practising – sometimes I forget, but when I remember to try it works well – small steps!"

"The course helped me to refresh, reboot and re-engage so I will try to continue to use the techniques we were taught."

"I wonder whether the LMC would support a follow up course to the one we did?"

As a result of this feedback we are considering options for further courses in the future and will keep you informed about this.

GENERAL INFORMATION DISTRIBUTED TO PRACTICES THIS MONTH

Listed below is the information the LMC has sent to Practices recently. If for any reason you would like another copy and/or further information, please contact us.

- Updated Tier 2 Visa information and form
- 17/12 - LMC and Leeds LMC Limited 2019 Annual General Meeting
 - Practice Manager Coaching & Mentoring Opportunity

COMINGS AND GOINGS

Goodbye and good luck....

Dr Jonathan Adams will be retiring from St Martins Practice at the end of November. All the partners and staff wish him the very best for the next stage of his life, and thank him for his wise counsel and friendship. Jonathan is a former Treasurer of Leeds LMC and continues as a member of the committee.

PRACTICE VACANCIES AT.....

Salaried GP / Nurse Practitioner 4 – 6 sessions
Whitehall Surgery, Leeds LS12 5SG.

- Salaried GP or Partner / or Nurse Practitioner required for 4 - 6 sessions per week, to join 3 GP partners and 2 salaried GPs.
- Partnership opportunities for the right candidate.
- Friendly and welcoming team. Good working environment and collaborative staff.
- 8750 patients in mixed urban/rural setting.
- Modern purpose built premises.
- Routinely high QOF achiever, 100% attained this year.
- Special interests welcome.
- Informal visits and enquiries welcome.
- For further information regarding the practice please see our website, www.gpnhs.net

Applications to be made with CV to Mrs Joanne Woods, Whitehall Surgery, Wortley Beck Health Centre, Ring Road, Lower Wortley, Leeds LS12 5SG. Tel: 0113 4677533.

E mail: joanne.woods@nhs.net

Manston Surgery, Crossgates, Leeds LS15 8BZ & Scholes branch surgery LS15 4DR
Salaried GP's required – with a view to partnership for the right candidate
4-8 sessions negotiable

Our patient list size is continuing to expand and we need to grow our workforce. We are a friendly, well organised PMS practice seeking enthusiastic and motivated GP's to join our excellent multi-disciplinary team.

The clinical staff of 4 GP Partners, 1 Salaried GP, 1 Advanced Clinical Practitioner, 3 Practices Nurses and 2 Healthcare Assistants are well supported by a highly motivated, experienced administrative team.

We are based in fantastic new purpose built premises in a vibrant, leafy suburb of East Leeds with easy access to M1 and M62.

Start date – As soon as possible however we are willing to wait for the right candidate.

Competitive salary

Salaried BMA contract for sickness & maternity

6 weeks' annual leave, + 1 week study leave

To take part in the on call rota

List size of 8k+ patients

Fully computerised SystemOne practice

Informal enquiries and visits are welcome

Apply with a CV and covering letter to Julie Martin, Practice Manager

Telephone 0113 2645455 Email: julie.martin35@nhs.net

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Registered Office: 2 Farrar Lane, Leeds, West Yorkshire. LS16 7AA

Tel: 0113 295 1460 email: mail@leedslmc.org website: www.leedslmc.org Twitter: @Leedslmc