

# LMC ViewPoint

*The newsletter of Leeds Local Medical Committee Limited*

**AUGUST 2016**

## **TAKING FORWARD THE URGENT PRESCRIPTION FOR GENERAL PRACTICE**

Dr Chaand Nagpaul, the chair of the BMA's GP committee, wrote to GPs earlier this week following negotiation with NHS England. He said:

"At the May local medical committee conference a resolution was passed calling on the Government to accept the BMA GPs committee's Urgent Prescription for General Practice within three months to alleviate unsustainable pressures on GPs.

I am pleased to inform you that, after much hard negotiating, NHS England has accepted the proposals as a good basis to take forward support for GP practices, as stated in a letter from NHS England director for primary care, Ros Roughton last week.

We are now working with NHS England to develop our recommendations so that these are translated into practical changes that will improve your working life as a GP. This will include: ensuring GPs work to safe limits; what practices can do to limit workload; longer appointments for GPs to meet patients' needs; and providing practices with more support and frontline resources to ensure sustainability.

Many of these will require further work and the solutions for different practices may vary. There is no magic bullet to address the many pressures affecting practices, and for this reason we are developing a range of measures to support GPs and their staff.

The acceptance of the UPGP has made it unnecessary to ballot GPs on their willingness to submit undated resignation letters or take industrial action. However, in the past three months, GPC has carefully analysed the legal, practical and political considerations involved in taking such action. GPC will review progress on tangible improvements to GP pressures and consider any measures as necessary to enable GPs to provide safe, quality care for patients.

We will now begin to provide LMCs and GPs with guidance outlining measures GPs can use to take control of their workload, which do not breach their contracts. We will also proceed with a survey of the profession in September to ensure that your priorities and views are properly taken on board during our continued dialogue with NHS England and the Government, as well as to help shape the detail of our UPGP proposals.

We are supporting the BMA's wider call for a reversal of the savage austerity cuts to the NHS, and for an increase in the proportion of GDP spend on health to match equivalent European nations; a properly funded NHS is fundamental to the future sustainability of general practice beyond a rescue package."

A guidance document produced by the BMA explaining the legal issues that should be considered if industrial action were to be proposed is attached and will be available on the LMC website [www.leedslmc.org](http://www.leedslmc.org)

## **CARR HILL FUNDING FORMULA IMPLEMENTATION DELAYED**

The following joint statement from NHS England and the BMA has been published regarding the review of the Carr Hill funding formula: NHS England and the BMA want to ensure that we deliver on the commitments made in the General Practice Forward View – to deliver fairer distribution of funding. We want to achieve this in a way that does not threaten stability and in a way that does not cause financial uncertainty for practices.

We are now modelling the impact the changes would have on practices in view of other funding flows that are already in train (such as the re-cycling of MPIG and seniority payments and PMS reviews for example). So, although NHS England and the BMA will now start the detailed negotiations on the new funding formula, we can confirm that we will not seek to implement any changes to the funding formula before 1 April 2018. We believe that this timescale will allow time for better forward planning by practices, better engagement with the profession and patient involvement, if this is required.

It is recognised that, due to the wide diversity of populations served by GP practices, a national formula will never be able to accommodate the workload needs of all practices. We know that a number of practices provide services to patient populations that have characteristics that affect the practice's costs or workload in a way that cannot be captured through a formula.

Therefore, in parallel to the development of the new national funding formula, we are in the process of developing national guidance for commissioners which will focus on three such population types. This builds on the proposal in the BMA's Urgent Prescription for General Practice that practices serving atypical populations should be supported through bespoke arrangements.

These are:

- university practices,
- unavoidably small and isolated practices, and
- practices with a significant proportion of the patient list who cannot communicate in English.

This guidance will illustrate for commissioners the workload challenges that practices face and guide commissioners to relevant data sources or intelligence to assist them in making decisions regarding sustainable support.

## **PRIMARY CARE SUPPORT ENGLAND (CAPITA) UPDATE**

The BMA's GP committee (GPC) has provided the following update following their meeting with PCSE to discuss ongoing service issues:

### **Supplies**

- Some reported in July that supplies were not delivered on time – these appear to be localised issues and not nationwide.
- The main issue with supplies is the range of products now available via the portal. As part of the transfer to Capita, NHS England reviewed the supplies offered and so some are no longer available on the portal. Practices are advised to contact their CCG to find out what local provisions are in place to source and be reimbursed for such supplies.

### **Records**

- Patient records continue to be the main issue for most practices.
- PCSE informed us that there is no backlog within their sorting office and they are currently processing approximately 90,000 records per week. The current process of collecting, sorting and delivering takes approximately three weeks.
- PCSE did inform us of backlogs being held at CitySprint depots and PCSE is working with CitySprint to ensure these are processed ASAP.
- Some practices informed us that they are refusing to hand over records. This is compounding the issue as it means the receiving practice cannot receive them – therefore we are encouraging all practices to ensure collections are permitted.

### **Performers List**

- NPL1 (registrars registering on the performers list) – there is a three month deadline from the start of training to register on the performers list. PCSE are currently processing requests as they come in, but require all of the necessary information to complete the process (the process and requirements are outlined on the PCSE website: <http://pcse.england.nhs.uk/performer-list/>). PCSE advise registrars to get applications in early and ensure all information is included.

- NPL3 (change of status from registrar to GP) – these are being processed as they come in and currently have a 2 week turnaround time. Again all of the necessary information is required in order complete the process.
- There has been some confusion over exactly what is required and what the process is. We have been assured that the process as outlined on the PCSE website is correct, and that all information must be received in order for the process to be completed. It is advisable that GPs send all information together in one envelope/email so that the application can be processed in full all at once.

### **New registrations**

- Many reported that new registrations were not being processed in a timely manner.
- PCSE reports that there has been a build-up of new registrations which is now being sorted through. Letters to patients, and records to practices, should be sent out in the next week or so. New registrations will take 4-6 weeks to complete processing.
- Late processing of new registrations has not, and will not, impact on Global Sum payments. Global Sum is recalculated quarterly and is based on the number of patients registered on the first day of the quarter. This is calculated when all registrations submitted by that day have been processed.

### **Contacting PCSE**

- There were a lot of reports of unsatisfactory interactions with the PCSE customer support centre and confusion about who to contact for what.
- PCSE is finalising a contacts list which will be sent to practices to highlight who to contact for what. This will also be provided to the customer support centre staff so that they can transfer any calls/emails appropriately.
- Staff at the customer support centre are receiving regular training to ensure they have the skills and knowledge to deal with queries appropriately, however it will take time for all staff to reach the appropriate level.
- The PCSE website (<http://pcse.england.nhs.uk/>) holds a lot of valuable information and should be the first port of call. The FAQ section (<http://pcse.england.nhs.uk/help/>) is particularly useful.

Please keep the LMC updated on any new issues you encounter with services related to PCSE. West Yorkshire has been a pilot site for PCSE service changes with the intention of rolling these out to the rest of England in the autumn. It is therefore important that we continue to highlight problems as they occur and feed into the improvement process.

### **PCSE/NHS ENGLAND ESCALATION PROCESS FOR PRACTICES**

In light of the ongoing difficulties practices are facing as a result of the systemic failure of the services provided by Primary Care Support England under contract to Capita, practice managers are advised that:

- 1) Initial enquires should be directed to PCS England national contact centre - [PCSE.enquiries@nhs.net](mailto:PCSE.enquiries@nhs.net) or 0333 014 2884 - should your email to PCSE be urgent, please mark as such in the subject box so that it can be prioritised
- 2) Unresolved issues or lack of response, practices should contact their PCS England Local Liaison Manager – West Yorkshire: Susy Ellis, 07736 492806, email: [susyellis@nhs.net](mailto:susyellis@nhs.net)
- 3) If following this, practice issues remain unresolved please contact all four NHSE Y&H contacts - [clarestreeter@nhs.net](mailto:clarestreeter@nhs.net), [marie.wharton@nhs.net](mailto:marie.wharton@nhs.net), [helen.hawran@nhs.net](mailto:helen.hawran@nhs.net) and [y.lindon@nhs.net](mailto:y.lindon@nhs.net) who will do their best to help escalate the issues.

The above information has all been agreed with NHS England North Region (Yorkshire and the Humber).

## SUPPORT FOR GENERAL PRACTICE FROM SIR BRUCE KEOGH

Sir Bruce Keogh, the medical director for NHS England, made an important statement to the NHS England Board on 28 July 2016, regarding general practice in the NHS and it is available at the following [link](#) at item 4 [at 8 mins 45 seconds]

Sir Bruce's speech to the Board at that meeting highlights – and is welcome recognition at the highest levels of NHS England (following GPC's *Urgent Prescription* campaign) - that general practice has been undervalued by the NHS at the time it is most needed.

## UPDATE FROM BLOOD SCIENCES DEPARTMENT, LTHT

Dr Mike Bosomworth, Consultant Clinical Biochemist and Clinical Service Lead at LTHT, provided an update in July regarding problems with the current service from the Blood Sciences department. The LMC has also met with senior managers from LTHT to talk about this issue. A summary of Dr Bosomworth's letter is set out below:

*A new automated laboratory at the LGI was commissioned in March. As a result of the installation of new IT systems, the quality of the service has fallen, both re lengthening turnaround times and incomplete processing of requests.*

*Unfortunately the department experienced a new series of IT problems towards the end of June. There was therefore a further deterioration in service and it is now apparent that a significant number of requests were not fully processed. In particular, some requests for haematinics, hormones and especially HbA1c have not been reported.*

*Dr Bosomworth and his staff regret the service problems and have apologised unreservedly to GPs and the patients whose requests were affected. They have a significant backlog of requests but are hopeful that they have identified most if not all of the IT bugs and that the service will begin to improve. It is hoped that in the coming months you will find an improvement in turnaround times and completeness of requests over and above the level of service which they were able to provide with the previous generation of laboratory automation.*

## RAPID ACCESS CHEST PAIN CLINIC REFERRALS FROM LTHT EMERGENCY DEPARTMENTS

We are pleased to report that following discussions with LTHT they have reviewed current procedures and have agreed the following changes to internal referrals and advice to GP colleagues:

1. The ED will **not refer any patients** to the RACPC, if there is any concern about a patient in the ED that has been referred by primary care for evaluation of CP they will be discussed with the on call cardiology team.
2. All **high risk patients** who are seen by the ED will also be discussed with cardiology and a management plan agreed
3. Patients who are sent back to primary care have had an **ACS ruled out**, but this would not have excluded coronary artery disease as a cause of their CP. If they have recurrent or exertional CP then consideration should be given for referral to the RACPC.

## GUIDANCE RE VAULT SMEARS

The LMC has had discussions with LTHT recently regarding vault smears for patients who were discharged years ago before the guidance changed. We are grateful to LTHT for providing the following information:

- Please find attached (**annexed to this edition of Viewpoint**) the guidance on the management of vault smears which has also recently been cascaded to GPs via Helen Lewis and Elizabeth Scott. Patients under 4 of the attached guidance (whose hysterectomy showed incomplete excision of CIN) have their initial follow up smears performed in the hospital and when they are

*discharged for annual cytology after few years of negative results , there is always clear instruction for the duration of follow up as per the attached guidance.*

- *The same applies to patients who undergo radical trachelectomy who remain under the care and guidance of the treating gynaecologist (under 5).*
- *The guidance is clear but if any of the colleagues in General Practice has doubt about any of the patients, they can always discuss the particular case with Mr Hutson or our Lead Colposcopist, Dr Hany Nagib.*

## **CHILD PROTECTION REPORTS FOR INITIAL AND REVIEW CONFERENCES**

The LMC is aware that new Child Protection Report forms have been developed and that practices have been advised to complete these for any cases of concern. We have met with Dr Yen Andersen, Named GP Safeguarding Children, and have raised our concerns about creating more unnecessary workload for GPs; we are continuing discussions regarding these forms.

The LMC had hoped that the report forms would not be released until we'd had a further opportunity to amend and simplify them, but unfortunately this has not been the case. We would advise that there is no obligation on GPs to use the forms and as long as the necessary information is provided, it can be done in the form of a letter.

## **ACCESS TO MEDICAL RECORDS FOR DECEASED PATIENTS**

<https://www.england.nhs.uk/contact-us/pers-info-reg/> includes the following information:

### **GP Health Records for un-registered or deceased individuals**

NHS England is the data controller of GP health records where an individual is currently not registered with a GP or is deceased. These records are held by Primary Care Support England (PCSE) on behalf of NHS England. You can find the application form and details of where to send your request on the <http://pcse.england.nhs.uk/recordsrequests/> website

In turn, the PCSE link above leads to the following information:

### **Accessing medical records**

- The Data Protection Act gives you the right to ask for a copy of the information an organisation holds about you – this right is commonly known as a subject access request (SAR).
- A request for information from health records has to be made with the organisation that holds your health records – the data controller. For example, your GP, optician or dentist.
- For hospital health records, contact the records manager or patient services manager at the relevant hospital trust. You can find a list of hospital trusts on the NHS Choices website.
- GP Health Records for un-registered or deceased individuals
- NHS England is the data controller of GP health records where an individual is not currently registered with a GP or is deceased. To request access to your own health records or those of a deceased person, you will need to complete an application form.
- The application form and additional information about access requests are available to download.

Please note that to process an application, appropriate identification documents and a £50 fee must be provided. To make a request in these circumstances, please use this list to locate the office to which you should submit your request. You can find more information about accessing health records on the NHS Choices website.

The BMA's Access to health records, as well as its Confidentiality and health records tool kit, includes specific guidance relating to deceased patients and provides additional guidance setting out the circumstances in which health professionals may receive, and respond to, requests for access to health records in relation to deceased patients.



## **REVISED GUIDANCE ABOUT FIREARMS**

In response to GPs' concerns over the new firearms licensing process introduced in April this year, a new policy was passed at the Local Medical Committees Conference and the BMA's Annual Representatives Meeting seeking further action and changes. In addition to this the British Association for Shooting and Conservation (BASC) are now advising their members to refuse payment to GPs for responding to the initial letter from the Police.

In light of these events, the BMA has revised its position and guidance as follows:

<https://www.bma.org.uk/advice/employment/ethics/ethics-a-to-z/firearms>

The Home Office has also been kept informed and the BMA will continue to engage with them on seeking improvement to the current process.

## **ADDITIONAL SERVICES AGREEMENT**

Please note that practices will be receiving a letter that has been compiled in conjunction with Public Health England colleagues following the distribution of the Public Health Enhanced Services 2016/17 agreements in April 2016.

Unfortunately a small number of GP practices have chosen not to sign-up to deliver selected vaccinations and therefore are denying the opportunity for the relevant patient cohort to receive these immunisations.

Public Health England believe there may be some misinterpretation around which vaccinations are now included as part of 'Additional Services' within the core GP contract and those which currently remain under an Enhanced Service and hope this letter will explain this and clarify expectations.

## **CQC RATINGS**

Please note that if a practice is concerned about their rating, they can request a ratings review.

This is done by a formal process: <http://www.cqc.org.uk/content/requesting-review-ratings>

This is separate from the CQC complaints process. Please note, we are aware that one practice challenged their rating with CQC but the outcome did not change the rating.

## **NHSE Y&H MEDICAL APPRAISAL AND REVALIDATION WEBSITE**

NHSE has developed a website where guidance on appraisal and revalidation can be found. It also includes information on scope of work and supporting information and is available via this link: <http://dev.nyhcsu.org.uk/sites/nyhappraisal>.

**The attached appendix** contains NHSE guidance for GPs considering working abroad and the implications of this on inclusion on the national performers list as well as annual appraisal and GMC revalidation processes.

## **SESSIONAL GP GROUP**

As you will probably be aware, Dr K Doug Pollock, Chair of the Sessional GP Group took early retirement from general practice in March 2016 and has now stood down from his work with the sessional GP group. The LMC is immensely grateful for the significant work he has done for sessional GPs over many years. One route practices now use to contact the group of sessional GPs locally is via [work@lsgpuf.org](mailto:work@lsgpuf.org), particularly if seeking locum GP cover or to fill salaried GP posts. Partnership vacancies can also be advertised here and the new co-ordinator can forward your future emails to members – thank you.

## **SESSIONAL GP E-NEWSLETTER – July edition**

Please note the link below to the sessional GP July edition newsletter:

<http://bma-mail.org.uk/t/JVX-4F7ZS-1BJCJOU46E/cr.aspx>

## LEEDS HEALTH PATHWAYS e-NEWSLETTER

The latest edition of the Leeds Health Pathways newsletter, published on 23 August, is **annexed to this edition of Viewpoint.**

### WOULD YOU LIKE TO BECOME A GP CHAMPION FOR EYE HEALTH?

The RNIB is looking for GPs or retired GPs to take on the role of 'GP Champions for eye health'. With an ageing population and an increase in diabetes, eye health is a growing issue for patients and accounts for 4.5 million GP consultations each year.

The role of a GP Champion would involve listening to RNIB's ideas for future work and giving your thoughts, contributing to resource content for GPs, helping RNIB identify issues and challenges for blind and partially sighted patients, and helping to increase awareness of sight loss issues in your practice or geographical area.

There is no minimum time requirement for this role and you do not have to be an expert in eye health. If you would like to become a GP Champion or to discuss the role further, please email Gabrielle Firestone at [gabrielle.firestone@rnib.org.uk](mailto:gabrielle.firestone@rnib.org.uk)

The RNIB also has an eye health network for GPs interested in learning more about eye health or attending relevant training. To sign up, click here <http://www.rnib.org.uk/services-we-offer-advice-professionals-health-professionals/gps>

### CONDOLENCES

The LMC was saddened to hear the recent news of the untimely death of Dr Simon Newell. Simon was a well-known paediatrician and one of the consultants at the neonatal team at LTHT; his skills and talents have been valued by GPs and patients over many years. We offer our sincere condolences to his wife, Dr Debra Newell of Alwoodley Medical Centre, and to all Simon's family, friends and colleagues.

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### GENERAL INFORMATION DISTRIBUTED TO PRACTICES THIS MONTH

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

- Advice on preventing telephone fraud circulated on 5<sup>th</sup> August 2016
- Letter from Dr David Geddes about GP trainees circulated to training practices on 23<sup>rd</sup> August 2016

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### COMINGS AND GOINGS

#### ***A warm welcome to.....***

*Gibson Lane practice welcome Dr Nipa Paul Choudhury who is covering maternity leave  
Dr S Ghasri, a salaried GP starting at Radshan House on 5th September  
Westfield Medical Centre welcome Dr Samar Shefta who will be joining the practice as a partner  
Alwoodley Medical Centre welcomes Dr Pooja Mishra and Dr Martin Sutcliffe as partners  
Lingwell Croft Surgery welcomed salaried GP Dr Debbie Massheder who started on 22 August  
Priory View Medical Centre welcome Dr Richard Sutcliffe as a Salaried GP  
Dr Laura Knill who has joined Westgate Surgery as a salaried GP*

#### ***Good bye and best wishes to.....***

*Dr RE Pearson, senior partner at Foundry Lane Surgery and Linda Pearson, practice manager who both retire on 2nd October 2016*

### *Practice vacancies at.....*

#### **SALARIED POST, CROSSLEY STREET SURGERY, WETHERBY GENERAL PRACTICE IS STILL THE BEST JOB IN GOD'S OWN COUNTY**

##### **The Job**

Salaried GP/GP's wanted for up to 10 sessions - flexible working or job-sharing considered for suitable applicants.

Competitive salary - Indemnity paid.6 weeks holiday and 1 week study leave pro rata. Practice mentorship scheme and annual in-house appraisal. Regular in house clinical meetings and daily GP unwind over coffee. Development of special interests and involvement in GP training.

##### **The Practice**

Semi- rural, PMS, SystmOne,practice of 11,200 patients working from modern purpose built premises.

Training practice - 2 trainees ,and wide multidisciplinary team including including Nurse Practitioner , Pharmacist and in house pharmacy. Progressive practice working with New Models of Care, close working within our locality within an inclusive CCG.

##### **The Area**

Attractive riverside market town in centre of the Golden triangle of Leeds, Harrogate and York.

Excellent communications close to A1/M1/M62. Great opportunities for leisure activities- close to Yorkshire Dales and Moors-( as seen in Tour de France and Yorkshire)

For application pack please contact [maureen.mazza@nhs.net](mailto:maureen.mazza@nhs.net) or telephone 01937-543200. Informal visits welcome.

Closing date 2/9/16 Interviews Wc 12/9/16 <http://www.crossleystreetsurgery.co.uk>

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New useful documents on [www.leedsimc.org](http://www.leedsimc.org)

#### **Levels of stress among primary care staff**

Mind, 11 August 2016

<http://www.mind.org.uk/news-campaigns/news/mind-finds-worrying-levels-of-stress-among-primary-care-staff/#.V625a3n2aHt>

Mind has released research which shows that 88% of primary care workers find their work life stressful. The poll of over 1,000 NHS workers in primary care including GPs, practice nurses, practice managers and their colleagues, also showed that work is currently the most stressful area of their lives, ahead of their finances, health, family life and relationships.

#### **Focus on... industrial action and undated resignations August 2016**

Available on our website and attached to this edition of Viewpoint.

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