

THE LMC LINE



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The 17/18 Contract: An Update

Avoiding Unplanned Admissions (AUA) DES and the new Frailty Requirement

The AUA DES has now been discontinued and £156.7 million added to the global sum. From 1st July 2017, there is a new requirement on practices to use an appropriate tool to identify patients aged 65 and over who are living with moderate and severe frailty. For those patients identified as living with severe frailty only, the practice must deliver a clinical review providing an annual medication review and where clinically appropriate discuss whether the patient has fallen in the last 12 months and provide any other clinically relevant interventions. In addition, where a patient does not already have an enriched Summary Care Record (SCR) the practice will promote this seeking informed patient consent to activate this. Further guidance from GPC and NHS England (NHSE) will be available shortly.

Indemnity Support Scheme

As part of the 2017/18 GP contract agreement, it was agreed that £30m would be paid to practices covering the average rise in indemnity costs in 16/17, calculated from figures received from surveyed GPs and medical indemnity organisations. This will be paid to practices under the [Statement of Financial Entitlements](#) (SFE) on an unweighted per patient basis of 51.6p based on the registered list size at December 2016. A similar funding arrangement has been confirmed for 2017/18.

Payment was made in March 2017 on the condition that, where principal and salaried GPs self-fund part or all their indemnity costs, the practice will reimburse them equitably and proportionally based on the proportion of primary medical services which the GP is providing for the practice.

Locum GPs will need to ensure that their charges reflect their business expenses, which should include indemnity insurance costs.

Workforce Census

From 1st July 2017 completion of the workforce census will be a contractual requirement for every practice and as a result, £1.5 million has been added to global sum to recognise the workload involved. The GPC has raised concerns regarding the changes to information needed to capture data on locums, and as a result the current process will continue. Once a simplified mechanism for the effective capture of locum data has been developed, guidance materials will be issued.

Access to healthcare

The GPC has agreed with NHS Employers contractual changes that will help to identify patients with a non-UK issued EHIC (European Health Insurance Card) or S1 form or who may be subject to the NHS (Charges to Overseas Visitors) Regulations 2015. New recurrent investment of £5 million has been added to global sum to support any associated administrative workload.

Once available, practices will use a revised GMS1 form for new patient registrations. This will require patients to **self-declare** that they hold either a non-UK issued EHIC or a S1 form. The new GMS1 form, copies of the patient information leaflet, and supporting guidance will be provided to shortly.

GP Retention Scheme

The new [GP Retention scheme](#) has now been launched which aims to ensure that as many hard working and skilled GPs as possible remain within the profession and are provided with opportunities to develop their careers.

Practices will receive £76.92 per session towards the employment costs of the retained GP up to a maximum of £15,999.36 per annum. They will also receive £1000 per weekly contracted session to pay the retained GP an annual professional expenses supplement to fund the cost of indemnity cover, professional expenses and CPD needs.

The BMA has produced [guidance](#) on the scheme for retainer GPs and their employers, and a set of [FAQs](#).

Review Body on Doctors' and Dentists' Remuneration

The Government have accepted the recommendation of the 45th Doctors and Dentists Pay Review Body [report](#) for:

- a 1% increase to the salary scales and range for salaried GPs;
- a 1% increase to pay, net of expenses, for independent contractor GPs (reflected in the 17/18 contract agreement);
- a 1% increase in 2017/18 to the general medical practitioners' trainers' grant;
- the supplement payable to general practice specialty registrars to remain at 45% of basic salary for those on the existing UK-wide contract
- the rate for GP appraisers to remain at £500.

Dr Parker has written to practices about these recommendations with further information and a local opinion.

The GP Forward View (GPFV): An Update

Dr Julius Parker has written to practices to highlight the progress of the GPFV, and NHSE's '[next steps](#)' for the coming two years.

Some elements of the GPFV are being delivered by NHSE nationally or locally, and others are being devolved to CCGs, though CCGs may gradually become shadows of their former selves, as operational control is shifting to the level of the STP Footprint.

Some GPFV commitments already in progress are:

- The indemnity support scheme (see above)
- GP Health Programme
- GP Occupational Health Programme
- The revamped GP retainer scheme (see above)
- Phase two of the clinical pharmacists' pilot roll-out (see below)
- Changes to the hospital standard contract (see below)

In terms of financial investment, the following funds have been identified:

- Transformational Support: CCGs are required to find £3 per patient from their baseline allocations as a non-recurrent additional investment to primary care over 2017-19 to:
 - Stimulate the development of at scale providers for improved access
 - Stimulate the development of the [10 high impact changes](#) to free up GP time

- Secure the sustainability of General Practice

The LMC is asking CCGs for their spending plans to ensure these meet the above requirements. Some CCGs are asking their localities or federations for proposals for how to spend this money.

- The GP Access Fund: Areas in England which currently receive Prime Minister's Challenge Fund or equivalent money, will receive £6 per patient in 16/17 and 17/18 to continue these services. All other CCGs will receive £3.34 per head in 18/19 and £6 per head in 19/20 to commission increased access in primary care:
 - an additional 1.5 hours a day of pre-bookable and same day appointments after 6.30pm;
 - pre-bookable and same day appointments on both Saturdays and Sundays to meet local population needs;
 - to meet a minimum additional 30 minutes consultation capacity per 1000 population, rising to 45 minutes per 1000 population per week.

The LMC hopes that this background information is useful to practices. If you would like to find out more information on your CCG's spending plans, please contact the [office](#) to arrange to attend your local LMC/CCG liaison meeting or LMC committee meeting as an observer.

Changes to the Hospital Standard Contract

As you will be aware, the 16/17 hospital standard contract contained an number of [changes](#) to the interface between primary and secondary care in order to reduce avoidable workload for GPs. The GPC produced [template letters](#) to assist practices to return this work back to the requester, and copy in the CCG and the LMC.

Further changes have come into force in 17/18, for which the GPC has released [guidance and template letters](#). These changes are:

- Providers are required to issue 'fit notes' to patients under their care, covering the full period until the date by which it is anticipated that the patient will have recovered, under existing [guidance](#) from the DWP.
- The timescale for production of a letter related to an outpatient clinic attendance must now be 10 days reducing to 7 days from 1st April 2018.
- A new requirement for the electronic transmission of clinic letters, as structured messages using standardised clinical headings, will take effect from 1st October 2018.
- Providers must communicate properly with patients about their care by putting in place efficient arrangements for handling patient and GP queries promptly and publicise these arrangements to patients and GPs, on websites and appointment / admission letters; AND ensure that they respond properly to patient queries themselves, rather than passing them to practices to deal with.
- Discharge summaries following inpatient or day case admission must already be sent electronically as structured messages using standardised clinical headings, but from 1st October 2018, this requirement also applies to discharge summaries after A&E attendance.
- There is a new requirement that providers must supply medication following a patient's attendance at clinic, where clinically indicated, for the period required in local protocols, but at least sufficient to meet the patient's immediate needs up to the point at which the clinic letter reaches the GP.
- The wording of the standard contract on shared care protocols has been amended, making it clear that hospitals must only initiate shared care arrangements where the patient's GP is content to accept the transfer of responsibility.

The LMC has written to all acute trusts notifying them of their contractual obligations and has asked CCGs to assist with monitoring this. The LMC would like to encourage practices to use these template letters as these changes are now contractual requirements.

Firearms Licensing

The BMA has now published updated [guidance](#) on the firearms licensing process. The LMC has written to all practices in London and Surrey & Sussex with locally tailored advice, including template letters to use.

The new recommendations are:

- GPs who conscientiously object to gun ownership should publish this objection on their website and in public places on their premises, such as their waiting room/reception area;

- there is no obligation on such GPs to refer the patient to another GP;
- When the police ask for an opinion, the GP can refuse to provide this on the grounds of not having the expertise to do so;
- The BMA have also clarified their position on the coding of a firearms licence in the notes; this is now not recommended.

In most situations, a standard computer generated letter is automatically sent to the patient's GP requesting general medical information and possibly asking if the GP has "concerns" regarding the issuing of a firearms license. There is a 21-day limit to respond to this letter which is statutory and the police are entitled to and will draw the inference that the GP has no concerns if they do not receive a response within this time frame. Therefore, it is important that you respond to the initial police letter as failure to respond could put you at professional risk.

Therefore, on receiving the letter from the police, the LMC recommend one of five actions using our standard template response:

- The applicant is not currently registered with the practice
- I decline to provide a report because I have a conscientious objection to the holding of firearms.
- I decline to provide the requested report, because it seeks an opinion on matters falling outside my medical expertise, namely assessment of behavioural and personality disorders.
- I am content to complete this report for which I shall charge a fee to the applicant. You will receive the report once have received payment of this fee from the applicant. Until you receive my report you should assume that the applicant has declined to provide this fee.
- I am content to provide a summary limited to medical facts and compiled from the records for a fee which I shall charge to the applicant. You will receive the report upon my receipt of this fee from the applicant. Until you receive my report you should assume that the applicant has declined to provide this fee.

Where there is a reasonable belief that an individual holding a firearm or shotgun license may represent a danger to themselves or others, the LMC strongly advises GPs to encourage the applicant to surrender their license. If the applicant refuses, GPs should consider breaching confidentiality and informing the police firearms licensing department as a matter of urgency. A discussion with your Indemnity Organisation may be helpful if you are considering this step.

Most letters from firearms licensing officers to GPs request the doctor to place a flag in the patient record to identify the subject as the holder of a firearms license. The BMA has concerns that doing so would place significant liability and risk upon GPs in terms of monitoring and judgement of a patient's suitability to retain a license. The BMA does not recommend flagging the notes due to the imprecise nature of flags, the lack of clear protocols for their appropriate removal and the absence of reliable software to facilitate the surveillance and cross-referencing of flags with diagnoses of concern.

TPP QRISK2 Enhanced Service: An Update

Practices will be aware of errors in the QRISK2 tool provided by TPP which have resulted in miscalculations in patients' cardiovascular risk scores. Since the error was discovered and resolved, a new Enhanced Service has been agreed to reimburse practices for the associated workload they have had to undertake. Practices can claim £6.50 per assessed patient, regardless of the way they are assessed and whether a review is required or not. Claims need to be made via CQRS by 31st May and payments will be made by Monday 31st July. All claims are on the basis that the follow up work set out in the Enhanced Service is carried out by 31st September 2017.

NHS England's planned review to issue new guidance on certain prescriptions

Dr Parker has written to all practices and CCGs regarding NHSE's proposals to review the prescribing of drugs and products that are considered to be of low priority and/or little clinical benefit. It is believed that the review will include medications such as omega 3 and fish oils, liothyronine and doxazosin, as well as gluten free foods and travel vaccinations. It may also be extended to include other medications that are readily available over the counter.

The LMC is aware that certain CCGs have already sought to limit prescribing of some of these products. This has led to difficulties, as the GMS/PMS regulations in regard to essential services include a requirement to make available 'such treatment as is necessary and appropriate for patients who are ill or suffering from a chronic disease'.

Given that an NHSE review is imminent, the LMC has asked local decisions by CCGs be deferred thus reducing the likelihood of a postcode lottery. If your CCG propose prescribing changes out with the context of NHSE's review, the LMC would ask practices to refer the CCG to this advice and participate no further.

TPP SystmOne

Dr Parker has written to practices concerning the new [BMA guidance and FAQs](#) for practices using TPP SystmOne (TSO). This is in response to the following statement issued by the Information Commissioner:

'The ICO has data protection compliance concerns about SystmOne's enhanced data sharing function and the potential risks to patients' medical records held by GPs. However, given the possible impact to patient care, the ICO is not advocating that users turn off data sharing at this stage.'

The LMC anticipates further updates from the BMA in due course, and practices may also receive advice from TPP.

Deprivation of Liberty Safeguards (DoLS) Legislative Change

From 3rd of April 2017, it will no longer be necessary to automatically report all patients who die while subject to an authorisation under the DoLS, or other provision of the Mental Capacity Act, to the coroner. Section 48 of the Coroners and Justice Act 2009 has been revised so that coroners will no longer have a duty to investigate a death solely because the individual was subject to the DoLS at the time. These deaths will only require reporting to the coroner if the cause of death was unknown, or where the cause of death was violent or unnatural. All deaths while subject to a DoLS authorisation that occurred prior to the 3rd of April will still need to be reported to the Coroner.

Locum Pension Forms

As of 1st April 2017, the employer's contribution for the NHS Pension Scheme has increased from 14.3% to 14.38% to cover administrative costs (this cost is reimbursed under the 17/18 GP Contract Agreement). As the NHS Pension Agency is currently updating their website, the Locum A & B forms that reflect this change cannot be uploaded. These forms are presented monthly by locums to practices for signing in order to superannuate their work.

The forms are available from the National Association of Sessional GPs website but the LMC has also emailed a copy of these forms to all practices; locum colleagues may ask you for a copy if they have been unable to access the forms elsewhere.

Social Media for Doctors

The BMA has published Social media [guidance](#) for doctors; a web resource to help the profession use platforms such as Facebook and Twitter safely and ethically. The guidance covers the basics and benefits of social media for doctors, protecting your privacy online and dealing with harassment and abuse on social media platforms.

Social media does offer benefits to GPs: professional networking; sharing ideas and information; accessing professional and peer support; campaigning on issues; and staying up to date with CPD.

[Resilient GP®](#) is an organisation set up to support GPs to develop working practices designed to prevent burn-out by boosting resilience and confidence, and to support a highly effective primary care service that works well both for the doctors and the needs of patients through a social media platform. They also work through the media/trade press to lobby on behalf of GPs and work with other organisations to promote our aims on behalf of the profession. Their closed Facebook group has over 7,000 members; you can join [here](#) or follow @ResilientGP.

The [GP Survival](#) campaign is a grassroots non-profit group with the main aim of defending the institution of Primary Care within the NHS. With the ever-increasing erosion of the traditional GP model, they feel the need to provide a supportive, collective voice for GPs across the country. The organisation effectively exists online through social media interaction

and is administered by a committee of GPs, free of charge, in their own time. They currently have over 6000 members in their closed Facebook group; you can join here or follow @cgps_gp.

In order to protect privacy online, Facebook allows fine-tuning of privacy settings to choose exactly who can or cannot see posts or search for a user's profile. Twitter users can tweet privately, visible only to pre-approved users. However, regardless of the settings chosen, privacy (and confidentiality) can never be guaranteed - even in closed groups or forums. A good rule is never to share or reveal anything on social media that you wouldn't be happy to see printed in a newspaper, or, read out in Court (see The Rainmaker, John Grisham).

The BMA [guidance](#) also covers ethical issues such as protecting confidentiality, maintaining professional boundaries, defamation, identifying as a doctor on social media, and giving medical advice on social media.

Last Partner Standing & Handing Back the GMS/PMS Contract

New [guidance](#) on the above has been published by the BMA covering issues such as liabilities of the partnership, how to avoid being the last man standing, alternatives to [handing back the contract](#), and the costs and obligations of handing back the contract.

Quadrivalent Flu Vaccine for Adults: 2017/18 Flu Season – Surrey & Sussex Practices ONLY

The LMC is aware that some pharma companies have been promoting their quadrivalent influenza vaccines (Fluarix Tetra® or Quadrivalent Influenza Vaccine (Split virion, inactivated)®) to practices. NHSE for SURREY AND SUSSEX ONLY are recommending that prescribers should select the vaccine with the lowest cost price to the NHS and therefore NOT purchase the quadrivalent vaccine for adults as this would create a significant cost pressure to the prescribing budget. If a practice has already placed an order for quadrivalent vaccines and is unable to change this order, please contact [Julius Parker](#) directly. The LMC is seeking to clarify the issue for London practices.

Clinical Pharmacists

NHS England have now opened 'wave two' of applications for funding to help recruit, train and develop more clinical pharmacists in General Practice. Providers participating in the programme will receive part-funding for three years to recruit and establish clinical pharmacists in their practices.

If you are interested in applying, we would encourage you to discuss this with practices in your locality and your CCG. Applications can be submitted [here](#) by 12th May. At least two further application rounds will be announced throughout 2017 and practices who are unsuccessful in waves one or two will have further opportunities to reapply.

Financial Support for Doctors and their families

BMA Charities has worked with the Cameron Fund, the Royal Medical Benevolent Fund, the Royal Medical Foundation, and the Society for the Assistance of Medical Families (formerly Widows & Orphans) to produce a new [website portal](#) that will help doctors in difficulties to find the most suitable charity to apply to.

Doctors, or their dependents, and medical students, can answer a very short questionnaire to find the best charity to help them which then links in to more information about eligibility and the application process.

Sessional GPs Update

Dr Zoe Norris, Chair of the sessional GP subcommittee of the GPC has written a [blog](#) for sessional GPs about IR35, the GP retention scheme, the GPFV and PCSE.

Practice Vacancies

Current vacancies are listed below. Full details of the posts, including how to apply, can be found on the [website](#).

<p>Salaried GP or Partner – Burgess Hill, West Sussex Salaried GP or Partner – Farnham, Surrey Salaried GP or Partner – Newick, East Sussex Salaried GP or Partner – Hove Salaried GP or Partner – East Grinstead Salaried GP or Partner – Whyteleafe, Surrey Salaried GP or Partner – Polegate, East Sussex Salaried GP or Partner – Woodingdean, Brighton Salaried GP or Partner - Bexhill-on-Sea, East Sussex Salaried GP or Partner - Horsham, West Sussex Salaried GP or Partner – Littlehampton, West Sussex Salaried GP with a view to Partnership or GP Partner – Eastbourne, East Sussex Salaried GP or Partner – Lancing, East Sussex Salaried GP or Partner – Godstone, Surrey Salaried GP or Partner – Crawley, West Sussex</p> <p>GP Partner – Rotherfield & Crowborough, East Sussex GP Partner – Wadhurst, East Sussex GP Partner – Elstead, Surrey GP Partner – Redhill & Reigate, Surrey</p>	<p>Receptionists – Haywards Heath, West Sussex Practice Manager – East Sheen, SW London Practice Manager – Stoneleigh, Surrey Practice Manager – Purley & Coulsdon Business Manager – Crawley, West Sussex Data coding and Input Administrator - Staines Senior Clinical Services Manager – Brighton, East Sussex Dispenser & Patient Services Advisor – Dorking, Surrey Administrator & Receptionist – Hastings, East Sussex Clinical Administrator & Team Leaders – Thames Ditton, Surrey Patient Services Advisor – Crawley, West Sussex Receptionist – Upper Norwood, London Receptionist & Administrator – Twickenham Receptionist & Patient Care Assistant – Portslade, West Sussex Administrator – Claygate, Surrey Dispensary Assistant – Billingshurst, West Sussex</p>
<p>Advanced Nurse Practitioner & Practice Nurse– Lancing, West Sussex Advanced Nurse Practitioner – Bexhill, East Sussex Practice Nurse – Croydon Practice Nurse – Pulborough, West Sussex Practice Nurse – Rye Advanced Paramedic Practitioner – Woking, Surrey Practice Nurse - Horsham Practice Nurse – Storrington, West Sussex Practice Nurse – Hastings, East Sussex Advanced Nurse Practitioner – Brighton, East Sussex Advanced Nurse Practitioner – Eastbourne, East Sussex Advanced Paramedic Practitioner & Healthcare Assistant & Advanced Nurse Practitioner – Chertsey, Surrey Practice Nurse – Crowborough, East Sussex Practice Nurse – Englefield Green, Surrey Advanced Nurse Practitioner & Practice Nurse, East Molesey, Surrey Practice Nurse – Guildford, Surrey Practice Nurse - Redhill, Surrey Practice Nurse – Woking Nurse Practitioner – Goring-by-Sea, West Sussex Prescribing Nurse Practitioner – Newick, East Sussex</p>	<p>Macmillan GP – Guildford & Waverley, Surrey Salaried GP – Goring-by-Sea, West Sussex Salaried GP with a view to partnership – Heathfield, East Sussex Salaried GP with a view to partnership – Brighton Salaried GP with a view to partnership - Camberley Salaried GP - Croydon Salaried GP – Oxted, Surrey Salaried GP - Richmond Salaried / Retainer GP – Haywards Heath, West Sussex Salaried GP – Shoreham-by-Sea, West Sussex Salaried GP – Guildford, Surrey Salaried GP – Barnes, SW London Salaried GP – Storrington, West Sussex Salaried GP & Clinical Leader – Brighton Salaried GP – Petersfield, Hampshire Salaried GP - Woking, Surrey Salaried GP – Redhill, Surrey Salaried GP – Twickenham, London Salaried GP – East Grinstead, West Sussex Salaried GP – Horley, Surrey Salaried GP – Purley & Coulsdon, Surrey Salaried GP – East Preston, West Sussex Salaried GP – Lingfield, Surrey Salaried GP– Crawley, West Sussex</p>

Practice Nurse – Weybridge, Surrey Practice Nurse & HCA – Mayfield, East Sussex Practice Nurse – Brockham, Surrey Practice Nurse – Kingston Healthcare Assistant – Eastbourne, East Sussex	Sessional and adhoc GPs – Croydon Salaried GP with a view to partnership – Hindhead, Surrey Salaried GP - East Molesley, Surrey Salaried GP with a view to partnership – Farnham, Surrey Salaried GP – Bagshot, Surrey Salaried GP – Brighton, East Sussex Salaried GP – Horsham, West Sussex GP retainer – Handcross, West Sussex Salaried GP – Gossops Green, West Sussex Salaried GP – Ewell, East Sussex Salaried GP - Walton-on-Thames, Surrey Salaried GP – Camberley, Surrey Salaried GP – Farnham, Surrey Salaried GP – Peacehaven, East Sussex Salaried GP – Bognor Regis, West Sussex Salaried GP – Kent & East Sussex GP Retainer - Dorking Salaried GP – Ashford, Middlesex GP retainer – Lancing, West Sussex Salaried GP – St Leonards, East Sussex
Maternity and regular Locums – Brighton Maternity Locum – Croydon Maternity Locum – Bognor Regis, West Sussex Locum GPs – Hastings WIC, East Sussex Maternity Locum – Godalming, Surrey Locum GPs - Croydon	Dermatology GPwSI – Crawley & Horsham, West Sussex

If you would like a vacancy in your practice to be advertised on the SSLMCs website free of charge, please send details to your relevant [LMC Executive Officer](#).

Surrey and Sussex LMCs issues the LMC Line bulletin which combines frequently asked questions, issues raised at the GPC and information about LMC activities. If you wish to make a brief contribution, please send it to [Dr Clare Sieber](#) at the LMC office.