

THE LMC LINE



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@SSLMCS

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GPC Ballot on Collective Practice Closures

In May 2017, the Conference of LMCs passed the following resolution:

That conference believes that the GP Forward View is failing to deliver the resources necessary to sustain general practice and demands that GPC ballot GPs as to whether they would be prepared to collectively close their lists in response to this crisis.

As a result, GPC England has been asked to ballot practices as to whether GPs in England are prepared to collectively close their practice lists.

The Electoral Reform Services have posted to each practice (including APMS practices) in England, instructions of how to vote in the online ballot. This will include a unique security code for each practice. Practices will also receive a letter from the BMA explaining the reason for the ballot, as well as a set of FAQs on the contractual and legal aspects of the ballot. This is a highly complex area and it is vital that these FAQs are read to inform responses to the ballot.

GPC England needs a clear understanding of the views of all GP practices on this issue, and it is extremely important that all practices complete the ballot. The deadline for completion of the ballot will be noon on Thursday 10th August. If a practice has not received their instructions from the Electoral Reform Services by 14th July, and would like to do so, please email info.gpc@bma.org.uk.

It is important to note that you are being balloted on a Trades Union matter; the LMC has previously provided practices with advice on temporarily capping their list, or applying for closure, on the grounds that if more patients continue to register, the practice may be unable to provide safe care for patients already registered. This advice is drawn from the GPC's '[Quality First: Managing Workload](#)' guidance and relates to the individual circumstances of each practice. This advice still applies. The ballot is asking about a willingness to take collective action, and not response to the individual circumstances of a practice.

PCSE Update

The latest bulletin from PCSE is available [here](#). This includes updates on:

- SOLO/Locum A/B forms and payments
- Year End - Annual Certificates and Estimates
- Childhood Immunisation deadlines
- 2017 GP registrar reimbursements
- Performers lists change notification requests (NPL2 and 3s)
- Update on patient registrations
- Contacting the PCSE payments and pensions team

Sessional GPs

Krishan Aggarwal, deputy chair of the GPC sessional subcommittee, has written a [blog](#) for sessional GPs which covers pension payments, performers list issues and type 2 self-assessment forms.

GP Registrars

Details of how GP registrars should update their status on the medical performers list when they complete their training is available [here](#). Whilst this change is being processed, any organisation wishing to employ/engage a newly qualified GP can assure themselves that training has been completed by checking the GMC register. There should be no reason to delay independent practice while the application is being processed.

Medical Records: One-off Payment

The GPC had negotiated a one-off contribution of £250 to GP practices by NHS England to recognise the additional administrative burden incurred since April 2016 as a result of PCSE providing primary care support services. This is in addition to the extra £2 million added to the global sum to account for the additional work of bagging and labelling patient records as the current pilot is extended across England. Unfortunately, the payment which should have been processed in April has been delayed, but should now have reached the majority of practices alongside their contractual payment by the end of June. Should your practice have not received this payment, enquiries can be made to pcse.ppinfo@nhs.net.

Guidance for Making Claims Against PCSE

The above one-off payment should not prohibit those who have suffered a demonstrable loss as a result of PCSE's inadequacies from being recompensed. Practices or individuals who can provide evidence of the pecuniary loss they have incurred as a result of Capita's failures can contact NHS England to make a claim.

These losses could include:

- Direct losses - where there is a clear requirement for a payment to be made under a contract
- Indirect losses - costs incurred because of having to take out a loan to pay for practice expenses, or a GP who has not been able to work because of delays in getting onto the performers list.

Claims should be sent to pcse.ppinfo@nhs.net detailing as much of the following information as possible:

- Your name and address (or the name of the practice and its address)
- The reason for your claim
- A clear explanation of the facts
- The losses you are claiming
- Any supporting documents
- A date by which you want a full response: we recommend 28 days

You should note that by accepting an offer of compensation it could mean you forego the right to seek any further redress, so please consider all losses fully.

If you are not satisfied with the outcome of your claim to NHS England, you may wish to consider taking up your claim via the small claims court. The GPC has issued [guidance](#) on this.

CQC Fees Reimbursement

NHS England has agreed, as part of the new GMS contract for 2017/18, to reimburse GP practices' CQC fees from 1st April 2017. Most practices pay their annual fee in a lump sum, however some make monthly instalments. Regardless, please submit an annual or monthly invoice to NHS England, or your CCG if they have fully delegated authorities, and this will be reimbursed as part of your practice's next regular payment.

NHS Property Services and Community Health Partnerships Premises

The LMC is aware of many practices who are experiencing issues with NHS Property Services (NHSPS) and Community Health Partnerships (CHP) at the moment due to significant and at times unjustified rises in service charges. The GPC has met with NHS PS on several occasions to highlight the destabilising effect that these increases are causing.

While these issues are ongoing, the GPC's advice to practices remains the same:

- In respect of lease negotiations, it is vital that you do not sign any lease or Heads of Terms (including those purporting to be based on the national template GP lease negotiated between the BMA and NHSPS) unless and until you fully understand and are comfortable with your potential liabilities. To this regard appropriate due diligence as to your potential liabilities should be carried out.
- Transitional funding arrangements should only be entered where you are entirely satisfied that when the transitional period ends, you are not inadvertently left having to meet increased costs without the benefit of increased funding. In the view of the BMA, transitional arrangements should be avoided; more permanent solutions which align a practice's funding to its costs are needed.
- In respect of current service charges, practices should only make payments to the extent that they are satisfied with their accuracy and the legal basis upon which they are payable.

Police Requests for Medical Information

The BMA professional fees committee has instructed new legal advice regarding medical note requests received from the police.

There is clear guidance regarding the obligations that GPs have with respect to copying and/or release of the GP record:

- If the police do not have a court order or warrant they may request voluntary disclosure of a patient's health records under section 29 of the Data Protection Act 1998.
- However, while health professionals have the power to disclose the records to the police where section 29 applies, there is no obligation to do so.
- In such cases health professionals remain bound by the long-established common law duty of confidentiality and may only disclose information where the patient has given consent, or there is an overriding public interest. They may also be required to defend their decision to disclose before the GMC.
- Disclosures in the public interest based on common law are made where disclosure is essential to prevent a serious threat to public health, national security, the life of the individual or a third party, or to prevent or detect serious crime. This includes crimes such as murder, manslaughter, rape, kidnapping and abuse of children or other vulnerable people. Serious harm to the security of the state or to public order and serious fraud will also fall into this category.

Your practice is entitled to set and charge its own fee for producing the notes for the police.

For you to proceed with the police request, the BMA have drafted a [pro forma](#) that we recommend you complete and send to the police authority. It is recommended that you obtain each of the following before releasing the notes:

- Written patient consent to release of their records OR written confirmation as to the nature of the serious crime allegedly committed by the patient and an explanation as to why the patient's records, or other information requested, are considered necessary for the specific purpose being pursued. Practices will require one of these to fulfil their responsibilities as the Caldicott Guardian.
- Written confirmation that the fee will be paid within 28 days of the police receiving the record. This fee is due to the disproportionate effort placed on an already overburdened GP practice to provide these notes which recognises the need to support the police in their investigation of a crime, where appropriate to do so. (It is vital that the police agree in writing to pay the fee, otherwise you will not be able to claim for the service. If the police authority refuses to pay the fee, the GP can decide whether they would like to provide the service free of charge, or not at all.)
- Written confirmation from a senior police officer – ranked Superintendent or above – that he or she considers that the crime being investigated is a serious crime in line with the examples provided above.

Alternatively, should it be appropriate for the police to view the record, there is the option for them to view the record in the practice in the presence of a practice staff member. In this situation, there is no fee chargeable.

Please note that if the police authorities have a court order or warrant for disclosure of the records, you may be required to comply with the request even where a fee has not been paid or agreed. This will depend on several factors, including the terms of the court order or warrant.

If you have any further queries about this please contact info.professionalfees@bma.org.uk.

General Practice Resilience Programme

The [GP Resilience Programme](#) was announced as part of the General Practice Forward View to provide £40 million over four years to deliver a menu of support that will help practices to become more sustainable and resilient, better placed to tackle the challenges they face now and into the future, and securing continuing high quality care for patients.

Applications are now open to access the funding available for 2017/18. GP Practices are able to self-refer into the programme by completing the [self-referral application form](#) and sending it to england.kmatadmin@nhs.net by Tuesday 18th July 2017. Please do notify and discuss your application with your CCG primary care lead so they can provide advice and support to you.

Indemnity: Changes to the Personal Injury Discount Rate

Dr Parker has written to all practices explaining the details of the reduction to the Personal Injury Discount Rate from 2.5% to -0.75%. The anticipated outcome is that NHS compensation costs will rise by £1 billion annually, and thus the GPC is actively discussing this issue with the DoH and NHS England given that indemnity costs are already a barrier to GP retention and recruitment. The LMC will share any updates with colleagues.

Interpreting and Translation Services for GP practices

Following several recent queries, the LMC has confirmed with NHS England that the responsibility for the provision of interpretation and translation services [in Surrey and Sussex](#) lies with the CCGs. If colleagues do have any queries regarding such services, including those from patients and Health Watch, these should be diverted to the CCG.

GP Patient Survey 2017

NHS England together with Ipsos MORI, have published the latest Official Statistics from the [GP Patient Survey](#). The survey provides information on patients' overall experience of primary care services. Over 808,000 patients completed the survey, resulting in a national response rate of 37.5%. Key findings are:

- Patients are finding it much harder to get through to the surgery, and are less likely to see their preferred GP.
- When patients do make an appointment, an increasing proportion attempt to speak to a GP or nurse over the phone.
- An increasing proportion of patients find themselves unable to make an appointment.
- The proportion of patients reporting a positive experience of making an appointment is falling.
- The percentage of patients giving their GP positive ratings for spending enough time with them, listening to them and involving them in decisions about their own care has shown a small decrease.
- Confidence and trust in GPs remains high.
- Patients are increasingly dissatisfied with out-of-hours services.

Read the full BMA analysis [here](#).

Occupational Health Services

NHS England have asked the LMC to draw colleagues' attention to the following [website](#), which gives the contact details for Heales Medical Group, the provider of occupational health services to medical practitioners on the Medical Performers List. This service is not extended to practice staff; the LMC continues to discuss the limited scope of this service with NHS England and Heales Medical Group.

NHS GP Health Service: Clinicians Required

The NHS GP Health Service (GPH) is a new national England-wide programme to provide mental health and addiction services to GPs and trainees. It is hosted within the NHS Practitioner Health Programme which has been providing services to health professionals for the last nine years.

GPH is seeking to recruit clinicians to deliver aspects of care including assessment, case management, prescribing and clinical leadership. Clinicians will be paid an annual retainer for their services, plus a fee per case. Further details are available [here](#).

Intermediaries Legislation (IR35)

The BMA is aware that there continues to be concern about the application of [IR35](#) rules and interpretation of locum employment status, including some employers applying a blanket approach to all locums that they engage, without assessing individuals' contracting arrangements.

In a letter to the BMA, NHS Improvement has confirmed that it has not advised employers to adopt a blanket policy to IR35 regulations or locum employment status and that the tax and employment status of each locum doctor should be assessed on their individual circumstances.

The BMA was also aware of an instance where an employer had informed locums that the GMC had asked to be notified about any locum who cancelled locum shifts with less than two weeks' notice. Following intervention by the BMA, the trust has confirmed that this is not the case and the trust will be clarifying this with the doctors affected.

GPC Guidance: New Models of Care

The GPC has updated their [guidance](#) and key concerns on the virtual Multi-speciality Community Provider (MCP) contracts and Alliance agreements. This covers some key legal factors that practices and groups of practices should carefully consider if they are thinking of entering into such an arrangement.

Locum and Salaried GP handbooks

These BMA handbooks have now been updated.

The [locum GP handbook](#) provides advice and guidance on all aspects of locum work, including on starting out as a locum, setting up as a business and establishing a contract for services with a provider. The handbook also provides advice to practices on recruiting locums.

The BMA [salaried GPs handbook](#) is a resource for salaried GPs and GP employers. It explains the legal entitlements of salaried GPs as employees, helps to ensure that salaried GPs are aware of their statutory and contractual rights, and outlines the effect of the various provisions of the model salaried GP contract. It includes sections on maternity leave and redundancy, and information on many other areas such as salary, hours of work, sick leave and employment protection.

The New Junior Doctor Contract

The new junior doctor contract will be introduced from August 2017. The BMA have produced [guidance](#) to highlight the implications for training practices. It is important to note that the BMA remains in dispute with the Government about the imposition of the contract and is providing practical advice and support to those affected.

In summary, the new contract requires GP practices to introduce new processes for GP training. While GP trainees' working hours continue to be based on the GPC-COGPED sessions agreement and some of the changes will help deliver safer training, there is no additional funding to meet these requirements. New supporting structures are also required under the new contract that practices need to be aware of.

Practices that host trainees under the single lead employer arrangements must ensure appropriate service level agreements with the lead employer, or the equivalent documentation in their area, have been agreed. Practices that employ GP trainees directly are not obligated to offer the new terms and conditions. Those that do offer the new terms and conditions must ensure that they have the necessary processes and supporting infrastructures in place to fully meet their contractual obligations as an employer.

LMC Buying Groups Federation

Surrey and Sussex LMCs has been a member of the [LMC Buying Groups Federation](#) since 2008. This means that all practices within the confederation are eligible to access discounts that the Buying Group has negotiated on a wide range of products and services. These include medical consumables and equipment, dictation software and office equipment. To make an order, your practice must first sign up [here](#).

LMC / Syder & Young Training Events for Practice Managers and Non-Clinical Staff

Surrey and Sussex LMCs, in partnership with Syder and Young Ltd, are running a comprehensive programme of training for practice managers and non-clinical staff over this year which are already proving to be popular. The courses represent very good value for money at £45/half day and £80/full day. Upcoming events include medical chaperoning and effective coding in primary care. Please click [here](#) for further details and to book online.

Some of the feedback we have received so far is:

Notes Summarising

'Very useful – giving me a much clearer understanding of summarising'

'...the trainer answered questions as well as explaining various aspects of summarising... In a simple and effortless way to understand'

Medical Terminology Parts I & II

'Easy to understand'

'Valuable insight into medical terminology'

'Excellent trainer'

Medical Chaperoning

'pleasantly surprised – I have been practice nursing for 23 years but his course raised issues and gave food for thought – thank you'

GPC Newsletter

The latest e-newsletter is available [here](#).

Sessional GPs Update

This month's Sessional GPs [newsletter](#) focuses on the results of the Sessional GPs Survey and recent progress with Capita on pension issues.

Practice Vacancies

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

Salaried GP or Partner – Burgess Hill, West Sussex Salaried GP or Partner – Farnham, Surrey Salaried GP or Partner – Shoreham, West Sussex Salaried GP or Partner – Lancing, West Sussex Salaried GP or Partner – Woodingdean, Brighton Salaried GP or Partner – Horsham, West Sussex Salaried GP or Partner – East Grinstead, West Sussex Salaried GP with a view to Partnership or GP Partner – Eastbourne, East Sussex Salaried GP or Partner – Newick, East Sussex Salaried GP or Partner – Hove, East Sussex Salaried GP or Partner – Whyteleafe, Surrey Salaried GP or Partner – Polegate, East Sussex GP Partner – Rotherfield & Crowborough, East Sussex GP Partner – Wadhurst, East Sussex Salaried GP or Partner – Bexhill-on-Sea, East Sussex Salaried GP or Partner – Godstone, Surrey GP Partner – Elstead, Surrey GP Partner – Redhill & Reigate, Surrey Salaried GP or Partner – Littlehampton, West Sussex Salaried GP or Partner – Crawley, West Sussex	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
Locum GPs – Hastings WIC, East Sussex Maternity Locum – Uckfield, East Sussex Maternity Locum – Croydon, London Maternity Locum – Godalming, Surrey Maternity Locum – Bognor Regis, West Sussex	Dermatology GPwSI – Crawley & Horsham, West Sussex

Practice Nurse – Tolworth, Surrey	Salaried GP with a view to partnership – Portslade
Advanced Nurse Practitioner – Bexhill, East Sussex	Salaried GP with a view to partnership – Wadhurst, Surrey
Practice Nurse– Lancing, West Sussex	Salaried GP with a view to partnership – Heathfield
Practice Nurse – Croydon, London	Salaried GP – Tadworth, Surrey
Practice Nurse – Pulborough, West Sussex	Salaried GP with a view to partnership – Eastbourne
Practice Nurse – Guildford, Surrey	Salaried GP with a view to partnership – Burgess Hill
Practice Nurse – Rye, East Sussex	Salaried GP – Farnborough, Surrey
Advanced Paramedic Practitioner – Woking, Surrey	Salaried GP with a view to partnership – Farnham
Practice Nurse – Horsham, West Sussex	Salaried / Retainer GP – Crowborough, East Sussex
Advanced Nurse Practitioner – Brighton, East Sussex	Salaried GP – Reigate, Surrey
Practice Nurse – Storrington, West Sussex	Salaried GP - Walton-on-Thames, Surrey
Healthcare Assistant & Advanced Nurse Practitioner – Chertsey, Surrey	Salaried GP – Portslade, Brighton
Practice Nurse – Crowborough, East Sussex	Salaried GP – Newhaven, East Sussex
Practice Nurse – Mid Sussex	Salaried and Retainer GP – Brighton, East Sussex
Practice Nurse - Redhill, Surrey	Salaried GP– Crawley, West Sussex
Advanced Nurse Practitioner – Eastbourne, East Sussex	Salaried GP – Surbiton, Surrey
Advanced Nurse Practitioner – East Molesey, Surrey	Salaried GP – Southbourne, Hampshire
Practice Nurse – Woking, Surrey	Salaried GP – Camberley, Surrey
Nurse Practitioner – Goring-by-Sea, West Sussex	Salaried GP – Mertsam, Surrey
Prescribing Nurse Practitioner – Newick, East Sussex	Salaried GP – Horsham, West Sussex
Practice Nurse – Weybridge, Surrey	Salaried GP – Banstead, Surrey
Advanced Nurse Practitioner – Thames Ditton / Hampton Court, Surrey	Salaried GP – Bexhill-on-Sea, East Sussex
Practice Nurse – Brockham, Surrey	Salaried GP – St Leonards -on-Sea, East Sussex
Practice Nurse – Kingston, London	Salaried GP - Woking, Surrey
Healthcare Assistant – Eastbourne, East Sussex	Salaried GP – Ashford, Middlesex
Healthcare Assistant – Walton-on-Thames, Surrey	Salaried GP – Croydon, London
	Salaried GP – Uckfield, East Sussex
	Salaried GP – Ashdown Forest, East Sussex
	Salaried GP with a view to partnership – Heathfield
	Salaried GP – Buxted and East Hoathly, East Sussex
	Salaried GP – Guildford, Surrey
	Salaried GP – Brighton, East Sussex
	Salaried GP – Goring-by-Sea, West Sussex
	Salaried GP – Liphook, Hampshire
	Salaried GP – Purley & Coulsdon, Surrey
	Salaried GP – Oxted, Surrey
	Retainer GP – Peacehaven, East Sussex
	Salaried GP with a view to partnership – Bognor Regis
	Salaried GP – Richmond, London
	Salaried GP - Haywards Heath, West Sussex
	Salaried GP – Shoreham-by-Sea, West Sussex
	Salaried GP – Redhill, Surrey
	Salaried GP – Barnes, London
	Salaried GP – Storrington, West Sussex
	Salaried GP & Clinical Leader – Brighton, East Sussex
	Salaried GP – Twickenham, London
	Salaried GP – East Grinstead, West Sussex
	Salaried GP – Horley, Surrey
	Salaried GP – East Preston, West Sussex
	Sessional and adhoc GPs – Croydon, London
	Salaried GP - East Molesey, Surrey
	Salaried GP – Bagshot, Surrey
	GP retainer – Handcross, West Sussex
	Salaried GP – Gossops Green, West Sussex
	Salaried GP – Ewell, East Sussex
	Salaried GP – Kent & East Sussex
	GP Retainer – Dorking, Surrey

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.