THE LMC LINE

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**Influenza Guidance**

As practices will be all too aware, aTIV (Fluad) is unavailable or in short supply in some areas with the final staged deliveries now occuring. This is the only vaccine NHS England have recommended for the over 65s. Seqiris, the manufacturer, has since given practices and pharmacists with insufficient stock the opportunity to order further supplies.

The LMC has issued [guidance](https://www.sslmcs.co.uk/furtherupdateseasonalfluimmunisationprogramme20181926thseptember) for practices who will still have an insufficient supply of this vaccine; only if there is no accessible supply and no more anticipated, would it be clinically appropriate to offer the QIV (quadrivalent influenza vaccination) instead of aTIV to this cohort of patients. This means that practices will have to direct patients to a community pharmacist and wait until after the last delivery phase of the vaccine in November has passed before being able to consider administering the QIV., but should only do so once further advice is available from NHS England.

**Docman Incident: Patient Records Transfer Issue**

In August, NHS England issued a [CAS alert](https://www.sslmcs.co.uk/centralalertingsystemuseofdocman7withelectronicdatatransferenabled)to GP practices on the use of Docman software (version 7) with Electronic Document Transfer (EDT) enabled. The GPC is conducting a brief [survey](https://www.surveymonkey.co.uk/r/GYZHJ5J) of practices in England in order to estimate the size of the workload impact (clinical and administrative) to support the argument for compensation for affected practices to NHS England.

The LMC is aware that some practices have not reviewed the unprocessed documents. The LMC advice has been that this process should not be delayed as there is a potential safety risk to patients. Should a practice have insufficient resources to undertake this work or discover a very high number of documents to process, the CCG should be contacted in the first instance, and also the LMC.

**Winter Indemnity Scheme**

NHS England has announced that it is running a [winter indemnity scheme](https://www.england.nhs.uk/gp/gpfv/investment/indemnity/winter-indemnity/) again this year to support GPs who wish to undertake additional extended access and/or out of hours sessions over the winter season by funding the indemnity for extra sessions booked between 1st October and 31st March. GPs should apply for this scheme prospectively through their MDO.

**Pensions Update**

NHS England have [written](https://www.sslmcs.co.uk/messagefromnhsenglandandnhsbusinessserviceauthorityforgpswhoaremembersofthenhspensionscheme) to all GPs to inform them of the results of a quality assurance records review of the pension scheme, which has shown discrepancies between some of the pensionable earnings and contributions data which has been provided to NHS BSA (who is responsible for administering the scheme) by PCSE (who is responsible for administering GP pension contributions).

Therefore, a review of all GP pension data has been commissioned, prioritising GPs nearing retirement age. If discrepancies are found, then the individual GP will be contacted and given advice. The GPC have made it clear that if GPs are asked to seek additional financial advice, this must be reimbursed.

Following a recent BMA letter to the Chancellor setting out the reasons why the NHS pension scheme is worsening the GP retention crisis, NHS BSA has agreed to some changes to the Annual Allowance.

This is currently set at £40,000 and tapers down to £10,000 for higher earners with a tax being levied if this is exceeded. This can either be made by paying the tax from savings via the tax return (taxed at the marginal tax rate) or by applying to use “scheme pays”.

NHS BSA has now agreed to permit the use of “voluntary scheme pays” to those who may have exceeded their tapered limit, and the requirement to have a tax charge of £2,000 has been removed. This is complex area and so the BMA has updated their [Guide to the Annual Allowance](https://www.bma.org.uk/advice/employment/pensions/annual-allowance-examples), which provides examples of how to calculate the annual allowance growth.

**GDPR and Data Sharing Agreements**

Recently the LMC has been approached by practices and other providers to review Data Sharing Agreements (DSAs).

The LMC is not able to provide a legal opinion on the compliance of a DSA with the General Data Protection Regulation (GDPR). In the first instance, practices should seek the advice of their Data Protection Officer (DPO), and refer to the ICO’s [Data Sharing Checklist](https://ico.org.uk/media/for-organisations/documents/1067/data_sharing_checklists.pdf). It is for practices to decide whether to enter into a DSA, remembering that it is in the interests of the commissioners and other providers to get practices to sign up, hence any steps a practice feels are required to give them assurance should be forthcoming.

**Locum Reimbursement for Phased Return to Work**

The GPC has recently challenged decisions where NHS England has refused to reimburse locum cover for GPs on a phased return to work. This has resulted in NHS England conceding GPC’s position that when GP partners return from sick leave on phased return certified by Med3, the SFE mandates that practice must be reimbursed the cost of their cover in exactly the same way as if the partner was still completely off sick.

Furthermore, when a salaried GP is on a phased return from sick leave, NHS England nationally has made it clear to all local commissioners that, to avoid discrimination, salaried GPs’ absence during phased return will also be reimbursed on a discretionary basis*.*

An updated SFE will be published shortly a [guidance document](http://www.nhsemployers.org/-/media/Employers/Documents/Primary-care-contracts/GMS/Locum-reimbursement-phased-return-to-work-FAQs.pdf) has been published on the NHS Employers website. If a practice encounters any issues with the application of this guidance, please contact the LMC.

**Data Extraction from UK Biobank**

The LMC has been advised that all practices are likely to receive a joint letter from UK Biobank and the RCGP shortly. UK Biobank is a charity that extracts the data of about half a million patients, who gave their consent to an in-perpetuity extraction of data from their medical records several years ago. At present, the LMC cannot confirm that this process is GDPR compliant and therefore has, along with other LMCs, approached UK Biobank to ask that it engages with the GPC so that appropriate assurances can be given to practices. Once this has been forthcoming, the LMC will issue an update.

**Falsified Medicines Directive**

This EU wide directive comes into force in February 2019 and seeks to reduce the safety risk imposed by falsified medicines entering the legitimate medicines supply chain. There are implications for dispensing practices who will have to purchase equipment to scan barcodes on packaging and IT software to communicate with the new National Medicines Verification System. There are also implications relating to the return of stock. More information is available [here](https://www.sslmcs.co.uk/eufalsifiedmedicinesdirectivefmd) and from the [DDA](https://www.dispensingdoctor.org/).

**TPP data sharing**

The Joint GP IT Committee, co-chaired by the GPC and RCGP, has previously raised concerns regarding the sharing of patient records in TPP's SystmOne software. They issued a [statement](http://s3.eu-west-1.amazonaws.com/files.mylmc.co.uk/websitefiles/5/5228/TPP%20SystmOne-letter%20re%20FAQs%20for%20GP%20Practices.pdf?X-Amz-Expires=600&X-Amz-Algorithm=AWS4-HMAC-SHA256&X-Amz-Credential=AKIAJVI6P7KHDNQ6UXDQ/20181023/eu-west-1/s3/aws4_request&X-Amz-Date=20181023T144310Z&X-Amz-SignedHeaders=host&X-Amz-Signature=16fe10cd1070ffd94187ae9f2d24febb61fde65e02a51ba7013a9184b197fccf) earlier this year advising GPs of progress being made to address those concerns. New functionalities were deployed and implemented earlier this year and are now fully embedded. Consequently, the committee is confident that GP Data Controllers using TPP SystmOne are now compliant with GDPR and so the matter is now closed.

**GP Retainer Scheme**

The [GP Retainer Scheme](https://www.sslmcs.co.uk/gpretainerschemecroydonkingstonrichmondandsurreyandeastwestsussex) was relaunched in 2017 with wider eligibility criteria and more attractive incentives for practices. The scheme is aimed at GPs in any stage of their career who are considering leaving general practice; they can work flexibly up to 4 sessions per week and receive a bursary of £1000 per session towards professional expenses.

A practice will receive £4,000 per session per annum towards the cost of employing the GP. This allowance supports the provision of mentoring and educational support and recognises the flexibility of employment that will need to be provided to the Retainer GP.

The LMC understands that some CCGs may be reluctant to invest in this scheme, but it is recognised in the SFE (Statement of Financial Entitlements) and therefore practices experiencing this unwillingness are advised to contact the LMC and the BMA Workforce and Innovation team via [aottley@bma.org.uk](mailto:aottley@bma.org.uk).

**Premises Update**

General Practice Premises Policy Review

NHS England, with the Department of Health and Social Care, is working collaboratively with the GPC, RCGP and other stakeholders to undertake a review of General Practice Premises Policy. Dr Krishna Kasarareni, GPC England Executive member, has written a [blog](https://www.bma.org.uk/connecting-doctors/b/work/posts/we-can-t-build-a-modern-health-service-on-crumbling-foundations) welcoming the review.

NHS Property Services

The LMC has been made aware that NHS Property Services have circulated occupancy agreements letters and occupancy change notices to some practices.  These documents have not been agreed with GPC and the LMC would urge practices to obtain appropriate legal advice and involve their commissioner before signing, if at all. The GPC’s guidance for practices in NHSPS premises can be found [here](https://www.bma.org.uk/advice/employment/gp-practices/premises/support-with-chp-and-nhsps-issues).

**The Partnership Review: Interim Report**

**As practices may be aware, Dr Nigel Watson CEO Wessex LMCs has been chairing the partnership review which aims to identify solutions to ‘reinvigorate’ the partnership model and support the transformation of General Practice. The** [interim report](https://www.gov.uk/government/publications/gp-partnership-review-interim-report) **has been published, alongside a** [‘myth busting’ document](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/745318/myth-busting-questions-on-partnerships.pdf) **about partnership for GP trainees covering premises, liabilities, benefits, routes to parity, partnership agreements, pensions, tax and last man standing situations. This is an excellent document that the LMC encourages to be circulated to all trainees, as well as interested sessional GPs, and even some partners, who wish to have a better understanding of the subject.**

**New GMC Guidance: Reflective Practice**

New [guidance](https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/the-reflective-practitioner---guidance-for-doctors-and-medical-students) to help doctors and medical students with reflection post Bawa-Garba has been jointly published this week by the Academy of Medical Royal Colleges, Conference of Postgraduate Medical Deans, GMC and Medical Schools Council.

**Training Requirements in Relation to Primary Medical Services**

Following receipt of a number of queries regarding the ostensible training needs or requirements of either General Practitioners or other clinical and administrative staff at GP practices, the LMC has produced [guidance](https://www.sslmcs.co.uk/requirementstoundertaketraininginassociationwiththedeliveryofprimarymedicalservices) for practices to follow which is in line with the GMS/PMS Regulations. If a practice receives an instruction regarding training from a commissioner which seems contrary to this guidance, then the LMC would be happy to be informed.

**e-RS**

The e-referral system has now been implemented across the confederation. Should a practice be experiencing any problems, please contact [Dr Jerry Luke](mailto:jeremy.luke@sslmcs.co.uk), Medical Director, about the issue, ideally mentioning the named lead for e-RS within your CCG.

**RCGP Workload Observatory**

The RCGP has run the Research and Surveillance Centre (RSC) for many years, with over 250 practices as members of this network. The RSC extracts data twice a week and generates weekly reports on disease levels, most notably ‘flu. The Director of the RSC is Professor Simon de Lusignan, a GP in Guildford.

The RSC wishes to develop a ‘workload observatory’, extracting data from participating practices to provide a dataset detailing the workload in General Practice and how it is being managed by an ever-changing workforce. Therefore, the RSC is seeking to recruit practices to become members of the observatory. There is a small incentive payment available to practices of £50 if the sign-up paperwork is completed promptly. Practices can sign up and receive further information by contacting the [Medical Director](mailto:MedicalDirectorRSC@rcgp.org.uk) of RSC or one of the [practice liaison officers](mailto:m.hriskova@surrey.ac.uk;%20i.yonova@surrey.ac.uk;%20m.tripathy@surrey.ac.uk).

**PCSE Update**

The September PCSE bulletin for practices is available [here](https://www.sslmcs.co.uk/primarycaresupportenglandgpupdateseptember2018).

**GPC Newsletter**

The most recent edition is available [here.](https://bma-mail.org.uk/t/JVX-5X8VS-09KXX1DO05/cr.aspx)

# Sessional GPs Update

The September issue of the sessional GP newsletter includes an article salaried GPs’ contracts and an update on PCSE and pensions. Read the newsletter [here](https://bma-mail.org.uk/t/JVX-5WU0A-1BJCJOU46E/cr.aspx).

# LMC Buying Groups Federation

Surrey and Sussex LMCs has been a member of the [LMC Buying Groups Federation](https://www.lmcbuyinggroups.co.uk/) 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.

In order to comply with GDPR, **all practices must** [**re-register**](https://www.lmcbuyinggroups.co.uk/members) with the buying group. By re-registering you can have full access to all the pricing information on the website, ensure your practice continues to receive Buying Group discounts and be amongst the first practices to be able to use their new vacancy advertising service.

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](mailto:clare.sieber@sslmcs.co.uk) at the LMC office.

**Practice Vacancies**

Vacancies added to our website since the last edition of the LMC Line are listed below. Full details of all posts, including how to apply, can be found on the SSLMCs[website](https://www.sslmcs.co.uk/jobs) [.](http://www.sslmcs.co.uk/vacancies-) If you would like a vacancy in your practice to be advertised on the website free of charge for a three month period, please send the details to

[Sandra Rodbourne](mailto:Sandra.rodbourne@sslmcs.co.uk)*.*

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| **GP Partner/Salaried**  *GP Salaried – West Byfleet, Surrey*  *GP Salaried with partnership opportunity – Polegate, East Sussex*  *GP Salaried – Brighton, West Sussex*  *GP Salaried with view to partnership – Lingfield, Surrey*  *GP Salaried – Caterham, Surrey*  *GP Salaried – Merstham, Surrey*  *GP Salaried – Crawley, West Sussex*  *GP Salaried with partnership opportunity – Guildford, Surrey*  *GP Salaried with partnership opportunity – Sompting, East Sussex*  *GP Salaried – Chessington, Surrey*  *GP Salaried – Dorking, Surrey*  *GP Salaried – Purley/Coulsdon, Surrey*  *GP Partner – Capelfield, Surrey*  *GP Salaried – Polegate, East Sussex*  *GP Lead – Brighton, East Sussex*  *GP Partner & GP Salaried – Southwick, East Sussex*  *GP Partner/Salaried - Cowfold, West Sussex*  *GP Retainer – Woking, Surrey*  *GP Salaried with a view to Partnership – Eastbourne, East Sussex*  *GP Salaried or Partner – Lancing, West Sussex*  *GP Salaried – Eastbourne, East Sussex*  *GP Salaried – Partner – Woking, Surrey*  *GP Salaried/Locum maternity cover – Woking, Surrey*  *GP Retainer – Guildford, Surrey*  *GP Salaried – Crawley, West Sussex*  *GP Salaried – Oxted, Surrey*  *GP Partner – Epsom, Surrey*  *GP Salaried or Partner with full parity – Woking, Surrey*  *GP Salaried (2) – East Elmbridge & Woking, Surrey*  *GP Salaried – Richmond, Surrey*  *GP Salaried – Alton, Hampshire*  *GP Salaried – East Grinstead, West Sussex*  *GP Salaried – St Leonards on Sea, East Sussex*  *GP Salaried – Weybridge, Surrey*  *GP Salaried with partnership opportunity – Polegate, East Sussex*  *GP Partner – Crawley, West Sussex*  *GP Salaried with a view to partnership – Woking, Surrey*  *GP Salaried or GP Retainer – Crawley, West Sussex* | **Locum GP**  *GP Locum for maternity cover – Surbiton, Surrey*  *GP Locum – Guildford, Surrey* |
| **Nursing**  *Practice Nurse - Worthing, West Sussex*  *Practice Nurse - Lancing, West Sussex*  *Practice Nurse – East Elmbridge and Woking, Surrey*  *Practice Nurse (Maternity Cover) – East Grinstead, West Sussex*  *Practice Nurse (Maternity Cover) – Farnham, Surrey*  *Practice Nurse – East Elmbridge & Woking, Surrey*  *Advanced Nurse Practitioner – Oxted, Surrey*  *Paramedic Practitioner – Uckfield, East Sussex* |
| **Other/Admin**  *Business/Practice Manager – Pulborough, West Sussex*  *Practice Manager (30 hours/week) – Cowfold, West Sussex*  *Practice Manager (closing date 26.10.18) – Shoreham-by-Sea, East Sussex*  *Services Manager – Farnham, Surrey (closing date 11.11.18)* |