THE LMC LINE

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Investment in General Practice in England

The government is falling short of its promised pledge to invest more in GP services, according to a new BMA analysis of the latest funding figures released by NHS Digital.

Despite some increases in funding allocated to GP practices:

- The health service spend on GP services as a proportion of the NHS budget is still below the level it was at a decade ago, with 7.9% of overall NHS investment going to general practice in 2016/17 compared to 9.6% in 2005/06. This means general practice is receiving £2 billion less than it would have been, had spending been maintained at 2005/06 levels.
- The government is not meeting the widely accepted target of 11% of the overall NHS budget being allocated to general practice. It is currently £3.7 billion short of meeting this commitment.

GP Practice List Closure Survey

There has been considerable publicity regarding the outcome of the BMA survey of practices in terms of their willingness to either collectively apply to close their lists or temporarily suspend patient registrations (informally known as 'list capping').

The response rate for South East England was 36% and the LMC is grateful to colleagues who took the time to discuss this issue within their practices and then vote. Within our confederation, 56.2% of practices were in favour of temporary suspension of new registrations, and 48.3% in favour of a collective application to close lists. This mirrored the national picture.

Following discussion with the GPC England executive, policy leads and sessional GP executive members, the BMA will not, at this stage, be moving to a formal industrial action ballot of the profession.

Though the results may not be definitive (when combining the turnout with the results it shows less than 13% of all practices support temporary suspension of patient registrations), the strength of feeling shown by those who responded means that the BMA is calling on the government to urgently address the current crisis by providing:

- a swift resolution to the indemnity crisis
- a limit to workload levels so that no patient or doctor is put at risk
- a sustainable expansion of the general practice and community workforce (with an end to short term schemes with non-recurrent funding)
- surgery buildings that are fit for the 21st century

Regardless of the results of this survey, many practices face real and unsustainable pressures today and need to act now to protect their current patients. In such situations practices have always been able to temporarily suspend patient registration. Further guidance from the LMC on this issue is available here.

Frailty Reminder: The 2017/18 Contract Agreement

From July 2017 there is a new contractual requirement for practices to focus on the identification and management of patients living with frailty.

Specifically, practices are required to use an appropriate tool, such as the Electronic Frailty Index (eFI), to identify patients over the age of 65 who are living with moderate or severe frailty. It is likely that these patients will already be seen on a regular basis and coding can take place on an opportunistic basis over the course of the year.

NHS England is aware that some practices have batch-coded a Read code diagnosis of frailty. It is recommended that this should not be done for the following reasons:

- eFI is not a clinical diagnostic tool: it is a population risk stratification tool;
- Automated diagnostic coding without clinical judgement will lead to inappropriate diagnosis of frailty with direct consequences for patient care.

For those patients identified as being severely frail, the practice will be required to deliver a clinical review providing an annual medication review and, where clinically appropriate, discuss whether the patient has fallen in the last 12 months. Where a patient does not already have an enriched Summary Care Record (SCR) the practice should offer this to the patient and, after receiving informed consent, activate the enriched SCR.

Under these provisions, data will be collected on:

- the number of patients recorded with a diagnosis of moderate frailty
- the number of patients with severe frailty
- the number of patients with severe frailty with an annual medication review
- the number of patients with severe frailty who are recorded as having had a fall in the preceding 12 months
- the number of severely frail patients who provided explicit consent to activate their enriched SCR

This information will be used by NHS England to understand the prevalence of frailty and guide future commissioning arrangements. It will not be used for performance management.

Further BMA guidance is available here.

Community Pharmacy Influenza Immunisation Scheme

Dr Parker has written to all practices to explain the winter 2017/18 provisions. Community pharmacists must pass accurate information about immunisations promptly to GPs and should not expect practices to assist with their queries around patient eligibility. GPs and pharmacists are both equally at liberty to advertise and promote their flu service, but should do so in a way that does not undermine the others professionalism or service.

New GMS1 forms

All practices should have received new GMS1 forms to use from October. These include supplementary questions to be completed by overseas visitors who hold either a non-UK issued European Health Insurance Form [EHIC], a Provisional Replacement Certificate [PRC] (which is a temporary replacement for a mislaid EHIC), or an S1 form (available to those in receipt of a UK old age State pension but living abroad).

It is important to note that practice staff are not responsible for trying to identify overseas visitors or checking the accuracy or veracity of completed forms. NHS England has a leaflet available to provide additional information for overseas visitors about the NHS.

Under the 2017/18 GP Contract Agreement, GP practices must, for those patients who self-declare they hold a non-UK EHIC, PRC or S1:

- Enter this information into the medical record
- Send a copy of the completed GMS1 form to either NHS Digital (EHIC or PRC) or DWP (S1)

  On an approximately weekly basis.

GP practices have been given a Global Sum uplift to fund this additional administrative work. If practices use a web based registration process or a bespoke application form, as long as this is updated to include the new questions and guidance, then these approaches can continue.

The LMC has received several enquiries from practices about this issue and will shortly send out a supplementary FAQs

Winter Indemnity Scheme

As part of a commitment to address the issue of rising indemnity costs and to assist with winter resilience in primary care, NHS England will be running a winter indemnity scheme for GPs, from 1st October 2017 to 2nd April 2018. It is designed to meet the costs of personal professional indemnity for any additional out of hours work undertaken by GPs this winter.

Further information on how to access this scheme is available here.

CQRS Data Extraction Requests

All practices should have received a number of CQRS data extraction requests from NHS Digital, which undertakes data collection on behalf of NHS England. The data is being collected under provisions of Section 259 of the Health and Social Care Act 2012, and so this is a request practices cannot legally refuse.

There are two significant collections:

- A workload information collection, which includes the 'third next available appointment'.
- An individual GP-level data collection; a pilot exercise to collect data related to the patients' usual GP. This looks at ten clinical areas including flu immunisation, dementia reviews and emergency admissions, and the analysed data will be returned to GP practices with an attempt made to relate the patient care data to their usual GP, as a proxy for their 'named accountable GP'. Comparative CCG data will also be available.

GMS / PMS Contract Mandatory Variation Notices

GMS Contractor practices should have received a letter from either their CCG or NHS England describing variations within their contract, including in relation to electronic signatures and prescribing. The GMS Regulations allow for a mandatory variation in the contract to ensure it is compliant with new legislative changes. Accordingly, practices should confirm their

acceptance to this variation notice. PMS Regulations also allow for a mandatory variation to ensure compliance in the same circumstances.

Meeting your Training Obligations

The BMA has released new guidance to support practices in England to handle inappropriate training requests from commissioners and regulators, and clarify what training is mandatory or statutory. This covers areas such as life support, safeguarding, manual handling, smears and vaccines.

CQC Registered Manager

The LMC would like to remind practices that it is a legal requirement (under Section 33 of the Health and Social Care Act 2008) for practices to have a registered manager with the CQC. Whenever a registered manager leaves the practice or wishes to hand on the responsibility to another person, the CQC must be notified within 12 weeks of the previous manager leaving.

Hepatitis B Vaccine Shortages

The LMC has written to all practices as Public Health England has introduced restrictions on the availability of Hepatitis B vaccine and has also developed a prioritisation list, in the light of a global shortage of this vaccine; GSK is now the only supplier. Supplies are unlikely to return to normal until mid to late 2018.

As agreed with GPC, practices will not be able to routinely order adult Hepatitis B vaccine; supplies will be restricted to NHS Trusts and Occupational Health Units and therefore all patients who may need vaccinations, should be referred either to OH or, if an urgent assessment is needed, to Accident and Emergency Departments. Both are (or should be) aware that GPs no longer have routine access to the vaccine.

Supplies of paediatric monovalent hepatitis B vaccines are being reserved to ensure the national programme can continue; supplies of the hexavalent vaccine due to be used in September as part of the national childhood immunisation programme are unaffected.

DBS Checks for Locums

The Disclosure and Barring Service needs to be performed only once in order to appear on the National Performers list. Once on the Performers List, there is no requirement to have further DBS checks.

If working for a locum agency, not only will each agency need a DBS check, but they may also have their own internal reasons to insist on one as often as they like. In which case, there is an annual DBS update service for £13 per annum for locums.

The CQC remind practices that:
GPs will have had criminal records checks done as part of their Performers List checks. In some cases, practices may use these checks rather than obtaining an additional DBS check when the GP begins working for the practice. In such cases, the practice should be able to provide sufficient evidence of seeking appropriate assurances from NHS England that a check has been undertaken.

National Spirometry Register

The NHS is establishing a national Register of Certified Healthcare Professionals to assure the competence of those who undertake and interpret diagnostic spirometry in adults which will apply in primary care.

This will only become mandatory in March 2021, and will involve three-yearly certification. However, GPs who diagnose and treat patients after spirometry has been undertaken and the results interpreted will not need to be on the Register. There are also 'grandfather' clauses to enable those already undertaking such work to be initially accepted onto the Register.

This will apply to many respiratory LCSs, and the training and certification requirements and associated costs of these are being incorporated into LCSs.

Interpretation and Translation Services

This service will now NOT be transferring to fully-delegated CCGs until 1st Oct 2018, and will remain the responsibility of NHS England until this date.

The LeDeR Programme

The LeDeR programme is a national mortality review for patients with a learning disability commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England.

If a patient on the learning disabilities register dies, the patient's GP may wish report the death on the programme's website if this hasn't already been done so. Should the patient then be subject to a mortality review, a clinical reviewer from the programme may request permission to attend the practice to conduct the review with access to the medical record. The information sharing required for this is covered by Section 251 of the NHS Act 2006.

If you would like more information about the programme, or are interested in becoming a clinical reviewer please contact amy.dissanayake@nhs.net.

NHS Property Services and Community Health Partnerships Premises

The GPC have written to all practices in these premises with updates on current issues such as invoices, service and management charges, transitional funding, lease negotiations and VAT. They have also created a webpage for practices with useful guidance.

PCSE Update

The latest PCSE bulletin includes information on the new GMS3 (temporary resident) forms, GMS1 forms, GP registrar payments and performers list changes.

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

We are delighted to announce the new Autumn training programme for practice managers and non-clinical staff. These courses are very popular so we recommend booking early to avoid disappointment. At only £45 for half day courses and £80 for full day courses, the courses represent very good value for money.

As well as the ever-popular Notes Summarising, Medical Terminology and Effective Coding courses, we have also added Personal Assertiveness for Managers, Engaging & Motivating Staff, and Developing Resilience & Patient Focus for Receptionists to our programme.

Please click here for further details and to book online.

GPC Newsletter

Dr Richard Vautrey has been elected as chair of GPC UK and GPC England as Dr Chaand Nagpaul has taken on the new role of BMA Council Chair. Dr Vautrey's latest newsletter is available here.

Sessional GPs Update

The latest newsletter for sessional GPs is available here. It includes information about appraisal and revalidation, handling complaints, and safeguarding training.

Dr Krishan Aggarwal, the Sessional Subcommittee deputy chair has blogged about his latest meeting with PCSE this month to discuss pension issues.

Job Opportunity: Clinical Lead for Integrated Urgent Care - Clinical Assessment Service

As the lead commissioner for the re-procurement of the Integrated Urgent Care Clinical Assessment Service, Coastal West Sussex CCG is looking to recruit a professional clinician to provide clinical leadership and strategic oversight of the service in terms of its clinical safety, governance and effectiveness on behalf of the seven Sussex CCGs.

This is an exciting opportunity to work on a Sussex-wide transformation programme that will build upon and improve patient experience; a programme that will be led by example, reflects the local requirements and clinical models being created, and is an integrated and trusted service.

- This is a fixed-term contract and will comprise of two sessions (8 hours) per week.
- Please see the job description for Clinical Lead for Integrated Urgent Care - Clinical Assessment Service
- More information about the clinical assessment service is available from NHS England.
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For an informal discussion about the role please contact Colin Simmons, Programme Director on 07525 303692. If you are interested applying for the role, please complete the expressions of interest form and email it to colinsimmons@nhs.net.

Closing date: 22nd October 2017.

Practice Vacancies

Current vacancies are listed below. Full details of the posts, including how to apply, can be found on the SSLMCs website . If you would like a vacancy in your practice to be advertised on the website free of charge, please send details to your relevant Executive Officer.

Salaried GP or Partner – Brighton GP Partner – Hove, East Sussex Salaried GP or Partner - Bexhill-on-Sea, East Sussex Salaried GP or Partner – East Grinstead, West Sussex Salaried GP or Partner – Battle, East Sussex Salaried GP – Staines Salaried GP – Burgess Hill Salaried GP or Retainer – Brighton, East Sussex Salaried GP with a view to partnership – Wadhurst, Surrey Salaried GP – Claygate, Surrey Salaried GP – Kew, Richmond Salaried GP – Croydon, London Salaried GP - Woking, Surrey Salaried GP – Newhaven, East Sussex Salaried GP – East Molesley/Thames Ditton, Surrey Salaried GP – Oxted, Surrey Salaried GP – Camberley, Surrey Salaried GP – Crawley, West Sussex Salaried GP - Walton-on-Thames, Surrey Salaried GP – Littlehampton, West Sussex Salaried GP – Liphook, Hampshire Salaried GP – Worthing, West Sussex Salaried GP – Worplesden, Surrey Salaried GP or Retainer – Crowborough, East Sussex Salaried GP – Capel, Surrey Salaried GP with a view to partnership – Lingfield, Surrey Salaried GP with a view to partnership – Brighton Salaried GP – Rye, East Sussex	Maternity Locum – Guildford Locum GP – Croydon Urgent Care Centre Locum GP – Walton, Surrey Maternity Locum – Uckfield, East Sussex Maternity Locum – Haywards Heath Locum GP – Battle, East Sussex Dispenser & Patient Services Advisor – Dorking, Surrey Medical Secretary / Personal Assistant / Data Entry Clerk – Horsham, West Sussex Practice Manager – Crawley, West Sussex Practice Manager / receptionist / scanner / summariser – Surbiton, Surrey Practice Manager – Robertsbridge, East Sussex Receptionist – Chertsey, Surrey Secretary / Administrator – Walton, Surrey Advanced Nurse Practitioner – Oxted, Surrey Paramedic Practitioner – Uckfield, East Sussex Practice Nurse – Tolworth, 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.