

THE LMC LINE



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DDRB Announcement

As Colleagues will be aware, the DDRB has finally reported and the Government has announced pay awards for staff covered by the DDRB. The LMC has written to all practices outlining this and also the concerns associated with the outcome.

The DDRB Report clearly accepted the concerns expressed about GP workload, recruitment and retention and NHS England's apparent expectations of General Practice, and recommended a 4% uplift net of expenses. However, only a further 1% uplift is being added to the Global Sum, which will rise to £88.96 with the OOHs deduction remaining at 4.87% (£4.33). There are phased increases to the salaried doctors pay scale (2%), trainers grant (3%) and appraisers fees (3%).

NHS England Consultation on 'Digital-First' Primary Care and QOF

NHS England have published two [consultations](#) relating to the GP Contract which the LMC recently wrote to practices about. The GPC will be providing a full response, but individual GPs can also [do so](#) here.

In terms of QOF, the consultation follows an NHS England QOF review which reported too late to be included in the 2018/19 Contract Negotiations. QOF will be changed for the 2019/20 GP Contract Agreement and may include:

- modification of indicators to better target the population cohorts to which they apply;

- 'rebranding' exception reporting as 'personalised care adjustment' operating at an individual rather than domain level;
- introduction of a 'quality improvement' domain, based on national/local priority areas, but with a recognition that most GP/CCG experience of the 2011-14 QOF 'Quality and Productivity' indicators was poor;
- the retirement of some indicators to produce 'financial headroom' for the above; there are no plans to reduce the overall value of QOF.

The second consultation relates to recent 'digital consultation' developments and NHS England's intention to increase their utilisation. The proposals are to:

- Apply the London weighting only to London-resident patients.
There is currently a flat rate capitation payment of £2.18 paid to all practices based within London, to all registered patients, whether living in London or not. It is paid in addition to a higher MFF (Market Forces Factor) paid to London practices to adjust for higher metropolitan costs.)
- Reduce the Out-of-Area Registration Payment by about 20%.

Currently practices receive the same fee for patients registered 'normally' and under the 'out-of-area' registration arrangements, even though they do not need to provide home visits to the latter. Accordingly, and based on an analysis of the frequency of home visits, NHS England have suggested the Global Sum payment for out-of-area patients may need to be reduced NHS England wish to continue the out-of-area registration option. The difficulty of commissioning an in-hours home-visiting service in most areas is also recognised.

- Amend the Rurality Index.

This is a niche interest; it is an additional payment made to practices with a higher than average distance between patients' homes and the practice. 90% of practices' have an average distance between 0.8 – 3.9 km. However, if the proportion of out-of-area registrations rise, then, because these and normal registration are not distinguished in terms of the rurality index, then practices will appear more 'rural' than they really are. Any such changes in the index will have no impact on over 7000 practices.

Expectations in Relation to Core and Extended Hours and the Reasonable Needs of Patients

Practices may have received a questionnaire from either NHSE or their CCG about their core hours, participation in the extended hours DES, and meeting the reasonable needs of the patient. The LMC has [written](#) to all practices explaining the regulatory background behind 'reasonable needs', why it disagrees with NHSE's definition of this, and recommends that all practices complete the questionnaire having regard to our advice.

Subject Access Requests and Solicitors

The LMC has been advised that original expectations that GDPR would preclude solicitors asking for SARs was incorrect; having taken legal advice, the BMA has been advised that solicitors (and third-party claims and notes review intermediaries) can submit SARs which must be treated by practices as if they were submitted by the patient directly. This is causing significant difficulties to practices and the GPC regards this as an increasing and unfunded workload. A comprehensive survey of practices about this issue will be circulated soon by the LMC. Further details are available [here](#).

Retirement from the Performers' List

The LMC has been asked to remind colleagues to notify PCSE and NHS England of any changes to your status, contact details and retirement plans by completing and returning the relevant forms to PCSE. This is particularly important in the case of retirement, as without the [NPL3](#) (Change of Status) form, NHSE have no option but to undertake a mandatory removal from the performers' list if they are notified that a doctor no longer has a licence to practice or is no longer registered with the GMC.

Taxi Driver Medicals

Recent changes to recommendations from the Department of Transport mean that any vocational drivers, such as taxi drivers, must meet the standards for those owning a class 2 (HGV) driving licence. Local authorities have amended their Taxi Licence forms to reflect this, but some have stipulated that the medical examination must be undertaken by the patient's own GP and that this GP must state that the patient is 'fit' to hold a Taxi licence.

Where the LMC has been made aware of this issue, the local authority has been reminded that completing these medicals is not part of essential services and GPs can decline to perform this work. Where a GP does choose to undertake this work and invoice the patient, the GP may prefer to state, 'I am not aware of any medical evidence that the patient is unfit to drive a taxi'. The LMC has been informed that the forms will be amended to reflect the above.

If any practice has additional queries about this issue, please contact [Dr Jerry Luke](#).

Ear Wax Removal

NICE has recently published guidance on the assessment and management of adults with hearing loss. The LMC would like to remind practices that the [process of removing ear wax is not an essential service](#), and therefore not regarded as 'core' GMS/PMS work. In some CCG areas, an LCS has been commissioned for this service, and the LMC has requested for the commissioning gap to be closed in areas where no such service exists.

The LMC recommends that practices do not provide services that are not appropriately commissioned or resourced, and as such should a practice wish to stop providing ear wax removal, it is recommended that the PPG is informed (and asked to lobby to the CCG for a commissioned service), and the CCG is asked where patients can be referred to.

Trivalent Influenza Vaccines

As you are aware, NHSE has advised the use of adjuvanted trivalent flu vaccine (aTIV) for those aged 65 years and over in the coming 'flu season.

As the only licensed aTIV in the UK is manufactured by Seqirus (Fluad®), to manage supply of the vaccine, and to help ensure that there is equal access for patients and that all vaccination providers are treated fairly, GPs and community pharmacies will all receive 40% of their aTIV order in September, 20% in October and 40% in November. Any evidence of this being deviated from should be flagged up immediately with GPC (info.gpc@bma.org.uk). The staged deliveries are for aTIV only and will not affect supplies of the quadrivalent and live attenuated influenza vaccines.

Supporting Doctors who Undertake a Low Volume of NHS General Practice

New [guidance](#) has been released by NHSE which clarifies that if a GP performs 40 sessions a year or more then they do not need to undertake any specific reflection on their practice related to the volume of work they undertake for their appraisal. This should provide reassurance to many GPs.

For those doctors performing fewer than 40 clinical sessions, the requirement is now for them to complete a simple structured reflective template (SRT) with guidance on what factors are likely to mitigate any risk that might accrue from this type of work pattern. This SRT should then be submitted as a Quality Improvement Activity (QIA) and discussed with the appraiser in the usual manner.

CQC Update

- The CQC has been made aware that a number of practices received duplicate copies of invoices by NHS SBS, its outsourced financial services provider, because of an administrative error. CQC expects SBS to write to all affected practices to confirm that they only need to pay one invoice.
- CQC's new Provider Information Collection (PIC) tool will now not be launched until April 2019, and therefore routine focused inspections of good and outstanding practices will be delayed until after this date. Inspections of good and outstanding practices where information and intelligence suggest there is a risk to patients will continue as normal.

PCSE Update

The National Audit Office has now [reported](#) on PCSE's provision of primary care support services, the outsourcing of which by NHSE has been described as 'misjudged', 'high risk', and 'deeply unsatisfactory'. The BMA has launched a campaign, asking for all GPs and general practice staff members who have been negatively impacted by one or more of the PCSE service failures to sign a [pledge](#) of support.

The June PCSE bulletin for practices is available [here](#).

The Partnership Review

Dr Nigel Watson (Chief Executive of Wessex LMC) is leading an independent [review](#) into the partnership model of general practice. As part of the review, commissioned by the Department of Health and Social Care, a [key lines of enquiry document](#) has been published calling for evidence to feed in to an interim report, which aims to make recommendations that aim to revitalise the partnership model and ensure that the views of GPs, other staff working in general practice, patients and the wider system have been considered. If you would like to respond to the review, please email GPPartnershipReview@dh.gsi.gov.uk

The Potentially Avoidable Appointment Audit Tool

NHS England has launched the new fully automated Potentially Avoidable Appointment Audit tool, which is free for all practices in England. The audit is a simple tool for reviewing workload within practices and exploring how things might be managed differently in the future. So far, more than 1,000 GPs across 400 practices have audited their appointments. All practices can register for the audit by going to <https://pcfaudit.co.uk/login>.

Clinical pharmacists in General Practice

NHS England has published an evaluation of the phase 1 pilot of the [clinical pharmacists in general practice programme](#). The report shows that clinical pharmacists significantly increase patient appointment capacity and reduces pressure on GPs. For more information and the full evaluation [please find the report here](#).

Medicine Supply Issues Update for Primary Care

The July update from the DoH is available [here](#) and includes information about the diamorphine supply issue.

New Clinical Roles

A [guide](#) to new clinical roles has been published on the BMA website. It has been designed to provide members with a broad outline of the new clinical roles that are emerging across the NHS, such as Physician Associates (PAs), Advanced Clinical Practitioners (ACPs) and Clinical Pharmacists. It also provides suggestions of further reading.

Update for Practices in NHSPS and CHP Premises

The BMA is aware of a written question that was submitted to the Secretary of State about money owed to NHSPS and CHP by GPs. It would like to reiterate to practices the previous guidance on this issue; practices should only pay invoices to the extent that they satisfied with both the legal basis upon which they are payable and their accuracy. GPs are aware that this issue is causing practices significant stress and will offer support (gpcpremises@bma.org.uk) in circumstances where, despite there being no legal basis to do so, NHSPS seek to enforce these charges.

Unfairness in the 2015 NHS Pension Scheme: A Survey

The BMA is gathering data to find out whether certain groups of GPs are being discriminated against under the NHS Pension Scheme Regulations 2015. It is believed that GPs who take breaks from work are unfairly disadvantaged through a method for calculating contributions called 'annualisation'. If you are in the *2015 Career Average Revalued Earnings scheme*, please to complete this short [survey](#). If you are unsure whether you are in this scheme you can find out [here](#).

NHS England's Relunched General Practice Bulletin

NHS England has relaunched their [General Practice Bulletin](#). If you would like to sign up to subscribe, please click [here](#).

Data Protection Officers and GP practices under GDPR

The BMA has recently published new [guidance](#) on the role of the DPO in GP practices.

GPC Newsletter

The most recent edition is available [here](#).

Sessional GPs Update

The most recent edition is available [here](#).

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.

In order to comply with GDPR, **all practices must [re-register](#)** 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 which will be launched next month.

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.

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](#) . 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](#).

<u>Salaried GP / Partnership</u>	<u>Locum GP</u>
<p>Salaried GP, Chichester, West Sussex Salaried/Retainer GP, Crowborough, East Sussex Salaried GP, Merstham, Nr Redhill, Surrey GP Partner, Brighton, West Sussex Salaried GP, Walton-on-Thames, Surrey Salaried GP, Caterham, Surrey Salaried GP, Godalming, Surrey Salaried GP with a view, Bognor Regis, West Sussex Salaried GP, Croydon, Surrey Salaried GP, Weybridge, Surrey Salaried GP (Fixed Term), Surbiton, Surrey Salaried GP, Newhaven, East Sussex GP Partner, Warlingham, Surrey Salaried GP, Woking, Surrey Salaried GP / Partner, Guildford, Surrey Salaried GP, Guildford, Surrey Salaried GP, Cranleigh, Surrey Salaried GP, Hove, East Sussex Salaried GP, Bognor Regis, West Sussex Salaried GP (maternity cover), Bognor Regis, West Sussex Salaried GP (fixed term), Twickenham Salaried GP / Partner, Hove, East Sussex Salaried GP, Crawley, West Sussex Salaried GP, Shere, Surrey Salaried GP, Pevensey, East Sussex Salaried GP, Burgess Hill, East Sussex Salaried GP, Ashford, Middlesex Salaried GP / Partner, Lancing, West Sussex Salaried GP, Littlehampton, East Sussex Salaried GP, Portslade, East Sussex Salaried GP, Stoneleigh, Surrey Salaried GP / Partner, Woking, Surrey Salaried GP/ Partner, Wadhurst, East Sussex Salaried GP, Tadworth, Surrey Salaried / Locum GP, West Byfleet, Surrey Salaried GP, Barnes, SW London Salaried GP (fixed term), Great Bookham, Surrey Salaried GP, Oxshott, Surrey Salaried GP, Brighton, East Sussex Salaried GP, Kew, Surrey Salaried GP, New Malden, Surrey</p> <p>GP Fellowships, Surrey, West Sussex, East Sussex</p>	<p>GP Locum / Retainer, Caterham, Surrey GP Locum (Maternity Cover), Hove, East Sussex GP Locum (Maternity Cover), Chessington, Surrey Locality Hub GPs, Ashford, Middlesex & Walton-on-Thames, Surrey</p> <p><u>Nursing</u></p> <p>Practice Nurse, Crowborough, East Sussex Nurse Practitioner, Hove, East Sussex Advanced Nurse Practitioner, Hove, East Sussex Paramedic Practitioner, Hove, East Sussex Advanced Level Practitioner, Cuckfield, West Sussex Nurse Practitioner/Practice Nurse, Guildford, Surrey Advanced Nurse Practitioner, Woking, Surrey Practice Nurse, Richmond, Surrey Paramedic Practitioner, Crawley, West Sussex Senior Practice Nurse, Woking, Surrey Practice Nurse or HCA, Englefield Green, Surrey ANP, Tadworth, Surrey Treatment Room Nurse, Lancing, West Sussex Paramedic Practitioner, Lancing, West Sussex Nurse Practitioner, Lancing, West Sussex Practice Nurse, Lancing, West Sussex Practice Nurses x 2, Shepperton, Middlesex Lead Practice Nurse, Robertsbridge, East Sussex</p> <p><u>Other/Admin</u></p> <p>Assistant Practice Manager, Cranleigh, Surrey Practice Manager, Caterham, Surrey Practice Manager, Southwater, West Sussex Medical Secretary/Administrator, Dorking, Surrey Assistant to Practice Manager, Cuckfield, West Sussex Practice Manager, Worthing, West Sussex Practice Administrator, Crawley, West Sussex Referral Secretary, Ashford, Middlesex Deputy Practice Manager, Wadhurst, East Sussex Clinical Coder, Hurstpierpoint, West Sussex Pharmacy Technician, Brighton, East Sussex Medical Receptionist/Administrator, Upper Norwood Assistant Practice Manager, New Malden, Surrey Practice Manager, West Byfleet, Surrey</p>

