

# North Staffs LMC Newsletter

December 2017 – issue 38



Dear all and seasons greetings,

Below is a summary of a potential health care system which is being implemented in Richmond and was described at the Working at Scale meeting on 7.12.17. Harald and I are meeting UHNM clinical directors on 4.1.18 and will raise these principals as it certainly feels like them and us, with the tariff steadily swallowing the whole health care budget. This cannot be sustained. In addition we are negotiating the format for the extended access changes from 1.10.18 and helping facilitate appropriate spend of the L+D and innovation budgets. The LMC is looking to both the new single executive CCG team and the Federation to further invest in and sustain general practice, through models that support core general practice and practices working at scale. This model must be locally tailored, meaningful and effective.

The LMC is also looking forward to the effective roll out of the new nursing home scheme, which will start to address the acute demands of the 28 busiest homes across North Staffs and Stoke.

## 5 levels of care

1. Pre-practice - self care, third sector support, integrated social care, pharmacists direct, physios direct, mental health direct
2. Practice - general practice, lifelong relationship, community rooted, federation support
3. Locality level 1 - 30-50K - practices working at scale, integrated multi-disciplinary teams
4. Locality level 2 - 30-200K - practices working in joint ventures, wider range of community services, actual hubs where all of outpatients

is based, working on EMIS (removing communication issues)

5. Hospital care - absolutely only what hospitals can - acute in-patient care to the very sick, ITU, surgery, complex diagnostics

## Proper ceilings of care

- Outcome based commissioning with block secondary care contracts with % outcome paid - 10-25%
- Global use of EMIS with graded confidentiality sorted out - one care record in the whole community
- NHSI and NHSE merger
- Removal of tariff
- Positive incentives that help efficiencies and are cost-effective
- 50 consultants to sit in for a morning with a GP to see the other side and the IT system

Wishing you a peaceful Christmas, Paul



Dr Paul Scott - Chair

## New BMA guidance for GP Trainees and Practices

The BMA recently published [additional guidance](#) to support GP Trainees and GP Practices with understanding the new 2016 junior doctor contract. In addition to previous guidance, the BMA have

uploaded an example work template that incorporates OOH working, a practice FAQ and a document comparing the new 2016 contract with the previous 2002 one.

## Maternity leave cover reimbursement for salaried GPs

The LMC is aware of messages of concern from a number of practices across the West Midlands who were being denied their legal entitlement for locum reimbursement for the maternity leave of salaried GPs. This arose because NHS England chose to incorrectly interpret the Statement of Financial Entitlements (SFE) and therefore limit reimbursement for SGPs to just eight weeks cover. This is incorrect.

North Staffs LMC is not aware of local problems, but just want to summarise the benefits to make sure practices receive what they are entitled to.

Maternity leave or equivalent - Weeks 1-2 £1131.74, weeks 3-26 £1734.18 then stop

Sick leave - Weeks 3-26 £1734.18, weeks 27-54 £867.09

These apply from 1.4.17 and most colleagues should reconsider their need for locum insurance - start times and level of cover, which may be only required after 6 months for many colleagues and at a lower rate. This doesn't affect permanent health insurance needs after the normal 12-month partnership agreement arrangements.

## GPC advice on Statutory and Mandatory Training

The GPC have produced this [guide](#) earlier this year which makes it clear to practices what their obligations are for statutory and mandatory training:

## GP Trainees on Tier 2 Visas

Health Education England (HEA) have issued a [presentation](#) which has been prepared by Helen Mead in East Midlands. This issue was discussed the NHSE North Midlands Umbrella group, as practices

are having issues offering contracts to excellent overseas GP trainees who happen to be on tier 2 visas. HEE are happy to discuss this with LMCs. One solution is to start advertising directly to trainees in their final year to ensure any such issues are sorted and agreed before they complete GP training.

## General Data Protection Regulations

As you know, the General Data Protection Regulations (GDPR) will come into force on 25 May 2018, and like you we are concerned about the implications for practices of the regulations. We have been speaking to NHS England about the ramifications of the regulations and are now aware that their guidance will not be published until the end of February at the earliest. We are in the process of finalising our own comprehensive guidance ourselves which will be ready in January, but in the meantime, I wanted to provide you with the below interim update.

- Practices should already have data protection policies and procedures in place; under the GDPR they will need to be able to show that they are written down and accessible to staff and that staff are aware these policies are in place.
- Practices should already know what personal data they hold, who can access them (and why), with whom the data is shared (and the legal basis for this), and what security measures are in place for storing and sharing; under the GDPR it will be a requirement to have an audit/record to state the above, which can be provided to the ICO upon request (e.g. if there is a complaint from a patient about a breach or non-compliance).
- Practices should already have 'fair processing' or 'privacy notices' displayed in the practice and on the practice website. These notices should explain to patients how their data might be used, when they might be shared and with whom and any rights of objection.
- Practices need to be able to demonstrate their compliance with the regulations upon request – at present they just need to be compliant; under GDPR they will need to be able to demonstrate that they have all policies and procedures in place,

as well as a record of the above. Essentially if the ICO turns up at a practice, they need to be able to provide them with a document showing all of the above.

- Penalties for data breaches, including not being compliant and not being able to demonstrate compliance are much higher under the GDPR, and have lower thresholds (i.e. you can be fined more for a lesser offence).
- Practices will no longer be able to charge a fee for patients to access their own information.
- Practices which are already compliant with the Data Protection Act 1998 will be in a strong position for the introduction of the GDPR. The BMA has [existing guidance on GPs as data controllers under the DPA](#)

## GP Appointments

The Department of Health in England, and NHS England, are very anxious about NHS pressures over the Christmas and New Year period. This has been demonstrated though their advertising campaign launched this week. The BMA have received a letter from NHS England informing them of their intention to include an indicator on each practice page on NHS Choices to identify whether weekday evening or weekend appointments are offered, either through local arrangements e.g. extended hours DES or through other CCG commissioned services. Those CCGs that have been funded to deliver additional access as of September 2017 will have their practices identified as offering this service.

NHS England say that "Where the service is currently offered, users of the site will be advised to contact their practice for appointment availability, either at the practice or through other local arrangements. Where these are not currently offered, the message will be 'coming soon'. In addition, search results will include a 'Yes – contact the practice for appointment availability' or No – coming soon' indicator next to each practice name, with further information about evening and weekend appointments provided on the practice page."

NHS Choices are already approaching practices about this. They are requesting practices to add further information to their pages. It is one thing for practices to inform patients of what services are available, however the BMA does not believe it is

appropriate for them to be promoting messages such as the one in the recommended text which included this, "By March 2019 everyone in England will benefit from access to general practice appointment in evenings and weekends at a time that is most convenient to them". The BMA have informed NHS England that they cannot support this. Practices should be aware that they have no obligation to post such messages.

## Update on CHP and NHSPS

The LMC forwarded a letter from the BMA (dated 14.12.17) which provided an update on the FOI request sent in to NHSPS (NHS Property Services) and CHP (Community Health Partnerships). CHP are progressing the request. NHSPS did respond but there remains some ambiguity in the information that was provided, so the BMA is seeking further clarity and hopes to be able to update on their findings in the New Year.

The BMA is aware that practices may receive a letter (again) demanding payment of outstanding invoices. If practices do receive this letter, and continue to have concerns over the basis and level of the service charges incurred, we would recommend that you respond asking NHSPS to provide some fundamental and indeed reasonable details, namely:

1. details of the specific legal basis upon which they believe the charges are payable, with reference to the terms of occupancy of the premises;
2. details and/or evidence to prove that the charges reflect the services used by the practice or in connection with their specific building; and
3. in so far as not answered by (i) and (ii), and to the extent relevant, a detailed explanation of why the practice is being asked to pay increased service charges compared to previous years.

## GP Coaching

NHS England are offering fully funded one-to-one tailored coaching for GPs that will offer three 90-minute confidential sessions by highly experienced and qualified coaches to help practices think through where they are and where they want to be in today's changing environment. This programme is aimed to help practices identify goals for the next steps that

can give you satisfaction and fulfilment, and support you to make them happen. The individual coaching will look to support you by meeting the following objectives:

- Create time and space to stand back and think in a confidential environment
- Gain personal insight to help you make decisions
- Improve understanding of options available to you to move forward
- Increase resilience
- Learn powerful models and techniques to help achieve your goals
- Feel better equipped to move forward with confidence

Availability is limited and will be allocated on a first-come-first-serve basis by 31 January 2018.

To register, please click [here](#).

## Freedom to speak up in primary care

NHS England has published guidance for primary care providers on supporting whistleblowing in the NHS. This guidance is for all providers of NHS primary care services (GP practices, dentists, opticians and community pharmacists). It details the principles and actions to apply in primary care to support the raising of concerns by staff about the delivery of services to patients and the management of matters raised.

This week the GPC Chair, Dr Richard Vautrey met with Dr Henrietta Hughes, the National Guardian for the NHS, to discuss the BMA's support and continued involvement in the development of the freedom to speak up programme. There was a discussion on the challenges of doing this in general practice, and the different views held as to who is best to take on the local guardian role. One of the priorities of the National Guardian's Office next year is to assist NHS England as freedom to speak up is rolled-out in primary care. In addition, it will also be working with the CQC to develop guidance for inspectors of primary care services on freedom to speak up. Further supporting information is expected to be published by NHS England in the near future. Practices can read the [guidance here](#)

## Primary Care Workforce

In the health and care workforce strategy consultation document published by Health Education England yesterday, it was openly acknowledged that the headcount number of GPs working in general practice has now fallen below 2012 levels. These numbers were confirmed in a report by NHS Digital in September 2017. This increasing decline in the GP workforce confirms the urgent actions highlighted in the GPC's publication Saving General Practice. In this document, the BMA have set out the precise steps government must take to establish a long-term workforce strategy that is recurrently funded and promotes genuine expansion of the workforce team that works both in and around practices. These actions include:

- Retention schemes for GP partners
- Establishing a national definition for multi-disciplinary locality teams working to support general practice, with built in flexibility for different localities
- Providing direct access to community physiotherapy schemes for every practice
- Secure recurrent funding for pharmacists for every practice
- Fund an expansion of community nursing services aimed to directly support general practice
- Increase funding and decrease bureaucracy for the GP returners scheme, and ensure accessibility for GP partners

By taking these and the many other steps the BMA outlined in their report, the BMA will be able to address the unsustainable and unsafe workload pressures faced by many practices and GPs. To read more about our workforce actions in 'Saving General Practice' please click [here](#). To read the HEE consultation, please click [here](#).

## NHS e-Referral Service roll out

The BMA is aware that several regions are working on a systematic phase out of paper referrals, and are rolling out the NHS e-Referral Service (e-RS) in its place. As is the case with any IT system, it should sell itself in terms of its demonstrable benefits to practices and patients without adding any additional workload or barrier to the care GPs provide. At

present, use of e-RS in General Practice is non-contractual. The 2017/18 contract agreement encourages practices to use e-RS where this is enabled by secondary care. Where CCGs are rolling out e-RS for practice use, the BMA advise practices to ensure:

- the service is fit for purpose for use in general practice
- does not shift workload from secondary care to general practice
- does not create new workload for general practice
- there is a contingency plan in place if the system fails
- appropriate bandwidth so systems operate smoothly and reliably
- resources for local training and implementation are considered
- referral pathways are not developed without GP involvement, and particularly the LMC
- that appropriate referrals received by the hospital through a non e-RS route should not be rejected but processed internally and that hospitals should take this opportunity to reply to the referring GP before making any agreement to the roll out.

The BMA is currently in ongoing discussions with the national e-RS team and have highlighted many of the issues that they believe need to be resolved to make the system fully operational. If there are any issues or concerns you would like to raise, please contact the LMC and we will in turn address your queries with the BMA.

## Smoking Cessation

Practices are reminded that unless they are commissioned to provide a stop smoking service, it is not for them to prescribe Zyban at the request of a stop smoking service provider.

## West Midlands Primary Care Update

Here is the [Health Education England Primary Care Update](#)

## Sessional GP Newsletter

Here is the [link](#) for the latest newsletter.

## GPC England Weekly Bulletin

To read the latest newsletter click [here](#)

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