



Professional advice for General Practice

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LIFT and/or other premises with excessive service charge increases

I e-mailed practices on 3.6.15 on this important topic as it is a current and ongoing critical issue for some practices. A copy of the latest version is below. Some of the points are specific, but many apply across all general practice business decisions, particularly regarding practice agreements, locum costs and unfunded work transfer.

LMC latest advice re premises and related issues from 7.5.15 open committee meeting.

Several practices in the 2 CCG area are in ex-LIFT premises under new leasing management and have varying and considerable increases in their rental (paid by the Area Team) and service charge costs. These have often occurred with no breakdown, warning or negotiation. Some practices have leases, some sub-leases and some none at all, as Staffordshire was very unusual in having a flexible approach to taking on the building liabilities. This can have considerable financial implications for partners past and present and was discussed at length with Dr Ken Deacon, Area Team Medical Director at the Open Meeting of the LMC last month. Please see the main points below which have recurrent themes.

1. Dr Ken Deacon (Area Team (AT) Medical Director) is in a LIFT practice in Birmingham with parallel issues to those in North Staffs and Stoke. The key suggestion was exploring the wording of the overall lease contract held by the PCT/AT for respective GP properties (which Sarah Blenkinsop agreed to back-track and explore) and also the wording of the practice's sub-lease, if relevant. These usually have break clauses and also caps on rental and service charge increases. This

GPC News

Here is the [latest GPC Newsletter](#) which includes the LMC 2015 conference resolutions, election results, motions not reach and motions lost.

varies and it depends whether you have a lease, signed it and also what the PCT did at the time. In Birmingham the contracts had these clauses and these are being used to mitigate increases.

2.This is a national issue with ongoing national GPC property negotiations, which may inform the answer for practices in general in this situation. Dr Brian Balmer is leading on this and the LMC will continue to chase up the latest position.

3.Dr Ken Deacon did acknowledge that when AT took over, the rent and service costs in the first year were not properly calculated and that some consequent in year adjustments were written off centrally by NHS England, but these are now having a delayed and variable and severe effect, especially on service charges, which are the part practices are liable for.

4.The AT has had to intervene with LMC support in the Chesterfield 27,000 practice that handed back its contract last month, transferred it to a local hospital trust and closed 2 out of its 5 premises. Lease issues were a significant factor. This was brokered and the impact on the remaining (and past) partners was decreased considerably. The LMC officers have developed a close relationship with our Derbyshire colleagues and are seeking to learn any lessons from this process and will update colleagues accordingly.

5.There must be a breakdown of costs to justify what would otherwise be blank cheques. Often some of these costs are not applicable to GPs and their liabilities.

6.Well written practice agreements are also vitally important as these clarify property issues and responsibilities, succession planning and transfer implications.

7.Locum costs are two edged with supply and demand inflating prices locally and practices in the most difficulty, being the most penalised when they are struggling. This is something a future federation might explore, or future potential local chambers of sessional colleagues. It is in no-ones' interests for practices to collapse, patients to be allocated and domino further collapses creating a GP black hole. Support and preservation of current practices is now one of the LMC, CCG and AT's highest priorities and practices need to actively business and succession plan their way forwards in these challenging times, balancing workload and recruitment.

8.The LMC will continue to explore the ongoing application of the GPC Quality First advice document, which lists activities that are non-core and that can be

ceased or repatriated. This includes prescribing ESCA's, unfunded secondary to GP work transfer, follow up and results chasing from secondary care, onward referral requests and many others.



Dr Paul Scott
LMC Chair

Update on Workforce Minimum Dataset

In our April newsletter we published a link to our website to [GPC guidance on Workforce Minimum Dataset](#). As previously advised, the work involved in providing this data is not resourced and unfortunately both N H S England and our local commissioners are unable to financially support this.

Letter from NHS Property Services

The LMC has received a letter from NHS Property Services informing us that following correspondence and consultation with LMC colleagues across the Midlands and East region, that they have restructured their finance team at NHS Property Services.

Liz Turner is the Senior Finance Manager for the West Midlands area which covers: Staffordshire, Shropshire, Birmingham and the West Midlands, Warwickshire, Worcestershire and Herefordshire.

If practices have any concerns relating to financial issues, please contact the LMC office on 0300 365 0135 or e-mail: admin@northstaffslmc.co.uk NHS Property Services have requested that the LMC collates any GP enquiries and concerns before passing them onto the Property Services team. This would be an effective way of identifying any common themes which could quickly be addressed in the best interests of all involved.

The shared service centre in London will shortly be

sending out a set of invoices for the new financial year. Again, if practices have any questions about these, please e-mail the LMC office in the first instance.

Meningitis B Vaccine

Please be aware that it is anticipated that the immunisation programme for Meningitis B is expected to start in September of this year. The programme is aimed to be given to children at 2, 4 and 12 months of age, which may prompt parents of children who are not eligible to request GPs to give the vaccination privately. Please be reminded that GPs cannot provide private treatment to their own patients, but that they can refer them to a private immunisation clinic or a GP in another practice, provided that GP is prepared to treat the patient privately. Further guidance on vaccinations in general can be found [here](#)

Business Rules - enhanced services

The first batch of Enhanced Service Business Rules for 2015/16, v5.0 - Health & Social Care Information Centre, have now been published on the HSCIC website [here](#)

This includes Dementia, Learning Disabilities, Rotavirus and Pneumococcal with others to follow as and when completed and timeframes agreed.

Sessional GP newsletter

[Click here](#) for the May edition of the sessional GP e-newsletter. The Chair's message focusses on the LMC Conference. The newsletter also features Top Tips on Working in OOH, and some interesting blogs.

Childhood immunisations - drop in payments

Practices may have noticed a drop in payments for

hitting Childhood Immunisation targets. This change to the SFE stems from the changes made to the Men C schedule in 2013-14, in that it now only requires 1 dose rather than 2, which only came in to effect from 1 April 2015. This was indeed discussed in the [vaccs and imms contract](#) negotiations last year, and was meant to be highlighted to LMCs, but was missed out from the Vaccinations and Immunisations contract summary document in error. The GPC will add this to the guidance document and webpages shortly.

This change is also briefly mentioned in the 2015/16 GMS guidance document (page 36, footnote 61), which is available on the [NHS Employers' website](#) and is also highlighted in the document Implementing the 2015/16 GP contract - Changes to Personal Medical Services and Alternative Provider Medical Services contracts (page 8) on the NHS England website. [Click here](#)

Medical Defence Organisation Costs

The LMC would like to make colleagues aware of concerns that have been raised nationally about the apparent hike in Medical Defence Society costs, which appears to affect some GPs considerably more than others. It has been postulated that colleagues who contact their Medical Defence Society for advice have their premiums increased as a result, although this has been denied by the Medical Defence Societies. Those working in Out Of Hours settings would also have been subject to a disproportionate rise in fees. In fact costs have spiralled so much that the National Conference of LMCs on the 21st May has called for the government to provide Crown Indemnity Cover.

Some have suggested that those GPs who are part of a practice plan for cover may wish to take out individual cover instead, to mitigate against the risk of a colleague's use of the Medical Defence Society's causing an increase in fees for all. The LMC would like to stress that at the moment we would NEITHER advocate practices stop contacting their Medical Defence Society when they are in need of advice, NOR would we advise GPs to abandon their practice plan.

Outcomes from May LMC meeting

Smoking Cessation contracts for North Staffordshire practices

A meeting has been arranged between the LMC and the new provider for this contract for 9th June.

ESCAS

The committee has decided to formulate a position statement on the prescribing of drugs which are subject to an ESCA (include position statement). The LMC is awaiting to meet with the commissioners and representatives of all parties involved in the provision of this service.

Patient Group Directions and Patient Specific Directions in General Practice - updated guidance

The GPC's guidance on Patient Group Directions (PGD) and Patient Specific Directions (PSD) in General Practice has been updated following regulatory and organisational changes within the NHS, and new NICE Guidelines. The guidance is available on the [Drugs and Prescribing page](#) of the BMA website.

Ebola guidance from DoH

The LMC has received the following communication from the DoH.

While the risk of Ebola in the UK remains low, we want to ensure that GPs remain vigilant and prepared in case someone with possible Ebola symptoms presents at their practice. In particular, we want to give GPs reminders of things like:

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Dr P Rao	01782 593344
Dr S Reddy	01782 222930
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- the procedures they must follow if someone presents with possible symptoms of Ebola
- ensuring they have the tools and confidence to help improve public understanding of Ebola
- awareness of how it is transmitted and why it is extremely unlikely to spread within the UK
- where to find the relevant PHE guidance on GOV.uk

GPs can also access the document received from DoH which is now on the LMC website [five simple steps for GPs to follow](#)