



# The Humberside Group of Local Medical Committees Ltd

Newsletter: 7 November 2014

The LMC Newsletter is a round-up of interesting news and information for GPs and Practice Managers in Hull, East Yorkshire, North Lincolnshire and North East Lincolnshire.

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## CONSULTATIONS

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### **Consultation: New guidelines for doctors, nurses and midwives on their professional duty of candour**

The General Medical Council (GMC) and Nursing and Midwifery Council (NMC) have launched a consultation on new joint guidance to help doctors, nurses and midwives comply with their professional duty to be open and honest with people in their care when things go wrong.

The consultation closes 5 January 2015.

[Click here for more information about the consultation](#)

[Click here to read the draft document out now for consultation](#)

## GUIDANCE AND RESOURCES

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### **Patient Online Toolkit**

NHS England have now published a [Patient Online Practice Toolkit](#). The materials are also available on the [Royal College of General Practitioners](#) website.

The aim of the materials is to help practices fulfil the IT requirements of the 2014/15 GP contract by March 2015. These are:

- online appointment booking
- online ordering of repeat prescriptions
- online access to the summary information from the patient record

(These requirements are subject to the necessary GP systems and software being made available to GP practices by NHS England, through GP Systems of Choice.)

The interactive toolkit provides guidance to practices on getting started with records access, identity verification, coercion and proxy access. The toolkit is a work in progress and updates to the guidance and more resources will be added through the rest of 2014/15. The guidance and suggested actions for practices are therefore subject to change.

Please direct any comments or concerns to the LMC secretariat via email or by posting here. Views will be fed back to the GPC who are contributing to the development of this resource.

NHS England is also inviting feedback and questions from practices on the Patient Online programme and toolkit. These can be sent to [england.patient-online@nhs.net](mailto:england.patient-online@nhs.net)

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### **Friends & Family Test (FFT) Materials**

NHS England has now published a range of materials relating to the Friends & Family Test that practices can use to publicise the scheme. These can be accessed [here](#).

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## **Department of Transport Guidance for Healthcare Professionals on Drug Driving**

The Department of Transport [guidance](#) provides an explanation to healthcare professionals of the new drug driving offence including the statutory 'medical defence' available to patients who have taken their medicine in accordance with the advice of a healthcare professional and the information contained in the leaflet accompanying the medicine. It also reiterates existing advice that healthcare professionals would normally consider giving to patients about taking medicines that could impair their driving.

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## **Troubled families: supporting health needs**

[These documents](#) are designed to enable health teams to support the health needs of troubled families and work with local councils.

## **TRAINING, EVENTS & OPPORTUNITIES**

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### **BMA 2015 Research Grants for Medical Practitioners**

Applications are invited from medical practitioners for research in progress or prospective research. The 2015 research grants will be available to apply online on the BMA website from 9 December 2014. The application deadline is 9 March 2015 at 5pm.

Details of the grants available, the assessment criteria and how to apply can be viewed [here](#). If you have any questions about the research grants or to receive alerts about them, please contact [info.sciencegrants@bma.org.uk](mailto:info.sciencegrants@bma.org.uk) or telephone 020 7383 6755.

## **COMMISSIONING**

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### **Dementia Identification Scheme – Open Letter in the BMJ**

There has recently been considerable press coverage concerning the Dementia Identification Scheme DES. There have also been letters in the BMJ which many of you will have read.

The LMC would now draw your attention to an open letter to Simon Stevens in the BMJ this week which you can read [here](#).

If you have already signed up to this DES, and having read this letter, you may wish to consider whether or not you would want to make a claim under this DES.

Please address any queries to the LMC Secretariat.

## PRACTICE MANAGEMENT

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### NHS Property Services 'Standard Lease'

The LMC has been informed that NHS Property Services is circulating a lease that is being framed a 'standard lease' which has the backing of the BMA. Although GPC has had a number of discussions with NHSPS about developing a standard lease, GPC has not agreed to standard lease nor endorsed one.

The LMC is bringing this matter to the attention of practices who are, or may become, tenants of NHSPS.

This notification is particularly relevant for GP tenants of NHSPS buildings currently in the process of negotiating a new lease with NHSPS. If this is the case, we would strongly advise practices not to sign any lease without seeking specialist legal advice first as well as notifying the LMC.

GPC is urgently raising this issue with NHSPS as it was their understanding that a standard lease was not in circulation.

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### Sending Documentation to Area Teams

NHS England has reported some confusion among practices about where to send their GMS Contract Variations Notices and Dementia Identification Schemes. Practices should always send this documentation to their area team rather than to the NHS England central office to ensure that the process runs smoothly.

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### Christmas and New Year openings 2014

As Christmas and New Year approaches, practices should have received a statement from the Area Team detailing requirements for practice opening hours. Please note that Area Teams are mandated by NHS England to collect the information stated on the pro forma. Practices which wish to close early on Christmas Eve and New Year's Eve should act in accordance with the [BMA Guidance](#). This guidance details contractual requirements and suggests actions practices might consider to ensure patients' reasonable needs are met.

Practices which experience any issues with their arrangements should please contact the LMC secretariat on [humberstone.lmcgroup@nhs.net](mailto:humberstone.lmcgroup@nhs.net)

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### Payment of NHS Pension Scheme Contributions

During recent months a number of GP practices have not met the deadline for payment of pension contributions for their staff to the Scheme.

From April 1<sup>st</sup> 2014, NHS Pension Scheme regulations changed, authorising NHS Pensions to charge interest at a rate of 4.7% APR and an administration charge of £75 to employers who pay late. An amount is deemed late where contributions do not reach the NHS Pensions bank account by the 19<sup>th</sup> of the month, following the month in which the earnings were paid to the member.

In order to avoid inadvertently paying late when using the GP1 payment processing method, please note the following:

- Ensure that you submit the payment request with sufficient time for the payment to clear. The GP1 submission initiates a Direct Debit payment from your bank account that requires two to five working days (this excludes weekends and bank holidays). Payments submitted by the recommended processing date and time will ensure payment is received on time.
- Ensure that you press the 'Submit' button on the GP1 at the bottom of the screen. A small number of employers have missed making a payment because they have printed the input screen when processing the GP1 without finalising the action. A screen message will confirm your payment has been submitted.

To assist employers in ensuring they will meet the payment deadlines, a GP1 payment processing schedule is provided below for the remaining months of the 2014-15 financial year.

Contribution month	Recommended processing date <b>No later than 3pm</b>	Payment due by
October 2014	14 November 2014 Friday	19 November 2014 Wednesday
November 2014	16 December 2014 Tuesday	19 December 2014 Friday
December 2014	14 January 2015 Wednesday	19 January 2015 Monday
January 2015	16 February 2015 Monday	19 February 2015 Thursday
February 2015	16 March 2015 Monday	19 March 2015 Thursday
March 2015	14 April 2015 Tuesday	17 April 2015 Friday

If you have any enquiries please email [nhsbsa.pensionsfinance@nhs.net](mailto:nhsbsa.pensionsfinance@nhs.net) in the first instance. If you require further information regarding the introduction of the changes to the Scheme Regulations please refer to the [March Employer Newsletter](#).

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## GP Workforce Planning Tool

The LMC has been asked by Health Education Yorkshire & Humber to assist in continuing to promote the GP workforce planning tool.

The primary aim of the GP Tool is to collect information on primary care practice staff. This includes GPs, nurses, direct patient care workers, practice management and apprentices so that:

- GP practices are helped and supported in ensuring that they have the right workforce to meet their patients' needs
- Commissioners of services can understand the current and future workforce challenges in primary care
- Health Education Yorkshire and the Humber (HEYH) can invest in training and education in primary care

HEYH has developed a web-based tool to facilitate the collection and recording of primary care workforce information. The collected data is then analysed in quarterly reports and fed back to practices, CCGs and Area Teams. There are now over 500 practices across Yorkshire and the Humber using this system, the majority of practices in Yorkshire and the Humber. Is your practice one of them?

Practices using this GP Tool have the chance to directly influence education and training commissioning policy in HEYH, explore mechanisms for wider working through networks and federations and have workforce information at their fingertips for internal business planning.

The GP Tool (which can be accessed at <https://nww.gpworkforce.hee.nhs.uk/> from any N3 connection) is simple and intuitive to use. Full step by step video instructions are built in and there are also full written instructions and FAQs. Once the GP Tool is populated, each practice only needs to update records as staff change, and check and submit workforce information once each quarter. If there have been no staff changes, this only takes a few minutes.

Additionally, practices were able to use their data entered on the GP Tool for this year's ANC4 collection. HEYH is working collaboratively with other NHS organisations to further expand this sort of information sharing, thereby reducing information requests to practices and subsequent duplicate effort.

HEYH is gaining a better understanding of the workforce capacity and capability in the region, which will help us commission the right training and development opportunities as well as invest in workforce initiatives tailored to primary care that deliver real benefits to patients.

If you would like to know more about the GP Tool, please contact Elin Sandberg (0113 394 6745 or [elin.sandberg@yh.hee.nhs.uk](mailto:elin.sandberg@yh.hee.nhs.uk))

HEYH can present the GP Tool to individual GP practices, practice managers meetings, CCGs and LATs as requested.

## CLINICAL ISSUES

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### **RCGP launches 'common sense' guide to Ebola for GPs and their teams**

[A step-by-step guide](#) to help GP practices prepare for and deal with the Ebola outbreak is published this week by the RCGP.

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### **European Antibiotic Awareness Day: resources toolkit for healthcare professionals in England**

Information about how to use [EAAD resources](#) to support the Antibiotic Guardian campaign and local initiatives.

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### **Antimicrobial prescribing: resources for professional development and practice**

[Tools and guidance](#) for continuing professional development and practical support in antibiotic prescribing.

# THE FUTURE OF GENERAL PRACTICE

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## Simon Stevens 5 Year Forward View

The full report can be accessed [here](#).

### Key Points in the report relation to General Practice

One of the key elements is box 3.1, the "new deal for primary care":

"General practice, with its registered list and everyone having access to a family doctor, is one of the great strengths of the NHS, but it is under severe strain. Even as demand is rising, the number of people choosing to become a GP is not keeping pace with the growth in funded training posts – in part because primary care services have been under-resourced compared to hospitals. So over the next five years we will invest more in primary care. Steps we will take include:

- Stabilise core funding for general practice nationally over the next two years while an independent review is undertaken of how resources are fairly made available to primary care in different areas.
- Give GP-led Clinical Commissioning Groups (CCGs) more influence over the wider NHS budget, enabling a shift in investment from acute to primary and community services.
- Provide new funding through schemes such as the Challenge Fund to support new ways of working and improved access to services.
- Expand as fast as possible the number of GPs in training while training more community nurses and other primary care staff. Increase investment in new roles, and in returner and retention schemes and ensure that current rules are not inflexibly putting off potential returners.
- Expand funding to upgrade primary care infrastructure and scope of services
- Work with CCGs and others to design new incentives to encourage new GPs and practices to provide care in under-doctored areas to tackle health inequalities.
- Build the public's understanding that pharmacies and on-line resources can help them deal with coughs, colds and other minor ailments without the need for a GP appointment or A&E visit."

The report then goes on to highlight supposed new models, but some of these are already starting to happen in a number of areas of the country. The report acknowledges that there is no one size that fits all and that "smaller independent GP practices will continue in their current form where patients and GPs want that."

Multispecialty Community Providers refers to building teams around practices. This might be through bigger practices as in Birmingham or networks.

An alternative proposed is the "Primary and Acute Care System" of vertical integration. This is not the preferred model and as the report says "there are also potential unintended side effects that need to be managed" and they would see this applying only in situations where it was not viable for general practice to operate in any other way. There is a commitment stated to "test these approaches before promoting them."

### LMC reflections on the report

- There is a huge challenge ahead to make general practice an attractive career, which must mean seriously tackling workload, funding, culture and workforce issues
- promises of investment in the next five years need to be made a reality at lot quicker

- we should not get distracted by a rush to focus on organisational structures when what is often needed is a greater willingness to collaborate and the breaking down unnecessary barriers between current organisations
- General Practice must not lose its direct link with local communities in the move to working in bigger groups
- £4-5 billion is needed for premises development just to make some of this work, and where might this come from?
- Integration and working at scale are key themes of this report. There is a big decision to be made at local level about whether that integration should be horizontal or vertical.
- Is there any appetite amongst GPs for bottom up vertical integration with GPs taking over the delivery of hospital services?
- There is much that GPs can work with in the report but also lots of risks. However, we are at last being listened to and there is a big opportunity to turn some of the rhetoric into reality both for the benefit of GPs and for the future of general practice.

[Blog: Three key factors for making NHS England's Forward View a success on the frontline](#)

Read reflections from Dr Rebecca Rosen on the [Nuffield Trust Blog](#) about what it will take to make the 'forward view' a success on the front line.

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## Is general practice in crisis?

This [Nuffield Trust policy briefing](#) provides an evidence-based overview of the current state of general practice in England, and offers policy-makers some potential solutions.

## GENERAL NEWS

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### People in control of their own health and care

There has generally been a lack of progress towards fully involving people in their own health and care. [This report](#) from the King's Fund examines the reasons behind this, and considers how we can advance the cause of making person-centred care the core of health and care reform.

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Following a review of the work patterns of the Medical Secretaries we will aim to respond to routine emails on Tuesday, Wednesday and Thursday.



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