



# The Humberside Group of Local Medical Committees Ltd

Newsletter: 23 July 2015

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. You can read from top to bottom or alternatively, use the contents section to jump to items of interest. Items marked with a \* and in orange on the content list are highlighted either because of their importance or because they contain information you may not yet have seen elsewhere.

## CONTENT

### 1. INSPECTION

CQC 'What to expect when we inspect'

**Examples of outstanding practice for GPs\***

Change to the way CQC Inspections are scheduled

### 2. CLINICAL ISSUES

**Duty of care regarding communication of investigation results\***

Duty of care regarding drugs recommended from outpatients

FGM Prevention Programme

Meningococcal vaccination for university freshers

Anticoagulation Guidelines – Hull & East Riding

### 3. PRACTICE MANAGEMENT

**Reminder - Examinations and sickness certificates\***

Removal of violent patients from GP lists

**Use of subject access rights to obtain medical records for insurance purposes\***

Information for disabled patients and their carers

New BMA Publication – Focus on The Global Sum Allocation Formula (Carr-Hill Formula)

GP Surgery Business Rates Challenge – Refunds from Billing Authorities

Contract Matters 2015-16 - Patient Participation Groups

Deadline for Electronic Discharges

Complaints – Next Stage after Practice Response

**SMS Text Messaging for Practices after 30 September 2015\***

### 4. TRAINING, EVENTS & OPPORTUNITIES

Job Opportunities at the LMC

New £15m clinical pharmacist pilot for General Practice

Developing the Framework for Effective Commissioning – The Importance of Sexual and Reproductive Health

**Practice and Community Staff Nurse – Work Based Induction Programme\***

## 5. GUIDANCE & RESOURCES

### **Joint Guidance on the Professional Duty of Candour\***

Support for GP networks and federations

Accessing & Sharing Information – Acting on Behalf of a Person with Dementia

## 6. CONSULTATIONS

GMC Consultation: Development of generic professional capabilities

GMC Consultation: Credentialing

GMC Consultation: Publication and disclosure

## 7. GENERAL NEWS

Latest Newsletter from Chaand Nagpaul, BMA GPs committee chair

Better Leadership for Tomorrow: NHS Leadership Review

---

## INSPECTION

### **CQC 'What to expect when we inspect'**

For those GP practices that might be about to face an inspection by the CQC, the CQC has produced a 'what to expect from an inspection' video which is a mixture of interviews with an inspector, GP and practice manager explaining their experience of an inspection. It is supported by a more detailed publication giving practical advice as to what to expect from an inspection and another 'hard copy' case study.

We understand that these materials have been shared with all GP practices, but for anyone who may not have seen them, the links are:

- [Salford Health Matters: What to expect when we inspect \(video\)](#)
- [What to expect when we inspect](#)
- [Edenbridge Medical Practice: Experience of new approach](#)

---

### **Examples of outstanding practice for GPs**

CQC has published a collection of examples of outstanding practice that inspectors have found in GP surgeries across England.

The new online tool brings together a collection of some of the most innovative and effective examples of outstanding practice that CQC inspectors have found since implementing CQC's new methodology. The examples are divided into the five key questions that inspectors ask when making judgements about the quality of a service in the new inspection model, as well as the six patient population groups they pay particular attention to.

[View the examples of outstanding practice for GPs](#)

---

## Change to the way CQC Inspections are scheduled

The current approach to inspecting GP practices consists of a team of inspectors visiting a number of practices within a single Clinical Commissioning Group (CCG) area during a four week period. They then return later to inspect other practices. This approach was initially driven by an expectation that CQC could publish reports in batches linked to a CCG area and provide feedback to Area Teams and Clinical Commissioning Groups about the findings for this group of inspections.

As a result of recent experience and a pilot scheme, CQC has now decided on a different approach for scheduling inspections. From October 2015, every CCG will have an allocated inspector who will carry out the majority of inspections in that area and the inspections will be scheduled throughout the year. Practices will still receive two weeks' notice of their inspection. The intention is that the change will support closer working relationships between named inspectors and the CCGs in managing risk, as well as inspectors having an ongoing relationship with the practices they inspect.

## CLINICAL ISSUES

---

### Duty of care regarding communication of investigation results

The General Practitioners Committee and the Consultant Committee have issued a joint statement on hospital test results.

This is a long awaited national statement which supports the work the LMC has been doing at local level in partnership with HEYT and NLaG to resolve these issues:

#### **Duty of care regarding communication of investigation results**

*"We are aware that in some areas, some hospital doctors have been instructing GPs to find out the test results which the hospital had ordered.*

*Both the General Practitioner Committee and the Consultants Committee of the BMA agree this practice is potentially unsafe, and that the ultimate responsibility for ensuring that results are acted upon, rests with the person requesting the test.*

*That responsibility can only be delegated to someone else if they accept by prior agreement. Handover of responsibility has to be a joint consensual decision between hospital team and GP. If the GP hasn't accepted that role, the person requesting the test must retain responsibility."*

This advice is in line with both National Patient Safety Agency guidance and the Ionising Radiation (Medical Exposure) Regulations.

---

### Duty of care regarding drugs recommended from outpatients

The General Practitioners Committee and the Consultant Committee have issued a joint statement in relation to drugs recommended from outpatients. The LMC is committed to working with the Hospital Trusts in our region to agree policies that embody these general principles:

### **Duty of Care Regarding Drugs Recommended from Outpatients**

Communication of prescribing recommendations from out-patient clinics to patients and their GPs is a complex area where patient safety can be compromised.

- Drugs required for urgent administration should be prescribed by the hospital doctor, and if appropriate dispensed by the hospital.
- Responsibility for the provision of a prescription for non-urgent medications should be determined and agreed locally, but must recognise that delegation of responsibility for prescribing from hospital to GP can only take place with the explicit agreement of the GP concerned.
- All communications should be in writing with the responsible doctor identified.
- Where communications are sent via the patient, there should be clear instructions to the patient regarding the time scale for completion of the prescription, and this should be in addition to and not instead of a formal communication.
- The doctor recommending a prescription should ensure that the prescription is appropriate, including carrying out any tests required to ensure safety.
- The doctor recommending a prescription should provide counselling for the patient about important side effects and precautions, including any need for ongoing monitoring, which if needed should be agreed between primary and secondary care clinicians.
- Recommendations should be in line with any agreed local formularies. Individual judgements should be made about the desirability of recommending a particular drug as opposed to a therapeutic class.
- Where a GP feels that a prescription recommendation is inappropriate, the secondary care clinician should be informed.
- Notwithstanding any of the above, all prescribers must be aware that the ultimate responsibility for the prescription lies with the prescribing doctor and cannot be delegated.

---

### **FGM Prevention Programme**

A letter from Jane Ellison, Minister for Public Health, has been sent to NHS Trust Chief Executives, Directors of Public Health and Chairs of CCGs across England on FGM prevention.

Within the letter, the Minister highlights the need for extra vigilance across the NHS in the lead up to the school summer holidays, a time when female genital mutilation is often performed on young girls who are taken abroad for this purpose. She outlines the main 'warning signs' for NHS staff to look out for, and the range of support and training materials available. The letter reiterates that FGM is illegal, and that safeguarding procedures must be followed every time there are concerns.

Please also see an article for [The Guardian health Professionals Network](#) which highlights this letter.

---

### **Meningococcal vaccination for university freshers**

The Men C University freshers programme, which was due to start on 1 April 2015, has been on hold until the MenACWY vaccine becomes available. The MenACWY vaccination programme will now commence on 1 August 2015, which is when the vaccination programme for freshers will also commence.

Men ACWY vaccination will be offered to freshers (first time university or further education students who have received notification via UCAS to obtain the vaccine – aged 19-25) not previously vaccinated with MenC since reaching age 10 who self-present at their practice for vaccination. There is a flat fee of £7.64 for one dose.

This is a single dose programme for patients aged 19 years and over and will run from 1 August 2015 to 31 March 2016.

Further information about all these programmes is available on the [BMA website](#). The service specifications are available on the [NHS England website](#).

The following resources are now available on the gov.uk website. Please follow the enclosed links.

1. Men B standard slide-set and information for health professionals document :  
<https://www.gov.uk/government/collections/meningococcal-b-menb-vaccination-programme>
2. Men ACWY standard slide-set and information for health professionals document:  
<https://www.gov.uk/government/collections/meningococcal-acwy-menacwy-vaccination-programme>

Although the template for the PGDs for Men C, Men B and Men ACWY are on the PH website **they are not to be used as they haven't yet been authorised by Public Health England.**

Practices will be informed when they have been authorised by PHE and added to the CS website.

---

## Anticoagulation Guidelines – Hull & East Riding

The following guidelines have now been approved by Hull and East Riding Prescribing Committee and are available on the website:

Anticoagulation Prescribing Guidelines

<http://www.hey.nhs.uk/herpc/guidelines/CommissioningAnticoagulants.pdf>

Flowchart for Anticoagulation in AF

<http://www.hey.nhs.uk/herpc/guidelines/anticoagulantsSPAF.pdf>

Patient decision aid for anticoagulation in AF

<http://www.hey.nhs.uk/herpc/guidelines/anticoagpatientdecisionaid.pdf>

---

## PRACTICE MANAGEMENT

### Reminder - Examinations and sickness certificates

Practices are reminded that GPs are not required to provide sick notes for schoolchildren. When children are absent from school owing to illness, schools may request a letter from a parent or guardian, and this is no different during an exam period. However, children who have missed exams due to illness are frequently told by schools that a note from a doctor is required; but there is no requirement for this to be provided by a GP. Aside from the fact that parents/guardians are

responsible for excusing their children from school, GPs cannot provide retrospective sickness certification. When a child suffers from a long-term condition, any certification will be provided by the responsible specialist.

The GPC has sought and received confirmation from the Office of the Qualifications and Examinations Regulator that Awarding Organisations make no requirement for pupils to obtain a medical certificate in support of their application for special consideration. Students are asked for information in support of their application, but this may take the form of a statement by the school. The Joint Council for Qualifications has confirmed that as far as they are concerned, if a student was absent from an examination as a result of illness and has the support of the school or centre to be absent, special consideration will be granted on that basis. Awarding organisations do not insist that medical proof is provided.

---

### Removal of violent patients from GP lists

Updated [guidance has been published on the BMA website](#) covering the situation where a violent patient needs to be removed from the practice list. In particular it emphasises the responsibility of the practice to ensure a violent patient is removed in accordance with the provisions introduced in 1994 allowing the immediate removal of any patient who has committed an act of violence or caused a doctor to fear for his or her safety, so as to reduce their liability for any further acts of violence committed by the individual on other NHS premises.

---

### Use of subject access rights to obtain medical records for insurance purposes

The GPC has received a detailed response from the ICO regarding the insurance industry's use of Subject Access Reports under the Data Protection Act as an alternative to requesting GP reports.

The LMC recognises that this has been an increasing problem for GP practices and welcomes the ICO's statement that this use of Subject Access Reports is inappropriate.

The ICO's ruling includes the following summary:

*"The right of subject access is a key element of the fundamental right to the protection of personal data provided for under Article 8 of the EU Charter of Fundamental Rights which is conferred upon individuals. It is not designed to underpin the commercial processes of the life insurance industry. **The Commissioner takes the view that the use of subject access rights to access medical records in this way is an abuse of those rights.***

*If the specific statutory mechanism provided by legislators for obtaining medical information for insurance purposes is failing to provide the information within the timescales the industry needs, then those affected should seek to review that mechanism and have this subjected to proper parliamentary scrutiny with a view to changing it. Using individuals' own data protection rights to side step the current statutory arrangements designed to meet the insurance industry's needs, and including important safeguards for individuals, is not the appropriate approach."*

In response to this ruling, the LMC advises practices not to respond to these requests except to quote the ICO ruling.

The GPC will produce a 'Focus On' document shortly which the LMC will circulate as soon as it becomes available.

[Read the full ICO letter.](#)

---

## Information for disabled patients and their carers

Disabled patients are set to benefit from improved healthcare after a new law comes into force to ensure information they receive is clear, consistent and easy to understand.

The Accessible Information Standard will be implemented on 31 July 2016 and aims to provide people who have a disability, impairment or sensory loss with information that they can easily read or understand. This means informing organisations how to make sure people get information in different formats, for example in large print, braille or via a British Sign Language (BSL) interpreter.

All organisations that provide NHS or adult social care are required to follow the new standard, including NHS Trusts and Foundation Trusts, **and GP practices**. As part of the accessible information standard, these organisations must do the following:

- Ask people if they have any information or communication needs, and find out how to meet their needs. Record those needs clearly and in a set way.
- Highlight or 'flag' the person's file or notes so it is clear that they have information or communication needs and how those needs should be met.
- Share information about people's information and communication needs with other providers of NHS and adult social care, when they have consent or permission to do so.
- Take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it.

Further details [are available on the NHS England website.](#)

---

## New BMA Publication – Focus on The Global Sum Allocation Formula (Carr-Hill Formula)

The global sum allocation formula, or Carr-Hill Formula, has been used as the basis of core funding for GMS practices since the inception of the new GMS contract in 2004. This short [explanatory paper](#) has been produced now because the allocation formula is newly relevant to many GP practices.

---

## GP Surgery Business Rates Challenge – Refunds from Billing Authorities

You may be aware that NHS England instructed NHS Property Services to undertake a review of and where necessary challenge the business rates liability incurred on GP Surgery premises. As you know, all rates charges are reimbursed to GPs by NHS England via the Doctors Rent and Rates scheme, where the GP practice pays the bill direct.

Appeals against Rateable Values of GP Surgeries have been submitted against Rating List assessments now considered to be excessive. This follows a landmark Test Case decision from the Lands Chamber of the Upper Tribunal where it was held that rental levels within the Doctors Rent and Rates Scheme were unreliable as evidence for business rates valuation purposes. As a result,

significant reductions in some GP Surgery assessments have been conceded by the Valuation Office and, where appeals are in place, this will result in significant refunds being issued.

NHS England intends to recover any such refunds on the grounds that all rates originally paid were fully reimbursed and no actual liability was incurred by GPs.

As a result of this initiative your practice may shortly be in receipt of a significant refund of business rates from the Local Authority, which in some cases may date as far back as 1 April 2005. NHS England's appointed advisors will be confirming the amount of any refund expected for each GP Surgery and will seek to recoup these sums from your practice as and when you are in receipt of the monies from the Local Authority.

Practices are advised to seek appropriate advice from their accountants in relation to how this repayment should properly be presented within Partnership accounts and tax returns.

---

## Contract Matters 2015-16 - Patient Participation Groups

You will be aware that alcohol and patient participation Enhanced Services ceased at the end of March 2015 and the associated funding was reinvested in global sum (and PMS baseline) recognising the transfer of these responsibilities in to the contract and full details are in the Joint 'Guidance for GMS Contract 2015/16' sent to constituents earlier this year.

Thus the contract now requires all practices to establish and maintain a patient participation group (PPG) and make reasonable efforts during each year for this to be representative of the practice population. The practice must engage with the PPG throughout each year, at a frequency and in a manner as agreed with its PPG, including to review patient feedback (whether from the PPG or other sources) and feedback from carers of registered patients, who themselves are not registered patients. The purpose of this engagement is to identify improvements that may be made in the delivery of services by the practice.

The role of the PPG includes:

- being a critical friend to the practice
- advising the practice on the patient perspective and providing insight into the responsiveness and quality of services
- encouraging patients to take greater responsibility for their own and their family's health
- carrying out research into the views of those who use the practice
- organising health promotion events and improving health literacy
- ongoing communication with the patient population

All practices are required:

- to develop and maintain a PPG for the purpose of obtaining the views of patients
- and enabling the practice to obtain feedback from the practice population on services delivered by the contractor
- to make reasonable efforts for this group to be representative of the practice patient population
- to engage with the PPG at a frequency and in a manner agreed with the group
- to review patient feedback (whether from the PPG or other sources FFT, patient surveys etc) with the aims of the practice and PPG agreeing improvements that could be made to services

- to act on suggestions for improvements, where the practice and PPG agree

Practices are required to declare in the annual electronic practice self-declaration (eDEC) that they have fulfilled these requirements.

---

## Deadline for Electronic Discharges

The LMC has been informed that from 1 October 2015, to support improved communication, clinical workflow and more effective transfers of care, **secure fax will no longer be permitted** for sending discharge summaries to GPs from NHS Trusts, NHS Foundation Trusts or independent sector providers of acute services. From this date, organisations need to be using either secure email or direct electronic transmission to send and receive discharge summaries. Organisations are being strongly encouraged to adopt an electronic transmission approach for sending discharge summaries. Taking this strategic approach will avoid the cost of multiple stages of enhancement. To aid providers take this step, NHS England, the HSCIC and the Professional Records Standards Body (PRSB) have agreed standards for both discharge summary content and for electronic methods for sharing discharge information.

[Read more here.](#)

---

## Complaints – Next Stage after Practice Response

The LMC wishes to remind practices of the correct procedure for dealing with complaints. If a complainant has complained directly to your GP practice, has had a response and remains dissatisfied, the next stage is for them to approach the Health Service Ombudsman.

Complainants should not be referred to the CCG, CSU or CQC.

Practices may wish to use a standard paragraph in their response letters along the lines of:

*'If you feel that you are not satisfied with the response received, you have the right to take your complaint to the Health Service Ombudsman. The Ombudsman is independent of government and the NHS and her service is confidential and free.'*

*If you have any questions about whether the Ombudsman will be able to help you, or about how to make a complaint, you can contact their helpline on 0345 015 4033, email [phso.enquiries@ombudsman.org.uk](mailto:phso.enquiries@ombudsman.org.uk) or fax 0300 015 4000. Further information about the Ombudsman is available at [www.ombudsman.org.uk](http://www.ombudsman.org.uk). The Ombudsman can be contacted at:*

*The Parliamentary and Health Service Ombudsman  
Millbank Tower  
Millbank  
London  
SW1P 4QP'*

---

## SMS Text Messaging for Practices after 30 September 2015

As you may be aware, central funding for the provision of SMS services for practices was withdrawn by the Department of Health in March 2015. The LMC has recently become aware that NHS England has contacted CCGs asking them to confirm their plans **for the continuation of SMS services for practices**. CCGs will have a choice of using a replacement service provided by EE (as a default service) or of procuring their own alternative service.

It is understood that Commissioning Support is currently building a business case for the CCGs. If you have examples of how important the SMS Text Messaging Service is to your practice and/or the benefits it brings to both the practice and patients, please send these direct to Commissioning Support.

The service likely to be commissioned by the CCGs will be a basic rather than an enhanced service and it will be up to practices if they wish to access more complex services such as MJOG at their own expense.

---

## TRAINING, EVENTS & OPPORTUNITIES

### Job Opportunities at the LMC

The LMC is currently recruiting for two new members to join our small team.

#### Team Administrator

Part-time, 20 hours per week

Up to £20,000 pro rata

[Information pack](#)

[Application form](#)

#### Liaison Officer

Part-time, 25 hours per week

Up to £28,000 pro rata

[Information pack](#)

[Application form](#)

The closing date for applications is Monday 27<sup>th</sup> July at 9.30am.

---

### New £15m clinical pharmacist pilot for General Practice

The NHS England Chief Executive, Simon Stevens, has announced the launch of a new £15m three year pilot to fund, recruit and employ clinical pharmacists in GP practices. The announcement is part of the [GP workforce 10 point plan](#), *Building the Workforce – the New Deal for General Practice*, and is the result of close collaborative working between NHS England, Health Education England, the GPC, the Royal College of General Practitioners and the Royal Pharmaceutical Society.

GPC has been heavily involved in the design of this pilot and sees this as another step in the right direction towards reducing workload pressures and improving recruitment. This scheme is of course by no means the answer, but is part of a series of initiatives that we hope will ensure struggling practices get the sustained resources they need to safely manage their workload.

The pilot will be comprehensively evaluated by an independent academic institution and NHS England plans to invest at least £350,000 in this evaluation process.

[Click here for further information about the pilot, including links to the application form and FAQs.](#)

### **The Pilot Proposal**

It will be funded for three years with an expectation that practices will continue with the role into year four and beyond. NHS England will provide practices with match funding of 60% in the first year, 40% in the second year and 20% in the third year. It is anticipated that in the region of 250 clinical pharmacists will be involved over this period.

The focus will be on areas of greatest need where GPs are under significant pressure, and the pilot should build on the success of those GP practices already employing pharmacists in patient-facing roles. Practices working collaboratively, multi-site practices or GP networks / federations that are interested in offering patients different approaches to accessing care will be able to bid for funding.

The pilot proposal has two grades of clinical pharmacist working together:

- experienced clinical pharmacists who will be prescribers or working towards prescribing qualifications and who will begin to see patients immediately, whilst developing additional skills such as leadership and change management;
- less experienced clinical pharmacists will be employed as part of the same development programme, working with and mentored by the experienced pharmacists, developing their clinical skills in the context of general practice with the intention of taking on prescribing responsibilities in the course of the programme.

### **Application Deadline**

The deadline for applications is Thursday 17th September and a decision will be taken on successful bids around mid-October.

### **Roadshows**

The partner organisations have agreed that a series of roadshows will be held throughout the application period in the **eight regions with the highest levels of deprivation and the lowest GP training recruitment rates**. GPC will provide further information to LMCs about this once the eight regions have been confirmed by NHS England.

In due course, LMCs and Local Pharmaceutical Committees (LPCs) will be invited to host the roadshows, and provided with funding from NHS England to do so, as LMCs/LPCs are best placed to bring together the various stakeholders who have an interest and need to be involved in this pilot, e.g. GPs, pharmacists, NHS England area teams, Local Education and Training Boards and CCGs.

---

## **Developing the Framework for Effective Commissioning – The Importance of Sexual and Reproductive Health**

Following the recent publication of the Public Health England Guide *“Making it work: a guide to whole system commissioning for sexual health, reproductive health and HIV”*, MSD have arranged a meeting to provide an opportunity for Sexual Health Commissioners, Public Health and CCG clinical and management leads, as well as clinical professionals, to come together to discuss key issues for commissioning of sexual health.

The meeting will take place on 16th September and will be held at Leeds Marriott Hotel. Registration will begin at 12:00 with the meeting commencing at 12:45 and concluding at 16:20.

[Visit the website for more information and to book your place online.](#)

If you have any further queries please email [enquiries@events4healthcare.com](mailto:enquiries@events4healthcare.com) or call 0844 824 6688.

---

## **Practice and Community Staff Nurse – Work Based Induction Programme**

A new induction programme for practice nurses has been developed by the University of York. It has been commissioned in response to feedback, especially from colleagues in primary care.

The key details are:

- This is a flexible programme running throughout the year.
- The programme has been designed around one core session which is run at the beginning - this is where staff identify and plan their learning with the programme leader.
- At present the first sessions are planned every six months i.e. October 2015 and April 2016 - however the University does have scope to be flexible depending on demand.
- Practice/Community staff also have the opportunity to 'step on' programme even if they have missed the first session as they can meet with the programme leader at a convenient time and then catch up with the mandatory session on health policy when it next runs.

[Read the course flyer.](#)

[Read more about the programme on the University of York website.](#)

---

## **GUIDANCE & RESOURCES**

### **Joint Guidance on the Professional Duty of Candour**

New guidance from the GMC developed in collaboration with the Nursing and Midwifery Council sets out what is expected of every nurse, midwife and doctor practising in the UK when something goes wrong. It also aims to help patients understand what to expect from healthcare professionals.

[Openness and honesty when things go wrong: the professional duty of candour](#)

---

### **Support for GP networks and federations**

GPC has recently launched a BMA Online Community for GP networks. This is a secure online space where staff from established and emerging GP networks and federations can:

- share best practice and learning experiences with other organisations
- discuss any challenges they are facing and explore solutions with peers
- access practical advice and information on policy, regulation and other topics

The BMA Community for GP Networks is open to non-BMA members and non-clinical staff, including practice managers and business managers.

More information about registering or accessing the BMA Community can be found [here](#).

---

## **Accessing & Sharing Information – Acting on Behalf of a Person with Dementia**

[This publication](#) by the Alzheimers Society has recently been brought to the LMC's attention by the ICO. It may be helpful to practices as it outlines various types of legal power that someone can have to manage the affairs of a person with dementia, and how this can be used to access the person's information e.g. health records.

Pages 9 to 11 contain a table which lists the types of legal power available in England and Wales and how they can be used.

## **CONSULTATIONS**

---

### **GMC Consultation: Development of generic professional capabilities**

The GMC is working with the Academy of Medical Royal Colleges to develop a new framework for the generic professional capabilities that are common to doctors across all medical specialties and are essential to safe, high quality clinical care.

They are now seeking views on the structure and content of the framework, including the domains, themes and stated outcomes.

The public consultation is open from 1 July 2015 and closes on 22 September 2015.

[Read more here.](#)

[Take part in the consultation here.](#)

---

### **GMC Consultation: Credentialing**

The GMC is consulting on a new transparent process to give patients confidence that doctors have appropriate standards of knowledge and skills in particular fields of practice. This is especially important in areas of medicine which currently fall outside recognised medical specialties, and in areas where patients are vulnerable, such as cosmetic practice.

Patients and the public, employers, commissioners of services and other professionals would be able to see on the medical register whether a doctor working in a particular field of medicine has a relevant credential. Giving formal recognition to doctors' capabilities through a system of credentialing, would also support workforce flexibility and doctors' career development.

This consultation is open until 4 October 2015. Further information and details on how to respond can be found [here](#).

---

## **GMC Consultation: Publication and disclosure**

The GMC is consulting on changes to the information they publish online and share with others about doctors who have been through fitness to practise investigation and received a sanction. It is right that patients and others are able to access this information.

At the same time though, it is important that the approach the GMC takes when publishing or sharing this information is proportionate. The GMC's view is that the proposals in this consultation will allow them to be more transparent in terms of the information they can share with patients but also be fairer to doctors.

This consultation is open until 23 September 2015. Further information and details on how to respond can be found [here](#).

If you are signed up to GMC news (sign up [here](#)) and have read the latest edition you will have received information on the above, so apologies for any duplication.

## **GENERAL NEWS**

---

### **Latest Newsletter from Chaand Nagpaul, BMA GPs committee chair**



#### **GPs' reality compared to others**

The BMA has just published its most recent quarterly tracker survey of doctors in the NHS, across the different branches of practice, including junior doctors, staff and associate specialists, consultants and GPs.

The findings once again demonstrate that, while there are pressures and stresses affecting the entire medical profession, the figures are far bleaker for GPs.

[Read more...](#)

---

### **Better Leadership for Tomorrow: NHS Leadership Review**

The Secretary of State for Health asked Lord Rose to conduct a review into leadership in the NHS. The review asked:

- what might be done to attract and develop talent from inside and outside the health sector into leading positions in the NHS?

- how could strong leadership in hospital trusts might help transform the way things get done?
- how best to equip clinical commissioning groups to deliver the Five Year Forward View

The final report contains 19 recommendations, covering 4 areas:

- training
- performance management
- bureaucracy
- management support

[Read the report here.](#)

---

**Dr RUSSELL WALSHAW**  
Chief Executive

**The Humberside Group of Local Medical Committees Ltd**  
Albion House  
Albion Lane  
Willerby  
HULL HU10 6TS

t +44(0)1482-655111  
f +44(0)1482-652434 (Safe Haven)  
e [humberside.lmcgroup@nhs.net](mailto:humberside.lmcgroup@nhs.net)

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



Registered in England & Wales. Registered No. 8624868. The Humberside Group of Local Medical Committees Limited does not provide legal or financial advice and thereby excludes all liability howsoever arising in circumstances where any individual, person or entity has suffered any loss or damage arising from the use of information provided by The Humberside Group of Local Medical Committees Limited in circumstances where professional legal or financial advice ought reasonably to have been obtained. The Humberside Group of Local Medical Committees Limited provides representation, guidance and support to GPs and practices. The Humberside Group of Local Medical Committees Limited strongly advises individuals or practices to obtain independent legal/financial advice.