The Humberside Group of Local Medical Committees Ltd

Newsletter: 17 December 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

6. **CONSULTATIONS**
   GPC Workload Pressures Survey

7. **GENERAL NEWS**
   Further research confirms little demand for routine seven-day opening

INSPECTION

New CQC Publications for GPs

The CQC has published two new tools for GP providers.

The first is an **Introduction to guidance for GP practices**. The new web-page www.cqc.org.uk/gpintroguide gives a brief overview of the inspection process, and sign-posts to essential and recommended reading. This resource has been put together following feedback from primary care professionals around the clarity and accessibility of CQC guidance to providers.

The second is **Examples of inadequate practice from our GP inspections**. The new web-tool highlights the common features of inadequate practice that CQC has identified in inspections so far by using anonymised examples from inspection reports, and showing the impact they have on the quality and safety of care.

CQC registration requirements for GP federations - England

Earlier this year the Care Quality Commission (CQC) published guidance on CQC registration requirements for GP practices working together as part of federations. This guidance has recently been updated with more information.

The guidance will help groups of registered providers who wish to form a federation to understand their duties in regard to CQC registration. The guidance summarises the issues that federations should consider and provides case studies to illustrate different registration scenarios. CQC National GP advisor Nigel Sparrow has also discussed what the guidance means in a new mythbuster.

TRAINING, EVENTS & OPPORTUNITIES

General Practice: Facing the Future – LMC Events for 2016

New Models of Care. Working at Scale. Federations. Vanguards. Alliances. Collaborative Working. New Contracts. MCPs. PACs…… These are just some of the words and phrases frequently bandied about in primary care today. The challenge for us all is to understand what options are open to us, how we influence what's happening around us and how to get the best outcome for our practices, our GPs, our staff and our patients.

The LMC is responding to this challenge by offering a series of **free events** under the banner, General Practice: Facing the Future. The events are designed to inspire, inform and empower practices. We hope that by participating, GPs and Practice Managers will feel more confident about the direction they want to travel and how to get there.

More about our General Practice: Facing the Future programme

Visit to West Cheshire Way Vanguard Site

Wednesday 3 February 2016 8am – 6pm (timings provisional)

Join us for a coach trip to Cheshire to visit this vanguard site which seeks to offer better and more integrated care from a range of local health and care services. This newly formed partnership, in which GPs are key players, is developing 3 programmes as part of their model:

Starting Well: focusing on ensuring the best start in life for babies, children and young people

Being Well: enabling grater collaboration between local services and clusters of GP practices supported by integrated teams to help people manage long-term conditions

Ageing Well: focusing on excellent care for the frail and those with complex needs wherever they live (including those in care homes)

Find out more about how the vanguard was developed and how it is being driven forward, including an insight into the challenges and opportunities it has created.

Note: Places at this event are strictly limited due to the size of the coach so please book early!

Seminar: Working at Scale Across The Humber

Lazaat Hotel, Cottingham
Tuesday 23 February 2016, 9.30-16.30

This event will bring together practices from Hull, East Yorkshire, North Lincolnshire and North East Lincolnshire for a full day to look in more detail at the different elements that need to be in place to make working at scale and new models of care a reality.

Keynote speakers will provide the national context and further information on the models being explored in other areas of the country.

Smaller workshop sessions will focus on the key elements that underpin working at scale including workforce & employment issues, finance, legal structures and bidding/tendering.

Locality Based Workshops: Working at Scale Locally

Venues and dates to be confirmed (Half day workshop, March dates)

The final part of the programme will be a locality based workshop for practices within each CCG area. Run by an experienced facilitator, each workshop will tackle the question: what do we want to do locally?

The aim will be to ensure that practices who want to work together have time and space to consider their goals and explore what steps they want to take next.

Booking & Other Useful Information

Who should attend?
GPs, Practice Managers, Business Managers

How much does it cost?

This series of events are completely FREE - funded by the LMC to support GPs and practices.

Taking part in the programme
You can attend 1, 2 or all 3 parts of this programme. As the idea is to build knowledge and devote time to thinking about these issues, we hope that many people will participate in the whole programme.

How to book
You can book online here. You need to complete a new online booking form for each delegate. Alternatively, you can call the office on 01482 655111.

Please note:

- You will need to select each part of the programme you wish to attend
- The vanguard visit (3 Feb) and the Seminar (23 Feb) are confirmed dates so your booking for either of these events will secure your place
- The locality based workshops will be in March but dates and venues have yet to be confirmed. If you tick to indicate that you wish to attend, we will contact you with the details in due course so that you can opt-out or confirm your attendance. There will be a separate workshop for practices in each CCG area.

Safeguarding – FGM Workshops

NHS England is hosting a number of FGM workshops across the north region to raise awareness, discuss mandatory obligations and share practical solutions.

The events will consider the FGM Enhanced Dataset and provide information about the new Risk Indication System (RIS), as well as exploring how professionals will be supported in each local area to discharge their responsibilities and understand their statutory obligation under national safeguarding protocols (e.g. Female Genital Mutilation Act (2003) and the Working Together to Safeguard Children, March 2015) to protect girls and women at risk of FGM.

It is mandatory for GPs to report any cases on to the FGM database and there will be a representative from HSCIC at each event who will be available to answer any questions you may have.

The LMC is aware that many practices have struggled to register effectively for the online reporting tool and this workshop may be helpful.

Click here for more information about venues and to book (click on the yellow boxes next to your chosen venue to book)

NHSE Offer of Patient & Colleague Feedback via Edgecumbe – GPs due for GMC Revalidation in 2016/17

NHS England's Appraisal and Revalidation Team has recently communicated an offer to GPs whose GMC revalidations take place in 2016/17. There is limited funding through which NHSE is offering GPs access to patient and colleague feedback via Edgecumbe, an accredited provider organisation. Unfortunately, the funding is ONLY available now and will not be repeated in future years.

Any GP who wishes to take up this offer should email england.yh-appraisals@nhs.net by Friday 15 January 2016. Your details will be passed on to Edgecumbe by 29 January 2016.

Edgecumbe will then contact you via email to provide you with information and guidance on accessing the system and information on how to go about collecting your feedback.

More information and guidance on appraisal and revalidation can be found at: http://dev.nyhcsu.org.uk/sites/nyhappraisal

If you have any questions concerning your patient and colleague feedback then please contact the appraisal team via england.yh-appraisals@nhs.net

---

Free Partnership Clinics

Are you a GP, GP Partner or a Practice Manager with a partnership issue on which you need advice?

In association with BMA Law, the Cameron Fund will be providing a series of partnership clinics. GPs, GP Partners and Practice Managers who are in need of legal advice on a partnership or premises issue, are invited to book a FREE half – hour phone session with a specialist solicitor. The clinics will cover partnership matters, corporate or commercial enquiries and issues relating to commercial property.

The clinics cannot advise on negligence or disciplinary matters or on GMC issues.

The clinics will run from 10.00am to 4.00pm on:

Friday 29 January
Friday 26 February
Friday 18 March

If you wish to take advantage of one of these appointments, you will be allocated the earliest available slot.

If you would like to book a 30 minute slot, email admin@cameronfund.org.uk with 'Partnership Clinic' as the subject and stating:

- Your full name
- Your contact email
- Your direct line
- Your address
- Your practice name
- A brief summary of the issue that you wish to discuss

CLINICAL ISSUES

Prison Pain Management Formulary – New (Relevant to Primary Care prescribers when reviewing care for released prisoners)

NHSE has recently published a prison pain formulary and implementation guide. The formulary supports clinicians in the management of acute or persistent pain and neuropathic pain for people taking account of the specific challenges of prescribing pain medicines in prisons. The formulary also provides advice on safely managing substance misuse in combination with pain relief.

The formulary is of relevance to:

- Prison clinicians and other practitioners treating people who are in pain
- Substance misuse clinicians
- Primary Care prescribers – when reviewing care for released prisoners
- Secondary care prescribers

The formulary is published as two documents (the formulary and the implementation guide) which should be used together to embed the formulary into practice:

https://www.england.nhs.uk/commissioning/health-just/pain-formulary/

Factsheet - Efficacy of emergency contraception and body weight: Current understanding and recommendations

Dr Kate Guthrie has provided this important update with the request that it is circulated to all GPs and Practice Nurses:

http://www.ec-ec.org/custom-content/uploads/2015/12/ECEC-EC-Body-Weight-November-2015.pdf

The summary was develop by Kelly Cleland of the American Society for Emergency Contraception in January 2015, and has now been adapted it to the European context.

PRACTICE MANAGEMENT

Medical Indemnity – Level of Cover

NHS England has recently written to local NHS teams with guidance on ensuring that all doctors have appropriate indemnity arrangements in place. The full text of the letter is available here.

For GPs indemnified by one of the MDOs, the level of cover provided is unlimited. However, for the increasing number of doctors seeking cover from other insurance providers (e.g. MCI, Tower Hill etc.), Area Teams will now be seeking assurance that individual practitioners have cover of £10m in place. This figure will be reviewed annually.

For practitioners already on the Performers List, it is proposed that a doctor's indemnity is considered at annual appraisal. At appraisal a doctor is expected to make a declaration that they accept the professional obligations placed on them in Good Medical Practice in relation to probity and consider whether there are any matters in relation to probity which they wish to discuss with their appraiser. This includes recognition that the doctor accepts the statutory obligation to ensure that they have adequate and appropriate medical insurance or indemnity covering their full scope of work in the UK. Changes to the appraisal MAG form have been made to draw attention to this issue for appraisees and appraisers.

This new position from NHSE has not yet been tested in the courts and could be subject to change if a legal challenge is made.

Controlled Drugs: Approved Mandatory Requisition Form and Home Office approved wording

From 30 November 2015 health professionals obtaining supplies of schedule 2 and schedule 3 controlled drugs in the community must use a new mandatory FP10CDF CD requisition form. The form must be used only when stocks of the relevant controlled drugs are to be obtained in the community, including wholesalers. The scope of the form includes pharmacy to pharmacy transfer of stocks.

The new approved requisition form, in electronic format, is available on the NHS Business Services Authority website at: http://www.nhsbsa.nhs.uk/PrescriptionServices/1120.aspx . This form can be downloaded, completed and printed or downloaded and saved locally. **Requisitions not received on this mandatory form after 30th November 2015 cannot be accepted.**

These changes do not impact on the responsibility placed on suppliers under the 2001 Misuse of Drugs Regulations to ensure that the person requisitioning controlled drugs is either authorised under the 2001 Regulations, or has a Home Office license, which entitles them to possess the relevant controlled drugs.

Additionally, the Home Office has approved new wording for instalment prescribing. The new wording can be used immediately and can also be 'mixed and matched' to express the prescriber's intention. However, as usual, where this intention is not clear it may be necessary, subject to the professional judgment of pharmacy teams and dispensers, to contact the prescriber.

The CQC's CD GP myth-buster has also been updated to include the recent legislation changes and can be found on their website at: http://www.cqc.org.uk/content/nigels-surgery-28-management-controlleddrugs

---

Insurance cover for non-NHS commissioned services

It has been brought to the LMC's attention that some insurance companies used by General Practices only provide cover for services provided as part of the GP contract with the NHS.

The LMC advises that practices providing services commissioned by other bodies e.g. sexual health services commissioned by a local authority should check their insurance policies carefully to ensure that they are adequately covered in terms of:

- Public Liability
- Employer's Liability
- Professional Negligence
- Clinical Negligence

Insurance - Intelligent General Practice Reporting Tool (iGPR)

The LMC has received a number of queries about the iGPR tool which allows practices to respond to requests for patient health information electronically. The tool has been produced by Niche Health and is available to EMIS, INPS Vision and TPP SystmOne practices.

The iGPR provides an electronic process for practices to provide patient information to requesting third parties, such as insurers and solicitors. Requests can include Subject Access Requests (SARs) and GP Reports (GPRs). There are other systems that provide similar functionality.

The LMC has sought specialist advice from the GPC's IT Sub-Committee on behalf of practices. They are unable to 'approve' or 'endorse' third party software products, but have provided the following generic advice.

Firstly, with regard to any SAR from an insurer, practices should read the BMA guidance on how to manage SARs for insurance purposes. The guidance was issued following a review by the Information Commissioner's Office and advises practices to contact the patient where a SAR from an insurance company is received, rather than sending the full medical record direct to the insurer. A template letter is included in the guidance, which asks the patient to choose between receiving the medical record themselves (so they can decide whether to send this onto the insurance company), or to ask their insurer to seek a GP report from the practice.

It should also be noted that when a SAR is produced, the Data Protection Act (DPA) requires certain types of data to be redacted. Any additional redaction offered by any reporting tool over and above the legally required redaction would, in the JGPITC's view, mean that the resulting report no longer constitutes a SAR.

Where practices wish to use these tools for purposes other than an insurance company SAR, this is a matter for individual practices to decide.

Separately, practices have asked for advice on electronic patient consent, and the legal position is that electronic patient consent is acceptable. However, where there is any doubt that the patient has consented to the report, practices should check with the patient. Please note there is no requirement for practices to use these reporting tools, and **it is for practices to decide whether they**
receive requests through them (rejecting these requests should prompt the third party to request the information by alternative means) or whether to deactivate the tool.

Since the publication of the GPC's advice (grey box above), the LMC has also been contacted directly by Niche Health who are behind the iGPR software. They have assured us that currently only one insurer requests insurance reports under SAR (Subject Access Request) legislation **and that insurer will be ceasing to request SAR insurance reports in line with the ICO and BMA advice**.

Niche Health have extended an offer to give a presentation or a longer workshop to demonstrate the iGPR software and this may be of interest to Practice Manager Forums. Any PM forum wishing to take up this offer should contact mike.carey@nichehealth.co.uk or 07479 480 665.

1995 NHS Pension Scheme - Final Pay Controls

Practices may be aware that final pay controls were introduced this year for those in the 1995 NHS Pension Scheme. As a result of these controls, a penalty may be applied to an NHS Employing Authority, including GP practices, where a scheme member is awarded an increase

to pensionable pay which exceeds CPI plus 4.5% and where this increase will be included in the calculation of the best of the last three years pensionable earnings increase. Guidance and working examples can be found on the BMA website.

A guide for GPs considering employing a practice pharmacist

This guide from the Primary Care Pharmacists' Association is endorsed by the RCGP and the Royal Pharmaceutical Society and considers:

- What role pharmacists can play in assisting primary care cope in the current workforce crisis
- What to look for in a pharmacist
- Methods of recruitment
- Options for employment

It also includes practical information such as a sample advert and job description.

Feedback from National CQRS / GPES Group

Our thanks to Rob Thompson, Practice Manager at Springhead Medical Centre for sharing the following feedback from the national CQRS / GPES Group meeting which took place in Leeds in November:

- ALL DES schemes with the exception of the two shingles schemes will be automated from Nov 15.
- HSCIC are planning to give us about 5 days grace after the end of the month to ensure that codes are correct BEFORE extraction
- If you have coded something wrong you will NOT be able to overwrite the incorrect extraction data manually
- If you discover something is wrong you will have to send proof to NHS England who will correct for you.
- It is ESSENTIAL that you are using all the correct codes and/or templates to record vaccinations and other DES activity.
- You should also make yourselves aware of the Business Rules for the extractions to ensure you get paid e.g. if a pregnant woman does not get the Pertussis vax within the time frame in the business rules you will NOT get paid
- Enhanced Services are now like the QOF – if your coding does not match the Business Rules EXACTLY you will not get paid via the auto extraction – you will have to convince NHS England that you are right and CQRS is wrong.
- If CQRS doesn't take any data from your system your first call should be to your clinical supplier NOT CQRS or NHS England
- Find out where the reports are on your clinical system that "feed" CQRS – these will not necessarily be the same as the ones in "Population Manager" or "How Am I Driving"
- Check these reports against your own searches to see how they compare – if your own flu search says 1,500 and the CQRS one's say 1,490 you need to know why and quickly so you can change your codes BEFORE extraction.
- If you haven't used GPES for a while https://www.gpes.nhs.uk/Home/Authenticate log on and make sure you can access it
- In GPES you can view the data that has been extracted for things like the Health Secretary Dementia collection before its submitted – you can ensure that there is nothing patient identifiable in it.

- We have seen and will see more “Data Provision Notices” and “Mandatory Requests” through CQRS – these are mandatory extractions tied into Directions that we have no obligation but to accept.
- Someone asked the question “If its Mandatory why do we have the option to decline on CQRS ?” – apparently under IG rules as Data Controllers we have to have the “option to decline” even if we contractually can’t (insane but true !)
- If you refuse to let Mandatory data be extracted by GPES/CQRS you will have a legal duty to supply by another route
- POM (Patient Objection Management) is the next biggie – make sure you have robust systems in place for recording opt outs from Summary Care, care.data etc as it will be monitored via GPES and CQRS
- Accountable GP recording went live in October 15 – make sure you have that coded and tied up as it is a Contractual Obligation
- Be aware that your clinical system reporting systems “round up” to the nearest whole figure – CQRS doesn’t – possibly very important for Avoiding Unplanned Admissions.
- If it all goes wrong you will have to key it in manually
- HSCIC is currently engaged in a massive piece of work to allow CCG’s to access CQRS to issue schemes and approve payments.
- HSCIC are expecting 200ish CCGs to take over CQRS from April 16 as they will have responsibility for Primary Care under Level 3 co-commissioning arrangements

---

Patient Online – Information & Access to Support

The Patient Online Programme is a NHS England National Programme designed to guide and support GP Practices to meet the contractual obligations outlined in the 2015/16 National Health Services (GMS Contract and PMS Agreement) Amendment Regulations 2015.

As detailed in last year’s contract, Practices must continue to offer online access to patients who request access to:

- Book, cancel and amend appointments
- Order repeat prescriptions
- Access their summary information – allergies; adverse reactions; medication.

Practices must also promote these services.

This year’s regulations state that practices must also:

- From April 2015, provide patients with online access to their coded records, and;
- Ensure that the appointments available online meet the demand of their patients.

Patient Online are continuing to work in partnership with the BMA and RCGP and have developed guidance and materials to support GP Practices in relation to Patient Online Access.

Guidance includes:

- Registration
- ID Verification
- Proxy
- Coercion
- Children’s Online Access

All above are available online: http://elearning.rcgp.org.uk/course/view.php?id=180&section=1

Additionally, the programme has developed guides in relation to increasing online Transactional Services and Detailed Coded Record Access that will be available soon on the NHS England website http://www.england.nhs.uk/ourwork/pe/patient-online

To date, Practice staff from other areas have attended User Groups organised by their local CSU/CCG and facilitated by the Patient online Team. Evaluations completed by attendees of these groups have been extremely positive therefore it is planned that further sessions will be arranged for staff who were unable to attend. **The LMC has been asked to assist the Patient Online Programme to organise local user groups so if you are interested in attending one, please let us know so that we can assess demand.**

If anyone would like any further information please do not hesitate to contact Kay Renwick, Implementation Lead, kay.renwick@nhs.net , or Rose Curry Digital Clinical Champion rose.curry@nhs.net

GUIDANCE & RESOURCES

Patient Registration – Updated Guidance & Policy

NHS England has published its new Patient Registration Policy for Primary Medical Care. The aim of the guidance is to provide clarity for GP Practices and commissioners of primary care with regard to the need for patients to provide documentary evidence of their identity or their address as a requirement of registration.

GPC has also published updated guidance on patient registration. The guidance aims to clarify the conditions surrounding patient registration in GP practices. **The key point to remember is that anyone, regardless of nationality and residential status may register and consult with a GP without charge.**

Declining a patient registration
Practices may only decline to register a patient (whether as a temporary resident or permanent patient) if they have reasonable grounds to do so. These grounds must not be not related to an applicant's race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition.

Registering without proof of identity and address
There is no contractual duty to seek evidence of identity or immigration status or proof of address. Therefore practices should not refuse registration on the grounds that a patient is unable to produce such evidence.

Anyone who is in England is entitled to receive NHS primary medical services at a GP practice and applications for registration for any patient in England must be considered in exactly the same way, regardless of country of residence.

Registering temporary or permanent residents
The length of time that a patient is intending to reside in an area will determine whether a patient is registered as a temporary or permanent patient.

> Patients should be registered as a temporary resident if they are intending to reside in the practice area for more than 24 hours but less than 3 months.

The LMC would advise practices that routinely require proof of ID and address prior to registration to ensure that they have a clear policy in place for how they will deal with prospective patients who are unable to provide this information.

---

10 Minute Emergency Resilience Plan

Business Emergency Resilience Group (BERG) have developed a 2 page, 10 minute plan to help small to medium-sized businesses prepare for, respond to and recover from emergencies, such as flooding, cybercrime and civil unrest.

It provides a short and handy checklist of the information and actions needed should your practice experience an emergency that affects your building.

Physician Associates - Briefing

The LMC has been involved with numerous discussions about the proposed Physician Associate role within Primary Care. Whilst recognising the need to explore the use of new roles within General Practice, many practices have expressed concerns about the PA role and raised questions about a range of issues including medical indemnity.

Answers to some common questions are provided below:

PAs in General Practice

In a GP surgery, PAs see patients of all ages for acute and chronic medical care. PAs can refer patients to consultants, the EAU or to A&E when clinically appropriate. Other duties include home visits, prescription re-authorisation, review of incoming post and laboratory results. PAs are an additional health care team member to help the practice reach QOF targets.

PAs are able to practice in the UK as a result of a clause within the General Medical Council's guidance on Good Medical Practice. Delegation is discussed within paragraph 54 as follows:

> *Delegation involves asking a colleague to provide treatment or care on your behalf. Although you will not be accountable for the decisions and actions of those to whom you delegate, you will still be responsible for the overall management of the patient, and accountable for your decision to delegate. When you delegate care or treatment you must be satisfied that the person to whom you delegate has the qualifications, experience, knowledge and skills to provide the care or treatment involved. You must always pass on enough information about the patient and the treatment they need.*

Health Education England's (HEE) second Workforce Plan for England2 set out the £5bn worth of
investments they would make in education and training programmes that typically begin in September 2015. In terms of future workforce, HEE is developing the structure and support to train
1000 PAs to be working in primary care by 2020. The rapid expansion of PA programmes across the
UK will mean that PAs will become a small but significant part of the healthcare workforce. PAs may perform some of the following general practice specific medical tasks or procedures:

• Take Medical History
• Perform Physical Examination
• Patient Education
• Interpret/Obtain ECG
• Venepuncture
• Psychiatric Assessment
• Urinary Catheterisation
• Joint Aspiration / Injection
• Cervical
• Smear
• Incision and Drainage of Abscess
• Mole removal
• Lipoma Removal
• Contraceptive implant placement and removal
• General new-born examination
• IUD Placement and Removal
• Fitting of diaphragm

Prescribing rights
PAs are currently unable to prescribe medications in the UK. As PAs are not yet licensed nor registered, this limitation also applies to requests for radiological investigations.

Indemnity
PAs require professional indemnity coverage. Currently, the Medical Protection Society (MPS), Medical Defense Union (MDU) and Medical and Dental Defence Union of Scotland (MDDUS) will provide professional indemnity for those PAs working in general practice. Practices need to consider the fact that some MDOs may consider employment of PAs as a higher risk option and therefore increase the indemnity subscription for the practice.

Salary
The newly qualified PA post has been evaluated under Agenda for Change at Band 7 (£31,072 - £40,694). Higher level PAs (usually requiring a minimum of five years of experience and a relevant Master's Degree have been banded at 8a (£39,632 - £47,559). There is no obligation on the practices to adhere to AfC and individual practices need to make a decision on how much they wish to pay for a PA in line with their finances and legislation.

LMC Advice Sheet: Employing Locums and Other Staff

Paragraphs 53 to 60, Part 4, of Schedule 6 of the GMS regulations set out what you must do before employing any clinical staff, especially doctors, in your practice – and this includes locums. Paragraphs 57 (2), 58 (2) and 59 (2) make contingencies should you have to employ a locum in an emergency, but these paragraphs only give you 7 days to fulfil the requirements set out for other clinical staff.

This advice sheet sets out all the requirements to assist you in ensuring you are not breaching the regulations.

LMC Advice Sheet: Due Diligence in Selecting an Auto-Enrolment Pension Provider

The LMC does not provide legal or financial advice. However, the Secretariat has been asked to provide some ideas on how practices can meet the 'due diligence' requirements when choosing an Auto-enrolment Pension provider.

The information provided in this advice sheet is intended to provide a starting point and some useful resources but if you have any concerns about your ability to meet the due diligence requirements, you should seek professional financial advice.

LMC Advice Sheet: The Role of Partners in Practice Financial Management

The Practice Manager will frequently be the main person within the practice responsible for day-to-day financial management. However, it is important not to forget that the ultimate responsibility for a practice's financial viability lies with the Partners. Furthermore, it is the Partners' income and NHS contract that is at stake should the practice hit severe financial difficulties.

This advice sheet sets out some basic structures and safeguards that all practices should have in place and that every Partner should be confident are being followed.

CONSULTATIONS

GPC Workload Pressures Survey

Following sustained lobbying by the BMA general practitioners committee (GPC), the unprecedented pressures faced by GP practices are at last being recognised by politicians, policy makers and the media.

As part of a range of activities, the GPC is looking at new ways to illustrate some of the current issues. This will include an online map to be published on the BMA website, highlighting areas of England, Scotland and Wales where practices are struggling with workload, recruitment, retention and financial viability. The map will help to show the current state of general practice and quantify the scale of the problems faced.

The LMC would encourage practices to take part in the GPC's online survey to obtain the information required for this project. The survey that will take less than two minutes to complete, via this link: https://www.surveymonkey.co.uk/r/KSZJN37

Practices are also asked to provide their post code and the name of their CCG so that responses can be mapped across CCG/Health Board areas and parliamentary constituencies. Please note that no individual practices will be identified.

The GP C is seeking **one** response per practice, and will need to receive all responses by **Wednesday 23 December.**

GENERAL NEWS

Further research confirms little demand for routine seven-day opening

A recent study published in the British Journal of General Practice reveals strikingly that only 2.2 per cent of patients wanted routine GP services available on Sundays. This comes on the back of an independent evaluation of the prime minister's Challenge Fund pilots published in October, showing poor patient demand on Sunday and for Saturday afternoon appointments.

The study, undertaken by the University of East Anglia shows that most people do not think they need weekend opening, and concludes that, while seven-day services may benefit certain patient groups, such as younger people in full-time work, Sunday opening, in addition to Saturday, is unlikely to improve access.

Given the Government's pronouncements on valuing patients' views, this study mandates it to rethink its policy on seven-day GP opening. It highlights the importance of using our cash-strapped NHS budget responsibly, and not be profligate in spending it on political ideology that will take resources away from those who are the most ill and needy.

Dr Russell Walshaw
Chief Executive
The Humberside Group of Local Medical Committees Ltd

Address: Albion House, Albion Lane, Willerby, Hull, HU10 6TS
Tel: 01482 655111
Fax: 01482 652434 (Safe Haven)
Email: humberside.lmcgroup@nhs.net
Web: www.humbersidelmc.org.uk

The LMC is now tweeting. Follow us for news and updates.