



The Humberside Group of Local Medical Committees Ltd

Newsletter: 14 March 2017

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INSPECTION

Introduction of 'GP Insight'

In CQC's strategy published in May last year, they stated that they intended to make greater use of intelligence in the way they regulate services. As a result they are introducing a new model called 'CQC Insight', the aim of which is to allow them to identify and monitor changes in the quality of care outside of their inspections in order to support decision making and regulatory response. For GPs, the model will be called GP Insight.

This model brings together existing national data on practices in one place combining quantitative and qualitative data. The model will develop over time, for example, enabling practices to add contextual information and CQC has committed to working with BMA and RCGP on future updates.

CQC's description of the new model is set out below along with further information about the data that practices should receive for checking over the next week or so.

The LMC would strongly encourage practices to look out for the forthcoming correspondence from CQC and to check the data – you will have only a 4 week period to do this.

CQC communication:

The data within the reports do not constitute a judgement on performance, but are to inform our inspection teams – our judgements on quality and safety will continue to come from our inspections alone and be detailed in our inspection reports. We will make this point clear to users in the guidance notes that accompany the reports.

This is one element of our new intelligence-based approach. We will also liaise closely with NHS England area teams, CCGs and other local stakeholders as appropriate to understand the local context. Together with GP Insight, we will be able to plan in a more proportionate and efficient way, reducing the need for inspections where they are not required.

The first version of this model covers the publically available information for each individual practice and this is presented to practices in their GP Insight report sent via email.

We are encouraging practices to use this opportunity to verify the data in their report. We are also keen to receive constructive feedback as part of continuing to develop and evolve the model. Practices have four weeks from receipt of their report to verify and do not have to contact us if they are happy that the data contained within the report is theirs, and that there are no errors in the data. Any concerns that practices have with the data contained within their report should be emailed to enquiries@cqc.org.uk

You can find more information on GP Insight, including FAQs and additional guidance by going to <http://www.cqc.org.uk/GPInsight>

COMMISSIONING

Feedback analysis report published following urgent care consultation – East Riding

East Riding of Yorkshire CCG has now published a feedback analysis report which it is stated will help inform final decisions on the future of urgent care services in the region.

The report presents the feedback received from the 1,359 respondents to the CCGs formal consultation questionnaire as well as the wide range of feedback received from the 10 drop-in events held across the East Riding and over 13,000 letters/emails and 9 petitions received by the CCG.

Final decisions on how urgent care services will be delivered in the East Riding will be made by the CCGs governing body when they meet, in public, on Tuesday 21 March 2017. Members of the public are welcome to this meeting, but are to note that this is a routine business meeting being held in public and not a public forum. Space is limited and attendees are asked to contact the CCG in advance on 01482 672156 or ERYCCG.contactus@nhs.net. The meeting will take place on Tuesday 21 March 2017 at Health House, Willerby, HU10 6DT from 2.30pm.

The feedback report is available at:

<http://www.eastridingofyorkshireccg.nhs.uk/urgentcare/feedback/>

TRAINING, EVENTS & OPPORTUNITIES

Career Ready Internship Programme 2017

Health Education England in Yorkshire and the Humber is running a third scheme offering work experience to young people.

Last summer, HEE YH delivered 60 internships within the region and has secured funding to support a further 68 interns this summer.

Practices may wish to consider getting involved in the internship programme for Summer 2017. Further information including case studies, sample job descriptions and an expression of interest form are available from the LMC. If you would like to receive all the relevant information, please email the office at humber-side.lmcgroup@nhs.net. There is a fairly short deadline as expressions of interest must be returned to Sharon Simister at HEE by 31 March 2017 – sharon.simister@hee.nhs.uk

Once the closing date has passed, HEE will liaise with Career Ready and:

- Contact you to discuss and gather the job descriptions for the projects you want the interns to complete (April)
- Share the Job descriptions with the participating schools (April/May) [Note: In our areas, there are 2 participating schools in Hull and one in Grimsby]
- Ask students to apply for the internships they are interested in (May)

- Organise for you to interview the students or ask them to attend assessment centres (May/June)
- Students to commence 4 week internship (July/August)

Any specific queries about the Internship Programme and how it works should be directed to Sharon Simister at the above email address.

North Lincolnshire CCG GP Board Member Vacancy

North Lincolnshire CCG is looking for a new GP Board Member with effect 1st June 2017.

The minimum commitment for the post is for 2 sessions per week, which involves attendance every Thursday afternoon (at either Board and Engine Room meetings, Board Workshops or CoM meetings), along with reading time and preparation for attendance at other events where required. There may also be the opportunity for further sessions depending on any areas the successful candidate may take the lead on.

The applications will be assessed by two external bodies, a Chair of a neighbouring CCG and an LMC. If more than one applicant is found suitable, then the LMC will be asked to facilitate an election.

This opportunity is open to all GPs working in North Lincolnshire, regardless of their employment status, i.e. partner, salaried or locum.

Further information about the role is available from the Chair, Dr Margaret Sanderson on 07787 830 704 or margaretsanderson@nhs.net

Application forms can be obtained from (and should be returned to) Pete LeQuelenec, Business Manager for the CCG at, peter.lequelenec@nhs.net.

The closing date for all applications is 31st March 2017.

BMA Recruiting for Lay Member to Join Patient Liaison Group

Job title: PLG (patient liaison group) voluntary lay member position

The BMA is the voice of doctors and medical students in the UK. We are an apolitical professional association and independent trade union, representing doctors and medical students from all branches of medicine across the UK and supporting them to deliver the highest standards of patient care. The PLG provides the BMA with an informed patient view on critical matters of interest to the profession, and to patients.

We are looking to recruit a new lay member on a voluntary basis commencing in May 2017 and would welcome applications from a diverse range of backgrounds.

The successful applicant will attend three whole-day PLG meetings per session, contribute to BMA work areas and put forward matters for consideration with regard to future BMA policy development.

There are no hard and fast criteria for experience. If you have an active interest in influencing health policy and working to improve patient care, we would like to hear from you. Your experience may be lay or professional, as a carer or patient, as a member of a disease-interest group or as a member of a local or national patient-interest group. Whichever your area of experience, you are asked to contribute to the PLG as an individual (not as a representative from another organisation).

These are voluntary positions. Appropriate expenses, supported by receipts, are reimbursed and an attendance allowance will be paid. Please note that attendance at all meetings must be approved for reimbursement by the PLG lead prior to attendance.

Please submit your 300 word supporting statement / covering letter along with your CV (maximum 2 sides).

For further information about the role and to apply online please see the following:
www.bma.org.uk/jobs

Closing date: Friday 24 March 2017

Please note that only shortlisted candidates will be contacted.

BMA Recruiting for Doctor to Join Patient Liaison Group

Job title: PLG (patient liaison group) voluntary doctor member position

The BMA is the voice of doctors and medical students in the UK. We are an apolitical professional association and independent trade union, representing doctors and medical students from all branches of medicine across the UK and supporting them to deliver the highest standards of patient care. The PLG provides the BMA with an informed patient view on critical matters of interest to the profession, and to patients.

We are looking to recruit one new doctor member on a voluntary basis for a 3 year term commencing in May 2017.

The successful applicant will attend three whole-day PLG meetings per session, contribute to BMA work areas and put forward matters for consideration with regard to future BMA policy development.

Please note: you shall not have served on any BMA UK or a national council, standing committee, board or other BMA UK representative groups in the preceding 2 years or be a candidate for election to such groups.

Please submit your 300 word supporting statement / covering letter along with your CV.

For further information about the role and to apply online please see the following:
www.bma.org.uk/jobs

Closing date for applications: Friday 24 March.

TV Series Looking for Doctors

Dragonfly TV is looking for doctors for a new live topical health TV series. Any interested GPs should contact Natasha Henry on natasha.henry@dragonfly.tv or call her on 0207 033 2262.

Live topical health TV series looking for doctors

From boils to Bell's palsy, polyps to painful sex, no area is off limits in this straight talking, fast acting studio show.

We're looking for lively, credible doctors who can advise the public on a range of health concerns.

If you're a doctor or you know a doctor you think would be good on TV please get in touch now!

Email: natasha.henry@dragonfly.tv or call 0207 0332262



CLINICAL ISSUES

NLaG Switchboard Bypass Number for GPs

Following the installation of the new phone system within NLaG, the urgent GP bypass number is now 03033 302316. This is a private number for GPs only and should not be given to anyone else.

GPs wishing to speak to the SPA (for admissions and admission avoidance etc.) should continue to call the existing SPA number which is 01724 203490. GPs will be advised once this number is migrated over to the new system.

PRACTICE MANAGEMENT

IR35 (intermediaries legislation)

Significant changes to tax legislation IR35 will be rolled out in April 2017 which will affect any practice that engages workers, such as locums, through their own Private Service Company (PSC). Once the new legislation takes effect, it will be the practice's responsibility to determine whether a person engaged by a PSC should be regarded as an employee of the practice for tax purposes. This important decision can have a number of implications for your practice.

The BMA is currently finalising advice for practices which the LMC will circulate as soon as it is available. **Please look out for this important information arriving in your inboxes, hopefully within the next week.**

Access to Medical Records for Insurance Purposes

Rather than asking for a report from the applicant's GP, as previously agreed with the ABI (Association of British Insurers), some insurance companies have been obtaining full medical records through the use of SARs (Subject Access Requests), under the DPA (Data Protection Act 1998).

The LMC was concerned that this practice was potentially a breach of the DPA, as disclosure of the full medical record would amount to a disclosure of information which was not relevant for the purpose. On behalf of our members, this matter was raised via the GPC with the ICO (Information Commissioner's Office).

The ICO wrote to the ABI to confirm that the right of subject access is not designed to underpin the commercial processes of the life insurance industry. As a result, life insurers previously using SAR have withdrawn requesting them and are now pursuing solutions using the Access to Medical Reports Act process.

The latest guidance from the BMA is provided below for information.

How does it work?

Should an insurer require further medical information, the individual will be asked to complete a declaration that provides their full consent for the insurer to obtain the relevant medical information from the GP.

This is now performed in line with AMRA (Access to Medical Reports Act 1988), which determines how insurers and other third parties request information from GPs.

New guidance on electronic requests has been published by the ABI

Where practices agree with the insurance company to provide a GP report, the legal position is that electronic consent is acceptable.

New principles have been published and clarify that all electronic requests are done under AMRA process

In January 2017, the ABI published a set of high level principles on requesting and obtaining medical information electronically from general practitioners. These principles were developed with input from the BMA and the ICO. This is to ensure that any electronic medical requests adhering to these principles will secure the release of a patient's medical record to at least the same data protection standard of, or a higher standard than, the current paper-based system.

Read the new ABI principles [here](#).

Practices can apply for a fee for a completion of these reports

Practices should seek to agree the fee with the requestor in advance of completion. Practices may also wish to seek advanced payment.

GUIDANCE & RESOURCES

New General Practice Nursing Plan Published – Recognise, Rethink, Reform

The Health Education England (HEE) general practice nursing workforce development plan ‘Recognise, Rethink, Reform,’ has been launched. It puts forward a range of recommendations to support and develop the workforce for the future and to help nurses make effective career choices.

Members representing HEE, NHS England, the Queen’s Nursing Institute, the Royal College of Nursing and the Royal College of General Practitioners formed a task and finish group chaired by GP, Dr Peter Lane, to look at four key areas:

- entry into general practice – raising the profile as a first career choice and increasing the availability of training placements for students
- establishing the role of the GP nurse – ensuring appropriate training and support is available for new GPNs
- enhancing the role with professional development and career progression
- expanding the healthcare support workforce with standardised training and career paths.

[Read the General Practice Nursing Workforce Development Plan.](#)

CONSULTATIONS

BMA Survey of Sessional GPs

As you know, one in three GPs is now working in some form of salaried, locum, freelance or portfolio role. Important decisions are being made about the future of general practice, often with very little information about what sessional GPs think. That is why the BMA GPC sessional subcommittee has launched its biggest ever survey of sessional GPs. It’s open to all locum, salaried, OOH, prison GP, CCG role GP, portfolio GP locum and salaried GPs, including GP partners who locum. **It doesn’t matter if you are a BMA member or not, or where you live in the UK.**

The GPC needs clear data to understand sessional GPs and gather information about workload and pressures, so that they can make sure the discussions they have with Government and the Department of Health about sessional GP issues truly reflect what you want.

The survey covers the following areas:

- Different types of roles sessional GPs undertake
- Contractual arrangements
- Earnings and expenses
- Workload
- Morale and wellbeing
- Representation

The survey should take no longer than 15 minutes to complete and is open to all sessional GPs, so please encourage your colleagues to fill it in as well.

[Click here to take part in the survey.](#)

GENERAL NEWS

Working together to sustain general practice – Message from Dr Chaand Nagpaul, Chair, GPC

The BMA GPs committee recently held an extremely successful conference attended by LMCs across England, on [Working together to sustain general practice](#).



We know that individual GP practices are currently at their most vulnerable, suffering financial instability, staffing shortages and unfilled GP vacancies, and escalating demand outstripping our capacity.

GPC believes that practices working together, looking after and supporting each other, sharing resources and burdens is one way to create resilience, and to address workload pressures with an aim of future sustainability.

This is already happening nationally, and the conference heard from a range of real-life examples of effective collaborative working between GP practices.

Dr Vish Ratnasuriya and Dr Will Taylor from **Our Health Partnership** opened the session, showing how their GMS-based super-partnership, covering 280,000 patients and 33 member practices, has created economies of scale to reduce costs across practices and developed an internal staff bank to ensure cover.

Dr Dave Sangha and Dr Sunando Ghosh from the **Midland Medical Partnership**, comprising a merged practice of 68,000 patients over 12 sites, explained how the super-partnership allows patients cross-site access, staff movement between practices and frees up clinicians' time to concentrate on patients directly.

Dr Darren Tymens from the **Richmond GP Alliance** showed how the hub model (in keeping with the BMA paper on [safe working models](#)) has allowed practices to pass on 'overflow work' to the hub to limit workload, and has led to some practices shifting to longer appointment times. It even allowed a practice to carry on functioning when it was without GP presence due to illness, with the hub seeing the practice's patients.

Dr Ben Gatenby from **South East Leeds GP Group** explained how the federation has created stronger relations between practices, sharing staff and systems across practices.

Dr Tom Bertram from Hampshire's **Better Local Care** talked about how the MCP vanguard has started attracting GPs where previously there were recruitment issues, with initiatives such as an e-consultation and triage tool saving GP appointments, 15-minute appointments, a same-day

appointment service for patients seen in hubs, a paramedic service doing home visits on behalf of practices, and a direct access musculoskeletal practitioner service reducing demand for GPs.

Dr Gill Pickavance from **Wolverhampton Total Health** explained how the **Primary Care Home** model releases time for GPs through greater use of a multidisciplinary team.

Meanwhile Dr Tony Naughton from **Fylde Coast Local Health Economy** showed how the MCP vanguard has led to reduced GP consultations, home visits and phone calls, through use of an enhanced primary care team including GPs, therapists, nurses, wellbeing support workers, social carers and mental health workers.

The day was rounded off by BMA Law's Robert Day talking about the legal aspects to bear in mind when considering working collaboratively, covering contracts/MOUs, premises, staffing, CQC and the impact on pensions.

The conference also heard from NHS England chief executive Simon Stevens and director of general practice development Robert Varnam about the support that NHS England can provide for practices working at scale.

You can watch these presentations and access the full programme for the day, including my opening speech and summing up, [here](#)

The day highlighted the laudable ability for GPs to innovate bottom up, and create supportive collaborative structures, all of which has resulted in a more manageable and rewarding workload, resilience and sustainability.

It was also evident that successful collaboration is based on grassroots involvement of all GPs and practices sharing common values, with ownership and creating models based on local needs.

These models must be supported by organisational development funds to provide the headspace, project management and backfill for GPs and staff. This is why GPC believes it is imperative that NHS England's committed £171m transformation funds in the GP Forward View to support GPs working at scale (to be made available via CCGs from April 2017 over two years) is delivered to local practices. This investment will not only support general practice pressures, but also benefit NHS England and CCGs themselves as it should mean practices are more secure, with fewer crises.

Meanwhile, please contact your LMC and CCG if you want to develop models of collaborative working, and look at our website for [resources](#) from the day including the [video](#) of the conference.

With best wishes,



Chaand Nagpaul
BMA GPs committee chair
info.gpc@bma.org.uk



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