



The Humberside Group of Local Medical Committees Ltd

Newsletter: September 14th 2017

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.

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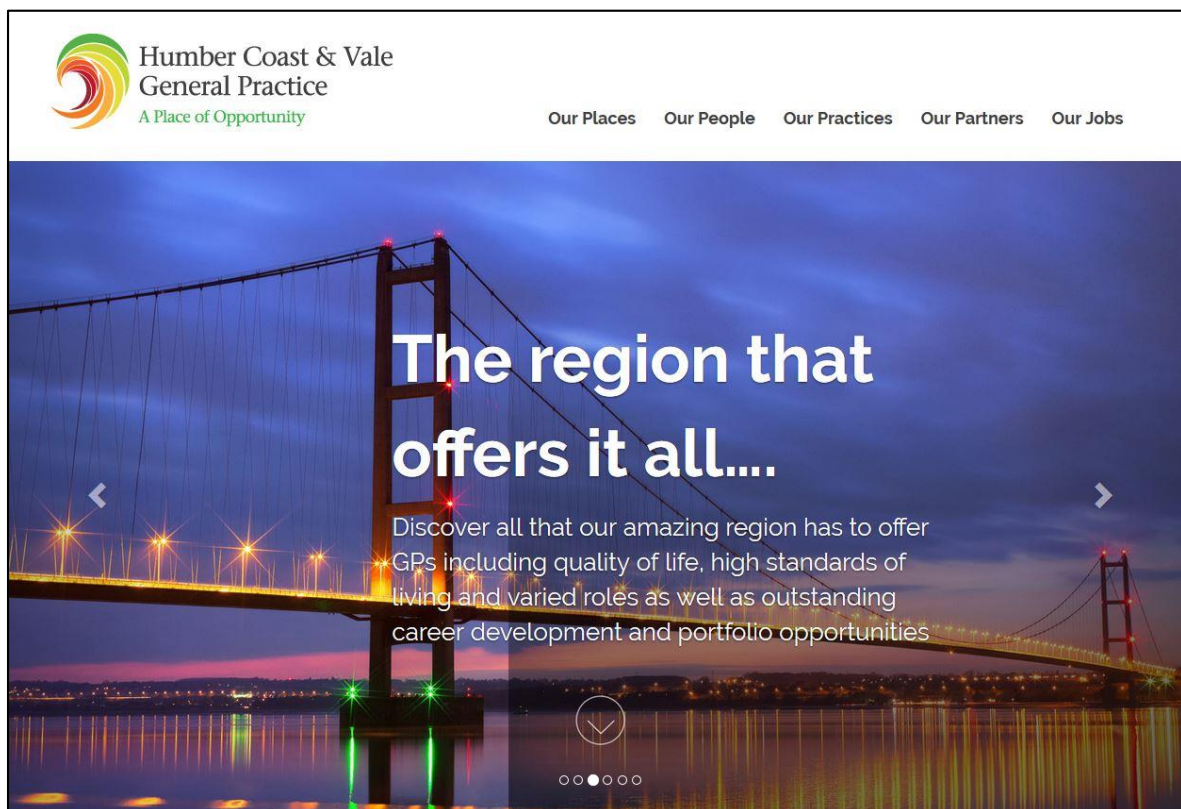
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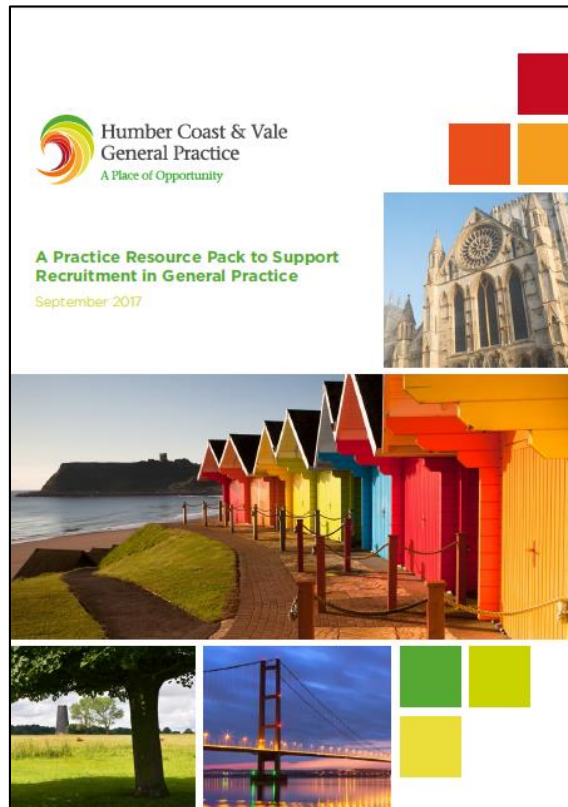
OUR BIG NEWS!

New Recruitment Campaign: Humber Coast & Vale – A Place of Opportunity

The LMC has launched the new campaign “Humber Coast & Vale General Practice – A Place of Opportunity” which aims to support recruitment of GPs and practice staff to the area. The new website www.generalpracticejobs.org.uk and accompanying resources provide everything you need to promote your vacancy to the right people and make your job as appealing as it possibly can be.



The website is now active and ready for practices to use to post vacancies. We have sent details of how to register to post vacancies and create job adverts and documents using the newly created templates to all practices. Practices can also benefit from discounted advertising in the BMJ. If you have missed this information you can [download the resource pack](#) (PDF) which tells you everything you need to know or please contact us with any queries.



A national advertising campaign to promote jobs in our area is starting in the BMJ at the end of this month (30 September). Please post your jobs on the website as soon as possible otherwise you will be missing out on a huge opportunity to take advantage of this campaign.

This is the first time the LMC has done something on this scale to support practices with recruitment – we hope you're impressed with what we've come up with and will want to use it. The site needs practices' support to become the 'go to' place for practice vacancies in the region so please take a look and start registering and posting vacancies!

COMMISSIONING

Improved Access – What CCGs are required to Commission

The LMC is aware that there are many conversations going on regarding NHS England's requirements for CCGs to commission 'Improved Access' to general practice. We thought that it might be helpful to share the exact wording as set out in the NHS Operational Planning and Contract Guidance which is provided below. The detailed national specification is still awaited.

Extract from NHS Operational Planning and Contracting Guidance 2017-19

1.3.1 Improved access

As outlined in the investment section, NHS England will provide additional funding, on top of existing primary medical care allocations to enable CCGs to commission and fund extra capacity to ensure that everyone has access to GP services, including sufficient routine and same day appointments at evenings and weekends to meet locally determined demand, alongside effective access to other primary care and general practice services such as urgent care services.

CCGs will be required to secure services following appropriate procurement processes.

Recurrent funding to commission additional capacity and improve patient access will increase over time. In 2017/18 CCGs with General Practice Access Fund Schemes, and a number of additional geographies identified across the country which will accelerate delivery of improving GP access, will receive recurrent funding of £6 per head of population (weighted) to commission improved access. In 18/19, this will expand to enable remaining CCGs to improve access, with £3.34 available in 2018/19 for those remaining CCGs. In 2019/20 all CCGs will receive at least £6 per head extra recurrently for those improvements in general practice.

In order to be eligible for additional recurrent funding, CCGs will need to commission and demonstrate the following:

Timing of appointments:

- commission weekday provision of access to pre-bookable and same day appointments to general practice services in evenings (after 6:30pm) – to provide an additional 1.5 hours a day;
- commission weekend provision of access to pre-bookable and same day appointments on both Saturdays and Sundays to meet local population needs;
- provide robust evidence, based on utilisation rates, for the proposed disposition of services throughout the week; and
- appointments can be provided on a hub basis with practices working at scale.

Capacity:

- commission a minimum additional 30 minutes consultation capacity per 1000 population, rising to 45 minutes per 1000 population.

Measurement:

- ensure usage of a nationally commissioned new tool to be introduced during 2017/18 to automatically measure appointment activity by all participating practices, both in-hours and in extended hours. This will enable improvements in matching capacity to times of high demand.

Advertising and ease of access:

- ensure services are advertised to patients, including notification on practice websites, notices in local urgent care services and publicity into the community, so that it is clear to patients how they can access these appointments and associated service;
- ensure ease of access for patients including:
 - all practice receptionists able to direct patients to the service and offer appointments to extended hours service on the same basis as appointments to non-extended hours services
 - patients should be offered a choice of evening or weekend appointments on an equal footing to core hours appointments.

Digital:

- use of digital approaches to support new models of care in general practice.

Inequalities:

- issues of inequalities in patients' experience of accessing general practice identified by local evidence and actions to resolve in place.

Effective access to wider whole system services:

- Effective connection to other system services enabling patients to receive the right care from the right professional, including access from and to other primary care and general practice services such as urgent care services.

During 2017/18 CCGs should ensure 100% coverage of extended access (evening and weekend appointments) is achieved in GP Access Fund sites and a number of additional geographies identified

across the country which will accelerate delivery of improving GP access.

In 2018/19 and 2019/20, we expect this roll out to continue. Remaining CCGs will be required to start access improvement in 2018/19, with funding at £3.34 per head of population for the year, and achieve 100% coverage from April 2019, when funding will reach at least £6 per head of population in 2019/20.

CCGs will need to provide plans outlining their approach to improved access by 23 December 2016 as part of their GPFV plan. This should include trajectories on improved access coverage for their local population.

There are currently significant inequalities in different groups' experience of access. Whilst making changes designed to improve access, CCGs should ensure that new initiatives work to reduce inequalities as well as improve overall access.

TRAINING, EVENTS & OPPORTUNITIES

GP Vacancy on Clinical Senate Council

There is currently a vacancy for a GP on Yorkshire and Humber Clinical Senate Council, the body which provides free and full independent and impartial clinical advice on proposals for service change to both commissioners and providers of health and social care in our region.

The Senate Council maintains a strategic overview of the work of the Clinical Senate and is responsible for formulating advice working with the broader Senate Assembly. The Senate Council meets bi-monthly and Senate Council members also participate in review panels. Successful candidates would join the 22 multi-professional Council members from across the region. The role is for a term of two to three years. Members are recruited based on their experience in their profession and are not appointed to represent their organisations or their professions.

It is essential for the Senate to ensure that it incorporates the primary care perspective into its discussions and successful candidates would therefore have an important role in this influential body. The work provides an excellent opportunity to get involved in service proposals across a broad range of clinical areas across Yorkshire and the Humber.

Visit their website www.yhsenate.nhs.uk for further information. If you are interested in the position please get in touch with the Senate Manager, Joanne Poole at joanne.poole1@nhs.net who can discuss this opportunity with you.

Time for Care WebEx

NHS England North Region is hosting an online WebEx to provide more information about the Time for Care Action Programme for practices. See below for the event time, date and joining instructions. More information on Time for Care including a readiness self-assessment for practices can be found [here](#). The WebEx will cover:

- An outline of the Time for Care Action programme
- Sharing other General Practice Forward View activity locally
- Which are the priority geographical areas for Time for Care support?
- What are the natural groupings for practices (including supporting practices to work at scale)?
- Any priority High Impact Actions emerging from the showcase event

Date: Monday September 25 2017
Time: 10:00-11:00am
To join the meeting visit: <http://bit.ly/2woQWck>
Meeting number (access code): 843 193 142
Join by phone: 0203-478-5289

GRASP Suite of Tools WebEx

An opportunity to learn more about the GRASP suite of tools for the purpose of case finding and improving the management of high risk patients.

As of July 2016 the NHS England's Audit for Improvement (AFI) team have been working with NHS RightCare (RC) as part of RC's programme of work looking at improving healthcare based on opportunities highlighted by RC as part of their Commissioning for Value packs.

There are 4 GRASP tools available:

- GRASP-AF – Used for the case finding and subsequent reviewing of management of high risk AF patients, who are at a high risk of stroke
- GRASP-COPD – Used for case finding and reviewing the management of COPD patients, and highlighting those with missing criteria (e.g. FEV1) and potential to address over and under-management
- GRASP-HF – Used for case finding and subsequent reviewing of management of Heart Failure patients with LVSD, who if undermanaged run the risk of premature mortality
- GRASP-Fever – Used for recording data during consultations on children under-5 at risk of feverish illness, and then auditing performance in-house to make improvements

The AFI Team would like to offer practice managers the opportunity of a WebEx to discuss the GRASP tools (in particular the COPD and AF, which may be of most benefit in relation to RC), the opportunities they can offer, and briefly the process of accessing and using the tools.

Date: Tuesday 19th September 2017.
Time : 13:00 – 14:30

To join the meeting visit <http://bit.ly/2w8sUHH>

Meeting number (access code): 842 232 421
Meeting password: GRASP2017

Join by phone
0800-051-3810 Call-in toll-free number (UK)
+44-203-478-5289 Call-in toll number (UK)

For more information on the GRASP Suite visit <https://www.nottingham.ac.uk/primis/tools-audits/tools-audits/grasp-suite/grasp-suite.aspx>

Advanced Clinical Practice in Primary Care Scheme Expansion

Health Education England North has increased the number of trainee Advanced Clinical Practitioner (ACP) posts in response to the rising demand for ACP posts in primary care. Funding for 120 new trainee posts across Yorkshire and Humber is available – more details in this [HEE letter](#) (PDF).

CLINICAL ISSUES

Labiaplasty

North East Lincolnshire CCG has been made aware that a number of Labiaplasty procedures have been carried out on patients under 18 years of age in their locality.

The Royal College of Gynaecology recommends that labiaplasty or vaginoplasty **should not be offered to children below 18 years of age owing to anatomical development during puberty**. All professionals involved in Labiaplasty and Vaginoplasty should remain vigilant to the safeguarding issues of Female Genital Mutilation (FGM).

Further information can be found on a [North East Lincolnshire CCG briefing](#) (Word document) and a [position statement](#) (PDF) from the British Society for Paediatric and Adolescent Gynaecology.

Medical Device Alert – Insulin Pens

A [medical device alert](#) (PDF) has been issued for certain batches of the insulin pens **NovoPen Echo** and **NovoPen 5**. The alert explains which batches are affected, what advice to give to patients and what action should be taken to recall and replace the devices.

PRACTICE MANAGEMENT

Practice Manager Group to look at Change of Submission Date for Activity Based Information

Practices will be aware of the LMC's ongoing discussions with NHS England regarding the proposed change of submission date for activity based information and have received recent communications from both the LMC and NHS England.

Concerns have been expressed by a number of practices and the LMC would like to arrange for a small group of practice managers to look at the practicalities of the proposals and how best to move forward. If you are interested in being part of this group, please email the LMC office at humberSide.lmcgroup@nhs.net We will then liaise to find an appropriate date for a meeting.

NHS England Statement - GMS 2017/18 Frailty Contractual Guidance on Batch-coding

NHS England has issued a statement regarding the new contractual requirement relating to frailty and is advising that practices should not batch-code a Read code diagnosis of frailty for the following reasons:

1. eFI (Electronic Frailty Index) is not a clinical diagnostic tool: it is a population risk stratification tool;
2. Automated diagnostic coding without clinical judgement will lead to inappropriate diagnosis of frailty with direct consequences for patient care;
3. Such practise does not meet the contractual requirement which includes clinician judgement to diagnose severe or moderate frailty;
4. Patients incorrectly diagnosed with frailty may be subject to inappropriate clinical interventions or future care planning based on a wrong diagnosis.

The NHSE statement can be read in full [here](#).

A joint BMA and NHS Employers document sets out the summary of the contractual requirements and can be accessed [here](#).

The LMC would advise practices to ensure that they have read the NHSE statement in full and that they are meeting their contractual requirements by:

- using clinical judgement to confirm the diagnosis of moderate frailty in a person so identified by the eFI before entry onto the patients' record
- carrying out a clinical review for those diagnosed with severe frailty

If you have any queries, please contact the LMC office for further information or clarification.

Patient Online Updates

There are a number of updates regarding online services which we have brought together below for practices interested in finding out more:

Patient Online – Additional Applications

You may be aware that patients can now access their online services via a selection of applications. Patients using the applications that are assured by [GP Systems of Choice](#) (GPSoc) will find the choice of applications available at each practice can be viewed under the practice's entry on [NHS Choices](#).

Evergreen is one of the applications that is now paired with EMIS, SystemOne and Vision, and have been fully assured by GPSoc. Patients can choose to use either one or more applications, and all usage and registrations from assured applications will be taken into account in relation to Practice Online Management Information (POMI) data.

Please see the [guide for TPP practices](#) (Word document) on how you can ensure patients are able to sign up with Evergreen. There is also a [patient guide](#) (Word document) which is a generic guide and is not dependent upon which clinical system your practice uses.

The guide for practices does not apply to EMIS practices because there has been no change to the process for those practices to sign up patients for online services.

Online Services - Identity Verification

This [guidance](#) (PDF) from the Royal College of General Practitioners offers advice for practices on confirming patients' identity via documentation or vouching.

Flu Clinic Campaign

This [guide](#) (PDF) outlines how practices can promote the NHS England Flu Clinic Campaign in 2017/18. The guide offers five flu clinic options which are intended to help increase the number of patient registrations for online services at your practice.

Case Study – Increasing Online Registrations

This [case study](#) (PowerPoint) illustrates how a practice in West Yorkshire was able to achieve an increase in the percentage of patients registered for online services.

Extended Access Data Collection

The bi-annual extended access collection is open for submission until 29th September 2017. As set out in the 2016 regulations, every GP practice in England is required to submit an online return twice a year through the [Primary Care Web Tool](#). This will set out what access to appointments the practice offers to patients either itself or through other arrangements, over evenings and weekends.

If you are a new practice manager or senior partner and require access, please ensure you have registered to use the primary care website at <https://www.primarycare.nhs.uk/register.aspx> and contact your NHS England regional team to request relevant access. Further guidance is available at <https://www.england.nhs.uk/commissioning/gp-contract/>.

For further questions about the collection itself, for example clarification of the survey questions please contact england.biannual@nhs.net. Please note that this mailbox is only to be used for enquiries specifically relating to the bi-annual extended access collection only, and should not be used for any other data collection.

Update on NHS Shared Business Services Incident

We have received an update from NHS England about the NHS Shared Business Services incident, whereby correspondence in the mail redirection service did not reach the intended recipients.

The incident team sent correspondence to GP practices in December 2016, March and May 2017 asking practices to complete and return a response form to indicate whether any patient may have suffered potential harm as a result of the error. NHS England have said that approximately 30% of practices have yet to return these forms and will be writing to Heads of Primary Care to inform them of practices that have yet to respond, and CCGs will also be aware.

We would encourage practices to undertake this in a timely manner as they are best placed to do it, and should be paid for such work. Payments for work undertaken in March and May 2017 will be paid in August or September 2017.

All cases of potential harm are now being reviewed by NHS England GP national Clinical Directors to confirm whether further clinical review is required. NHS England is contacting practices to obtain patient details, and can offer support to practices if required. In recognition of workload on practices, local area teams may be asked to assist with providing information.

NHS England has provided GPs with a dedicated phone line 0800 028 9723 and email address england.sbsincident@nhs.net on which they can use to contact the Incident Team with any queries.

CONSULTATIONS

Gender Identity Services for Adults

This NHS England consultation on specialised gender identity services for adults (17 and above) invites views on two proposed service specifications: one for how Gender Identity Clinics will deliver specialised outpatient services; and another for how surgical units will deliver surgical interventions.

We urge GPs to respond to this consultation which will influence the future of services for this area of work. Full details available at <https://www.engage.england.nhs.uk/survey/gender-identity-services-for-adults/>. The consultation is open until **Monday 16th October 2017**.

GENERAL NEWS

Results of BMA Ballot on List Closures

The BMA has announced the results of the ballot of practices' willingness to close practice lists. The full results, broken down by region, are shown below and more details can be found on the [BMA website](#).

With a turnout of 23.9% (similar to previous surveys of the profession), the results show that a small majority of those responding would consider temporarily suspending new patient registration, but only a minority would be in favour of applying for a formal list closure.

Turnout	23.9%			
	Yes (% of respondents)	Yes (% of all practices)	No (% of respondents)	No (% of all practices)
Temporary suspension of patient registration	53.74%	12.84%	46.26%	11.05%
Application for formal list closure	43.96%	10.5%	56.04%	13.39%

Region	YES (temporary suspension of patient registrations)	YES (application for formal list closure)	Response rate
East Midlands	61.08%	54.05%	30%
East of England	56.61%	45.50%	25%
London	69.89%	49.40%	12%
North East	44.05%	32.14%	22%
North West	52.04%	42.53%	18%
South West	40.38%	33.58%	38%
South Central	56.90%	51.69%	25%
South East	60.75%	50.97%	36%
West Midlands	57.50%	43.04%	25%
Yorkshire & the Humber	40.21%	37.04%	26%

The BMA will not, at this stage, be making a decision about moving to a formal industrial action ballot of the profession, but using the results to support negotiations and to call on the government to deal with the current crisis with far greater urgency. The LMC England Conference in November, followed by the GPC England meeting the following week, provides a timeframe for negotiating with Government to address issues including the indemnity crisis, workload levels and premises issues.

A Short History of the Bolam Test

Hull GP Dr Thomas Abraham looks back at the 60-year history of the Bolam test, which has underpinned doctors' defence against medical negligence claims almost since the NHS began in this [article on GPonline](#).

Make the Most of the LMC Buying Group

Humberside Group of LMCs is a member of the LMC Buying Groups Federation so all practices in our areas of operation are eligible to access the discounts the Buying Group has negotiated on a wide range of products and services.

If you're not sure if your practice is a member of the Buying Group you can call them on 0115 979 6910, email info@lmcbuyinggroups.co.uk or put your practice code into their website: www.lmcbuyinggroups.co.uk/members/ to find out. If your practice isn't a member, you can contact them directly to sign up.

By registering with the Buying Group's website www.lmcbuyinggroups.co.uk/members/ you can view all the suppliers' pricing, contact details and request quotes. The Buying Group also offers any member practice a free cost analysis which demonstrates how much money your practice could save just by swapping to buying group suppliers.



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