

## Newsletter – May 2017

### LMC Meeting 8<sup>th</sup> May 2017

At our last LMC meeting we discussed a range of issues, including instruction sheets from District Nurses, Quality Contract and LES appeals process and guidance on managing patents with pre-op anaemia.

---

### Communicating with District Nurses about the administration of drugs

The LMC discussed the problems with using the new drug administration charts, and it was decided the charts would be reviewed. Meanwhile, any alternative methods that practices are currently using that they are happy with should continue until our discussions are finalised.

---

### Local Enhanced Services

We would like to emphasise the need for practices to look carefully at the viability of LESs in general before signing up to them.

---

### Hospital Contract Changes 2017-19

The LMC note there have been a further five contract changes which should benefit GPs:-

a) Hospitals to issue Fit Notes, covering the full period until the date by which it is anticipated that the patient will have recovered.

b) Hospital Trusts to respond to patient queries for matters relating to their care rather than asking the patient to contact their GP.

c) Hospitals must not transfer management under shared care unless with prior agreement with the GP.

d) Hospital clinic letters to be received by the GP within 10 days from 1 April 2017, and within 7 days from 1 April 2018.

e) Issuing medication following outpatient attendance at least sufficient to meet the patient's immediate clinical needs until their GP receives the relevant clinic letter and can prescribe accordingly.

The LMC strongly advise all GPs to make use of the BMA's standard letters in responding to any contract violations. These are available on our website here:-

<http://www.rotherhamlmc.org/page1.aspx?p=15>

### Care UK Diagnostics Contract.

The walk-In-Centre and OOHs services are being novated to TRFT as part of the new UECC and Care UK has now approached the CCG to request an early exit from the diagnostics service contract. The contract to RFT will be for a minimum of twelve months and undertake a full review of diagnostics provision in Rotherham.

---

### Guidance on PCSE Claims and the Small Claims Court

In recognition of the additional administrative burden many practices have experienced due to issues with primary care support services in England, a goodwill payment of £250 per practice is being made by NHS England, which should be paid to practices by 30 June 2017.

Practices or individuals who can provide evidence of the financial loss they have incurred as a result of Capita's failures can contact NHS England to make a claim.

The GPC have now also published general guidance online on:

- PCSE claims guidance

<https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-current-issues/capita-service-failure>

- Bringing a claim to the small claims court

<https://www.bma.org.uk/advice/employment/gp-practices/small-claims-court>

---

## GP Forward View

The GPC recommend that practices should ensure they are aware of the main areas of investment available for 2017/18, as detailed on the GPFV website. This includes:

– Transformation monies of £3 per head, 2017-19, (which can be split across two years) which CCGs should make available to support collaborative working between GP practices, including initiatives to improve access and reduce workload. The GPC believes that working together is key to sustaining general practice.

– Online consultation systems. CCGs should make available funding to enable practices to avail themselves of software to enable patients to access web-based guided management, to reduce demand on GP appointments

– Resilience funds. The resilience funding is recurrent each year, and £8m is available for 2017/18.

– Training of reception and clerical staff. £10m is available nationally for 2017/18 for training of reception and clerical staff to undertake enhanced roles on active signposting and management of clinical correspondence

---

– Access monies are continuing to be rolled out to support extended access and increased capacity in general practice – this includes locality hubs to support in-hours practice workload pressures.

For more information, see the dedicated webpage here:-

[https://www.bma.org.uk/advice/employment/gp-practices/general-practice-forward-view?utm\\_source=The%20British%20Medical%20Association&utm\\_medium=email&utm\\_campaign=8256454\\_NEW12A1%20GP%20ENEWSLETTER%20030517&dm\\_t=0.0,0.0](https://www.bma.org.uk/advice/employment/gp-practices/general-practice-forward-view?utm_source=The%20British%20Medical%20Association&utm_medium=email&utm_campaign=8256454_NEW12A1%20GP%20ENEWSLETTER%20030517&dm_t=0.0,0.0)

---

## QOF Calculations

NHS England and NHS Digital have advised the GPC that the recent issues affecting QOF achievement and aspiration calculations for GP Practices have now been resolved.

The QOF calculations have now been re-run and the payment calculation has been amended.

It follows a number of reports to NHS England that QOF payments were significantly lower for the 2016/17 financial year than they were for 2015/16, despite comparable performance and patient numbers.

An investigation has identified that while the correct formula and calculations were used, there was a problem where a practice split was incorrectly reported to the Exeter system in January. In addition there were a small number of practices that had significant changes in practice registration numbers and patient disease registers, which impacted on the

national prevalence adjustments. This resulted in an incorrect adjustment to GP practice achievement. As such, affected practices will have seen an achievement figure in CQRS that was lower than expected.

The issue was identified before the majority of practices were physically paid. Just over 100 practices received an actual incorrect payment and work is ongoing to reconcile this based on the amended calculation.

---

## Retirement of Dr Phil Martin and Co-option of Dr Michelle Kavanagh

The LMC would like to thank Dr Martin for his many years of dedicated service to the LMC and wish him well in his retirement.

The LMC have co-opted Dr Michelle Kavanagh to the LMC in his place until the end of the current term on 31<sup>st</sup> March 2019.

---

## NHS Property Services

The GPC has been made aware that NHS England and NHSPS have sent out a joint communication to tenant practices whereby NHSE has indicated that it will temporarily reimburse increased rental costs that NHSPS are seeking to charge, despite the fact that a formal assessment has not yet been carried out by the district valuer (or such other valuer acting on behalf of NHSE).

The GPC has serious concerns about this proposal, given that NHSE and NHSPS are two separate legal bodies.

---

As such, the relationship between a practice and NHSE, as the commissioner or funder, and the relationship between a practice and NHSPS, as the landlord, should be considered as being separate from one another.

With this in mind, all practices occupying NHSPS premises should be careful to avoid agreeing to any temporary measure put forward by NHSE unless NHSPS has provided categorical written confirmation that its ability to charge such increased sums, and indeed the obligation on practices to meet such increased rental costs, is conditional on the practice receiving funding to cover the same.

Furthermore, NHSPS should formally recognise and acknowledge that if a practice makes such payments it is without prejudice to the practice's position and is not in any way to be taken as an acceptance of the increased rents indefinitely.

Ultimately, temporary measures should be avoided. As such, the GPC has been meeting with NHSPS to seek permanent solutions to the issues facing their GP tenants. Crucially, this includes issues surrounding service charges. The GPC is looking to reach a negotiated resolution so that a fair, consistent and reasonable process for calculating charges will be implemented, that has due regard to historical arrangements, does not expose practices to unreasonable levels of unreimbursable costs, and offers value for practices and the health service.

**In the meantime, if a practice is considering agreeing to a temporary arrangement concerning reimbursements and charges, the GPC's advice is to ensure that, once the temporary measure ends in respect of reimbursements, they do not inadvertently find themselves continuing to be liable for the increased cost**

---

## LMC Meeting

GP constituents are reminded that they are always welcome to attend meetings of the LMC as observers. The Committee meets on the second Monday of every month in the Board Room at Rotherham General Hospital

### **NEXT LMC MEETING**

**12<sup>th</sup> June 2017**

**COMMENCING  
At 7.30 PM**

### OFFICERS OF THE LMC

Chairman

Dr Adrian Cole

Tel: 01709 565120

[Adrian.Cole@GP-C87003.nhs.uk](mailto:Adrian.Cole@GP-C87003.nhs.uk)

Vice Chairman

Dr Chris Myers

Tel: 01709 560887

[Christopher.Myers@gp-C87020.nhs.uk](mailto:Christopher.Myers@gp-C87020.nhs.uk)

Medical Secretary

Dr Neil Thorman

Tel: 01909 770213

[Neil.thorman@gmail.com](mailto:Neil.thorman@gmail.com)

If you have any questions or agenda items, or wish to submit appropriate articles for this newsletter

CONTACT US AT THE LMC  
OFFICE c/o: -

Greg Pacey  
Rotherham LMC

[rotherhamlmc@hotmail.com](mailto:rotherhamlmc@hotmail.com)  
[www.rotherham.lmc.org](http://www.rotherham.lmc.org)