

## Newsletter – February 2017

### LMC Meeting 13h February 2017

At our last LMC meeting we discussed a range of issues, including GLP1s, 2ww referral forms, Quality Contract, Minor Operations LES, Firearms Certificates and winter pressure monies.

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### GP Retainer Scheme

We're mentioning this again because we think it's important! We wish to encourage practices who are interested in this scheme to contact NHSE directly if you wish to participate.

The Retained Doctor Scheme is a package of support which includes financial incentives and development support to help GPs who might otherwise leave the profession to remain in clinical general practice.

From 1 July 2016, NHS England is increasing both the money for practices employing a retained GP and the annual payment towards professional expenses for GPs on the scheme. The additional resource is part of an on-going commitment to retain more doctors in general practice as set out in the General Practice Forward View.

The annual payment towards professional expenses for GPs on the retained scheme

will increase from £310 to between £1,000 and £4,000 depending on the number of weekly sessions worked. Further information at:-

<https://www.england.nhs.uk/gp/gp/v/workforce/retained-doctor-scheme/>

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### Saturday Access

Following concerns about Saturday access and the popularity of the hubs, the LMC confirm that *the current contractual basis of access supports the current position.*

In other words, our understanding is that practices can't be made to open on Saturday's under current contractual arrangements. A future imposition of contract change (particularly the extended hours DES) is always a risk - and there has been some national political noise about doing just that. Assuming the change applied to just the extended hours DES it would remain open to practices not to participate in any new scheme.

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### Minor Surgery LES

This was discussed at the last LMC, and members felt that the proposed LES needed further work before it would be acceptable to the LMC and practices. We also note official opinion of the BMA,

which we have sought on this matter, which states

*"the CCG may commission a LES as an alternative to a DES but they must offer the DES to every practice. It is the practice's choice as to whether to take up the LES or the DES or neither"*

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### Enhanced Services

The CCG reported that £1.5m of work has not been claimed for within enhanced services across Rotherham. The LMC are querying this and asking for a breakdown highlighting which areas were not being claimed and by whom. Also, what any unclaimed monies will be used for by the CCG.

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### NOMADS

Stuart Lakin, Head of Medicines Management, has confirmed there is a desire that all contracts with care agencies and care homes incorporate a standard medication policy which will not default to the routine use of NOMADS, but this can only happen when the care contracts are re-tendered which will be two years from now.

In the interim, pharmacies have to provide NOMADS to patients that have a need for them. Under the disability act all patients have an equal right to be able to access a

service. If a pharmacy is refusing to provide a NOMAD then they are preventing a patient accessing care. The only need for 7 day prescriptions is if the patient's prescription is dispensed and delivered weekly.

Pharmacies as part of the essential element of their pharmacy contract are paid to provide disability aids such as NOMADS. Whether the current remuneration is adequate is not an issue that the CCG can address, so practices should complain to NHSE if a pharmacy refuses to provide a NOMAD

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### **NHS GP Health Service**

The new NHS GP Health Service was launched on 30 January 2017. Vulnerable GPs are able to contact the service directly and seek the confidential support they need. The Hurley Group Partnership will be the service provider and it will be available throughout England.

This service is separate to the primary care occupational health service, which is offered to GPs, dentists, pharmacists and opticians as individual performers and available to other primary care staff via a fee for service or block contract paid for by their employer. A dedicated website can be accessed via:

<http://gphealth.nhs.uk/>

Since local GP health services were first decommissioned in 2013, the GPC has lobbied long and hard for a service such as this to be reinstated. Faced with demands to make what they consider to be unreasonable efficiency savings, primary care commissioning bodies

decided to cease funding these services.

Thankfully, however, NHS England now recognises the importance of GPs' wellbeing and the impact this has on patient care. Whilst there is a lot of work left to do to ensure GPs have manageable workloads and an appropriate work-life balance, the commitments within the GPFV are expected to go a long way to improving the day to day lives of GPs and their staff teams.

The GPC will of course continue to lobby NHS England/the government on behalf of GP practice staff, since they currently remain without NHS funded access to occupational health services.

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### **Warning: GP practices targeted by fraudsters**

NHS England and NHS Protect have recently been made aware of GP practices in Yorkshire that have been targeted by a scam known as "CEO Fraud". The Action Fraud website provides some background, prevention advice and guidance on what to do if your practice has been targeted.

<http://www.actionfraud.police.uk/news/medical-practices-targeted-by-ceo-fraud-feb17>

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### **Access to medical reports for insurance purposes**

BMA have updated their guidance to include Access to Medical Reports Act requests and electronic requests.

More info available here:-

<https://www.bma.org.uk/advice/employment/gp-practices/service-provision/access-to-medical-reports-for-insurance-purposes>

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### **Changes to indemnity funding**

*Dr Zoe Norris, Chair of Sessional GPs subcommittee, writes:-*

*The 2017-18 changes to the GMC contract in England have been announced and there is a key area in this year's contract that we all need to be aware of - and that is the funding for indemnity increases.*

*This was part of the GP Forward View, but the funding didn't reach practices until this year. NHS England have committed funding for the expected INCREASE in indemnity costs, for all GPs.*

*A few important points:*

*This covers GMS, PMS and APMS practices, with core and extended hours. It does not cover out of hours work, prison work, or any work outside "undifferentiated general practice."*

*The budget is for the average increase in indemnity costs for all GPs.*

*GPs who only locum - you are self-employed. Your MDO indemnity costs are a tax-deductible business expense. The advice from the sessional subcommittee and GPC is that you do as you'd normally do every year and include any indemnity increase in your overall locum fees in order to cover your expenses in general. HMRC have been very clear with NHSE that they want to see this passed on to all GPs, Speak to your*

accountant about the best way to highlight this. You may have other increases in expenses that will be causing a change in your fees this year; these should be highlighted separately.

Some salaried GPs have their indemnity paid, or fully reimbursed by their practice. If this is the case, there will be no change as the practice gets the funding, and will pay the full amount. If you don't have your indemnity reimbursed, or work in other roles that affect your indemnity and cost more, it will be a bit more complex. However, HMRC will be expecting to see this money passed on to salaried GPs, and practices are aware of their obligation to do so. It is helpful, if you don't already have one, to ask your MDO for a breakdown of your indemnity costs. Some companies give this automatically, so you can see how much of the total you are paying for standard GP work, and how much for another role e.g. out of hours/prison work. Once you have this breakdown, we suggest you put the indemnity increase for the last year in writing to your practice, and discuss when and how that will be paid.

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## LMC Buying Group

Rotherham LMC has been a member of the LMC Buying Groups Federation since 2011. This means that all practices can access the discounts the Buying Group has negotiated on a wide range of products and services.

If you're not sure what the Buying Group is all about then this short video explains what they do:

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<https://www.youtube.com/watch?v=FekMwFI5ILg>

By registering with the Buying Group's website:

[www.lmcbuyinggroups.co.uk/members/](http://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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## Physician Associates Careers Fair

We have been contacted by the Leeds Institute of Medical Education (LIME) regarding the recent Health Education England Yorkshire & Humber announcement that a **Careers Fair will be held at the University of Leeds on the afternoon of Wednesday 15 March 2017.**

This will provide future employers an opportunity to meet the 2nd year Physician Associate (PA) students who will graduate from the University of Leeds and Sheffield Hallam University in 2017. The event is restricted to Yorkshire & Humber healthcare organisations and will be a chance for practices that are keen to recruit PAs to attract them to their practice.

Further information at:-

<https://www.hee.nhs.uk/hee-your-area/yorkshire-humber/news-events/yorkshire-humber-events/physician-associates-careers-fair-0>

## 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

13<sup>th</sup> March 2017

COMMENCING  
At 7.30 PM

### OFFICERS OF THE LMC

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

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