



# LMC LINKS

January 2015

## In This Issue

- Quality first: Managing workload to deliver safe patient care
- GP Survey: Make your voice heard about your future
- £1 billion funding for GP premises England
- Patient choice scheme and out of area registration
- Payment of NHS pension scheme contribution- England and Wales
- New course dates for 2015: Employment Law for GP Partners & Practice Managers
- Regularisation of NHS LIFT sub tenancy arrangements with practices
- PMS Practices
- Patient Online
- Help improve research into patient safety in primary care
- Buying Flu vaccine for the year ahead

**Wishing you and all your patients a happy and a healthy 2015!  
May the year ahead prove to be successful and straight forward.  
With kind regards from all here at your Local Medical Committee.**

## QUALITY FIRST: MANAGING WORKLOAD TO DELIVER SAFE PATIENT CARE

The BMA's GP committee has launched new guidelines aimed at helping GP practices cope with the escalating workload which is leaving many practices struggling to provide adequate time for patients.

The new guidance, *Managing workload to deliver safe patient care*, can be accessed on

<http://bma.org.uk/practical-support-at-work/gp-practices/quality-first>

This valuable document gives GP practices practical guidance and measures to work within manageable limits to deliver safe quality care. In order for GPs to be able to concentrate on delivering patient care, it also calls on local Clinical Commissioning Groups (CCGs) and NHS managers to stop inappropriate workload demands on GP practices, as well as providing the support they need to deliver essential services.

The GPC chair, Dr Chaand Nagpaul, is writing to CCGs highlighting this new guidance and asking them to make "GP service pressure" a standing item on all future CCG board meetings. It includes advice on:

- Stemming inappropriate workload that prevent GP practices from delivering core services to patients;
- Challenging misguided bureaucracy and reducing its burden on GPs and practice staff.;
- Making the most of new ways of working, including practices working together, and implementing new developments in IT;
- Fighting for adequate resources for clinical work and re-examining which additional or enhanced services practices can provide;
- Working in partnership with patients to empower them to better

manage their care.

The guidance gives practical advice on how GPs can focus on providing essential services to their patients and challenge some of the inappropriate and unsustainable demand on practices. This includes advice on how practices can prioritise GPs' role as clinicians, with a primary duty of care for their patients. It also gives pointers and tips on how GP practices can work together and support each other, work in different ways as well as adopt new technologies, and strengthen relationships with patient groups, to develop and encourage self-care.

Dr Nagpaul says: "This, of course, is only part of the solution – fundamentally, the Government must address the deep financial and capacity problems at the root of the crisis in general practice. These long term problems need to be addressed by all political parties as we head towards this year's general election." We would suggest that this document is discussed in detail at all GP Practice team meetings to address the individual issues that you face.

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## GP SURVEY: MAKE YOUR VOICE HEARD ABOUT YOUR FUTURE

GPs should have received GPC's major survey of GPs by email and post.

We would encourage you to complete and return the survey, to give the GPC a comprehensive picture of GPs views and empower them to fight for solutions to the current pressures in general practice, and promote a future based on GPs' wishes. GPs who have not received a copy of the survey can request a link to the election version by email.

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## £1 BILLION FUNDING FOR GP PREMISES - ENGLAND

NHS England has announced the bidding process for the first tranche of the £1 billion additional funding for GP premises. A total of £250 million will be available in the first year. GPC understands that of this 75% will be dispersed via improvement grants that practices can apply for in order to upgrade their existing premises. NHS England has indicated it will prioritise projects which enhance access to general practice (including increased appointment and patient contact time) and/or reduce emergency attendance or admission to hospital of over-75s.

In their applications, practices will need to demonstrate how the funding will deliver these objectives. All applications must meet the criteria for improvement grant funding as laid out in the 2013 Premises Cost Directions. To assist practices in accessing the additional funding, GPC will shortly be producing guidance on the application process.

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The use of the remaining three years of funding remains under discussion and GPC will seek to ensure that it is utilised in a manner that provides the maximum value and support for practices. Additional guidance from GPC on applying for this funding was sent out on 20<sup>th</sup> January from the LMC.

## PATIENT CHOICE SCHEME AND OUT OF AREA REGISTRATION

From 5th January the new Patient Choice Scheme has allowed GP practices to register new patients who live outside the practice area, without any obligation to provide home visits or out of hours services when the patient is unable to attend their registered practice. The scheme also allows patients who are currently registered with the practice, but move out of the area, to re-register as an out of area patient, and with the practice not having home visiting obligations.

Changes to the GMS Regulations require GP practices to determine whether it is clinically appropriate or practical to accept an application from a patient for out of area registration without the requirement to provide home visits or urgent GP services at their place of residence. NHS England is responsible for procuring urgent GP services and home visiting should the patient need to be seen in their area of residence.

The GPC has a number of concerns about how the scheme will operate and has issued guidance that all practices should read before deciding whether to register patients of area. The guidance is available [on http://bma.org.uk/practical-support-at-work/gp-practices/service-provision/out-of-area-registered-patients](http://bma.org.uk/practical-support-at-work/gp-practices/service-provision/out-of-area-registered-patients).

## PAYMENT OF NHS PENSION SCHEME CONTRIBUTION- ENGLAND AND WALES

Employers who do not pay NHS Pension contributions on time, may be charged interest at a rate of 4.7% pa and an administration charge of £75.00.

Please see the employer newsletter for further details and a recommended processing schedule for the remainder of 2014/15.

**If you have any enquiries please email <mailto:nhsbsa.pensionfinance@nhs.net> in the first instance.**

## NEW COURSE DATES FOR 2015: EMPLOYMENT LAW FOR GP PARTNERS AND PRACTICE MANAGERS

Keeping track of employment legislation, best practice and other human resources issues can be a headache. You cannot be an expert on all the issues, but it is important to understand the principles of employment legislation to ensure a good working environment and avoid a legal challenge.

This series of courses is designed to help you develop skills in the practical management of people. Suitable for GP partners or practice managers, the courses will help you to get the best from your team.

### **Introduction to employment law**

Introducing the basics of employment law, the course will help you get to grips with relevant legislation, recruitment and selection processes, changing and terminating contracts of employment.

<http://bma.org.uk/events/tag/introduction-to-employment-law>

### **Managing absence and performance**

Giving practical advice and detailed strategies for dealing with absence and performance issues, this course will help you treat staff fairly and consistently and ensure high levels of engagement and morale.

<http://bma.org.uk/events/tag/managing-absence-and-performance>

### **Managing disciplinary and dismissal**

Facing staff conduct and performance issues can be difficult and this course is designed to help you manage these in the right way. Understanding and using the disciplinary procedure effectively will help you treat staff appropriately and avoid legal challenges.

<http://bma.org.uk/events/tag/managing-disciplinary-and-dismissal>

Courses take place in venues around England and reduced registration fees are available for BMA members and their staff. Please contact BMA conferences with any queries on 020 7383 6605 or by email at <mailto:confunit@bma.org.uk>.

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## **REGULARISATION OF NHS LIFT SUB TENANCY ARRANGEMENTS WITH GERNERAL PRACTICES**

We have been advised by CHP – (Community Health Partnerships) of their intention to regularise all NHS LIFT sub tenancy agreements. CHP should have written to all affected practices. We would strongly advise any such practice to seek legal advice.

Hempsons has advised us that the real danger for tenants lurks in the detail – and whilst landlords may prefer to keep things “simple”, very often, this will not be in the tenants’ interests. Landlords and tenants have very different objectives and what can seem an innocuous document on the surface can hold hidden financial dangers for the unwary tenant.

This is especially so in the case of GP leases, which are by no means straightforward compared with other types of commercial leases. Yet entering into a lease will be one of the biggest financial commitments a practice will make. The nature of GP occupancy is complex and nuanced and has evolved over many years; (for example, the arrangements around rent reimbursement and the restriction on being able to “sell” the lease upon retirement etc.).”

If you practice in LIFT premises and would like further advice, please get contact [vsimenoff@nhs.net](mailto:vsimenoff@nhs.net)

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## PMS PRACTICES

We are aware of the concern amongst our PMS practices, (particularly in Trafford, where the impact will be greater as PMS contracts had not been reviewed as they were in Salford) caused by the recently announced funding reviews. They will have the potential to destabilise practices – in spite of the declared intention of NHS England that this not happen.

We will be working with CCGs as they grapple with new co-commissioning arrangements, in particular relating to: Decisions on future use of PMS funding which will be jointly agreed between the AT and CCGs as part of co-commissioning arrangements . Any PMS premium identified will be retained within the locality it is generated from. With freed up resource to be reinvested in general practice developments.

As an LMC we are aware of the general communication that has been sent to practices, but not the financial impact on each individual practice.

If you have not yet contacted us with this information, and with information on the additional services built into your contract and how you utilise that money, please can you do so as soon as possible.

Trafford PMS practices are invited to meet with Dr Iain Maclean (Chair) and Dr Colin Kelman (Joint Hon.Sec) at 12.30pm at the Trafford CCG strategic event on January 28<sup>th</sup>.

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## PATIENT ONLINE

<http://www.england.nhs.uk/wp-content/uploads/2014/10/npo-guidance-291014.pdf>

**The deadline for Patient Online access, which is a GMS / PMS 2014-15 contractual requirement this year, is fast approaching.**

As a result of the 2014/2015 contract negotiations, it is a contractual requirement for GP practices to offer and promote to patients: online booking of appointments, ordering of repeat

prescriptions and access to summary information (as a minimum) in their patient record by 31 March 2015, subject to the necessary GP systems and software being made available to practices by NHS England.

### **Patients' online access to their records- what does this mean?**

Currently the minimum online access to patient records practices must offer is to what is called 'Summary Information'. Summary information is three aspects of the patient record:

- medication
- allergies
- adverse reactions.

This is the minimum information required and, we are informed, most GP systems have the functionality to deliver this information. Providing patients with online access to summary information in their records is likely to be where practices are struggling the most and around which there will be the most concern.

### **Practice concerns**

Practices will naturally have some concerns in enabling patients' online access to their records. Guidance and practical template forms have now been released on the RCGP portal [RCGP Patient online](#). This portal has all the essential guidance practices need to enable record access (system supplier documents are provided by each supplier). The Records Access Checklist details each of the areas of concern and highlights possible ways of working. Not least of these will relate to issues and anxieties from practices about providing online (proxy) access for parents to their children's record.

An important problem has been identified with how practices deal with parental access when children get older and reach an age when they are "competent". A parent's ability to access their record is then considered inappropriate and in breach of their right to confidentiality.

The contractual requirement for GP practices is that they offer online access to records, specifically allergies, medication and adverse reactions as a minimum. The most obvious example of risk here is if a "Gillick competent" young adult has been prescribed oral contraceptives without their parents' knowledge, and whose parents have access to this confidential information.

Advice on what to do when parental/ guardian access becomes inappropriate depends on whether your practice has already offered parental access or not.

### **If you do NOT currently allow parental online access**

You should restrict online access to patients who are 18 years of

age or over. Patients under 18 years of age should not be offered online access to their records.

Although this is not ideal, this is the safest default position until a robust policy on parental access is offered and your system can provide the necessary functionality to support this.

At present, NHS England (NHSE) are not requiring practices to offer online records access to under 18s and are happy to offer support to practices who would like to enable this access. NHSE are currently working with the Royal College of General Practitioners (RCGP) and suppliers to develop guidance and system functionality to support proxy access and the transition from parents accessing their children's record to older children being able to access their records directly.

For additional information, Patient Online has created a support and resource guide you can find on their site at [england.nhs.uk/patient-online](https://england.nhs.uk/patient-online).

### **If you DO currently offer parental online access**

The most common solution is a shared login so that parents are able to access their child's record effectively as the patient (i.e., the child). In this situation the practice has to unlog the parent at an age the child is deemed 'competent'. This is a difficult situation for three main reasons:

- There has been no clearly defined age when this should happen.
- This is practically and technically problematic and will involve practices having to conduct regular searches for patients reaching a certain age.
- It might involve difficult individual conversations with parents about why they are being denied access.

NHSE, together with the RCGP, will shortly be providing practical guidelines as to what point the child should have their online GP services accounts removed from parental control. Systems suppliers (Emis, Vision, Systemone) are working on an alternative to the current unsatisfactory situation of parents/guardians logging in effectively as the child. This would be to have the parent/child accounts linked rather than sharing the login details of that child. With linked accounts, when the child reaches 12 years old, and is deemed competent, the accounts are 'uncoupled' and the parent would no longer be able to access the online account of the child without consent.

For further information please see the [latest RCGP guidelines on proxy access](#) or visit the [RCGP website](#).

Information about the Patient Online programme can also be found [on the BMA website](#).

## BUYING FLU VACCINE FOR THE YEAR AHEAD

All Salford and Trafford practices have the opportunity to purchase both flu vaccine and other items from the LMC Buying Group consortium.

[www.lmcbuyinggroups.co.uk](http://www.lmcbuyinggroups.co.uk)

We have also been part of a Grtr Manchester LMC Flu buying group managed by Stockport LMC for many years. They advise us of the following details :

I am pleased to advise that we have now received and reviewed the tenders to supply our flu vaccine consortium for 2015.

This year we have chosen two suppliers, **Abbott (previously Solvay) and Pfizer (previously Wyeth)** as preferred suppliers for the forthcoming flu season and I have appended a schedule showing the details of their offers.

The consortium's preferred suppliers have been selected on the following criteria:

- Choosing suppliers whose supply chain is not linked.
- Best combination of net income to General Practice and NHS price
- Vaccine suitability across all age groups

In addition the Consortium considered a tender from GSK offering their quadrivalent flu vaccination, which offered a higher net income per dose to practices. Stockport LMC took advice from Dr David Baxter and Stockport CCG in this respect and was informed that although flu guidance for next year is yet to be released, in 2014 the only cohort of patients recommended to have a quadrivalent vaccine were under 18s. Given the advice received and the significant NHS price differential between the quadrivalent vaccine and its trivalent counterpart the vaccine was not chosen this year as the LMC did not believe it offered the best combination of net income to General Practice and NHS price.

Therefore, the primary supplier offering the best potential GP income per dose for 2015 is **Abbott (Imuvac)** whose vaccine can be offered to patients aged 6 months and above. The vaccine offers practices an *Estimated Net Income* of £6.60 per dose.

Our secondary supplier is **Pfizer (Generic)**. This vaccine offers practices an *Estimated Net Income* of £6.49 per dose. Please



note the vaccine has restrictions or recommendations relating to its use for under 5s.

There are, however, some differences in the contract terms notably concerning the sale or return arrangements available from the suppliers. The figures above assume VAT at 20% and a dispensing fee of £2.25 per dose but do not take into account NHS claw back that adjusts practices reimbursements by a differential % dependant on the size of the practice.

All suppliers have indicated that orders will be taken directly from practices. Their respective Call Centres / Representatives will begin to contact practices in the very near future. Practices should make sure they know which supplier they have placed an order with as a small number of practices placed duplicate orders last year.

Telephones numbers are as follows:

Abbott            0800 358 7468  
Pfizer             0800 089 4033

As in previous years practices can either place their order or split their order between the suppliers.

| Company          | NHS Price Ex VAT | Discount Offered | Income per Dose Inc VAT before Dispensing Fee | Typical Dispensing Fee | Typical Income per Dose | Reserve   | Sale or Return                         | When Payable | Restrictions                     |
|------------------|------------------|------------------|---|------------------------|-------------------------|-----------|--|--------------|----------------------------------|
| Abbott (Imuvac)  | £6.59            | 55.01%           | £4.35   | £2.25                  | <b>£6.60</b>            | 10%<br>0% | 20%<br>30%                             | Pay 31/03/16 | None                             |
| Pfizer (Generic) | £6.59            | 53.57%           | £4.24   | £2.25                  | <b>£6.49</b>            | 10%       | 20% (whole order)<br>10% (split order) | 120 days     | Over 5s only<br>No Cancellations |