LMC LINKS

The Newsletter of Salford and Trafford Local Medical Committee

July 2016

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CQC ACCESS TO GP's OWN MEDICAL RECORDS.

We have become aware that on occasion CQC issues a blanket demand for medical access for partner/RM applicants. This is wholly unacceptable. This issue has been raised with GPC who are in the process of arranging a liaison meeting with CQC and will ensure this is on the agenda. They have asked us to advise all our constituents to refuse these requests unless there are exceptional circumstances which would make medical records disclosure appropriate. GPC will be issuing further guidance which we will share with you as soon as possible

THE ECONOMICS OF TAKING ON NEW WORK

We have seen that income into practices for Essential and Additional services, and QOF, is unlikely to do more than keep pace with increased expenses over coming years, leaving practices having to look for other sources of revenue.

There is increasing pressure to move services out of hospitals into the community and the CCGs recognise that this needs a transfer of funds to allow this to happen. Although this could represent an opportunity, if inadequately resourced it will make matters worse. Practices will therefore need to decide when offered new work whether it is in their financial interest to do so. Practices should ask their accountant for specific advice about their own situation but certain principles should be considered:

Most importantly, the idea that practices should only be reimbursed the cost of providing a new service needs to be rejected, as such behaviour will inevitably reduce the profitability of practices. This is easily illustrated by considering a practice with £400k income and expenses of £200k. If that practice takes on £50k of new work at cost it will be working harder yet see its profitability reduce from 50% to less than 45%.

The only business that can afford to take on new work at cost is one that has spare capacity, or is using that extra business to generate profits elsewhere.

It is therefore economic necessity and not greed that means new work coming into practices must not be delivered at cost. GPs do have a duty to support the NHS in its current difficulties but we will do so with our skills, professionalism and dedication rather than financial subsidy. Again, the margin above cost that a practice must secure is a matter for an accountant, but the following should

be considered.

Additions to staff salaries
Superannuation and National Insurance

Sickness and Maternity pay
When employing staff to undertake new work a practice is taking a risk regarding staff absence from work, and an element to cover this needs to be allowed for.

Equipment costs
Not only on consumables but also on depreciation on equipment purchased. This is important where the contract term is short requiring writing down of the equipment over a shorter period than usual.

Premises
Including fixtures and fittings, cleaning and utilities.

Unfilled appointments
If working for cost, any unfilled appointment will result in a financial loss. This is particularly significant for long appointments like those for health checks. A premium to cover unfilled appointments is required.

GP input
To include training, setting up of the service, supervision, report preparation.

GP responsibility payment
We take on more work in terms of volume and complexity we carry increased professional responsibility for the services we provide. It is correct that we are rewarded for this aspect of our work.

Non clinical staff time
Managerial, secretarial and reception.

Professional fees
To include CQC, MDO (as you cannot work without these)

SUMMARY

• Do take professional advice about the profit margins that you need to secure to make extra work worthwhile.

• Do not focus on practice income without considering expenses

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• Do not be apologetic about saying 'NO' to new work that is inadequately funded.

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www.salfordandtraffordlmc.org.uk

WANT TO CONTROL YOUR WORKLOAD? VISIT THE NEW BMA/GPC WEBPAGE

GPC is building on its previous guidance by launching a dedicated BMA **'Quality First'** web portal aimed at individual GPs, practices as a single portal for a range of practical ways to help you manage workload to deliver safe care, with 'how to' and real examples of effective practice.

Areas covered include:

- Managing inappropriate workload
- Collaboration and working at scale
- Technology – new ways of working
- Patient empowerment
- Assessing and negotiating workload.

They have included **template letters** to help practices to push back on inappropriate workload demands, such as specialist prescribing requests or unresourced non-core workload transfer. These are now ready to be exported into practice systems with ease (via SystmOne, EMIS and Vision), to automate the process. We would advise that you discuss with your LMC and CCG (clinical commissioning group) how best to coordinate the use of these letters to ensure that they achieve the maximum impact.

Case studies

There are also links to real case studies of where successful workload management has been achieved, for example:

- A **primary care appointment hub system** which has enabled practices to achieve 15 minute appointments with a limit on workload, and with 'overspill' activity being absorbed by the hub.
- The use of **skillmix** to free up GP time, such as extended community nursing teams and extended scope. practitioners, to reduce workload and optimise patient care
- **Telephone triage service** to free up time that could be spent instead with long term sick and vulnerable patients.

We all know there will not be a single panacea, and some examples may not be suited to certain practices or areas. However, they hope to provide an evolving menu of ideas to support GPs and staff that you can draw upon to meet your specific needs.

Investment to manage workload

Most practices are so overworked that they don't have the headspace or minutes in the day to make changes. GPC is therefore pushing NHS England for new resources and dedicated support for practices for workload management, and which is linked to the 'releasing time to care' programme in the GP Forward View. Additionally, practices should, as members, put pressure on

their CCGs to invest in reducing workload pressures on GPs as a legitimate local priority.

We hope this will be part of creating a sense of empowerment and resilience for GPs, at a time of overwhelming pressures. GPC intends that this site will become a dynamic resource, being added to and evolving as per feedback and new examples that we receive from around the country.

They are also inviting members to share their experience via **Connecting Doctors** (formerly BMA Communities) and you can join the conversation on twitter via **#**GPworkload which is the hashtag we will be using to promote this work and engage GPs around the country.

Your feedback is valuable and will be listened to, so do take the time to **email them** your thoughts**.**

RECRUITING SOMEONE WHO NEEDS A TIER 2 VISA

The BMA has submitted evidence to the Migration Advisory Committee on its last two reviews of the Shortage Occupation List making a strong case for General Practice to be added. On each occasion the MAC has recommended against taking such a step but the BMA continues to raise this as an issue with the Government. The MAC report on the last review is available here. A summary of the reasons given by the MAC for not including General Practice on the Shortage Occupation List are outlined on p2 and from p42 and might be of interest.

An employer wishing to recruit someone who requires a Tier 2 visa has to be registered with UK Visas and Immigration (UKVI) as a Tier 2 sponsor. This is the case whether the occupation is on the shortage occupation list or not. We are aware that there are very few GP practices who have taken this step of registering as a Tier 2 sponsor. An outline of this process is available on the UKVI website: **https://www.gov.uk/uk-visa-sponsorship-employers/overview.**

A sponsor licence costs £536 for small businesses (annual turnover of less than £6.5 million and less than 50 employees) and the application is made online. The UKVI requires evidence of suitability as a sponsor and confirmation that processes are in place to manage the sponsorship process. Having GPs on the Shortage Occupation List only reduces the need to evidence that the Resident Labour Market Test has been undertaken when recruiting a Tier 2 visa holder, all other sponsorship responsibilities still apply. The RLMT requires that jobs are advertised for 28 days and confirmation that there are no suitable UK or EEA applicants. Once these requirements are met then an employer can recruit someone on a Tier 2 visa.

Please also note that BMA members can access immigration advice through the BMA Immigration Advice service: **https://www.bma.org.uk/advice/employment/immigration/bma-immigration-advice-service.**

PERSONAL AND PROFESSIONAL DEVELOPMENT MASTERCLASSES

KEELE CLINICAL LEADERSHIP ACADEMY

Four Half day sessions -

Wednesday 14th September 2016
Thursday 15th September 2016

COST: £50 for one masterclass, £90 for two, or £150 for all four masterclasses

Blackbelt Time & Task Management
Wednesday 14th September 2016 09.30—13.30

Advanced Presentation Skills and Public Speaking
Wednesday 14th September 2016 14.00—18.00

Networks, Networking and Negotiation
Thursday 15th September 2016 09.30—13.30

Making an Impact
Thursday 15th September 2016 14.00—18.00

For further information please see their website :-

http://www.keele.ac.uk/cml/courseinformation/masterclasses/

- **To book please contact :-**

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