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Doncaster LMC April 2019 Update



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**Local Medical Committee Team**

**Oakwood Surgery, Masham Road, Cantley, Doncaster DN4 6BU**

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| **Contact Us** | |
| **Telephone** | 01302 531223 |
| **Email** | [office@doncasterlmc.co.uk](mailto:office@doncasterlmc.co.uk) |
| **Website** | [www.doncasterlmc.co.uk](http://www.doncasterlmc.co.uk) |
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**If you have an urgent issue that needs a quick response from the LMC or DPO please do not rely on email alone.**

**In an EMERGENCY please contact Dr Eggitt on 07585 116115**

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| **Key Contacts – Executive Team** | |
| **Dr Dean Eggitt**  Chief Executive Officer | E:[deaneggitt@hotmail.com](mailto:deaneggitt@hotmail.com)  http://www.doncasterlmc.co.uk/wpimages/wpc9729f73_05_06.jpg |
| **Jane Torn**  Executive Officer | E:[office@doncasterlmc.co.uk](mailto:office@doncasterlmc.co.uk) |
|  |  |

**Jackie Harper - Practice Manager Consultant to Doncaster LMC**

Jackie is contactable via e.mail at [jackie@doncasterlmc.co.uk](mailto:jackie@doncasterlmc.co.uk).

**Information and Website Updates**

**Looking for advice? LMC Website Updates**

Many of the questions asked by practices to Doncaster LMC have already been asked before and the answers can often be found on our website. We have integrated a Google Search function on our homepage so you can search our archive of monthly updates. If you have a query, try searching our website first – it will save you time.

**GDPR**

To help you to fulfil your requirements under the regulation Doncaster LMC have created and sourced are large number of template documents that you will need.

Doncaster LMC is also the only LMC in the UK to provide the Data Protection Officer service to practices as a part of their levy.

The GDPR resources are available on our website at -

<http://www.doncasterlmc.co.uk/gdpr/.html>

**GDPR hint for April**

The most common reason we are contacted about GDPR is about data breaches.

A data breach should be notified to the supervisory authority (ICO) without undue delay and where possible **within 72 hours of becoming aware of a breach**.  This is in all cases where the personal data breach is likely to result in a high risk to the rights and freedoms of natural persons.

A personal data breach does not have to be reported if it is unlikely to result in risk to the rights and freedoms of natural persons.

All breaches should be discussed with your DPO straight away.

**State-backed clinical negligence scheme for general practice (CNSGP)**

**Letter from Dr David Geddes**

*“Hopefully you will already be aware that the government plan to introduce a state backed clinical negligence scheme for general practice (CNSGP) from 1st April 2019, which will cover clinical negligence liabilities arising from NHS patient care that takes place on or after that date. Information about the scheme can be found on the NHS Resolution website which will help you to understand more about CNSGP and what it covers. Please ensure that you check the website over the coming weeks, as more information is made available about how the new scheme will operate.*

[*https://resolution.nhs.uk/*](https://resolution.nhs.uk/)[*https://resolution.nhs.uk/services/claims-management/clinical-claims/clinical-negligence-scheme-for-general-practice/#toc-item-8*](https://resolution.nhs.uk/services/claims-management/clinical-claims/clinical-negligence-scheme-for-general-practice/#toc-item-8)

*Cover for areas falling outside CNSGP*

*It is also important that you are aware of action you may need to take in relation to areas that fall outside of the scheme. You will, for example, need to maintain membership with an MDO or other indemnity provider / insurer if you wish to retain cover in respect of activities and services not covered by CNSGP – including non-NHS or private work, inquests, regulatory and disciplinary proceedings, employment and contractual disputes, and non-clinical liabilities. This arrangement is comparable to the position of clinicians in secondary care who have cover with an MDO/other provider for services not included in the Clinical Negligence Scheme for Trusts. You should check with your MDO or other provider the products on offer.*

*Run-off cover*

*Medical negligence is a “long tail business”, which means claims can arise many years after the incident. Many GPs will have had occurrence based cover, which means that any incidents of clinical negligence that have an incident date during that indemnity arrangement will be covered irrespective of when the claim is reported. These GPs do not need to take any further action in respect of ‘run-off’ cover.*

*Some GPs, however, have claims made or claims paid cover, which means the product only covers incidents either reported (made) or reported and concluded (paid) during a specific period. If this applies to you, to ensure complete historic cover, you will require what is termed ‘run-off’ or ‘extended reporting period’ cover, unless the terms of your cover specify any defined circumstances where this is not the case. If you are unsure of your current indemnity arrangements then you should contact your existing indemnity provider.*

*It is important that you assure yourself that you have appropriate arrangements in place for all aspects of your clinical practice, so please take time to understand the new scheme and any actions you may need to take.”*

**GP Trainee Indemnity Arrangements**

The 2019/20 GP contract agreement secured delivery of the state-backed indemnity scheme for GPs in England. Under the scheme, which started on 1 April, all GP trainees placed in GP settings for training purposes will automatically be covered for clinical negligence liabilities - no payments are required to benefit from the indemnity provided.

Following further discussions between Health Education England (HEE) and General Practitioners Committee (GPC) representatives, comprehensive personal indemnity cover for all GP trainees will be funded by HEE until qualification. This includes, for example, support with General Medical Council (GMC) investigations and hearings, assistance with criminal proceedings, protection for Good Samaritan acts, and free medicolegal advice.

Where a trainee’s personal protection is currently provided by a medical defence organisation through a bulk-indemnity agreement, this will continue. Those trainees who purchase their own professional cover should continue to seek full reimbursement until such times as a future bulk-indemnity agreement is arranged by HEE.

**Conference of UK LMC Representatives 2019**

General Practitioners Committee (GPC) and LMC representatives met at the Conference of UK LMC Representatives in Belfast in March 2019. Proposals from individual LMCs across the country were debated. The outcome of the debate determines the framework for the profession’s negotiations.

Further information, including the agenda, webcasts, speeches and resolutions can be found at:

<https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/lmc-conference>

**Preparing your business for EU Exit**

If the UK leaves the EU without a deal there will be changes that affect businesses trading in the EU and outside of the EU.

The easiest way for all businesses to find out what these changes are and the actions that you will need to take to prepare is to use the ‘Prepare your business for the UK leaving the EU’ tool on GOV.UK . <https://www.gov.uk/business-uk-leaving-eu> The tool asks you seven simple questions about your business before providing guidance relevant to you and your organisation.

**Funding for Increased Employer Superannuation Costs**

Following the recently concluded GP contract negotiations, the General Practitioners Committee (GPC) agreed that additional funding would be provided to fund the expected rise in employer superannuation costs.

The Department for Health and Social Care (DHSC) has now published its response following recent public consultation. They have confirmed that for 2019/20 an employer rate of 20.6% (20.68% inclusive of the administration charge) will apply from 1 April 2019. However, the NHS Business Service Authority will only collect 14.38% from employers such as practices. Central payments will be made by NHS England and the DHSC for their respective proportions of the outstanding 6.3%. This will also apply to locum GPs. The full consultation response can be accessed via:

<https://bma-mail.org.uk/t/JVX-65XW1-JCJOU4-3I7KLG-1/c.aspx>

**NHS Smartcards**

All staff using smartcards are reminded of the following rules: You must only use the smartcard allocated to you. You should never share your smartcard with anyone else – no one should ever require you to share it. You should never write down the pin number.

Using another person’s smartcard could be a breach of the Computer Misuse Act 1990 Using another person’s smartcard to access personal data, such as the Summary Care Record, could be a breach of the Data Protection Act 2018 (incorporating GDPR). Both the above are offences which could result in a fine and or criminal conviction as well as disciplinary action.

If you have any query related to NHS Smartcards please contact the eMBED Registration Authority at [embed.smartcards@nhs.net](mailto:embed.smartcards@nhs.net)

**Survival prediction study**

Marie Curie Palliative Care Research Department at UCL would like GPs to participate in a study that will investigate how they prognosticate.

This is the link to the study: <http://bit.ly/thesurprisestudy>

**What is the purpose of the study?**

Prognostication is a difficult clinical skill. The Surprise Question (“Would I be surprised if this patient died in the next 12 months?”) is a routine tool that is designed to help identify patients who might benefit from palliative care. Whilst the tool is used across Europe the Marie Curie Palliative Care Research Department at UCL know very little about how it is being used. Research has already highlighted that the need for palliative care outweighs the number of people who receive palliative care. They are interested in this disparity and want to understand how the use of the surprise question may contribute towards the decision about when to initiate palliative care. The aim of this study is to determine when clinicians would be “surprised” if a patient were to die within the next twelve months. They will compare this across several countries in Europe and with doctors at different levels of experience and seniority.

All registered General Practitioners who reside in one of the participating countries (Belgium, Germany, Italy, The Netherlands, Switzerland, or the UK) are eligible to participate in this study.

**How long will it take?**

It should take you no longer than 30 minutes to complete. The web-based survey will be open from March 2019 until March 2020. You have the option to log out of the survey and return at a later date, if required.

**What does it involve?**

On accessing the study website, you will be asked to give some information about yourself and your professional training to date. You will be asked to read a series of fictional patient summaries typical of patients you might meet in your routine practice (20 in total) and to respond to 4 questions about each summary.

Participation is completely voluntary and you are able to withdraw at any point. Your results will be analysed anonymously.

If you would like further information about this study or wish to discuss the project further contact either:

UK: Dr Nicola White ([n.g.white@ucl.ac.uk](mailto:n.g.white@ucl.ac.uk))

UK: Professor Patrick Stone ([p.stone@ucl.ac.uk](mailto:p.stone@ucl.ac.uk))

**Please note that participation in this study can be classed as a service improvement project for the purpose of appraisal.**

**Routine Prescribing ofOver the Counter (OTC) Medicines**

Following publication of NHS England (NHSE) guidance *Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs*, many GP practices were unclear about whether they should follow this guidance, and some practices raised concerns about whether they would be in breach of the terms of their contract if they followed it.

On 31 January 2019 Professor Stephen Powis, National Medical Director, NHSE, wrote to CCGs to provide assurance that practices would not be at risk of breaching their contract when following the guidance.

A copy of the letter can be accessed via:

<https://www.england.nhs.uk/wp-content/uploads/2019/01/otc-gms-gp-practice-letter.pdf>

Please note that the British Medical Association (BMA) has confirmed that this does not remove a GP’s professional responsibility to prescribe medications where they are deemed necessary.

**This is guidance and is not a contractual obligation.**

**Cervical Screening**

The NHS Cervical Screening Programme (CSP) has reported that qualified registered Nursing Associates working in primary care are eligible to train to undertake the role of cervical sample taker. Nursing Associates meet the NHS CSP requirement that sample takers need to be registered health professionals.

For nursing associates to undertake cervical screening they would first need to have:

1. Completed a Nursing Associate qualification and be registered as a Nursing Associate with the NMC
2. Undertaken initial theory and practical training as required by the cervical screening programme, successfully complete the course and be assessed as competent
3. Undertaken update training and maintain competency in line with national programme cervical sample taker training guidance

The Nursing Associate role is not yet a named profession under the Treatment of Disease, Disorder or Injury (TDDI) legislation regulated by the Care Quality Commission **(CQC)**. When the Nursing Associate has qualified a registered professional listed under the legislation would need to be present at the practice – in this case either a Registered Nurse or a GP. This is a delegated activity and the nursing associate would be expected to work within the remits of their professional code.

**Delay in cervical screening result letters**

Screening and immunisations teams have been notified by Sheffield cytology laboratory, that women may not receive their cervical screening result letter for up to 5 weeks following their sample been taken in practice. Please be aware that ladies may receive invite for colposcopy (if required) prior to result letter.

**Guidance on issuing steroid cards.**

We have been asked to remind colleagues of the need to issue steroid cards.

All patients prescribed systemic corticosteroids for periods of more than three weeks should receive a steroid treatment card at the outset of treatment. For patients on systemic corticosteroids for less than three weeks, a card may be issued at the discretion of the doctor or pharmacist. It is not recommended that steroid treatment cards be issued to patients prescribed topical, inhaled or nasal corticosteroids unless considered necessary by the prescribing doctor. It is the responsibility of a patient’s doctor to issue a steroid treatment card if appropriate, and to discuss its purpose with the patient. The doctor should explain the instructions on the steroid treatment card when issuing one to the patient. Pharmacists dispensing systemic corticosteroids should check that the patient has received a steroid treatment card and, if not, issue one if they consider it appropriate.

**Locum practice agreement**

A locum practice agreement has been published which has been developed jointly by GPC and the sessional GP subcommittee with the help of BMA Law. It consists of terms and conditions and a work schedule which together form a legal contract that can be used by locum GPs and GP practices for locum engagements. It is intended to minimise common disputes between locums and practices and clearly outline the type of work that will be undertaken by a locum when working at a practice. It is also intended to protect against locums being categorised as an employee or worker by HMRC for tax purposes or by an employment tribunal for the purposes of statutory employment protection, as well as ensure that there are appropriate arrangements in place for compliance with GDPR. BMA members who use the locum practice agreement can check any terms and conditions they are offered with the BMA contract checking service to ensure they align with the BMA model terms and conditions. Members can also contact the BMA to get advice and support with resolving any disputes if they occur. Background information and FAQs are available on the website, as well as Work schedule and model T&Cs.

Further information can be found via the BMA website [www.bma.org.uk/advice/employment/contracts/sessional-and-locum-gp-contracts/bma-locum-practiceagreement](http://www.bma.org.uk/advice/employment/contracts/sessional-and-locum-gp-contracts/bma-locum-practiceagreement) )

**Sessional GPs E-Newsletters**

**March / April 2019**

Sessional GPs e-newsletters published since the last LMC newsletter can be found on the British Medical Association (BMA) website at:

<https://bma-mail.org.uk/t/JVX-6645O-1BJCJOU46E/cr.aspx>

<https://bma-mail.org.uk/t/JVX-676KX-1BJCJOU46E/cr.aspx>

The main articles include:

|  |  |
| --- | --- |
| * Locum T&Cs and indemnity: the latest. | * Locum practice agreement: new guidance. |
| * Indemnity template letter. | * Annual rate of pay for pensions. |
| * Sessional GPs subcommittee elections. | * How to negotiate and influence others. |
| * Dealing with conflict. | * BMA challenges legality of NHS pension scheme. |

**GP Trainee E-Newsletter**

**March 2019**

The March edition of the GP Trainee e-newsletter is available on the British Medical Association (BMA) website at:

<https://bma-mail.org.uk/t/JVX-64XRB-1BJCJOU46E/cr.aspx>

The main articles include:

|  |  |
| --- | --- |
| * An update from your co-chairs. | * A GP behind bars. |
| * Life beyond the consultation room. | * GP Contract 2019/20 and what you need to know. |
| * Firearms licensing process guidance. | * Junior doctors conference. |
| * Chaperones – necessity or another example of over-regulation? |  |

**Time for Care in 2019**

The General Practice Development Programme helps practices respond to the opportunities and challenges identified within the General Practice Forward View and build capacity for improvement.

At the heart of the programme is Time for Care, a programme to help practice teams manage their workload, adopt and spread innovations that free-up clinical time for care, and develop the skills and confidence to lead local improvement.

**What impact has Time for Care made already?**

Time for Care has helped free-up over 205,157 annual hours of clinical time and 330,096 annual hours of administration time.  Teams have reported that by participating in Productive General Practice Quick Start and Learning in Action, they have released time and achieved a wide range of significant benefits.

* GP time is being used more effectively; GPs report they are seeing the patients that need their care and spending time on tasks that need their attention.
* Pressure and burnout has declined, GPs have described being able to more regularly start/finish on time or reduce the amount and frequency of working excess hours, and getting through the daily workload better.
* Job satisfaction has increased.  The joy of working in general practice has been restored, for some GPs we have worked with this has literally made the difference between leaving or remaining in the profession.
* Teamwork and morale has improved for practice teams with staff culture shifting from one where ‘this is the way we’ve always worked’ to ‘we can make things better.’
* Meaningful collaboration between practices is developing, where practices are realising the benefits of sharing learning and new ways of working that help them to standardise processes, make efficiencies, improve working relationships and implement new models of care such as Primary Care Home.
* Patients are benefitting from improvements made from safer and more efficient processes for repeat prescriptions, through to better access and more time with the right member of the clinical team.
* Find out more about what impact Time for Care has made. <https://www.england.nhs.uk/gp/gpfv/redesign/gpdp/releasing-time/>

**Time for Care in 2019**

Demand for Time for Care support remains high with many practice teams and groups across the country wanting to participate in the programme.  As a result, Time for Care will continue to be available to general practice post March 2019.

Practices who are looking to make improvements focused on one or more of the 10 High Impact Actions for general practice, will be able to access Learning in Action and Productive General Practice Quick Start.  The offer for these programmes will remain the same, with teams having the opportunity to use both a collaborative approach to learning and improvement which brings local practices together, as well as receiving hands-on individual practice support to release time for care and build improvement capability.

The Primary Care Improvement Community which is over 4,526 members strong will continue as a national network.  Members will be able to access the latest developments in improvement and change, as well as connecting and sharing their learning with each other.  The community will grow and be a vital resource for staff who have already participated in Time for Care and want to maintain and grow their skills further to carry on making local change.

The continuation of Time for Care will give practice teams who have yet to participate in the programme the opportunity to take-up the offer of support. In many cases this will be extending local practice coverage beyond those who have already participated and achieved measurable impact including release of GP and administrative time, greater collaborative working locally between practices, and training of individuals to confidently lead change and improvement.

For more information email [england.si-enquiries@nhs.net](mailto:england.si-enquiries@nhs.net).

**RCGP South Yorkshire North Trent Celebrating General Practice 2019**

**Join us to celebrate!**

Dear friends

On Saturday November 9th at Tankersley Manor Barnsley we are having our fourth ‘Celebrating General Practice’ event and it’ll be the best ever because we will be honouring the devotion of so many in our teams who show compassion and integrity in the service of our patients without thought of recognition or reward.

There will not be any formal awards, but instead, we would love you to design a poster that celebrates the work and the people of your own team. We will get these printed and displayed on the night and later on the web so that everyone’s good work has a chance to inspire us all. Even if you can’t join us on the night, do share what you feel proud of and the details of what to do can be found here. <https://i.emlfiles4.com/cmpdoc/7/7/0/9/9/1/files/35785_practice-posters-for-celebratinggeneral-practice-2019.pdf>

The evening will be informal, buzzy and most of all, fun, with a buffet, ceilidh and a chance to let our hair down! Perhaps you might use the opportunity as an early practice Christmas party?

The event will be free for RCGP members and subsidised for everyone else at £20 per ticket, but places are limited, so please book here as soon as you can. <https://rcgpportal.force.com/s/ltevent?site=a0d0Y00000AeOP6QAN&id=a1U1i000000CxA6EAK>

We are very much looking forward to a seeing you for a great evening together!

RCGP South Yorkshire North Trent Faculty

**LMC Buying Group – advertising your vacancy**

Recruitment is often an expensive and time-consuming business, so the LMC Buying Group has created an eye-catching, easy to use recruitment page where any registered member practice can post any vacancy (clinical and non-clinical roles) for free. Any new job posting is highlighted at least once across all of the social media platforms (Twitter, Facebook and LinkedIn).

A ‘Featured Job’ option has also been introduced for those practices that want to draw more attention to their advert. The featured job will appear at the top of the Jobs page in a bright colour, be highlighted on social media channels each week and Google AdWords will be used to drive more traffic to the advert for a month. This service costs £50+VAT. An invoice will be generated once the advert has been posted online.

To place an advert, visit the Jobs page: <https://lmcbuyinggroups.co.uk/job-vacancies/gp-practice/uk> and login for further information.

**Welcome to the Practice**

The Mayflower Medical Practice would like to welcome two new partners. Dr Shalini Thomas and Dr Thanesha Thaver who joined the practice on 1st April 2019.

**Job Vacancies**

**Our monthly update is sent to all LMCS in the SY area.**

**We are happy to advertise any of your vacancies**

**For full details of these vacancies please see the separate attachment in our email**

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| Vacancy | Practice | Closing Date |
| Advanced Nurse Practitioner | **Edlington Practce** | **N/A** |
| Partner / Salaried GP | **The New Surgery** | **N/A** |
| Partner/Salaried GP | **St John's Group Practice** | **N/A** |
| Salaried GP | **West End Clinic** | **N/A** |
| Salaried GP | **White House Farm** | **N/A** |
| Partner/Salaried GP | **St Vincents Practice** | **N/A** |
| Advanced Nurse Practitioner | **The Ransome Practice** | **N/A** |
| Minor illness/Triage Nurse | **The Mount Group Practice** | **N/A** |
| Practice Nurse | **Rossington Practice** | **N/A** |
| Salaried GP | **The Mount Group Practice** | **N/A** |
| Part Time Receptionist | **Bessecarr Medical Centre** | **N/A** |

**Monthly Update**

**MONTHLY REMINDER TO ALL GPS THAT THE LMC OFFICERS ARE WILLING AND ABLE TO PROVIDE ADVICE AND SUPPORT (TOGETHER WITH REPRESENTATION, IF REQUIRED), TO ANY GP WHO MAY BE THE SUBJECT OF A COMPLAINT**

**Concerned about a colleague?**

NHS General Practice is under unprecedented pressure.  As such, we are all at risk of work related stress, burn out and depression.

Often, the symptoms of these are insidious and can be more obvious to those around us than to ourselves.

So, if you have concerns about a colleague and feel that they need our support, we’d like to hear from you.

Doncaster LMC has launched a confidential web based reporting tool where you can share your concerns about a colleague at risk of burnout and ask for our support.

[**http://www.doncasterlmc.co.uk/coleaguefbk.html**](http://www.doncasterlmc.co.uk/coleaguefbk.html)

This tool is designed to be supportive so that those identified can be helped by Doncaster LMC, signposted on to support services or be personally assisted through difficult times by officers of the committee.

We stress that the online tool must not be used for reporting safety concerns regarding a colleague’s clinical practice. Read more about the tool at:-

[**http://www.pulsetoday.co.uk/your-practice/battling-burnout/gps-given-chance-to-anonymously-raise-concerns-about-colleagues-burnout/20010472.article**](http://www.pulsetoday.co.uk/your-practice/battling-burnout/gps-given-chance-to-anonymously-raise-concerns-about-colleagues-burnout/20010472.article)

***All GPs on Doncaster Performers List (including medical students) are welcome to attend any LMC meeting as an observer. Please let the office know if you plan to attend.***

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| **Next LMC Meeting** | |
| **When?** | **Monday 29th April 2019** |
| **Time?** | **7:00pm** |
| **Venue**? | **Doncaster Golf Club**  **DN4 7NY** |