



September 2019

# Heartbeat

## Message from the LMC Chair

The introduction of the PCN DES means significant changes in the way practices deliver some existing services, and the rolling out of a new range of services. Cheshire LMC is well placed to support PCN Clinical Directors (CDs) in managing and navigating these changes, while continuing to provide the services to all GPs and practices teams which they have come to rely on over the years.

There will be offers to PCN CDs to share experiences, challenges and learning in a safe and private environment. If you are a PCN CD (or a group of likeminded colleagues) do get in touch with your LMC if you think we might be able to facilitate shared development in any way.

We know that the network DES makes provision for commissioners to develop local schemes and add these as agreed supplements to the network contract, supported by additional local resources. As these develop, we can offer contractual expertise and help you negotiate, or advise you, to ensure that any contracts are safe, deliverable, sufficiently funded and do not expose clinicians, practices or PCN to any inappropriate risks.

We are also able to help address any concerns or queries that you may have regarding the DES. We have already acted on behalf of many PCNs in dialogue with NHSE or commissioners where they have adopted inappropriate local interpretations of the requirements of PCNs or made unresourced demands of Clinical Directors.

Our offer to individuals and practices across Cheshire remains unaffected by our work supporting PCNs.

Cheshire LMC is a key strategic partner influencing the local health and social care landscape. We raise contractual and strategic issues on behalf of our GP members across the county with CCGs, NHS England, STPs, local authorities, NWS and bodies such as GPC and the CQC. We ensure that our members and their practices have access to the information and support they need.

Locally, we negotiate at county and CCG levels to seek agreements that are clinically safe and do not expose clinicians and practices to inappropriate risk.

We provide support for individual GPs who may be experiencing problems at work through our Pastoral Care team, made up of expert practising GPs. We also provide training that goes beyond our core work through our Practice Manager and GP Leadership Programmes.

**Stephen Kaye**  
**LMC Chair**

## **Practice Mergers and Partnership Agreements**

The LMC is receiving an increasing number of questions about practice mergers. One thing we stress is that every medical practice needs legally binding partnership deeds

A partnership agreement is, in many respects, like an insurance policy in that you will only really need it if something goes wrong. However, there are clearly benefits in having clarity on various issues, whether that is the procedure for paying out a doctor's capital share on retirement or the process to follow in the event of a fall out between doctors or current partners may not have any comeback against former partners for debts that occurred in the past but only come to light after GPs have left (or died).

Practice Managers and partners could you please check you have a valid partnership agreement in place, signed by all current partners, detailing current partnership share and including clauses covering all the areas disputes can occur; buildings, accounts, workload, leave etc.

The LMC would encourage you to use a specialist solicitor who has expertise in GP partnership agreements and the law.

## **Welcome to New LMC Members**

Over the last few weeks we have had the pleasure of welcoming a number of new members to the LMC. The most recent colleagues to join us are:- John Harrison our new GP Registrar representative Victoria Silverwood from Merepark Medical Practice in Alsager; and Dan Jones from The Fountains in Chester.

We will reissue our full LMC representative membership directory to all practices shortly.

## **CCG Ballot on establishing a single CCG for Cheshire**

The deadline for submission of your completed ballot form is 20 September. This is a very important local issue for general practice. Cheshire LMC has made its views known in earlier editions of this newsletter. Cheshire LMC urges all practices to vote.

## **GMS and PMS amendment regulations**

Following the contract agreement in England earlier this year, the GMS and PMS amendment regulations have been laid before Parliament and have now been published on the gov.uk website. These amendment regulations will come into force from 1 October 2019. As usual, this is an amendment and not a new consolidated version of the full regulations, therefore the amendment must be read in conjunction with the 2015 consolidated regulations.

## **Half day closures**

You will have seen the recent claims in the press from NHS England that ending half-day closures could save more than 280,000 GP appointments a year. The BMA responded promptly and publicly stating that as we know GP practices are working even harder to deliver the best possible service with the resources available as they strive to meet the growing needs of their patients. In many cases they not only work long hours during the day but also deliver services out-of-hours and with many doctors' also working evenings and weekends.

GP practices want to deliver the best for their communities but with significant workforce shortages, and a failure of NHS England to invest in much needed premises and IT infrastructure, it's left GPs under greater pressure than ever before. NHS leaders must therefore work to address the ongoing recruitment and retention crisis rather than devoting time and effort to threatening GPs with a reduction in funding that will only undermine morale further. We need long term commitment and support to bring about lasting improvement to patient care and avoid putting overworked doctors under further strain.

Guidance on how GP practices can meet the reasonable needs of their patients remains unchanged and can be found on our web site or the BMA web site.

## **Pensions**

Previous updates to LMCs have contained details of the work being undertaken by the BMA on pension's issues. This week Paul Young, chair of the BMA pensions committee, had an article published in BMJ that made it clear that pension tax reform needs to be swift to tackle doctors' sense of injustice. There has also been an editorial item in BMJ calling for Government to act decisively to avert potentially catastrophic workforce losses. The article states that this problem comes at the worst possible time for the NHS, with hospital consultants, staff and associate specialists, and general practitioners all facing critical workforce shortages.

This week the GPC England email to BMA members focused on the impact of annualisation on many sessional GPs, and a link to this can be found below.

## **PCSE medical records incident**

We have previously highlighted the PCSE incident whereby 148,000 patient medical records were erroneously archived instead of being sent to the subsequent GP practices. These records will have been sent to the practices that currently have the patients registered, and NHS England expects those practices to undertake an assessment of harm for each patient affected.

Over the past few weeks, GPC England has been in discussions with NHS England to highlight the impact this will have on practices and their patients. The BMA have been clear that practices should receive the necessary support to cover the additional costs of dealing with a problem for which they are not to blame to ensure that GPs and other practice staff are not taken away from direct patient facing provision.

Unfortunately, NHS England is not prepared to provide the amount of funding that is believed to be necessary to cover GP and practice staff time required to do this assessment properly. GPC England was not prepared to agree to a settlement which we believed would not fully compensate practices for the problems created by Capita. If you would like to come forward and ask NHS England what compensation they are able to offer to your practice, please contact [england.reports@nhs.net](mailto:england.reports@nhs.net)

Practices should carefully consider whether any offer made reflects the work that will need to be undertaken and whether it will adequately compensate them. If a practice believes the offer is sufficient and accepts it, they will not be able to claim additional monies via any legal route. If, however, a practice considers the offer does not reflect the work that will be required and decides to reject it with the hope of claiming compensation via a legal route for the additional work, we would recommend that the practice contacts the BMA [support@bma.org.uk](mailto:support@bma.org.uk) with the attached pro forma so that they can start to collate the necessary information to take forward legal action.

### **Additional roles reimbursement**

Guidance from NHS England has now published the joint guidance on the Additional Roles Reimbursement Scheme (ARRS) that will commence in April 2020.

They hope that by releasing it now, PCNs will be able to better prepare for the additional workforce from 2020. This guidance includes the process by which Primary Care Networks (PCNs) can claim reimbursement for additional staff.

### **Data sharing agreement**

NHS England and the GPC England have agreed on a non-mandatory, high-level data sharing template for use by PCNs. To make things simpler for practices, the BMA has also produced a version of the agreed template which expands on a number of areas with greater detail, along with guidance on the document. This provides practices with a better idea of how they may wish to populate the template agreement, including proposed best practice when sharing and transferring data between partners within the network. Further information and BMA resources are available on the BMA's web pages.

### **NHS England FAQs on Integrated Care Providers Contract**

NHS England have released some explanatory FAQs on how the Integrated Care Providers (ICP) contract will operate and what will be the impact of the contract. GP leaders have repeatedly highlighted serious concerns about the ICP contract and that they believe it to be unnecessary with the development of PCNs.

The FAQs cover many of the same issues covered in the BMA's own guidance and briefings on ICPs. However, there are some questions within the document of particular relevance to GPs in England. The most relevant questions are; 13, 14, 15 and 17. These particular questions cover; how GPs participation in ICPs is voluntary, the different options available to GPs who do decide to partner with ICPs and, how ICPs will engage with PCNs.

For more information around the impact of the ICP contract please read the BMA guidance, as well as the NHS England FAQs. If you have any further questions around the impact of the ICP contract, please contact your LMC team here at the LMC Office.

### **Babylon GP at Hand**

GP online reported that the numbers of patients in Birmingham registered with Babylon GP at Hand could rise from next month after commissioners agreed to remove a temporary cap, subject to the provider meeting conditions around access to screening and local referral pathways. The BMA have consistently raised concerns regarding the joint agreement between NHS England, Hammersmith and Fulham CCG, and Birmingham and Solihull CCG, to allow Babylon's GP at Hand service to expand its service to Birmingham. The BMA continue to state that this initiative flies in the face of place-based care delivered by practices embedded in local communities, which the recent changes in the GP contract are committed to deliver.

### **Safeguarding Reports and CNSGP**

Following further discussions on some of the finer definitions of the scope of CNSGP, BMA are pleased to announce that it has been agreed with DHSC and NHS Resolution that the compiling of safeguarding reports for NHS patients will now be included within scope.

It was initially thought that as these reports can be chargeable under collaborative fees arrangements they should be deemed to be private work and therefore out of scope. However, lobbying from the BMA extended an alternative view of these statutory reports as being reimbursed by the system rather than a private service to patients. This perspective has been accepted by DHSC and NHR and therefore actions originating from the completion of safeguarding reports after 1st April 2019 will be covered by CNSGP.

## PCN Clinical Directors

The BMA has been developing a package of support for Clinical Directors and PCNs prior to launch later this month. We wanted to provide Clinical Directors with some information about what it will include, to support PCNs in choosing their support for their own development.

The package will consist of:

- Learning and Development tailored to the role of PCN Clinical Directors: Three half day face-to-face masterclasses on strategic planning, workforce planning and leadership; two e-learning modules focusing on leadership and management and quality improvement (plus access to >25 other modules); 15 webinars including 'hot topic' themes chosen by clinical directors; career coaching
- PCN App: a space for all PCN Clinical Directors to have discussions in different groupings (by LMC, CCG, region and also a national group), free of charge.
- National PCN Conference: content will be developed based on what clinical directors tell us what their needs are and what they want to hear
- HR support and advice: added to the current BMA membership offer tailored to the new PCN landscape
- Legal advice from BMA Law at preferential rates for BMA members
- Insurance and indemnity, audit and advice at preferential rates for BMA members from Lloyd & Whyte

## **Sessional GP Subcommittee's Newsletters**

### **'Whats New For Sessional GPs'**

- Annualisation: we need answers
- Involving Sessional GPs in PCNs
- Should you join your LMC?
  - o Joining your LMC is your chance to improve the working lives of local GPs.

Read the latest Sessional GP Newsletter [here](#)

### **CPRD (Clinical Practice Research Datalink)**

Practices can expect CPRD to be contacting them in the future and we would encourage them to participate.

'They will need to carry out a DPIA and add an entry in their Article 30 processing register (CPRD will provide pre-prepared sample documents for practices to use, which we have seen and signed off).

They will also need to ensure their Privacy Notices are up to date and cover the use of patient data for Research. It's highly likely that if they have adopted pre-prepared BMA privacy notices this is already covered. They should then also use their usual channels to communicate this to their patients. In this case I do not think they need to use individual messaging such as letters, texts or mails.

**Paul Cundy GPC IT Lead**



**Important Footnote:**

There have been a number of GP and practice manager's changes recently. Thank you to all those practices that have kept us informed of these.

If there have been any GP/Locum/Salaried GP/Practice Manager staff changes within your practice could you please email Julie Hughes @ [jhughes@cheshirelmc.org.uk](mailto:jhughes@cheshirelmc.org.uk) with an update.

It's particularly important the LMC has the most up to date practice contact and email information for your practice as the fast paced changes brought about by the new contract mean we are issuing up to date guidance and advice. You risk missing this if we do not have your up to date contact details on our register.

Please do share the LMC newsletter as widely as possible through email and social media. We also value your suggestions about the format, future articles or what you might like the LMC to provide for its members.

This is notification of the date of the LMC Annual General Meeting Wednesday 20 November 2019, further details to be confirmed. If you are interested in attending this meeting please contact [jhughes@cheshirelmc.org.uk](mailto:jhughes@cheshirelmc.org.uk)