

## October 2016 newsletter

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### National Survey of GPs



The GPC is launching a national GP survey (administered by ICM) to hear from GPs about their current experiences, their views on funding and collaborative structures, and their future working preferences.

The results will be used to inform negotiations and to inform the position of GPC on future developments. We encourage practices to fill it out.

### LLR LMC Annual General Meeting – an update

During the evening of Wednesday 12 October, we held a very successful Annual General Meeting at the new Leicester Medical School, a venue which we

shared with the RCGP who were also holding their Annual General Meeting.

Dr Arvind Madan and Dr Helen Mead gave some well-received speeches and a very useful presentation on GMC professional guidance provided by Darren Merciecia, Regional Liaison Officer for the GMC.

The winners of our prize draw on the evening were James Watkins, CEO at ELR Federation who took home the luxury Marks & Spencer hamper and the lucky winner of the Leicester City versus FC Copenhagen football ticket was Dr Vikram Bolarum.

We would like to thank all of you who took the time to attend and for those of you who were unable to make it we look forward to seeing you next year!



### Sessional GPs newsletter

For the latest sessional GPs newsletter featuring articles on the growing risk of out-of-hours work and the latest on the indicative locum rate please follow the link:

<http://bma-mail.org.uk/t/JVX-4JWMZ-OEMXYNVN37/cr.aspx>

## Red Reflex



Below is an article recently circulated in the GP newsletter from the University of Leicester NHS Trust regarding red reflex for information.

Recently our Paediatric Ophthalmology Team have seen an 8-month old child and have made a diagnosis of Retinoblasoma, which is the commonest cancer of the eye in the paediatric age group. The original referral had come from the GP who noted a squint in her eye in July and sent a routine referral. Unfortunately, because of the delay, the cancer has now spread to the nerve at the back of the eye, significantly increasing her risk of mortality. She has been referred urgently to the Retinoblastoma team at Birmingham Children's Hospital where she will be seen and treated.

A simple **red reflex test** done in July by the GP would have avoided this delay altogether. It is a test that GPs do in all newborn babies at 6 weeks of birth. The team would like to strongly encourage all GPs to undertake this test in children with a new onset of squint particularly in those under 3 years of age.

### Checking for the Red Reflex in Children

Examination of pupil reflections, also known as the red reflex test, can reveal problems in the cornea, lens and sometimes the vitreous, and should be used at all assessments in young children.

It is essential to test the red reflex after birth, at the age of six weeks and also during routine consultations or when parents are concerned about the child's vision or the appearance of his or her eyes. The test can alert us to large lesions in the retina. It cannot be used, however, to identify causes of poor vision related to retinal or optic nerve damage, such as retinal dystrophy or optic atrophy. For this, appropriate referral is needed.

### Method

Sit in front of the child and parent at about arm's length. Set the ophthalmoscope to around +2 (green or black) and focus on the parent's eyes to show that the test is non-invasive and recognition of the normal red reflex in that particular ethnic group. Then focus on the child's face and encourage the child to look at the light. Focus on the red reflex within the pupil. If a white rather than a red reflex is seen an urgent referral should then be sent so the patient is seen within 2 weeks – a faxed referral for urgent attention of Paediatric Ophthalmology would also be appropriate – 0116 258 5927.

### Outcome

Please follow the link below which shows examples of abnormal reflexes -

[http://www.childrenseyesinlondon.com/poster\\_red\\_reflex\\_print.pdf](http://www.childrenseyesinlondon.com/poster_red_reflex_print.pdf)

Dr Anamika Tandon, Paediatric Ophthalmology Consultant filmed a GP Vodcast which mentions this test – please view this video [here](#)

If you have any queries regarding the red reflex test, or have concerns about a patient, please do not hesitate to contact the Ophthalmology Department on 0116 258 6198.

## LMC Buying Group



The LMC Buying Group was set up more than 15 years ago when Nottinghamshire LMC started to negotiate discounts with flu vaccine companies on behalf of its local practices.

A few years later, they started to source discounts from suppliers of stationery, medical consumables and insurance and that's when other LMCs started to join the Buying Group.

The Buying Group has come a long way since then as they now work with over 20 suppliers, 92 LMCs and have over 6,500 members but they are still very

committed to their original mission of helping GP practices save time and money on the products and services they regularly buy.

#### So why the new look?

With the ongoing financial challenges facing general practice, the Buying Group wanted to make sure that practices knew who they were and how they could help them save time and money on their purchasing.

So they asked their suppliers, LMCs and members what they thought of them as an organisation and from the feedback they realised that people trust that they'll find them the best deals available but at the same time ensure their suppliers provide quality products and services.

That's why they've changed their strapline to *'Trusted to save GP practices time & money'* and redesigned the logo so you know when you see this 'stamp of approval' on any information you might receive from a company you know for certain that they are one of the Buying Group's approved suppliers.

The Buying Group guarantees that their suppliers won't just offer you a great price one week and then ramp up the price the next so you can be assured that if you order from the group's suppliers you'll get a great price every time you shop.

#### Here to help

The Buying Group negotiate with their approved suppliers to provide you with the best price available so if you decide you want to order from any of the suppliers, you just contact them directly. However, the Buying Group are here to help you if you have any questions about the Buying Group or problems with any of the suppliers.

Their office is open Monday to Friday, 9am-5pm.

Tel: 0115 979 6910

Email: [info@lmcbuyinggroups.co.uk](mailto:info@lmcbuyinggroups.co.uk)

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

#### A Quick Guide for Members

Website - Any visitor to the website can view basic information about the Buying Group and its suppliers without having to log-in to the Members section.

However, since the special prices on offer through the Buying Group are only available to members, we keep the details of the deals within the password protected part of the website.

So the first time you visit the website you'll need to fill in the [registration form](#) to get your log-in details. After you've received a confirmation email you can simply login.

If you ever forget your password, you can reset it yourself by visiting the [Reset](#) page. This will only work if you've previously registered with the site.

#### Cost Analysis Service

The LMC Buying Group offers practices discounts on a wide range of products and services and they're so confident they can save you money that they offer practices a free cost analysis to demonstrate the huge savings you could be making.

All members have to do is send them an email detailing which areas you want them to analyse (e.g. office supplies, medical consumables, utilities etc.) and they will work out how much you could save by switching to our suppliers.

If you want to find out how much your practice could save, then email the Buying Group with your details to get started. If they can't save your practice money, they will enter you into a free prize draw to win £50 of John Lewis vouchers.

#### Buying Group Plus

The Buying Group now offers a bespoke procurement service to GP federation groups and provider companies. If you're looking to save money by working together with the practices in your federation or provider company, then contact the Buying Group and they can help you make additional savings.

#### Coming Soon

The Buying Group will be launching two new suppliers and the 2017-18 flu vaccine deals later this month so keep an eye out for further emails or visit the website for all the latest information about the Buying Group.

#### The Buying Group's Suppliers

The Buying Group's approved suppliers offer excellent discounts on a range of goods and services which are only available to members:

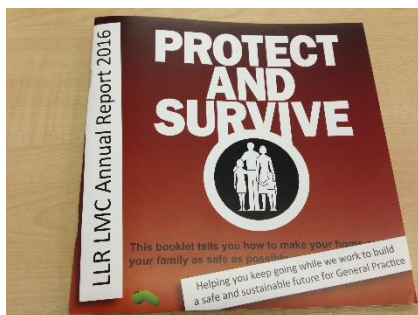
- Medical Consumables and Equipment/Testing & Calibration – MidMeds
- Stationery, Office Equipment and Furniture – Whittaker Office Solutions
- Insurance – MIAB

- Utilities Brokerage – Untied Utilities
- Confidential Information Shredding – Shred-it
- Trade Waste/Feminine Hygiene Collection – Greenzone
- Emergency Oxygen – Baywater Healthcare
- Staff Uniforms – Alexandra
- Telecoms – Atech Network Services
- Digital Dictation Software – Lexacom
- Online Training – Blue Stream Academy
- Medical Record Digital Reproduction – Scan and Collate
- Asbestos and Environmental Surveys – ASI Environmental
- Website Design – Surgery Link
- DBS Checks Processing Service – Avon LMC
- Travax Website Subscription
- HR and Health & Safety – Peninsula Business Services
- Magazine Subscription Packages – DLT Magazines

#### Coming Soon:

- Royalty-Free Music – AKM Music
- Vacancy Advertising and Subscriptions to MIMS/Medeconomics – GP Online
- Flu Vaccines for 2017-18 – TBC

### LLR LMC Annual Report



All practices should now have received copies of our latest Annual Report. We hope you find it an interesting read.

If you require any further copies to be sent out, please contact [susan.shaw@llrlmc.co.uk](mailto:susan.shaw@llrlmc.co.uk)

### Leicester Faculty GP Update Conference - “Refresh and Revive 2016” Leicester Faculty RCGP, Tuesday 15<sup>th</sup> November/ Wednesday 16<sup>th</sup> November 2016



Keynote Speakers - Dr Terry Kemple (President of the RCGP) and Professor Iona Heath CBE FRCP FRCGP.

Venue: University of Leicester, Stamford Court, Manor Rd, Oadby, Leicester, LE2 2LH.

Buffet and refreshments included.

Leicester Faculty are delighted to offer a 2-day Conference with lectures and workshops on key clinical and organisational issues for all GPs including: Cardiology, Stroke Medicine, ENT, Child and Adolescent Mental Health, Rheumatology, Palliative Care in Primary Care, Renal Medicine, Dermatology, Gynaecology, BLS and more. Facilitator: Dr Kam Lally.

COSTS- regular rate:

RCGP Members - £140 for 1 day or £250 for 2 days

Non-members - £160 for 1 day or £270 for 2 days

Medical Students - £50 (Limited spaces – email

[Kiran.sahal@rcgp.org.uk](mailto:Kiran.sahal@rcgp.org.uk))

Please book online :

<http://www.rcgp.org.uk/learning/events-search-results.aspx?f=3f118c3dded348be8a24365c0a78cba0> or search on Leicester RCGP website.

### Take Time Out - Building Resilience, Managing Change and Working Differently Workshop

Due to the popularity of our previous sessions, we are running another Take Time Out seminar.

Here at the LLR LMC we know the daily challenges that you are facing in your practices, because you, our members, tell us.



Having listened to what you are saying, and recognising this is not sustainable, we want to support you with the opportunity to *take time out* to think about how you can **build resilience for yourself and your team**, reflect on how you deal with change and review your working practices now and in the future.

A one-day interactive, practical workshop, which is significantly subsidised by the LLR LMC will be offered to you at a cost per person of **£50 (lunch provided)**.

**Aimed at:** GPs with a leadership role, Practice Managers and Senior Nurses.

The event will take place on Thursday 9 February 2017, at the Salvation Army (Leicester South), Ladysmith Road, Wigston, Leicester, LE18 4UZ.

To register your interest please email [susan.shaw@llrlmc.co.uk](mailto:susan.shaw@llrlmc.co.uk).



## DocHealth

A new support service is being run by the BMA for all doctors. This new service has been launched with the support of the BMA and Royal Medical Benevolent Fund (RMBF). It's called DocHealth.

It is a confidential psychotherapeutic service for all doctors.

Please note BMA membership is not required and it operates by self-referral.

<https://www.bma.org.uk/advice/work-life-support/your-wellbeing>

## Action you can take to work within safe limits and to work within the requirements of your contract

Submitting undated resignations - This clearly does not breach the GMS or the APMS or PMS contract, it simply means that you are allowing a third party to hold a formal resignation letter on your behalf to either your partnership, the commissioning body (CCG and NHSE) if the whole practice resigns or to your employer if you are a salaried GP.

The conditions under which you allow a third party (such as the LMC) to submit your resignation on your behalf must be agreed beforehand.

If a formal resignation letter is submitted, you would have to work a notice period as stipulated in your own partnership agreement or within your GMS/APMS or PMS contract and you may be left liable for the costs that that would be involved.

## Action that would breach contractual and legal obligations:

1. The complete or partial withdrawal of essential services.
2. The complete or partial withdrawal of other contracted services (without lawful termination of the contract on the required notice)
3. Non-compliance with various statutory and regulatory requirements such as:
  - Not undertaking appraisals (which would breach performer's list obligations).
  - Not undertaking revalidation (which would breach GMC rules).
  - Failure to cooperate with the CQC (which would breach statutory requirements and which could result in a termination of practice registration and an inability of provide primary medical services).

## Action you can take that does not breach contractual and legal obligations

There may be some work that GP contractors undertake that goes over and above their contractual obligations and the withdrawal of such services would not constitute a breach of contract. Such options may include:

- Increased use of external referral as a means of discharging the obligation to provide essential services.
- Withdrawal of non-contractual services that GP's voluntarily provide
- Withdrawal from additional services, such as the provision of contraceptive services
- Withdrawal from enhanced services, such as the provision of minor surgery, extended hours.
- Withdrawal from the quality and outcomes framework
- Temporary suspension of new patient registration (if justified by patient safety concerns)

#### The legal issues in relation to essential services:

##### What are essential services?

The GMS Regulations do not define in specific terms the range of functions or activities that comprise 'essential services'. The key provision is Regulation 17, which describes the services which the contractor must provide in paragraphs (4), (5) and (6). These services may be summarised as follows:

##### *Paragraph (4):*

*Throughout core hours and 'delivered in the manner determined by the practice in discussion with the patient', services required for the management of registered patients and temporary patients, who are or believe themselves to be:-*

- (a) ill, with conditions from which recovery is generally expected;*
- (b) terminally ill*
- (c) suffering from chronic disease*

*'Management' is defined in paragraph (5) and includes:*

- (a) offering consultations and, where appropriate, physical examination for the purposes of identifying the need, if any, for treatment or further investigation; and*

- (b) the making available of such treatment or further investigation as is necessary and appropriate, including the referral of the patient for other services under the Act and liaison with other health care professionals involved in the patient's treatment and care.*

##### *Paragraph (6):*

*The provision of appropriate ongoing treatment and care to all registered patients and temporary residents taking into account their specific needs including:*

- (a) advice in connection with the patient's health including health promotion advice;*
- (b) the referral of patients for other services under the Act.*

It can be seen while the scope of 'essential services' is very wide, the manner in which the services are to be provided is to be determined by the practice in discussion with the patient, which clearly therefore allows for the possibility of such essential services to be provided by way of external referral.

##### What does increased use of external referrals for essential services involve?

The GP Contractor will still need to provide these services **but may be able to discharge the services via other (non-community nursing) means such as external referral where this option is available and suitable for the patient.** The mere fact that a service is an essential service does not mean that the GP Contract has to necessarily undertake all the work involved, if it is available to the patient via external referral then the GP Contractor can deliver the essential service by way of making an external referral of the service to be provided by, for example, a local hospital.

Examples of services that can often be obtained via external referral has been sent to you by LLR LMC previously and includes:

- (i) Phlebotomy;
- (ii) ECGs;
- (iii) Spirometry;
- (iv) Ambulatory BP monitoring;

- (v) Glucose tolerance testing or any other in-house pathology services;
- (vi) Routine pregnancy testing (where there is no requirement to exclude ectopic pregnancy).

The GP Contractor will still need to provide these services *but may be able to discharge the services via other (non-community nursing) means such as external referral where this option is available and suitable for the patient.*

#### Withdrawal of voluntarily provided services

Many GP Contractors provide community nursing services. Sometimes these are commissioned as an 'enhanced service' and when they are then any withdrawal of those services would need to be undertaken pursuant to a lawful termination or variation of the contract if it were not it may constitute a breach of the contract. In some cases, services are provided without any contractual obligation upon the GP Contractor\*, which is to say that the provision of these services via community nursing based services falls outside the scope of 'essential services'. Examples of work undertaken by such community nursing services GP's provide are:

- (i) wound care (including dressings and suture removal for procedures performed outside the practice);
- (ii) nursing care of leg ulcers and other chronic conditions (including Doppler assessment;
- (iii) nursing care for incontinent and catheterised patients
- (iv) ear syringing;
- (v) provision of prescriptions for conditions which are being managed solely by community nurses.

*\* It may be possible for a contractor to discharge the services via other means such as external referral where this option is available and suitable for the patient.*

#### Temporary Suspension of Patient List

At LLR LMC we are firmly of the view that where the reason for refusing an application to join the patient list is inspired by genuine patient safety concerns then it will be lawful for GP Contractors to do the same. The BMA has produced guidance on this. It may well be that some GP Contractors should be considering refusing access to their patient lists on patient safety

*grounds and if general practice continues to be underfunded then this is likely to be increasingly the case in the future. There may be financial implications for practices not registering new patients, with the list size reducing due to patients moving or dying, and will impact greater in areas of greater turnover.*

Regulation 21 of the GMS Regulations details the circumstances in which a GP Contractor can refuse to admit a patient onto the patient list.

The key provisions within the GMS Regulations that relate to the circumstances in which a GP practice can refuse to accept new patients is set out in regulation 21 and states that *"...the contractor may only refuse an application ... if the contractor has reasonable grounds for doing so which do not relate to the applicant's age, appearance, disability or medical condition, gender or gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sexual orientation or social class"*.

There are a range of legal opinions (but no case law) upon this matter and GPs cannot be confident that refusing applications to the patient list on this basis would be lawful.

#### Nursing Homes

There is often an expectation that GP Contractors will, free of charge, provide services to such nursing homes that this falls outside the scope of their contractual obligations. Such services are said to include demands for repeat prescriptions over and above practices' usual arrangements; requests to write in the home's clinical records; the expectation of GPs to undertake regular weekly visits to the home regardless of clinical needs and fulfil requests to complete authorisation forms for staff to administer over the counter remedies.

A commonly recurring issue is the expectation by some nursing homes and/or pharmacies that practices should prescribe at seven day intervals for patients having their drugs dispensed by means of daily dosage trays and that this is done primarily to assist pharmacists on whom this obligation is said to fall.

*In the absence of any contractual obligation to provide these services then the GP can discontinue them.*

Schedule 3 Part 1 of the GMS Regulations provides, at paragraph 5, for circumstances where the

contractor may be required to attend a patient outside the practice premises. Such attendance may be required where, in the contractor's reasonable opinion, it would be inappropriate for the patient to attend at the practice premises. These obligations would need to continue to be discharged in order to avoid a breach of contract, however this does not mean that GPs need to attend nursing homes where there is no clinical need.

#### Permitted Applications

GP Contractors could make an application to reduce the size of their practice area, or for a formal closure of their list, or to temporarily opt-out of the provision of additional services. The commissioners (CCGs) would need to consider such applications as they are made in a timely manner and act fairly and rationally in dealing with them.