

# Doncaster LMC October Update



Reading the monthly LMC Update should be logged as 1 hour of CPD time. Actions taken as a consequence of this learning should also be logged for further CPD time as quality improvement activities.

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# Local Medical Committee Team

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# Website Updates

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## 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 even search our archive of monthly updates. If you have a query, trying searching our website first – it might save you time.**

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

## 2017 – 2018 Seasonal Influenza Posters

The LMC website **member's area** now contains a link to resources which can be used to promote your 2017 -2018 Flu Vaccination service.

## Blood tests for people with learning disabilities: making reasonable adjustments

The LMC website now contains a link to a guidance report from Public Health England for health professionals who need to take blood from someone with learning disabilities. The aim of this report is to share information, ideas and good practice in relation to the provision of reasonable adjustments.

## Annual Electronic Declaration (eDEC) General Practice FAQ's 2017

NHS England have now given notification to inform practices of the next annual electronic declaration (eDEC) for 2017/18, which will open for submissions on the primary care website [www.primarycare.nhs.uk](http://www.primarycare.nhs.uk) on 16/10/2017. This can be completed over a six week period and the closing date is Wednesday 29 November 2017.

You can now access the official NHS England letter with a set of FAQs on the LMC website.

### Important information relating to GPR reimbursements

To ensure that any registrar appointed to a vocational training scheme receives the correct salary and is placed on the correct pay scale a new process was introduced by PCSE that requires completion of a new K4 form.

Following enquiries made on behalf of constituent practices, Doncaster LMC has subsequently established the following:

1. Not all practices are aware of the new form
2. Some practices may be of the understanding they have already provided PCSE with the information required but if this has not been submitted on the form attached it will not be processed
3. There is also the possibility that a number of K4s have been returned from PCSE to HEE that have not been actioned

Any practice that considers it has not yet completed a new K4 form, or is having separate issues with the process, should please access the contact below:

<b>Contact Details</b>	
<b>Jane Docherty</b> Senior Programme Lead - Intensive Expert Management Team – PCSE	
<b>Telephone</b>	07900 715356
<b>Email</b>	<a href="mailto:jane.docherty1@nhs.net">jane.docherty1@nhs.net</a>

In order to access the full guide to the GP registrar payment process and expense forms please click on the following link, which we have also added onto our website:-

<https://pcse.england.nhs.uk/news/2017/august/new-guide-to-gp-registrar-payment-and-expenses-forms/>

### The Cameron Fund – Christmas Appeal

Throughout the year the Cameron Fund have been able to help numerous GPs and their families who have found themselves in financial crisis. Their aim is to tailor financial support to an individual's situation and wherever possible help with a return to work and enable the GP to earn a sustainable income. The Cameron Fund are therefore asking for support with a donation to this year's Christmas appeal.

You can find more information on the Cameron Fund Christmas appeal via the following link:  
<http://www.cameronfund.org.uk/content/lmcs>

## GPFV Funding and Support

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As you will be aware the General Practice Forward View has committed to increasing investment and resources to general practice but it can be difficult to keep track of the progress of GPFV schemes. Therefore, the LMC executive have compiled a table below outlining further information on the funding and support that should be available in 2017/18. We have also worked in conjunction with Doncaster CCG to show you the current Doncaster position where possible.

GPFV Element	Funding or Support	Availability
<p style="text-align: center;"><b>Time for Care Programme</b></p>	<p style="text-align: center;">Tailored support programme for groups of practices</p>	<p>National resources and expertise will be available for groups of practices to undertake a 9 – 12 month programme of workshops and learning sessions which aims to plan and implement changes as part of their own Time for Care Programme. Revolves around implementing the 10 High Impact Actions.</p> <p>As you will be aware Doncaster’s launch event was held on the 12<sup>th</sup> October 2017.</p> <p><a href="https://www.england.nhs.uk/gp/gpfv/redesign/gpdp/">https://www.england.nhs.uk/gp/gpfv/redesign/gpdp/</a></p> <p><a href="https://www.england.nhs.uk/gp/gpfv/redesign/gpdp/releasing-time/">https://www.england.nhs.uk/gp/gpfv/redesign/gpdp/releasing-time/</a></p>
<p style="text-align: center;"><b>General Practice Resilience Programme</b></p>	<p style="text-align: center;">£8 million nationally in 2017/18</p>	<p>Support for practices to become more resilient, sustainable and better placed to tackle the challenges they face now and in the future, and securing high quality care for patients.</p> <p>In 2017/2018 practices have been awarded up to £10k to go towards a resilience action plan agreed between NHS England and the Practice.</p> <p><a href="https://www.england.nhs.uk/gp/gpfv/workload/resilience/accessing-support/">https://www.england.nhs.uk/gp/gpfv/workload/resilience/accessing-support/</a></p>
<p style="text-align: center;"><b>Online Consultation Systems</b></p>	<p style="text-align: center;">£15 million nationally in 2017/18</p>	<p>To contribute towards the cost of purchasing online consultation systems, improving access and making best use of clinicians’ time. Funding has been allocated to CCGs on a capitated basis for dissemination.</p> <p>National guidance has yet to be published and the CCG has not yet received the funding that is detailed in the GPFV.</p> <p><a href="https://www.england.nhs.uk/gp/gpfv/redesign/gpdp/consultation-systems/">https://www.england.nhs.uk/gp/gpfv/redesign/gpdp/consultation-systems/</a></p>

<p><b>Improving Access to General Practice Services</b></p>	<p>£138 million nationally in 2017/18</p>	<p>Designed to support better access to general practice for the public and national funding has been provided to CCGs. Further information on how national funding has been allocated is here:-</p> <p><a href="https://www.bma.org.uk/advice/employment/contracts/general-practice-funding/funding-and-support-for-general-practice/pagecontent/funding-and-support-guide/current-funding-schemes/gp-access-fund">https://www.bma.org.uk/advice/employment/contracts/general-practice-funding/funding-and-support-for-general-practice/pagecontent/funding-and-support-guide/current-funding-schemes/gp-access-fund</a></p> <p>Doncaster CCG will start with £3.34 per head in 2018/19. From 2019/20 they should then receive £6 per head (note: the latter will not be part of CCG's current plans as it is outside CCGs current planning period)</p>
<p><b>GP Retention Scheme</b></p>	<p>Practices employing a GP in this scheme will receive £76.92 per session / up to approx. £4,000 - £16,000 a year (<b>for 1 to 4 sessions a week</b>)</p>	<p>This is a package of support which includes financial incentives and development support to help GPs who might otherwise leave the profession to remain in clinical general practice. Retained GP and host practices must meet the scheme criteria to qualify for the payment.</p> <p><a href="https://www.england.nhs.uk/gp/gp/v/workforce/retaining-the-current-medical-workforce/retained-doctors/">https://www.england.nhs.uk/gp/gp/v/workforce/retaining-the-current-medical-workforce/retained-doctors/</a></p>
<p><b>GP Induction and Refresher Scheme</b></p>	<p>Practices hosting GPs in this scheme will receive a supervision fee of £8,000 per year per FTE (pro rata for 1-6 month GP placements)</p>	<p>A package of support which includes financial and educational assistance for GPs wishing to return to UK general practice after a period of two years or more without practising. Returning GPs and host practices must again meet the scheme criteria to qualify for payment.</p> <p><a href="https://www.england.nhs.uk/gp/gp/v/workforce/returning-to-practice/gp-induction/">https://www.england.nhs.uk/gp/gp/v/workforce/returning-to-practice/gp-induction/</a></p>
<p><b>Clinical Pharmacists in General Practice Programme</b></p>	<p>Practices employing CP's will receive £29,000 FTE in 2017/18. For senior CPs this will be £36,000 FTE</p>	<p>A 3 year package of educational, organisational and tiered co-funding support to enable groups of practices to employ clinical pharmacists (senior CPs are trained prescribers). There will be a total of three bidding waves in 2017/18 and it is anticipated all practices will have access to CPs by 2018/19. The scheme is aimed at groups of practices sharing the CP's. <b>Primary Care Doncaster</b> is exploring this further, including Doncaster practices requirement / desire for CP's.</p> <p><a href="https://www.england.nhs.uk/gp/gp/v/workforce/building-the-general-practice-workforce/cp-gp/">https://www.england.nhs.uk/gp/gp/v/workforce/building-the-general-practice-workforce/cp-gp/</a></p>

<p><b>Mental Health Therapists</b></p>	<p>3,000 new fully funded practice-based mental health therapists by 2020 – an average of full-time therapist for every 2-3 typically sized practices</p>	<p>Expansion of IAPT (Improving Access to Psychological Therapies) programme via 22 early implementer CCGs.</p> <p><a href="https://www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf">https://www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf</a></p>
<p><b>International GP Recruitment Programme</b></p>	<p>Begin recruitment process for 600 doctors in 2017/18</p>	<p>NHS England will develop a Framework Agreement of International Recruitment Providers to identify potential overseas doctors and support them through the recruitment process. NHS England is currently working with 11 areas as phase 2 of the programme to finalise recruitment plans for 2017/18.</p> <p><a href="https://www.england.nhs.uk/gp/gp/v/workforce/building-the-general-practice-workforce/international-gp-recruitment/">https://www.england.nhs.uk/gp/gp/v/workforce/building-the-general-practice-workforce/international-gp-recruitment/</a></p>
<p><b>Training for Reception &amp; Clerical Staff</b></p>	<p>£10 million nationally in 2017/18</p>	<p>Funding towards the costs of practices training reception and clerical staff to undertake enhanced roles in active signposting and management of clinical correspondence. <b>DCCG</b> has implemented Care Navigation and offered Clinical Correspondence Management Training locally.</p> <p><a href="https://www.england.nhs.uk/gp/gp/v/redesign/gpdp/reception-clerical/">https://www.england.nhs.uk/gp/gp/v/redesign/gpdp/reception-clerical/</a></p>
<p><b>Transformational Support</b></p>	<p>£3 per head in 2017/18 or 2018/19, or split over the two years</p>	<p>CCG investment to be used to stimulate development of at scale providers for improved access, stimulate implementation of the <b>10 high impact actions</b> to free up GP time and secure sustainability of general practice.</p> <p><b>Doncaster CCG</b> opted to receive the full £3 per head in 2017/2018 which <b>Primary Care Doncaster</b> are utilising to support practices engaging in the Time for Care programme and other ongoing change projects.</p>

As part of the GPFV work to reduce inappropriate and avoidable work on practices, and in line with the NHS Standard Contract changes, NHS England working with the GPC and the Patients Association has produced a leaflet to give to patients at referral. You can now access this on the [Doncaster LMC website](#).

## Case Study - Q Doctor

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Please see below a case study in relation to the online consultation work stream; a new online GP consultation platform that may offer practices an alternative to traditional locum cover.

Via remote video Q doctor provides a consultation with a highly vetted GP at a potentially lower cost than hiring a locum for the same hours.

They can offer you're a practice's patients a timed slot with a GP, from the comfort of their own home for free. The practice simply pays for the amount of patients they wish to be seen (for example they may book 6 patients for £60 or £10/patient) and book them into a Q doctor consultation at a time to suit them. This may help the practice to achieve / maintain service provision for a lower cost compared with a last minute locum.

Q doctor acknowledge GP's concern about the scope of practice when utilising video consultation; they argue that most patients over 18 call for advice or have clinically straightforward issues; if they require a physical examination Q connect signpost them to the most appropriate alternative service. Private Prescriptions are an issue and delivered to the patient for a small fee; unless, however, Q connect are issued with a Emis seat by a practice in which case NHS prescriptions can be issued. All consultations are documented to a high standard and a copy is sent to their registered GP as standard.

For more information please visit the following link:

<https://www.qdoctor.io>

## Amendments to GP Contract Agreement – 2017/18 – Overseas Patients

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The contractual changes to identify overseas patients have now come into force from October 6<sup>th</sup> 2017 and some practices have been asking about the requirement to use the amended GMS1 form (provided by PCSE). These changes only apply to patients who are registering with your practice who have a non-UK issued EHIC or S1 form or who may be subject to the NHS (Charges to Overseas Visitors) Regulations 2015. These patients will be required to self-declare at the point of registration.

From the 2<sup>nd</sup> October practices will have been provided with a revised GMS1 form to use, which includes the supplementary questions for patients not ordinarily a resident in the UK; in addition to a hard copy of a patient leaflet which will explain the rules and entitlements overseas patients have in accessing the NHS in England.

**Please note: There is only one GMS1 form which now includes the supplementary questions. It is only when the supplementary questions are completed does the practice need to do anything additional to what they currently do**

Once a practice has manually recorded that the patient holds either a non-UK issued EHIC or a S1 form in the patient's medical record, they will then need to send the form and supplementary questions to NHS Digital (for non-UK issued EHIC cards) or the Overseas Healthcare Team (for S1 forms) via email or post. Although the form will identify other patients from overseas, practices are only required to send the forms for patients with a non-UK issued EHIC or a S1 form.

*(A) - electronically to:-*

**[NHSDIGITAL-EHIC@nhs.net](mailto:NHSDIGITAL-EHIC@nhs.net)**;

*(B) by post in hard copy form to:-*

***EHIC, PDS NBO, NHS Digital, Smedley Hydro, Trafalgar Road, Southport, Merseyside, PR8 2HH***

*Where the patient is the holder of an S1 Healthcare Certificate, the contractor must send that certificate, or a copy of that certificate, to the Department for Work and Pensions*

*(A) - electronically to:-*

**[overseas.healthcare@dwp.gsi.gov.uk](mailto:overseas.healthcare@dwp.gsi.gov.uk)**

*(B) - by post in hard copy form to the:-*

***Overseas Healthcare Team, Durham House, Washington, Tyne and Wear, NE38 7SF***

Under this system, the patient's country of origin will be charged where relevant. Patients themselves will not be charged for general practice services, but as now, may be charged for some secondary care services. New recurrent investment of £5 million will be added to the global sum to support this requirement and the associated administrative workload.

Later in the year there are plans for a discussion with NHS England as to how an automated process could be introduced. These discussions will also include development of systems to automatically collect GP appointment data for these patients to better enable the cost recovery from their home countries.

You can access amended regulations in the GMS contract via the following link, in particular clause **74f** for **information relating to overseas visitors**.

<http://www.legislation.gov.uk/uksi/2017/908/regulation/2/made?view=plain>

Further FAQs on the GP contract changes can also be accessed here:-

<https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-england/contract-agreement-england/faqs>

# General Medical Services Contract - Requirement on Routine Frailty Identification

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In our July LMC update we referenced the new **contractual requirement** to focus on the **identification and management of patients living with frailty**. From the 29<sup>th</sup> September NHS England has updated [guidance](#) for general practices to support your implementation of the new frailty requirements in the 2017/18 GP contract.

This provides an explanation as to why routine frailty identification is included, what as a general practice you are required to do and signposting should you need further support.

In addition NHS England, supported by the BMA, GPC and NHS Employers, have issued additional guidance to highlight the requirement to apply clinical judgement to confirm frailty in relation to the introduction of routine frailty identification in the new General Medical Services contract.

For a definitive summary of the core contract requirements in relation to frailty please visit the following link:-

<https://www.england.nhs.uk/wp-content/uploads/2017/04/supporting-guidance-on-frailty-update-sept-2017.pdf>

Some GP practices may have batch-coded a Read code diagnosis of frailty based solely on an eFI score, without clinical judgement confirming a diagnosis. The batch coding statement below confirms the importance of clinical judgement to ensure there is not inappropriate follow up action for patients, including unnecessary clinical interventions; and services, including future care planning based on an undiagnosed wrong identification:-

<https://www.england.nhs.uk/wp-content/uploads/2017/04/gms-contract-batch-coding-statement.pdf>

# Annualisation within the 2015 NHS Pension Scheme

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The following is a guidance summary for GPs in pensionable employment who transitioned to the 2015 Career Average Revalued Earnings (CARE) scheme.

Since the 1<sup>st</sup> April 2015, GPs in pensionable employment who transitioned to the 2015 CARE scheme have been required to determine their pension contribution tier based on annualised income (rather than actual income) if they have had breaks in service.

Annualisation is where an individual's income is grossed up to account for breaks taken within the year. For example, if a locum earned £30,000 for working the first 6 months of the scheme year (1 April to 31 March) and did not locum for the remaining 6 months of the scheme year the tiered contribution would be based on the annualised figure of £60,000 rather than £30,000 actual earnings.

This new system does not apply to any GP who continues in pensionable employment in the 1995 or 2008 sections, irrespective of any breaks in service. Nor does it apply to any GP in the 2015 CARE scheme who works a full scheme year (i.e. 1<sup>st</sup> April to 31<sup>st</sup> March) without breaks in service. For GPs in the 2015 scheme who work without breaks throughout the scheme year, actual earnings are annualised earnings and the contribution tier is based on this.

However, GPs (types 1 – partners, types 2 – salaried GPs, and locums) in the 2015 CARE scheme (including those who have moved from the 1995/2008 sections) who have sporadic service will need to be aware of the new rules which determine the contribution tier applicable to them.

The first thing to consider is the length of break which constitutes a break in service. This will depend on the type of work you do:

For **partners and salaried GPs** a break of more than **1 month** constitutes a break in service. Service will not be considered to be continuous if there are breaks of over 1 month between type 1 and 2 posts.

For a **locum**, a break of more than **3 months** constitutes a break in service. Service will not be considered to be continuous if there are breaks of over 3 months between locum posts. For those doctors who work both as type 1 and 2 practitioners as well as locums, each type of employment is taken in isolation (i.e. type 1 and 2 practitioner work needs to have no breaks or breaks of less than a month between this type of work for it to be continuous and locum work needs to have no breaks or breaks of less than 3 months between locum posts for it to be continuous).

Working uninterrupted as a GP going from type 1 or 2 work to locum work and back again will be regarded as interrupted work for the purposes of annualised contributions if there is a break between the type 1 and 2 type work of more than 1 month or breaks between the locum type work of 3 months or more.

Examples of 2015 scheme members who would be affected by annualising include:

1. A full time GP partner who undertakes sporadic locum cover for example, over Easter and Christmas.  
The locum earnings will need to be annualised and added to the partner income to arrive at the appropriate pension tier.
2. A salaried GP who moves practice and takes a break of more than one month between posts.  
The total salaried GP earnings will need to be annualised and therefore the tier will be based on annualised earnings rather than actual earnings.
3. A salaried GP who works for 4 months at a practice then chooses to leave and become a locum.  
This will result in both earnings being annualised to arrive at the new tier on which their pension contributions will be based.
4. A locum GP who is on sick leave/maternity leave for more than 3 months.  
The locum earnings will need to be annualised to arrive at the new tier on which their pension contributions will be based. \*\*\*
5. A partner who decides to leave partnership/retire and become a locum.  
If the move to locum work is undertaken prior to 1 March then both the partnership and locum earnings will need to be annualised separately.

\*\*\* Please note: if a salaried GP is on maternity/sick leave the pension record is kept open so annualising will not be necessary as no break in service will have occurred.

You can read further information on annualising via the following links:-

- [NHS Pensions - Annual main certificate of pensionable profits 2015/16](#)
- [NHS Pensions - 2015/16 type 2 medical practitioner self-assessment of tiered contributions](#)
- [NHS Pensions - 2015/2016 to 2018/2019 tiered employee contributions](#)

## Winter Indemnity Scheme for GPs – 2017

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As part of a broader General Practice Forward View commitment to address the issue of rising indemnity costs and to assist with winter resilience in primary care, NHS England will be running a winter indemnity scheme for GPs. This began on the 1st October 2017 and will be concluding on the 2<sup>nd</sup> April 2018 (to include the Easter bank holiday).

The scheme is designed to meet the costs of personal professional indemnity for any additional out of hours work undertaken by GPs this winter, enabling the freedom to work additional sessions without having to pay additional subscriptions to a medical defence organisation (MDO).

**If you are a GP who would be interested in accessing the scheme, NHS England initial advice is to make contact with your local out of hours (OOH) or unscheduled care (USC) provider to check what extra sessions are available to work and whether individual cover will be required.**

OOHs / USC providers include all those services providing clinical care to patients other than to registered patients of that practice where limited or no access is available to the patients care records; this can include services provided by NHS 111, integrated urgent care services and unscheduled care sessions in traditional general practice settings.

This scheme has been developed with the MDOs and you can find information on how to apply for the scheme via your MDO website at:

- [Medical Protection](#)
- [Medical Defence Society](#)
- [Medical Defence Union](#)
- [Medical & Dental Defence Union of Scotland](#)

***For further information and answers to frequently asked questions please visit the NHS England website via the following link:-***

***<https://www.england.nhs.uk/gp/gpfv/investment/indemnity/winter-indemnity/>***

## Hexavalent Vaccination Programme

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South Yorkshire and Bassetlaw Screening and Immunisation Team have been alerted to a number of vaccination administration errors regarding children receiving the new Hexavalent vaccine (some children have received the Hexavalent vaccine (infanrix Hexa), when they should have received the Pentavalent Vaccine (DTaP/IPV/Hib) i.e. born before the 1<sup>st</sup> August and others born after the 1<sup>st</sup> August have received Pentavalent when they should have received Hexavalent). They are working with Child Health Information Services to try and identify these infants.

In the case of those children who incorrectly received the Hexavalent this is not a clinical safety issue as these children received all of the required antigens; however, they just received a dose of Hep B which they did not require. It is important that all of these children (born before the 1<sup>st</sup> August) receive the Pentavalent vaccine for their second and third doses.

**Please note this should still be managed by the practice as a vaccine administration error.**

For those children who incorrectly received the Pentavalent (born on or after 1<sup>st</sup> August) for their first dose it is important that these children receive the Hexavalent vaccine for their second and third doses. **Practitioners should note that these children will either:-**

- 1. Need a dose of monovalent hepatitis B vaccine as soon as the error is realised (being mindful of the current vaccine supply issue)*
- 2. Need an additional dose of hexavalent vaccine at least four weeks after completion of the primary course.*

*Please also note this is unlikely to be scheduled by Child Health and so practices will need to ensure appropriate recall arrangements are in place for the additional dose.*

Links to the guidance document and routine schedule are as follows:-

<https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule>

<https://www.gov.uk/government/publications/hexavalent-combination-vaccine-programme-guidance> (information for healthcare professionals)

## MDU Statement in response to DH announcement of a state backed indemnity scheme

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Following the Department of Health announcement of a state backed indemnity scheme last week, MDU advised that its membership benefits for GPs working under an NHS England contract who renew / join after the 1<sup>st</sup> November will change to '[Transitional Benefits](#)'; intended to provide the indemnity until a state-backed scheme is introduced. Yesterday the Department of Health directly addressed this offer through [amending its indemnity factsheet](#):-

### ***DH Addendum - 17 October 2017***

'On 12 October 2017, the Secretary of State for Health announced his intention, subject to the examination of relevant issues, to develop a state-backed scheme for general practice indemnity in England. Following that announcement, the Department of Health notes the Medical Defence Union's (MDU's) intention to change their indemnity offer to GPs to claims-paid coverage, and thus reduce the cost of their cover, from 1<sup>st</sup> November 2017. Claims-paid coverage is an alternative form of indemnity which requires policy holders to obtain run-off cover at the end of any period of coverage, since it only covers claims which are reported and settled during the period of the cover. This means that claims made and settled in the period up to the introduction of a state backed scheme while the policy remains in force should be honoured.

Claims made after the cover has expired, or made before the expiry of the cover but not yet settled, will not be honoured, unless run-off cover is purchased at the end of the period.

This reduction in coverage will apply to any GP taking up the MDU's offer of membership at the reduced subscription cost (whether as a renewal or new membership taken out from 1<sup>st</sup> November 2017) or with any other organisation that offers indemnity for clinical negligence on a claims-paid basis. The Government does not currently plan to include this run-off cover in a state-backed scheme. GPs with claims-paid or claims-made indemnity policies would therefore be required to purchase such cover separately themselves at the point they move to a state-backed scheme.

**Any GP purchasing an indemnity product on a reduced cover basis should make themselves fully aware of the terms under which it is being offered, taking into consideration how they will cover themselves after the period of cover has expired and the cost of run-off cover. GPs should also continue to ensure they have appropriate cover in line with the GMC professional regulatory requirements to enable them to practise.'**

The current views/positions of the three MDOs are available via the links below:-

- [Medical Defence Union](#)
- [Medical Protection Society](#)
- [Medical and Dental Defence Union of Scotland](#)

## InTouch Collaboration

LEO Innovation Lab recognises that GPs are overworked and pressured to reduce wait times. LEO iLab created “InTouch” to help the 20-30% of patients you see each year for skin conditions. InTouch allows you to remotely follow-up your patients and review their photos using store & forward. They think this is a step up from the telephone follow-ups you might already do, gives patients “care closer to home” and therefore frees up in-person consultations for those who most need it. They are looking for GPs to test this with their patients where they will receive wrap-around and on-demand support from start to end of testing.

LEO Innovation Lab is an independent unit established by LEO Pharma as a part of a long-term strategic decision to focus on patient needs. We don't develop medical treatments – instead, we look at all the aspects of everyday life that can affect a person who has a skin condition. The solutions are focused primarily on e-Health and add-on devices.

LEO Innovation Lab has been established as an independent unit to create a smaller, more agile organization, where innovation can thrive and solutions be brought to market and tested faster.

As LEO Pharma is owned entirely by the LEO Foundation and has no shareholders, its profits are reinvested in developing new solutions to support the overall mission: To help people achieve healthy skin. This unique ownership structure has made it possible to establish LEO Innovation Lab with a goal of making a difference to people living with a skin condition.

*If you're interested* in this please contact Marija Trachtenberg via the details below:-

### Contact Details

**Marija Trachtenberg**  
In Touch Pilot Manager

<b>Telephone</b>	07534 808 509
<b>Email</b>	<a href="mailto:marija@leoilab.com">marija@leoilab.com</a>

## LMC Buying Groups – Seasonal Flu Vaccine Offers

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The LMC Buying Group has concluded negotiations with flu vaccine companies for the 2018/19 season and can now announce that their preferred supplier for trivalent vaccines is **Pfizer**; their preferred supplier for quadrivalent vaccines is **Mylan**. Their other suppliers are **Seqirus** and **MASTA**.

You can now access a full document outlining the main offers to their members on the Doncaster LMC website.

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

## Job Vacancies

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Our monthly update is sent to all LMCS in the SY area. We are be happy to advertise any of your vacancies

[For the full details on any of these vacancies please see the separate attachment in our email](#)

<u>Vacancy</u>	<u>Practice</u>	<u>Closing Date</u>
Partner / Salaried GP	Dunsville Medical Centre	N/A
Salaried GP / Partner	The New Surgery	N/A
Salaried GP / Partner	Barnburgh Surgery	N/A
Salaried GP	St John's Group Practice	N/A
Salaried GP	Tickhill & Colliery	N/A
Salaried GP	Regent Square	N/A
Salaried GP	The Lakeside Practice	N/A
Salaried GP	West End Clinic	N/A
Salaried GP	The Ransome Practice	N/A
Salaried GP	White House Farm	N/A
Salaried GP	Mexborough Health Centre	N/A
ANP	Barnburgh Surgery	N/A
Practice Nurse	Princess Medical Centre	10/11/17
Locum Nurse – Treatment Room & Chronic Disease	Mayflower Medical Practice	Short-term
Care Navigator	Kingthorne Group Practice	31/10/17

**A 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/colleaguefbk.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>

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



Next LMC Meeting	
<b>When?</b>	<b>Monday 6<sup>th</sup> November</b>
<b>Time?</b>	<b>7:30pm</b>
<b>Venue?</b>	<b>Doncaster Golf Club DN4 7NY</b>