

# Heartbeat

## Message from the LMC Chair

Recent press investigations have clearly showed what most of us already know - that nationally some 450 GP surgeries have had to close in the last five years due to practice closures or mergers, and over a million patients have had to move surgeries. This and the linked stories relating to a continued fall in the number of GPs is sombre reading.

These figures clearly show the increased pressure that practices have been under over the last 10-12 years, as workload mounts, more doctors' leave partnership and surgeries struggle to recruit new staff. If the end result is a practice closure the impact on patients is obviously a big concern as they are forced to move to a new practice. Furthermore, the receiving practice is then itself put under pressure to deliver at greater scale.

In Cheshire, we have seen a number of planned practice mergers taking place across the area. Primary Care Networks may lead to even more as the opportunities to employ more reimbursed staff groups grows. At the same time, we are facing significant problems attracting development funds for practice premises which will impact on our ability to make room for these additional staff.

The new contract at least provides us with some more opportunity to exert control over how we respond to these pressures, even though the changes at CCG level and development of Integrated Care Partnerships creates more uncertainty. The next few years will define general practice for the future.

**Stephen Kaye**  
LMC Chair

## PCNs

The 15 May deadline has now passed for the first part of registering your PCN. We understand that all but one of the applications has been ‘approved’ so far. The 30 June is now the next milestone for action. The Network DES Agreement is a mandatory agreement with 104 Clauses that (apart from 2 clauses regarding disputes) cannot be changed. It must be submitted by 30<sup>th</sup> June.

The Network DES Agreement is a mandatory agreement with 104 Clauses that (apart from 2 clauses regarding disputes) cannot be changed. It must be submitted by 30<sup>th</sup> June. After the 104 clauses are 7 schedules that must be completed that are specific to the workings of your particular PCN

You should not need to worry too much about schedule 2 (essentially this schedule is where you can make changes/additions to some of the mandatory network agreement), and for schedule 6 you could go with the suggested list of insolvency events (it is essentially a list of different events of insolvency that would enable members to take action under the clauses). The difficult bits you would then have to sort out are:

- The rest of schedule 1 (you will have already done some of it) where you have to say how the meetings will take place, what is ‘quorate’, how you will make decisions etc.
- Schedule 3 where you outline everyone’s responsibilities in delivering extended hours.
- Schedule 4 where you have to outline all the network’s financial arrangements (how much money each practice is getting and who is going to pay it).
- Schedule 5 where you set out the arrangements in the PCN for engaging or employing staff, including arrangements for employment liabilities (the subject of our next Practice Manager Development session) and;
- Schedule 7, which is essentially how you will work with any other organisation (e.g. a federation). A good idea here is get them to draft it for you, and then agree any amends to their version, rather than starting with a blank piece of paper.

The team at the LMC is keen to give any support that is necessary to PCNs to get them established and functioning. If you require specific advice, do not hesitate to get in touch; if your PCN would welcome a discussion with us we will be glad to meet with you. Don’t leave your requests until the last minute. Our resource, like yours, is finite and we may not be able to respond if you leave it too late. Many PCNs have already taken advantage of asking for help and discussion at PCN meetings.

Once you have done all that, you may need to get a solicitor to look over the final agreement with all its appendices before you can persuade all your practices to sign it. Remember the submission of the network agreement is due by 30<sup>th</sup> June which is a Sunday.

We have now received some late advice from NHSE regarding operating PCN accounts. Our LMC advice has been that PCNs (via nominated practices) would be best served from an accounting and financial governance/probity perspective would be well advised to open a new dedicated account for PCN finances. Unfortunately it appears the NHS was not ready for this development! We are being advised that the account needs to be the one paid via NHAIS – there isn't flex (in the short term) to have a separate one.

We don't think there is any dispute about the principle and the case for a separate account for the PCN is a sound one from an accounting viewpoint. It is down to the practical aspects of setting them up in time which NHSE cannot operationalise in the relatively short period of time, they themselves have set. This clearly will not be acceptable to everyone, and we will continue to push it, but we wanted to provide you with an update as we understand it. Check out with your CCG if you think this is an issue for you.

The BMA have now released some proforma documents on governance and decision making for PCNs. These documents are available under the 'PCN toolkit and other useful documents' tab on the BMA's PCN webpage <<https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-england/gp-contract-agreement-england/primary-care-networks>> . These proforma have been drafted for networks to adapt to their specific circumstances and drop into Schedule 1 to the Network Agreement.

Latest Updated Guidance from NHSE – Network Contract DES Guidance May 2019  
<https://www.blmc.co.uk/wp-content/uploads/2019/05/network-contract-des-guidance-2019-20-v2-1.pdf>

## **Transfers of NHS property including GP premises**

The Department of Health and Social care has released new guidance this week which allows transfers of estate owned by NHS Property Services and Community Health Partnerships. NHS trusts will be able to apply to own buildings on their estate where it is intended to speed up improvements to frontline services. The guidance says that this applies to NHSPS/ CHP properties, but in instances where they do not own the freehold (NHSPS own the freehold for about half of their 3,500 buildings) they can't assign a lease or license to a provider without consent from the landlord. This new policy will not directly impact on GPs but it will affect GPs who are tenants of buildings owned by NHSPS which are transferred. In these circumstances the GP tenant will need to understand the new relationship with the new landlord, particularly in situations where there is no formal lease.

If practices have any concerns about any potential transfers of ownership please contact us via [info.gpc@bma.org.uk](mailto:info.gpc@bma.org.uk); or you can contact your LMC.

## Partnership Agreements

### 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 suggest you use a specialist solicitor who has expertise in GP partnership agreements and the law.

## Cheshire and Merseyside Respiratory Improvement Program; PAs in general practice 12m funded pilot

This is a fully funded program aimed at trialling Physician's Associates in primary care supporting COPD QoF work, in the hope that GPs will come to appreciate the role PAs can perform so that uptake of this "new" type of workforce keeps up with their availability.

They are a new type of clinician looking for a role AfC bottom of band 7. Hospitals are embracing them, primary care less so. They can't prescribe (yet) due to lack of legislative support, held up by Brexit.

Below are several different promotional documents, these include details of how individual practices can sign up to the program.

### Clinic promotion – GP surgeries

### GP Poster

### Poster 2 - PA

## Falsified Medicines Directive

The Falsified Medicine Directive (FMD) and Delegated Regulation came into force on 9 February 2019.

NHS England has sent out an update with the start dates for distribution of vaccines in FMD-compliant packs. GPs should note that they are not within Article 23 and will not be supplied with decommissioned medicine. However, GPs will still be able to use vaccines even if they cannot decommission the packs. In the meantime our advice to practices remains the same.

## Pension News: Annualisation

Krishan Aggarwal, the deputy-chair of sessional GPs committee and pensions committee member, has worked with the BMA Pensions department to produce an updated guidance on annualisation.

From 1 April 2019 any break in pensionable service, for any type of GP, will be required to be taken into account when calculating annualised income in order to arrive at your pension tier. [Read our guidance](#) to understand how annualisation might work in practical terms.

## RCGP Vision for general practice

The RCGP has published its [\*\*Vision for general Practice – Fit for the future\*\*](#), which is their outline of what general practice should look like by 2030.

It calls for an end to the standard 10-minute consultation to allow GPs to spend more time with patients with complex needs, recommending that it should be at least 15 minutes, with longer for those patients who need it. The document also predicts that there will be an overhaul of the GP-patient record into a personalised ‘data dashboard’, and that networks of GP practices will evolve into ‘wellbeing hubs’.

I attended the launch of the document in Westminster this week and commented: "This important piece of work from our colleagues at the RCGP mirrors much of what the BMA has been saying for some time about the direction of general practice and what is needed to ensure its future. Most positively it also highlights areas that we're already making progress on." This was reported in the [Mirror](#), [i Paper](#), [GP Online](#), [The Express](#), the [Irish News](#), [PharmaField](#), [Yahoo News](#) and [OnMedica](#). I was also interviewed by [BBC Kent](#) (1h 7mins in)

## Biobank

You may remember that the issue of Biobank having access to GP held records came up a few months back. It was mentioned in the tabled IT report at yesterday's GPC.

This is an update and hopefully sign off of the issue. We have been working with them to ensure that the process is GDPR and DPA2018 compliant and I'm pleased to report that work is now complete.

On average each practice will have about 50 patients who are in the Biobank project. They were all properly and explicitly consented prior to GDPR. Biobank will be writing to a few practices as a trial and providing there are no problems will then write to all the rest. I hope LMCs can be reassured that their constituent practices can also be reassured.

They have prepared a comprehensive DPIA that practices can use whole or as a source for their own bespoke versions. Depending on what their Privacy Notices say they may have to update those and they will need to add the Biobank extraction to their Data Processing Register. Given the numbers involved and the pre-existing explicit consent there is no need for any mass communication.

**Paul Cundy**  
**GPC**

## EMIS moving to Amazon warehousing system for data storage

Important practices update their privacy notice and “should” inform patients.

### Update from Paul Cundy of GPC.

I understand EMIS have sent out a communication regarding this. I am afraid the communication is misleading.

This is very disappointing given the close working we have had with EMIS over the last few months. Their communication says practices “may wish to inform your Patients”. This statement is incorrect. Practices must inform their patients of significant changes to the way their data is processed. If you don’t do it you are in breach.

As I have said before, given the potential sensitivity of moving NHS records to AWS I cannot imagine a more foolish path than trying to slip this in under the radar. GDPR expects openness, transparency and accountability. It also says “and/or undertake a Data Protection Impact Assessment (**DPIA**)”. That again is incorrect. A DPIA is not an optional alternative to informing patients, it is a mandatory standalone requirement under GDPR that must be carried out prior to any significant or new processing arrangement. If you don’t do one you are in breach.

Helpfully, EMIS have provided a link to a template DPIA that practices can use or plagiarise. It is perfectly acceptable under GDPR to “borrow” or share DPIAs where the changes apply equally to many parties. The relevant [BMA guidance](#) is clear on the matter, bottom page 6 onto page 7 and top of page 8.



## Cheshire and Merseyside LMCs: Practice Manager Leadership role in PCN's event

A successful event organised by the five Cheshire and Merseyside LMCs with financial support by NHS England and the North West Leadership Academy which took place on Tuesday 28 May at the Totally Wicked Stadium, St Helens, Merseyside with 160 Cheshire and Merseyside Practice Managers in attendance. Primary Care Commissioning delivered the programme.

Anthony Leo, Regional Director of Primary Care and Public Health NHS England and NHS Improvement – North West opened the event giving a National overview on the NHS Long Term Plan and Opportunities for Primary Care.

William Greenwood, LMC Chief Executive gave an update on 'Primary Care Networks and contract changes' looking ahead at the GP practice team in 2020s and how it is likely to work and its impact on an example of a GP action plan.

Sarah Cousins, Kirkoswald Surgery, Penrith, Cumbria and management consultant talked about 'The practice manager's role as a leader', opportunities for Practice Managers to Lead, areas to consider, workforce recruitment and retention, strategy and engagement.

In the afternoon delegates were split by geographical area into 'breakout groups' facilitated by PCC 'The Manager as a Leader', followed by a panel Q&A.

Below are a few photos taken from the event.









## Practice Manager Development Programme 2019/20



**Wednesday 19 June 2019 (session 2)**

**Cheshire LMC in association with  
Primary Care Commissioning**

**Part one: Developing a Network  
Part two: Legal Issues**

**Venue:** Nunsmere Hall Hotel  
**9:30am** Registration and refreshments  
**10:00am - 4:00pm**  
Lunch and refreshments provided.  
\*There are a few places remaining\*

**TO BOOK EMAIL [jhughes@cheshirelmc.org.uk](mailto:jhughes@cheshirelmc.org.uk)**

## **Session 2** Part one – Developing a Network and Part two – Legal issues

### **These sessions will:**

- Include lawyer input and will look at developing a network including:
  - Shared vision
  - Practice buy-in
  - How will it be funded
  - Legal and financial implications
  - Mergers and myths
  - Risks and governance
  - Organisational structure
- Allow participants to explore the commercial reality of a formal organisation including:
  - The importance of brand and reputation
  - Winning new business and responding to tenders
  - Working with other providers
- Give participants insight to:
  - Essential requirements for commercial viability
  - Building a culture of profitability
  - More specific legal considerations for provider organisations

### **Objectives:**

- This session will provide you with an understanding of how to form a network and to then develop it and the practices working within it.

This is your opportunity to ask your questions directly to a legal adviser.

If you haven't already got the programme of dates saved in your diary you can view them [here](#)

### **Calling All Cheshire GPs**

We still have a small number of vacancies on the Committee for representatives from Eastern Cheshire, South Cheshire and Vale Royal (and one for Ellesmere Port). Having completed the election process we can co-opt any additional members if we feel they have knowledge or a special interest area which is of particular value to the LMC. Contact William Greenwood [wgreenwood@cheshirelmc.org.uk](mailto:wgreenwood@cheshirelmc.org.uk) LMC Chief Executive if you would like an informal discussion as to what is involved.

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

Half of GPs seek mental health support

<https://bma-mail.org.uk/JVX-690CO-0736I7LUAA/cr.aspx>

PCNs: opportunities for Sessional GPs

<https://bma-mail.org.uk/t/JVX-69ST3-1BJCJOU46E/cr.aspx>

How will annualisation affect you?

<https://bma-mail.org.uk/t/JVX-6AN7S-1BJCJOU46E/cr.aspx>

**Cheshire LMC** would like to invite you to **An Evening of Cardiology Education with Dr Ravi Mineni** at Cheshire View on Wednesday 12th June.

We will start with a buffet supper and a chance to talk to colleagues at 7pm, followed at 7.30pm by a presentation on **Atrial Fibrillation**.

There will then be an opportunity to ask your questions on any cardiology topic of your choice. The evening will end by 9.30pm.

Dr Ravi Mineni is a GP at Witton Street Surgery in Northwich. He also works as a GPwSI in Cardiology and has formal accreditation. His particular interests are Atrial Fibrillation and arrhythmias.

Cheshire View is on Plough Lane, Christleton, CH3 7PT, approximately 3 miles East of the centre of Chester <http://www.cheshireview.co.uk/>

Apologies to those of you in the Central, South & East Cheshire areas, but Cheshire is a big county and we have to start somewhere! I aim to arrange a meeting further East later this year; in the meantime I do hope some of you will be able to make the journey to join us.

I do hope you will be able to attend the evening.

**Please reply to me as soon as possible at Dr King [doctor@pdgh4king.plus.com](mailto:doctor@pdgh4king.plus.com)**

Please let me know if you require a vegetarian meal.

If you cannot be there for 7pm, do please still come as you will be able to help yourself from the buffet whenever you arrive.

This meeting will be supported by sponsorship from Pfizer, but the company will have no input onto the educational content of the evening.

**Dorothy King FRCGP**

**Cheshire LMC Sessional GP support co-ordinator**



## TRUSTED TO SAVE GP PRACTICES TIME & MONEY

### Update

As some of you might be aware, the LMC Buying Group will be celebrating its 10<sup>th</sup> Anniversary effective June 2019.

It's been a long journey for us starting out with a few hundred GP practices in the East Midlands to a nationwide group with over 6,500 members. We wanted to take the opportunity to thank you for helping us reach this milestone. We'll be kick starting celebrations, with a fun interactive 10 question [Twitter](#) quiz from Monday 3 June till Wednesday 31 July and would really appreciate your participation in playing and spreading the word.

We would also appreciate a brief testimony from you on your working experience with the LMC Buying Group. If you are happy for us to share, we will be hosting them on our website and on social media throughout the year. Please send to [Zenaida.Morrison@LMCBuyingGroups.co.uk](mailto:Zenaida.Morrison@LMCBuyingGroups.co.uk)

The LMC Buying Groups Federation offers free membership to GP practices across the UK.

Membership gives practices access to an extensive range of products and services on which they have negotiated excellent discounts with their approved suppliers.

To find out more visit <https://www.lmcbuyinggroups.co.uk/>

### 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.