

Worcestershire Local Medical Committee Ltd

NEWSLETTER

20th June 2022

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Update on NHS Property Services (NHSPS) legal case

Since early 2020, the BMA has been supporting 5 GP practices in a legal dispute with NHS Property Services (NHSPS) around inflated service charges. The case has been broken into two phases by the court: phase one to look into the principles of which services NHSPS can charge the practices for, and phase two to look into what the exact amounts of any charges will be. We have now received the judgment on phase one of the trial, and in determining which services practices are liable to pay, the court has decided in favor of NHSPS.

The complex judgment is 170 pages long, and gives some clarity to these practices about what services they are and are not obliged to pay for. The length of the judgment underlines the difficulties caused by the drastic change in approach by NHSPS to service charges that busy practices, working to provide care to patients under the most difficult circumstances, are being forced to navigate.

These proceedings were initially launched because NHSPS appeared to be increasing GP practices' service charges in reliance on its Consolidated Charging Policy. However, in June 2020 [NHSPS conceded that its charging policy did not impliedly vary these practices' obligations retrospectively, and the recent judgment confirms that in none of the five practices' cases was NHSPS' charging policy incorporated into the terms of their tenancy.](#)

GP practices' service charge obligations can only be determined on a case-by-case basis. The [judgment confirms that practices facing demands for fees that they do not understand should take a constructive approach, and seek their own advice to investigate what is and is not recoverable by way of service charges.](#) This has always been the BMA's approach and they have consistently advised practices to do their own due diligence.

During these proceedings we have seen NHSPS' claims for outstanding service charges revised vastly, in one case being reduced by as much as 34% (more than £178,000). This underlines the opacity of NHSPS' methods for calculating charges. Had the BMA not supported the GP practices in this case to defend NHSPS' claims for charges they could have overpaid hundreds of thousands of pounds to NHSPS, which NHSPS was unable to substantiate when required to do so.

The case is not over, with the next stage to determine how much these practices may owe, if indeed they received the services to the required standard or even at all. The BMA are discussing their next steps with the legal team, and will provide further updates and guidance as they become available.

Risk assessment for practices

GPC have revised their [guidance on COVID-19 risk assessment for practices](#), following the updated NHSE/I national infection prevention and control (IPC) manual for England.

The [IPC manual](#) is clear about the need for local risk assessments for staff in contact with COVID-19, which is particularly important now that the requirement for social distancing and mask wearing is no longer obligatory. It is still the employer's responsibility to ensure safe working for staff, and thus a risk assessment should still be carried out and appropriate mitigations.

People who come to GP practices are more likely to be ill or clinically vulnerable, so it's vital that practices are able to exercise discretion to protect patients and staff. Especially in the context of rising abuse towards practice staff, people must be assured that if practices are asking them to continue wearing masks this is for the safety of everyone in the building.

The BMA and your LMC will support practices and doctors who continue to ask patients and staff to wear face masks where they feel this is necessary.

GP abuse

A recent [BMJ investigation](#) found that the number of violent incidents at UK general practices recorded by police forces has almost doubled in the past five years.

In response to this, Dr Chaand Nagpaul, BMA council chair, said: "We fundamentally need the Government to be open and honest with the public that the real reason patients don't have the level of service they deserve is due to the fact we have severe shortages of GPs and a lack of capacity to meet record demand. We also need ministers to make clear to the public that there will be zero tolerance to abuse, violence and threats against GPs and their staff, and that swift action will be

taken against any offenders.” Read the full BMA [response](#)

Download this [poster](#) against GP abuse

Rebuild General Practice: 3 ways to show your support

Help us build awareness of the crisis facing general practice. Your support to amplify the message will help make the campaign a success. Here are three ways to get involved.

1. Sign the ‘Letter to my patients’

Hundreds of GPs have already signed an open [letter to our patients](#) - showing them that GPs are on their side. To add your signature, simply email hello@rebuildgp.co.uk with your full name.

2. Use #RebuildGP

Follow and share content, news, and updates on the campaign [Twitter page](#)

3. Access campaign materials

Contact your [LMC](#) for more information and to access campaign materials.

Accelerated access to patient records

We would like to update you on developments with regard to the provision of prospective access to patient records. This new service was due to go live at the end of 2021 but was delayed due to concerns from the profession. The Secretary of State has now confirmed a launch date of 1 November 2022.

The GP Committee’s IT Policy Group has been having weekly calls with NHS England and has participated in several workshops looking at clinical safety issues, redaction and guidance documents. They have worked with system suppliers and with safeguarding leads and they hope mitigations will be in place to address any ongoing safety concerns. They are also awaiting feedback from early adopter sites.

There are several steps that practices need to take between now and the launch date and we will provide guidance on this shortly.

Work is still ongoing and GPC are making all necessary representations, and continue to highlight the potential concerns of the profession.

Monkeypox

Whilst the risk of monkeypox infection remains low, the [UK Health Security Agency \(UKHSA\)](#) is asking people to be alert to any new rashes or lesions on any part of their body.

If you are concerned that a patient may have contracted the disease, use appropriate PPE, including mask and gloves. For confirmed cases of Monkeypox, UKHSA guidance states that FFP3 respirators should be used. Isolate the person whilst seeking advice on next steps from the local sexual health clinic for urgent advice or your [local health protection team](#), and ensure the consultation room is cleaned appropriately afterwards based on [UKHPA advice](#).

Monkeypox is now a designated a [notifiable infectious disease](#) under the Health Protection (Notification) Regulations 2010. This means all doctors in England are required to notify their local council or local Health Protection Team (HPT) if they suspect a patient has monkeypox.

GPC have raised concerns with NHS England that specific guidance for primary care has not been provided in relation to the latest outbreak of Monkeypox.

Further information is available on the [UKHSA](#) website.

Initial Health Assessment services in support of new arrivals from Ukraine

In order to support Ukrainian refugees arriving in England, NHSE/I is asking CCGs to commission Initial Health Assessment services in support of new arrivals from Ukraine. Whilst CCGs will be free to determine how best to undertake this, and who from, NHSE have developed an outline specification and a template Local Enhanced Service to support delivery by patients' own registered GP practice when they register, should practices wish to sign up. Details of this can be found on the [NHS England website](#).

The DHSC has also published bilingual versions of the GMS1 registration form:

English / Ukrainian: <https://www.gov.uk/government/publications/gms1.uk>

English / Russian - <https://www.gov.uk/government/publications/gms1.ru>

Fit Notes

From 1 July, new legislation will be enacted which will allow nurses, occupational therapists, pharmacists, and physiotherapists to legally certify fit notes, in addition to doctors who are currently the only profession able to do so.

Non-statutory guidance has been developed to help individuals identify if this task is within their scope of practice as well as a new training module which should be completed before taking up this task. These new products will be available from 1 July. There will be a rollout period from this date where GP IT systems will be updated to reflect the change.

BMA Employer Advisory Service

As a membership benefit, the BMA provides an employer advice service for GP partners and your practice managers. With no expensive contracts, you can get tailored advice from the BMA's specialist team of HR & employment advisers and regulatory knowledge, who can support you with:

- HR & employment law case management
- reviewing HR documentation and ensuring legal compliance
- employment tribunal support, and much more.

The service is available to BMA members - [contact the BMA GP employer advisory service](#)

Teledermatology Service Provision

At a recent LMC meeting, representatives discussed the proposed Worcestershire Teledermatology Service which was communicated in the MPU. The conclusions that were drawn from this discussion were that :

This is unfunded and unresourced work for general practice which brings with it additional medicolegal risk, workload and training needs.

There is no contractual obligation to engage with the use of a dermatoscope/ online training / pathway implementation and therefore Worcestershire GPs retain the right to send images using a normal camera via A&G / the dermatology department if they wish to.

The LMC will resist any local referral forms that might insist on the use of a dermatoscope.

GPs are concerned by the current wait times for dermatology services and wish to know whether consideration has been given to an increased referral rate as a direct result of this initiative.

For the reasons given above, LMC representatives choose not to engage with the Teledermatology pathway at the current time and we would advise colleagues to carefully consider their own position on this.

WORCESTERSHIRE LMC LIMITED

All topical issues relating to local general practice are discussed at the monthly LMC meetings and those minutes can be read on the LMC Website.

Should you require further information on any issues raised at the LMC meetings please do not hesitate to contact the LMC representative for your area or practice.

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