

# Harrow LMC News Update

August 2017

*Chairs: Dr Meena Thakur/Dr Noreen Ryan*

*LMC Secretary: Dr Eleanor Scott*

## 1. Harrow ROS

Harrow LMC has been consulted on the Harrow ROS and ROS Utilisation LIS. It has raised awareness of Brent GPs concerns regarding delayed referrals and requested further information of any learning applied to the development of the Harrow Scheme.

The LMC understands that the LIS has been commissioned as a pilot for 18 months and will be subject to an evaluation. It has requested that the CCG provide details of the business case and due diligence.

## 2. Shared care arrangements

Shared care protocols are increasingly used to transfer care from hospitals into general practice, including the prescribing of specialist medication.

It is important to note practices are not obliged to participate in shared care arrangements, which are voluntary. Shared care arrangements require additional competencies, and it is important that GPs do not undermine care for patients by feeling pressured to treat beyond their knowledge and skills. Shared care arrangements also require additional GP, nurse and administration time, and it is important that practices do not take on this additional optional work beyond their capacity to deliver. Practices should receive resources to provide this extra service, so that current staff are not diverted away from providing core needs of patients.

If the GP decides not to participate, the clinical responsibility for the patient remains with the specialist service. See LLMC's [GPSOE resources](#) for further information and a template letter which you may use to refuse a request.

## 3. Sessional GPs and Indemnity Reimbursements from NHS England

As part of the 2017/18 GP contract agreement, it was agreed that £30m would be paid to practices to cover 2016/17 rises in indemnity insurance costs for all doctors delivering GMS work.

These payments are made to practices on the assumption that, where salaried GPs (and principals) are paying for part, or all of their indemnity costs, the practice will reimburse to them, from the payment received, an appropriate proportion of the amount which the GP has paid for their cover.

The reimbursement amount should be based on the proportion of GMS services which the GP is providing for the practice. It is recognised that every practice will have its own arrangements in place.

See [LLMC guidance](#) for further information on this and advice for locum GPs

## Contents

1. Harrow ROS
2. Shared care
3. Indemnity reimbursements
4. IR35
5. Standard hospital contract
6. PCSE/capita

## Harrow LMC members

Dr Mark Levy  
Dr Chaand Nagpaul (co-Vice Chair)  
Dr Azeem Nizamuddin  
Dr Nizar Merali  
Dr Noreen Ryan (co-Chair)  
Dr Amit Shah  
Dr Meenakshi Thakur (co-Chair)  
Dr Ali Dhankot (co-Vice Chair)

Harrow LMC members can be contacted via the [LLMC office](#).

## National diabetes audit (NDA)

Whilst most practices are already taking part in this annual audit, from July 2017 all practices will be contractually required to allow collection of data relating to the NDA.

## 4. IR35

From 6 April changes to the legislation known as IR35 mean that National Insurance and tax deductions for some locums will now be payable at source **by the practice**. This is likely to apply if a locum is working regular hours with the practice through an agency. Locums working as sole traders are unlikely to be affected. It is the responsibility of the employing practice or the locum agency to decide whether to apply IR 35 legislation to the employment. [A tool](#) and further guidance is available on the HMRC website to help practices and locums in making this assessment.

## 5. NHS Standard Hospital Contract – Changes 2016/2017

NHS England has accepted a number of changes for the new NHS Standard Contract, most notably:

- Results of investigations requested by hospital clinicians should be communicated by the hospital directly to patients.
- Hospitals should directly liaise with patients should they miss an outpatient appointment rather than ask GPs to re-refer.
- Hospitals should make direct internal referrals to another department or clinician for a related medical problem rather than send the patient back to the GP for a new referral.

The changes are designed to further reduce inappropriate workload on GP practices, and also improve patient care across the primary/secondary care interface. Read the details [here](#).

## 6. PCSE/Capita issues

KCW LMC Vice Chair and GPC Sessional Subcommittee deputy Chair Dr Krishan Aggarwal provides an update in his blog on discussions with NHSE/PCSE which are particularly relevant for sessional GPs. His blog available on the BMA website. Read it [here](#)

Visit [www.GPSOE.org.uk](http://www.GPSOE.org.uk) to help you through this state of emergency

## Premises – Lease negotiations

If you are coming to the end of your lease or have been offered a (new) Heads of Terms or a new lease (including those based on the national template lease negotiated between the BMA and NHSPS) it is vital that you do not sign unless and until you fully understand and are content with your potential liabilities. If you already have a lease, the terms may include a section covering 'holding over' with terms/conditions that apply until a new lease has been agreed. You are advised to contact [gpsupport@lmc.org.uk](mailto:gpsupport@lmc.org.uk) in the first instance to discuss this further. A lease is a legally binding document with significant legal and financial implications for the practice, so you are also advised to obtain your own independent legal advice on your individual circumstances before you sign. Please ensure you use specialist lawyers with expertise in GP premises issues

### Contact us

Harrow Local Medical Committee, Londonwide LMCs, Tavistock House, Tavistock Square  
LONDON WC1H, 9HX. Tel: 0207 387 2034 Fax: 0207 383 7442, [www.lmc.org.uk](http://www.lmc.org.uk) The next  
Harrow LMC meeting takes place on **21 August**

### Harrow LMC Team

[Dr Fergus McCloghry](#) - Harrow LMC Chair

[Dr Eleanor Scott](#) - LMC Secretary

[Jane Betts](#) - Director of Primary Care Strategy

[Lesley Williams](#) - Assistant Director of Primary Care Strategy

[James Winstanley](#) - Committee Liaison Executive

[Comms](#) - Communications and PR (Media enquiries)

[GP Support](#) – For advice and support