



Kensington & Chelsea and Westminster/Hammersmith and Fulham Local Medical Committee update

1. Health Education North West London Update

Health Education North West London (formerly known as North West London LETB) has now been authorised by Health Education England (HEE) and they are working with their stakeholders to set their strategic objectives and establish their routine business. You can follow them on twitter @HE_NWL and they intend to launch their website during May.

Headlines for April 2013 are:

Their Board met on 23rd April and approved their 2013/2014 budget and Continuing Personal and Professional Development investment plan.

Work has been taking place to develop the Patient and Public Engagement Committee
Their Five Year Workforce Strategy is being developed (this will be featured in their May newsletter).

They have appointed most of their team and will update Londonwide LMCs with people's contact details as they take up their posts.

If you have any questions, comments or suggestions, please get in touch with the team via angela.odunsi@nhs.net.

2. Locum Pensions

From 1 April 2013, GP practices took on the costs of locum employer's pension contributions in England and Wales, which had until then been paid by PCOs.

GPs will have received the GPC's March newsletter which contained the following advice:

<http://www.lmc.org.uk/visageimages/newsletters/GPC/LocumEmployersPensionContributions.pdf>

3. Workshops

The Londonwide LMCs office will be running future commissioning and procurement workshops. Watch this space for details.

4. The NHS Commissioning Board (London) Primary Care Commissioning Team for NWL Cluster

The NHS Commissioning Board (London) is now based at Southside; therefore the address for the North West London Cluster has remained the same:-

NHS Commissioning Board (London)

Primary Care Commissioning Team

2nd Floor, Southside

105 Victoria Street, London SW1E 6QT

The best method of communication is via email and there are three generic email addresses (these will replace existing generic email addresses but emails already sent will be forwarded to these boxes automatically). You should always include your practice identification code (EXXXXXX) in the subject title of any emails so that new members of the team can identify the source of the email.

The contact details for North West London Area Team are as follows:

1. For general queries:

nhscb.lon-NW-PCC@nhs.net

2. For submission of claims:

nhscb.lon-NW-claims@nhs.net

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Registered and office address: Tavistock House North, Tavistock Square, London WC1H 9HX. T. 020 7387 2034/7418 F. 020 7383 7442

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3. For submission of QOF evidence: nhs.cb.lon-NW-gof@nhs.net

4. Team telephone number: 020 7932 3061

Please find attached the letter received from Karen Clinton, Head of Primary Care (North West London) NHS Commissioning Board, providing further details, including the Named Leads.

http://www.lmc.org.uk/visageimages/newsletters/Ealing/NW_stakeholders_220313.pdf

5. QMAS

GPS are advised that if they are experiencing problems with QMAS then they should contact the QOF team at nhs.cb.lon-NW-gof@nhs.net

6. Key Messages from the Care Quality Commission (CQC) Meeting for LMC Chairs and Vice Chairs in London - 27 March 2013

a. CQC Inspections

- CQC inspections will begin nationally from 1 April 2013 but the majority of visits are likely to start from June 2013.
- The current plan is to inspect once over a two year period.
- CQC inspections are not about clinical audit or clinical practice but an audit of compliance with CQC essential standards.
- The majority of inspections will be scheduled visits with a notice period of 48 hours.
- An unscheduled visit termed as “responsive” by the CQC will only occur where there are concerns about the service provided e.g. if there is an immediate risk to those using the service.
- It is likely that there will only be one CQC inspector at each visit.
- The amount of paperwork that will be reviewed is expected to be very little. The review will focus more on evidence from staff and patients.
- CQC inspectors do not need patient consent to look in a patient record as they have legal power to do so.
- It is more likely that medical records would only be reviewed in terms of more generic issues for example inappropriate storage or breach of patients’ confidentiality.
- The CQC inspectors can ask for information to be made available to them after the inspection.

b. Premises

- The CQC confirmed that they have not published explicit standards or guidance on infection control and there is no intention for them to do so either. Inspectors would rely on the DH Code of Practice on Infection Control and would use their common sense when assessing practice compliance with infection control.
- No fundamental changes should be made to premises that are prescribed or suggested by third party suppliers, even those claiming to be doing it under CQC’s name.

c. Annual Fee

- CQC have announced the annual fee that providers will be expected to pay. Please see: http://www.cqc.org.uk/sites/default/files/media/documents/cqc_regulatory_fees_from_april_2013_final_fees_scheme.pdf
- CQC indicated that they would be requesting payment of fees at the beginning of each financial year.

If any practice is having significant difficulties they should contact Vicky Ferlia at GP support: Vicky.Ferlia@lmc.org.uk

7. GP Training Opportunity

The Royal College of General Practitioners (RCGP) are running a series of events during 2013 that will help GPs further their learning. Minor Surgery, Dermal Fillers, Joint Injections and other courses are being run a number of times during the year. You can view the full calendar and book on the RCGP website <http://www.rcgp.org.uk/courses-and-events.aspx>

8. Revalidation and appraisal

The GPC has recently issued guidance on 'Revalidation for NHS GPs' which sets out the revalidation process and how it will work. The guidance explains that LMCs have a role in ensuring that local appraisal systems are acceptable and that PCOs have to consult with LMCs about the appraisal systems that they provide. Londonwide LMCs is working with the Local Area Team (LATS) Medical Directors and other stakeholders, seeking to ensure that a fair, equitable, transparent and proportionate revalidation process is introduced which is consistent across London, this includes local guidance on presenting supporting information on CPD that is no more onerous than GMC requirements.

You might find it helpful to review the Revalidation page on our website or alternatively email revalidation@lmc.org.uk if you have any specific queries. An FAQ on revalidation will shortly be available on our website so please review the page regularly for this and further updates. In the meantime the names of the three Responsible Officers (ROs) in London are now available.

9. 111 Service

Those practices that have experienced serious situations arising as a result of the 111 service are encouraged to write with details to Ann Ayamah at the Londonwide LMCs Office at aayamah@lmc.org.uk

10. Opted-in Practices

Practices who are opted in and use Harmoni as their provider should be sure to check their invoices since the introduction of 111, as it appears that some practices have been invoiced for telephone calls to 111 rather than actual use of OOH services.

Practices are advised to undertake an audit of this month's calls to see if this is the case and to report any incorrect charges to Ann Ayamah at the Londonwide LMCs Office at aayamah@lmc.org.uk

11. Motions

The following motions were submitted for Conference by your Local LMC:

That Conference deplores the significant expenditure on management consultancies, especially in Primary Care particularly as their understanding of General Practice is often limited as to preclude any effective outcomes. –

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That Conference is concerned that increasing medical defence costs will disproportionately disadvantage part time Doctors.

That Conference believes as Public Health moves to Local Authorities, any joint work or initiatives resulting in Enhanced Services should focus on the outcomes required and avoid dictating how outcomes are achieved. –

That conference is concerned about the monitoring and performance of Urgent Care Centres and demands a national review of their quality and performance.

That conference notes with alarm the profusion of data extraction software which will use GP records for external reasons, and demands that:

- The software providers or end users completely indemnify GPs as the data controllers
- That the software providers provide independent and authoritative assurance that all data protection, confidentiality and information governance requirements are met
- That the resource implications for practices in terms of training, implementation, maintenance, patient information and consent are fully addressed
- That patients would have to give explicit consent rather than its being implied
- That use of such software must remain voluntary and that an alternative mechanism for necessary professional communication must remain
- That extracted data is used only for the identified purpose, is appropriately anonymised and securely destroyed once the purpose of such data extraction has been achieved.
- The use of any hardware (as well as software) should remain voluntary and that an alternative mechanism for necessary professional communication and achievement of outcomes required must remain

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