



# Update from the Consortium of Lancashire & Cumbria LMCs

Monday 14<sup>th</sup> September 2020

## Partnership Agreement Drafting Service

The LMC have launched a partnership agreement drafting service for all practices in Lancashire and Cumbria.

Having an up to date partnership agreement in place protects you as an individual and your practice, identifying responsibilities and obligations of partners at a practice. It is a vitally important document which should be agreed in advance with any incoming partner.

We have helped practices in the past to encompass what they would like within an agreement and we have drafted precise documents accordingly. However, we have now partnered up with a specialist law firm so our service will now be led by a legally qualified team who specialise in partnership and contract law, ensuring legal accuracy. The cost of us drafting you a partnership agreement will normally be £1,500. However, there may be an additional cost, (which we will discuss with you in advance) in instances where there is a more complex ask.

There are many events that may trigger the need for you to change a clause such as when a new partner joins or when a partner leaves and/or if there is a change to the premise's ownership. You can also mitigate the possibility and the impact of the 'last man standing' situation by adding clauses into a partnership agreement which perhaps prohibits the number of partners that can retire within the same time period.

Having an agreement is more important than ever and with that being said, if you are interested in getting one of our bespoke agreements drafted then please contact [Abigail Askew](#) or call 01772 863806.

## QOF at a glance

As reported last week, NHS England have now published [revised QOF guidance](#) which details the requirements for 2020/21. This guidance is effective immediately and the Statement of Financial Entitlement will be amended shortly to reflect this.

The BMA GPC have drafted a QOF at a glance document, which summarises the changes for QOF for the remainder of 2021/22. In light of COVID-19, QOF has been refocused to:

- support practices to reprioritise aspects of care not related to COVID-19
- serve those patients most in need of long-term condition management support
- guarantee significant income protection and the relaxing of some requirements for practices.

Please see [attached 'QOF at a glance' guidance](#), which summarises the changes.





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## Delivering the flu vaccination programme

Practices working in their PCNs where appropriate are encouraged to work together with pharmacies to support a successful 2020/21 flu campaign. This is even more important in light of COVID-19, and the challenges in delivering this year's flu programme. As in previous years, this is a national service with both practices and community pharmacies providing NHS flu vaccinations.

Practices and pharmacies should talk to each other about the vaccination service they are planning to offer to understand each other's plans. Where possible discussions should include how to reduce health inequalities and how to target harder to reach or under vaccinated populations which can help achieve an effective campaign.

This year the new Investment and Impact Fund includes a shared goal across the PCN to provide immunisations to patients 65 years and over and this includes those given both by practices and pharmacies in the area. Read more in the [GP contract agreement document](#)

Please see [the Public Health England website](#) to download or order resources, such as leaflets, posters, guides and resource packs for all campaigns. You don't have to sign in or register to access or download resources.

## GP earnings and expenses 2018/19

NHS Digital has published the [GP earnings and expenses for 2018/19](#), which show an average increase in income before tax of 3.4% for GP contractors and 3.8% for salaried GPs. For non-dispensing GP contractors the increase was 4.1%. After many years of sustained real-terms pay cuts for GPs, these figures show that this trend is slowly beginning to be reversed.

Practices that were able to offer uplifts to both employed doctors and partners shows how much they value their highly-skilled staff, which is vital to both recruitment and retention – and ultimately guaranteeing high quality patient care.

Pressures in general practice remain as demand rises amid large workforce shortages - before considering the huge challenges over the last few months - which practices were quick to meet with both innovation and compassion. The pandemic has shone a light on the huge contribution GPs make to the NHS, and it is crucial that doctors are rewarded appropriately for their hard work and dedication. This was reported by [GP online](#)

## Automation of PCN payments

From 1 September, payments for PCN core payments, CD payments, Extended Hours Access, and Network Participation Payments, became automated (previously manually processed by CCGs). As part of this change, each practice is now required to verify the Network Participation Payment in CQRS before it is released.





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## RCA and Less Than Full Time (LTFT) trainees

The BMA GP trainees committee (GPT) have heard concerns from Less Than Full Time (LTFT) doctors about their ability to prepare for the RCA (the temporary replacement for the CSA exam). As trainees are provided with a set number of weeks to collect evidence for their assessment, those on LTFT schedules feel at a disadvantage to their full-time colleagues.

The committee continues to work with the RCGP about this issue and raise these concerns. GPT notes that the college will soon evaluate the first sittings of the RCA exam, and this will provide them with scope to ensure the assessment is fair to all trainees.

## COVID-19 antibody test results flowing to GP records

As of 10 September, when a person undertakes an antibody test that is taken through the public antibody portal (an ELISA test), the result will be loaded directly into their patient records. This will be in addition to flowing of test results for pillar 2 viral testing and will follow the same process, according to each practice's IT system provider.

Results will be presented on patients' records as 'positive', 'negative' or 'unknown'. As for viral testing, there will be no action required from the GP practice on receipt of the test results. Bulk upload of test results into GP records will take place without any manual patient by patient process. Practices will receive further guidance by their own system supplier about how this will work.

## Remote fit notes - please remember to sign them

DWP has asked LMCs to remind GPs that as per previously agreed guidance they will accept fit notes that are printed, signed, scanned and e-mailed to patients. This advice has also been given to employers, who should also be accepting signed, scanned and emailed fit notes.

However, DWP is receiving a significant number of unsigned fit notes which they cannot accept, and this results in inconvenience for both patients and GPs. Therefore, this is a reminder to GPs that fit notes must be signed. Read more about remote fit notes in the BMA's [COVID-19 toolkit for practices](#).

## Alcoholics Anonymous

North West Intergroup have organised two Zoom events to demonstrate to professionals how Alcohol Anonymous (AA) can co-operate with external organisations to help with the growing problem of alcoholism in society. These events will take place:

- Tuesday 6 October, 1400--1600. Zoom Forum - Focus on AA and the younger person
- Tuesday 17 November, 1400--1600. Zoom Forum - Focus on AA in the community

An initial presentation will set out a general picture of AA life, and will be followed by the sharing of personal "experience, strength and hope" by AA members. This will be followed by Q and A's where members will clarify how they function, how to access AA during the COVID- 19 epidemic, and any other matters arising from questions submitted during the session.

To attend please email [pi.nwest@aamail.org](mailto:pi.nwest@aamail.org) and include your name and organisation.

