

# LMC ViewPoint

*The newsletter of Leeds Local Medical Committee Limited*

**MAY 2015**

## **UNDER PRESSURE GPs NEED MORE TIME TO TREAT THEIR PATIENTS, WHILST A THIRD ARE CONSIDERING RETIREMENT, WARNS BIGGEST EVER BMA SURVEY OF 15,000 GPs**

GPs need to be freed from the constraints of the ten minute consultation to help meet their patients' needs was one of many key findings in the recent major GPC survey.

The poll also found that almost all GPs feel that their heavy workload is having a negative impact on the quality of patient services and many GP practices doubted they had the ability to provide blanket seven day opening. The survey heard from 15,560 grassroots GPs and is one of the largest recent tests of opinion of the profession. Thank you to all GPs in Leeds who completed it.

Key findings from the survey about the current state of GP services and patient care include:

- Only around one in ten GPs (8%) feel that the standard ten minute consultation is adequate.
- Two thirds of GPs (67%) feel there should be longer consultations for certain groups of patients, including those with long term conditions, with one in four (25%) feeling all patients need increased time with their GP.
- Two-thirds (68%) of GPs believe that it is preferable to provide longer consultations of greater quality, even if it means waiting longer to see a GP for a routine appointment.
- More than nine in ten GPs (93%) say that their heavy workload has negatively impacted on the quality of patient services.
- Almost six out of ten GPs (56%) working in out of hours services feel that at times their workload is having a detrimental effect on the care they provide.
- GPs are open to looking at options to improve access, with a slight majority of GPs (51%) feeling that practices should offer some form of extended hours to patients.
- However, almost all GPs (94%) do not feel practices should offer seven day opening in their own practices.
- GPs are willing to explore options to improve access, with a one in five GPs (21%) suggesting they could provide extended hours by working in networks with other GPs through shared facilities.
- GPs believe that factors that could help better deliver the essentials of general practice include increased funding (76%), more GPs (74%), longer consultation times (70%) and a reduction in bureaucracy (64%).

Dr Chaand Nagpaul, BMA GP Committee chair, said:

*“GPs want to provide better services and spend more time with their patients, especially the increasing number of older people who often have a range of multiple health needs that require intensive, coordinated care.*

*Unfortunately, this landmark poll highlights that GPs ability to care for patients is being seriously undermined by escalating workload, inadequate resourcing and unnecessary paperwork. Many GPs do not feel they have enough time to spend with their patients and that these intense pressures are beginning to damage local services.*

*While there is a willingness from GPs to look at offering extended hours, more than nine in ten GPs do not feel that their practice can provide blanket seven day services when GPs are struggling to provide even basic care to their patients. GPs also feel it is more important to provide longer consultations even if it means patients waiting longer to see a GP. And this comes at a time when politicians from all sides are making hollow and unsubstantiated pledges about dramatically*

*increasing the number of GPs within five years, offering guaranteed appointments within 48 hours or funding Sunday opening when research shows those practices open in this period saw few patients booking an appointment.*

*We need politicians of all parties to stop playing games with the NHS and making glib promises to voters that ignore the reality that many GP practices are close to breaking point. Centralised targets and headline grabbing initiatives have the potential to do more harm to patients. Political parties instead must work with GPs and patients on a long term, sustained plan that delivers high quality healthcare to the public. Better funding, more GPs and improved facilities are important factors that need to be addressed.”*

In a second release of data, this landmark survey revealed that a third of GPs are considering retiring from general practice. The results call into question the feasibility of election pledges from the major parties promising to dramatically increase the number of GPs in the next Parliament.

These further findings from the survey focused on the current state of the GP workforce:

- One third of GPs (34%) are considering retiring from general practice in the next five years. In addition, 17% of respondents said they would also think about moving to part time, nine per cent would consider moving abroad and seven percent would consider quitting medicine altogether.
- Around one in five (21%) GP trainees – the youngest cohort in the profession – are considering working abroad before 2020. This comes at a time when the most recent General Medical Council (GMC) figures showed that 500 GPs had begun the process of leaving the UK to work abroad<sup>4</sup>.
- Despite the pressures on general practice just under half (47%) would recommend a career as a GP, but a third (35%) would not advocate working in general practice. Last year, 451 GP trainee posts were left unfilled across the country<sup>5</sup>.
- Over two thirds of GPs (68%) state that while manageable, they experience a significant amount of work related stress. However, one in six (16%) feel their stress is significant and unmanageable.
- GPs cite various factors that have a negative impact on their commitment to being a GP, including excessive workload (71%), unresourced work being moved into general practice (54%) and not enough time with their patients (43%).

Dr Chaand Nagpaul, BMA GP committee Chair, said:

“This poll lays bare the stark reality of the crisis facing the GP workforce, with a third of GPs planning in the next five years to leave the health service, and a significant number also considering a reduction in their working hours. A sizeable number of GPs regrettably will not be recommending a career in general practice to the next generation of doctors. This is concerning as it comes at a time when more than 400 GP trainee posts were left vacant last year.

“It is clear that the incredible pressures on GP services are at the heart of this problem. GPs are intensely frustrated that they do not have enough time to spend with their patients, especially the increasing numbers of older people who need specialised care. Instead they are being taken away from treating patients by pointless paperwork or other work that has often been moved without proper resourcing into the community. Many GPs are facing burnout from increased stress.

“In this climate, it is absurd that in the recent leaders’ debate, political parties were attempting to outbid each other on the number of GPs they could magically produce in the next Parliament. Since it takes five to eight years to train a GP it is not possible to create thousands of GPs in this timeframe. These pledges blindly ignore the recruitment and retention crisis that is draining the numbers of GPs we already have.

“Rather than playing a numbers game, we need politicians to focus on addressing the pressures facing GP services. If we do not have an honest, open debate about the future of general practice, we could soon be in a situation where we do not have enough GPs to deliver effective care to patients.”

### **QOF GUIDANCE 2015-16 – England**

The QOF guidance for 2015-16, applicable from 1 April 2015, has now been published on the NHS Employers website at: <http://www.nhsemployers.org/your-workforce/primary-care-contacts/general-medical-services/quality-and-outcomes-framework>

A link to the guidance has also been published on the BMA website QOF guidance pages: <http://bma.org.uk/practical-support-at-work/contracts/gp-contracts-and-funding/independent-contractors/qof-guidance>

### **VACCINATIONS AND IMMUNISATIONS GUIDANCE AND SERVICE SPECIFICATIONS**

The Vaccination and Immunisation programme 2015/16 – Guidance and Audit requirements and the Technical requirements for 2015/16 contract changes have now been published on NHS Employers Vaccs and Imms pages at: <http://www.nhsemployers.org/your-workforce/primary-care-contacts/general-medical-services/vaccination-and-immunisation>.

The service specifications for Childhood flu, Seasonal influenza and pneumococcal, MenC freshers, Pertussis (pregnant women) and Shingles (catch up) vaccination programmes are available from the NHS England Commissioning page: <http://www.england.nhs.uk/commissioning/gp-contract/>

The BMA website vaccinations and immunisations page has also been updated to reflect the changes for 2015/16 and has links to all the guidance documents and service specifications: <http://bma.org.uk/practical-support-at-work/gp-practices/service-provision/vaccination>

### **NEW INDUCTION AND REFRESHER SCHEME – England**

A new national Induction and Refresher (I&R) Scheme was launched in England on Wednesday 25 March. This was agreed by Health Education England, NHS England, the GPC and the RCGP and is one of the objectives of the 10 point GP workforce plan. The plan is a four party agreement to work together to tackle the current GP workforce crisis. For further details and to read the plan, please visit the BMA website at: <http://bma.org.uk/working-for-change/negotiating-for-the-profession/bma-general-practitioners-committee/gpc-current-issues/workforce-10-point-plan>

Kickstarter funding has been invested in the new I&R scheme over a three year period and it is hoped GPs who have been out of the UK general practice workforce, eg on a career break / maternity leave or working overseas, will return to work. Scheme members will receive a monthly bursary of £2,300 per month pro rata and reimbursement for first assessment attempt costs, eg multiple choice questionnaire (MCQ), simulated surgery etc, on completion of the scheme. Practices will receive a supervision fee of £8,000 pro rata over a whole year.

GPs will be able to apply to the scheme via the National Recruitment Office (NRO). The NRO will direct applications to the most appropriate area team and Local Education and Training Board (LETB) and scheme entrants will receive expert advice and support in returning to work. Each area team will have a designated responsible officer for scheme members too.

Further details about the scheme and how to apply can be found on the BMA website at: <http://bma.org.uk/irscheme>

## CARE CERTIFICATE

Following the introduction of the Care Certificate in April 2015, the GPC has received a number of enquiries about how this will work in practice. Please see the Focus On document outlining the key details and the GPC position which is available on the BMA website at the following link <http://bma.org.uk/practical-support-at-work/gp-practices/service-provision/focus-on-the-care-certificate>.

## LEEDS INTEGRATED DRUGS AND ALCOHOL SERVICES

Dr Susanna Lawrence, Executive Clinical Director of St Martins Healthcare Services, attended a recent LMC committee meeting and gave a helpful presentation on the future of the drugs and alcohol services for Leeds from July 2015.

The new integrated drugs and alcohol service is described in the briefing paper attached to this edition of Viewpoint. The new model supports primary care based delivery of services under three structures:

- 1) The involvement of practices to deliver a limited range of treatments to stable clients (largely comparable to current 'shared care' arrangements)
- 2) The development of Primary Care Hubs (a full specialist service delivered from a practice setting)
- 3) The delivery of early intervention and prevention activity by attached staff in a practice setting.

If any practices are interested in discussing potential or ongoing involvement with any of the above activities, please contact Dr Susanna Lawrence, Clinical Director, at [ehaigh@nhs.net](mailto:ehaigh@nhs.net).

## PATIENT ONLINE – what is it?

Pamela Jenkins, Implementation Lead, and Dr Taz Aldawoud, Digital Clinical Champion, Patient Online project at NHS England, attended a recent LMC committee meeting and have forwarded the following information to update local GP practices:

Patient Online gives patients the option to make appointments, order repeat prescriptions ('transactional services') and view their electronic medical record online, using their computer, tablet or smartphone rather than having to phone or visit their practice.

Online services complement the existing ways patients access appointments, prescriptions and summary information within their records which means that at a minimum they can view medications, allergies and adverse reactions.

Many GP practices have offered online access to records and transactional services for their patients for some time and the GMS and PMS contracts 2014/15 required all general practices in England to offer Patient Online to all patients who wish to use it, by the end of March 2015. Some practices are already allowing patients to view additional information such as immunisations and vaccinations and test results as they can see benefits in this to both patients and practices, even though this is not a contractual requirement at the moment. Patient online access to medical records will be widened in 2015/16, with some flexibility in how this is implemented by practices. More information about these changes is available via the following link [Key changes to the GP contract](#).

The RCGP and NHS England have worked together to provide a range of resources and practical guidance to help GP practices make online appointments, repeat prescriptions and make records available online to all patients who want to use them and these can be accessed via the following link [Online services: an overview of online access](#) which is an interactive document that provides guidance on the important features of online access. There are also a number of e-learning modules available on specific areas such as coercion, proxy access, identity verification and children and young people that can be accessed via the following [Course: Patient Online eLearning](#).

If you have any questions or wish to contact the Patient Online team, please email [england.patient-online@nhs.net](mailto:england.patient-online@nhs.net)

### **SESSIONAL GPs NEWSLETTER**

The April edition of the sessional GP newsletter has been published and is available [here](#).

The major features this month are the [new national GP Induction and Refreshers Scheme](#) and the [sessional GP specific findings from the recent GP survey](#). It also features news and information aimed at supporting sessional GPs as well as blogs from sessional GPs, including one from [Dr Bill Vennells about receiving feedback](#).

### **LEEDS SAFE HAVEN SERVICE**

Leeds LMC has been advised of some changes to the Leeds Safe Haven service which are happening this week. OneMedicare, the current provider, has given notice that they are no longer able to provide the service and will be running their final safe haven clinic on Thursday 30<sup>th</sup> April 2015 at Hilton Road surgery.

Under procurement regulations, NHS England is required to undertake a tender process for a replacement provider. However due to the timescales involved, a short term emergency provider has been identified and with effect from Friday 1<sup>st</sup> May 2015 Local Care Direct will take over the service until a long term provider has been appointed. The LCD service will run from Lexicon house in Leeds which is approximately 1.5 miles away from Hilton Road surgery.

### **LEEDS LMC PASTORAL SUPPORT FOR COLLEAGUES**

Leeds LMC is well aware of the constant pressures which GPs and practices are facing, particularly as a result of increasing workload, limited resources and rising patient demand, problems clearly demonstrated by the national GPC survey. These pressures can result in doctors themselves suffering illness, stress or other emotional problems. We are always available to offer confidential pastoral support to colleagues in difficulty but, all too often, the LMC only becomes involved when matters have reached a crisis point.

We would urge you therefore to contact the LMC if you are struggling with health or clinical/practice problems, so that we can offer support at an early stage. In recognition of this growing need, we have arranged more time for our Medical Secretary, Dr Raj Sathiyaseelan, to do this important work in addition to his normal LMC activities. Raj is now based at the LMC office on Thursdays and if you would like to contact him, perhaps for an informal chat initially, then this would be a good opportunity. The office number is 0113-295-1460 and our email contact is: [mail@leedslmc.org](mailto:mail@leedslmc.org). Raj may, of course, be contacted through the LMC office at any time and not just on Thursdays.

Leeds LMC is particularly fortunate as some of our former officers, now retired GPs, have also expressed a willingness to support struggling colleagues, if this is preferred. This is another valuable resource of experience and insight and if you feel you are suffering from stress or potential burn-out issues, the LMC office can put you in contact with these understanding former colleagues.

Please remember - it is widely acknowledged that doctors find it hard to ask for help with their own health and work-related problems but early intervention is essential and Leeds LMC is committed to supporting colleagues through these difficulties.

## LEEDS LMC OFFICER ELECTIONS

At the April LMC committee meeting, the following LMC Officers were duly elected to serve for a 3-year term from April 2015 to March 2018:

- Chair – Dr Jonathan Adams from St Martin’s Practice
- Vice Chair – Dr Nicola Hambridge from Robin Lane Medical Centre, Pudsey
- Medical Secretary – Dr Raj Sathiyaseelan from Nursery Lane and Adel surgery
- Assistant Medical Secretary – Dr Richard Vautrey from Meanwood Group Practice
- Treasurer – Dr Annette Bearpark from Meanwood Group Practice

Dr Raj Menon retired from Leeds LMC in March following 20 years involvement with the committee, including serving as Chair for the last four years. We would like to take this opportunity to thank Raj for the dedication and professionalism he has shown in steadfastly supporting and representing GPs throughout this period. LMC colleagues will miss Raj’s advice and experience but we wish him a long and very happy retirement.

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## COMINGS AND GOINGS

### **A warm welcome to.....**

*Dr Gillian Kitchen who is joining Crossley Street Surgery as a Salaried GP  
Averil Chatterley who returns from maternity leave to Yeadon Tarn Medical Practice. Averil and Gareth  
Whiles job share the role as practice manager  
Andy Haigh who is the new business manager at Bellbrooke surgery*

### **Good bye and best wishes to...**

*Tom Roche who has recently retired as practice manager at Bellbrooke surgery*

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