

LMC ViewPoint

The newsletter of Leeds Local Medical Committee Limited

June 2015

LMC CONFERENCE 2015

On 21st and 22nd May the annual Local Medical Committee conference met in London and was attended by LMCs from across the UK. Dr Chaand Nagpaul, Chair of the GPC spoke of the crisis in general practice. He spoke of the issues surrounding workforce, workload and funding in general practice. Although the problem of workforce and recruitment in general practice is something we are all likely to be very aware of in daily practice, some of the figures quoted were concerning.

- 1 in 3 GPs are estimated to be planning retirement in the next 5 years
- Although the government is promising an extra 5000 GPs the GPC survey suggests that 10,000 GPs will be retiring
- GP workload is increasing massively with figures from Northern Ireland data suggesting a 217% increase in investigations to deal with and a 120% increase in administration tasks

Dr Nagpaul was clear that in an environment where core general practice was struggling to cope with day to day demand, a comprehensive 7 days a week 8 till 8 opening service was not possible and would result in the workforce being spread too thinly on the ground to work safely and would further undermine both the increasing number of practices struggling to recruit and maintain their current service and out of hours organisations who are finding more difficult to fill sessions.

The difficulties in recruitment were emphasised throughout the conference where it was stated that GP VTS schemes were not being filled. In the Yorkshire and Humber region, 100 out of 291 places were unfilled after the first round of recruitment.

Leeds LMC led on 3 motions. The first to be debated was a motion on the five year forward view and conference agreed that this did not address how the crisis in general practice was to be resolved and believed it was necessary for GPs to be fully engaged in discussions about new models of care in their localities. The motion was also passed insisting that new models of care should not involve pooling of the GMS/PMS global sum and called on the government to work with doctors and not impose damaging solutions, while bridging the underlying funding gap.

Leeds LMC also led the debate on a motion suggesting that new models of care should build on the foundations of a national core GP contract and develop health and social care teams around practices in communities, which was supported by conference.

The third motion led by Leeds LMC centered on the Prime Minister's Challenge Fund. Leeds LMC argued that use of the fund for extended hours and seven day services undermined GP out of hours services, stretched an already overstretched service and undermined core general practice and was both not sustainable and was not the best use of NHS resources. This motion was overwhelming supported too.

Other interesting debates raised concerns about the rising costs of medical defence organisation indemnity and the restrictions in cover and unmanageable fees for doctors felt to be high risk. The CQC regime and process of inspection was generally deplored with a lack of confidence in CQC overall being expressed and unsurprisingly the press picked this up. There was also recognition of the stresses for anyone involved in GMC investigations and a dislike of the current complaint system in the NHS.

A full list of the conference resolutions will be available shortly on the BMA website.

The LMC would encourage GPs to submit suggestions for motions for next year's conference. These can be emailed to mail@leedslmc.org

NAMED ACCOUNTABLE GP FOR ALL PATIENTS

This contractual requirement builds upon the 2014-2015 agreement to provide a named and accountable GP for over 75s and the requirement for a named accountable GP has now been extended to **all patients** from 1 April 2015.

The GPC has published updated guidance on the requirements under the contract and this is available at: <http://bma.org.uk/practical-support-at-work/gp-practices/named-accountable-gp-for-all-patients>. Please note that NHS Employers have also published an FAQ on the issue which is available at: <http://www.nhsemployers.org/your-workforce/primary-care-contacts/general-medical-services/faqs-and-queries/gms-faqs#10>

How to inform patients of the change

Practices are free to determine how best to inform their patients but one example is to inform individual patients at the first appropriate interaction with the practice.

Important notice

There is an anomaly between the GMS contract guidance and the GMS Regulations. Under Regulation 4B it states that contractors must inform patients of the assignment of a named GP by 30 June 2015. NHS England has agreed that it is acceptable for practices to meet this criteria in line with the GMS contract guidance. We would not expect practices to be found in breach of contract by following the GMS contract guidance and the position set out in the GPC's 'Focus on' document.

What your practice should do now

There are three separate steps that GP practices should do as soon as possible:

1. Practices are required to use the new code 'patient allocated named accountable general practitioner' to confirm the practice has allocated a GP to each patient by the 30 June 2015, or within 21 days if aged 75 or over or newly registered.
2. There is no requirement to write to any patients regarding their named GP, but practices are required to inform patients of their named GP at the next appropriate interaction. Practices can decide what is appropriate, in line with the 2014-2015 contract changes. However it should be noted that patients aged 75 or over must still be notified by the most appropriate means either by letter or the next routine consultation.
3. By the end of March 2016, the practice must confirm on their website that every patient has a named GP. If a practice already operates a personal list and patients are familiar with having a personal GP, there is no need to inform patients again. However it will still be necessary to ensure that confirmation is provided on the website. Practices are required to use the new code 'Informing patient of named accountable general practitioner'.

PATIENT GROUP DIRECTIONS AND PATIENT SPECIFIC DIRECTIONS IN GENERAL PRACTICE

The GPC's guidance on Patient Group Directions (PGD) and Patient Specific Directions (PSD) in general practice has been updated following regulatory and organisational changes within the NHS, and new NICE Guidelines. The guidance is available on the drugs and prescribing page on the BMA website:

<http://bma.org.uk/practical-support-at-work/gp-practices/service-provision/prescribing>

GENDER DYSPHORIA PATIENTS

As you are no doubt aware, the LMC has been discussing the arrangements for adult gender dysphoria patients for some time, however, we can now confirm these are amber drug arrangements and that GPs should take over prescriptions, as usual, once patients are stabilised. It is important that GPs are aware of their obligations to now treat adult gender dysphoria patients, as a recent Ombudsman report found against a local practice where gender dysphoria drugs had not been prescribed to an adult patient.

Please note: there is NO such arrangement in place for children and we are still pursuing a solution for this group of patients - further information to follow once agreement is reached.

BUSINESS RULES 2015/16

The first batch of Enhanced Service Business Rules for 2015/16 have now been published on the HSCIC website on: <http://www.hscic.gov.uk/esbrv5>

This includes Dementia, Learning Disabilities, Rotavirus and Pneumococcal with others to follow as and when completed and timeframes agreed.

OVERSEAS VISITOR CHARGING REGULATIONS

The Department of Health has recently issued guidance on implementing the overseas visitor hospital charging regulations 2015. The BMA guidance on this and the impact on primary care has been updated accordingly and is available at:

<http://bma.org.uk/practical-support-at-work/gp-practices/service-provision/overseas-visitors-and-primary-care>

OBTAINING CLINICAL ADVICE/ADVICE ON INTERPRETING RESULTS – The "Duty Officer"

The Duty Officer (DO) provides an effective and well-informed liaison between the laboratory analytical service and the clinician. This role is fulfilled by both scientific and medical staff.

Enquiries relating to *result interpretation* should be directed to the DO and not the general results enquiry service.

<http://www.pathology.leedsth.nhs.uk/pathology/Departments/BloodSciences/ClinicalBiochemistry/ClinicalAdviceResultInterpretation.aspx>

Contacting the Duty Officer

The DO clinical authorisation service is operated from Monday to Friday between 09:00 and 17:00 hours. At the weekend and bank holidays, clinical authorisation is carried out between 09:00 and 13:00 hours. At these times the DO operates a cross site function.

The DO can be contacted via the appropriate switchboard listed below, or if calling internally, via extension 26922 or bleep 2607.

Outside normal working hours (see opening times link below) the Biomedical Scientist working in the lab is responsible for communicating abnormal results to users and is able to liaise with the DO to obtain further advice if required. The biomedical scientist should be the first point of contact outside normal working hours.

<http://www.pathology.leedsth.nhs.uk/pathology/Departments/BloodSciences/ClinicalBiochemistry/OpeningHoursResultsGeneralEnquiries.aspx>

Contact numbers

Bradford Royal Infirmary

Leeds General Infirmary

St James's University Hospital

Switchboard phone number

01274 542200

0113 3926922

0113 3926922

GP PATIENT MESSAGES VIA PRESCRIPTIONS

Please note for practices using the new e-prescribing system, GP written patient messages do not always show on an electronic script and therefore are not always seen by the pharmacist. The local pharmacy committee have advised us that it is far better for GPs to send a pharmacy message as these automatically appeared on the pharmacist's screen. If in any doubt, please speak with your local pharmacists.

WORKFORCE MINIMUM DATA SET

There have been a number of queries from practices about the submission of the Workforce Minimum Data Set (WMDS) through the Primary Care Webtool, which was due by the end of May, and so GPC have put together some brief FAQs, as set out below, based on information from the HSCIC. Please note the final FAQ confirming the tool will be open for another week, until 7 June.

How do I fill in 'contracted hours' for GPs?

HSCIC advice to practices is to enter the number of hours that the GP is contracted to, as there are no clear guidelines on what a session equates to. It is difficult for Partners who do not have set sessions and/or hours, our advice in this instance is to enter the total hours they work on practice activities in a normal week.

Does the tool capture data on the actual hours worked by GPs as well as 'contracted hours'?

Yes. There is another field within the tool to enter "Actual Average working hours". This captures the information for those GPs which are constantly working over/under their contracted hours.

Should practices include all locum GPs working with the practice?

The information on locums is required however, the information is a snapshot of GPs working at the practice as at end March 2015, if the locum worked then, then they need to be included. Including locums enables us to understand the total number of GPs who are actively working at that practice.

Are there limits to the number of hours that can be entered into the 'actual hours' and 'contracted hours' fields?

Figures of up to 140 hours per week can be entered into both fields.

What happens if I miss the deadline of the end of May?

The PCWT module will remain open for another week until the 7th June, NHS E regions will also be contacting those practices that have not yet provided a submission to inform them of the extension.

UPDATE RE LEEDS SAFE HAVEN SERVICES

Further to the information set out in the May edition of Viewpoint, please note that NHS England – North has now advised that Local Care Direct will run the safe haven services from **St George's Centre, St George's Road, Middleton, Leeds, LS10 4UZ** and not from Lexicon House as previously stated.

EXPRESSIONS OF INTEREST – to participate in the primary care clinical healthcare apprenticeship scheme

Health Education Yorkshire and the Humber (HEYH) wishes to invite GP Practices to express an interest in participating in the **Clinical Healthcare Apprenticeship Scheme**.

If you are interested in taking part in the scheme, please have a look at the attached information sheet and complete the attached form. This needs to be returned to Sharon Simister sharon.simster@yh.hee.nhs.uk by **COP on 26th June 2015**.

LMC BUYING GROUP

Please find attached a list of current suppliers to the LMC Buying Group for information. As you are aware, Leeds LMC have recently joined the forum and we hope practices have found cost savings. The Buying Group have asked whether a local practice would be interested to volunteer for a free cost analysis (done by their procurement consultant) following which, with their permission, the results would be shared at local practice manager group meetings. They recently did this in South Worcestershire and demonstrated savings of £21,000 for one practice). If you are interested and would like further information please email Helen.Shuker@lmcbuyinggroups.co.uk

WRITTEN REFLECTION... Is it valuable or is it a game?

Dr Pamela Curtis is a newly qualified GP and, alongside clinical work, is a GP Research Fellow at the University of Bath, in association with Health Education South West. Her research is looking at the pros and cons of written reflection and she is asking whether you could help by completing a brief online survey?

The survey explores whether a GP's approach to studying makes them more or less likely to feel they benefit from written reflection. She would like to know your views on written reflection, and whether you think that any of the alternatives are preferable to the written reflection system used in NHS appraisal. Participants that did the pilot version said it took them around 10 minutes.

For further information, please see the participant information sheet, available at <http://gppro.co.uk/research/survey%20information.doc>

Your answers will be completely anonymous, so please be forthcoming with your views.

The link to the survey is: <https://bathreg.onlinesurveys.ac.uk/general-practice-written-reflection-survey-2>

Closing date 8 June 2015.

MAINTAIN AND MANAGING NUTRITION FOR THOSE IN YOUR CARE

Cooking can become a chore for the elderly, with reduced mobility making shopping and food preparation increasingly difficult and less appealing as time goes on. The recent Care Act has as one of its outcomes managing and maintaining nutrition and so it is timely to be reminded that there is a long established Community Meals Leeds frozen delivery service that can assist in supporting good nutrition provision in the community.

Preparing and enjoying wholesome, nutritious and delicious ready meals at home is a key part of staying independent for the elderly people in your care. Community Meals Leeds has over 35 years' experience of delivering this type of service in the city and providing so much more than simply a meal on wheel. As a Leeds City Council service all their staff are DBS checked, and will carry out a safe and well check every visit.

They have been supplying meals to meet a variety of medical and cultural diets for many years and have recently added to our texture modified range of meals. The delivery person will help to put the food away and set up repeat orders to make life that little bit easier for those we are supporting.

This is a not for profit service. If you need more information please contact 0113 247 8577 or email communitymealsleeds@leeds.gov.uk

SESSIONAL GP NEWSLETTER

The May edition of the sessional GP e-newsletter is available here:

<http://bma-mail.org.uk/t/JVX-3E2WH-1BJCJOU46E/cr.aspx>

The Chair's message focusses on the LMC Conference. The e-newsletter also features Top Tips on Working in OOH, and some interesting blogs – 'I wanted so much to respect his last wishes' and 'How sport keeps me sane'

CHILD BEREAVEMENT RESEARCH

Beth Fylan Gwynn of health researchers Brainbox Research is conducting research on behalf of the Leeds charity, Elliot's Footprint, exploring the organisation of support for families in Leeds after the death of a child.

Elliot's Footprint aims to support bereaved families and fundraise and campaign for better help for families. They are interested in what GPs, practice managers, nursing staff and counselling professionals perceive is available and what they think should be available, regardless of whether services are currently offered. There is a survey which should take no more than 15 minutes to complete. You can access the survey here: www.brainboxresearch.com/elliotsfootprint. They will use the results to improve the support available to bereaved families. You can find out more about Elliot's Footprint on their website www.elliotsfootprint.org. The research is being managed by Leeds-based researchers Brainbox Research and you can contact them on 0113 238 0157, if you have any queries.

WEST YORKSHIRE HEALTH PROTECTION TEAM

Please find the attached May 2015 newsletter from the West Yorkshire Health Protection Team which we hope you will find interesting and enjoyable.

COMINGS AND GOINGS

A warm welcome to.....

*Dr Beth Oxley who joined St Martin's Practice as a GP partner from 5th May
Alison Stewart who joins Hillfoot Surgery as the Practice Business Manager*

Good bye and best wishes to...

*Dr Jeremy Hall who is retiring on 29th May. Everyone at Pudsey Health Centre is sad to see him go and wish him well in his retirement
Sophie Brown, practice manager who has left Hillfoot Surgery, the practice wishes her all the best in her new career*

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