

June 2016 Newsletter

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Can Simon Stevens' sustainability and transformation plans save the NHS?

There is talk that the Lansley Reforms, as set out in the Health and Social Care Act 2012, are quietly being dismantled without any further changes to legislation. The latest development would seem to be the need for a 'Sustainability and Transformation Plan' in each region, bringing Leicester, Leicestershire and Rutland as a single footprint to deliver this. In LLR the Better Care Together Programme puts the region in a strong position to work on this. (<http://www.bettercaretogether.nhs.uk/about-us/>). The requirements of Better Care Together and the STP are very similar. Each STP has to submit its plan to NHS England by 30 June.

The following is an interesting article about how likely the STP's are to fix the ills of an underfunded NHS struggling to cope with the demands of a rising and aging population: <https://chpi.org.uk/wp/wp-content/uploads/2016/05/CHPI-STP-Analysis.pdf>

Primary Care Summit – 9 September 2016



Deputy Mayor Councillor Rory Palmer

Deputy Mayor Councillor Rory Palmer is organising a Primary Care Summit on 9 September 2016, as well as a number of discussion events with health and social care professionals. The LMC will be in attendance and also seeks to involve as many City GPs and Practice Managers as possible. The event bookings pages are now live for the Summit on 9 September 2016 and for the two GP and health professionals forum meetings which will help set the scene for the Summit – there will also be two patients forums in advance. Please follow the links below.

Please note that this is for Leicester City Practices only.

Primary Care Summit – 9 September 2016, 10am-4pm
<https://www.eventbrite.co.uk/e/leicester-primary-care-summit-tickets-25990143218>

GP and Health Professionals Forums – 28 June 2016, 7:30pm-8:30pm
<https://www.eventbrite.co.uk/e/leicester-primary-care-summit-gp-health-professionals-forum-tickets-25990790153>

LMC Board member Dr Nick Simpson interviewed for Pulse Magazine



Dr Nick Simpson



Through an initial contact with the LMC Dr Nick Simpson has been interviewed in an article in Pulse Magazine about why GP practices are switching from PMS to GMS. Our Communications Lead, Claire Deare, liaised with the journalist to explain the PMS to GMS transition offer in LLR, and explained the background and reasons for why and how that happened. Claire then facilitated a short interview leading to Dr Simpson being quoted as follows, "I think the switch from PMS to GMS is a good thing for the stability of general practices as you are protected by a national contract and can't be sacked unless you do something really bad."

"You go back to delivering what you might call core practices of general practice such a [treating] diabetes, managing hypertension and dealing with patients who walk in and say they are unwell."

Dr Simpson was speaking in his capacity as a GP Partner who had chosen to change from PMS to GMS.

<http://www.pulsetoday.co.uk/home/finance-and-practice-life-news/almost-a-quarter-of-pms-practices-have-switched-to-gms-following-258m-cuts/20032038.article>

GPC news update



The GPC held its meeting on Thursday 16 June 2016. Key items of discussion included responding to the LMC conference resolutions relating to the GP Forward View, measures to control workload in general practice and the GPC Reform Task Group. Please see a summary of items

in the attached document along with a number of other updates for LMCs and practices.

DevoManc

Greater Manchester (GM) Combined Authority was devolved responsibility for GM's £6 billion combined budget for health and social care at the start of April 2016. Legal responsibility sits with the Chief Officer, Joe Rouse, previously Director General for Social Care, Local Government and Care Partnerships at the Department of Health. His role is to lead, manage and deliver the programme, reporting to the Health and Social Care Devolution Board. He replaced interim chief, Ian Williamson, who will return to his role at Central Manchester Clinical Commissioning Group.

The Health Policy is continuing to engage with stakeholders both nationally and within Greater Manchester to monitor how things are progressing following a part-time secondment to the GM project. A BMA position paper was published at the end of last year (available in the link below) outlining our key concerns and any progress will be measured against these concerns as things develop. Further information about devolution and health is also available on the BMA website via the following link:

<https://www.bma.org.uk/collective-voice/policy-and-research/nhs-structure-and-delivery/devolution-of-healthcare>

Sustainability and Transformation Plans

The NHS Shared Planning Guidance asked every health and care system to create a local place based plan for, "Accelerating implementation of the Five Year Forward View (5YFV)." Sustainability and Transformation Plans (STPs) cover the period between October 2016 and March 2021. The 44 STP footprints were announced in March 2016 and are expected to work together to produce the STP. Each footprint covers NHS providers, CCGs, Local Authorities and other health and care services. Senior figures from organisations within the footprint have been appointed to lead, with almost all from a health background. A notable exception, one of only four from a Local Authority background, is Sir Howard Bernstein in Greater Manchester, Chief Executive of Manchester City Council.

The footprints made an initial submission in April 2016, which was followed by a series of conversations between footprint leaders and national bodies. The first formal assessment is in July 2016 following submission at the

end of June. Although there is a general acceptance that the level of detail will differ according to area and the submission is now being referred to as a 'pipeline' process. The next assessment will be in March 2017, followed by six monthly intervals. The plans will not be published until they have been approved, which is expected in September 2016 but is likely to be delayed in some areas. The Health Policy Team will also publish a briefing on STPs in July.

Five Year Forward View and New Models of Care

The Health Policy Team has also published a number of briefings, the Five Year Forward View and New Models of Care, which are available via the following link:

www.bma.org.uk/collective-voice/policy-and-research/nhs-structure-and-delivery/five-year-forward-view/5yfv-resources

There will be further guidance produced in response to developments such as the MCP contract. The GPC also published some guidance on new care models and vanguard sites last year. Finally, you may be interested in the reconfiguration and integration pages which detail where different models of care and devolution deals area being pursued. All available on the BMA website.

QRISK2 calculator

TPP announced on 9 June 2016 that there had been code mapping issues with the QRISK2 calculator in SystmOne.

NHS England will be writing to practices outlining how this issue is going to be approached. It is understood that the expectation is that the average SystmOne practice will have approximately 100 patients affected by errors in the QRISK2 scores.

The workload implications for practices as a result of this incident, which will vary (potentially significantly) from practice to practice, must be recognised and this has been highlighted to NHS England.

NHS England will be carrying out an audit, using a number of practices, to assess the workload impact. The issue of how practices will be compensated for this additional work has not yet been resolved but this is something which is being insisted that NHS England address to ensure that practices are resourced appropriately.

NHS England will also be circulating to practices advice from its National Clinical Directors regarding priority groups for clinical review, along with a system-wide statins/antihypertensives review template from TPP, which will enable practices to document the clinical outcome from undertaking the patient reviews.

Clearly there are likely to be a number of questions and issues as a result of this process and the BMA will ensure that they work with NHS England to resolve these.

Focus on GP funding changes

Some new guidance on Focus on GP funding changes has just been released. Please follow the link below to access the information on the webpage:

<https://www.bma.org.uk/advice/employment/gp-practices/focus-on-gp-funding-changes> or directly from the GP practice landing page:

<https://www.bma.org.uk/advice/employment/gp-practices>

Urgent Prescription



The BMA has been lobbying the Government about its 'Urgent Prescription for General Practice' which was published before the General Practice Forward View. The BMA has a facility for members who wish to email their MP to lobby them to listen to GP's concerns. Please follow this link:

<http://e-activist.com/ea-action/action?ea.client.id=1742&ea.campaign.id=49820>

You can complete the short form, press 'submit' and you will be able to customise the email to be sent directly to your MP. The full template text is below and some text has been added in red making reference to the parliamentary event. Please do use this facility and add this additional text, as well as any personal stories from your local area.

Dear XX

Given your interest in the wellbeing of your constituents and their need to access high quality GP services delivered at a local level by ourselves, you may already be aware that GPs, including myself, are facing an ever increasing and unsustainable demand for services. This is particularly challenging at a time when many GPs are also looking to retire, leave general practice mid-career or leave the UK altogether, adding additional pressure to an already stretched system. Doctors in training are also deciding not to choose general practice as a career with many gaps now seen in training schemes which is extremely worrying.

Because of this, and the concern I have for my own patients and practice. I would like to draw your attention to the BMA's new campaign, Urgent Prescription for General Practice. The campaign, which I would urge you to read, makes several recommendations to address the current crisis which GPs are facing. It is vital that these recommendations are taken up by Government in order to ensure the ongoing viability of general practice in your constituency. Could I ask you to look at these recommendations and lobby for them to be introduced?

The BMA also recently held a parliamentary event, hosted by Rt Hon Sir Kevin Barron MP and attended by Rt Hon Alistair Burt MP, Minister of State for Community and Social Care to discuss directly with MPs the challenges which are being faced by GPs at local level. This proved to be an extremely useful exercise in exploring how local challenges can be met and really getting to the root of prioritising a rescue package for general practice.

To continue these useful discussions, I would like to invite you to visit my local practice to discuss the Urgent Prescription for General Practice campaign and to see the impact these challenges are having within your constituency.

I hope to meet with you shortly to discuss these important issues, please do contact me via the contact details below to arrange a suitable time.

Yours sincerely,