SOMERSET LMC

Newsletter

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PRACTICE MANAGERS ARE PEOPLE TOO

Inside this issue

The King's Fund writes brilliant reports. In "Understanding pressures in general practice" published in May (Link) the authors have excelled themselves. There is real data to show GP consultations are up by 15% (face to face) and 63% (telephone) since 2014. At the same time the workforce has relatively decreased, allowing for population growth, and spending on primary care has declined from 8.3% to 7.9% of the NHS budget. So there really are fewer of us seeing more complex patients with fewer resources. GPs in the UK also report higher levels of job dissatisfaction and stress than colleagues abroad. As a direct result recruitment and retention is unsurprisingly difficult for many practices and fewer young doctors are contemplating full time working or partnership. Even the Daily Mail seems to have realised the paradox that this "cushy, overpaid" job has surprisingly fewer takers.

The King's Fund report suggests some answers to make things more sustainable. Many have been encouraged by Simon Stevens' GP Forward View which recognises that if "primary care fails then the NHS fails", and we avidly await details of the proposed changes. Locally we are seeing the emergence of closer working within federations, the GP Plus website, and the "Somerset GP, Great Place, Great Potential" campaign to attract young doctors to the county. Knowing that " they don't do QOF in Somerset" has real appeal. So although the problems and pressures are very real there is hope for the future. Somerset general practice is still, despite everything, amongst the best there is.

In the meantime we must keep on keeping on, not doing more of the same but working towards change.

But there is another danger, closer to home, that needs to be addressed. The Report notes that: "Practice managers nationally are also reporting pressures. A survey reported that 44% had considered applying for a new job, 65% of whom said they would be seeking a new career. Over two-thirds (68%) of all practice managers surveyed said they were feeling demotivated in their job. "Workload," "too much change" and "a lack of support" were all mentioned.

The complexity of the processes that our managers have to go through to secure the funding that keeps our shows on the road is not appreciated by most partners. Each successive "reform" has meant ever greater effort is required to obtain smaller amounts of money. The remoteness and capacity of NHSE compared with the PCT (we told you we would miss them!) and the loss of local knowledge from Patient & Practitioner Services – not to mention the chaos resulting from Capita taking over – has added greater burdens. At the same time aspects of the job from tortuous employment legislation to disputes amongst the workforce and partnerships have to be navigated. As well as the day-to-day "pay and rations" struggles, practice managers are in the forefront of exploring how practices can work together. Others - and often the same ones - are involved in trouble-shooting, perhaps supporting a neighbour through the travails of a CQC inspection. Even the broadest shoulders are starting to bow under the strain. The King's Fund goes on to note that, "We did observe that at the study sites with the most stable workforce, the practice management and administrative teams were very well organised, working together to support the practice in a wide variety of ways. Where this was happening, combined with strong relationships between practice manager and GPs, we observed that it affected how clinicians perceived the manageability of their workload."

Doctors should recall that in these difficult times we retain a duty of care towards our staff as well as a strong sense of self-interest in looking after them.

SMALL ADS… SMALL ADS… SMALL ADS...

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CHAIRMAN'S REPORT ON LMC CONFERENCE 2016

When the crack Somerset team got together one evening a few days before this year's LMC conference to discuss who was going to speak to our various motions, there were already a few pointers that we were heading into uncharted territory. The agenda suggested that this was going to be a very different style of LMC conference. The Special Conference in January, the subsequent Urgent Prescription for General Practice produced by the BMA, and the recently published GP Forward View (GPFV) from NHS England were all testament to the parlous state of General Practice across the country. The Agenda Committee - clearly mindful of criticism that the format of debates, which all too often in the past focused on technicalities of procedure and the precise wording of motions - had recognised that the old-style conference was not fit for purpose and had certainly done nothing to avert the current crisis in the profession. So, the usual conference format of a long list of separate motions was largely replaced on the first day by a series of four themed debates.

Longer than usual debates, each was to be introduced by a GPC member, following which LMC delegates would have only 1 minute each to supply a few golden nuggets of information. In theory at least, this would allow many more contributions from the floor. Following each debate, there was an opportunity for the conference to give feedback (via electronic voting) as to what extent they agreed with GPC policy. At the end of the day, delegates would select several chosen motions from the literally hundreds submitted in the above categories for a full traditional debate the following day. Delegates could also choose to attend three of the nine discussion groups in the afternoon and topics arising could also be debated more fully the next day, if chosen by conference.

Chaand Nagpaul gave a predictably bullish keynote address. The GPFV promised extra money, but there was little indication of where it was going to come from, and it would do nothing to help practices that were desperate now. He told us that the GPC would not be constrained by what had been published in the GPFV, and the threat of industrial action remained. The quote of his speech was that "Mass resignation is not a threat - it's an impending reality". He received a standing ovation at the end of his speech, though some delegates remained seated, and I think this reflected the general mood that actions, not words, were needed now.

The contributions in the themed debates that followed were sombre, realistic, and in some cases very emotional. It was striking how many younger GPs said they were leaving partnerships or practices, and there were several speakers on the verge of tears.

The first of our team to speak was Tim Horlock who spoke eloquently in the **Workforce** debate about the disastrous local registrar recruitment figures. He made his point well, and the story was picked up by Pulse on-line.

We tried to cover as many of the **parallel sessions** as possible between us. I listened to a talk by Nigel Watson, one of our colleagues in neighbouring Wessex LMCs, about new models of care there, and in particular the situation in Gosport. One practice had been rescued by a community trust, and five other local practices had then decided to follow its lead. GPs would be covered by the Trust indemnity scheme. I asked about the issues of VAT, pensions and regulation, and he felt these had been addressed centrally, and was surprised when I indicated that I didn't think that information was available locally. I also spoke with Chaand about the process whereby local practices might be taken over by Foundation Trusts (FTs), and he was clear that he is keen to see funding for local GPs to be able to set up collaboratives, so that the operation of GP practices can stay within Primary Care.

The traditional debates later in the afternoon resulted in a call for **paper records** to be digitised and then destroyed, and a motion for **urgent calls** coming in to a practice after 6pm to be directed to the OOH service was defeated. There was a section on the **Junior Doctors Dispute**, the wording of several motions having to be changed, as it appeared that the dispute had been settled recently, subject to acceptance by the BMA junior doctors membership. There was widespread admiration for the clout that a 98% vote in favour of strike action had given them, several speakers made that the point that far from "destroying" junior doctor's morale, as the motion had said, it had actually boosted morale and improved unity across the profession.

We arrived at the venue on Friday morning to discover that the Somerset motion on workload was the only one to be selected from that section for formal debate (thereby instantly dispelling any hopes your Chairman might have had of a relaxed

morning), along with five or six others related to funding and workforce. Devon had also managed to overturn an Agenda Committee decision that the Firearms Certification debacle should not be debated, and they secured a spot later in the Chosen Motion section.

The main business of the day was the first section - **Response of the Profession**. This was to gauge the view of conference as to how well it felt the GPFV had answered calls in January at the Special Conference for a rescue package to be produced in 6 months, with the threat of undated resignations if this didn't happen. The Agenda Committee had met with lawyers, and produced a motion that they felt would be legal, and allow the conference "to have the debate it wants to have" on potential industrial action.

The overwhelming view was that there was simply not enough urgency - that jam tomorrow was irrelevant if the need was for bread today. There were too many hoops and hurdles for practices to jump through. GPs knew how best to manage their funding and what was likely to work best for them and their patients, so why not just increase the global sum and get on with it. Several GPC members spoke against the motion, warning that failure to secure the sort of extraordinary 98% figure achieved by the Juniors would be seen as a sign of disunity, and that it would be much harder to get public support. Chaand reminded delegates that they were the democratically elected representatives of the 40,000 GPs unable to be there. What would they want the conference to decide? After a meaty discussion it was agreed that GPs will be balloted on their willingness to sign undated resignations, their willingness to take industrial action and also what forms of action they would be prepared to take. GPC will also help practices by producing information about what they are able to do, whilst avoiding breaching their contracts. The 64 million dollar question is what the GPC does with this next.....

Karen Sylvester spoke next for Somerset, in one of the selected motions in favour of seeking a suspension of **PMS redistribution and MPIG erosion**. She gave a strong performance, turning to address the leaders of the GPC and the Chairman directly. The motion was passed.

Your Chairman proposed the chosen motion on **workload**, arguing that there was an urgent need for clarity as to what actually constituted the core contract, so that sinking practices could decide what they could throw overboard to help survival. He (I) also demanded that additional work needed additional resources, and that the Government should be pushed on how to control public demand. That motion was also passed overwhelmingly.

Devon's motion on **Firearm Certification**, calling on the BMA Professional Fees Committee to sort the situation out, and for the GPC to support GPs not participating in the process was carried in all its parts. GPs from the leafier shires were all vociferous in condemning this unfounded and potentially lethal scheme. The fact that the motion was up for debate at all was a triumph for democracy, and Dr Anthony O'Brien (Devon) in particular, who had previously been glimpsed remonstrating with the agenda committee on several occasions.

The last of our team to speak was John O'Dowd who was very eloquent in making the point that the **GPC reform** is desperately needed, particularly in respect of its presence on social media, and the need for a website.

This felt a significantly more important and relevant conference than any I have attended in the past. Quite what the state of the profession, locally or nationally, is by the time the next one comes round will probably determine how successful it turns out to have been.

MEDICAL CERTIFICATES AND MISSED EXAMINATIONS

It's that time of year again when parental anxiety mounts and schools may suggest that they "get a letter from the doctor" for "special consideration" in examinations. Every summer the LMC is contacted by colleagues in various degrees of exasperation about this extra, non-contractual work. Sometimes there will be no difficulty about providing information about, in the words of the Joint Council for Qualifications, "adverse circumstances affecting exam performance, controlled assessment or coursework" so the GP may be happy to help and may charge a fee for the work. However, you may not agree and, in any event, you may be asked to give retrospective endorsement for some self-limiting illness that you knew nothing about until after the event. We hope that the framework letter for schools and a summary of relevant JCQ guidance that are on the LMC website may be helpful. (Link)

Dr Whimsy's Casebook: Lead Poisoning

Scene: It's 9:00 a.m. on a Monday morning. Oliver Garkie, the Keeping a Close Eye on GPs Officer of the Medical Contracts Committee, has appeared at Dr Whimsy's door.

Dr W: Ollie! What a surprise. I'm about to call my next patient, but can I help you with something?

OG: Yes, Dr Whimsy. You make such a meal about GPs being stressed and overworked that I thought I'd spend the day with you to test your claims.

Dr W: So 'trust' isn't one of the Seven Principles of the Committee on Standards in Public Life then?

OG: Are you kidding? Did QOF teach you *nothing*?

Dr W: Very well, but you've already missed a Significant Event Meeting and half an hour of surgery–

[An alarm sounds from Dr Whimsy's computer]

Dr W: Uh-oh, Jean's pressed the panic button in the Nurses' room. Let's go and see what's up.

[A few doors down, Nurse Pherripy is kneeling next to a prostrate old man and shaking him by the shoulders]

JP: *[shouts]* CAN YOU HEAR ME, MR POULTRY?

OG: Whimsy! What kind of organisation is this? An old man being assaulted just because he's deaf? I want to speak to your Safeguarding Lead this instant.

Dr W: That's me, Ollie. But calm down – Mr Poultry has collapsed, and Jean is helping him.

OG: She's giving emergency treatment? Has this been cleared with the Accountable Emergency Officer?

Dr W: That's me as well. I assure you that Jean is fully trained. Now, I'll get the defib while you run and ask reception to call 999. Tell them we need an ambulance for a suspected cardiac arrest.

OG: So now I know his name *and* his medical condition. That's a blatant breach of confidentiality. Before anything else, please get your Caldicott Guardian or your Information Governance Lead here right now.

Dr W: I'm both. Which one would you like?

OG: I don't know – aren't they roughly the same?

Dr W: Maybe, but *you* decide. I don't want to fill out Form CG32 when it should be IGL27. We'd get stuffed.

OG: But what is your policy? Surely you've issued a Statement of Internal Control in Regard to Information Risk? Who *is* your Senior Information Risk Owner anyway?

Dr W: I'm our Information Risk Champion – is that the same thing?

OG: It'll have to do for now. What's your verdict?

Dr W: Let's go for Caldicott Guardian. I've always liked the name, and there's a bit of leeway because nobody has the slightest idea what it involves.

OG: All right then, what is your assessment here?

Dr W: Hmm. Let me see–

JP: Dr Whimsy, Mr Poultry doesn't have a pulse. I need the defib urgently.

Dr W: Just a moment, Jean, we're sorting out a tricky confidentiality problem. Get it wrong and the paperwork's a nightmare. I could even go to jail.

JP: Dr Whimsy – *please.*

Dr W: Of course, Jean. *[Hands her the defibrillator]* Sorry, I keep losing sight of the fact that I'm a doctor. Now, Ollie, please call an ambulance.

OG: First, I think we should establish a chain of responsibility here, Dr Whimsy.

Dr W: Put a sock in it, Ollie, and get the ambulance.

OG: Dr Whimsy! How dare you disregard and belittle my legitimate concerns. I insist on talking to your Freedom to Speak Up Guardian immediately.

JP: Dr Whimsy, we need the adrenaline.

Dr W: Here you go, Jean. *[Gives her a vial]* Ollie, I *am* the Freedom to Speak Up Guardian, and I'm asking you to call an ambulance for this man.

OG: Not so fast, Whimsy. Your nurse has been crushing Mr Poultry's chest and kissing him on the mouth, then she ripped open his shirt and electrocuted him with that... thing, and now she's stabbed him with a needle and is filling him with drugs. There are more breaches here than a Lederhosen Zeltfest. Has Mr Poultry even signed a consent form for any of this?

Dr W: He's unconscious, Ollie. He can't give consent.

OG: So this treatment should be authorised by your Mental Capacity & Deprivation of Liberty Lead. I suppose you're it – you seem to lead everything.

Dr W: Yup. This year it's my turn to be Guardian, Lead, Champion, Owner, and Officer for all the extra chores you invent. It keeps them out of everyone else's way while they get on with some medicine.

OG: And what about that vial of adrenaline? Did your own dispensary provide it at a profit?

Dr W: A few pence, perhaps, but what's your point, Ollie?

OG: I think we're dealing with a conflict of interest here. Need I ask who is your Gifts, Hospitality and Conflicts of Interest Lead?

Dr W: Three guesses.

OG: So you're a Conflicts of Interest Lead with conflicts of interest. That's more conflicts than we've ever had with the French. I've seen enough here to suspend you pending further investigation. You have the right to remain silent, but anything you–

Dr W: Then who will take over the Leads?

OG: Well, who usually does it when you're away?

Dr W: Dr Watt Knott is our Deputy Leads Lead, but–

OG: So why can't he do it now?

Dr W: Because you suspended him when he was our Freedom to Speak Up Guardian. He kept complaining that you ignore us if we speak up about all the extra administrative work you inflict on us.

OG: Oh, him. Trouble-maker.

JP: Dr Whimsy, it's Mr Poultry. I'm afraid he's–

Dr W: Not now, Jean. I'm busy.

This column is written for humour and does not necessarily represent the views of the author, his/her practice, or the LMC.