Devon LMC

Issue 187 – May 2017

Your Local Medical Committee representing and supporting General Practice

Serving General Practices in:
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Bold leadership required to stop the collapse of general practice

Editorial by Dr Mark Sanford-Wood, Medical Secretary at Devon LMC

In September I was fortunate enough to be appointed to the Executive team of the GP Committee at the BMA. Devon LMC kindly offered me six months unpaid leave to allow me to focus on the steep learning curve presented by the move to a national leadership position. That was an offer that proved vital as I got to grips with the enormous agenda facing the profession, particularly in my portfolio executive roles covering CQC, indemnity, appraisal, revalidation, GMC, data governance, firearms licensing and my role within the contract negotiating team.

Having established myself in that role I have now returned to pick up my Medical Secretary work for Devon LMC, with both appointments running in parallel. And the landscape looks even more daunting than when I left. I am hugely grateful to Dr Kate Gurney who very ably stepped into my shoes and to the entire team at the LMC who have continued to deliver our mission to lead, represent, inform and support GPs across Devon.

The challenges are greater than ever, and while the first warmer draughts of the GP Forward View are beginning to be felt the icy winds of underfunding, over-regulation, unsustainable demand and devastated morale remain permanent threats.

Into this maelstrom that threatens the very existence of general practice as we have always known it now comes the uncertainty of a general election. If the polls are to be believed then the next five years will be played out under a Conservative administration. Five years that I believe will define our profession for the next five decades. The big unknown is what plans a new and potentially emboldened government will have for us.

There are many who believe that the agenda is to force us into a salaried model. That is a prognosis that I disagree with. Politicians can count and our roughly 30,000 ‘full time’ equivalent GPs in England are currently working well over 50 hours a week. Any reasonable salaried option would require 15,000 new GPs to be recruited while our progress so far on finding only the 5,000 GPs promised by 2020 in the 2015 Conservative manifesto is that numbers have actually fallen. The salaried option is dead in the water unless the plan is to abolish general practice for a third of the population. For illustration that would be roughly everyone north of Derby.

The mantra in many circles is to transform general practice from its so-called cottage industry state into a shining citadel of modern mass production superpartnerships. There are risks in this strategy that are clear to all of us at the coal face. Not least is the potential loss of continuity of care to those who most need it. Where this is done from the ground up many of the pitfalls may be avoided, but the other major challenge for this model is rurality. There are obvious difficulties in bringing superpartnerships to Dartmoor.

There is no doubt that funding is a major issue, and one that NHS England now acknowledge. This year's contract deal began the journey of reinvestment, but there is a long way to go before we can declare general practice to be off the critical list. So in the week when our 'betters' will be unveiling their manifestos it is crucial that they commit to real, rapid and sustained investment and support for GPs. There remains the very real risk of total collapse of the service across wide geographies and without a complete cultural change among our political elites in their attitude to general practice that will become a reality. My challenge to them is to display the bold leadership required to avert the collapse of general practice and with it the NHS.

TARDIS@nhs.net

By Dr Anthony O'Brien, Chair of the Northern and Eastern LMC Sub Committee and LMC Board Vice Chair

Time And Relative Dimensions In Space is no longer just a Saturday night science fiction concept as it is now needed in the NHS. Simon Stevens recently admitted that if the health service is to manage more people alongside a decreasing budget then just possibly some of them might have to wait a bit longer for their care. Sounds like a breath of fresh air, someone talking straight and making sense. However I think he is probably only smoothing over the swap from one target to another. Having failed to manage time the politicians are now going to attempt to distort space.

Time targets for hospitals were designed to change clinical behaviour but indirectly incentivised hospital recruitment resulting in large increases in consultant numbers whilst the GP workforce remained static. As a result we have the hospital heavy system that Mr Stevens now wants to deconstruct. Removing incentives for hospitals to run additional clinics and operating lists at weekends will increase patient waiting and immediately save the NHS money but not much in the big scheme of things. It is all actually part of the long term strategy about the place where doctors will see patients in the future. The new marker, fewer patients in hospital, would seem to be self-fulfilling. Fewer hospitals (and fewer beds in the ones that are left) means less patients can be physically admitted. Less patients in hospitals and longer waits to be seen means less doctors will be needed in hospitals. Whilst GPs are talking of retirement, hospital consultants are discussing redundancy. However the increasing number of qualifying medical students will all want a job somewhere. Ultimately this all means more doctors in Primary and Intermediate Care.

The reduction in hospital beds and the proposed community care revolution wholly depends on having the workforce to provide it. More GPs, district nurses, physios, OTs and community carers are needed but not in the 5-10 years it takes to train them all. The real preventative programme is not one to stop illness in the future but a more realistic intervention to retain the current workforce now until time delivers the reinforcements. However if us GPs had control of a Time Machine we would probably not choose to start regenerating and replicating at this point as the 7-day routine working spectre now looms larger with an impending Conservative victory. This policy has no evidence base and will do little for recruitment or retention of GPs; it might just be another time target that will need altering.

The politicians can manipulate NHS time and adjust NHS space but the real question for them now is – Dr Who? They need to find real solutions to this rather than distracting us with their improbable metaphysical explanations of how they will resource 7 days when we are failing at 5, create 5,000 more GPs when last year's tally was minus 200 and solve the A&E crisis by reducing bed numbers.

It is actually GPs and our incredible optimisation of our time and our space that keeps the NHS afloat. The support for indemnity payments, innovative schemes to relieve workload and constructive links with allied professionals are all promising but only relatively cheap sticking plasters. It would be nice to see a bit more of the promised £2.4 billion invested soon in other ways that will encourage GPs to keep working such as pension incentives. Of course the real worry is that what we actually, truly need to properly fix the NHS is a sonic screwdriver.

Funding promise 'severely delayed'

NHS England's delivery of promised funding and support to GP practices has often been 'confusing and inadequate' and doctors need support to ensure they can give patients safe and effective care.

That is the message from doctors leaders after the BMA published an analysis of the results of the GP Forward View (GPFV), a year on from its launch.

The GPFV set out a raft of proposals aimed at helping practices to become more resilient and sustainable and better placed to tackle the challenges they face now and in the future.

A GP resilience fund for practices struggling the most, made up of £40m spread over a four-year period, was part of the package.

But not all practices have benefited, delivery has been inconsistent across the country and many practices are still at breaking point, which BMA GPs Committee Chair Chaand Nagpaul (pictured) said was 'unacceptable'.

Dr Nagpaul said: "GPC believes it is vital NHS England is held to account to deliver its promises and funding commitments, and in a way that translates into real support for GP practices.

"Our analysis of the first year of the GPFV highlights that while there has been some delivery, there have been cases where promised funding has been severely delayed or distributed unevenly across the country.

"This confusing and inadequate implementation is unacceptable given the huge pressures on general practice from rising patient demand, falling resources and staff shortages. Many GP practices are at breaking point and they need certainty they will get the resources necessary to deliver safe, effective care to their patients.

"As we move forward, we will continue to work with grassroots GPs to provide local medical committees and practices with resources to hold NHS managers to account, which has included launching new guidance on how to ensure work is not unnecessarily transferred from secondary care.

"Most importantly, we expect politicians of all parties to put forward positive, well-resourced proposals that will address the fundamental problems facing the NHS and general practice."

Chandra Kanneganti, GPC policy lead for the GP Forward View, reflects on the funding delays in his blog

Practice closures force patients out

More than a quarter of a million patients in England were forced to move GP surgery last year – as record practice closures highlight the crisis in general practice.

Figures show that 254,000 patients had to move – a 150 per cent increase from 2014, with continuity of care and relationships between patients and doctors suffering. Read more here

GMC guidance: reporting concerns to the DVLA

There has been national media coverage of tighter requirements for GPs to notify the DVLA in cases where patients have continued to drive against medical advice. In response to this the GMC has published updated guidance which can be found at http://www.gmc-uk.org/news/30705.asp. This guidance does increase the pressure upon GPs to report and such an action needs carefully documenting in the patient record. Further it is important to notify the patient in writing if a report is made.

New guidance on last partner standing and handing back your GMS/PMS contract

The BMA has published guidance on last partner standing (follow this link) and on handing back your GMS/PMS contract (follow this link).

Feedback from the Implementing the GPFV to Reduce Demand Conference

The latest newsletter from Dr Chaand Nagpaul, BMA GPs Committee Chair, reflects on the recent national Implementing the General Practice Forward View to Reduce Demand Conference attended by Devon Local Medical Committee.

Pharmacists begin to take the weight

By Mike Parks, Member of the GPC and a representative for the Clinical Pharmacists' Working Group

While some of the General Practice Forward View (GPFV) work is only just getting off the ground, the working group on which I represent the BMA GPs committee – the clinical pharmacists' working group – appears to be making good progress.

Phase two of the scheme builds on an initial pilot phase initiated as part of the GP workforce 10-point plan. The GPFV commits to introducing an additional 1,500 clinical pharmacists in general practice by 2020-21 and, on the evidence so far, this appears achievable.

Practices can apply for funding to help recruit, train and develop more clinical pharmacists. Successful bidders will receive funding for three years to recruit and establish them in their general practices, long term. This does mean that NHS England funding is time limited with decrements over three years, and therefore a plan about how to proceed after the funding expires is essential.

The first wave of applications for phase two has led to the approval of 219 whole-time equivalent places in general practice for clinical pharmacists, putting the programme ahead of schedule. Once recruited, these clinical pharmacists will be working across 750 practices covering a population of six million. Some of the approved bidders have built the potential to extend the local provision of clinical pharmacists over time once they have got the scheme up and running into their agreements.

In wave one, 45 of 201 applications were approved, but crucially this doesn't mean that the failed applications will go to waste. NHS England is working with the failed bidders to see if their bids can be brought in line with the selection criteria.

Clinical pharmacists working in general practice have the potential to reduce workload, improve patient experience and improve healthcare outcomes. It may be that in 20 years' time, GPs will look back on the time before resident clinical pharmacists in the same way that it is now unthinkable that practices functioned without practice nurses.

The deadline to be considered as part of wave two of the applications is May 12 – more information on the scheme and how to go about applications can be accessed at NHS England.

Templates to reduce inappropriate bureaucratic workload shift from hospitals

The GPC has produced letter templates to use if hospitals don't implement the changes to the 2017/18 NHS standard contract which places new requirements to reduce inappropriate bureaucratic workload shift onto GP practices.

The template letter should be sent to your CCG to highlight which changes have not been implemented, representing a breach of the standard contract, for the CCG to take action.

PCSE claims guidance

The GPC has issued new guidance on how to make a claim for Capita's sub-optimal performance in delivering primary care support services. Read more here

GP retainer scheme, IR35 and next steps in the 5YFV – an update for sessional GPs

Read the latest developments from Zoe Norris, Chair of the GPC Sessional GP Sub Committee, here

Important notice for practices in NHS Property Services premises

By Ian Hume, GPC premises lead

We are aware that NHS England (NHSE) and NHS Property Services (NHSPS) have issued a joint communication to tenant practices whereby NHSE have indicated that they will temporarily reimburse increased rental costs that NHSPS are seeking to charge despite a formal assessment has not yet been carried out by the District Valuer (or such other valuer acting on behalf of NHSE).

GPC has serious concerns about this proposal given that NHSE and NHSPS are two separate legal bodies. As such the relationship between a practice and NHSE, as the commissioner/ funder, and the relationship between a practice and NHSPS, as the landlord, should be considered as being separate from one another.

With this in mind, all practices occupying NHSPS premises should be careful to avoid agreeing to any temporary measure put forward by NHSE unless NHSPS have provided categorical written confirmation that their ability to charge such increased sums, and indeed the obligation on practices to meet such increased rental costs, is conditional on the practice receiving funding to cover the same.

Furthermore NHSPS should formally recognise and acknowledge that if a practice makes such payments it is without prejudice to the practice's position and is not in any way to be taken as an acceptance of the increased rents indefinitely.

Ultimately temporary measures should be avoided. GPC has been meeting with NHSPS to seek permanent solutions to the ongoing issues facing their GP tenants. Crucially, this includes issues surrounding service charges. We are looking to reach a negotiated resolution so that a fair, consistent and reasonable process for calculating charges will be implemented, that has due regard to historical arrangements, doesn't expose practices to unreasonable levels of un-reimbursable costs and offers value for practices and the health service.

We hope to provide further information on this in May. In the meantime, if a practice is considering agreeing to a temporary arrangement concerning reimbursements and charges they must ensure that once the temporary measure ends in respect of reimbursements, that they do not inadvertently find themselves continuing to be liable for the increased cost. To this regard we strongly advise practices to seek advice before agreeing any temporary measures.

Access to General Practice: progress review

The House of Commons Public Accounts Committee has published its latest report focusing on patient access to general practice services set against workforce challenges facing the profession.

The report makes six key recommendations:

- NHS England should report back to the Committee by September 2017 on how it has ensured that practice opening hours are reasonable.
- NHS England should report back to the Committee by March 2018 on what practices should provide to patients during core hours, and how it will ensure that commissioners are using this definition in managing contracts.

- NHS England should set out how it will collect data on the availability of, and waiting times for, appointments during core hours at each practice, and when it plans to publish these data.
- NHS England should report back to the Committee by March 2018 on how it is ensuring that clinical commissioning groups are delivering the wider benefits intended from extended hours funding and minimising any duplication of funding.
- NHS England and Health Education England should keep the Committee updated on progress against the targets to increase the number of GPs, including in rural and historically hard-to-recruit areas, as set out in the GP Forward View.
- NHS England, working with Health Education England, should explore how it can encourage GP practices to employ a wider mix of staff to improve access and capacity in an effective and efficient manner. This should include spreading examples of good practice.

You can read the full report here

STP update

It has been announced that Mark Procter will support Dr Nick Roberts in leading primary care for the Sustainability and Transformation Plan (STP) in Devon for both clinical commissioning groups.

Mark is also taking on a joint primary care role with NHS England. He will take on some of the responsibilities of the former NHS England Head of Primary Care, Julia Cory, providing leadership, oversight and support to the NHS England primary care general medical services team for Devon. By bringing some of the NHS England and CCG responsibilities closer together, the intention is to streamline planning and decision-making across primary care Devon-wide.

RCGP launches General Election manifesto

Patient care must not take a 'back seat to Brexit' in the run-up to the General Election. That is the warning from the Royal College of GPs, as it launches its own election manifesto, Six Steps for Safer General Practice. Read more here

Exposure of undergraduates to authentic GP teaching and subsequent entry to GP training: a quantitative study of UK medical schools

A new study has demonstrated, for the first time in the UK, an association between the quantity of clinical GP teaching at medical school and entry to general practice training. The study suggests that an increased use of, and investment in, undergraduate general practice placements would help to ensure that the UK meets its target of 50% of medical graduates entering general practice. Read the research paper here

New guide to the performers list change notification process

The latest edition of Primary Care Support England's (PCSE) newsletter is now available. It highlights new guidance to the performers list change notification process.

Nominations open for the General Practice Forward View Innovations Award

Nominations are now available for the General Practice Forward View Innovations Award sponsored by NHS England.

The Award recognises the outstanding work done by practices and groups of practices to improve patient care and introduce more sustainable ways of working for the future. The four award categories below are linked to the key General Practice Forward View themes of working smarter, growing collaboration and multi-professional working, and supporting holistic approaches to care.

The categories are: using social prescribing and supporting self-care, developing the practice team, improving access and continuity, and productive workflows.

More information about the award is available here.

Latest data on extended access to general practice published

NHS England has published the latest quarterly data on extended access to general practice for the period ending March 2017. Read more here

LMC National Conference

A delegation from Devon LMC will be attending the LMC National Conference in Edinburgh later this month. We have put forward a number of motions for national debate which reflect the concerns of our members. A summary of the Conference will be available in the next newsletter.

LMC in the media spotlight

Devon LMC achieved significant media coverage on the back of research from Exeter University which found that two in five GPs in the South West planned to quit the profession in the next five years.

We set up interviews with ITV Westcounty and Radio Devon and our statement also featured on Sky News Online and Devon Live, and in the North Devon Gazette, the North Devon Journal, the BMJ, as well as being picked up on social media by the likes of the GPC and Healthwatch Devon.

You can view our media statement here

Practice Managers Conference – save the date

The LMC will be holding its annual Practice Managers Conference from noon on Wednesday, 29 November until 4:30pm on Thursday, 30 November – so save the date!

As mentioned in the last newsletter, we want to ensure that the event meets your needs and welcome feedback about any training and workshops that you want holding to help with your everyday work and challenges. Email your suggestions and expressions of interest to attend the Conference to richard.turner@devonlmc.org by noon on 24 May.

The logistics are being worked up, but we can confirm that the venue will be the Sidmouth Harbour Hotel in East Devon.

We will communicate further details – including the agenda and how to sign up – in due course. The cost of the conference will be £75 a head.

Delegates who wish to stay in the area overnight will need to source and fund their own accommodation. Sidmouth Harbour Hotel is offering a rate of £110 a delegate to include accommodation and breakfast for those who wish to stay there. The LMC will circulate a list of alternative accommodation options to delegates nearer the event.

We look forward to seeing you at the conference, where you can learn, network and be inspired!

GPs must Prepare for Pension Tax Pitfalls

By Andrea Sproates, Head of BMA Independent Financial Advice at Chase de Vere, and Rachel Sartin, BMA IFA South West Adviser

Most GPs cannot have missed the pension taxation changes introduced in recent years – and many are feeling the cost in retirement. The lifetime pension allowance (LTA) is now £1m meaning that a GP in the 1995 section of the NHS pension scheme with a standard pension of £43,478 and lump sum of £130,434 or more could suffer a tax charge, unless action is taken.

GPs can obtain a valuation from the NHS Pensions agency and apply for Individual Protection 2016 from May 2018, or earlier if retiring sooner. IP16 provides LTA protection of between £1m and £1.25m. If you believe your combined NHS and personal pension valuations on 5 April 2016 were in excess of £1m you should apply before retirement.

2016 has also seen the introduction of tapering to the Annual Allowance (AA). The AA is a cap on the level of pension contributions eligible for tax relief. The AA is currently £40,000 but for members with total taxable income above £110,000 from all sources, this could reduce to as little as £10,000. Without proper advice, unexpected tax liabilities could arise.

The reduction to these allowances has resulted in many GPs leaving the NHS pension scheme in the belief that the potential tax charges caused are so punitive that staying in the scheme is no longer worthwhile. This is very rarely the case and advice should be sought before such a decision is made.

For those GPs lucky enough to have Enhanced Protection, this can offer an unlimited lifetime allowance. Extreme care should be taken before opting out of the scheme as this could risk this important protection.

Rachel Sartin, of BMA IFA, will be running free financial planning surgeries at Devon LMC HQ. Email expressions of interest in confidence to richard.turner@devonlmc.org to assess demand with a view to planning the logistics and agreeing dates.

For a complimentary initial financial consultation call 0345 609 2008 or visit www.bmas.co.uk

Should your surgery building be held as a partnership asset?

A surgery building is one of the most valuable assets a GP practice may own, so it is important to understand the implications of how it is held. Partners need to be clear whether their property is held as a partnership asset or not. The answer can have significant implications in relation to ownership rights and obligations, occupancy and even tax.

The nature of partnership assets is complex, but DR Solicitors has summarised some of the main features of holding the building inside and outside the partnership. Read more here

Don't put your premises funding at risk

Premises funding is a complex area for any GP practice to navigate.

There will be times when you need to obtain prior consent from NHS England (NHSE) to secure funding and other times when you are simply required to inform them of changes.

Failure to seek consent when it is needed or to notify certain changes can put future premises funding at risk, or even result in NHSE looking to recover any overpayments. DR Solicitors offer some top tips to avoid pitfalls here

Can your patient list be 'open but full'?

From funding cuts, to an aging population and the increasing demands being placed on primary care services, GP practices face ever increasing pressure.

Balancing growing patient numbers with resource constraints can prove a challenge and may lead some practices to consider restricting the growth of their patient list.

Can such a move ever be justified and what could the potential implications be? Find out more from DR Solicitors here

New Models of Care: prevention and early intervention event

A significant amount of activity across the South West is focussed on or around the GP surgery. This event, run by the South West Academic Health Science Network at Exeter Racecourse on July 17 from 2-7pm, will explore the common ground and interdependency between social prescribing, GP workforce planning, patient safety, community development and integrated working across organisations.

There could be transformative potential in these activities being aligned at a local level to both build resilient communities, reduce poor health outcomes and at the same time reduce the pressure and burden on GPs. Supporting this is technology and digital innovation, alongside new finance and funding models. More information, including how to register, is available here

Models of Care portal

A Models of Care portal has been developed to provide a simple, easy to access tool to view and record examples of innovation and good practice generated by health and care providers.

The portal, developed by NHS England (South) and the South West Academic Health Science Network, is available to help learning, share tools and achievements. You can sign up here

Pastoral support update

By Dr Sara Riley, LMC Pastoral Support Lead

How are you feeling today? It is a question we ask patients every day. But how often do we ask our colleagues? And how often are we asked that question? What would be your answer to that question today?

One in four people have a mental health problem. The statement is well known. Doctors are also the 'people' quoted in this particular statistic.

There are a variety of services that are available to GPs when there are challenges in their work and personal lives. My experience is that many of these are not known about.

The Devon LMC Pastoral Support Team is available to Devon GPs for individual support for doctors going through personal as well as practice problems and concerns.

The pastoral support officer is able to offer face to face, telephone and Skype contact sessions to GPs to offer support as well as signposting to other organisations that may be helpful. More information is available here

Meanwhile, the new nationally funded NHS psychological support service for GPs is now available. Confidential help is available by e-mail gp.health@nhs.net or calling 0300 0303300. The service runs from 8am-8pm Monday to Friday and from 8am-2pm on Saturday. Telephone triage will direct you to local clinicians via an NHS Booking App. For more information, visit http://gphealth.nhs.uk

DocHealth, a new not for profit service based in London at BMA House, offering six sessions. It is staffed by consultant psychiatric psychotherapists who have seen over 2,000 doctors face to face in the last 20 years. http://www.dochealth.org.uk/

The BMA has a complete and full list of support services on its website: https://www.bma.org.uk/advice/work-life-support/your-wellbeing

Portal highlights financial help for struggling doctors

The 'Help me, I'm a Doctor' Portal has been launched as a single point of access for doctors searching for confidential financial help – including charitable grants and loans – and advice.

The portal will also signpost doctors to other confidential support, including the new GP Health Service.

Primary care sustainability and transformation change manager latest

By Tina Teague, Primary Care Resilience and Sustainability Change Manager

The Primary Care Change Manager role was set up last summer, funded by NHS England and hosted by Devon LMC, working closely with the CCG. The role was for three days a week covering a dedicated geographical area. The initial

intention was to support primary care with service development and transformation in line with the GP Forward View. However, due to the limited resource, the role prioritised supporting resilience areas facing immediate sustainability challenges.

The change manager was a dedicated independent primary care resource, solely focussed on supporting primary care. By being part of a regional change management team, the change manager tapped into experiences and shared learning from across the region and the country. Working between practices and federations also enabled the role to spread and share service developments and opportunities to promote collaboration. The change manager worked closely with CCG and commissioning teams to ensure alignment with the wider health and social care agenda.

Led by the change manager, resilience areas have accessed resilience funds and have developed outline resilience plans which have been submitted to the CCG. Once these plans are approved, implementation will begin.

The role was initially funded until April 2017 and has now been extended to October 2017 to support with the implementation of resilience plans. The resilience plans include a range of projects and priorities that practices and federations will focus on. These projects include locally developed change ideas, as well as projects from the national GP Forward View programme. The change manager will work with groups to get these projects up and running and spread the learning across the region. The change manager will also support with progress reporting and project monitoring. We appreciate that some of the non-resilience areas would have liked to use the resource and we hope that once the resilience plans are underway, there may be an opportunity to extend the resource to non-resilience areas.

Contact details:
Tina.teague@nhs.net
07751885752

Fivefold increase in LMC's Twitter following

The LMC has increased its Twitter following five-fold in recent months – you can get up to speed with local and national debates and announcements by adding us at @Devon_LMC

We'll be Tweeting developments from the forthcoming LMC National Conference.

Free campaign resources

Practices are reminded that a suite of marketing material associated with national Public Health/NHS England campaigns is available – for adaption in newsletters, on websites, TV screens in waiting rooms, etc – which they can tap into. Visit: https://campaignresources.phe.gov.uk/resources/

Practice immunisation survey

Public Health England has launched a short survey to find out how child immunisations work at your practice.

The survey asks who immunises, how it works in your practice and what would help to make things easier for you and your patients.

Responses will help to inform the Locality Immunisation Group's action plan to improve immunisation uptake.

The survey is open until 19 May, 2017, and can be completed here

Experience Summary Report – Primary Care Services

The latest quarterly Healthwatch Devon public report on patient feedback about local primary care services – including GP surgeries – is available here

The patient sample was small, with 22 pieces of feedback about local general practice, so the following key findings should be treated with caution:

• Of all the comments relating to GP services complaints accounted for 45%, compliments 38%, neutral/point of view 14% and concerns 9%.
• The top three themes arising from the feedback are quality of treatment 29%, access to GPs 18% and staff attitudes 16%.
• Of the comments regarding quality of treatment 37.5% were compliments.
• 50% of experiences relating to access to GPs were complimentary.

News from Devon LMC

Changes to the LMC Leadership Team

We are delighted to announce that Dr Paul Hynam and Dr Rachel Ali are joining the LMC's Leadership Team shortly as Medical Secretaries.

Many of you will already be familiar with Dr Hynam as he is an elected Member on the Northern and Eastern LMC Sub-Committee, a partner at the Mount Pleasant Centre in Exeter and a Director at Exeter Primary Care Ltd.

Dr Hynam will take up his post on 8 June, coinciding with the retirement from the role of Dr Mike Richards.

Dr Ali is a familiar face as a Member of the Western LMC Sub-Committee, a partner at Peverell Park Surgery, Plymouth, and as a Member of the General Practitioners' Committee, representing newly qualified GPs. Dr Ali takes up her new role on 25 May.

We are delighted that Dr Richards will continue his longstanding ties with the LMC as he has accepted a position as Treasurer. Dr Richards has made an invaluable contribution to the LMC and local general practice and we are pleased that his organisational memory will be retained. In line with our constitution the appointment will need to be endorsed by the Membership at the Annual General Meeting.

Dr Mark Sanford-Wood continues in his Medical Secretary role at the LMC following his recent sabbatical to establish himself in the Executive Team at the GPC.

*Clarification: April's LMC Newsletter referred to a statement from the 'LMC Board of Directors' about the levy on page 2. It should have referred to the statement being attributed to the 'LMC Board'.

Save the date – LMC Annual General Meeting

Our Annual General Meeting will take place at Exeter Racecourse on Thursday, 25 May, from 6:30-8:30pm.

Dr Nick Roberts, Primary Care Lead for the Sustainability and Transformation Plan, is the keynote speaker at the event.

The agenda is available here There will be plenty of opportunities for the audience to ask questions during the event and we look forward to seeing a good turnout of GPs. All Devon GPs are welcome – to register your attendance email richard.turner@devonlmc.org by Thursday, 18 May.

Any resolutions to be moved at the AGM should be in accordance with the LMC's Constitution.

Education and Events in Devon

If you are interested in finding out about clinical events and educational opportunities available in Devon, please check the

Education and Events

section of our website:

www.devonlmc.org

Vacancies for GPs and practice staff in Devon and Locum GPs available for work

If you are seeking a position, or are a Locum GP seeking work in Devon, please look at the

Vacancies and Availability

section of www.devonlmc.org

If you have a vacancy to advertise, please complete this template: Advertisement Template for Practices.doc and send as an attachment to: admin@devonlmc.org

Produced by: Devon Local Medical Committee, Deer Park Business Centre, Haldon Hill, Kennford, Exeter, EX6 7XX.

Copy submissions for June's newsletter should be emailed to richard.turner@devonlmc.org by noon on Friday, 26 May please.