



## 12 days of a GP's Christmas

### Editorial by the team at Devon Local Medical Committee

Tis the season to be jolly. So, with that in mind, here's an alternative light-hearted parody of the '12 Days of Christmas'...

**On the first day** of Christmas the CQC gave to me...a bigger bill for visiting me.

**On the second day** of Christmas the Success regime profess...an overambitious STP...bless.

**On the third day** of Christmas the Government's decision...‘We want 7-day provision’.

**On the fourth day** of Christmas NHSE jokes...we're all in this together folks.

**On the fifth day** of Christmas Mr Stevens invests heavily...£2.4billion?...well maybe.

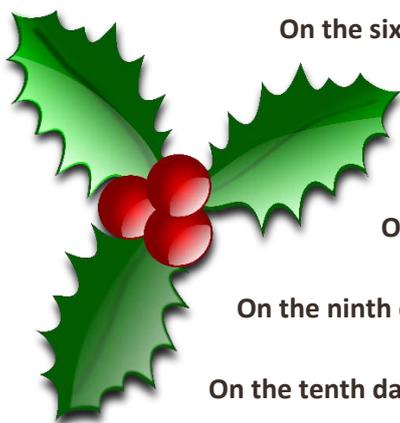
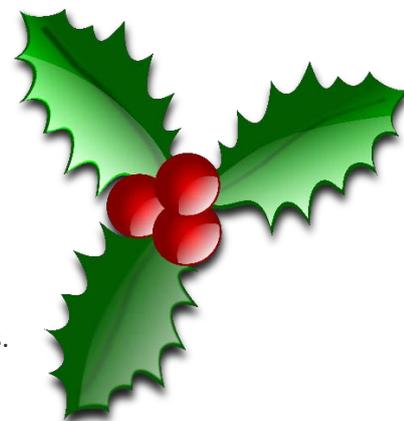
**On the sixth day** of Christmas the BMA roars...with striking junior doctors.

**On the seventh day** of Christmas the MDU sends me...an eye-watering indemnity fee.

**On the eighth day** of Christmas my partners all sob...we have no applicants for the job.

**On the ninth day** of Christmas the CCG choose...to continue the PMS reviews.

**On the tenth day** of Christmas Jeremy's contrite...“OK my statistics are shite”.



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**On the eleventh day** of Christmas the newspapers predict...all Trusts are in deficit.

So, a bigger bill from the CQC, an overambitious STP, 7 day provision, NHSE indecision, PMS reviews, disappearing revenues, politicians who cannot count, junior doctors a campaign mount, no applicants in sight, Trusts in financial plight and one solution offered through and through.....the ever golden Five Year Forward View.

**On the twelfth day** of Christmas I packed my bags because...I think I'll be better off in Oz.

Merry Christmas and a Happy New Year on behalf of everyone at the LMC!

## **Lots of geese a-honking**

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



2016 has certainly been a year of loud, ridiculous political rhetoric and some of it has been surprisingly successful. So with improbability everywhere could we see some unlikely medico-political U-turns next year?

In 2016 CQC fees and thresholds were raised. We are now being taxed more for the process, it will be harder to gain 'Outstanding' and most failing practices have already been identified. This means that CQC teams are going to spend almost all of their time (and our money) assessing whether practices are 'good', 'a bit better than good', or 'not quite as good as good'. Therefore it is likely that almost everyone will end up graded as 'Good'. This is great but pointless, time consuming and expensive. Could 2017 see the CQC look in the mirror and grade themselves as 'requiring improvement' or possibly even 'inadequate'?

In 2016 '7 day GP working' haunted us throughout the year. The evidence is stacking up against this indefinable ghost. From a political perspective the policy no longer requires vindication now that its creator, David Cameron, is history (he proposed the idea on a whim at a Conservative Party Conference). Will 2017 see it disappear from the political sound bite factory? Possibly, however with all the gluttony coming up on the multiple Bank Holidays ahead expect Jeremy to pop up and 'statistically prove' that there is even more 'unhealth' to tackle in those additional clinics. Plus this year Christmas Day is a Sunday so those appointments should be twice as popular.

In 2016 we have been perpetually told that there is no more money for the NHS. Well does it really matter if the budgets do not add up? Obviously it does to the managers whose job it is to make them balance. However, the reality in front of us (like unwanted relatives) is that no matter how much we talk about the importance of working within our limits ("really we cannot fit you in again this year") neither hospitals nor CCGs can go bankrupt. So nothing dramatic will happen when the budget overspends again. The truth is no matter what you say, or how you say it, the relatives will come anyway and the NHS will end the year in deficit...we just have to grin and bear it. Maybe the number crunchers need to do a different sort of figuring. What about consulting us in 2017 on 'new ways of working' for NHS management?

So 2017 might bring an end to some of the much trumpeted political obsessions of the last 12 months: CQC on the way out, 7 days fading, management dropping their obsession with budgets but each requires some prominent figures to have their geese cooked. Last year the pollsters got it completely wrong so maybe, just maybe, in 2017 the turkeys will actually vote for Christmas. Well, you are allowed to dream at this time of year.

## Patient safety under threat from pressures in general practice

The quality and safety of patient care in general practice in England is under threat from rising workload pressures according to a major new British Medical Association survey of more than 5,000 GPs.



Key findings from the survey, which drew responses from 5,025 GPs across England, include:

- Eight out of ten GPs (84 percent) believe that workload pressures are either unmanageable (57 percent) or excessive (27 percent) and are having a direct impact on the quality and safety of the care they deliver to patients.
- Only one in ten (10 percent) describe their workload as manageable and allowing for good and safe quality of care.
- The South East (86 percent), the West Midlands (86 percent) and Yorkshire and Humberside (86 percent) had the highest rates of GPs reporting unmanageable levels of workload.
- GPs outlined a broad range of options to help tackle these problems, such as increased provision of enhanced community nurses to manage vulnerable housebound patients (64 percent), more help to enable patients to safely self-care (59 percent) and greater provision of mental health workers (53 percent) in the community.



Responding to the survey, Dr Chaand Nagpaul, BMA GP Committee Chair, pictured, said: “This major survey of more than 5,000 GPs in England demonstrates that GP practices across the country are struggling to provide safe, high-quality patient care because of unmanageable workload. Many practices are being overwhelmed by rising patient demand, contracting budgets and staff shortages which has left them unable to deliver enough appointments and the specialist care many patients need.

“Addressing the crisis in general practice requires a clear strategy that tackles the numerous problems undermining local GP services. We need an urgent expansion of the workforce in both practices and community-based teams, with GPs calling for an increased number of nurses to look after housebound patients and mental health workers to cope with growing demand in this area. Better information for patients about how to safely self-care and wider funding increases for general practice are also needed.

“The recent GP Forward View accepted the principles behind the BMA’s Urgent Prescription for General Practice which laid out practical solutions, like those identified in our survey, that the Government needs to implement urgently. We cannot continue to have a service that cannot deliver a safe and effective level of care to the public.”

Nearly a third of GP partners in England have been unable to fill staff vacancies during the past 12 months, the survey also found. Thirty-one per cent of partners responding admitted they had had to put up with vacancies, having not been able to recruit over the year-long period.

The survey also found that one in five partners reported their practice taking between three to six months to appoint staff to a vacant posts, while only one in eight said they had had no gaps to fill.

## Patients presenting with possible dental problems

The BMA has published [guidance](#) for GPs of their obligations to patients either requesting emergency dental treatment or asking for an NHS prescription for drugs recommended by private or NHS dentists.

## BMA Newsletter

The latest edition, which includes a piece on holding CCGs to account to deliver the GP Forward View, is available [here](#)

## Reducing unnecessary workload on GPs

The CQC is part of a 'Regulation of General Practice Programme Board' along with the GMC, NHS England, Health Education England, NHS Digital and NHS Clinical Commissioners. Part of this group's stated aim is to reduce unnecessary workload on GPs and their practices. The Programme Board is considering the practical steps it needs to take to coordinate its activities and streamline requests for information to minimise duplication. To do this it wants to collate a complete picture of the requests for information practices in England receive about regulatory, educational and commissioning oversight activities.

The Programme Board has asked the BMA to help it accurately collect this information and LMCs have been approached to help identify all the areas where practices are required to provide information or data relating to CQC registration and regulation (and any other regulators), education and training requirements, and NHS England requirements.

Please forward a short and simple summary of this information to [richard.turner@devonlmc.org](mailto:richard.turner@devonlmc.org) at the LMC who will act as the conduit.

## CQC consultation response

The General Practitioners Committee (GPC) has called for the [proposal by the CQC](#) to increase GP fees in April 2017 by 76% to be halted, and will do so again as part of the formal consultation process.

It is important to note that the overall cost of regulating the GP sector is not increasing, and that the CQC will not be receiving an increased quantum of income as a result of these fee rises. The CQC proposals are a consequence of the loss of Department of Health funding and would see the costs recovered from GP practices rise from 56% of total recoverable costs this year (£21.3m) to 100% of recoverable costs next year (£37.5m).

The GPC strongly argued, however, that the overall cost of regulation should reduce as a result of the CQC's own intention to have fewer, scaled down inspections in the future, and which makes these fee rises wholly unjustifiable.

Following pressure by GPC, the value of the CQC fee rise in April 2016 was fully reimbursed by NHS England through an increase to core practice funding. The GPC will be holding NHS England to its commitment in the GP Forward View that practices are appropriately compensated against further rises, and is in active discussions to secure this additional new funding to cover the projected rise next year.

GPs and LMCs who also wish to respond to the consultation can do so [online](#) before midday on 11 January.



### Pledge to raise support for practices

The number of struggling practices benefiting from support under the GP Forward View will increase, NHS England's director of primary care has pledged.

Dr Arvind Madan, pictured, said the number of practices in England at risk of closure receiving support under the GP Forward View's £40m resilience programme will increase to more than 1,000 by the end of March 2017.

The figure is in addition to the 900 practices that had received funding through the 2015 vulnerable practices scheme.

Speaking at the Westminster Health Forum's recent event on The future of General Practice in England, he said the first £16m from the programme would start reaching more than 1,000 other practices by the end of the 2016/17 financial year.

In making the announcement Dr Madan, a London-based GP, acknowledged that many practices were under a range of pressures and that financial support had not always reached those in need quickly enough.

He said: “We know that we’ve had a decade of underinvestment, we know that morale is at its lowest ever levels, we know that a third of GPs want to leave and we know that two thirds who want to leave are over the age of 50.

“It is a tragedy when a practice fails, for the decades that may have been put in by the doctors in that practice and their teams, as well as the way it affects patients.

“I’ve already been on the record before saying that we’ve not got this support money out the door quickly enough...£4.8m is now spent with the ambition that the rest of the £10m in the vulnerable practices scheme being spent by the end of this calendar year.

“And the first £16m of the £40m Practice Resilience Programme, with similar criteria, is starting to affect more than 1,000 other practices by the end of this financial year, with further waves of funding to support that in the next three years.”

## List management guidance

The BMA’s guidance on list management includes information on formal list closures and informal temporary suspension of patient registration. The guidance is available [here](#)

The BMA is aware that NHS England has issued guidance on temporary suspension of patient registration to commissioners – some of the information in this guidance contradicts the BMA’s guidance. The BMA would like to assure practices that it believes its guidance is within the regulations.

## My GMC app

Facing an ethical dilemma in the care of one of your patients? The new app, My GMP, will help doctors find relevant guidance quickly and easily, and can be accessed offline once installed.

The General Medical Council has recently released the My GMP App. This gives access to good medical practice as well as all of the other GMC ethical guidance for doctors, from phones or tablets. It is available for phones and tablets using IOS or Android and can be downloaded for free from the Apple App Store or Google Play.

My GMP has been developed with the help of doctors to ensure it’s useful and user friendly. It aims to help doctors follow good medical practice by making GMC guidance more relevant and accessible, especially at the point of care.

You can ‘favourite’ paragraphs that are relevant to you, see monthly ‘hot topics’ and link to online case studies to help apply the guidance in practice.

This is phase one of My GMP and the GMC is keen to get your feedback to continue to develop and improve it. When you have used it please fill in our [2 minute survey and tell us what you think of My GMP](#).

## FAQs on the new GP Indemnity Scheme

The Royal College of General Practitioners has issued [guidance](#) on the new GP Indemnity Scheme.

## Follow us on Twitter

If you're on Twitter and aren't already following Devon Local Medical Committee you can find our handle at @Devon\_LMC

We are using it as another way to engage with local GPs and stakeholders and are building our following.

We'll also be setting up a Facebook account soon. Watch this space.



## A day in the life of a GP

Dr Tim Bray, a GP Partner at Beacon Medical Group and a member of Devon LMC's Western Sub-Committee, recently wrote a thought-provoking piece about a 'day in the life of a local GP' for the Plymouth Herald to raise public awareness about the challenges and opportunities facing the profession.

You can read his piece, facilitated by the LMC, [here](#)

*Picture courtesy of the Plymouth Herald*

## New LMC website

We are planning on introducing a new more user-friendly website in 2017 with enhanced capability and are keen for input from GPs and practice managers to ensure it meets their needs.

If you would like to be part of a small user-group to input into its development please email: [richard.turner@devonlmc.org](mailto:richard.turner@devonlmc.org)

As part of the process, we will be approaching practices for their latest contact details to update our records, solely for use for LMC business. The information won't be shared with any third parties.

## Practice recovers funds after acting on LMC's warning about scam

A local GP practice has successfully recovered thousands of pounds after acting quickly on a Devon Local Medical Committee warning about a scam.

The LMC was alerted by several of its counterparts around the country about fraudulent activity targeting GP practices.

The scam involves sending an email from an address similar to that of a senior practice partner to the practice manager, requesting that funds are transferred to a third party account.

After seeing an LMC warning to all local GPs and practice managers about the scam this week, a practice realised that they had been targeted, having transferred over £18,000 to a third party Lloyds bank account in Chelmsford, Essex.

The practice quickly informed their bank who recovered around £17,000. The matter is now in the hands of the police.

The practice, which wishes to remain anonymous, wants to highlight this incident to serve as a warning to colleagues across Devon.

The LMC is concerned that other practices in the county could be targeted and reminds practices to remain vigilant and to check that their financial processes are robust.

Any practices which believe they have fallen victim to fraudulent activity should inform their bank, the police and the LMC straight away.

## **Save the date – GPC Roadshow**

The General Practitioners Committee is exploring the possibility of holding a roadshow for GPs in Devon and Cornwall on Tuesday, 31 January, 2017, from 6:30-9pm following the conclusion of this year's contract negotiations. This will mark a pivotal step as part of the 'rescue package' from the GP Forward View.

The logistics and agenda will be confirmed in due course, but the event is likely to take place on the Devon-Cornwall border in the Plymouth area and there will be plenty of opportunities to ask questions. Expressions of interest to attend should be emailed to [richard.turner@devonlmc.org](mailto:richard.turner@devonlmc.org) by noon on Thursday, 12 January.

## **Update – integrated urgent care service in Devon**

**By Dr Mike Haugh and Dr Stephen Thake, NHS 111 Clinical Governance Leads for Devon**

We have just completed our first three months of having an integrated urgent care service in Devon. Devon Doctors and the 111 provider are working well together.

As expected, there has been high demand, especially at the weekends, with Saturday mornings and early afternoons particularly busy. Resources are in place to make sure that patients phone calls are answered promptly. We receive daily reports on the advice given to patients so have a good idea of the percentage sent to ED, where ambulances are dispatched, passed from 111 to DDOC, and closed as advice only.

We have the knowledge now to know what good performance looks like. A few tweaks are still needed, but we can generally say that the service is functioning well.

In order to ensure we have the best quality service possible, there are monthly meetings where full end-to-end reviews are done. Listening to calls as they make their way through the system can be enlightening, as it shows both the strengths and weaknesses in the system. It also gives a flavour of a patient's experience – unplugged and without any editing.

What we would like to do for the future is to build on present strengths – feedback from clinicians is like 'gold dust' to us.

If you come across a patient who hasn't had a good experience with 111 then let us know. We will investigate and learn any lessons that need to be taken on board. The email address is [DDOOH.governance@nhs.net](mailto:DDOOH.governance@nhs.net)

## Prescribing drugs for use abroad

The Executive Team has received a query about the prescribing of acetazolamide to a patient to prevent altitude sickness, and requested this from their GP before travelling. The NHS Choices site contains advice on the prevention of altitude sickness: <http://www.nhs.uk/Conditions/Altitude-sickness/Pages/Prevention.aspx> which also recommends this approach. The first decision a GP must make in deciding whether to issue a prescription for any medication should be whether this is clinically appropriate. There will be many factors that dictate the outcome of this, ranging from prescribing appropriateness, indications and licensing and the question of any appropriate review or monitoring that might be needed. In this case acetazolamide is an accepted treatment for the prevention of altitude sickness, but it is not licensed for that indication. Having decided on the clinical appropriateness of prescribing the next question is whether this should be via an NHS script or privately. Ordinarily it is a breach of regulations to refuse to offer an NHS prescription to a patient on your NHS list. However, this regulation is waived by Schedule 5 of the 2004 GMS Contract Regulations which can be found at: <http://www.legislation.gov.uk/ukxi/2004/291/schedule/5/made> Part 1 (h) states that: 1. The contractor may demand or accept a fee or other remuneration - (h) for prescribing or providing drugs, medicines or appliances (including a collection of such drugs, medicines or appliances in the form of a travel kit) which a patient requires to have in his possession solely in anticipation of the onset of an ailment or occurrence of an injury while he is outside the United Kingdom but for which he is not requiring treatment when the medicine is prescribed. It is therefore regulatory advice that such medicines are issued on a private prescription.

## Writing Bids for Success workshop

The LMC recently held a well-attended workshop explaining the rules around procurement, contract regulations and tendering law and advice on winning bid writing.

Angela Pedder, Lead Chief Executive for the Success Regime, gave a presentation around the Sustainability and Transformation Plan and the need for changing the way services in primary care are delivered, which was very relevant to the way services are likely to be procured in the future and why it is essential that general practice works collaboratively with other providers.

You can view some of the presentations from our event partners at the following links and the remaining ones will be uploaded onto our website soon:

Caroline Dawe, New Devon CCG: [www.devonlmc.org/?sc=libdnl&id=31053&behaviour=inline](http://www.devonlmc.org/?sc=libdnl&id=31053&behaviour=inline)

David Wright, South West Academic Health Science Network:

[www.devonlmc.org/library\\_p5049.html?sc=libdnl&id=31054&behaviour=inline](http://www.devonlmc.org/library_p5049.html?sc=libdnl&id=31054&behaviour=inline)

## Domestic abuse update

**By Gill Scoble and Jo Clarke, Safeguarding Nurses for Primary Care at NEW Devon Clinical Commissioning Group**

Following the successful domestic abuse awareness sessions that have run throughout the year we wanted to update you on feedback and further training.

The sessions we ran were rolled out to GPs and practice staff across Devon to raise general awareness of domestic abuse, high risk factors, signs and symptoms, the MARAC process and how to report incidents.

The feedback was positive with GPs and practice staff coming away from the training feeling better informed on the subject, and gaining confidence in recognising domestic abuse and following through with a concern.

For the practices that were not able to attend, we want to cascade some information from the RCGP, who provide guidance for a practice around having a designated domestic abuse champion. This does not have to be a GP or

the safeguarding lead; this could be any other clinician within the practice. It would be valuable for this person to have some protected study time for training to enable them to be able to undertake this role effectively.

The CCG has no further plans at present to provide more training, however we have provided links below to your local domestic abuse services that will provide training.

**RCGP Guidance:**

<http://www.rcgp.org.uk/clinical-and-research/clinical-resources/domestic-violence.aspx>

**Devon:** <https://www.sanctuary-supported-living.co.uk/pdas>

**Plymouth:** <https://www.splitz.org/devon.html>

## **Consultation on community hospital beds in East Devon**

A reminder that you have until Friday, 6 January to give your views on New Devon Clinical Commissioning Group's consultation about community hospital beds in the east of the county.

The consultation documents are available [here](#)

## **NHS England website**

Keep an eye on the latest national announcements for general practice via NHS England's website at: [www.england.nhs.uk/gp](http://www.england.nhs.uk/gp)

## **News from Devon LMC**

### **The STP and local general practice**

Angela Pedder, Lead Chief Executive for the Success Regime, will be attending our January Board meeting to discuss the local Sustainability and Transformation Plan and how general practice fits into the process. We'll update you about developments.

### **Pastoral Support Officers needed**

The LMC is looking to recruit more Pastoral Support Officers. These are paid roles. Expressions of interest should be emailed to [hannah.baxter@devonlmc.org](mailto:hannah.baxter@devonlmc.org)

**Produced by: Devon Local Medical Committee, Deer Park Business Centre, Haldon Hill, Kennford, Exeter, EX6 7XX.**  
**Copy submissions for February's newsletter should be emailed to [richard.turner@devonlmc.org](mailto:richard.turner@devonlmc.org) by noon on Friday, 20 January please.**