



## What next for pastoral support?

**By Dr Sara Riley, Pastoral Support Lead at Devon Local Medical Committee**

WB Yeats comment ‘Education is not the filling of a pail but the lighting of a fire’ aptly describes for me the nature of the work when I started in the role of LMC lead for Devon Pastoral Support 18 months ago. The fire to be lit was to increase awareness amongst GPs when and how to attend to themselves when they were suffering and to support colleagues in doing the same. The education to be communicated was to highlight the networks and support systems that are available to us. I am not convinced either aim has yet been achieved, but I do feel progress is being made.

The obstacle standing in the way of realising these aims is that as GPs we spend our time firefighting and, to quote a colleague, the work environment ‘is brutal’ with little time for personal review, meaningful colleague inquiry and unlike other professions no regular organisational supported professional development time.

There is the yearly appraisal. This, if done well, ensures that the doctor is fit to practice and ready to revalidate for a licence to do so when the time comes. The process also aims to offer about two hours a year for us to think about if we are where we want to be professionally and if not why and then to help us explore what is available to manage this ‘dis-ease’. We work with the knowledge that we are powerless to ‘cure’ the underlying serious pathology which is general practice in the NHS today.

The casualty of this way of working and of not being able to have time and support for review of our professional lives in the light of challenges at work and at home is our personal health and wellbeing. Our joie de vivre, our motivation, concentration and self-esteem diminish and finally our mental health calls time.

Since being in post the role has had outside influences and challenges to adapt and respond to, as well as internal processes to learn from, contribute to and develop.

The most significant external change was government policy on financial support for GP occupational health services. In 2015 NHS funding for the psychological support service that had for many years offered Devon GPs unrivalled access to professional counselling and therapy was withdrawn. However, this policy was reconsidered and January 2017 saw the introduction of a national initiative to assist GPs with mental health concerns.

This is a confidential self-referral service for GPs and GP trainees in England dealing with issues relating to mental health but not for those requiring specific psychiatric intervention who are referred on to NHS psychiatric services. This service is centrally based but locally run and is still in its infancy but anecdotal reports from a very small number of doctors have been encouraging.

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We hope that the initial links we have with the new service will continue to develop, with opportunities for both reactive and proactive engagement with local GPs to support psychological health.

Closer to home in the LMC team there are eight active pastoral support officers (PSOs) with a variety of skill sets; some are retired or semi-retired GPs and some are lay members and doctors with counselling and coaching skills. In the past 18 months, there has been the introduction of clear governance processes with regular supervision, CPD training, appraisal and case discussion which all form part of the commitment to the work. We meet formally three times a year and informally use each other for support as required. There may be opportunities to develop the group further within the LMC remit by increasing skills and so offering doctors specific support in the sessions in a coaching, mentoring or clinical supervision style. The PSOs will often be working with individual doctors with personal issues that relate to or affect their work. Support is also available if a doctor is in conflict within the practice and mediation, negotiation and contractual advice is then available from the LMC secretaries.

There have been developments both nationally and locally in the support that is available to GPs in Devon. However, the BMA has just released results from surveying 2,000 salaried and locum GPs suggesting that more than half suffer from stress because of their work and 1 in 10 had taken time off for this in the past 12 months. There is more that may be done.

WB Yeats quote remains a driving sentiment for me. It seems that although there are a variety of sources of help and services available that do fill the 'pail' of support both nationally and locally, until our 'fire' for acknowledging the need and priority for self-care has been lit we will not reach for it to help put out our distress and suffering.

Useful links:

[LMC Pastoral Support](#)

[GP Health Service](#)

[www.bma.org.uk/advice/work-life-support/your-wellbeing](http://www.bma.org.uk/advice/work-life-support/your-wellbeing)



## Introducing new LMC Medical Secretary Dr Rachel Ali

It's been a whirlwind of a year.

Keen followers of this newsletter may recall hearing from me a year ago when I had just been to my first LMC Conference and been elected to the General Practitioners Committee (GPC), having only recently joined the Western Subcommittee and not too long before that finished my training. I was thrilled earlier this year to become a partner in Plymouth and I've been re-elected to GPC at this year's Conference.

I'm delighted that I have now been appointed as one of the LMC's new Medical Secretaries and that I'll be working closely with the enthusiastic experienced team to look out for general practice here in Devon.

I am extremely proud to be both a GP and a partner. I have taken on partnership at a time when Plymouth is undergoing significant change in providers with challenges for both practices at risk and those that are currently stable. I have been excited to use my organisational and change management skills to work with my partners and our community teams to develop new ways to continue to provide excellent care while maintaining a stable base.

I expect that early in this new role I'll be hearing directly from many of you about workforce and workload issues. I relish the opportunity to take this next step and use my skills to positively impact many practices, not just my own.

It is becoming more apparent that strong leadership and support from the LMC is key in these turbulent times if we wish to thrive. Whatever the coming years hold, the LMC will be needed to negotiate, collaborate, and influence relations between NHS bodies while keeping general practice at the forefront of everything we do. This will not only necessitate positive relationships but a firm robust voice that can protect the interests of GPs while managing any

conflicts. In addition to my experience in building teams based on trust and mutual support, I have experience in conflict resolution, local negotiations, and mentoring colleagues.

My commitment to general practice, my proven resilience and ability to deal with rapidly changing and competing priorities will all be vital in this role. I look forward to rising to the challenge while developing my skills further to support the team.

I'm particularly keen that we engage with our trainees and early career GPs to make the most of the enthusiastic voices that will be shaping this profession for decades to come. I'll be reaching out to make contact with many of you but please get in touch so I can hear about your priorities.

My family and friends keep me fairly busy when I'm not at work. I'm a seasoned amateur at many crafty endeavours, and am at my happiest tucked up with a ball of wool, a pair of needles, a friend, and a coffee – perhaps not in that precise order.

## **NHS England urged to lead from the 'Esso man'**

**By Dr Mark Sanford-Wood, BMA GPC England Executive Team Member**

Any good motorist knows that safe motoring begins with basic maintenance. And it gets no more basic than checking the oil. It is a simple message that was beautifully encapsulated decades ago by the ad campaign that declared: 'The Esso man means happy motoring.'



In general practice, the lubricant that keeps the machine running is the sessional workforce. That nebulous group of peripatetic specialists who move around the system filling critical gaps, sealing workforce leaks and generally protecting hotspots from meltdown. This is a group of highly experienced and dedicated doctors who feel unappreciated by NHS England and are generally unhappy about recent public criticism of their motives by senior health management figures.

Against this background, the BMA sessional GP subcommittee ran [a survey of salaried and locum doctors](#) and the findings should force a revision of these negative stereotypes. Over 2,000 responses were received – 15 per cent of all sessional doctors.

Any workforce is strengthened by diversity and that is doubly the case for our locum pool, who end up working in the most heterogenous settings faced by our wider profession. Diverse doctors for diverse environments.

Our survey shows that our sessional workforce is drawn from all backgrounds and ages, with a significant trend for former partners – who might otherwise leave medicine – remaining within the workforce. A staggering 40 per cent of sessional doctors previously worked as partners, while one in five have already begun to draw their pension. The message is clear – GPs who would otherwise leave our collapsing workforce are continuing to deliver care within sessional arrangements.

The average age of a sessional GP is 46, with the average female being 44, and male 49. The age profile shows balance across the range of a career, but there is a clear message from ex-partners. A whopping two thirds of sessional GPs who were formerly partners reported that they have reduced their work burden with the same proportion, describing their new working pattern as preferable.

The kick is in the intentions of this cohort if the NHS continues its anti-locum rhetoric. Seventy per cent of locums say they will leave the NHS if a statutory cap was to be placed on locum work. One in five say they would retire completely. As that number have already been drawing their pensions it is hardly a hollow threat, but a statement of the obvious that would devastate whole geographies of NHS general practice.

There are many messages to be gleaned from a detailed review of the survey responses, but a clear one is that we must nurture our sessional workforce. We are proud members of the truly great profession of general practice. Many of us will move through different contractual stages at different times in our career, and we must all remember that we are GPs first and partners, salaried or locums last. We must celebrate the vital work done by our locum and salaried doctors and I call upon NHS England to acknowledge this vital lubricant.

The Esso man understood that happy motoring began with the right oil. It is time for NHS England, the Department of Health and the very centre of Government to learn from him.

## **Sessional GPs newsletter**

The latest edition of the Sessional GPs newsletter focuses on the results of the Sessional GPs survey and updates on recent progress achieved with PCSE/Capita on pension issues. Read more here: <http://bma-mail.org.uk/t/JVX-4ZVUH-1BJCJOU46E/cr.aspx>

## **Chair of BMA Council election**

**By BMA GPs Committee Chair Chaand Nagpaul**

Some of you may be aware that I put forward my name for the BMA Chair of Council vacancy as a result of Mark Porter concluding his tenure in June 2017.

I gave this much thought and it was a difficult decision to make, and it does not detract from my absolute commitment to represent the best interests of GPs and general practice at this exceptionally challenging time. Equally I hope you will agree that there is benefit in the chair of the BMA been rooted in general practice, at a time when healthcare policy across all four nations is clearly focused on the expanded role of care in the community. I have also repeatedly argued that addressing wider NHS issues including funding is key to the sustainability of general practice.

I am writing to inform you that I have been elected unopposed. I continued as Chair of GPC until 29 June, and thereafter continue to work to address and support general practice and facilitate GPC being optimally effective, within my overall responsibility.

It has been a true privilege to have been Chair of GPC for four years, and overall a member on GPC for 21 years, and to have worked with so many dedicated and wonderful colleagues.

I have particularly enjoyed getting to know so many of you in LMCs in recent years, and witnessing the great work you do in supporting GPs and practices despite the challenges. I will still very much be around.



## Waiting times to see GPs set to rocket

The average wait for patients to see their doctors is to 'rocket' in the coming years – with demand soaring and Government attempts at mass GP recruitment stalling, a study has found.



The study found that GPs would have to spend four hours a week longer seeing patients by 2022 just to keep up with demand.

The survey of 830 GPs found that waiting times for a routine appointment are around 13 days – up from 10 days in 2015 – with predictions they could get worse.

BMA GPs Committee Chair Chaand Nagpaul said: “Unless the Government takes decisive action, waits to see a GP will rocket to several weeks in the coming years as patient demand continues to rise, and will seriously compromise patient care.

“The Government needs to urgently stem inappropriate demands on general practice when it has determined that one in four GP appointments are avoidable.”

The study from the magazine Pulse attributes the increase in patient demand to the Office for National Statistics' projection of increased population, and studies that have shown the average patient is having a greater number of contacts with GPs – either through face-to-face appointments or telephone consultations.

Last year Health Secretary Jeremy Hunt pledged to increase the number of GPs in the workforce by 5,000 but numbers have shown no significant change.

## Workforce minimum data set

The Workforce Minimum Data Set (WMDS) is a national quarterly extraction of workforce data from NHS primary care organisations in England. GP practices are both contractually and legally required under the terms of their [GP contract](#) and the [HSCA \(Health and Social Care Act\)](#) to provide the information requested for the WMDS. Read the BMA's advice [here](#).

## Focus on draft MCP contract

In October 2015 the Government announced the intention to create a new 'voluntary' contract to be used by GPs in England, working with others, that would provide 'at scale' general practice (i.e. over populations of at least 30,000-50,000 patients, but possibly larger depending on the services they cover).

Over the last 18 months this has been developed by NHS England via the MCP Contract Development Group, resulting in the publication of the Multispecialty Community Provider (MCP) emerging care model and contract framework [followed by the full MCP contract](#) and a suite of documents covering the Virtual, Partially-Integrated and Fully-Integrated MCP models. It is expected that NHS England will be updating these documents in the coming months. The guidance notes below provide a summary of the main elements pertaining to the MCP contract and GPC's key concerns and will be joined by more detailed guidance on each of the proposed contractual models as further information is released.

- [Download the MCP Contract Framework guidance](#)
- [Download the Virtual MCP/Alliance Agreement guidance](#)

## Medical records access from the police and copying fees

The BMA has received new legal advice about medical note requests received from the police. There is clear guidance regarding the obligations that GPs have with respect to copying and/or release of the GP record. The guidance is available [here](#).

## Guidance for GP practices on the 2016 junior doctors' contract

In August 2016, [new terms and conditions of service for junior doctors were introduced](#). In October 2016 the first group of trainees were moved onto this contract.

The 2016 contract was rejected by the BMA and the Association remains opposed to the imposition of this contract.

Whilst GP practices that employ trainees directly are not obligated to offer these terms and conditions, there are non-negotiable contractual requirements that practices need to have in place before offering the new contract to trainees if they choose to do so.

These terms and conditions will apply to both GP trainees employed directly by the practice, or under a lead employer arrangement (in place in Devon). It is important that practices understand the contractual requirements that they must adhere to. An overview of the key processes introduced as part of the 2016 contract is available [here](#).

## CQC consultation

The Care Quality Commission has launched the second phase of its consultation, seeking views on specific proposals for how it will:

- regulate primary medical services and adult social care services
- improve the structure of registration, and clarify our definition of registered providers
- monitor, inspect and rate new models of care and large or complex providers
- use our unique knowledge to encourage improvements in the quality of care in local areas
- carry out our role in relation to the fit and proper persons requirements.

You can take part in the consultation [here](#). Any queries, email [nextphase@cqc.org.uk](mailto:nextphase@cqc.org.uk).

## GPs face added workload burden as CQC proposes annual practice reports

GP practices will be expected to provide information to the CQC every year on how they plan to improve the quality of care, under new proposals.

The regulator's consultation document on the next stage for inspections says that the annual information gathering will replace the current system, where GPs have to provide evidence for every inspection.

Under the new regime, practices will need to provide annual evidence on what changes have occurred in the past year affecting their quality of care, examples of good practice and provide 'effective and responsive care to each of the population groups'. Read more in the Pulse [article](#).

## Payments and pensions administration

Primary Care Support England has issued an update for GPs and locums relating to payments and pensions administration. Read more [here](#).

## Accountable Care Organisations explained

Many people in health policy circles are talking about accountable care organisations (ACOs). ACOs build on previous efforts to integrate services in the NHS and their development draws on experience from health systems in the United States and other countries.

NHS England has recently outlined ambitions for sustainability and transformation partnerships (STPs) to evolve into 'accountable care systems' (ACSs) and identifies nine areas of England to lead their development. It proposes these ACSs might become ACOs but only after 'several years'. Read more about the King's Fund's overview on ACOs [here](#).

## Update on the formation of the Eastern GP Federation Collaborative Board – letter to all GPs and PMs (East and Mid Devon)

Dear Colleague,

The LMC along with representatives from GP Federations across Devon have had exploratory meetings over the last few months involving both STP and CCGs regarding how best to establish a strong voice for Primary Care in the (yet again) changing NHS management structures. The ultimate aim of the STP is to remove the internal market system by changing the purchaser/provider structures into ACDS (Accountable Care Delivery Systems). These will be an amalgam of Hospital Trusts, Community and Mental Health organisations, local councils, Public Health and Primary Care representatives. We need a powerful GP presence at this future ACDS table.

Whilst the LMC negotiates for all GPs to get safe, sensible, properly remunerated contracts it is ultimately up to individual practices to decide whether they wish to sign them. It is therefore important to have GP Federations involved in any conversations regarding changing care provision 'at scale' to ensure we end up with similar sensible schemes that Federations will want to be involved in. We hope the Board will enable a coordinated approach so GPs can help design and significantly influence any changes proposed and ensure that opportunities for General Practice are not missed.

In Eastern Devon we are proposing that 2 representatives selected by each Federation will sit on an Eastern Collaborative Board. The LMC is willing to chair the group to listen, guide, protect and lead where required to ensure no GP Practices are left out and no one group can unfairly dominate. Ultimately it is important to realise that the Collaborative Boards will not have a mandate to make decisions on behalf of practices but will influence the design of any 'at scale' schemes and be central to their development alongside other healthcare providers in Eastern Devon.

The Board is in its infancy but has already had constructive discussions with clinical leaders and management from the RD&E about how we can coordinate the care we offer to patients within the Intermediate Care arena. We both want to work co-operatively to ensure that clinical responsibility and recognition of work being done is fairly resourced and efficiently provided as care moves from hospitals into the community.

In order to maintain independence from both the CCG and STP the Board will need to be funded by GP Federations from their recently received (and future promised) 'at scale' funding stream. If GP Federations agree to support this proposal then each group should nominate 2 representatives to attend the Collaborative Board meetings that are planned for 3<sup>rd</sup> Wednesday morning bi-monthly at the LMC.

We hope this explanation helps discussion about the Eastern Collaborative Board at your next Federation meeting.

Your Sincerely  
Dr Anthony O'Brien

Chair N&E Devon LMC Sub Committee

|   |                            |
|---|----------------------------|
| <b>Dr Emma Green &amp; Liz Deasy</b>        | <b>Exeter Primary Care</b> |
| <b>Dr Jim Forrer &amp; Linda Coombes</b>    | <b>East Devon Health</b>   |
| <b>Dr Jo Harris &amp; Michelle Freeburn</b> | <b>Mid Devon Health</b>    |
| <b>Dr Alex Long &amp; James Davies</b>      | <b>Three Rivers Group</b>  |

## **Examinations and sickness certificates**

It should be noted that GPs do not provide sick notes for schoolchildren. When children are absent from school owing to illness, schools may request a letter from a parent or guardian, and this is no different during an exam period. However, children who have missed exams due to illness are frequently told by schools that a note from a doctor is required; but this cannot be provided by a GP. Aside from the fact that parents/guardians are responsible for excusing their children from school, GPs cannot provide retrospective sickness certification. When a child suffers from a long-term condition, any certification will be provided by the responsible specialist.

GPC has sought and received confirmation from the Office of the Qualifications and Examinations Regulator that Awarding Organisations make no requirement for pupils to obtain a medical certificate in support of their application for special consideration. Students are asked for information in support of their application, but this may take the form of a statement by the school. The Joint Council for Qualifications has confirmed that as far as they are concerned, if a student was absent from an examination as a result of illness and has the support of the school or centre to be absent, special consideration will be granted on that basis. Awarding organisations do not insist that medical proof is provided.

More guidance about supporting pupils at school is available [here](#).

## **GP premises – to lease or not to lease**

Many GP practices are not aware of when a lease is required or how the presence or absence of a lease can impact upon NHS rental reimbursement.

Where all the owners of the property are still practicing general practitioners (GP) in occupation of the property, the GP partners are owner occupiers and should receive “Notional Rent” Reimbursement from NHS England. Read the advice from GP Surveyors [here](#).

## **Are you unknowingly in breach of your GMS or PMS contract?**

A GMS contract is a legally binding agreement made between a GP practice and NHS England that sets out certain obligations for both parties. It is the most important asset a practice will hold.

Running to over 270 pages plus lengthy appendices, it is a substantial and complicated document, both to navigate and understand.

Unless a practice has read it from beginning to end, and has very careful monitoring in place, it is likely that most practices will be in breach of their obligations at some point or another – in many cases, without realising.

So, what can practices do to protect their contracts? Read more [here](#).

## **Dealing with the CQC during a practice merger**

Merging your practice is a major decision and there are many factors that you need to consider before taking the plunge.

One important step is the CQC registration. This is often overlooked as an ‘administrative matter’, when in reality it can inform both the structure and the timing of the merger.

The situation is further complicated because NHS England’s processes don’t align well with the CQC’s. Read more [here](#).

## **Four legal issues to consider if one of your partners ‘burns out’**

Partner burnout is a growing problem for GPs – up to 50 percent are at high risk due to stress, high demands and funding cuts.

If one of your partners is suffering from stress, careful consideration should be given to these four key issues:

- Disability discrimination
- Professional conduct, including patient safety
- Partnership obligations as defined in the partnership agreement
- Fulfilling one's obligations under the core medical services contract.

Read the advice from DG Solicitors [here](#).

## What are the legal implications of recent changes to the SFE

Most GP practices will be aware of the recent changes to the Statement of Financial Entitlements (SFE) which came into force on 1 April 2017.

Since the revised SFE provides for both new income streams and changes to existing potential income streams, decisions need to be made as to how this additional income is to be allocated. These rules, once agreed, then need to be correctly documented.

Some of the key changes and what you need to consider from a legal perspective are highlighted [here](#).

## Places available on health navigation training course



Health navigation training is set to be rolled out in South Devon and Torbay to help ease the high patient demand on local practices.

Local GPs will be providing basic training to receptionists and administration staff to signpost patients to the most appropriate health service for their health needs to reduce unnecessary appointments.

It is estimated that the scheme potentially could release about five per cent of demand for GP consultations in most practices.

Around 500 local practice receptionists, admin staff and pharmacy technicians are eligible to take part in the scheme, giving them the skills and confidence to sensitively ascertain the nature of the patient's need and explore with them safe and appropriate options.

Money for the training programme is being provided by the GP Forward View as one of the ten high impact actions.

Devon Community Education Provider Network (CEPN) – which supports the delivery of a workforce capable of meeting the needs of a local population's health and improve clinical outcomes – has been commissioned to deliver the training by South Devon and Torbay Clinical Commissioning Group.

A number of training courses will be offered from July, as shown in the table below. To book a place complete the form below and email it to [devon.cepn@nhs.net](mailto:devon.cepn@nhs.net)

The scheme will be evaluated in around six months' time to measure its impact on helping to manage demand on local GP services.

The training programme – which has been put together by CEPN Operational Member and Exmouth GP Dr Helen Rochester – has already been rolled out in the rest of Devon where 79% of participants rated it 'excellent' or 'good'.

CPEN is also exploring the possibility of running advanced navigation training locally in the future.

| Date       | Venue   | Time        |
|------------|---|-------------|
| 04/07/2017 | Palace Hotel, Esplanade Road, Paignton, TQ4 6BJ               | 10:00-12:00 |
| 04/07/2017 | Palace Hotel, Esplanade Road, Paignton, TQ4 6BJ               | 12:30-14:30 |
| 11/07/2017 | Seale Hayne, Seale Hayne, Howton Lane, Newton Abbot, TQ12 6NQ | 10:00-12:00 |

|            |  |             |
|------------|--|-------------|
| 11/07/2017 | Seale Hayne, Seale Hayne, Howton Lane, Newton Abbot, TQ12 6NQ            | 12:30-14:30 |
| 18/07/2017 | Palace Hotel, Esplanade Road, Paignton, TQ4 6BJ                          | 10:00-12:00 |
| 18/07/2017 | Palace Hotel, Esplanade Road, Paignton, TQ4 6BJ                          | 12:30-14:30 |
| 25/07/2017 | Seven Stars Hotel, The Plains, Totnes TQ9 5DD                            | 10:00-12:00 |
| 25/07/2017 | Seven Stars Hotel, The Plains, Totnes TQ9 5DD                            | 12:30-13:00 |
| 01/08/2017 | Seale Hayne, Seale Hayne, Howton Lane, Newton Abbot, TQ12 6NQ            | 10:00-12:00 |
| 01/08/2017 | Seale Hayne, Seale Hayne, Howton Lane, Newton Abbot, TQ12 6NQ            | 12:30-14:30 |
| 05/09/2017 | Passage House Hotel, Hackney Lane, Kingsteignton, Newton Abbot, TQ12 3QH | 12:30-14:30 |
| 06/09/2017 | Passage House Hotel, Hackney Lane, Kingsteignton, Newton Abbot, TQ12 3QH | 9:00-11:00  |
| 06/09/2017 | Passage House Hotel, Hackney Lane, Kingsteignton, Newton Abbot, TQ12 3QH | 9:00-11:00  |
| 06/09/2017 | Passage House Hotel, Hackney Lane, Kingsteignton, Newton Abbot, TQ12 3QH | 11:30-13:30 |
| 06/09/2017 | Passage House Hotel, Hackney Lane, Kingsteignton, Newton Abbot, TQ12 3QH | 11:30-13:30 |
| 19/09/2017 | Passage House Hotel, Hackney Lane, Kingsteignton, Newton Abbot, TQ12 3QH | 10:00-12:00 |
| 19/09/2017 | Passage House Hotel, Hackney Lane, Kingsteignton, Newton Abbot, TQ12 3QH | 12:30-14:30 |
| 20/09/2017 | Passage House Hotel, Hackney Lane, Kingsteignton, Newton Abbot, TQ12 3QH | 9:00-11:00  |
| 20/09/2017 | Passage House Hotel, Hackney Lane, Kingsteignton, Newton Abbot, TQ12 3QH | 9:00-11:00  |
| 20/09/2017 | Passage House Hotel, Hackney Lane, Kingsteignton, Newton Abbot, TQ12 3QH | 11:30-13:30 |
| 20/09/2017 | Passage House Hotel, Hackney Lane, Kingsteignton, Newton Abbot, TQ12 3QH | 11:30-13:30 |

### **Managing clinical correspondence**

A new scheme is set to be introduced in part of Devon which could reduce the time GPs spend handling clinical correspondence by up to 60%.

Every practice in the catchment area of New Devon Clinical Commissioning Group – apart from those using Microtest – will receive one day of free onsite training on how to manage the flow of clinical correspondence more effectively and additional modules via a web portal.

The training includes ensuring staff are skilled and confident to make decisions about how to code hospital letters and their contents in the patient record, how to use an approved protocol for deciding which letters need to be sent to a GP and with what level of urgency, and when to ask for help.

More information – including how to register – will be communicated in due course. Discussions are ongoing about also delivering the scheme in South Devon and Torbay.

### **New website**

The new CEPN website is currently in development and will soon be ready for launch. The site will become a one-stop shop for training resources for local primary care staff – including general practice.

New features include the ability to register for membership of the CEPN and to book onto training courses.

You can visit the website at: [www.devoncepn.co.uk](http://www.devoncepn.co.uk)

## **New database of services in Devon**

Devon County Council has launched Pinpoint – [www.pinpointdevon.co.uk](http://www.pinpointdevon.co.uk) – a new searchable database of services across Devon.

Pinpoint – which replaces the Devon Community Directory – contains 7,000 checked records on regulated (CQC registered) and non-regulated providers, plus a wide range of other organisations and providers throughout Devon.

Service categories include: Older Adults, Working Age Adults, Young People, Parents and Families and Education, Work and Leisure. Under the banner of Parents and Families you can find a range of service categories such as: Child Health and Children’s Centres, Family Support Groups, Additional Needs Childcare and Families with Long Term Illnesses or in Grief. All records are checked individually for accuracy and category.

You can search Pinpoint via keyword, a drop-down service category list, or by entering a town or postcode. There is a ‘How to Guide’ for advice on searching or how to use specific features.

A considerable amount of work has been undertaken to get to this point, and there is more work to do, so please send your feedback via the blue ‘Feedback’ tab at [www.pinpointdevon.co.uk](http://www.pinpointdevon.co.uk) Without your views and suggestions – good or bad – Devon County Council cannot improve the service.

## **Safeguarding against terrorism**

Part of the new NHS contract is that staff need to be trained in safeguarding people and communities from the threat of terrorism.

Bluestream have a module on their system that you can add through your admin settings called PREVENT.

## **Learning from serious case review**

A serious case review led by Plymouth Adult Safeguarding Board includes shared learning for GP practices. A summary of the key learning – along with the full report – is available [here](#).

## **Autistic Spectrum survey**

Virgin Care – which provides a service in Devon to diagnose the Autistic Spectrum condition – has launched a [survey](#) to help shape how it communicates with families and health professionals in the future.

The survey is anonymous, only takes a few minutes to complete, and runs until 7 July.

## **Healthwatch Torbay Annual Report**

Healthwatch Torbay’s Annual Report for 2016-17 has been published and can be viewed [here](#).

## News from Devon LMC

### Practice Managers Conference

The LMC will be holding its Practice Managers Conference later in the year – and we can now share an outline agenda for feedback to ensure that the event meets your needs.

You can view the agenda [here](#) and we look forward to receiving your comments and suggestions – along with your expression of interest to attend to ensure we have sufficient numbers to make the event viable – via [richard.turner@devonlmc.org](mailto:richard.turner@devonlmc.org) by noon on Friday, 9 July.

The Conference will take place from noon to 4.30pm on Wednesday, 29 November and Thursday, 30 November at Sidmouth Harbour Hotel in East Devon. The cost is £75 a head (not including accommodation or evening meal). Further details – including how to book – will be communicated in due course.

### LMC newsletter returns in September

There won't be an LMC newsletter in August as our office resources will be focusing on the delivery of a new website which will be launched at the end of the summer.

In the meantime, any urgent announcements will be communicated via email, social media, our existing website and via our Sub-Committee networks. The newsletter returns in September.

### 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](http://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](http://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](mailto:admin@devonlmc.org)

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

Copy submissions for September's newsletter should be emailed to [richard.turner@devonlmc.org](mailto:richard.turner@devonlmc.org) by noon on Wednesday, 23 August please.

**Disclaimer:** The companies, products and services mentioned in the newsletter are for illustrative purposes only and implicitly are not an endorsement by Devon Local Medical Committee.

Individuals and practices who wish to acquire products and services advertised in the newsletter do so at their own discretion and risk. The LMC strongly advises that the information is carefully checked, as it is subject to change, and comparison sought with other similar products and services before entering into any legally binding agreement. Please advise the LMC of any inaccuracies or issues encountered. The LMC cannot be held responsible or liable in any way for any losses, liabilities, injuries, death, misuse of information, copyright issues or reputational damage associated with products or services mentioned in the newsletter.