Devon LMC

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Your Local Medical Committee representing and supporting General Practice

Serving General Practices in:
Devon County
Plymouth
Torbay

## Plymouth may be Devon's 'canary in the mine', but we're still chirping

**By Dr Rachel Ali, Medical Secretary at Devon Local Medical Committee**

It may be a curse to live in interesting times, but it definitely means there's no shortage of challenges.

With multiple practices closing or handing back their contracts and interim providers maintaining continuity until the upcoming re-procurement of services for 33,000 patients, Plymouth is certainly the most interesting area in Devon right now.

Things have been changing on the banks of the Tamar so rapidly that I'm afraid to hit 'send' on this Editorial as I suspect it will be out of date by the time you read it!

It's tempting to think that the vulnerable Plymouth practices have somehow failed to move with the times. It's simply not true. These practices have been doing everything possible to maximise new models of working, with hubs, diverse workforces, innovative solutions to controlling workload, and flexible arrangements for the entire team. But it is clear that there is a critical number of GPs that are needed to keep a practice functioning, with parts of the workload that simply cannot be devolved and workplace responsibilities that remain a contractor's own. With Plymouth falling short of more than 35 full time GPs, that critical number is close at hand.

Over the last few years 'workforce, workload, and workplace' has become a mantra when trying to explain why general practice is in crisis. Talking about the trinity of issues in this way can make it sound as though they are separate problems requiring separate solutions, but – much like another familiar trinity – the three are one and cannot be teased apart in such an artificial manner. We need whole system solutions.

I heard recently, at a crisis meeting called by local practices, that some weren't aware of the significant on-going efforts from the CCG, NHS England, and the LMC to stabilise the situation.

That's an understandable point of view. A lot of the work with individual practices is private, people sensibly fear that talking too openly about their specific challenges could damage their reputation and destabilise things further, and of course when you are struggling, finding the time to investigate exactly what is being done to help your neighbour is a luxury many don't have.

That same meeting however was a firm step towards allaying those concerns. In less than one week a small group of concerned practice managers managed to convene a meeting attended by local practices, NHS England, and the CCG, chaired by the LMC, and in just one hour managed to make steps towards a more unified front for general practice in

the city. We have a long way to go, but I am hopeful that we are seeing a change in the focus of local practices, from discrete silos to a community that wants to pull together. Plymouth may be Devon's canary in the mine, but we're still chirping.

## The role of Devon LMC

**By Dr Rachel Ali, Medical Secretary at Devon Local Medical Committee**

One of the things I hear from GPs and other colleagues is that it can be a bit confusing understanding exactly what the LMC does and how we fit into the landscape of other organisations in primary care.

Wessex LMCs have written a useful summary and with their permission we have amended it to reflect the state of play here in Devon. I hope this is helpful, please get in touch with us at the office and let us know if we can clarify anything further.

As we are all aware the NHS is facing some of the most significant challenges it has seen since its inception in the 1940s. This is not only in terms of financial problems but is also related to capacity, workload, recruitment and retention. At a time when general practice is unable to recruit younger GPs nor retain older ones, there is a need as defined in the Five Year Forward View (5YFV) to invest more in community services and general practice and remove the barriers between providers. This means replacing choice and competition with partnership working.

In Devon, we are beginning to see a change in attitude towards general practice and a wish to work more closely with us. But few outside general practice seem to understand the independent contractor status and practices working as small businesses.

We are told that the NHS needs to be less reliant on hospital based services, this means that there needs to be an out of hospital service that is resourced and delivered at scale. This is particularly challenging in Devon, as our established community hospitals have delivered bed based care whereas in other communities this care may be delivered by community services. Resources and funding will need to follow this shift of work and for this to be effective it will need to be embedded in Primary Care Services.

The Devon Sustainability and Transformation Plan (STP) is bringing together a long list of organisations to try and ensure the local system covered by the STP footprint works together effectively and efficiently. As this includes our two Clinical Commissioning Groups (CCGs), the three local councils, the four acute trusts, around 160 GP practices, South West Ambulance Services NHS Foundation Trust (SWASFT), Devon Partnership Trust, Devon Doctors, Healthwatch, Livewell Southwest CIC, Virgin Care and Care UK as well as NHS England – one question that repeatedly gets raised is, who amongst these represents general practice both locally and nationally? The LMC thought it would be helpful to clarify this matter.

The LMC is the only body that has a statutory duty to represent GPs at a local level. This statutory duty was first enshrined in law in 1911 and has been included in the various NHS Acts over the recent past and is included in the Health and Social Care Act. In every area of the country there is a local representative committee called a Local Medical Committee whereby GPs are nominated by their peers and elections to these roles take place regularly. Devon LMC has functioned in its current form since 1996 with a regularly updated constitution that ensures it is representative of GPs, this was last ratified in 2014 and can be accessed on the LMC website. In each of its three sub-committees, Devon LMC also ensures there is a balance in terms of representation (contractual status and other factors).

Whilst *recognised* by statute and having statutory functions, unlike CCGs, LMCs are NOT themselves statutory bodies, they are *independent.* It is this unique status as independent representative bodies recognised by statute that allows them to be so effective in standing up for and supporting their GPs. They are accountable to the GPs they represent, unlike CCGs who are answerable to NHS England and the Department of Health, leaving LMCs free to speak up on behalf of GPs, practices and their patients when others cannot.

The Health and Social Care Act reinforces the requirement for NHS Bodies to consult with the LMC on issues that relate to general practice. It is important to understand that the LMC is not a trade union and cannot act as such, this is the role of the British Medical Association (BMA).

Devon LMC would therefore consider itself the voice of general practice at a local level. We work for and support individual GPs, practices, and the wider professional voice of general practice. We have a pastoral role as well as providing representation, negotiation, and leadership locally and nationally.

The current confusion occurs when people consider the role of the Clinical Commissioning Groups (CCGs), GP federations or GP provider companies, collaborative boards, the Royal College of General Practice (RCGP) and the General Practitioners Committee of the BMA. CCGs were constituted as clinically led commissioning organisations whereby all local practices are members of the CCG. This would normally mean either practices or individual GPs elect their peers to sit on the Board of the CCG. Their role is to provide their expertise and enable better commissioning of services for the population. This should not be confused with the role of the LMC who represent GPs as providers.

It is therefore incorrect when some GPs who work for CCGs say they represent GPs. They do not, the CCGs have member practices not GPs as members.

GP Provider Groups (federations, alliances, networks) are becoming more important especially in terms of providing services at scale and they can represent their member practices in terms of provision of services that lie outside essential services, additional services, local contracts (practice level) and QoF. If the provider group is speaking on behalf of practices they must ensure they have a mandate to undertake this role. Alongside these developing arrangements, GP Provider companies have been set up to enable practices to bid to deliver services across a footprint larger than an individual practice.

Collaborative boards are an evolving part of the puzzle in Devon, they aim to allow Provider Groups to work together to make the most of the opportunities available at scale, they may be service provision or estates. Each Provider Group or provider will select representatives to sit on their Collaborative Board. The Collaborative Boards divide the county into four geographical areas, broadly correlating to each acute Trust. The LMC provides support at each Board to listen, guide, protect and lead where required. It is important that all providers have a voice on these boards but to remember that their role is to be a sounding board and create a constructive space to explore possible solutions by working together. They do not have a mandate to make decisions on behalf of practices, thus protecting individual practice autonomy. The representatives are responsible for communicating between the provider groups and the GP Collaborative boards (and vice versa).

The Royal College of General Practitioners is the national membership body that is focused on quality and training and is committed to improving patient care, clinical standards and GP training.

The General Practitioners Committee is part of the BMA and is the only body that represents all GPs (even those who are not members of the BMA). It remains the voice of general practice at a national level.

The LMCs work with the GPC and ensure that there is close liaison between the national and local representation for general practice.

## New Executive Team appointed at GPC England

Dr Mark Sanford-Wood, Medical Secretary at Devon Local Medical Committee, has been appointed as Deputy Chair of GPC England. Dr Sanford-Wood continues in his role at Medical Secretary at the LMC on Tuesdays.

Dr Richard Vautrey, the recently elected Chair of GPC England, will also be joined on the Executive Team by Dr Krishna Kasaraneni and Dr Farah Jameel.

Dr Vautrey said: “General practice is facing an unprecedented crisis as it struggles to cope with rising workload, stagnating funding and widespread staff shortages. We need urgent action to resolve these fundamental issues. The depth of experience and talent in this new GPC England Executive Team and policy lead group will now be working closely with me to hold the Government to account and start to turn around this crisis facing general practice.”

## Making sure GPs' voices are heard

**By Dr Richard Vautrey, Chair of BMA GPC England**

It's a crucial time for general practice as I take over as chair of the BMA GPs Committee in England and GPC UK.

We face many major challenges in the year ahead and we must redouble our efforts to secure a resilient, sustainable and vibrant general-practice service in a fully funded NHS – a service with flexible working arrangements, the independence to develop your practice as you see fit and the right to decide on safe workload limits to protect your patients and your own mental health.

We operate in an unsettled world, with a weakened Government at Westminster that sticks stubbornly to the rhetoric of austerity whose attention is fixed on negotiating the UK's exit from the EU.

We will therefore need to be bolder in our campaigning to ensure our voices are heard amid the political turmoil. The priority is to deal with spiralling indemnity costs. A failure to address this could lead to a collapse of the GP urgent-care services and make it impossible for many GPs to work as they would want to during the winter. We are in discussions to try to find a resolution.

We should also recognise that general practice is changing, with new ways of working in local areas around England and different contractual models developing elsewhere in the UK. There is much we can learn from developments in all four nations of the UK and I will be working closely with the Chairs of the BMA Northern Ireland GPs committee, BMA Scotland GPs committee and BMA Wales GPs committee to ensure we do this.

We must make sure that any and all who choose to work in larger collaborative arrangements in the future have their terms and conditions set and protected nationally. We need long-term funding commitments, not short-term fixes, to enable a genuine expansion of the primary and community care workforces, so that we can build sustainable teams to work with GPs to meet the growing needs of our patients.

To deliver high-quality general practice and community-based services we must have good premises – and yet in too many situations, it is issues relating to the premises that jeopardise the future of the practice that works in it. We need a fundamental review of this problem and it is something that we will lead on.

If this is beginning to sound like a long list for GPC's attention, it is. There is much to do and the need for rapid improvements is pressing. We will only be able to achieve these things with active support from and engagement with local medical committees, working hard in every area to make the tangible changes GPs need to see.

I'm optimistic about the future for our great profession. I believe GPC in England and across the UK can make life better for all GPs and I'm ready for the challenge ahead.

## Plan to push for more funds

GP leaders plan to revamp the Urgent Prescription for General Practice campaign – and will push for extra funding and reforms to ease pressure on practices and improve patient care.

BMA GPs Committee Chair Richard Vautrey said action must be taken to make general practice an attractive area of medicine again in the face of decades of underinvestment, rising patient numbers and the failure to recruit and retain staff to meet demand.

Dr Vautrey said the state of crisis in primary care had damaged morale and pledged to revise the prescription document, which played a key role in securing a £2.4bn funding package of measures for GPs last year. Read more here.

## On track for a solution for the discount rate change

**By Dr Mark Sanford-Wood, Deputy Chair of GPC England**

It was back in February that a decision was taken by the Lord Chancellor to reduce the personal injury discount rate from 2.5% to minus 0.75%. This received relatively little attention in the mainstream press and, while the implications are serious, the matter appeared for some while to have gone largely unnoticed outside of the profession. It is fair to say this was an unexpected move that has presented professional leaders and the Department of Health (DH) with a major headache.

In basic terms the discount rate is a number used to calculate personal injury claims and the lower the figure the higher the calculation for damages. It has ramifications across the insurance and medical indemnity world, with motor insurers being another sector to take a very long look at its impact. It is difficult to estimate the full effect of this change but it is certain that it will raise the cost of medical indemnity at a time when general practice can ill afford it. Optimistic forecasts talk of double digit percentage rises in indemnity subscription rates, whilst more realistic estimates project a doubling or more in levies.

DH recognises the very serious threat this poses to the stability of general practice and therefore to the entire NHS and has reiterated a commitment from the Government that the extra costs incurred by GPs due to the change in the discount rate will be met, in full, by them. The GP Committee (GPC) has been in urgent talks with DH about this problem, and along with our partners from the Royal College and the MDOs we have discussed a number of possible solutions. Put simply, the help has been agreed, but how it is delivered remains hotly debated to ensure a system that works for all.

The GPC has been working with the many interested parties to find a workable solution, although the general election did delay progress due to the rules of purdah. That work now proceeds apace with the expectation of an agreement in the near future.

Of the most importance is how we ensure that the help on offer is distributed fairly and equitably in line with the need generated by the discount rate change. This must reach all members of the profession regardless of contractual type or specialised area of practice, and atypical environments (e.g. prisons) must all be recognised. We are looking at all options, and it is clear that everybody involved understands the urgency of the situation. So while this is a major cause for anxiety, DH, NHS England and GPC continue to engage with MDOs to find a workable and fair response to this most unexpected challenge.

The MDU has released the results of its member survey showing that 9 out of 10 GPs are calling for inclusion within the NHS Litigation Authority as a means of solving this problem. This is a call that is in line with the strenuous arguments being made by the BMA and we call upon the Government to address this threat as a matter of urgency. Continued inaction will be catastrophic and will cause the collapse of services to patients. A solution is within their grasp. History will judge them harshly if they allow it to slip through their fingers.

## Primary-secondary care interface guidance launched

As we know, general practice is facing unprecedented and mounting pressure from rising patient demand and widespread staff shortages. A significant extra burden is resulting from inappropriate and unnecessary work being transferred to general practice from secondary care settings. Doctors and patients alike are frustrated that old fashioned systems prevent patients from being able to contact the hospital directly to rebook a missed appointment or to receive a fit note from a hospital doctor when they are unable to work. Instead 15 million unnecessary appointments are made with GPs to deal with these and other issues when they could easily be dealt with in other parts of the NHS. At a time when GP services are struggling to provide enough appointments to the public this out of date bureaucracy is unacceptable.

In order to effectively address this inappropriate shift in workload improvements across the interface between general practice and secondary care providers are crucial to ensure that patients receive high-quality care and make the best use of clinical time and NHS resources in both settings.

This guidance document which has been produced following significant pressure from the GPC, provides clear national requirements that NHS managers and clinicians should follow to reduce inappropriate workload and by doing so deliver a better service to our patients. It's now imperative that NHS managers stick to their obligations which are laid out here and also in recent changes to hospital contracts. Improving patient care is at the centre of this work as when implemented these measures will make the delivery of appointments and care much smoother for the patient.

As a direct result of the GPC's Urgent Prescription for General Practice, this document builds on the contractual changes secured from NHS England, which for the first time introduced contractual levers to specifically stem inappropriate workload transfer into general practice. These requirements are set out in the new NHS Standard Contract for 2017-19, under which clinical commissioning groups (CCGs) commission health services from providers, which came into effect on 1 April, 2017. The guidance also includes the measures previously introduced from April 2016.

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## Practical resources to help you manage your daily work

**By Dr Paul Hynam, Medical Secretary at Devon Local Medical Committee**

The 2017/18 NHS standard contract for secondary care services has placed new requirements on hospital trusts to reduce the inappropriate workload shift onto GP practices. Despite this it seems that we are all still receiving a raft of inappropriate demands.

I think we all recognise that this extra work has a significant effect on the care of our patients and for this reason it is important that we hand this unnecessary and often bureaucratic work back to the trusts.

The BMA document "Quality First- Managing workload to deliver safe patient care" first published in 2016, included some useful letter templates that can be sent to the hospital to report these inappropriate requests. These templates are now also available in the "Quality First" section of the BMA website and can be directly uploaded into system1, Emis and Vision, making the whole process much easier.

I would urge you to complete these forms as I think that in many situations the hospital department may not be aware that they are breaching the acute trust contract. Hopefully with repeated use of the templates we can make some progress in reducing this unnecessary burden.

## GP Workload Information Collection

**By Dr Mark Sanford-Wood, Medical Secretary at Devon Local Medical Committee**

Devon LMC has been made aware of significant concerns regarding an NHS Digital Data Provision Notice relating to GP workload information collection. This is designed to help inform NHS England of the workload burden in general practice, and if done successfully may be used to demonstrate our spiralling workload and add to arguments for

better resourcing. The BMA is broadly supportive of this project, but much of the devil is in the detail. We have been in high level discussion with NHS England about how this data might successfully be gathered and many of the possible pitfalls.

We have concerns that at present the data extractions may not provide an accurate picture of demand (as opposed to capacity) and there are anxieties around the collection methodology. Devon LMC does not support any increase in workload for practice staff. While practices have an obligation under the HSCA 2012 to allow data collection, there is no obligation to perform manual data collection duties and the Data Provision Notice makes it clear that extraction will be an automated process via CQRS.

We would therefore reassure practices that no manual work is required under the terms of this notice, which can be found by following this link: Read the Data Provision Notice for GP workload tool [517.14KB]

## Yellow Card scheme rollout in Plymouth

**By Dr Rachel Ali, Medical Secretary at Devon Local Medical Committee**

Those of you based in South Devon and Torbay will already be aware of the SD&T CCG Yellow Card system. After requests from local teams, it is now being rolled out in Plymouth as well. The rollout is being staggered, ten practices at a time, to allow for any bedding in issues so don't worry if you haven't heard anything yet.

This system allows you to provide quick straightforward feedback relating to quality and service issues such as inadequate discharges, issues with transfer of workload from secondary care, or poor patient experiences. It's aimed at noting trends and you won't get feedback from an individual yellow card, this is not a way of handing back inappropriate workload or reporting significant events but it aims to improve the overall system. You will, however, get an email acknowledging your yellow card, giving you a reference number, and including all the information you submitted.

From a practical point of view, I'd suggest using these acknowledgement emails to minimise duplicated work. They can be attached to a Quality First form letter to hand back inappropriate requests, or to a significant event form if needed, and of course copied to us here at the LMC so that we can support you as needed.

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## Capped expenditure process

Fourteen health economies – including Devon – have been placed into the capped expenditure process (CEP), a regulatory intervention designed to cut spending in geographical areas with the largest budget deficits.

The areas in the CEP are under intense pressure to reduce their spending and have been told to 'think the unthinkable' about cuts.

The CEP has not been announced publicly and only limited details have been made available, typically by individual trusts and CCGs (clinical commissioning groups), or through leaks to the press. This BMA briefing provides an explanation of what we know about the process and its potential implications for doctors, patients and the NHS.

## Keep staff up to date with statutory training

There are so many different and conflicting demands on GP practices from commissioners or practice inspectors to deliver mandatory training to staff that it can be hard to know what's what.

In some instances, what is described as mandatory or statutory training may not actually be the case. The BMA has developed new guidance to help you take control and make informed decisions that are best for your staff and best for your practice.

## PCSE claims guidance

GPC England is aware that practices and individual GPs continue to experience unacceptable incidents relating to PCSE (primary care support services in England), commissioned by NHS England and provided by Capita.

The issues have been ongoing for some time and we are aware of cases where practices have not received payments, or have received incorrect payments. It is never acceptable for payments to be delayed and we advise practices to follow the below process to ensure incorrect payments are corrected. Similarly, we are aware that practices or individual doctors may have suffered losses due to the failing of these services.

If a practice or individual has experienced an issue due to PCSE, we advice you to follow this guidance Please contact us at info.gpc@bma.org.uk if the issue is not resolved through this process in a timely manner and we will take up your claim with NHS England.

## Update on SBS incident

The GPC has received an update from NHS England about the NHS Shared Business Services incident, whereby correspondence in the mail redirection service did not reach the intended recipients.

The incident team sent correspondence to GP practices in December 2016, March and May 2017 asking practices to complete and return a response form to indicate whether any patient may have suffered potential harm as a result of the error. NHS England have said that approximately 30% of practices have yet to return these forms and will be writing to Heads of Primary Care to inform them of practices that have yet to respond, and CCGs will also be aware.

GPC would encourage practices to undertake this in a timely manner as they are best placed to do it, and should be paid for such work. Payments for work undertaken in March and May 2017 will be paid in August or September 2017.

All cases of potential harm are now being reviewed by NHS England GP national Clinical Directors to confirm whether further clinical review is required. NHS England are contacting practices to obtain patient details, and can offer support to practices if required. In recognition of workload on practices, local area teams may be asked to assist with

providing information. NHS England has provided GPs with a dedicated phone line 0800 028 9723 and email address england.sbsincident@nhs.net on which they can use to contact the Incident Team with any queries.

## New adult autism referral form withdrawn

Local practices are advised not to complete a new adult autism referral form recently circulated by Devon Partnership NHS Trust (DPT).

The form has been withdrawn by DPT as it did not go through the LMC's negotiations process.

The LMC believed the form was too lengthy and time intensive and is in discussions with DPT about producing a new user-friendly version which is intended not to add to the workload for local general practice.

## Registered manager checks

Devon LMC has been notified that the CQC is investigating compliance with its registered manager requirements in GP practices.

The BMA has been informed that letters have been sent to a number of practices in CQC's central region, informing them they are suspected of having committed a criminal offence by failing to comply with the registration conditions.

Devon LMC has been assured that local CQC inspectors are not sending letters to practices in this area and that all practices that have an issue with their registration status are being contacted in person.

For background, under the regulations all providers must have a registered manager, except where the service provider is an individual who manages the service day-to-day and who is fit to deliver the service.

Some single handed GPs will meet this criteria and will not need a registered manager. Any GP practice registered with CQC as a partnership or as an organisation is required to have a registered manager.

The usual issues leading to the failure of a practice to comply with the registered manager requirements are where the applying registered manager:

- needs a CQC DBS check.
- has not completed an individual application.
- has not had an interview.
- has not applied for a new registration certificate.
- has not updated the statement of purpose.

**Remember:** Whenever a registered manager leaves/is replaced, or there is a practice merger or change of registered activities, CQC must be notified. A practice must apply to register a manager within 12 weeks of the previous manager leaving.

More information is available on the CQC website

Where practices are struggling, they should phone 03000 616161 and ask to speak with a PMS South registration inspector or email enquiries@cqc.org.uk

## Dealing with 'unfair' comments on websites

Health service providers are increasingly finding that people are using social and professional websites to comment about specific providers and staff members. NHS Choices is one such website, which allows members of the public to rate and review NHS services.

Comments on NHS Choices and other similar websites can sometimes be inaccurate, unfair or inappropriate, which can potentially damage an organisation or staff member's reputation.

The BMA has published guidance which sets out how health service providers can take steps to have defamatory material removed from websites, including NHS Choices. It sets out how the law can be used to get comments modified or removed.

## Update on ongoing issues faced by practices in NHS Property Services premises

The GPC has written to practices to provide an update about ongoing issues – including lease negotiations – with NHS Property Services. You can read the letter here.

## Improving access for all: reducing inequalities in access to general practice services

Ensuring everyone can access services on an equal footing is a key priority for the NHS. One of the seven core requirements for implementing improved access, as set out in the NHS Operational Planning and Contracting Guidance

2017-19, is to address issues of inequalities in patients' experience of accessing general practice, identified by local evidence, and put actions in place to resolve this.

To support commissioners and providers of general practice services to address this, NHS England has produced a practical resource – Improving Access for all: reducing inequalities in access to general practice services – which aims to promote understanding of groups in the community who are experiencing barriers in accessing services and help to address those barriers as improvements in access to general practice services are implemented.

The resource is intended to provide:

- a guide in assessing local issues, supporting local equality analyses and providing examples of how barriers arise at different points on patient pathway journey, starting at the point where the patient identifies a health problem through to getting appointments and the experience of attending general practice services.
- practical tips on a wide range of issues related to protected characteristics and other groups who experience barriers to healthcare, for example through homelessness.
- quick links to video clips, learning materials for practice staff, case studies, examples of good practice and a wealth of information on NHS England's website.

## NHS England South (South West) Patient Group Directions Downloads

New Patient Group Directions Downloads have been authorised for the vaccination of patients registered with practices in the South West of England – they are available to view here.

## NHS guidance on raising concerns for primary care providers

Practices are reminded that their policies and procedures must align with the new NHS whistleblowing policy by September this year.

More information, including a link to the NHS England guidance on raising concerns for primary care providers, is available here.

## GP Patient Survey

NHS England has released the results of the GP Patient Survey 2017 – a summary of the key findings is available here.

The survey assesses patients' experience of healthcare services provided by GP surgeries, including experience of access to GP surgeries, making appointments, GP surgery waiting times, quality of care received from GPs and practice nurses, satisfaction with opening hours, use of written care plans and experience of NHS out-of-hours services when GP surgeries are closed.

## New service to reduce time spent on data collection and reporting

From September 2017 a new service is being launched in Devon to support practices in reducing time spent on collating and reporting data.

This process, which uses the existing secure, central collection of approved data for the Devon Predictive Model (DPM), will have the following benefits for practices:

- Reduced time spent by individual practices on collating data for local or national purposes such as annual health checks, frailty models and requests for data to support enhanced services
- Providing groups of practices with a mechanism to access comparative data
- Capturing key health need information to help identify or predict current and future demand on services
- Modelling and monitoring the impact of new models of care or service changes, securely linking data from practices and providers of acute, community and mental health services.

Practices will remain in control of their data and will be able to opt in or out of each separate data collection through the same easy to use, secure webpage as the DPM.

This free service has been developed by a Steering Group including representation from the LMC plus business intelligence and information governance leads from both NEW Devon and South Devon & Torbay CCGs. We will be contacting practices shortly to give more information on the service and to get their input.

You can find out more by contacting D-CCG.gpdatasteeringgroup@nhs.net or by following the link below (DPM password required) and clicking on GP Data Steering Group: https://nww.newdevonccg.nhs.uk/DevInfo/pbc_login.asp

## Wi-Fi to be rolled out to all GP practices

Planning is underway to make free Wi-Fi available to staff, visiting health professionals and patients in local GP practices.

- Free secure Wi-Fi for staff and visitors will help to create a modern and flexible working environment. Providing access for all devices including tablets and smartphones; while improving access to tools and services across the surgery premises.
- Free Wi-Fi for patients will allow them access to health and social care resources, online tools and services, empowering self-care and helping them to make informed decisions.

New Devon Clinical Commissioning Group and the Delt team are currently looking at technical solutions and will be in contact to discuss possible rollout dates with each practice in the near future.

## Why succession planning is vital for any GP partnership

When you're busy dealing with the day-to-day responsibility of running a GP practice, planning for the future can sometimes take a backseat. But there is one area you cannot afford to overlook and that's succession planning. Top tips on how to avoid some of the pitfalls are available here.

## Are you overpaying your landlord?

The issue of NHS premises funding is a complex area which is often misunderstood by GP practices. This confusion sometimes results in practices inadvertently overpaying their landlord.

If you don't own your own surgery then you must be occupying it on some form of tenancy basis – whether that agreement is in writing or not – and you should be receiving rent reimbursement.

Advice on what rent reimbursement is supposed to pay for, and how you should be managing it, is available here.

## Legal implications of recent changes to the Statement of Financial Entitlements

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 about how this additional income is 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.

## Free practice health check tool

Wessex LMC has shared a free diagnostic tool to help you look in detail at the health of your practice now and in the future.

The tool helps practices identify where on the spectrum of vulnerability they lie, which may prompt them to take proactive preventative steps to avoid reaching crisis point.

The diagnostic tool enables practices to identify key issues to address and signpost them to possible solutions. It is available here: www.wessexlmcs.com/lunchandlearn/view/15

A more detailed analysis is available using Devon LMC's RAT toolkit:

http://www.devonlmc.org/resilienceassessmenttoolrat

## Managing Clinical Correspondence Workflow - On-site training

Devon CEPN, Insight Solutions and Microtest are delighted to be working with practices across NEW Devon to deliver Workflow Optimisation training for EMIS, System One and Microtest Practices. The CEPN put out to tender this project and this was evaluated by a selection of Practice Managers from across the whole of Devon in conjunction with the LMC and the CCG.

Insights has been chosen as the provider of choice for EMIS and TPP practices, Microtest has been chosen as the provider for Microtest Practices. Their on-site consultancy is completely bespoke to each practice/group, working to your workflow protocol or helping you to develop one. The aim is to help each practice either reduce the inbound correspondence sent to their clinicians and/or to help practices establish clinical system resources to make the process as quick, efficient and safe as possible. This frees up GP resources which can then be re-allocated to clinical appointment time.

**What is it:** Bespoke in-house training to help non-clinical staff be confident to accurately and consistently identify and code clinical data; in order to reduce clinical correspondence forwarded to GPs working towards a possible 80/20% target with GP's seeing only 20% of incoming correspondence and admin teams dealing with the rest

**Why:** To help establish an efficient, safe and accurate workflow system

**When:** Starting from October 2017, the day will be arranged and agreed with individual practices and the training provider**

**Where:** In-house, at your practice
**Who is it for:** This will differ from practice to practice - it may be you want Insight/Microtest to work with a core team of 3-4 administrators with a clinical lead possibly available throughout the afternoon. Other practices may want Insight/Microtest to work with more of their admin team, splitting them into two groups, one morning and one afternoon. Insight/Microtest will discuss your needs in detail when you are booking in your date.

**How much does it cost?** This offer is funded by your Devon CEPN and therefore at no cost to individual Practices.

**They currently have limited availability for October, November is currently available (however dates are offered to practices on a first-come, first-served basis and availability can change very quickly!)

The consultant booked to come out to your practices will not only be an expert in read codes, correspondence management, QOF, etc, they will also be an expert on Emis Web, Microtest or SystmOne. We believe that theory and clinical awareness is important for your admin teams, however, a lot of knowledge comes with experience - for us, it is also essential you understand the practical part of the process, understanding how you can set up your clinical system to help do much of the work for you. You don't want to take a labour-intensive job from your clinical team and just add a labour-intensive job onto your admin team - streamlining the process, having read code formulary and templates within your scanning solutions (clinical system dependant) are an integral part of the process.

In order to book in your day, you can contact Insight Solutions/Microtest as follows:

EMIS and TPP practices - email laura@insightsol.co.uk

Microtest practices – email training@microtest.co.uk.

Let them know which days of the week are best for you (or the ones that are not!). They will then send over availability. If you have any further queries regarding EMIS/TPP please contact Fiona in the office who will be happy to

talk through any queries you may have on Tel: 01527 557407 Mob: 07812 115240 or any further queries regarding Microtest please contact them on the email address above.

**Devon CEPN wider update:**

Our new website it now ready for you to log in and create your own profile. You will need to log in as a member to book courses at reduced prices and free courses. Please go to www.devoncepn.co.uk and go under the membership tab to register as a member.

If you require any help using the new site please do not hesitate to contact the team:

**North Devon, East Devon and Exeter**

**Paddy Myers** – Education Co-ordinator.
**Email:** paddy.myers@nhs.net Tel: 07535 689190.
**Working Hours:** Tues/Thurs 9am-5pm, Wed 9am-1pm.

**Lucy Wood** – Education Lead for Exeter Primary Care and Devon Health
Email: lucywood1@nhs.net

**Plymouth & Torquay**

**Kathy Deakin** – Education Co-ordinator.
**Email:** Kathy.deakin@nhs.net Tel: 01752 431533.
**Working hours:** 9am-5pm, Mon-Fri.

**Tricia Smith:** Clinical Lead for CEPN – Education Lead for Sentinel Healthcare and Haytor Health
**Email:** tricia.smith2@nhs.net

**Trainers and Facilitators wanted**

- We need you! Devon CEPN is set up to provide education and training across the whole of Devon. We know that training is more useful when it is delivered by local, knowledgeable clinicians who can put the information in the context of local pathways and frameworks. To help us do this, we are looking for GPs, nurses, paramedics and pharmacists who are keen to facilitate training in any area you have a specialist interest in. Please let us know at devon.cepn@nhs.net if you have skills and knowledge that you can share with a wider audience.

**Health Navigation**

- Health navigation training has been rolled out across the NEW Devon area and is underway in South Devon & Torbay. If your staff haven't yet been on training, or you have more staff to send, please contact devon.cepn@nhs.net to book your place.

**Nurse Mentorship and Student Placements**

Are you thinking about becoming a placement provider? Here you'll find out how:
https://www.plymouth.ac.uk/student-life/your-studies/academic-services/placements-and-workbased-learning/poppi/poppi-health/becoming-a-new-placement-provider

This contains information on the benefits of hosting students, the placement setting up process, providing the best placement experience, everything you need to know about mentorship, contractual requirements, payments for placements and video testimonials. For more information please contact the team on devon.cepn@nhs.net

**Upcoming training courses:**

Details of upcoming training courses are available here.

## Survey on pharmacists working in general practice

The views of GP practices are sought on clinical pharmacists working in them.

The results from the survey will inform the Pharmacists' Defence Association's ongoing work in supporting pharmacists in general practice and ensure the benefits of having a pharmacist are maximised to the advantage of GPs and their patients.

The survey only takes a few minutes to complete. Please click here to complete it.

The Pharmacists' Defence Association supports pharmacists in their legal, practice and employment needs and has over 26,000 members, many of whom work in general practice.

## Survey about the future of children's services

Parents, carers, health professionals and community groups who work with children in Devon are being encouraged to take part in a survey about the future of local children's services, including school nursing, mental health and additional needs.

The survey forms part of a final push to get people with experience of these services to give their views and influence the shape of the contracts that will be tendered in the coming months.

Proposals have been drawn up by health and social care professionals, clinicians and partner organisations, based on public engagement work with children, young people, parents and carers.

But before any decisions are made, health professionals want to give people another opportunity to comment or raise questions and to get as many views as possible during the next six weeks. The survey can be completed here.

## Free training to become a Cardio GPwSI

An opportunity has arisen to train a GP from the Western Locality to join Sentinel's Cardio GPwSI service.

The training is delivered via part time distance learning and face to face over a year. After that you would join the existing Cardio team to deliver services across the Western Locality.

More information is available here: www.bradford.ac.uk/study/courses/info/practitioners-with-special-interest-pgdip-part-time Please contact us for an initial discussion by 8 September. Email: roland.gude@nhs.net

## Devon Doctors free learning event

Devon Doctors are hosting a free learning event at Taunton Racecourse on 27 September, from 9am-5pm when topics including living with sepsis, suicide awareness, the Mental Capacity Act and SWAST hot topics will be discussed. Refreshments and lunch are provided. Places are limited, so register as quickly as possible at ddooh.execadmin@nhs.net

## Southern Primary Care Collaborative Board update

**By Dr Trevor Avis**

In November 2016 we formed Haytor Primary Care Collaborative Board to represent all practices committed to developing joint working across the South Devon and Torbay Primary Care footprint.

In June 2017 we renamed the Board as the Southern Primary Care Collaborative Board (SPCCB). The purpose was to clearly distinguish between the representative Primary Care Collaborative Board (PCCB) from Haytor Health Ltd, the GP Provider Arm for South Devon and Torbay. It was also to align ourselves with the other establishing Primary Care Collaborative Boards that are forming in NEW Devon.

During the last six months the importance of PCCBs has been realised and there have been discussions involving federations, the LMC and CCG proposing and supporting the development of four Primary Care Collaborative Boards for Devon. These are Western, Southern, Eastern and Northern. The last two are in their early stages of formation. You may have read about the Eastern Board in the July LMC newsletter.

These Boards may then work collaboratively together to form a wider/whole of Devon Collaborative Board. By working together the individual Boards can then support and strengthen each other.

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.

Our SPCCB works closely with, and is supported by, Devon LMC. We have an LMC Representative on the Board.

The purpose of the Southern Primary Care Collaborative Board remains:

- Ensure every practice has a voice.
- Enable the individual voices to be a cohesive representative voice of Primary Care in South Devon and Torbay.
- Support member GP practices to improve resilience and stability.
- To develop innovative, cost-effective primary and community services that respond to people's needs and that are aligned to NHS key priorities.
- Enable individual practices not actively involved in federations/alliances to work 'at scale'.
- To prioritise development of evidence based services which deliver high quality patient care.

We have:

- Established a cohesive Primary Care Collaborative Board for South Devon and Torbay.
- Active involvement in discussion with ICO regarding Community Hospital and Intermediate Care.
- Forged strong working relationship with the LMC.
- Established communication and engagement with the CCG.
- Established representation and active participation in General Practice development in the Devon STP.
- Establishing relationship and support with the three other PCCBs for Devon.
- Established representation and active participation in the Torbay Hospital A&E Delivery Board.
- Established representation and active participation in the System Delivery Board (this may be the precursor to our SDT ACDS).

We have been meeting on the second Tuesday evening of each month at different host practices around our patch. The South Devon and Torbay area is divided into five established Localities. These are: Moor To Sea, Coastal, Newton Abbot (Templer Health Federation) Torquay (comprising Riviera Health and Harbour Medical Group) and Brixham and Paignton Medical Alliance (BPMA).

Each locality or federation has over the last few months confirmed their nominated GP and PM Representatives who will attend the SPCCB Meetings monthly. It is then the responsibility of those GPs and PMs to act as a conduit linking their federation, practices or alliance to the SPCCB in a two-way process of communication.

Based on population groups of roughly 35,000 and 75,000 in each we have determined that there would be two votes each for Newton Abbot, Torquay and BPMA and one vote each for Coastal and Moor to Sea. Each vote would be accompanied by the nominated/elected GP and PM from each area. This seemed to be the fairest way to cover our footprint.

There is an established commitment to have ongoing attendance at the Board and we are fortunate to have LMC Chair Dr Bruce Hughes to be our Board member.

In order to have representative equitable discussions at SPCCB there are nominated/elected two GPs and two PMs from Newton Abbot, Torquay and BPMA, with one GP and one PM from Coastal and Moor to Sea.

The representatives are:

Newton Abbot (Templer Federation ); Dr Mel Forte, Dr Paul Melling, Tracy Green and Dawn Buchanan
Coastal: Dr Tricia Allen and Michelle Jones.
Moor to Sea: Dr Andy Freeman and Martin Randall.
Torquay: Riviera ( Dr Leanne Bullock/Dr Rachel Gaywood (shared role) and Sue Finch).
Harbour Medical Group Dr Ellie Rowe and Mark Thomas.
BPMA: Dr Trevor Avis, Dr Rob Bromige, Alison Brewer and Steph Tedstone.

# News from Devon LMC

## Book your place at the PM Conference

You can now book your place at the LMC's forthcoming Practice Managers Conference.

The Conference will take place from 1:30pm-6:15pm on Wednesday, 29 November and from 9am-5:15pm on Thursday, 30 November at the Harbour View Hotel, in Sidmouth. The cost is £75 a head (not including accommodation or evening meal).

The provisional agenda and booking form are available here.

**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 by noon on Friday, 22 September please.**