Newsletter

October 2017 – Issue 191

New resources to negotiate a communications minefield

By Richard Turner, Communications Lead at Devon Local Medical Committee

Welcome to our latest newsletter.

A nationally-acclaimed academic – with a far finer mind than mine – once described the language the NHS uses to communicate as 'bollocks' and 'jargon'.

Somewhat uncharitable, perhaps. But in a profession laden with acronyms (STPs, CQUINs, anyone?) and management buzzwords (deep dive, moveable feast, roadmap), he has a point.

Throw in the raft of service and organisational change programmes to communicate as part of STPs – documents described by the Plain English Campaign as 'gobbledygook' – and we're treading gingerly in a minefield of messaging from numerous commissioners, providers and partners.

Simplicity is the key to clear and effective communication – especially in these challenging times in healthcare.

To that end, the LMC has just launched a new user-friendly website, which will become a one-stop shop for local general practice.

It includes the latest local and national news, guidance, training and events relating to the profession. New features will continue to be added in the coming weeks, as the website develops, such as a secure internal discussion forum.

The website is easy to navigate and can also be accessed via smartphones and tablets. You can visit it at: www.devonlmc.org

We are also set to launch a new Facebook account where you can hear about the latest developments in local general practice. If you are on Facebook, follow us! This complements our existing Twitter account at @Devon_LMC which is rapidly gaining followers among key influencers, from local commissioners to national figureheads.

As part of our wider communications work, to support your operational priorities the LMC has just launched a flu media campaign to encourage people to visit their local practice to have their vaccination, ahead of the national Stay Well This Winter campaign. The story has been picked up by the likes of Radio Exe and the North Devon Gazette and we expect further coverage in the coming weeks.

Continuing our media work, we recently fielded Dr Mark Sanford-Wood, our Medical Secretary, to carry out an interview for BBC Inside Out to raise public awareness about the challenges facing local general practice. This touched on areas like lack of investment, workforce issues and safety. We expect the programme to broadcast in the autumn.

Finally, places are filling up fast at our forthcoming Practice Managers Conference at the Harbour View Hotel, Sidmouth, on 29 and 30 November – you have until 1 November to secure your spot!

Key themes at the conference will include risk management, working at scale, managing and coping with change, employment law, premises and maximising income. Details of the provisional agenda and how to book are available here: www.devonlmc.org/trainingandevents

The proposed format and location for the event was agreed following feedback from the Pan Devon Practice Manager Group direct to the LMC.

We also encouraged feedback from local PMs about shaping the agenda in recent LMC newsletters – and approached some individual practice managers to feed into process.

We have tried to ensure that the agenda meets the needs of local PMs and they will be invited to evaluate the event once it has taken place, which will help inform future event planning.

The location was specifically requested by practice managers, so they could relax, unwind and network. Accommodation is at each delegate's discretion, but the venue is offering a discounted rate for single occupancy. There are many alternative options for accommodation within a short walk of the PM Conference venue too.

We look forward to seeing a good turnout of practice managers from across Devon at the PM Conference, where you can learn, network and be inspired!

As always, if you have any feedback or suggestions about our various communications and channels, please contact me at richard.turner@devonlmc.org

The Delivery Plan for the STP is vital

By Dr Andrew Mercer, Chair of the Western Locality Sub-committee at Devon Local Medical Committee and LMC Board Member

We have had the STP deliver their Strategy Plan for general practice – the aim to moving forwards into 2021 with stability. The challenge to develop a general practice that is fit for the future throws up a great deal of challenges, the biggest I feel will be workforce. I think we have over the past 10 years been fortunate in Devon but the national crisis has now hit our practices. Devon remains an attractive place to work, but the increase in workload in general practice makes recruitment and retention a challenge.

Instability in general practice has not helped recruitment with GP trainees either choosing to move abroad on qualification – move out of area – or those who do remain in the locality often choose to work on a sessional basis as there is less of a financial risk.

With the Success Regime intention to reduce spend in NEW Devon and the STP working across Devon to provide stability of the health care system the idea has been floated that work could move from secondary care into primary care. This is seen as being a more cost-effective way to deliver care and possibly better for the patient with the resource following the patient. This raises alarm bells for me as so many practices are already struggling to provide their core and enhanced services and the threat of extra work is a step too far. For some practices, large amounts of money could be thrown to resource work in general practice now, but without the workforce in some areas there is not the capacity to take on this work.

In the Western Locality we have seen the alarm bells escalating and crisis meetings have been held to stabilise a very fragile landscape. We have seen four GP practices close their doors and a further two practices have handed back their contracts (one being a super practice of 22,000 patients) this coupled with the failure by NHS England to procure a service for the 10,000 patients (currently being provided on an interim basis by Access Health) – fortunately Access are continuing to provide a service for these patients until there is re-procurement. This is likely to be in April 2018 with the patients from those practices who have handed back their contracts being included in the process allowing for the procurement of care for 33,000 patients! This is a great challenge for NHS England and the main worry is what is "Plan

B" – having already failed to procure for 10,000 the ask of procuring a service for 33,000 patients may be attractive to national providers but the worry is still workforce. Some of the local practices are seeing numbers of up to 30 patients a day join as new patients – these are often patients with complex medical needs. Practices have requested to close or cap their lists to prevent destabilisation of the whole system.

Looking at the workforce for the future – we have to ask 'Where is the next generation of GPs coming from?' In North Devon, even with the prospect of a 'golden handshake' training places are not filled. There has also been talk of looking at GPs who have chosen to retire being tempted back into the workforce. Is this a realistic option? Partners and Senior GPs have often left as the workload has become overwhelming and changes to the Pension Scheme have made the option of staying less attractive. We also have very experienced GPs waiting to retire but feel they cannot as there are no candidates applying to take on substantive roles and their retirement would increase the pressures on those left or even result in closure of the practice.

We have seen the formation of four locality collaborative boards – GPs working together to try and deliver effective change in general practice for the benefit of the health care system and enable stability. These remain unfunded boards (despite the assurances made to date) and GPs are meeting in their spare time to develop a sustainable system. It is hoped that this will be soon funded and allow development of a sustainable general practice to be actioned as a priority and not in our spare time (which is reducing as workload increases).

Whilst I eagerly await the Delivery Plan to be published showing how the commissioners plan to put into practice the GP Strategy, for some practices it is a little too late.

List capping templates

The LMC has produced a suite of templates for practices considering not registering new patients, if continuing to do so would jeopardise their ability to provide safe care to those patients already registered at the practice.

The templates – which include an advice sheet, patient letter and aide memoire for staff – are available here:

www.devonlmc.org/listcapping

Psychotropic meds and their monitoring

The LMC has produced templates to rebuff requests for prescribing specialist psychiatric medication which is not part of core general practice. They are available here: www.devonlmc.org/prescribing

The crisis in general practice

Dr Andrew Mercer, Chair of the Western Locality Sub-committee at Devon Local Medical Committee and LMC Board Member

The Kings Fund wrote in July 2017 about the growing crisis in general practice. Whilst patient satisfaction remains high – it is reducing steadily. Satisfaction of the experience of making an appointment and practice appointment systems has reduced significantly. The Government's response to this has been to focus on trying to improve access – aiming for an 8am-8pm service by 2020. Some practices or groups of practices already offer this access but have not seen the increase in satisfaction expected. Even if capacity is increased, workload in general practice continues to escalate with the pressure on GPs increasing year on year. Kings Fund looked at Demand in general practice and it was no surprise to see in the sample analyzed that GP workload had increased over a four-year period in volume and complexity with a 15% increase in consultations and a growing number of patients with complex conditions. Over the same period the proportion of NHS funding spent on general practice declined by 0.4%.

With the aspiration to improve the wait times in the Emergency Departments, there is now a planned rollout of GP Triage in the Emergency Departments. Locally I think there will be a massive challenge to find enough GPs to staff these services. The relaxation of the 18-week – referral-to-treatment waiting times standard for elective treatment will also likely increase the workload for general practice as people wait longer for operations or specialist input.

Despite the pledge to increase the number of doctors working in general practice by 5,000 by 2020/21 the number of Full Time Equivalent (FTEs) GPs fell by 0.3% in 2016 We have seen from the work done by Prof. John Campbell and his team demonstrating that a large proportion of the workforce is over the age of 55 years and the workforce is likely to shrink (rather than expand) by 2020/21. Of those GPs in training less than a third plan to work full time one year after qualification, many intending to have portfolio careers – the main reason cited being the intensity of the working day in general practice.

The GP Forward View (GPFV) was planned to provide a solution to allow sustainability of general practice but I don't think we have really seen any of the fruits of the billions promised providing the stability locally. I had hoped to be writing about the positive changes made to improve the stability of general practice after the promises made when the GPFV was launched, but unfortunately, I cannot. In some areas of Devon, the crisis arrived months ago and practices are facing the stark reality that for them general practice is not sustainable in its current model.

We look forward to the leaders in NHS England making the big decisions that need to be made soon and having the courage to take the steps to invest substantially in general practice. NHS England working with the STPs and CCGs must work with general practice to help reduce the workload and help make it a more attractive option for retention of the current workforce and an exciting opportunity for newly qualified GPs to commit their future to.

I see the building of a stable general practice as the most urgent priority the Health Care System faces as without a sustainable general practice the changes that are suggested to make secondary care more sustainable will not be able to progress.

General Practice Forward View Funding and Support

It can be incredibly difficult to keep track of the General Practice Forward View schemes and what is available. Therefore, the GPC has provided information on funding and support that should be available in 2017/18: www.devonlmc.org/generalpracticeforwardview

The GPC will monitor how the 2017/18 funding and support schemes have been implemented and if they are reaching the ground across England.

GPs would consider practice list closure, survey finds

GP leaders have called on ministers to urgently address the growing crisis threatening to overwhelm GP services after a BMA survey of GP practices in England showed many would consider a temporary or permanent closure of their practice lists because of the unsustainable pressures they are under.

The indicative survey drew responses from 1,870 GP practices in England and looked to gauge whether funding, workload and staffing pressures meant they needed to consider suspending new patient registration to protect patient safety. The results showed:

- 54 per cent said they would consider temporarily suspending new patient registration so they could focus on delivering safe care to patients already on their practice list.
- 44 per cent said they would be in favour of applying for a formal and permanent list closure from NHS England.

Dr Richard Vautrey, BMA GP Committee Chair, said: "The fact that even a single surgery has reached the point where it would consider a suspension of new patient registration or closing its patient list fully shows that Government promises to rescue GP services have failed to materialise.

"Despite the hard work of GPs, nurses and practice staff, many GP practices are struggling to cope with the rising number of patients coming through their doors because of a lack of necessary funding and widespread staff

shortages. A third of GP practices have told the BMA they have had vacancies that have gone unfilled for 12 months and nine out of ten have said their workload is often unmanageable.

“This is placing an intolerable pressure on local GP services, especially as they increasingly need to deliver intensive, specialist care in the community to the growing number of older patients with complex health conditions. In recent years some GP practices under considerable pressure have already taken the step of suspending their practice list to maintain patient safety.

“The Government needs to understand that this landmark survey sounds a clear warning signal from GPs that cannot be ignored, and that the workload, recruitment and funding crisis in general practice must be addressed with far more vigour and commitment.”

High standards of patient care recognised in general practice

The Care Quality Commission report 'The state of care in general practice 2014 to 2017' gives the most detailed analysis yet of the quality and safety of general medical practice in England.

At the end of its first inspection programme of general practices (many had been re-inspected) 4% were rated outstanding, 86% were good, 8% required improvement and 2% were inadequate overall.

Responding to the report, *The State of Care in General Practice 2014-2017*, Dr Richard Vautrey, BMA GP Committee Chair, said: “This report shows that general practice consistently receives the highest ratings for the quality and safety of care delivered to the public despite the unprecedented and growing pressures on GP services throughout England. The number of GP practices obtaining the highest grading continues to grow, with nine out of ten rated as either good or outstanding.

“These positive results are undoubtedly down to the hard work of GPs and practice staff, but many are in an environment where they are increasingly struggling to deliver effective care to their local communities. A recent BMA survey found a majority of GPs in England are considering temporarily closing their practice list to new patients because of the impact of soaring demand, stagnating budgets and widespread staff shortages. A third of GP practices have vacancies that have remained unfilled for 12 months while nine out of ten GPs believe their workload is often unmanageable. The CQC process itself remains overly bureaucratic and continues to result in GPs spending time filling in paperwork when they should be treating patients.

“In this climate, it is important that any GP practices deemed to be struggling are given the necessary support so that any issues can be addressed. More widely, the Government needs to tackle the mounting crisis facing GPs, not least as the report concludes that a strong general practice is vital to the overall performance of the rest of the NHS.”

Responding to the report, Nuffield Trust Deputy Director of Policy Charlotte Paddison, said: “It’s good to see the report showing that the vast majority of GP practices provide good or outstanding care, and that standards are rising. Given serious staffing and funding pressures, this is a testament to the professionalism and commitment to deliver good care evident in general practice.

“But more work is needed to ensure access to the best primary care for all patients. Pockets of poor care remain: one in ten practices needs to improve, and in 147 practices care was rated ‘inadequate’.

“As we have said before, the lack of comprehensive national data on what happens in general practice is a serious stumbling block. We still do not even know how many consultations take place each year, or who receives them: this needs to be addressed.”

On the report’s finding that bigger practices fared better, Charlotte Paddison said: “The Nuffield Trust’s work looking at large-scale GP practice organisations did not find a clear correlation between size and quality and the report is clear that size in itself does not dictate quality. So we would urge caution around drawing direct associations. We do know from our work that bigger organisations may have more opportunity to focus on improving how they work.

However simply scaling up is unlikely to automatically deliver improvement. Good leadership, staff engagement and strong back office functions are all factors that are crucial for driving quality improvement. There may also be downsides from some perspectives – in a bigger organisation you may be less likely to see the same GP each time you visit the practice.

"The trend over the last 15 years has been towards fewer, larger practices, and the public can expect this to continue. But this doesn't mean the end of small practices. There are other ways to organise GPs on a larger scale: in a rural area, for example, you might have a network of small practices."

GPs are providing Premier League performances on non-league budgets

By Dr Mark Sanford-Wood, Deputy Chair of GPC England and Medical Secretary at Devon LMC – article from *Pulse*

The CQC's 'State of Care in General Practice' report has been some months in the writing and is a summary of the findings by CQC across the whole of English general practice over the last three years. Every inspection in every practice the length and breadth of England has informed the figures, observations and conclusions presented in this commentary.

What is immediately striking is the incredible quality offered by English general practice to the public we serve. General practice far outstrips the performance of any other sector in health and GPs should be rightly proud of their achievements in the most challenging of circumstances.

According to a new BMA analysis of general practice finances, funding for practices has fallen to a record low of just 7.5% of NHS spend and despite many, many promises new figures suggested that the Government has not fulfilled the GP Forward View's pledge to significant increase the proportion of the NHS budget being spent on GP services. Yet despite this shortfall GP practices have delivered astonishing value. The total annual budget per patient for all care in general practice is less than that for a single out-patient appointment and yet the CQC report quotes many examples of quality beyond compare.

Of particular interest to policy makers should be the conclusion drawn by CQC that funding in general practice is directly linked to the best outcomes in NHS-wide improvement. If you want to improve the NHS then invest in general practice. That is evidence based policy and it should be at the centre of every Government initiative and STP plan from Berwick to Bude.

But all is not well in the land of the expert generalist. In every corner of the country we see practices teetering on the edge of extinction. In footballing terms, the Premier League performance noted by CQC has been delivered on non-league budgets. And that cannot be sustained. The CQC warns that investment in general practice is vital if we are to maintain delivery. It notes the substantial increase in workload and complexity in recent years and comments that this has not been matched by growth in funding or workforce. Just a few weeks ago the BMA surveyed GP practices and found more than half were in such a desperate state they were considering applying to NHS England to temporarily close their practice lists to new patients. Four out of ten thought they might have to make this a permanent arrangement. The warning to the Government is clear: invest in general practice or preside over the disintegration of your greatest asset. It is a message GPC will be hammering home at every opportunity.

CQC has had a chequered history with the profession over recent years. Many, including the GPC, have criticised their processes and methodology. There have been justifiably irritations over registration and other administrative obstacles, and the GPC has argued consistently to reduce the regulatory burden and achieve proportionate regulation. Notwithstanding these criticisms of the CQC's methodology and processes, we finally have a Government-inspired, centrally-funded, independent assessment of the profession I love, and the verdict is alpha-plus performance on omega resources.

This report must herald a rapid wind of change. If policy is to be evidence based then it must respond to the scientifically proven facts staring us in the face. General practice is the Koh-i-Noor of jewels in the NHS crown. But it is under imminent threat. From Bridlington to Folkestone, it is disintegrating before our eyes through neglect and underfunding. Both of those areas, at opposite ends of the country and treating very different patient populations, have in the last year either seen GP practices close their lists or their doors for good. Thousands of highly performing practices in villages, towns and cities across the country are one retirement away from oblivion. This report could not be clearer. We need urgent investment and we need it now. The GPC will push hard for this and in the light of this report we ought to be pushing at an open door.

Advice on participating in waiting times survey

NHS England has commissioned a survey of each GP surgery in England to better understand waiting times in General Practice. The survey will run through October, and will involve every practice in England receiving a telephone call. NHS England has advised the call will last no longer than three to four minutes, and will ask when the third next available routine appointment is.

The GPC has expressed our deep concerns to NHS England regarding the potentially misleading or poor quality data this survey may produce, especially given the vast variability in appointment systems from practice to practice, as well as the survey failing to accurately assess emergency appointments, telephone triage and other modes of access. We have also questioned the expenditure on such a survey when General Practice itself is collapsing due to chronic under-funding.

GP Practices are under no obligation to respond to this survey. However, if you wish to do so our advice is as follows:

- Direct the call to the Practice Manager or another suitable manager. If no such person is immediately available, then take a return contact number and instruct the caller that someone will call them back later
- The person giving the data should tell the caller when the third next available routine appointment with a doctor is
- Appointments which can be booked into a locality hub are valid for the purposes of this survey, and the third next available routine appointment should be given
- If no such routine appointment exists due to the design of your appointment system (eg: Total Triage, On-The-Day, Nurse Triage etc) then inform the caller you are unable to answer the question, and explain the reason for this

Once again, compliance with this survey is entirely voluntary and practices should only participate if they are willing and able to do so.

Support with Community Health Partnership and NHS Property Service issues

The GPC is aware that many practices in NHS Property Services (NHSPS) or Community Health Partnership (CHP) buildings are experiencing issues, such as significant increases in service charges.

These increases are being levied with seemingly no reference to the contractual arrangements (or lack thereof) that are in place, or the sums historically paid. This issue is further complicated as practices are often not provided with an itemised list of charges, or when they are, there are often errors or incorrect charges included.

These issues often coincide with NHSPS attempting to negotiate a lease with practices. Read more here: www.bma.org.uk/advice/employment/gp-practices/premises/support-with-chp-and-nhsps-issues

Clinical Pharmacists in General Practice – template agreement

NHS England recently sent Enhanced Service Specifications to those applicant sites which have already been accepted onto the Clinical Pharmacists in General Practice programme. To complement this, the BMA has produced a template which can be adapted to suit the needs of each particular site/collaborative arrangement. The adaptable nature of the

template agreement means that any practices and providers who use it must take their own independent legal advice before it is signed by the relevant parties. Further advice on this process will be sent by NHS England to successful practices.

The deadline for the next wave of applications to the Clinical Pharmacists is today (29 September 2017). Practices should visit the NHS England website to apply. Practices who have been unsuccessful in previous waves are able to reapply. It is expected that all practices in England will have access to a clinical pharmacist by the 2018/19 financial year. NHS England has published guidance for applicants on its programme web page.

New complaints guidance for GP practices

The BMA has updated its guidance on the requirements of the NHS complaints system for GP practices. Read more here.

Update on contractual requirements for frailty

By Dr Mark Sanford-Wood, Medical Secretary at Devon LMC

Devon LMC has been made aware of some misunderstandings around the new contractual requirements regarding frailty. A significant change to the GMS/PMS contract for 2017-18 was the abolition of the previous Avoiding Unplanned Admissions (AUA) DES. In its place GPC negotiated with NHS Employers to agree to a contractual obligation to provide at least one clinical assessment per year in those patients aged over 65 with *clinically confirmed* severe frailty.

The contract requires practices to use an automated frailty identification tool such as eFI to highlight those patients over 65 who *may* be frail, but stipulates that the final decision as to whether or not an individual patient should be flagged as severely frail rests with the clinician. This was an important clinical safeguard that the GPC felt was vital to retain in order to prevent large numbers of people being coded inappropriately and receiving unnecessary interventions.

The previous AUA DES identified 2% of the practice population whereas the severely frail over 65 constitutes on average 0.5% of the list. For a GP with a list of 2,000 patients this will mean the number of severely frail over 65 year olds will average to roughly 10 patients rather than the 40 that were previously captured under the AUA DES. Furthermore, this smaller group is likely to constitute those patients known best to the GP and more in need of ongoing input.

The new regulations strike a balance between GP workload and optimum patient care that we believe is a great improvement on the AUA DES and retains the AUA funding within the Global Sum, making it safe into the future. It is envisaged that the checking of the list of "possibly severely frail" should take very little time for a GP who has regular contact with such patients and is therefore able to exercise rapid clinical judgement due to this personal knowledge. This process will allow GPs and practice teams to focus on those patients who most need their help and ensure that work is targeted at those who will benefit.

Yellow Card Scheme available to all practices

All practices in Devon can use the 'Yellow Card Scheme' run by South Devon and Torbay and Northern, Eastern and Western Devon Clinical Commissioning Groups with immediate effect.

What is Yellow Card?

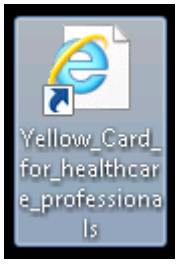
Yellow Card is an electronic system allowing health and social care professionals to raise system issues, elements of poor quality care that they might come across in their day to day work. It is not a formal incident reporting tool and does not replace your normal routes for reporting incidents.

Yellow Card is about lower level concerns that you may come across. Some examples might be:

- You have continued problems with a particular service and this limits your ability to do your job, for example, continued delays to bookings.

- You are experiencing problems with the 'system', for example, poor discharge from hospital or requesting work that isn't your responsibility.

Practices in NEW Devon and South Devon and Torbay will have a shortcut on their computer desktop which looks like this:



Click on this shortcut to be taken straight to the Yellow Card system. No password is needed.

You can also access the Yellow Card system from any computer, smart phone or tablet using this link: bit.ly/DevonYC

What happens when I submit a Yellow Card?

Once received it will then be reviewed by the team and you will receive an acknowledgement email with a reference number. All Yellow Cards are logged and reviewed. If on review, it is felt that the issue should be an incident or safeguarding report, the team will notify you and ask that you report through the correct process.

Alternatively, if the team feel that it does not meet incident criteria but it needs looking into, you may be contacted for more information. The remainder are logged against the service and the theme and subject of the issue. Once thre or more are received about the same theme these are then sent as a theme for discussion with the organisation of concern.

Where we receive many Yellow Cards about the same issue, we will undertake a deep dive analysis; this will be a formal report that will combine what we are hearing from Yellow Cards, formal incidents, complaints and feedback and we will ask the organisation to provide a formal response with an action plan for improvement.

We do not provide individual feedback to those who have submitted a Yellow Card, unless there is a specific case investigation. Feedback around general themes and trends will come through the newsletter. Yellow Card often mirrors feedback we hear through complaints, concerns and other routes, so it is really useful for us to understand how big an issue the situation might be.

If you have any questions, or require more information, please email the Yellow Card Team at: yellowcard.sdtccg@nhs.net or phone 01803 652 578.

Pilot service for young people under 18 with persistent unexplained physical symptoms leading to reduced function +/- school attendance

Background

Psychosocial issues for young people can contribute towards persistent unexplained physical symptoms (PUPS) causing functional disability and poor school attendance. These young people risk unnecessary medical investigations/ appointments, may not meet CAMHS criteria and go under the radar of Education Welfare Services (EWS) in the misplaced belief that medical illness explains all of their difficulties. Significant mental illness may go unrecognised and unsupported. Long-term outcomes are poor for academic achievement, employment, physical and mental health. This is a vulnerable group of young people whose needs are currently not well identified and met by services.

Pilot project

A pilot project over 2016-17 between RD&E Paediatrics, Exeter, East and Mid Devon CAMHS and the Education Well being team has demonstrated that with MDT discussion of cases, holistic joined-up assessments, clear and disseminated medical advice and short-term interventions many young people can be supported to get back to good

school attendance and/or identify and support more complex needs. Health and education commissioners have funded an extension to this pilot for another academic year 2017-18. We would now like to link with schools, public health nursing and GPs to identify more young people who might benefit from this level of assessment, early intervention and input.

The pilot team consists of paediatricians, psychiatrist, psychologist, CAMHS worker, education well being officer, and links with allied health professionals. It is currently just for those young people who would usually be referred to/choose to be seen at RD&E.

Referrals

Referrals for MDT discussion +/- assessment should always be made with patient/parent consent. Referrals should only be made for young people who have persistent, unexplained physical symptoms affecting their normal level of functioning +/- school attendance.

Referrals will be accepted from GPs, school nurses, education well being services and allied health professionals. There will be initial information gathering for any young person followed by offer of a holistic, longer appointment with a paediatrician +/- other professionals if appropriate. Short-term interventions can be offered from the pilot team or young people will be signposted into more appropriate existing services. Advice and guidance from the paediatricians in the pilot team is readily available.

Contact: Karenstreet@nhs.net or Jessicapales@nhs.net or Rachel.howells@nhs.net

What can go wrong with a surgery move or redevelopment

Making the decision to move to a new surgery, or to redevelop your existing surgery building, is a big step. In fact, it is likely to be one of the most complicated legal transactions a practice will ever undertake, carrying significant financial and legal risks.

Once you have successfully secured a share of the NHS premises development budget, you need to think about managing this complicated process.

Some of the more common problems encountered during transactions of this nature are highlighted here.

What can you do about inflated NHS Property Services charges?

Around 1,500 GP practices in England currently operate from premises owned and managed by NHS Property Services (NHSPS). Many of these surgeries have now been contacted by NHSPS about entering into a new lease and are also facing demands for a highly inflated service charge.

The proposed service charge increases can be substantial, with charges reaching up to six figures in certain cases. Many practices are extremely concerned about the impact the increased costs will have on their business. Advice on the action you can take is available here.

Stopping contributions to the NHS pension – what are the partnership implications?

There are many reasons why a partner may decide to stop contributing towards the NHS Pension – from 24hour retirement, to approaching the ceiling of the lifetime allowance, or simply deciding to make other pension arrangements.

Partnerships seeking clarity on this matter, as stopping contributions, is becoming more common. The good news is it's a relatively straightforward process. Read the advice here.

NHS Health Checks training

Training and refresher courses are available afor NHS Health Checks. Read more here: www.devonlmc.org/trainingandevents

News from Devon LMC

Motions submitted on hot topics for England LMC Conference

Devon LMC has submitted 11 motions for consideration at the England LMC Conference in November.

They will be revealed at the Conference, but cover a range of key areas including contracts, intermediate care, IT, education and training, and the General Practice Forward View.

The LMC will be represented by a delegation of local GPs from across Devon.

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 Wednesday, 18 October please.

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