Newsletter

January 2018 – Issue 194

Support for sessional (including salaried) GPs

By Dr Mark Selman, Devon Local Medical Committee Board member and South West representative on the Sessional GP Subcommittee of the General Practitioners Committee.

I am a salaried GP and locum and have been representing sessional GPs at Devon LMC for 20 years. I am also a Devon LMC Board member with a remit to ensure proper representation of sessional GPs. Devon LMC now has a long history of recognising and representing sessional GPs in Devon. Elections to the three subcommittees are open to sessional GPs and all three committees have sessional GP elected members. The LMC Board has sessional GP representation too. Issues affecting sessional GPs can be reported via these members or directly to the LMC office on 01392 834020. It is very important that sessional GPs who have any concerns should bring them to our notice.

The LMC has a well established pastoral support service which is accessible to sessional GPs and has helped a number of sessional members over the years.

The LMC has a popular website which is a useful source of information for sessional GPs and has a section for practices to advertise vacancies and for locums and salaried GPs to advertise their availability. The guidance and training and events sections are also very useful. There is a sessional GP support page in the support section of the website. It is worth spending some time to visit the website and also look at the monthly newsletters which are archived in the communications section.

All GPs are represented on the General Practitioners Committee (GPC) of the British Medical Association (BMA). All GPs whether or not they are BMA members are represented on the GPC via their LMCs. LMCs have the opportunity to influence GPC policies at the LMC Conference. We regularly send sessional GPs to the conference and propose motions that impact on sessional GPs.

I am a member the GPC Sessional GP Subcommittee which exists to ensure sessional GP interests are represented on the GPC. The subcommittee is elected directly by all sessional GPs irrespective of BMA or LMC membership. We deal with national issues that affect all sessional GPs and have had major successes over the years including locum pensions and the BMA salaried model contract. A lot of work done by the subcommittee goes on behind the scenes without much publicity such as liaising with Primary Care Support England (PSCE/Capita), NHS Pensions Agency, GMC, Inland Revenue, appraisal and revalidation. We have also led on innovations such as the returner and retainer schemes. The Sessional GP Subcommittee produces a monthly newsletter which informs readers about progress and changes that

affect their everyday practice. The LMC has a list of sessional GPs to send local and national updates out to including a link to the LMC and sessional newsletters. These can also be accessed via the Devon LMC website. If you don't receive these please contact the office at admin@devonlmc.org to update the database.

For contract and employment issues sessional GPs need to be members of the BMA to get advice. The Sessional GP Subcommittee has a responsibility to oversee BMA services to ensure that sessional GPs are being given appropriate advice and support.

The NHS is rapidly changing in response to increased workload and the recruitment crisis. I would like to hear from GPs who have experienced changes of contracts or working conditions in the new models of care such as federations and super practices.

Have a happy and prosperous new year.

Specialised Medicines and Shared Care

By Dr Phil Melluish, Devon LMC Prescribing Lead and Board Member

What do you do if you are asked to prescribe a drug with which you are unfamiliar?

GMC guidance is clear that "you are responsible for the prescriptions you sign" and that "you must recognise and work within the limits of your competence". There is also a requirement to keep up-to date, and new drugs are being developed and marketed all the time, plus the overall number of prescriptions is rising year on year. A prescriber must be "competent to prescribe" whichever medication is in question. This means knowing enough about the patient and the drug to prescribe safely. When new drugs are introduced extra care is needed to fulfill this requirement.

There is sometimes pressure to take over prescribing as it more convenient for a patient, or to take pressure off a particular specialist clinic, but this must be balanced with the requirement to prescribe safely outlined above. In its section on shared care, GMC guidance also states that if a specialist is recommending a new or rarely prescribed medicine they should specify dosage, means of administration and a protocol for treatment.

This may all sound quite daunting but help is at hand. We have the South and West Devon and North and East Devon joint formularies which are up-to-date, evidence based and summarise the locally agreed pathways for prescribing. There is also the Specialised Medicines Enhanced Service which lists the medicines for which we have shared care agreements as well as a few which require monitoring, but are not strictly shared care, for example Warfarin.

When agreeing a drug's inclusion in the enhanced service specification the CCG and LMC look at two different aspects of the medication.

The first is the frequency of monitoring and the level of practice clinician involved. So if an HCA takes blood every three months requiring interpretation by a GP that would be a higher tier than, say, a drug requiring six monthly Blood Pressure monitoring within a given threshold which an HCA or nurse could interpret.

The second aspect is the frequency of use of a drug. We have agreed that if a drug is used in fewer than one in 2,000 patients, not every GP will have a patient on it so it is considered very specialised. If between one in 2,000 and one in 500 patients use it, then many GPs will have some experience of it and it is therefore less specialised. Finally, if more than one in 500 patients is on a drug it is considered relatively commonly used. Less commonly used drugs attract a higher fee, in general.

We have a grid with these two aspects plotted on the axes and this gives an indication of the tier of payment we would feel appropriate if a drug is added to the enhanced service.

Shared care guidelines (SCGs) are developed to summarise a drug's characteristics and monitoring requirements. They are intended to clarify the responsibilities of specialist, generalist and patient to minimise the chances of harm coming to the patient. They are voluntary and never mandatory. Until a GP gives written confirmation that they have agreed to share care, the monitoring and prescribing responsibility remains with the specialist. Usually, SCGs are developed by pharmacists at the request of a CCG medicines optimisation team. Most often they are proactive and reflect the status of the drug in the Joint Formulary. Occasionally they are reactive, when it is noticed that an uncommon drug is being increasingly prescribed by GPs.

So, to summarise, if you are asked to prescribe a drug with which you are unfamiliar, you should ask yourself if you have sufficient information to be competent to prescribe it and that it is in the patient's best interests. The Joint Formulary, BNF and Specialised Medicines enhanced service may well have information to help. If you feel able, then prescribe, if you don't, then either seek further information or leave the prescribing to the specialist. The Specialised Medicines Enhanced Service does not tell you that you should prescribe something, but is an indication that prescribing has been considered appropriate for those who wish to. If you do prescribe, it gives information on what is required, and the agreed fee for the service.

As always, communication is key. If you are having any difficulties with Specialised Medicines or Shared Care please use the yellow card system and/or talk to us at the LMC, your Joint Formulary representative or your local Medicines Optimisation team.

Changes to the LMC Executive Team

Carol Hobbs, Deputy Director of Operations, will be leaving the LMC on 31 January and taking up a position in Taunton supporting the work of the Community Education Provider Network (CEPN).

The LMC would like to acknowledge the valuable contribution Carol has made and thank her for her work on behalf of Devon GPs and practice managers.

As a result of Carol leaving, the LMC has reviewed its workforce requirements. Currently it has three medical secretaries covering 2.5 days per week – this will be increased to three days per week in total. Dr Mark Sanford-Wood, Dr Paul Hynam and Dr Rachel Ali will all work one day per week.

Hannah Baxter will be taking on more responsibility as Interim Practice Support Manager. Angela Edmunds, Director of Operations, will increase work full time until the end of June 2018.

A substantive appointment will be made after the recruitment process is completed for the Director of Operations position which will become vacant in July. The recruitment process will begin in February.

UK LMC Conference

Devon LMC has submitted 21 motions for the UK LMC conference which will be held in Liverpool in March.

The motions cover a range of subjects including national standards for discharge summaries, easy route to return to practice, capping GP workload, and remove the prescribing of products such as stoma, gluten free, etc, away from GPs

GPC Roadshow – save the date

The General Practitioners Committee (GPC) will hold a local roadshow about the 2018/19 contract changes and provide an update about national developments in general practice early next year – GPs and practice managers are encouraged to 'save the date'.

Dr Mark Sanford-Wood, Deputy Chair at the GPC, will be presenting and there will be plenty of opportunities for local GPs and PMs to ask him questions.

The event will take place at Plymouth Science Park on Wednesday, 21 February, 2018. Doors open at 6:30pm for a light buffet and networking, with the main event taking place from 7-9pm. A final agenda – and further details – will be communicated in due course.

Please confirm your attendance via email to admin@devonlmc.org by noon on Friday, 19 January. Places are available on a first come first served basis and we have already had around 50 expressions of interest.

As we will be joined by GP colleagues from Cornwall on the night, the event is being held on the Devon-Cornwall border. Directions to the venue are available here: http://plymouthsciencepark.com/contact/getting-here/

Launch of the Mental Capacity Assessment Referral form

A Mental Capacity Act referral form developed by NEW Devon Clinical Commissioning Group (CCG) with the support of Devon LMC is being launched for use by GP surgeries. The form can be given out by surgeries to anyone (social worker, solicitor or other professional) requesting a GP to complete a capacity assessment. The form is designed as an aid to GPs to ensure they have enough information about the request to decide whether or not they are the most appropriate person to complete the assessment. If, on receipt of the completed referral form, the GP then does agree to carry out the assessment, the information on the form will assist the GP to complete a sound and robust assessment. The form is not compulsory and can be downloaded here. The form will also be hosted on the Devon Formulary website alongside other Mental Capacity Act resources.

Questions about the use of the form or any other question relating to application of the mental capacity act can be directed to the NEW Devon CCG MCA and DoLS lead at roslynn.azzam@nhs.net

NHS Healthchecks Primary Care Training Update – for GP Practices located in the Devon County Council footprint only

We are aware some GP practices have delayed offering NHS Healthchecks until their staff have accessed the training offered by Public Health Devon.

Primary care staff can start to deliver NHS Healthchecks once they are signed off as competent. The competence of staff members should be judged by a suitably qualified clinical professional, using the national NHS Healthchecks competency framework:

http://www.healthcheck.nhs.uk/commissioners_and_providers/training/competence_framework_supporting_workbooks/

Public Health Devon does not require the primary care workforce to attend the training provided, however training will help staff gain an understanding of the rationale and evidence base and tools available to deliver the programme in Devon. Many report it to be invaluable.

There are two types of training Public Health Devon provides:

Full training session (4hrs)

Relevant to practitioners who have no previous experience of delivering NHS Healthchecks.

New course dates will be made available from April 2018.

Refresher training session two hour face to face offer

Refresher training for practitioners who have previously been involved in delivering NHS Healthchecks.

Course dates:

http://www.devonhealthandwellbeing.org.uk/library/prof/health-checks/nhs-health-check-programme-training/

If you have any questions about the training courses on offer, please contact richard.merrifield@devon.gov.uk or call 01392 383000.

Difficulty of medicine supply issues for pharmacies

By Mark Stone, Devon LPC Project Pharmacist

There is nothing that frustrates a pharmacist more than when they are unable to obtain a supply of a medicine for a patient.

Pharmacists do understand that patients and prescribers expect that when a prescription is presented in a pharmacy the supply to the patient should be made promptly. However, as pharmacists, prescribers and many patients will be aware the simple supply of a medicine to a patient is currently very problematic.

In December 2017 there were nearly 100 commonly used generic medicines that were not available or had very limited availability from suppliers (a list of them can be viewed here: http://psnc.org.uk/dispensing-supply/supply-chain/generic-shortages/). This situation has come about because of two large generic medicine suppliers having their supply licenses temporarily withdrawn by the Medicines and Healthcare products Regulatory Agency and the Food and Drug Administration. The loss of these two large suppliers has caused availability problems for certain generic medicines and the prices of all the 100 medicines that are in a shortage situation to increase in price.

Devon LPC with the support of NEW Devon CCG have written to pharmacy teams to ask them that wherever possible to inform the prescriber of any out of stock medicines and available alternatives when a patient presents a prescription. However, when a pharmacy does recommend an alternative, prescribers will need to ensure the medicine is appropriate for the patient as the pharmacies will not have the comprehensive records that GP practices have access to. If you receive a message from a local pharmacy calling you to notify of a stock issue, we would recommend that you speak to the pharmacist directly to discuss alternatives and availability.

Applications now open for the next wave of clinical pharmacists in general practice

Over £100million of investment has been committed nationally to train and recruit 1,500 clinical pharmacists to work in GP practices across England by 2020/21. This is in addition to the 490+ clinical pharmacists already working across approximately 650 GP practices as part of the pilot launched in July 2015.

NHS England is inviting GP practices and other providers of general practice medical services to apply for funding to help recruit, train and develop more clinical pharmacists through the secure clinical pharmacist application portal. The deadline for wave 4 application submissions is 19 January, 2018.

Guidance and support in submitting your application can be found on NHS England's website.

Treatment Escalation Plan (TEP) update

Following a recent review of the Devon Treatment Escalation Plan (TEP) form, some changes have been made and the new version is due to go live in mid-January.

Summary of changes:

- Inclusion of the ability for the TEP to be completed by a suitably experienced registered nurse. This does not mean all registered nurses will now be expected to complete them, but does allow for specific nurses to do so if deemed competent by their organisation.
- Minor changes to the structure of the form to make it more user-friendly e.g. larger free text box.
- Some rewording to provide more clarity around the decisions made e.g. are IV therapies (rather than just fluids) appropriate.

Patients with older versions of the form do not need a new form written. Version 10 will continue to be valid and can be used until supplies are exhausted.

Guidance with a reminder of the key messages around completing TEP forms will be sent out with copies of Version 11.

For supplies of TEP forms please contact:

NEW Devon CCG: Community Clinical Admin Team at St Luke's Hospice on 01752 964200. Email: tep-sw@nhs.net or community@stlukes-hospice.org.uk

Torbay and South Devon CCG: Narnia Kestell on 01803 210402. Email: narnia.kestell@nhs.net

If you have any issues related to TEP forms please contact Dr Jemma Cooper, Macmillan GP Facilitator, at jemma.cooper@nhs.net

Making the most of digital – Patient Online and linking programmes

The two Devon CCGs are working with the Patient Online team from NHS England to support practices in the area to deliver the Patient Online programme.

The Patient Online programme supports practices to offer GP online services to their patients including online appointment booking, repeat prescription ordering and GP record viewing.

Two free events will take place in the area, they will focus on the delivery of the Patient Online programme and how it fits with other digital programmes to encourage primary care transformation.

- Tuesday, 20 February, 2018 – Buckfast Abbey Conference Centre, Ashburton, 11am-4pm (tea and coffee available from 10:30)
  or
- Wednesday, 21 February, 2018 – Best Western Hotel, Tiverton, 11am – 4pm (tea and coffee available from 10:30)

This invite is open to all Devon practices. Clinical, admin and managerial staff are all encouraged to attend.

If you have any questions or would like to book your place, please contact Jennie Smith on jennie.smith9@nhs.net

Head of Primary Care for Devon and Cornwall and Isles of Scilly

Laila Pennington has been appointed to the role of Head of Primary Care for Devon, Cornwall and Isles of Scilly at NHS England. Laila is currently Head of Primary Care for Somerset and BNSSG, as well as leading much of the South West corporate primary care work and leading on pharmacy, optometry and premises for the South West.

This is a remodelled Head of Primary Care post, working closely with the two Devon CCGs as part of furthering their joint commissioning ambitions within the Devon STP. Laila will also be working with Kernow CCG, and providing oversight for Somerset primary care and the interface with the Somerset CCG. Laila will work to Amanda Fisk and Mark Procter, Director of Primary Care for the two Devon CCGs in this role.

This change in the Head of Primary Care role comes at an important time when the delivery, development and transformation of general practice is centre-stage to the future strategic agenda of local STPs, and in delivering the GP Forward View.

MBE for retired East Devon GP

Congratulations from all at the LMC to Dr David Evans, a retired GP from Budleigh Salterton, who was awarded an MBE in the New Year's Honours List for services to the community.

He was for many years a great supporter of the LMC and general practice in East Devon and then on retirement became Chair of the League of Friends at the former Budleigh hospital and the driver of the recently opened hub there.

Public Health Nursing – new hubs and contact details

Virgin Care has been working to improve the way its Public Health Nursing service is structured to make it easier to access and improve its responsiveness and equity.

This involves the establishment of four community hubs for Public Health Nursing (Health Visiting and School Nursing) in Devon. They will be a single point of contact for families and professionals for all Public Health Nursing Services across a specified geographical area. They will bring together clinicians and administrative processes for phone advice, scheduling appointments, triaging referrals and information received. Clinical service delivery will continue in local areas where many practitioners will remain based but they will no longer be contacted via local bases.

Go-live dates for the Eastern Hub are:

- 15 January – Clyst, Seaton, Ottery, Axminster and Honiton
- 29 January – Exmouth and Sidmouth
- 12 February – Cullompton
- 26 February – Tiverton.

Contact details for the hubs are: Southern – tel: 03332341901, email: VCL.SouthernPHNhub@nhs.net; Exeter – tel: 03332341902 email: VCL.ExeterPHNhub@nhs.net; Eastern – tel: 03332341903 email: VCL.EasternPHNhub@nhs.net; Northern – TBC.

Processes are in place to redirect calls and post from existing local bases and communication is taking place with all stakeholders.

Update on NHS Property Services and Community Health Partnerships issues

By Dr Ian Hume, General Practitioners Committee Premises (GPC) Lead

As you may be aware, the General Practitioners Committee (GPC) issued a freedom of information request to NHS Property Services (NHSPS) and Community Health Partnerships (CHP) to extract central information over their charging policy to fully understanding why many practices are receiving invoices which appear to bear no resemblance to services used. Further information is available here.

The request issued to CHP is being progressed and we hope to be able to report to you early this year on our findings.

The request issued to NHSPS did generate a response from NHSPS, but unfortunately there is ambiguity in some of the information provided which we are having to clarify. As soon as this ambiguity has been clarified, which again is expected in January, we will update you.

In the interim, we wanted to highlight to you that we are receiving details that practices may receive a letter (again) demanding payment of outstanding invoices. If you receive this letter and continue to have concerns over the basis and level of the service charges incurred, we recommend that you respond asking NHSPS to provide some fundamental and indeed reasonable details; namely:

- details of the specific legal basis upon which they believe the charges are payable, with reference to the terms of occupancy of the premises.
- details and/or evidence to prove that the charges reflect the services used by the practice or in connection with their specific building; and
- in so far as not answered by (i) and (ii), and to the extent relevant, a detailed explanation of why the practice is being asked to pay increased service charges compared to previous years.

We are aware that this issue has been going on for a while and the distress and uncertainty it is causing practices. In response, we are escalating matters quickly with a view to bringing this issue to a sensible resolution. Please see further information and guidance here.

Update on PCSE issues

The GPC has provided an update on its attempts to work collaboratively to resolve issues with Primary Care Support England which are impacting on GP practices. Read more here.

BMA urges the PM to protect the Working Time Regulations in UK law after Brexit

The British Medical Association (BMA), alongside 12 other leading royal colleges and trade unions, has written to the Prime Minister urging her to maintain the Working Time Regulations in UK law after Brexit. The letter is available here

Support for GPs called to inquests

The BMA's Medico Legal Committee (MLC) has produced some expert witness guidance which provides information on attending court.

Helping CCGs realise the benefits of investing in general practice workforce

How many GPs do we need per 1,000 patients? The answer is a very simple one, we don't know exactly. What we do know that with more GPs and a wider primary care team, we can provide a more sustainable primary care service to the public, which in turn has tremendous benefits across the health care system. It is therefore of utmost importance that CCGs are made to see the value of investing in general practice workforce, immediately. Read more from Dr Krishna Kasaraneni, GPC Workforce Lead and Executive Team Member, here.

Can you rely on your 'green socks' clause?

Making the decision to expel a partner is never an easy one and the reasons for doing so will vary widely.

Some situations will be straightforward. A partner may, for example, be found to be in clear breach of the partnership deed if there is an issue of gross misconduct. Unfortunately, less clear-cut circumstances are more common, such as a personality clash that is causing dysfunction within the partnership and preventing it from operating effectively.

In these instances, a 'green socks' clause could be the answer. But can they be relied upon in practice? Read more here.

Can a GP practice have limited liability?

Choosing the right type of business vehicle for your GP practice is not always straightforward – and managing risk is likely to factor highly in the decision-making process.

Can a GP practice be a limited liability company and what are the legal implications? Read more here.

Beware the 'last man standing' issue in GP practices

The 'last man standing' issue refers to the concern that one or more partner(s) will be unable to retire from a GP practice when they want to, because they are unable to divest themselves of the various liabilities and obligations of the practice.

The issue tends to arise when there are problems in recruiting GP partners, significant numbers of GPs looking to retire or emigrate, or when there are particularly onerous practice liabilities. The most common type of last man standing problems are associated with surgery leases and mortgage redemption penalties, but they can be triggered by any onerous contractual obligation or unfortunate event such as a death in service or a property market crash. Read more here.

A guide to GP practice premises

A review of the issues and challenges facing practice managers with premises leasing and the best strategies to keep GP practices profitable is available here.

Report highlights medical students' experience and perceptions of general practice

Medical students are being put off GP careers because more than three quarters hear senior clinicians, trainers or academics expressing negative views about general practice before final year at medical school, a report warns.

Locum A&B Pension Payments must be made online

PCSE now require sessional doctors to make their pension contributions via BACS and to send an accompanying email notification on the standard PCSE enquiry form. Please note that you need an NHS mail email address to do this. Details of the process can be found at: https://pcse.england.nhs.uk/help/gp-pensions/locum-a-b-pension-contributions/

Update from Devon Community Education Provider Network

If you want to get fully up-to-date with the latest clinical evidence and guidance book on the GP Update Course.

The course is developed and presented by GPs who understand the day-to-day reality of general practice. We offer lots of practical tips and techniques for you to take away and implement immediately.

The GP Update Course is open to GPs, practice nurses, pharmacists working in general practice, etc.

The course takes place on 7 February 2018 and costs £140 for members and £180 for non-members. To book visit: https://www.devoncepn.co.uk/gps/event/151-red-whale-one-day-gp-update-course

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

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