LMC Devon

Newsletter

February 2018 – Issue 195

Organisation and organisations

By Dr Bruce Hughes, Chair of Devon Local Medical Committee (LMC)

My thoughts at the start of this year have been turning towards potential future configurations of both our LMC and the wider primary care landscape within Devon. The STP is transforming from a Strategic Transformation Plan, i.e. something on paper, into a Strategic Transformation Partnership, i.e. something with form and substance. In order to facilitate this, the two clinical commissioning groups (CCGs) of Devon are moving closer together with the necessary constitutional changes taking place. The LMC has been consulted with regard to these changes and we feel that it is important that CCGs as membership organisations should still have robust processes by which the membership may raise issues with and hold the leadership of the CCG to account.

Many posts within the CCGs are now held jointly across both organisations. Inevitably, this has led to a slimming down of the CCG managerial workforce and some experienced and well respected senior people have moved on from the CCG, taking their skills and huge organisational memory with them. The LMC will need to be mindful of how important organisational memory is when we look at our own organisational changes in the coming months and years. The coming together of the two CCGs does, however, provide an opportunity to standardise contractual arrangements and adhere to a principal that people should receive the same funding for the same work done. Happily, it means that increasingly where there is a need to do so the same services will be on offer to patients around our county.

The STP has arrived at a proposed configuration for Devon which is one Accountable Care Delivery System (ACDS) with several Local or Locality Care Partnerships (LCPs). I believe that this is an area of great interest for the LMC. These LCPs, although not described in statute, are likely to be incredibly influential bodies. In Devon there will be three or four based upon the footprints of the acute trusts. Membership is likely to include the acute trusts, general practice, community, voluntary and social services. At these LCPs discussions about how best to care for our patients within the locality with a finite budget will take place. There may well be huge opportunities to improve quality of care whilst making that care more streamlined and efficient. However, the LMC will expect to be represented at these LCPs and would like to ensure that the outcomes do not include increasing workload into a general practice service which is already stretched to breaking point across much of Devon. We will also have an important role in reminding LCPs that pathway change that impacts upon our workload in general practice will need to be proposed and negotiated through our well honed and structured negotiating processes.

Thinking about how our own organisation works, as a Board we have looked at future structure. The advent of Primary Care Collaborative Boards across the county and the forthcoming LCPs may allow us to look at how our subcommittees are structured and how they align geographically. There have been no firm changes decided upon as of yet and they are still vibrant and relevant committees to be a part of. Elections for the LMC are due soon, with nominations in

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progress, and I would encourage anyone with an interest in how general practice is run in Devon to enquire about the election process as soon as possible.

We are saddened to hear that Angela Edmunds, our Director of Operations, will be retiring in June. She will be difficult to try and replace. Angela has really shaped how our organisation has developed over the past few years, but I have no doubt that there will be several high-calibre candidates who will apply for the role. I am very much hoping for the luxury of choice when it comes to the final appointment – a nice problem to have. More information about the role, and how to apply, is available here: https://www.devonlmc.org/lmcjobvacancies

LMC and LPC agreement on the principles for prescribing periods

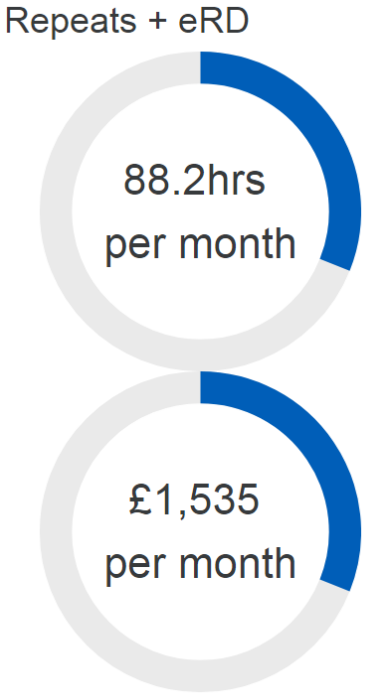
One of the issues that regularly arises from GP practices and pharmacies is on the correct prescribing period for a prescription. More specifically both the LMC and Devon Local Pharmaceutical Committee (LPC) receive a number of queries on use of the '7 day prescription'. This gives rise to a number of questions such as: what is the optimal prescribing period to use? When should shorter prescription periods be used (if at all)?

The LMC and LPC have re-issued the agreement on the shorter prescribing intervals:

Devon LMC and Devon LPC would like to recommend: Shorter prescribing periods such as seven-day prescriptions should ONLY be used when there is clear clinical need and where the patient would benefit, for example where adherence to medicine regimes is an issue, or concerns of stockpiling medicines, or where there is a risk of medicine overdose**.**

Compliance to medicines is a massive global issue; the World Health Organisation has stated "that increasing the effectiveness of adherence interventions may have far greater impact on health of the population than any other improvement in specific medical treatments". It is thought that lack of compliance to medicine regimes causes around 2.3% of hospital admissions, although this is likely to underestimate the issue (RL Howard et al, 2006). This, coupled with the increase in complex patients being treated at home adherence, means that it is more and more likely we will see patients with needs that are met though tailored use of prescribing periods. The Department of Health funded report on Waste Medicines (York Economics, 2010) stated that there are 'positive opportunities for the further reduction of medicines waste including: encouraging the flexible and informed use of 28 day (prescribing) and where (it) benefits patients either longer or shorter periods'

How can you save time on prescription management activities in a GP practice?



These are the AGGREGATED benefits (from repeat prescriptions plus eRD prescriptions) that your practice sees every month. By increasing eRD over repeats, you

The number of prescriptions now dispensed every day in England is 3.64 million; the average practice will prescribe 12,700 items per month. Producing these prescriptions can place a huge demand on the prescription management process in a GP practice. However, with the Electronic Prescription Service and the use of 'eRD' or 'electronic repeat prescribing' it needn't have to be. The average practice will be able to realistically free up a massive 88.2 hours of prescription management time each month (NHS Digital eRD benefits estimator https://epsestimator.digital.nhs.uk/#!/prescriber). If you are interested in enhancing the use of eRD in your practice to save time then see the NHS Digital toolkit (https://digital.nhs.uk/Electronic-Prescription-Service/Electronic-repeat-dispensing-for-prescribers).

Vaccine ordering for the 2018-19 flu season – difficulties with suppliers

If any GP practice has difficulty changing their order in the extended time period, please let the General Practitioners Committee (GPC) know so that it can take it up nationally. Contact info.gpc@bma.org.uk

Please also let NHS England know by emailing england.primarycareops@nhs.net putting 'Flu vaccine order' in the subject line.

The NHS England guidance and FAQs are available on their website here.

This information has also been added to the vaccinations and immunisation pages of the BMA website.

Devon Schools Requesting Referrals to Children's Services

By Dr Phil Melluish, Chair of the South Devon and Torbay LMC Sub-Committee

South Devon and Torbay LMC Sub-Committee has been made aware of requests being made for appointments at GP surgeries, prompted by a school, in order to refer a child to Children's services. Often a behavioural issue at school has prompted concern.

We have been in discussion with Virgin/Integrated Children's Services in Devon and they have confirmed that they will accept referrals from any professional who is concerned and it does not have to be delayed by requesting a GP appointment in addition.

We have drafted a template letter for practices to edit, if they wish, and send back to schools making such requests. This applies to Virgin provided services in Devon County at the moment. We will endeavour to make sure the same principle applies with the Torbay provider too.

Blue Badge Scheme

By Dr Kate Gurney, Board Member at Devon LMC

The Blue Badge Scheme is administered by Devon County Council. Patients can make their application online or over the telephone. Applicants are asked to provide supporting information and I have clarified this does not need to be a letter from their GP nor a request to the surgery for a summary print from their medical records. Suitable supporting evidence could be a copy of a hospital clinic letter, details of hospital appointments, or a copy of a repeat medication list.

For those with online access to their medical records, it could be a summary print. Applicants are given four weeks to provide this information and if they are unable to do so, they are then referred for a mobility assessment. In some cases, the applicant makes it clear at the outset that they do not have any suitable supporting evidence and is referred directly for the mobility assessment. The Blue Badge advisors should not be asking applicants to contact their GP, but it may be that this is the message that the applicant is choosing to hear.

Increase in syphilis in Devon

By Liz Thomas, NHS England

Over the past six months there has been a notable increase in the number of cases of syphilis diagnosed by local Sexual Health services in Devon and Somerset, with cases also seen across the wider South West. Cases have been seen in men who have sex with men (MSM), but women and heterosexual men have also been affected.

These cases have been diagnosed at various stages of syphilis infection; primary, secondary and early latent and I am writing to you to raise awareness of this situation to help us identify cases early and ensure that the subsequent treatment and partner notification, which is vital to reduce ongoing transmission in the community, can be initiated.

Primary syphilis:

Primary syphilis usually presents at the site of inoculation with a chancre (painless ulcer) (e.g. genitals, rectum or mouth) around three weeks after contact (range 9-90 days). Chancres in the rectum or mouth often go unnoticed and heal without intervention, usually within six weeks. Ulcers may occasionally be multiple or painful and may be clinically indistinguishable from genital herpes.

Secondary syphilis:

Following untreated primary syphilis most cases will develop secondary syphilis 4-10 weeks after the initial chancre.

Manifestations of secondary syphilis include:

- Rash – widespread muco-cutaneous rash, classically non-itchy and may involve palms and soles
- Constitutional symptoms that may be mild
- Mucous patches (buccal, lingual and genital)
- Condylomata lata (highly infectious, mainly affecting perineum and anus)
- Hepatitis – especially if secondary to anal transmission
- Splenomegaly
- Glomerulonephritis
- Neurological complications including acute meningitis, cranial nerve palsies
- Uveitis, optic neuropathy, interstitial keratitis and retinal involvement.

Routes to Diagnosis

If you suspect syphilis, please advise your patient to avoid any sexual contact and refer them to local sexual health services for a clinical opinion and testing, serology may be negative early in the course of infection. In secondary syphilis serology will be positive so a serology sample can be sent for testing via local microbiology services; advice can be sought from microbiology or sexual health services. We would recommend that anyone with a suspected diagnosis is referred to sexual health.

Sexual contacts of syphilis:

Syphilis has a long incubation period of up to 90 days. Anyone presenting as a possible contact of infectious syphilis should be referred to sexual health services for consideration of treatment, rather than just testing.

- Anyone presenting with sexual health concerns and anyone diagnosed with a sexually transmitted infection should be encouraged to have a complete sexual health screen including serology for syphilis and HIV.
- All men who have sex with men should be encouraged to have sexual health testing including tests for syphilis and HIV annually, or three monthly if they report frequent partner change.

Contact details of Sexual Health Clinics in the area are:

North Devon and Exeter: Exeter: 01392 284982 / 284983 North Devon 01271 341562.

Somerset: 0300 124 5010.

http://swishservices.co.uk/

Plymouth: 01752 431124.

www.yourship.uk

Torbay and South Devon 01803 656500.

www.torbayandsouthdevon.nhs.uk/services/sexual-medicine-service/clinic-opening-times/

Further information and resources are available at:

https://www.bashh.org/ or

https://www.fpa.org.uk/sexually-transmitted-infections-stis-help/syphilis

Is your patient also a carer?

A new contract has been awarded to improve support to carers in the Devon County Council area.

The contract, commissioned by the two Devon CCGs and Devon County Council, will remain with the current Devon Carers service, but a new specification for the contract means that from May 2018 there will be a wider range of support available.

Devon County Council, the lead authority for the contract, carried out extensive consultation to understand what carers think about the current service, and how it could be improved. A survey of GP Practices was also undertaken.

The new contract builds on what carers say they like – the close links with GPs, the single number helpline, having local support staff available around Devon, the carers health and wellbeing checks, the training that is available.

Carers say that they like the support they get from other carers, like them. Peer support is already available in the current service but through the new contract there will be more opportunities for carers to support each other.

But new, from May, there will be much more focus and support for carers of people with specific and complex care needs, such as those relating to mental health or autism.

There will be more support to help people understand and 'navigate the system'. Better training will help carers attain more skills and be safer and more confident in caring. Focused support will be directed to carers of people with more serious conditions. And the service will help carers support the people they care for, to live their lives as well as possible and be as resilient and independent as possible.

The service will also support GP practices better, assisting practices in dealing with forthcoming CQC quality mark requirements for carers.

Devon County Councillor Andrew Leadbetter, who is responsible for adult social care, said: "One of our big challenges is getting carers to make themselves known to our support service. We know many, but there are a great many more carers unknown to us who are missing out on support that can really help them.

"GPs, and other frontline health professionals, are ideally placed to identify patients who are carers. We would like their help to encourage carers to contact the Devon Carers service, so that they can get help in their caring role. By supporting the carer, we're also helping the person who they're caring for."

Update on e-correspondence rollout

By Amanda Tamblin, Senior Project Support Manager, Patient Access Team, PHNT, Derriford Hospital

After a small delay Plymouth Hospitals NHS Trust (PHNT) switched on our first specialities to our 11 pilot sites in mid December. By the end of January all our specialties were switched on to our pilot sites. We have sent nearly 2,500 letters electronically and as we are switching on specialties we are turning off paper, realising the time and cost benefits immediately. Our letters are getting to our practices on average four to five days quicker electronically.

Following regular emails and presentations at practice manager meetings and system user groups over a 100 practices have supplied details needed to switch on their practices and we will start this in February/March 2018. I will be in touch with each practice prior to switch on and make sure that we agree a date for this.

We are now also able to send your notifications when you receive clinic letters electronically to a generic email address, so if this is your preference please send with your system administrator details and I will update our records for switch on.

Thank you to those practices that have sent me their details already. If you haven't yet, please send to me at amanda.tamblin@nhs.net

If you have any queries please contact me on 01752 431862.

What the GPC is doing to resolve PCSE issues

Primary Care Support England (PCSE), also known as Capita, has been responsible for delivering NHS England's primary care support services since September 2015.

GPs and LMCs identified serious issues with the service from the outset, with patient safety, GP workload and GP finances affected.

Talks between the BMA, NHS England and PCSE began in a bid to raise these issues, to act quickly to resolve them and to give GPs and their practices confidence in the services PCSE provide. However, services are still falling short of what is acceptable. Read more here.

GPC Prescribing guidance

The GPC Prescribing Policy Group has updated its Focus on anticipatory prescribing for end of life care and Focus on excessive prescribing.

Both are available on the BMA website prescribing pages and the group is in the process of reviewing all its guidance, so there will be further updates in the coming months.

Guidance for GPs on working for an online provider

The GPC has produced guidance for GPs thinking of working for an online provider, whether in the NHS or privately.

GPC Roadshow

Thank you to those who have confirmed their attendance for forthcoming GPC local roadshow – facilitated by Devon LMC. Please remember to bring your parking pass for the event, which takes place at Plymouth Science Park on Wednesday, 21 February, from 6:30pm, as you will need it to park on site. It was circulated to confirmed attendees via email.

Sessional GP Newsletter - February Edition

The latest edition of the GPC's Sessional GP Newsletter is now available and includes an overview on the Bawa-Garba ruling and a pensions update. Read more here.

New research on why GPs quit patient care

New research has shed light on the reasons driving doctors out of general practice, following earlier findings that around two out of every five GPs in the South West are planning to leave direct patient care in the next five years.

The research, led by Professor John Campbell of the University of Exeter Medical School and funded by the National Institute for Health Research (NIHR), aimed to identify factors influencing GPs' decisions about whether or not to remain in direct patient care, and what might help to retain them in the role.

Professor Campbell, who is a practising GP, said: "Our new research is a significant study of what is driving the exodus of GPs from direct patient care. Policy makers need to take this onboard and address these issues to retain GPs and encourage medical students to take up a career in general practice. Despite recent government plans to address the problem, numbers are continuing to fall. If we do not act now, many areas will face a severe shortfall in the number of GPs providing care for patients their area." Read more here.

Divided we fall: getting the best out of general practice

A new Nuffield Trust report finds initiatives that offer faster and easier access to GPs for some patients risk undermining the ability of doctors to manage people with complex or unknown illnesses and keep them out of hospital.

Divided we fall: getting the best out of general practice draws on a Nuffield Trust roundtable event, examples of services across the world and academic literature. It looks at the consequences of the recent trend to split general practice up into different types of services for different patient groups. These include services like walk-in centres for people who prioritise quick and convenient appointments, and others which focus on frail older people or care home residents.

The report warns that with a serious shortage of GPs, these rapid access services pull doctors away from their traditional 'medical generalist' role where they can provide continuity of care and focus on understanding patients in the social and family contexts that shape their health.

Displacing this ability to manage patients in the round could mean losing the value that GPs provide to the wider NHS by avoiding more intensive and costly forms of care. Easier access services themselves may deliver limited extra value. The report finds no clear evidence that they save money and some emerging evidence that they increase overall costs.

The report suggests ways in which GPs can combine the strengths of traditional general practice with the advantages of different services for different groups:

- With a shortage of GPs and rising part time working, continuity with one doctor can be hard to come by. One way to address this could be through 'team-based-continuity' with small groups of professionals who develop an ongoing relationship with patients.
- Software analysing patient data can be used to work out whether each person would benefit more from faster access, or continuity with a doctor or team who can manage ongoing conditions.
- Technology should be used more effectively in all local practices to support easier access, monitor long term conditions and more, so that patients feel less reason to go elsewhere.

It ends by calling on national policymakers to move away from splitting off services and to support better access, better continuity and medical generalist care within GP organisations.

How volunteers can support the transformation of general practice

The Kings Fund considers developing a community-centred approach in general practice through building a community of volunteers. Read more here.

Investigation into clinical correspondence handling in the NHS

The National Audit Office has investigated how NHS England has handled a backlog of 374,000 items of unprocessed clinical correspondence. Its report has just been published.

The importance of agreeing a break clause in your surgery lease

If you rent your premises, one of the key questions is when and how you can be released from your obligations under the lease. If for some reason you want to vacate your surgery premises, you will either have to wait until the end of the lease term, or rely on a break clause, or face paying a lease for premises no longer in use. It is, therefore, an important point to consider in the lease negotiation process and the LMC can support you. Read more here.

Tender for the provision of healthchecks

Devon County Council (DCC) will shortly be advertising a tender opportunity for the provision of healthchecks for the areas where the GP practices have not signed up to offer this service. DCC will be looking for one provider to deliver across all areas in Devon where there is no service provider, and the specification will be clear about which practice areas this includes.

This will be advertised on DCC's tendering portal, and any organisation interested in reading the specification and submitting a bid needs to register at the following link: www.supplyingthesouthwest.org.uk/

Following the launch of the tender, there will be a bidders' event at County Hall, Exeter on Tuesday, 6 March, from 9.45am- 12pm when the DCC procurement team and Public Health team will talk potential bidders through the steps they need to take to submit a compliant bid. It is also an opportunity to ask any questions in relation to the specification.

Group peer support for GPs

GP Health wants to support GPs to join mutually supportive groups if they are not already in one and financial support is available to deliver this. Read more here.

Practice Managers Development Conference

The forthcoming National Practice Manager Development Conference focuses on providing practical ideas for managing workload in the practice, working at scale and growing your confidence to lead in times of change. The event will take place on Wednesday, 7 March, in Manchester, and is free.

Update from Devon Community Education Provider Network

Devon Community Education Provider Network (CEPN) has engaged with over 200 delegates recently who have attended various courses including the Red Whale GP update.

We have many new courses available over the next few months so please do visit our website http://www.devoncepn.co.uk to see what is available.

Save the Date
Our annual conference Better Together will be held on 15 May, 2018, at Exeter Racecourse.

Devon CEPN is delighted to be hosting the first annual Devon Excellence in Nursing Awards on the 15 May 2018 at Mercure Exeter Southgate Hotel as part of the Devon Better Together Nursing Conference.

The Awards are open to all primary care and community nurses working in Devon. Nominees must have led or initiated changes in practice within 12 months of entering the competition.

The awards categories are:

Individual awards

- Lady Patricia Smith Award Lifetime Achievement
- Supporting Education in Practice
- Rising Star
- Inspirational Leader
- Practice Nurse of the Year
- Community Nurse of the Year.

Team award

- Better Together – Integrated Team Working.

Who can nominate:
Any individual, including patients, may nominate a candidate for these awards. Nomination forms and criteria for each award will be available online very shortly.

Occupational health payments (Heales)

The LMC is aware that some invoices issued to practices by Heales for GPs accessing the Occupational Health Service have been sent in error and advise practices to query them. The Occupation Health Service provided by Heales is available to all GPs on the national performers list and is free of charge. Information about what you can expect from the service is available here: https://www.england.nhs.uk/south/2017/05/08/new-occupational-health-service/

If you have experienced any issues, please contact Samantha Hazell, Programme Manager at NHS England, at Samantha.hazell@nhs.net

CQC clarification – new guidance on assessing the financial viability of providers

Message from the CQC: In our January CQC bulletin, we updated you on how we will assess the financial viability of providers. The text from the bulletin was as follows:

We are introducing a more consistent and proportionate way of assessing the financial viability of providers. From 12 February 2018 we will ask all providers to submit a statement of financial viability in the form of a statement letter from a financial specialist. This could be an accountancy, bank or financial services firm. This has been introduced to provide high level consistency and transparency in the way we assure ourselves that providers are meeting Regulation 13 of the CQC (Registration) Regulations 2009. This also supports our proportionate risk-based approach to registration.

We would like to add the following clarification:

Evidence of an NHS contract provides sufficient assurance and we will not require the following providers to submit a statement letter:

- NHS GP practices
- NHS dentists
- NHS 111, out of hours and urgent care services
- Non NHS organisations with NHS contracts.

NHS Trusts and English local authorities are exempt from the requirement (as set out in Regulation 13 of CQC Registration Regulations 2009). We apologise for any confusion caused.

How can we support you and your practice?

People with learning disabilities (aged 14 and up) are eligible for Annual Health Checks (AHCs) – an enhanced Service. AHCs are a vital tool in addressing the health inequalities experienced by people with learning disabilities.

Complete this short 10 question survey which seeks to understand the needs of GPs, GP Nurses, health facilitators and GP Practice staff on how NHS England Learning Disability Programme can better support your practice in delivering AHCs to your local learning disability population.

Thank you for your feedback – it will shape and influence our work.

If you have any questions or would be happy to discuss further please contact Sarah Trute on 07932 533 332 or email sarah.trute@hee.nhs.uk.

News from Devon LMC

LMC Elections

A number of subcommittee members' terms of office will expire in 2018, so the LMC will be running the nomination process and any subsequent elections in March 2018 in preparation for the announcements at the Annual General Meeting (AGM) to be held 9 May 2018. Re-election of the chair of two subcommittees will be required alongside changes to Practice Manager Representative (their term of office being aligned to the chair).

GDPR event feedback

There's still time for practice managers to complete a short online survey to evaluate the recent multi-agency GDPR event at Exeter Racecourse and help inform our future planning for events.

The survey only takes two minutes to complete and responses are confidential. You can access it here: https://www.surveymonkey.co.uk/r/5Z5L69P It will close noon on 21 February.

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 Monday, 26 February please.