LMC Devon

Newsletter

March 2018 – Issue 196

Round-up from the GPC Roadshow

By Dr Mark Sanford-Wood, Deputy Chair of the GP Committee and Medical Secretary at Devon Local Medical Committee

As storm Emma marches into the frozen arctic and we recover from her chill ministrations we enter March with the pressures on general practice showing no similar signs of abating. As the chill winds of crisis in our profession deepen and many of us wonder when the cavalry might come over the hill, some are beginning to question whether we must in fact be the architects of our own salvation.

To this end the GP Committee (GPC) of the BMA has published a blueprint for our regeneration titled "Saving General Practice". This plan, along with a number of other areas of challenge, formed the basis for the recent national GPC Roadshows, which came to the south west in Plymouth. It was a delight to see so many familiar faces at that event and to hear the high standard of debate.

A pressing concern to many is progress with our annual contract negotiations. While these continue, GPC has made it clear repeatedly that a continuation of the public sector policy of a 1% pay and expenses cap is not acceptable. In order to address the huge real-terms pay cuts experienced by GPs over the last decade the BMA has submitted its evidence to the DDRB (Doctors and Dentists Review Board) calling for much greater investment. Whatever the DDRB awards the profession will be separate to the annual contract negotiation, and any additional settlement will be back-dated to 1 April 2018.

In parallel to the contract negotiations and the DDRB come our calls for a full recovery programme for our profession in crisis. "Saving General Practice" has been divided into six sections, calling for:

- £3.5Bn greater annual recurrent resources to bring our share of the NHS cake up to a modest 11%.
- an effective workforce solution to deliver the 5,000 extra GPs we were promised.
- a fully funded indemnity scheme equivalent to the one enjoyed by consultants for almost the last 30 years.
- measures to cope with spiralling workload.
- a sustainable national core contract to underpin all new models of care.
- a serious programme of investment in infrastructure, including not only premises but IT systems.

One of the major themes of the GPC Roadshows was how to deliver safe care to patients in a demand-led system that is insufficiently resourced or staffed. This is a major challenge facing general practice in the medium term. Last week GPC published a paper "Workload Control in General Practice" which sets out bold concepts to quantify workload and

set safe limits. This will, no doubt, be characterised by some as a plan for practices to breach their contracts or to restrict access in emergency situations. It is neither, and the proposals set out demand sober assessment.

No longer should our doctors have to work way beyond normal safe limits or our patients have to experience care from fatigued professionals. The options discussed in the GPC paper highlight ways in which safe working limits for doctors could be combined with the continuation of safe urgent care for patients. Not to consider them comprehensively potentially places both the profession and the public at risk.

Perhaps the cavalry will appear, but until it does our future lies in our own hands.

The presentation slides from the GPC Roadshow in Plymouth are available here.

Digital update

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

In line with the latest NHS Standard Contract there is a requirement for your local acute trust to send correspondence electronically as "structured messages using standardised clinical headings". This will take effect from 1 October 2018. This also includes other organisations such as Integrated Children's Services, who are finding the process difficult to navigate.

There has been plenty of concern about how to receive these e-documents by practices, especially for those who feel unprepared for the change.

To help understand the challenges I thought it would be useful to ask Jim Goodwin, IT Manager for NEW Devon Clinical Commissioning Group (CCG), what he thought about the situation and what practices could do to prepare. He had recently reviewed how practices were managing their correspondence.

"My experience was that about 60% of practices were really happy to receive emails with attachments. There was then about 20% who really didn't want it and about 20% in the middle," said Jim.

"From what I could understand the practices that didn't want it were reluctant, as they have their processes set up to deal with paper rather than electronic documents. I personally think it's quicker, better and safer for them to be electronic, but I do understand that it is a change practices have to make and some saw it as another job to do and weren't sold on the fact they had fewer bits of paper to deal with.

"We are seeing more and more information being sent electronically and I think practices are adapting to the changes, but with the wide variety of practices across Devon it's not surprising it is happening at different speeds."

I asked whether there was any concern about the transmission of viruses with e-mails – he felt that there was no reason to fear this.

I also asked about whether there were any clinical systems that could not accept PDFs. "No, all the clinical systems can accept a pdf. Different ones require the practice to do different things to import them and it's here that you get the 20% feeling it's actually quicker to scan a paper letter than accept and import an electronic file," said Jim.

He also described the "gold-standard" MESH system. "The one way I've seen that does seem to get pretty much universal approval from practices is sending information electronically via something called MESH. MESH is essentially an electronic postal service within the NHS that can send documents to practices. It used to be called DTS and is already used by 111 and out of hours (Devon Doctors in Devon) to send messages to practices if they treat one of their patients. The Royal Devon and Exeter Hospital now use it to send their discharge summaries.

"Where MESH seems to score is that it is already integrated into all of the GP clinical systems, so the message arrives in the clinical system instead of as an email. The digital 'envelope' you send something in with MESH contains some key info the clinical systems can read like the NHS number so it can import that automatically. All practices are set up for it and are already using it to receive information electronically, so it is usually reasonably easy to get them to accept another type of letter this way.

"The system sending the letters has to be set up and integrated with MESH – which isn't always possible in the short term, especially in more complex environments like hospitals (as they have so many systems to fit together). If it can be, it usually involves some work (and possibly some cost, depending on what system is sending them) but once that's done there's no cost to use MESH."

So there you have it. The e-correspondence revolution is on its way!

You almost certainly can upload (I'm almost 100% sure!) e-mailed PDFs to your clinical systems and you may be lucky enough to be connected to an acute trust that uses MESH. If you are having difficulty managing e-correspondence then I suggest you discuss this with your local practice manager's group. I'm sure they will be able to offer you some guidance.

Specialised medicines list

By Dr Phil Melluish, Devon Local Medical Committee Board Member and Prescribing lead

As a follow up to my article in the January Newsletter, here is the currently agreed list for drugs where monitoring is required and may be commissioned from a practice. Where care is shared with a specialist, a Shared Care Document exists for these medications, and the CCG pays the fee. They send out the list to practice managers either 6 monthly or quarterly, depending on the CCG, to ask for numbers of patients for whom care is being shared.

The currently agreed list is:

Atomoxetine (6-18-year old only)
Azathioprine
Ciclosporin
Denosumab (NEW Devon, no funding yet in SD&T)
Gonaderelin analogues
Hydroxycarbamide (N&E only, not secondary care in SD&T and Western)
Leflunomide
Lithium
Lisdexamfetamine (6-18-year old only)
Mercaptopurine
Methotrexate (with exception of sub-cut in SD&T)
Methylphenidate (6-18 year old only)
Modafinil
Mycophenolate
Penicillamine
Riluzole
Sodium aurothiomalate (Gold)
Sodium oxybate
Sulfasalazine
Warfarin.

If you are asked to share care of a drug which is not on this list, please be aware there is no formal arrangement in place and there is no payment agreed. There are rebuff templates available via the LMC website to support you in responding to these requests.

Vaccine ordering for the 2018-19 flu season – clarification for under 18s

The GPC has received clarification from NHS England that vaccines for all eligible children aged from 6 months to 17 years will continue to be supplied centrally through Immform vaccine supply. For GPs this is 2 and 3 year olds and those 6 months to under 18 years in clinical risk groups. This will not change for 2018/19 and GPs do not need to directly order any vaccines for this age group from manufacturers/suppliers.

Most children have the LAIV intranasal vaccine. When LAIV is contraindicated suitable injectable vaccines will be supplied.

In 2017/18 this included an injectable TIV as QIV was not licenced for those under 3 years. The licence has recently changed on two quadrivalent inactivated vaccines and they are now licensed from 6 months of age. Public Health

England (PHE) are currently undertaking the procurement process for quadrivalent vaccines for children in the 2018/19 season and details of the vaccines will be confirmed when this process has been completed.

The key message is that practices should only be ordering from the manufacturers/suppliers for those aged 18 years and over. Thus, there will be no need to make any amendments to the DES for 2018-19.

Guidance on communicating with patients about hospital operations

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

With the current winter crisis upon us and acute trusts alerting us that they are now more often than not at 'OPEL4' I'm sure you have had your share of patients ringing and asking when their operation is going to happen. The consultant's secretary might have suggested that the patient speak to their own GP.

You'll be pleased to hear that knowing the date of your patient's surgery is not suddenly your responsibility – the NHS Standard contract April 2017 is quite clear about this. In the BMA's words, taken from the document *The Interface between Primary and Secondary Care*:

Communicating with patients and responding to their queries
It is important that providers take responsibility for managing and responding to queries received from patients. There are instances where providers simply refer questions about a patient's secondary care to the GP, and the contract makes clear that this is not acceptable. It requires the provider to:

- put in place efficient arrangements for handling patient queries promptly and publicise these arrangements to patients and GPs, on websites and appointment/admission letters and ensure that they respond properly to patient queries themselves, rather than simply passing them to practices to deal with.

I hope this info will empower your patient to contact the consultant secretary directly, ensuring that the department "respond properly to the patient queries themselves."

Free job vacancy advertising for GP practices

The new Proud to Care Devon website allows health and social care providers – including GP surgeries – to advertise jobs for free.

GP practices can register and create an account on the jobs board. You can put a direct link to your application process if you list vacancies on your own website, or enter an email address and candidates will come through to you that way. You can edit adverts at any time, take them down if filled, or relist them if you need longer to recruit.

If you need any help posting your vacancies email proudtocare@devon.gov.uk

Freedom to Speak Up Guardian

GP practices with an NHS Standard Contract are required to have a Freedom to Speak Up Guardian. Rachel Jennings, a Board member at Devon LMC, has agreed to take on the role on behalf of local GP practices. She can be contacted via admin@devonlmc.org

Devon social prescribing survey

Social prescribing is 'a means for GPs, and other frontline healthcare workers to support patients to find personalised solutions to the social, emotional and practical needs that are impacting upon their health and wellbeing'. Devon Life Chances is a group exploring how social prescribing could be expanded across Devon to contribute to addressing some of the current and future challenges in health and social care provision.

Devon Life Chances have developed a short survey to help understand how social prescribing is perceived in general practice. It only takes five minutes to complete. The survey can be found at:
https://www.surveymonkey.co.uk/r/QC37MNT

Survey on Integrated Children's Services in Devon

As part of Devon Integrated Children's Services (Virgin Care) commitment to continue to improve the way they interact with stakeholders they are running a survey asking for views on referrals processes, how information is provided to referrers and ways of communicating with stakeholders.

The survey takes five minutes to complete and is available here: https://surveys.virgincare.co.uk/s/Jan18ICSSurvey/ The deadline is Friday, 16 March.

Primary Care Support England: BMA issues online legal guidance

The BMA has taken urgent action to provide its members with practical resources to tackle problems caused by failings in the service delivery of Primary Care Support England (PCSE). This follows two years of engagement with NHS England to resolve widespread, outstanding issues affecting practitioners.

The BMA's new online guidance assists practices and GPs in making a legal written request for undisputed debts to be paid within 21 days, with an amendable covering letter and legal form templates. Read more here.

GP access – meeting the reasonable needs of patients

New guidance is available on meeting the reasonable needs of patients, which has been drafted in response to NHS England guidance issued to commissioners: www.bma.org.uk/advice/employment/gp-practices/service-provision/access-to-gps-for-patients

Winter indemnity scheme survey

The winter indemnity scheme is due to end on 2 April 2018. The scheme is designed to meet the costs of personal professional indemnity for any additional out of hours (OOH) work undertaken by GPs this winter to enable the freedom to work additional sessions without having to pay additional subscriptions to their medical defence organisation. The GPC is aware that this will have a great impact on OOH and unscheduled services, plus increase pressure on general practice even further.

The GPC has developed a short survey to gauge the scale of the impact of this scheme ending and hope GPs who participate in OOH shifts will complete it. This will assist with the GPC's continuing communication with NHS England to help secure resources for this scheme. The completion date is 16 March.

GPs as data controllers under the GDPR

The General Data Protection Regulation (GDPR) is an EU Regulation which will be directly applicable in the UK on 25 May 2018. It should be read alongside the forthcoming UK Data Protection Act 2018 (DPA 2018). The GDPR and the DPA 2018 will replace the existing Data Protection Act 1998.

The UK DPA 2018 has not yet been finalised; however, this interim guidance from the GPC has been produced to help GP practices prepare for the GDPR. The guidance is subject to change when the DPA 2018 comes into force and may be updated.

International models of general practice

The GPC has published a new report looking at what the UK can learn about the funding, structure and role of general practice around the world. Read more here.

GP Trainee Newsletter

The latest edition of the GP Trainee Newsletter is now available and includes an overview on exception reporting. Read more here.

GP appointments data audit

NHS England has commissioned a repeat survey of each GP surgery in England to better understand waiting times in general practice, this will be repeated every six months. The last survey was carried out in October 2017. The survey will run through March, 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's advice is:

- The staff member providing 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.

Compliance with this survey is voluntary and practices should only participate if they are willing and able to do so.

Making sense of integrated care systems and accountable care organisations

NHS England recently changed the name of accountable care systems (ACSs) to integrated care systems (ICSs). Chris Ham, Chief Executive of the King's Fund, looks at the work under way and proposals for an accountable care organisation (ACO) contract. Read more here.

The GPC has also produced a briefing explaining the different models and the background to their development, before exploring some of the key contractual, financial and regulatory issues, and setting out key concerns. Finally, it provides some advice on what BMA members can do and where to access further guidance and support.

The GPC has also published legal guidance on the ACO contract itself. This provides a high-level overview of the main terms and conditions which apply to the NHS standard contract for ACOs, and describes the proposed system for suspension and reactivation of a GMS or PMS contract under the fully-integrated version of the contract.

Learning from reported incidents

NHS England has published examples of learning from reported incidents in primary care. Read more here: https://www.devonlmc.org/websitefiles/download/6070

Public satisfaction with GP services falls

The latest results of the National Centre for Social Research's British Social Attitudes (BSA) survey make sobering reading for general practice – usually the highest rated NHS service in the survey.

Public satisfaction with general practice dropped by 7 percent in 2017 to 65 percent, the lowest level since the survey began in 1983.

Invite to GP Elective Care Fora

Devon Referral Support Services and the local CCGs are inviting a GP and a Practice Manager from each practice in Devon to one of a series of GP Elective Care Fora.

Over the past few years there have been a number of changes to the way in which primary and secondary care interact with regard to elective care due to the advent of Choose and book (now e-Referrals), DRSS, multiple new pathways, clinical referral guidelines and commissioning policies for low priority procedures.

These interactive Elective Care Fora are designed to help you and your practices navigate your way through this more complex elective care and referral landscape.

The agenda is still to be finalised, but the sessions will include:

- Elective care / Devon Referral Support Services (DRSS) and how this affects GPs and patients.
- Equity, efficiency and effectiveness in relation to local NHS resources.

- Discussion around supporting Devon STP's primary care strategy and what DRSS can do for you in primary care.

The events will be hosted by Devon Referral Support Services with support from South Devon and Torbay and NEW Devon CCGs. They will fund backfill for GP attendance to surgeries of £300. If more than one GP from a practice would like to attend then they would be welcome, but backfill funding is only available for one GP per practice. These sessions would be particularly beneficial to practice referral leads, but all GPs will be welcome. Certificates of attendance will be provided for CPD purposes.

Events will be held on:

2 May	Buckfast Abbey (TQ11 0EG).
23 May	Potmore Golf Hotel (EX32 9LB).
13 June	Exeter Golf and Country Club (EX2 7AE).
20 June	Boringdon Park Golf Club (PL7 4QG).

A light lunch with tea and coffee will be provided from 1pm with the formal agenda from 2-5pm.

Please confirm your attendance by 31 March 2018, and advise which session you would like to attend, by emailing: d-ccg.drss-comms@nhs.net

Call for end to referral management centres that 'prioritise cost-savings over patient care'

Referral management centres, which are primarily designed to reduce GP total referral numbers to hospital should not be introduced – and where they already exist, it must be demonstrated that they are safe for patients and cost-effective to the whole NHS, recommends the Royal College of General Practitioners in a new report. Read more here.

Should a GP practice accept gifts and legacies?

Occasionally a practice might be remembered in a patient's Will or receive gifts from grateful patients. Research has shown that the proffering of small gifts is relatively common place. Whilst it is nice to be recognised for good work, it does give rise to a number of professional and legal issues. Read more here.

Alternative Delt IT service desk number

Delt Shared Services Ltd has received some queries from practices about the current Delt IT service desk number 0845 1206286 and what the cost of calling it is.

Delt do not charge any additional fees for ringing this number – it is not a premium rate number. However, it is possible that some telecoms providers might apply extra charges for calling 0845 numbers and according to Virgin Media this could be between 10p and 15p a minute. Therefore as an alternative you can ring 01752 304158, which will be charged at a local call rate and will connect to the Delt GP IT service desk in the same way as the existing 0845 number.

Healthwatch Devon patient survey of GP services

Healthwatch Devon is currently running a survey about patient experiences of booking GP appointments online. Read more here.

News from Devon LMC

Keynote speaker for LMC AGM

Dr Nikita Kanani, Deputy Medical Director of Primary Care for NHS England, has been confirmed as the keynote speaker at the LMC's Annual General Meeting (AGM).

Nikitai, a GP in south-east London, has held a range of positions within healthcare to support the development of innovative models of care, highly engaged clinical, patient and public leadership and is passionate about improving service provision, access and population wellbeing.

She is a member of The King's Fund General Advisory Council and is Co-Chair of the London Prevention Partnership Board.

The AGM takes place at Exeter Racecourse on Wednesday, 9 May, from 5-7:30pm, and we look forward to a good turnout of LMC representatives and local GPs. Please confirm your planned attendance to the LMC at admin@devonlmc.org

PM Conference 2019

The LMC will hold its next PM Conference in Spring 2019 and will use learning from the last one to inform planning. Local PM networks will be closely involved in shaping the format. The conference will be held bi-annually going forwards.

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

Copy submissions for April's newsletter should be emailed to richard.turner@devonlmc.org by noon on Wednesday, 21 March please.