

## National LMC Conference through the eyes of a Newbie

By Dr Matt Best, Vice-Chair of the Western LMC Sub-Committee

I recently had the pleasure, and also the trepidation and anxiety, of attending the National LMC Conference held in Liverpool. Let me explain; I was very excited to be asked to attend my first conference. A trip ‘up north’ with an expedition force from Devon, flying via Manchester with ‘black tie’ packed for the preceding evening meal on the Thursday. A chance to network and meet colleagues from across the country and catch up with a few old friends from St George’s!



A bright and crisp Friday morning started with a short walk to the large conference centre on the banks of the Mersey. The palpitations started on seeing the vast conference hall and relatively small lectern on the large stage. My anxiety was driven by the speech I clenched in my hand; being a ‘first timer’ I was gently encouraged to step forward and speak to a motion that morning. With such wonderful support from the Devon contingency, all experienced conference go-ers, I was able to deliver a passionate speech about the struggling state of general practice in Plymouth. Whilst the news of practice closures wasn’t new to our national colleagues in the hall, the extent of the problems in such a large city was quite shocking: 34,000 patients left without the continuity of a regular GP following 10 practice closures over the past few years. The ‘black hole’ that is left is affecting surrounding practices struggling to cope with increased demand from patients living in significant deprivation.

The overall mood of the hall was a mixture of despondency, desperation and anger, but also passion to make meaningful changes to the current situation. Cambridgeshire LMC had a ‘call to arms’ asking the General Practitioners Committee (GPC) to ‘make it real and put it in the contract’. Many were fed up with having work shifted from secondary care with a concurrent lack of support and resource. There were impassioned discussions (and some method acting on stage) both for and against GP at Hand, the online/application based service that is focused on providing care for specific population groups, currently focused in London.

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During the 'soap box', when issues individuals want to discuss that are not covered on the agenda can stand up and talk to conference, a colleague who has personally suffered burn out in the past and also recently gave a tearful and deeply personal account of the support, or lack thereof, she had received. Her situation resonated with the entire hall; given current workloads that could be any one of us. She deservedly received a resounding standing ovation.

The very sad case involving Dr Bawa-Gaba was the topic of another motion. Conference was appropriately sensitive to the loss of the family. The motion focused on concerns held regarding the GMC's handling of the case. Following a lot of debate conference voted finding no confidence in the General Medical Council (GMC) as our regulatory body. Stark times indeed.

Throughout the day motions came and went, passed and fell. It was a long day and a very exciting event to attend. Our local, experienced LMC team, many of whom I met for the first time at Exeter Airport, all driven by making general practice better for Devon. Conference was filled with passionate GPs, from grassroots to national leads, all focused on making our profession better and stronger both for us to work in, but primarily for our patients.

- You can view Dr Matt Best's Conference speech here: [youtu.be/kkluOoG-BZY](https://youtu.be/kkluOoG-BZY)
- A GPC overview of the Conference – including the motions carried – is available [here](#).

## **GP contract agreement for England for 2018/19**

The GPC has reached agreement with NHS England over the annual changes to the GP contract for 2018/19 in England, which will see increased funding for pay, expenses, and indemnity cover, as well as improvements related to issues with practice premises.

It is hoped this interim funding increase will help practices and provide some stability, but the GPC insists it will not solve the fundamental issues impacting general practice, which it is committed to focusing on over the coming months.

The key changes include:

- An initial 1% pay uplift and inflationary uplift to expenses, which is expected to be increased further through any recommendation from the Review Body on Doctors' and Dentists' Remuneration (DDRB), which is due later this year. This will be backdated to 1 April.
- £60million to cover in-year rising indemnity costs.
- Changes to Premises Cost Directions to enable further investment in GP premises, and clarification on issues related to last person standing.
- £10million to support the implementation of the e-Referral Service, together with agreement for comprehensive joint guidance, locally determined paper switch-off dates with emphasis on the need for a functional system that is fit for use, and resources for training.
- Uplifts for services fees for specific vaccinations and immunisations.
- Improvements in funding for sickness and maternity/parental/adoption leave cover.
- Strengthened violent patient regulations

Taken together, the changes deliver an initial £256million investment – more than has been secured in recent years. In addition to these contractual changes, GPC and NHS England have agreed a number of areas on which they will work together, including:

- A major review of GP premises, working with NHS England and the Department of Health and Social Care, to begin as early as summer 2018.
- Local pilots to move to phase 4 of the Electronic Prescription Service rollout.

- Encouraging the development and use of social prescribing, which could both help to reduce practice workload and improve patient care.

Work also continues on a state-backed indemnity scheme to be introduced by April 2019, and on a major review of the Quality Outcomes Framework (QOF).

Full details of the contract changes are available [here](#).

## **Simon Stevens announces investment to boost GP services in Plymouth**

Simon Stevens, Chief Executive of NHS England (NHSE), has announced that Plymouth will receive up to a dozen new GPs through an international recruitment programme.

He said that doctors should be in post by the end of the year after Plymouth was prioritised in the £100million programme to bolster primary care services throughout England.

NHSE is also funding 12 additional GP trainee places as part of the Targeted Enhanced Recruitment scheme for Plymouth.

The scheme, run by Health Education England, provides a salary supplement of £20,000 for would-be GPs who train in areas where it has historically been difficult to recruit.

The doctors will begin their training this summer and the supplement will enable them to put down roots in the area.

Plymouth will also benefit from an increase in the number of clinical pharmacists, from the equivalent of 11 to 15.5 full time posts.

These clinical pharmacists will work across 36 GP practices, offering advice on medicines and minor ailments, freeing up GPs to see sicker patients.

## **Funding intermediate care**

**By Dr Anthony O'Brien, Chair of the Northern and Eastern LMC Sub Committee and LMC Board Vice Chair**

Practices in the Eastern Area should now be receiving daily updates from the Urgent Community Response team of any patients who are under the intermediate care pathways of the Royal Devon and Exeter Hospital (RD&E). We hope this information will help you to understand the extent of the workload created in general practice by these new systems implemented by the Trust.

We would be grateful if practices could consider Read Coding these patients, as data regarding the work you are doing in this area will help the LMC to negotiate any future funding streams to support you. We would recommend using the code Under Care of Intermediate Care Service YA472.

The LMC Negotiations team is meeting with the RD&E this month to look at developing solutions to some of the current problems practices are experiencing.

## **LMC acts over concerns about prescribing of anti-psychotic medication**

The LMC has been in discussions with Livewell and Devon Partnership Trust about the prescribing of anti-psychotic medication.

Serious concerns have been expressed by some GPs that they have been asked to prescribe anti-psychotic medication to patients who are waiting for their first outpatient appointment before they have been formally assessed by a specialist.

The agreement reached as a result of these talks is that GPs will not be asked to prescribe in this way. Secondary care clinicians have been informed of this. If any GP is asked to prescribe in this way we would suggest the appropriate course of action would be to decline, flag via the [Yellow Card Scheme](#) and inform the LMC, so we can raise the awareness of an educational need with secondary care.

## GP service to care homes

The Local Medical Committees (LMCs) of Cornwall, Somerset and Devon have collaborated with the South-West peninsula Clinical Oversight Group to produce guidance for GP practices and care homes in relation to the contractual framework expected of GPs providing GP medical services to care homes.

We hope the guidance will help to define expectations between care homes and the practices that provide primary medical services in the care setting. The population residing in care homes has particular needs that are generally met in an exemplary manner through collaborative dialogue between homes and practices. This guidance is designed to clarify any areas of outstanding confusion to strengthen those relationships. Read more here:

[www.devonlmc.org/gpservicetocarehomesnewguidancemarch2018](http://www.devonlmc.org/gpservicetocarehomesnewguidancemarch2018)

## 'Nuts and Bolts for Sessional GPs starting out in the South West'

The GPC is aware that the transition from specialist training to joining the GP workforce can be challenging. There are lots of new issues to understand, especially if you are considering being self-employed as a locum GP or seek a salaried post in a practice in Devon.

This practical workshop will fill in some gaps in knowledge, dispel common myths and help you to prepare thoroughly for the changes you'll encounter, whether you are shortly to graduate and enter general practice, or have been working for a time but still have questions about:

- Starting out as a sessional GP.
- Contracts.
- the performers list, appraisal and revalidation.
- Indemnity insurance.
- Finance and pensions.

Experts in each of these areas will present the facts, with time for questions, networking and discussion.

The event takes place on Thursday, 14 June from 1:30-6pm at St Luke's Room 2, Buckfast Abbey Conference Centre, Devon, TQ110EG. Registration is essential and via Eventbrite:

<https://bma-nuts-and-bolts-sessionalgps-southwest.eventbrite.co.uk> BMA Members £25; non-Members £50.

For more information contact Elaine Pavelle, BMA Local Organiser (SW), at: [epavelle@bma.org.uk](mailto:epavelle@bma.org.uk)

## Sessional GPs' E-Newsletter

The latest edition of the GPC's Sessional GPs' E-Newsletter is now available. Read more [here](#).

## Winter Indemnity Scheme

The GPC has written to NHS England to express its concern about the upcoming end to the Winter Indemnity Scheme on 2 April. The GPC surveyed GPs to establish the scale of the impact of the scheme ending and received over 500 responses.

## GPC addresses serious failures of PCSE service with Freedom of Information request

The GPC has requested information from NHSE to address issues impacting on GPs' pension contributions.

The problems result from ongoing and serious failures of Primary Care Support England's service delivery of NHSE functions. Read more [here](#).

## Revised shared care prescribing guidance – England only

Revised guidance on the responsibility for prescribing between primary and secondary/tertiary care has been published on NHS England's Primary and secondary care interface resource page:

<https://www.england.nhs.uk/gp/gp/v/workload/interface/resources/>

This guidance sets out the principles that should be applied in ensuring proper governance and patient safety, and was drafted by the 'Primary and Secondary Care Interface Working Group'. This group is working to drive forward actions intended to improve processes and collaboration across the primary and secondary care interface, and was formed in response to a commitment made in the General Practice Forward View. A link to the guidance document is also available from the [prescribing page](#) on the BMA website.

## Registration process for adopted patients

Guidance has been developed for practices to follow when a patient is adopted. If they don't follow this process, it could have serious implications for the patient and their continued care – immunisations and calls for screenings could be missed and practice payments could be incorrect.

The new guidance is available on the Primary Care Support England website [here](#).

## Four legal issues to consider if one of your GP partners 'burns out'

Partner burnout is a growing problem for GPs – up to 50 percent are at high risk due to stress, high demands and funding cuts.

If one of your partners is suffering from stress, careful consideration should be given to these four key issues:

- Disability discrimination.
- Professional conduct, including patient safety.
- Partnership obligations as defined in the partnership agreement.
- Fulfilling one's obligations under the core medical services contract.

Read more [here](#).

You can also seek advice by contacting the LMC's Pastoral Support Service via [hannah.baxter@devonlmc.org](mailto:hannah.baxter@devonlmc.org)

## Re-imagining general practice: innovative ways of delivering care

The King's Fund is holding an event focusing on innovative ways of delivering primary care to patients that could help to address the pressures of staffing, demand and workload facing general practice.

Delegates will learn about evidence-based examples of care delivery from the United Kingdom that are successfully tackling the challenges facing general practice.

This will include:

- models that use multidisciplinary teams to provide primary care.
- segmentation approaches that are designed to address the needs of specific groups in your population.
- community-centred models that increase accessibility, integrate care services, and focus on improving people's health and wellbeing.

The event takes place on Tuesday, 19 June, from 9am-4.45pm at [The King's Fund, London, W1G 0AN](#) More information – including how to register – is available [here](#).

## **New provider for sexual health and contraception services across Devon and Torbay**

A new contract awarded by Devon County Council and Torbay Council will improve access to advice and support around sexual health, relationships and contraception, and ensure closer integration and consistency of services across the two areas.

Northern Devon Healthcare NHS Trust has successfully bid to deliver sexual and reproductive health services across Devon and Torbay. Through a subcontracting arrangement, Torbay and South Devon NHS Foundation Trust will continue to deliver services in the South Devon and Torbay area, ensuring continuity of care and continuity of staff delivering these services. The contract, which is worth £6million per year, and could potentially run for up to seven years, will launch on 1 July 2018.

The new service aims to improve sexual and reproductive health and wellbeing for residents by providing specialist community genitourinary medicine (GUM), contraception services and access to advice, information and support for Devon and Torbay residents.

The service will develop a new range of online resources to create opportunities for people to manage their own sexual health either independently or with support.

Northern Devon Healthcare NHS Trust has been delivering both sexual health and contraception services across North, East, Exeter and mid-Devon for many years, and has worked closely with Torbay and South Devon NHS Foundation Trust, who previously delivered sexual health services across their geographical area.

Further information can be found at: <http://thecentresexualhealth.org/> There will be further updates in the run-up to the launch of the new service.

## **Excellence in Nursing Awards**

To help celebrate the 70<sup>th</sup> year of the NHS, Devon Community Education Provider Network is holding the Better Together Nursing Conference.

The event takes place on 15 May and is aimed at practice nurses and community nurses, with a full line up of speakers, presenting a variety of topics.

In the evening, the Excellence in Nursing Awards will acknowledge and celebrate the hard work and commitment shown by practice nurses and community nurses across Devon, which help relieve the pressure on hospitals and provide patients with valuable support and care.

There are several award categories. More information is available at: [Excellence in Nursing Awards 2018](#)

## **The Buying Group and GDPR**

The regulations surrounding data protection are changing. The General Data Protection Regulation (GDPR) will apply from 25 May 2018 and whilst there are similarities with the current UK Data Protection Act, GDPR goes much further which is why we need you to re-register your practice as a member of the LMC Buying Groups Federation.

The registration form only takes two minutes to complete via: <https://www.lmcbuyinggroups.co.uk/members>. If you've recently re-registered (in the last two months), you should have already received your new website login details but if you have any questions, please call the Buying Group on 0115 979 6910 or email [info@lmcbuyinggroups.co.uk](mailto:info@lmcbuyinggroups.co.uk).

## News from Devon LMC

### **Heads-up: Expressions of interest sought from 6 April to become Co-optees of the LMC Board**

Devon Local Medical Committee is inviting expressions of interest from its elected GP membership to become Co-optees on its Board.

This is a crucial time for general practice in Devon and in these key positions you can play an essential role in securing the future of your profession.

Balanced LMC Boards include representation from partners, salaried, sessional and freelance GPs to ensure that all views are reflected and we therefore welcome expressions of interest from any elected member.

Co-opted Board members have full voting rights and are expected to follow the same standards of conduct as they do in their elected roles on the Sub Committee.

The Board is seeking two to five Co-optees. The Board meets six times per year at bi-monthly intervals on a Friday morning at Deer Park, near Exeter.

Expressions of interest are via a 500 word personal statement about your experience and suitability for the role. The word limit should not be exceeded.

The process will begin from Friday, 6 April, 2018, and expressions of interest should be sent to the LMC via email to [admin@devonlmc.org](mailto:admin@devonlmc.org) by noon on Monday, 23 April, 2018, and these will then be considered by an LMC panel, who will select who they feel will complete the Board with a range of skills and experience to serve Devon GPs effectively. The successful candidates will be announced at the LMC's Annual General Meeting on Wednesday, 9 May, 2018.

Co-opted members will receive an honorarium of £1,000 and attendance fee for Board meetings. Members are co-opted every two years.

More information will be communicated to the elected GP membership in due course. For an informal discussion about the roles, please contact Angela Edmunds, Director of Operations at the LMC, on 01392 834020.

### **Agenda for LMC Annual General Meeting**

The agenda has been set for Devon LMC's Annual General Meeting and will include an overview of the work and achievements of the LMC in recent months and a keynote speech from Dr Nikita Kanani, Deputy Medical Director of Primary Care for NHS England, on the challenges and opportunities facing general practice. It is available via our website: [www.devonlmc.org/trainingandevents](http://www.devonlmc.org/trainingandevents)

The AGM takes place at Exeter Racecourse on Wednesday, 9 May, from 6:30-8:30pm (6pm buffet), 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](mailto:admin@devonlmc.org) by Wednesday, 25 April.

**Produced by:** Devon Local Medical Committee, Deer Park Business Centre, Haldon Hill, Kennford, Exeter, EX6 7XX.  
**Copy submissions for May's newsletter should be emailed to** [richard.turner@devonlmc.org](mailto:richard.turner@devonlmc.org) **by noon on Tuesday, 24 April please.**

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