LMC Devon

Newsletter

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When it comes to workload how much is too much?

By Dr Phil Melluish, Chair of South Devon and Torbay LMC Sub-committee and an LMC Board Member

Is your current workload too much, too little or just right? Most GPs, we are told, feel it is too much. The South Devon and Torbay LMC Sub-committee felt it was time to ask some questions of local GPs directly.

Each of our sub-committee members listed the things which they felt disproportionately impacted on their day-to-day workload. These were shortlisted to a 'top five'. We then asked all the GPs in our sub-committee area to rank the 'top five' themselves to get an idea of where we should concentrate our efforts to reduce workload in the next few months.

Our next question asked whether GPs had felt compelled to reduce their time commitment to make their job sustainable in the long term. We then asked if people agreed with the General Practitioners Committee (GPC) view that there should be a cap on the number of patients seen each day, and, if so, how many that should be.

The survey was very short, and we had a response rate of over 40%. Thank you to all those who responded. Whilst we accept that the survey was not statistically assessed or validated, it did give an insight into the current state of affairs in our area. I would only wish to draw very broad conclusions, which are that home visits and sorting out secondary care acts and omissions (eg fit notes, prescriptions, requests to expedite appointments) emerged as the 'top two' workload issues which significantly impact on our ability to manage workload on a day-to day basis. As federations and locality 'hubs' develop, in hours visiting could (should?) be a priority area for them to concentrate on to make a difference quickly. We are tackling secondary care issues by making all trusts aware of their obligations under the contract changes in April 2016 which should help to address these. Please continue to report any breaches of this through the Yellow Card Scheme so that we can hold trust medical directors to account.

Three quarters of GPs reported that they have felt compelled to reduce their time commitment to make their workload sustainable in the long term. Whilst this is a sad reflection of affairs, it also offers some hope that, if we get workload under control, there is a workforce reserve which could be tempted back?

A whopping 100% of respondents agreed with the GPC view that we should define a safe number of patient contacts per day. Several people commented that 'patient contacts' needs defining, but the average of responses was for between 30 and 35 patients per day feeling about right as a maximum.

It is good to know that our national representatives have gauged the mood of GPs pretty well, and we have a goal to aim for. How we get there, of course, is another question, but our small survey has confirmed there is a problem, clarified it a little, and contributed to the debate about where we should draw the line. The GPC's Workload Control in General Practice strategy is available here.

Improved access – myth busters

The Government have tasked clinical commissioning groups (CCGs) to commission a 7 day 8 – 8 service and this is now called Improved Access. Bids expressing interest in this contract have been submitted and are now being considered by the CCG. The LMC has been asked lots of questions about this process by practices, so we have drawn up the following bullet point guide that we hope will be helpful to grassroot GPs:

A: There is no obligation for any practice to provide this service.

B: Both Devon Doctors and GP Federations have submitted expressions of interest/bids for the contract.

C: The contract holder will need to offer routine appointments on Saturdays, Sundays and all Bank Holidays throughout the year, alongside 18.30 to 20.00 Monday to Friday.

D: The CCG will decide who to award the contract to and this might be different in different areas. However, the contract will only be awarded to one provider in each CCG Locality/Sub Locality/recognized geographical working area.

E: In the areas where their bid is successful, Devon Doctors have said they are very willing to sub-contract any proportion of this work to practices that wish to do some of it.

F: Where GP Federation bids are successful their member practices will need to organise amongst themselves how responsibility for providing these sessions is shared out.

G: The providers will be responsible for ensuring equal availability of appointments for patients belonging to practices who are not signing up to the service themselves.

H: The CCG aims to ensure that there is not a large differential in GP hourly pay rates (as contained in the costing of submitted bids) for this work compared to Devon Doctor on-call shifts as no-one wants to destabilise our Out of Hours service.

In summary, practices should consider their options of either A, E or F.

The LMC encourages everyone to assess the business viability of each option; the potential work and costs involved in providing the service, weighed against potential income it may generate.

If practices have any questions, please contact the LMC via admin@devonlmc.org

Indemnity cover and run-off

By Dr Mark Sanford-Wood, Medical Secretary at Devon Local Medical Committee

At Devon LMC we have been receiving a number of queries about the extent of indemnity cover for partners and their staff and how this might be affected by the new NHS Indemnity scheme for GPs. A major concern appears to be the understanding of the different products available and how they might affect future cover.

The major medical defence organisations (MDOs) have traditionally offered membership to GPs on what is called an **occurrence** basis. This means that if a GP pays their subscriptions for (say) 2016 then any claim arising from an action or omission in 2016 will be covered, regardless of when the claim is made or settled. However, there is another product type available which is referred to as being on a **claims** basis. This means that subscriptions paid in 2016 cover claims made in 2016.

The problem with some claims is that they can be very delayed, and so if a GP has been buying claims based cover then when they retire they would need to buy continued claims cover even though they are no longer working. This extended claims cover is generally referred to as run-off cover.

The imminent launch of a government backed indemnity scheme for GPs has already changed the indemnity market in that one major MDO has changed its offer to general practice and is currently renewing policies on a claims basis only. That means that where occurrence based cover was previously offered they will now offer only claims based cover. This makes their product significantly cheaper in year, but raises the prospect of the requirement to purchase run-off. A guarantee has been issued to the effect that the total cost of the claims based cover plus all run-off will not exceed what they would have charged in year for occurrence based cover, and so it would appear to be a no-lose situation.

However, problems could arise where the recipient of the cover is not the purchaser of the cover. This would particularly be the case where a salaried GP was having their indemnity paid for by their employing practice. For as long as that GP remained with the practice there is unlikely to be a problem. But if the GP decides to move job then it is possible that run-off cover would stop. This could also be a risk where other clinical staff may be covered on a practice group policy.

In these scenarios, as in all situations, it is vital that the doctor understands the nature of their indemnity cover, how it is financed and how it works. In the above scenario the GP may need to buy their own run-off after leaving the original employing practice, or at least ensure that appropriate run-off continues to be purchased and funded on their behalf despite them no longer being an employee.

As always, the overriding advice is to understand the indemnity cover you have and to ensure that you are fully covered on both claims and occurrence bases.

In the words of a famous musical…*So long…Farewell…Auf Wiedersehen…Good Bye*

By Angela Edmunds, Director of Operations at Devon Local Medical Committee

It may not have escaped your attention that I will be retiring from the LMC on 29 June 2018 and I have been asked to write a farewell piece for the newsletter. I have worked for Devon LMC, which exists to support Devon GPs and practices, for the past five years having had a long career working in the NHS both as a nurse and a senior executive. The LMC has been a perfect way to end a 40 year working life, as it has enabled me to pull all my experience into serving the GPs of Devon.

Much has been achieved in my five-year tenure, but even more excitingly much is still to be achieved and plans are afoot to deliver increased services of support to GPs and practices. Bob Fancy will be enthusiastically filling my shoes (hopefully not my heels) and he is well equipped to drive the agenda forward in conjunction with the fabulous team (more about them later…….)

There are so many people to thank I don't know where to start or end, from CCG/NHSE/Secondary Care/Local Authority colleagues to practices and in particular practice managers who's tireless efforts are sometimes unseen by the system and the GPs of Devon who are fighting the daily battle to keep providing the high class general practice we are rightly proud of for the population of Devon. Please hear my thanks to you all personally for the support you have provided for me and most importantly for all the work you all do every day for patients.

The biggest thanks has to go to the incredible LMC team, each person both collectively and individually have offered me unconditional support and help to navigate me through the mysterious world of general practice as 'independent contractors in an NHS system' (not an easy thing to do!). I have learned so much and had great fun along the way…….this square peg did finally find a square hole to fit into……you are a great team. Thanks and au revoir!

The lowdown on the GP Retainer Scheme

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

Nearing retirement? Have you thought about the GP Retainer Scheme?

Recently I met with Sarah Robbins and Chris Cuff, the lead Educators for the GP Retainer Scheme. Devon currently has the most retained GPs in the UK per capita.

The GP Five Year Forward View has allocated more resources to the scheme and is now open to potential retirees. NHS England is keen to attract more GPs who might otherwise leave.

They are keen to stress that the scheme is not simply an extension of your old partnership role and that it should be viewed as an entirely new post, working a maximum of four time-limited sessions with appropriate educational supervision/mentorship. For surgeries that don't have a GP trainer or other suitable educational supervision the GP Retainer Scheme run supervisor training courses to help support the practice.

For more information about the scheme visit: https://www.england.nhs.uk/gp/gpfv/workforce/retained-doctor-scheme. Applications can be sent to gemma.sams@hee.nhs.uk. Sarah and Chris are happy to speak to doctors needing more details and can be contacted via Gemma Sams.

If practices would like to advertise for retainer GPs please use the jobs section at Devon LMC's website at www.devonlmc.org

Practice managers coaching training

The LMC has been allocated a fixed sum of money from the GP Forward View to provide support/development for practice managers.

After consultation it has been decided to provide this by offering a coaching service. To enable this service to be set up the LMC is seeking practice managers who wish to be trained to be coaches.

There will be a one day training session and once trained you will be equipped to provide coaching sessions for your peers, to support, encourage and motivate them.

The requirement is that each person will undertake six sessions per 'coachee' with no more than two 'coachees' per coach per year. However, the LMC cannot guarantee that you will be asked to provide coaching – this is dependent on demand for the service.

If you are interested in receiving the training, please submit an expression of interest together with a 300 word statement explaining why you would be suitable as a coach. Expressions of interest must be received by 5pm on 1 June 2018 and sent to helen.west@devonlmc.org You will also need to confirm that you have the capacity to undertake this commitment and that your practice is prepared to release you.

The training will be held at Cullompton Community Centre on 13 July, 2018, from 9.30am to 5pm. Refreshments and lunch will be provided.

Update on the Devon and Cornwall International GP Recruitment Programme

NHS England has provided an update for practices about the local implementation of the International GP Recruitment programme (IGPR)

Plymouth is at the forefront of this initiative and NHS England intends to use the infrastructure funded for the IGPR programme to help attract more GPs already on the Performers List to work in Devon and Cornwall. To support this, a GP job fair will be held in Plymouth on 29 June alongside the IGPR recruitment process. Read more here.

GDPR compliance

Everyone is grappling with the implications of the new General Data Protection Regulations (GDPR) and preparing for its impact. Devon LMC is no exception, and as we work towards compliance we need to verify your consent to us holding your data as members.

As previously requested in our last newsletter, if any local GPs and PMs no longer wish to receive our communications please notify us at admin@devonlmc.org as soon as possible and we will remove the details from our records.

It is vital that you respond to these approaches when we make them. If you decide to 'opt out' then we will be legally required to remove all files and data relating to you from our systems. This will mean that you will no longer receive any information from Devon LMC and we will have no record of your membership. This will cause severe problems for you in accessing any of our services, including pastoral support, contractual advice and professional leadership.
The LMC would like to reiterate that at no time is your personal information shared with anyone, unless written permission has been given.

The LMC has also included a Data Privacy Notice on its website as part of the assurance process to comply with the requirements of GDPR: www.devonlmc.org/devonlocalmedicalcommitteedataprivacynotice

A hub page for GDPR information is available on the BMA website which provides information on the regulation and hosts a suite of resources and blogs. The page will be updated regularly as new guidance is published and more GP focussed information and resources will be added soon. The LMC also has a dedicated GDPR webpage here. It includes Privacy Notice templates for practices which have been prepared by the GPC.

National data opt-out

A national data opt-out was introduced on 25 May 2018 to coincide with the new GDPR Regulations.

The system will offer patients and the public the opportunity to make an informed choice about whether they wish their confidential patient information to be used just for their individual care and treatment or also used for research and planning purposes.

The NHS is communicating to patients, the public and workforce about the national data opt-out choice and how the collection and appropriate use of patient data contributes to improving health and care outcomes.

A number of resources are available containing information about what organisations need to do now to be compliant for the national data opt-out. For more information visit NHS Digital's website: https://digital.nhs.uk/services/national-data-opt-out-programme/

The Royal College of General Practitioners (RCGP) has also published a toolkit on the national data opt-out to help primary care teams advise patients about their data sharing options, as part of their Patient Data Choices project. This and other resources are available online.

Hydroxychloroquine and chloroquine

By Max Halford, Chair of Devon Local Optical Committee

We are occasionally asked by GPs to see patients who are prescribed hydroxychloroquine and chloroquine.

The Royal College of Ophthalmologists (RCO) recently issued guidelines on the screening of these patients which has made various recommendations. At the present time these recommendations mean that it would be inappropriate to undertake any sort of screening in high street opticians as it would fall outside of their guidance. They have recommended specific tests which fall outside of General Ophthalmic Services (GOS) and therefore these patients should not be reviewed under a GOS eye test.

Patients requesting such a review should be directed back to their GP and informed that RCO guidelines state they should be referred by their prescriber for an ophthalmologist's opinion.

The RCO document is available at:

www.rcophth.ac.uk/2017/07/hydroxychloroquine-and-chloroquine-retinopathy-recommendations-on-screening-membership-consultation/

If you have any questions or need further support with this guidance please get in touch with me via: max@devonloc.co.uk

GP workforce figures are a 'damning progress report', says GPC

The latest quarterly GP workforce figures show 316 fewer full-time equivalent GPs in England since December – and more than 1,000 fewer since September 2015.

Dr Richard Vautrey, BMA GPC Chair, said: "Despite repeated pledges from the Government to increase the GP workforce, it is extremely concerning to see the number of GPs in England falling once again. It's more than two and a half years since the Health Secretary promised to recruit 5,000 more GPs before 2020, and these figures are a damning progress report. With less than two years until this target date, the trend is clearly going the other way and it's a sign that a step change in action needs to be taken.

"As GPs struggle with rising demand, increasing workloads and burdensome admin, and are expected to do so with insufficient resources, it's no surprise that talented doctors are leaving the profession and although the number of GP training places have increased, this is not enough to address the dire recruitment and retention crisis.

“With fewer GPs and a rising population, patients are finding it harder to get appointments, and the rest of the health service is suffering as a result.

“The BMA is working with the Government in its independent review of the partnership model, and on commitments to deal with soaring indemnity costs for GPs by next April, alongside work to resolve concerns over practice premises. However, to make general practice an enticing career prospect once again we also need a step change in investment, something the government must urgently address.”

Chair appointed to lead independent review into GP partnership model

Dr Nigel Watson has been appointed chair of the independent review into the GP partnership model.

The review will look at how the partnership model needs to evolve and address the issues that can lead to difficulties recruiting and retaining partners.

Dr Watson has over 30 years’ experience as a GP, is Chief Executive of Wessex Local Medical Committee and a member of the GPC. Read more here.

Updated prescribing guidance

The GPC Prescribing Policy Group has updated the prescribing guidance to include a link to the template letters relating to the new requirements on hospitals to reduce inappropriate bureaucratic workload shift, in the Q&A section Can my GP refuse to give me a prescription that my consultant asked them to provide? (page 9).

The Prescribing Policy Group has also published a statement clarifying that spirometry is not part of the core GMS contract work and that there are no mandatory requirements for practices to perform spirometry. Read the statement here.

In addition, the group has published guidance on the contractual requirements for practices in prescribing over-the-counter medicines, available here. The guidance and statement are available on the newly updated prescribing pages on the BMA website.

Hospital contract guidance – onward referral

New guidance on onward referral has been published. Changes to the contract in 2016 allowed for onward referral of patients by secondary care clinicians, in certain situations, rather than having to always require referral back to the GP.

The guidance is designed to support doctors locally in applying the change appropriately. As a reminder, new guidance was also published recently on the responsibility for prescribing and principles for shared care. All guidance can be found on the BMA website, including the Quality First pages with the template letters to support LMCs and practices in reporting contract breaches.

Vaccination and immunisation GMS guidance 2018/19

The finalised vaccinations and immunisations GMS guidance is now live on the NHS Employers website and a link to this guidance is also available on the BMA vaccinations and immunisations page.

Sponsorship licence process review

Have you or any doctors you know experienced visa issues because of the sponsorship licence process?

The Secretary of State for Health, Jeremy Hunt, has written to the Health Committee on the issue of Non-EEA GP Visa regulation and in response the Committee is seeking case examples where the process set out in his letter is not working as planned.

The GPC is aware of trainees on GP training schemes, who towards the end of their training, being unable to secure a post or having to leave the UK because many GP practices do not hold a sponsorship license.

The GPC is collating evidence to forward to the Health Committee and would be grateful if you could email any case examples directly to CStrickland@bma.org.uk.

The purpose of these examples will be as evidence that the process itself needs to be looked at again, and not to prompt any examination or re-examination of individual cases. You can read more here.

PCSE (Capita) failures – pledge your support to BMA campaign

The British Medical Association (BMA) has launched a campaign asking for all those who have been negatively impacted by one or more of the Primary Care Support England (PCSE) service failures to sign a pledge. The operation of this service continues to fall a long way short of an acceptable standard. Therefore this campaign will be used to further demonstrate how far reaching the poor delivery of PCSE is on practice staff and individual GPs, and to show the Government the number of individuals demanding for the service level to be improved. Pledge your support here.

Sessional GPs guidance on NHS Pensions and Capita

Since Capita took over the pensions contract, it had been supported by a team from NHS England (NHSE) to help deliver the service. NHSE made the decision to withdraw that support in January 2018. This has brought unease as to how the service will continue and whether Capita will be able to deliver. This guidance – updated by the BMA sessional GPs subcommittee in May 2018 following meetings with Capita (PCSE) and NHSE – aims to address the main questions that sessional GPs have raised.

NHS Improvement Just Culture Guide

This new guide has been created to support conversations between managers regarding patient safety incidents. It asks a series of questions that help clarify whether there is something specific about an individual case that needs support or management versus whether the issue is wider, in which case singling out the individual is often unfair and counter-productive.

The tool is designed to reduce the role of unconscious bias when making decisions and will help ensure all individuals are consistently treated equally and fairly no matter what their staff group, profession or background.

The guide document is accompanied by some scenarios to help with training. Read more and download the guide and other resources here.

Transgender medical records and screening

Guidance on medical records and screening for transgender people is available here.

When is a GP practice merger not a merger?

A GP practice may consider undergoing a ‘merger’ for a variety of reasons. One common trigger is that a single-handed GP is looking to retire. Alternatively, two practices may be looking to join forces to save costs, share resources and provide new services. Historically, all such transactions have been referred to as ‘practice mergers’.

However, if the two parties involved have no intention of being in business with each other for any longer than is necessary to transfer the GP practice to new ownership, then the transaction is really more akin to a takeover or acquisition than a merger.

NHS England’s (NHSE) policy guidance on such transactions makes a distinction between a ‘merger’ and a so called ‘partnership change’. This has become an important issue for practices to be aware of since transactions which are in substance acquisitions are treated differently from those which are true mergers. NHSE will normally need to be involved in all ‘practice mergers’ at some point and if you start off down the wrong track it can be difficult and expensive to unwind things. 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. Read more about the different business vehicles and their potential implications here.

Could mediation defuse a damaging situation at your practice?

Over the past 50 years, workplace conflict in primary care and beyond has shifted emphasis from collective industrial action to the rights of individuals within the workplace, with employees pursuing individual claims in employment tribunals which can end up an expensive proposition for employers.

Mediation has emerged as one of the most effective and successful means of resolving conflict in the modern workplace, especially where there is a need or wish to maintain relationship – and general practice is no exception.

At its most basic level, mediation is a process for resolving disputes through dialogue. An independent third party, known as a mediator, facilitates a conversation between the parties that have a difference and help them reach a satisfactory outcome. Read more here. The LMC can help GPs with mediation. Contact hannah.baxter@devonlmc.org

What has the STP or ICO ever done for me?

Since they were introduced in 2016, sustainability and transformation plans, and the partnerships (STPs) that have evolved from them, have taken up a considerable amount of NHS leaders' time. Those STPs assessed as being most advanced by NHS England have been designated as integrated care systems (ICSs), of which there are currently 10 in England. Others are expected to be announced soon. Over time, NHS England hopes that all STPs will progress to become ICSs, recognising that the geographical footprints they cover may change in the light of developing understanding of their role. Chris Ham, Chief Executive of the King's Fund, examines their progress here.

NHS complaints data return: KO41b

The window for practices to complete and submit the 2017/18 NHS complaints data return closes on Friday, 8 June. The BMA has previously advised that practices are under no legal obligation to complete and submit the current KO41b return – instead the default obligation is for practices to comply with the 2009 complaints regulations. This view remains – however, following confirmation of BMA's position last year NHS Digital asked the Department of Health and Social Care to publish a new legal Direction that would provide the necessary legal obligation to complete the KO41b return.

The BMA has now received confirmation from NHS Digital that it is unlikely that this Direction will receive Ministerial approval and be published before the current collection window closes. Without the new Direction in place NHS Digital have accepted that it cannot require practices to complete the current KO41b return – this technically becomes a voluntary collection, though NHS Digital would still wish practices to take part.

In the absence of the new Direction, it remains a statutory requirement for practices to provide complaints data in accordance with 'The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009'. This requires practices to operate a complaints procedure and make certain information available. A link to the full regulations is available here – see paragraph 18 'Annual reports'.

News from Devon LMC

New Director of Operations

Some of you will already have met Bob Fancy, the LMC's incoming Director of Operations, as part of his comprehensive induction, before he officially takes up the role on 3 July. He is keen to meet as many of you as possible in the coming weeks – and will be writing a newsletter Editorial soon to provide more information about his background.

Four co-opted onto the LMC's Board

Dr Tim Bray and Dr Ben Dawson (both Western), along with Dr Kate Gurney (North and East Devon) and Dr Ian Morris (Torbay and South Devon), have been co-opted onto the LMC's Board.

Dr Mark Sanford-Wood will attend Board meetings in his role as Deputy Chair of the GPC and Dr Paul Hynam will be present in his Medical Secretary capacity at the LMC.

Devon LMC Annual General Meeting

Dr Nikita Kanani, Deputy Medical Director of Primary Care for NHS England, gave an inspiring presentation at the Annual General Meeting (AGM) on the challenges and opportunities facing general practice and has pledged to work closely with the LMC to look into local issues raised and the sharing of best practice. The presentations from the AGM are available on the homepage of our website at: www.devonlmc.org

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