



‘Thanks for the warm welcome...there’s a great deal to do’

By Bob Fancy, Director of Operations at Devon Local Medical Committee

I cannot tell you how thrilled and honoured I am to be taking on the role of Director of Operations from Angela Edmunds who, as you know, has now retired.

We’ve worked closely together over the last couple of months during an induction programme and I am extremely grateful for her tutelage and the very warm welcome I have received from those of you whom I have met so far.

These are early days for me, but my initial impression is that there is an enormous amount of energy, dedication and passion throughout general practice which is having to work in a hideously complicated health landscape that appears to be shifting almost on a daily basis. The challenges of that landscape combined with resource constraints and workforce shortages cannot be underestimated in terms of the impact on the people working within it and I sense that there must be real tension and strains on morale in many quarters of our county. So one of my early interests will be to understand the status of morale and the welfare needs of the workforce which sits at the very heart of what is a high performing team across Devon. I am also keen to fully understand the impact of Sustainability and Transformation Partnerships/Accountable Care Organisations/Integrated Care Systems and whatever might follow those initiatives, in order to determine the long-term funding implications for future business planning. There will be much more besides, but during week one people then horizon scanning for long term plans appear to be the key considerations for me to engage with.

I am in no doubt that there is a great deal to do and that I have a steep learning curve and so I would beg your forbearance during my initial few months as I get to grips with the challenges of the role. I cannot hope to fill Angela’s shoes, not just because they’re the wrong size, but because we have different leadership styles and professional experience. The one thing I will work hard to continue is Angela’s emphatic commitment and dedication to the LMC and its work to support the interests of Devon’s GPs and their practices.

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Update on Treatment Escalation Plans

By Dr Rachel Ali, Medical Secretary at Devon Local Medical Committee

Treatment Escalation Plans (TEPs) have evolved significantly over the last decade in Devon and Cornwall, from simple Do not Attempt Resuscitation (DNAR) or Allow Natural Death (AND) forms to the more clinically relevant guidance documents we have today.

The latest change is one that should reduce GP workload and improve the use of these forms to support patients. Nurses are now able to sign TEPs and help document the best interests decision making that has been made around end of life (EoL) care for a patient.

A TEP is one of several ways clinicians can guide decision-making in the situation of a patient being unable to tell us their thoughts or the clinical team involved being unfamiliar with the patient. They describe ceilings of care and should be used to help in making a best interests decision for people when considering escalating care. They do

not have expiry dates and remain valid until a clinical decision is made to review them.

It is particularly important to note that they are not substitutes for Advance Directives to Refuse Treatment (ADRTs) or Lasting Power of Attorney (LPA) for health. Unlike ADRTs and LPAs, TEPs are not legally binding and there is no requirement for anyone to have one. While some care homes may feel it is appropriate for all their residents to have a TEP, this is not a requirement and a TEP is mainly relevant in the final weeks of life and does not over-ride clinical judgement. If a nursing home is keen to document end of life wishes when a client is admitted they could themselves use a TEP for this purpose and it could be countersigned when it became clinically relevant. However, there is also nothing to stop a nursing home creating its own bespoke EoL plan form and it would be equally useful as a guide if properly documented.

South Western Ambulance Service NHS Foundation Trust (SWASFT) has shared its Clinical Guideline for Advance Care Planning that supports this view and makes clear that there is no requirement for a TEP when making decisions around patient's best interests near end of life. Anyone who is still confused about the differences around ADRTs, LPAs and TEPs would do well to have a quick read of their [document](#) as well as the [letter](#) recently sent to care homes reminding them of the expectations for both care homes and the GPs who care for their residents.

If you have concerns or queries about the appropriate use of TEP forms, please feel free to contact the LMC office via admin@devonlmc.org

You said – we did: engaging with grassroots GPs

The LMC's sub-committees have acted on a number of local issues raised by grassroots GPs in the last year to improve working conditions in general practice and outcomes for patients. Key developments have included:

Northern and Eastern

The Sub-committee's focus in recent months has been on the transfer of work from secondary to primary care – and how we can recognise, record, monitor, stop and where appropriate be paid for it (or have control of resources to do it).

We have addressed:

- Intermediate care – establishing a definition and introducing it into the conversation, both in Devon and nationally.
- Centrifuges – preventing roll-out and compulsory use within Eastern Devon as planned by the Royal Devon & Exeter NHS Foundation Trust (RD&E). Sensible use now in place.
- Engagement with RD&E about new Urgent Care Response Teams – important changes made to the scheme from that initially rolled out in a very hospital centric form.
- Facilitation of Collaborative Boards for 'at scale' work, bringing Federations together, resisting CCG attempts to control and 'own' these groups in both the East and more recently in North Devon.
- Electronic letter roll-out from RD&E – helped coordinate and improve this very successfully.

- Specialist medicines – providing practices with lists about which have, or have not, got shared care agreements and template letters to address any anomalies to ensure transfer of work is fair and remunerated.

South Devon and Torbay

- Having feedback from local GP practices on the Sub-committee meeting agendas. This has improved communication with grassroots GPs.
- Highlighting and helping to correct problems with interface issues with the local Trust, including two week wait breaches, lymphoedema service letters and GP streaming in A&E.
- Communication with the wider community including responding to Mayoral budget proposals which affect healthcare services, explaining concerns with the Sladnor Park development proposal, and liaison with care homes and pharmacists about the Homely Remedies lists in care homes.

Western

- Collaborative working with Livewell Southwest to devise a payment method for the unfunded work generated by Clozaril in general practice.
- Dr Matt Best attending the LMC Conference and speaking with the national media to highlight the difficulties in the Western Locality.
- Better working with University Hospitals Plymouth NHS Trust and Livewell collaboratively – building relationships and enabling them to have a greater idea of the pressures in general practice.

Late payment letter template

The LMC has developed a [letter template](#) for GP practices to use when they are chasing late payments owed to them for services they have been commissioned to deliver.

Yellow Card Scheme round-up

The key themes, trends and issues that the local healthcare system is hearing via the Yellow Card Scheme are considered in the latest [round-up](#).

Introduction of a strength based model in the child protection process in Plymouth

By Gillian Scoble, Safeguarding Primary Care Nurse, at New Devon Clinical Commissioning Group

In Plymouth it has been proposed that a new strength based model approach to child protection conferences will go live in September 2018.

All GP practices in Plymouth are encouraged to have their say about the new proposed model.

The aim of the model is to increase engagement and participation from families, with families feeling less intimidated and more able to constructively challenge professionals.

The new model, with its focus on achievable specific outcomes, should help when evaluating and evidencing what works when engaging families in child protection/safeguarding work.

Please find attached two documents that set out the [proposed model](#) along with professional guidance and a [report template](#).

Feedback please to: Michelle.Newman@plymouth.gov.uk copying in: gscoble@nhs.net



Results of the GP Worklife Survey

By Dr Mark Sanford-Wood, Deputy Chair of the General Practitioners Committee (GPC) and Medical Secretary at Devon Local Medical Committee

The results of the ninth edition of the National GP Worklife Survey have been published. This is an important survey and focuses on GPs' experiences of their working lives. It asks questions about satisfaction with various aspects of general practice, sources of pressure, overall experience of work and future career intentions.

The report found that the number of GPs who say they are likely to quit direct patient care within five years rose from 35% in 2015 to 39% in 2017. For GPs aged over 50, the figure rose from 61% in 2015 to 62% in 2017.

More than nine out of 10 GPs reported experiencing considerable or high pressure from 'increasing workloads'. Although there has been relatively little change between 2015 and 2017, average reported pressures remain at a high level relative to earlier surveys. Particularly high levels of pressure were identified with 'having insufficient time to do the job justice', 'increasing workloads', 'paperwork' and 'increased demand from patients'.

More positively, overall job satisfaction increased slightly since the 2015 survey, although levels of satisfaction in 2015 were the lowest since 2001. Again, while slightly higher than 2015, satisfaction with aspects of the job such as remuneration, hours of work and amount of responsibility given, remain lower than in the surveys undertaken before the introduction of the new GP contract in 2004.

The full report is available [here](#).

GPC's GP practice study invitation

The General Practitioners Committee (GPC) is undertaking a major UK-wide project to understand the business support needs of GP practices, starting with a series of research interviews with practice managers and GP partners. Increased demands on practices has heightened the requirement for up to date support, including access to employment and legal expertise.

The GPC is considering how it can help practices with an enhanced package of expert support and advice, in addition to the services it provides to individual members, to ease the burden upon GPs and practice managers. The findings of this research will directly inform what the GPC does next. The GPC wants to involve all types of practice in the research.

How can my practice get involved?

Practices can complete this [short online form](#), provide their contact details and indicate their availability. The GPC will then get in touch.

What does participation in the project involve?

The GPC is inviting practice managers and a smaller number of GP partners to take part in a structured interview to discuss the support needs of the practice to help understand how it can improve the services and advice it provides.

Interviews are likely to last around 60 mins. The GPC will give interviewees a redeemable voucher of £50 as a 'thank you' for their time.

Contact Francesca Scavone (fscavone@bma.org.uk) to arrange an interview.

Focus on quality indicators for QOF

The GPC has published a [Focus on quality indicators](#) briefing to provide background and context in preparation for the forthcoming negotiations on the Quality and Outcomes Framework (QOF) and the potential changes following the current QOF review, led by NHS England (NHSE).

The review brought together key stakeholders to analyse current evidence and other incentive schemes, with the intention of delivering proposals on the future of QOF.

The GPC has highlighted, and NHSE agrees, that a significant proportion of QOF funding is core income for practices and is an essential resource used for the employment of practice staff, and is already committed to delivering important practice activities. The briefing can be accessed on the [GPC activities page](#) and [QOF guidance page](#).

BMA: 'Health and Self-Care' workshop for doctors

The British Medical Association (BMA) is holding two local training events to help clinicians enhance their personal resilience and enjoyment of life and medicine on 23 July and 10 September. For more details, see the events pages at the LMC's website: www.devonlmc.org/trainingandevents

SFE sickness locum reimbursement for phased return to work

NHSE has confirmed to the GPC where a GP is signed off sick then the Statement of Financial Entitlements (SFE) may entitle the practice to locum reimbursement where the requirements under the SFE are met. This includes where a GP is signed off sick as part of a phased return.

Where a GP is not signed off sick, but has agreed a phased return or does not meet the requirements of the SFE, this would be a discretionary matter.

Travel advice on medicines

There has been some misinformation in the [national media](#) recently from the Foreign and Commonwealth Office (FCO) advising patients to check with their GP before going abroad about local laws on carrying medicines and whether they are controlled drugs.

Patients should request a letter from the prescriber detailing the generic names of their medications for border control checks and in case medicines have to be replaced or medical help is required. They should also have a note from the prescribing physician on letterhead stationery for controlled substances and injection medications.

Community pharmacies, rather than GPs, should be the first port of call for patient queries of this nature. The GPC challenged the FCO advice quoted in the media and they issued an immediate retraction.

GP closures expected as Forward View falls short

The GPC has issued a damning report about the progress of the GP Forward View, warning that hundreds of GP surgeries in England will be forced to close over the next four years unless general practice receives greater investment. Read more [here](#).

Innovative models of general practice

New clinical delivery models are needed to meet demand, altering the way in which general practice operates and interacts with individuals, families and local communities according to a new report by the King's Fund.

The report examines innovative models of general practice from the UK and other countries and identifies key design features that will be important in designing effective GP services in the future. Read more [here](#).

Research into the importance of accessibility and opening hours to overall patient experience

Policy makers should not assume improving access to general practice will improve patient satisfaction according to new research. Read more [here](#).

GP at Hand: Destabilising or modernising general practice?

Nuffield Trust, the national health think tank, considers the policy implications of the service that provides NHS access to GP appointments via a mobile app. Read more [here](#).

Data sharing to improve care

The Health Foundation (HF) has issued a new report about collaborative data sharing in different configurations of general practice that have the potential to contribute to improving quality of care. Read more here:

www.health.org.uk/sites/health/files/SharingToImprove_web.pdf A blog from Dr Rebecca Fisher, a GP and Policy Fellow at the HF, is also available [here](#).

Caring for carers: What does outstanding care look like?

It is estimated that 10% of patients on a GP practice list are carers. The responsibilities of carers mean they are more likely to suffer from ill health through stress and depression, poor self-care or physical injuries due to incorrect moving and handling. Despite this, fewer than 10% of carers are identified by their GP practice and offered appropriate support.

Nigel Sparrow, Senior National GP Advisor and Responsible Officer at the Care Quality Commission (CQC), reflects on examples of good and outstanding care for carers in general practice. Read more [here](#).

Why the review of the GP partnership model makes one health commentator nervous

A health commentator has raised concerns about the GP partnership model review because it is very easy to conflate the issues facing general practice as a whole – workload, workforce and financial pressures – with the partnership model. It is easy to imply it is the partnership model causing the challenges rather than the historic underfunding. Read more [here](#).

Evolution is not mandatory

Can general practice evolve fast enough before it goes the way of the dinosaurs? Ben Gowland, Director of Ockham Healthcare, and a former NHS CCG Chief Executive, argues that if general practice develops further as a place that is about compromise, about trade-offs, about individuals not getting the care they really want or need at the time they really want or need it, then extinction of general practice in its current form is a real possibility. Instead, key to the future is understanding, demonstrating and then developing the part of general practice that is genuinely value adding to individuals, their families and their local communities. Read more [here](#).

GP practices to become ‘veteran friendly’

GPs are signing up to become ‘veteran friendly’ under a new national scheme to improve medical care and treatment for former members of the armed services that has been backed by NHS England and the Royal College of GPs (RCGP).

Practices can qualify for veteran friendly status by offering extra support for ex-military personnel who may face additional challenges when they return to civilian life.

There will be a phased national rollout of the Military Veteran Aware Accreditation scheme. To become accredited, GP practices need to:

- have a lead for veterans’ issues within the surgery.
- identify and flag veterans on their computer system.

- undertake dedicated training and attend armed forces healthcare meetings.
- increase understanding of the health needs of veterans amongst both clinical and administrative staff.

Medicines shortage guidance

NHSE in the South West has finalised its [Medicines Shortage Guidance](#) for dispensing contractors following feedback from a range of stakeholders.

Update on diamorphine supply issue

A plan has been developed by the Department of Health (DH) and NHSE to manage supply issues with diamorphine during July and August 2018. Read more [here](#).

GDPR compliance

Data protection laws changed on 25 May when the new General Data Protection Regulations (GDPR) came into effect. As a membership organisation we currently hold contact details for local GPs and practice managers so they receive our communications, information on LMC events and important information we gather which has a direct impact on them. GPs and PMs who no longer wish to receive our communications should notify us and we will remove their details from our records. At no time is personal information shared with third parties, unless explicit permission is given to do so. Comprehensive information and support for local GP practices about GDPR is available on our website: www.devonlmc.org/generaldataprotectionregulationgdpr

PCSE GP Bulletin

The latest Primary Care Support England (PCSE) GP Bulletin includes information on GP pensions and payments and medical records. Read more here: www.devonlmc.org/websitefiles/download/6576

Update from Devon County Council

Public Health Nursing Service

Following the decision by Devon County Council's (DCC) Cabinet earlier this year to bring Devon's [Public Health Nursing Service](#) (PHNS) into the direct management of the County's Children's Services from April 2019, a robust transition project has been set up. The transfer will help to improve integrated working and has already seen improved joint planning for service revisions in Devon's Children's Centres and PHNS.

A 'lift and shift' policy of current PHNS staff will help to maintain the full range of current services and, over time and in collaboration with staff and stakeholders, the Council is looking to provide an improved offer to children and families especially through the integration of children's centres and PHNS in the community.

The Council is working closely with PHNS staff to ensure the transition is as smooth as possible for them and for children, young people and families in Devon.

If you have any questions about this transition, please do [email](#) the team at the Council.

'ChatHealth' launch

Devon's Public Health Nursing teams are working with 'ChatHealth' to launch a texting service which provides more timely and convenient access to confidential health advice for students and parents/carers.

There is a specific school nurse texting (messaging) service for young people and a separate texting (messaging service) run by health visitors and school nurses for parents/carers. The service is available Monday-Friday, from 9-5 pm. This is in addition to phone contact via PHN hubs, face-to-face contact via open access clinics, community appointment clinics, and through home or school visits.

Both numbers can be given to young people and parents/carers as appropriate:

Young person number – 07520 631 722

Parent/carer number – 07520 631 721 (for information and advice, not for scheduling appointments).

Early Help for Mental Health (EH4MH) contract extension

In September 2015, Devon's Public Health team commissioned an innovative early intervention programme to improve support to schools and young people. The initial contract was for three years and ran to August 2018. Despite cuts in the Public Health Grant, with contributions from the Council and the two CCGs in Devon, the programme has now been extended to the end of March 2019.

The programme will continue to support schools across Devon to help children and young people cope with emerging emotional and mental health issues through training, consultation and supervision. This theme is delivered by Virgin Care, which has enabled robust clinical links to the specialist Child and Adolescent Mental Health Service (CAMHS) to be developed and maintained.

The direct support theme will also continue to offer young people of secondary school age both face-to-face and online information, advice and counselling. These offers are accessed by young people themselves through self-referral/registration with Young Devon and Kooth.com.

In July 2018, there will be an opportunity for CCGs to bid for Trailblazer programmes which could see the 2017 Green Paper's concept of school-linked Mental Health Support Teams tested in many different localities across England. Devon County Council and the two CCGs are working closely together to maximise the chances of a Trailblazer bid which builds on the foundations laid through EH4MH.

Early Help roadshows

Do you know what Early Help is and how it links to your work with children and their families? Are you aware of the role GPs can take in helping families access support and assistance when needed? To find out more GPs and practice managers are invited to attend Early Help roadshows which are being held across Devon throughout September 2018. The roadshows will focus on subjects such as best practice in Early Help, the new working together statutory guidance, the new Children's Services Threshold Tool and new ways of working for Children's Centres.

The roadshow venues and dates are:

- Newton Abbot Racecourse, Newton Rd, Kingsteignton, **Newton Abbot**, TQ12 3AF – **18 September, 9am – 1pm**
- Cullompton Community Centre, Pye Corner, **Cullompton**, EX15 1JX – **19 September, 9am – 1pm**
- Petroc Centre, Old Sticklepath Hill, **Barnstaple**, EX31 2BQ – **20 September, 9am – 1pm**
- Exeter Racecourse, Kennford, **Exeter**, EX6 7XS – **26 September, 9am – 1pm**
- Exeter Racecourse, Kennford, **Exeter**, EX6 7XS – **26 September, 2pm – 5pm.**

You can book you place [here](#)

News from Devon LMC

GP Partnership Model Review

The LMC facilitated a visit from Dr Nigel Watson, who is chairing the independent review into the partnership model, to meet local grassroots GPs to hear their views. The review looks at how the partnership model needs to evolve and address issues that can lead to difficulties recruiting and retaining partners. Dr Watson has written a [blog](#) about the process.

Marketing the LMC

The LMC had a stand at the recent GP Jobs Fair in Plymouth, run by NHS England, to raise awareness of its role and work – and will also be attending Peninsula Medical School's graduation ceremony at the end of July. Small supplies of corporate merchandise – including pens, coasters, magnets and post-it notes – are available for GPs attending events to promote the LMC. Contact richard.turner@devonlmc.org if you wish to request some material.

Website content review and feedback

The LMC's Executive Team and Board members will be reviewing the content on the website again soon to ensure it remains relevant and accurate. If there's any information which you think would be useful for inclusion, or if you have any feedback on new functions that you would like to see on the website, email richard.turner@devonlmc.org

Help shape the PM Conference

The LMC will start planning its next Practice Managers Conference in the autumn before it takes place next summer (date and venue to be confirmed). If you would like to be part of a small steering group to help set the format and agenda for the event please contact richard.turner@devonlmc.org. Meetings will be kept to a minimum and most of the work between the group will be done 'virtually' via email and teleconferencing.

Produced by: Devon Local Medical Committee, Deer Park Business Centre, Haldon Hill, Kennford, Exeter, EX6 7XX.
Copy submissions for August's newsletter should be emailed to richard.turner@devonlmc.org by noon on Wednesday, 18 July, please.

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