Newsletter

August 2018 – Issue 201

Update on the crisis facing general practice in Plymouth

By Dr Rachel Ali, Medical Secretary at Devon Local Medical Committee (LMC)

You'll have seen Plymouth hitting the headlines locally and nationally as our accelerated crisis in general practice continues apace. I've had people from upcountry asking why anyone would want to come and work with us given the news about how tough things are. I can certainly understand that concern, and while I wouldn't like to be accused of wearing rose tinted specs, I don't think all of the news is grim.

We have seen fewer practices close this year, the recruitment for Mayflower was unfortunately unsuccessful but we are lucky in that Access Health are doing such a capable job of caring for these patients. For practices on that 'event horizon' described by Dr Matt Best at the Annual Conference of LMCs in March, watching things get tougher in the more deprived parts of the city is frightening. Lists have closed, partners have resigned, and everyone is working harder and longer to care for our patients as best we can.

It's also making us all work together in ways we wouldn't have considered 10 years ago. Beacon have a solid Primary Care Home. Drake Medical Alliance and Pathfields are working together closely and developing their relationships with Livewell, with hopes to explore exciting new ways of working with mental health colleagues. On the outskirts of the city we're seeing Yelverton and Tavistock practices form a Primary Care Home, as Sound Health are also doing, and it sounds as though there is great enthusiasm for similar working together in the Plymstock area. Each of these groups is taking the time to consider the needs of their own community and working creatively to help their teams develop skills and networks. At the Western Primary Care Partnership we're seeing work across these groups to help the whole city.

Our biggest community provider and our acute Trust hope to also work more closely together with plans to join forces in the coming months. Hopefully this will create opportunities to resolve some of the biggest bugbears of local GPs, many of which relate to workload shifting from secondary care. We're getting better at describing those irritations as well, using yellow cards and making use of our relationships with secondary care to highlight and resolve issues.

If I'd finished writing this editorial before the Government responded to the recommendations of DDRB, I might have carried on talking positively about the remarkable way Plymouth is continuing to use increased pressure to create diamonds. As it is, I'm feeling a bit discombobulated. With the Government choosing to award only half of what DDRB feel we need to just stand still I'm worried more practices will slip over that event horizon. I have no platitudes. My colleagues and I will keep plugging away to support you and find ways through this, locally and nationally.

The LMC's new-look Board met for the first time recently to discuss a packed agenda which included intermediate care, improved access, the Quality and Outcomes Framework, winter planning, pastoral and practice support, and working with health partners.

Bob Fancy, Director of Operations, Dr Paul Hynam, Medical Secretary, and Dr Ben Dawson, from the Western Sub-committee, attended their inaugural Board meeting.

GPC reaction to Government announcement on GP and staff pay

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

Each year the Doctors and Dentists' Review Body (DDRB) makes recommendations on the pay for all doctors in the UK. While in the recent past, the pay for GPs has been agreed through direct negotiations by the General Practitioners Committee (GPC), this year we included evidence to the DDRB and asked them to make a recommendation. The DDRB listened to our evidence and expressed its concern about the workforce issues and made recommendations accordingly.

The Government receives the DDRB recommendations and makes a decision about an increase in pay, taking all doctors into account. This year, the Government announced it's lifting the 1% pay cap for all public sector workers and so its decision was coordinated across all public sector workers (who are covered by various pay review bodies). The Department of Health and Social Care announced the pay award for doctors in England last week.

Our original agreement in the negotiations back in March was for an interim 1% pay uplift for all GPs and their staff and for any further uplift to be implemented based on the Government's decision on the DDRB recommendations. Now that we have the Government's decision we have explained what the uplift means for general practice in England and that briefing can be accessed here.

The GPC Executive has been in direct contact with the Secretary of State and senior NHS England management and we have expressed very clearly the anger of the profession.

New revalidation guidance clarity for GPs

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

New guidance has been released by NHS England's Responsible Officer (RO) network to help the thousands of GPs up and down England who are working low numbers of clinical sessions. The guidance will bring clarity to the question 'how many sessions must I work to remain on the Performers' List' and should provide reassurance to many and help to stabilise a vital part of our workforce.

The guidance, which can be found here has been the product of a significant piece of collaborative work between the RO network, General Medical Council (GMC), Royal College of General Practitioners (RCGP) and the British Medical Association (BMA). For the first time GPs in England now know that if they perform 40 sessions a year or more then they do not need to undertake any specific reflection on their practice other than those dictated by factors outside of work volume. This should provide reassurance to the many GPs working 50-100 clinical sessions per year who have expressed uncertainty about the rules and regulations relating to remaining up to date. It will also bring uniformity to practice and provide reassurance to patients and the system that consistent rules are being followed and applied.

Those doctors performing 40 clinical sessions a year or more simply complete their appraisal paperwork in the usual manner and are appraised in the same way as any other doctor. For those doctors performing fewer than 40 clinical sessions the requirement is now for them to complete a simple structured reflective template (SRT) with guidance on what factors are likely to mitigate any risk that might accrue from this type of work pattern. This SRT should then be submitted as a Quality Improvement Activity (QIA) and discussed with the appraiser in the usual manner.

This will provide the system, the public, the appraiser and the GP with assurance that they continue to practice safely and will remove the burden of anxiety and doubt from the many hard working and able GPs who choose to work lower numbers of clinical sessions, recognising that many also carry out other roles alongside this retained clinical commitment. This will provide a much needed boost to our beleaguered workforce and provide everyone with clarity.

The collaborative approach that has been adopted by NHSE, the RCGP and the BMA has been a significant factor in agreeing these guidelines and the group has moved on to other regulatory grey areas. We hope in the near future to publish guidelines to the profession regarding how doctors who choose to go abroad for a period might retain links with the UK in order to facilitate their later return.

Quality and Outcomes Framework (QOF) review

NHS England has published the Review of the Quality and Outcomes Framework (QOF) and invites a wider discussion and debate about its findings.

The report is available here and a media release can be viewed here.

The findings of the review will inform the GP contract negotiations for 2019-2020 and beyond. Feedback or comments on the report can be emailed to england.qofreview@nhs.net by 31 August 2018.

Dr Paul Hynam, Medical Secretary at the LMC, attended Peninsula Medical School's graduation ceremony recently to meet the next generation of GPs and discuss careers in general practice and the work of the LMC.

GP Partnership Review: key lines of enquiry and call for evidence

Local GPs are encouraged to share their experiences and ideas as part of an independent review examining the challenges facing the partnership model and solutions to reinvigorate it to support the transformation of general practice.

The call for evidence sets out the current lines of thinking and describes four emerging themes: workload issues, workforce issues, the role of general practice in the local healthcare system, and the business model of general practice. Read more here.

£250k funding for practices/federations for increasing continuity of care research

The Health Foundation (HF) has launched a new funding programme to help improve patient care and outcomes by exploring how to increase continuity of care within general practice.

The programme is inspired by recent HF research which demonstrated that patients with ambulatory care sensitive conditions who see the same GP a greater proportion of the time have fewer unplanned hospital admissions. It will explore the potential for general practice to increase continuity of care for its patients and improve their care.

Grants of up to £250,000 over 12-24 months are being offered to three or four large scale GP practices and federations to carry out targeted quality improvement work to increase continuity in their practices. The HF understands the pressures faced by professionals working in general practice and wants to know whether an increased focus on continuity of care can help bring benefits to both staff and patients.

Programme offer:

- Funding for up to 24 months.
- Support with data analysis commissioned by the HF.
- Project evaluation commissioned by the HF.
- Technical support to help with project delivery.

Read more here.

Pointers to help practices ahead of CQC inspections

The Care Quality Commission (CQC) has developed a new methodology for future inspection reporting – including an evidence table.

The evidence table provides the detail of the inspection findings and also an indication of what the CQC looks for as part of their inspection. It covers essential standards in areas such as safety, staffing and leadership.

It will help you to assess, prepare and monitor the quality of your service and it would be a useful addition to your quality assurance process, as a live working document.

You can download the template here

Research into business support needs of GP practices

The 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 and that is why it need the help of practices.

Practices can complete this short online form, provide their contact details and indicate their availability and the GPC will then get in touch.

Interviews are likely to last around 60 minutes and interviewees will receive a redeemable voucher of £50 as a thank for their time.

For more information about the research, contact Francesca Scavone at: fscavone@bma.org.uk

Update for practices in NHSPS and CHP premises

The GPC advises that practices in NHS Property Services (NHSPS) and Community Health Partnerships (CHP) premises should only make payments if they are satisfied about the legal basis upon which they are payable and their accuracy.

The GPC is aware that this issue is causing practices significant stress and it will stand with you in circumstances where, despite there being no legal basis to do so, NHSPS seek to enforce these charges. If NHSPS take action to enforce charges against you please let the GPC know immediately via gpcpremises@bma.org.uk Further guidance and updates are available on the GPC website.

New report into barriers stopping medical students going into general practice

A new report has found that medical students may be put off careers in general practice by perceptions of the low status of general practice – linked to a prevailing medical school culture; observing the pressures under which GPs currently work; and lack of exposure to academic role models and primary care-based research opportunities.

To improve recruitment of the next generation of GPs, medical schools must provide high quality placements in general practice, expose students to academic role models and highlight to policymakers the links between the current pressures in UK general practice and the recruitment crisis.

Read more about the research here.

Clinical pharmacists in general practice improve patient care finds new research

Clinical pharmacists should be an integral part of general practice, according to a new independent report, which found they significantly increase patient appointment capacity and reduce pressure on GPs. Read more here.

Engagement on the payment implications of digital-first primary care

Digital systems will be integral to a modern, efficient and responsive health service. Well-designed digital tools are already helping to provide care and services that are convenient for patients, efficient for the NHS and which get people the right care for them as quickly as possible.

NHS England has set out a number of ways in which the payments for general practice may need to be updated to account for the emergence of digital-first access to primary care. The objective is to ensure that available resources are distributed in as fair a way as possible to GPs, reflecting the patients they serve.

More information about the proposals can be found here.

The findings of the engagement will inform the GP contract negotiations for 2019-2020 and beyond. Feedback is requested by 31 August, 2018. Email any questions about the report to england.gpcontracts@nhs.net

Visa Sponsor status for GPs

By Dr Liz Thomas, Deputy Medical Director at NHS England South South West

Practices may be aware we are currently in discussions with the Home Office about NHS England acting as the proxy sponsor of visas for GPs from non-EEA countries. These discussions with the Home Office are unlikely to be concluded quickly.

As such, we are unlikely to be able to offer visa sponsorship by NHS England to the 400+ non EEA nationals who are training as a GP in England that are due to complete their training at the end of July.

If these newly qualified GPs are unable to find a practice to sponsor a visa they will either have to return home or seek employment in another health sector to remain in the UK.

We are in the process of setting up support for practices that would like to obtain their own visa sponsorship licence and a national survey of practices is taking place.

In the meantime however, we urgently need to identify any practices that currently hold sponsorship licences so that we can match them up with any newly qualified non-EEA GPs that wish to remain in England.

I would be grateful to hear from any practices who currently hold visa sponsorship licences and would be interested in being linked up with any soon to be qualified non-EEA GPs that are struggling to find a practice that can sponsor them after they complete their training. Please contact liz.thomas2@nhs.net if you can help.

NHS Healthchecks update

This Public Health Devon update is for GP practices delivering NHS Healthchecks to the Devon County Council service specification.

Dementia

Public Health England has announced that all NHS Healthchecks will now include conversations about dementia: www.gov.uk/government/news/dementia-risk-now-included-as-part-of-nhs-health-check

The key message to get across to the public is: 'what's good for your heart is good for your brain'.

Useful resources and training for health professionals delivering the NHS Healthchecks are available: www.healthcheck.nhs.uk/commissioners_and_providers/training/dementia_training/

Resources

Devon practices continue to request the information and results leaflets which we supply. Some have enquired about lifestyle support leaflets. Where you identify that someone requires information or support to making lifestyle behaviour changes we would ask that you encourage them to access the offer from OneSmallStep, by providing them with the contact cards supplied by OneSmallStep. To request cards please email hello@onesmallstep.org.uk

When delivering the brief intervention it may also be advantageous to show the individual the OneSmallStep website www.onesmallstep.org.uk/ on their SMART phone or on your computer if they don't have one.

For more information about the NHS Healthchecks programme visit: www.devonhealthandwellbeing.org.uk/library/prof/nhs-health-checks/

Training offers

Making Every Contact Count (MECC) training is being trialled amongst some GP practices in wider Devon. The training course provides entire workforces within primary care with the skills and confidence to initiate very brief conversations about lifestyles that can help prevent and delay the onset of long-term health complications.

If your practice is interested in receiving or learning more about MECC training, contact natalie.winterton@devon.gov.uk

Universal provision of Healthchecks

In March Public Health Devon undertook a closed procurement exercise for a provider to deliver to the populations of practices not signed up. This process was not successful and no bids were received.

We have since been in discussion with practices not wishing to offer Healthchecks to their patient population to try to find alternative arrangements, such as sub-contracting with other practices who could provide the service on their behalf.

Sessional GPs newsletter

The latest edition of the Sessional GPs newsletter is now available and includes a blog from Dr Zoe Norris, Chair of the GPC's Sessional GPs Subcommittee, about how sessionals can get involved in the Partnership Model Review. Read more here.

Progress report on the STP

A Devon STP: Two-year report has been published and highlights what the Devon Sustainability and Transformation Partnership (STP) set out to achieve, the progress that has been made, and plans for the future.

News from Devon LMC

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

Copy submissions for September's newsletter should be emailed to richard.turner@devonlmc.org by noon on Wednesday, 15 August, please.

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