



## Update on the LMC’s operational priorities to support general practice

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

I hope that this edition of the newsletter finds everyone well and at least partially rested after some time off over the summer. That said the pressures on you as a group are relentless and there was certainly no let up over August. You have all been frustrated and no doubt annoyed by the NHS England Core Hours Assurance letter and the subsequent communications which at the time of writing have not provided the clarity that you need or deserve. If we could have made this go away we would have, but it continues to play out and we are doing our best to resolve the way ahead to a pragmatic practice lead solution.

This issue made me think about the operational priorities of the LMC and how we might best prepare for both proactive and reactive activity. In order to provide a better spread of clinical expertise at Deer Park the Medical Secretaries now cover a day each, Tuesday to Thursday, which maximises the capacity to deal quickly with emergent issues. Communications are the lifeblood of any organisation and we are continuing to refresh the website, engage more broadly across social media and we will be introducing a weekly operational bulletin later this month which will allow the newsletter to be streamlined. Together these initiatives should help improve our agility. Currently we are also looking at how we can better support recruitment into Devon general practice.

At the heart of our service provision is Pastoral Support for those who are facing real challenges and we are restructuring this service to ensure it meets what appears to be an increasing demand. In the longer term Pastoral Support, which looks after individual needs will be mirrored with Practice Management support which will provide targeted help for the team or business needs of general practice.

Your views, and the challenges you face, help to shape our operational priorities. We welcome feedback about the services that we provide, and new initiatives as they are rolled out, to ensure they meet your needs.

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### **Keynote speaker confirmed for LMC's Annual General Meeting**

Dr Krishna Kasaraneni, from the Executive Team of the General Practitioners Committee (GPC), has been confirmed as the keynote speaker for the LMC's Annual General Meeting on Wednesday, 15 May next year.

There will be plenty of opportunities to ask him questions about the challenges and opportunities facing general practice.

More information about the event – including the venue and timings – will be announced once the logistics have been finalised. It will take place on the same day as the three LMC Sub-committee meetings, as in previous years.

In the meantime, local GPs are requested to 'save the date' and email [richard.turner@devonlmc.org](mailto:richard.turner@devonlmc.org) if you wish to attend so we can plan the logistics based on the numbers.

### **New LinkedIn social media account**

The LMC has introduced a new LinkedIn account as we extend our communications channels to reach more local GPs, practice managers and local and national key stakeholders.

The account has just been launched and already has over 720 followers. It includes the latest news from the LMC, local and national developments and new guidance.

You can follow the LMC at: [www.linkedin.com/in/devon-local-medical-committee/](https://www.linkedin.com/in/devon-local-medical-committee/)

If you need assistance setting up a LinkedIn account, or using this form of social media, please contact: [richard.turner@devonlmc.org](mailto:richard.turner@devonlmc.org)

### **'About the LMC' leaflet**

The LMC has produced a new corporate leaflet for GPs, practice managers, medical students and stakeholders explaining how we support local general practice and how to get involved in our work.

The material has been praised on social media by Dr Nikita Kanani, Interim Director of Primary Care at NHS England.

You can view it here: [www.devonlmc.org/websitefiles/download/6854](http://www.devonlmc.org/websitefiles/download/6854) Small quantities of the leaflet are available for collection from the LMC office. Please contact: [richard.turner@devonlmc.org](mailto:richard.turner@devonlmc.org)

### **Warm welcome to new LMC office member**

Liz Thompson joined the LMC in August 2018 to support the Executive team and co-ordinate and administer the Western and South Devon and Torbay Sub Committees, Eastern Collaborative Board and Public Health meetings.

This follows a brief period working in a retail environment after retirement from a 32-year career in the NHS as an occupational therapist (OT).

During her career as an OT, Liz worked in care of older people rehabilitation, intermediate care and falls assessment and rehabilitation in both Devon and Dorset within community settings and secondary care.

### **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](mailto:richard.turner@devonlmc.org)



## **Breast Feeding and the use of Codeine/Co-codamol/Opioids**

**By Dr Paul Hynam, Medical Secretary at Devon LMC**

Following a national adverse event, I encourage you to familiarise yourself with the current guidelines on prescribing Codeine/Co-codamol to a breast-feeding patient.

Key Points:

Mothers should be fully informed of the risks before being sold or prescribed codeine or any opioid and to watch their nursling carefully for any signs of increased drowsiness – sleeping longer or more frequently. This can be evident whatever the age of the nursling and it should not be assumed that an older baby is not at risk.

Use of any opioid by breastfeeding mothers, if necessary (and only as third line choice of medication after the use of regular paracetamol and non steroidal anti-inflammatories – see Information sheet on Analgesics and breastfeeding on [www.breastfeedingnetwork.org.uk](http://www.breastfeedingnetwork.org.uk)), should be at the lowest effective dose, for the shortest possible duration, regardless of the baby's age and the mother made aware that she should stop the drug and seek medical advice, if she notices side effects in her baby such as breathing problems, lethargy, poor feeding, drowsiness, bradycardia – slow heart rate.

If adverse effects develop in breastfeeding infants the possibility of opioid toxicity should be considered, regardless of maternal dose. The opioid should be replaced by a suitable non-opioid analgesic.

The full article can be found [here](#).

## **Request for Health Assessment via School**

**Dr Phil Melliush, Chair of South Devon and Torbay LMC Sub-committee**

There has been a lot work done in the Torbay Council area to try to streamline referrals for school children with challenging behaviours who may need assessment by a paediatrician.

If a school has concerns about a child's behaviour the agreed pathway, from the new school year, is:

1. School completes form with parent
2. Form sent to the school nursing team
3. School nursing team complete a Family Health Needs Assessment (by visiting the family home)
4. School nursing team send the referral to the paediatrician and the GP
5. GP checks Primary Health Care records and forwards additional relevant information to the paediatrician.

There is no need for a school to tell parents to make an appointment with their GP to make such a referral. If a GP is approached, they can direct the parents to the school, or school nurse, who can follow the above pathway.

To be clear, this applies to Torbay Unitary Authority schools, the process in Devon is different at the moment. A copy of the form, for information, can be found [here](#).

We hope this clarification will make things more straightforward for parents, schools, GPs and specialist services in Torbay.

I am very grateful to Sue Julyan, David Attwood and Jonny Graham for their help with this issue. Thanks again to those involved.



## Meet the new Data Protection Officer for local GP practices

By Bex Lovewell, Data Protection Officer

I am the new Data Protection Officer, employed by Sentinel, for over 100 GP practices in Devon. I know that General Data Protection Regulations (GDPR) and Data Protection can be quite daunting and I am here to help all my practices with any concerns they may have.

I am currently in the process of attending practice manager meetings to meet all of you who have signed up to service I am providing. I am excited to get to know each of you and what further assistance you may require from me, alongside my duties as a Data Protection Officer. I have already dealt with various queries from the surgeries varying from Subject Access Requests to potential Data Protection breaches.

I am currently working on Tuesdays and Thursdays and will start the role full-time on 20 September, 2018. In the coming months, I will be looking to review current Data Protection Reporting Policies so that we can look to have a blanket policy, if possible, for all the surgeries. I will also be looking into relevant training courses to update my knowledge and attending so that I can share any new knowledge with my practices. I am also hoping in the future to have my own area on the CEPN website/other websites for documentation which can be used by the surgeries and for a section to include a FAQ area and a myth-busters section. I also want to start a weekly/monthly notification with Data Protection updates to the surgeries so that they are regularly provided with updates about compliance and anything new that arises.

Practices can get in touch with me via email at [bex.lovewell@nhs.net](mailto:bex.lovewell@nhs.net) or via my telephone on 07375 322875.

## County's practices rated higher than national average

Devon's patients have given their GPs and practices a big vote of confidence in a national survey, scoring their services above the country's average in all categories.

The local practices were rated in NHS England's GP Patient Survey, which provides information on patients' overall experience of primary care services and their experience of accessing these services. Read more [here](#).

## GovWifi and NHS Wi-Fi now going live at GP sites in North, East and West Devon

The new wi-fi service and connection to the new Health and Social network is going live across North, East and West Devon.

Over 30 percent of practices are now on the new networks and every practice is at least part way through the process, with wi-fi cabling complete and new site connections and some other hardware improvements to equipment and environments underway.

Once live, HSCN offers secure access to clinical systems and the wi-fi is available for use on phones, tablets, laptops and other mobile equipment. Wi-Fi networks include:

- GovWifi for clinical, business staff, visiting health professionals and staff's own devices. This is a secure national network and it means you will also have access to a high-quality wi-fi service at many other public-sector buildings like libraries.
- NHS wi-fi for patients and carers. The same network will be available across England and will link patients directly to health information.

## Feedback wanted on new 'MyHealth – Devon' website

GPs are encouraged to provide feedback on a new website to empower people to be healthier, better informed and to take greater responsibility for their own health and health choices.

MyHealth – Devon has been developed by Devon Referral Support Service, part of the Wider Devon Sustainability and Transformation Partnership with the support of local clinicians.

The website is available here <http://myhealth-devon.nhs.uk/> and will provide evidence-based information that:

- enables patients to make informed decisions about their care and treatment options
- promotes shared decision-making conversations between patient and clinician
- promotes self-management of their conditions
- promotes a healthy lifestyle
- informs people in Devon about local services and support groups

You can share your views here: <https://myhealth-devon.nhs.uk/about/feedback-form#entry:98:url>

Information packs for GP practices will be distributed in due course.

## **Getting England's new national workforce strategy right for general practice**

**By Dr Helena McKeown, Education, Training and Policy Workforce Lead at the General Practitioners Committee (GPC)**

Earlier this year the British Medical Association (BMA) responded to the consultation on a new NHS workforce strategy. The BMA response was pan-professional and wide ranging but now I want to touch a little more on some GP-specific points.

I've been asked by members to say a bit more about what we meant by the idea of offering sessional work to doctors from across the NHS to help with the problem of long-term GP vacancies. To be clear – this is not a proposal to allow any doctor to fill gaps in GP practices, but refers to the existing GPC policy of creating ways for doctors from other specialities to convert to general practice if they wish by training part time alongside their existing clinical role. A CCT would still be compulsory.

If we are going to fix the GP recruitment and retention crisis, we cannot simply replace GPs with other types of clinician. That's not to say that creating new roles can't be an innovative and helpful addition in an expanded GP team, but we must make sure they are properly funded additions – not cheap replacements.

It's essential that we make sure the NHS is truly an attractive career, and one which is known for looking after the wellbeing doctors and other staff. But it's also important that we give GP partners time and headspace to pass on their understanding and wisdom to prospective partners, with all the practice finance and premises knowledge that this entails.

Talking of premises – if we are to expand GP teams working in new ways, NHS England regional teams will have to pump-prime the expansion of premises and ensure that rent increases and properly reimbursed. An expanded team inevitably needs more space, which means more funding.

We will hear the outcome of the consultation soon. Given the scale of the task of developing this strategy, don't expect too many specific outputs at this stage, but it will be progress if we get a solid framework for strategic thinking to evolve and become an integral and transparent part of the NHS of the future.

## **'We can't build a modern health service on crumbling foundations'**

**By Dr Krishna Kasaraneni, from the Executive Team on the GPC and Premises Lead**

We often talk about general practice being the foundation on which the NHS is built. But what happens when the literal foundations – the bricks and mortar of practice buildings themselves – show signs of cracking?

With the number of GP partners continuing to decline due to the mounting pressures of unmanageable workloads and increasing bureaucracy, the added burden of owning and maintaining practice premises is doing nothing to attract newly trained GPs to the model of care that has been the basis of general practice for the last 70 years.

This blueprint may be unique – after all, our hospital colleagues are not expected to buy into the walls and roof of the building in which they work – but we know it works, and we know that the profession still values it. Two-thirds of our members tell us they support maintaining the model of GPs being able to own their surgery premises.

But they also tell us they want change. Three-quarters want to work in premises with other community-based staff, be they pharmacists, physiotherapists or nurses, providing diagnostics and extended care in their local area.

For this to happen, there needs to be significant investment in the premises themselves. Many aren't up to scratch – and not capable of housing the multi-disciplinary team and services needed to provide the kind of community care that is expected in the 21<sup>st</sup> century.

Investment in GP premises will allow more care away from hospitals and reduce the significant pressures on secondary care we've seen repeated each winter, extending further into the year each time.

The direction of travel on this issue is positive, and it seems we are finally being listened to. During this year's contract negotiations, we secured changes to the premises cost directions (PCDs) and a commitment from NHS England for a fundamental review of GP premises.

We therefore welcome the review's [call for solutions](#) which asks key stakeholders to come forward with their ideas for addressing the issues facing GPs who own or lease their buildings. We would encourage LMCs, and GPs in particular, to make their views and potential solutions clear to NHS England.

One key issue is the exorbitant service charges faced by practices in NHS-leased buildings. It's appalling that, given the underfunding of general practice over the last decade, that we're hearing some practices have seen these charges go up by 400 per cent in a matter of months.

And what happens to those GPs who are the 'last partner standing'? While the PCDs will lay out explicit options, more reassurance is needed to ease the anxieties around liability.

The GPC will shortly launch a survey of its members on premises, to gauge how these issues and more are affecting them, and to shape our approach to the review from NHS England, in which we have an important role to play.

What is already clear, however, is that if NHS England and the Department of Health and Social Care do not address these concerns, the very building blocks of the health service risk crumbling beneath it.

## **New Partnership Model Review blog**

The latest blog from Dr Nigel Watson, Independent Chair of the Partnership Review, considers small practices and where they sit within the review. You can read it here along with Dr Watson's other blogs:

<https://www.wessexlmcs.com/gppartnershipreview>

## **Radical overhaul of GP Forward View needed to protect general practice say RCGP**

The GP Forward View needs a major overhaul and a substantial cash injection of an extra £2.5billion a year on top of the funding already pledged, to protect patient safety and guarantee the future of the family doctor service, says the Royal College of GPs (RCGP). Read more [here](#).

## **Acting Director for Primary Care at NHS England announced**

Following Dr Arvind Madan's resignation, Dr Nikki Kanani MBE, who is currently Deputy Medical Director of Primary Care at NHS England has stepped up to be Acting Director of Primary Care for NHS England on an interim basis.

Nikki has a wealth of experience both as a frontline GP and in a range of positions within healthcare as a clinical leader. She will provide consistency in leadership as NHS England develops the long-term plan for the health service in the coming months. The substantive role will be advertised after the summer break.

## **Latest newsletter for sessional GPs available**

The latest edition of the Sessional GPs Newsletter is now available and includes an update on issues with Capita and the GP Retention Scheme. Read more [here](#).

## Through the eyes of GP trainees: workforce of the future

The King's Fund has conducted a survey looking at GP trainees' intended working patterns once they qualify, to understand more about the choices they are likely to make and why.

Key findings included:

- only 21.7 per cent of respondents planned to work in full-time clinical general practice one year after qualifying. This fell to 5.4 per cent planning to do so ten years after qualifying
- 9 per cent (in the first year post-qualifying) intended to work part-time as a GP, with many wanting to undertake other responsibilities and have 'portfolio' careers, with this option becoming increasingly popular the longer they had qualified
- 52 per cent of respondents chose 'other clinical NHS work' as the preferred option for work alongside their NHS general practice commitments. 'Medical education' was also a popular choice (39 per cent of respondents)
- the most commonly cited reason for not undertaking full-time NHS general practice work, irrespective of gender, was 'intensity of working day'
- the main reasons suggested for increased workload were 'increased patient demand', 'increasing and ageing population' and 'insufficient staff in general practice'.
- only 37 per cent planned to be GP partners. Concerns about the sustainability of the partnership model and a mismatch between the additional administrative work/responsibility for the business and remunerations are pushing trainees away from partnership

Read more [here](#).

## Requests for general practice case studies for recruitment campaigns

Devon Community Education Provider Network (CEPN) is creating some short videos about different roles in general practice as part of a recruitment campaign.

CEPN is recruiting staff from practices to take part in short 5-10 minute filmed interviews about their role, why they enjoy it and the qualifications required. The videos will be used as part of the STP 'Proud to Care' programme, where professionals talk to universities, schools and colleges about different health and social care careers to sell the benefits of general practice.

GPs, practice managers, receptionists, HCAs, nurses, pharmacists and paramedics are needed for the filming on 18 September, at Mount Pleasant Health Centre in Exeter. If you are interested in taking part email your name, practice and role to [devon.cepn@nhs.net](mailto:devon.cepn@nhs.net)

Meanwhile, Health Education England (HEE) is asking for case studies to raise awareness of the benefits of a career in primary care. As the next round of recruitment for GP training applications will open from 7-29 November 2018, HEE is keen to feature some accounts from GPs and GP trainees on how they feel about treating their patients and what they have achieved or the outcome/benefit was.

If you would like to volunteer, email GP Recruitment at [gprecruitment@hee.nhs.uk](mailto:gprecruitment@hee.nhs.uk)

## **Will a robot replace me as a GP?**

Dr Rebecca Rosen, Senior Fellow at the Nuffield Trust, gives a GP's perspective on adapting to new technologies and explains why the professional judgement of the doctor is still vital. Read her blog [here](#). She follows up with a blog on why GPs can be hostile about technologies they might find helpful and proposes four ways to overcome the doubts. Read more [here](#).

**ENDS**

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

**Copy submissions for October's newsletter should be emailed to [richard.turner@devonlmc.org](mailto:richard.turner@devonlmc.org) by noon on Wednesday, 19 September, please.**

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