



Spotlight on the work of the LMC over the past 12 months

Editorial by Dr Andrew Mercer, Chair of the Western Locality Sub-committee at Devon Local Medical Committee and LMC Board Member

As a GP trainer, my registrars frequently ask what local medical committees (LMCs) do for general practice – often this may be in preparation for the Applied Knowledge Test examination for MRCP or towards the end of their training when they are trying to understand the politics of general practice and how we are represented**. The next question after explaining what the LMC does is often what has the LMC done this year?

For this editorial, I have been asked to reflect back on what the LMC has done over the past 12 months for GPs in Devon. I think it is important that we also consider the change that has occurred within Devon LMC itself. Change in any organisation will create

challenge and the LMC has risen to these challenges – the loss of a Deputy DOO (Director of Operations), retirement of both the DOO and a Medical Secretary over a short period of time has allowed for some restructuring and we now have three Medical Secretaries, a new DOO and an energetic executive support team. Despite the organisational change it has remained business as usual for the LMC, leading, representing, informing and supporting general practice.

We have continued to provide the opportunity to have a ‘golden thread of engagement’ from the consulting room to the Commons – via the sub-committees, to the LMC Board, to the General Practitioners Committee (GPC), to the Minister for Health. It has been great to see the sub-committees having new representatives join the meetings – some new to the LMC and some experienced GPs returning.

Representatives at the LMC conferences (UK) in Liverpool and (England) London have allowed for direct involvement and discussion relating to national policy and have created the opportunity to highlight the issues currently being faced by practices in Devon.

With GPC representation (now at the highest level with Dr Mark Sanford-Wood holding the position of Deputy Chair of GPC) there has been an opportunity to provide a link to Government to influence contractual negotiations and improvements.

When invited, the LMC has attended meetings and provided expertise, input and robust challenge around the Sustainability and Transformation Partnership (STP) process. The LMC has also been influential in the localities, helping to shape the collaborative boards and provide representation working with the different GP provider groups. Having

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helped to lead and establish the collaborative boards in some areas, the LMC continues to provide representation and contractual advice.

The LMC continues to provide facilitation, influencing and a brokering role in areas that are in crisis or where a crisis has the potential to be avoided. The difficulties that we have seen in Plymouth have been a challenge, but with every contract that has been handed back the LMC has provided support to general practice.

In the Negotiations Committee, we have worked with both clinical commissioning groups and NHS England to assure the continuation of some of the enhanced services already provided and consider new opportunities. Examples of this include:

- Payments made to practices for measures required in and out of season in the event of a flu outbreak.
- Payment for the recognised extra work related to bloods for Clozapine and drug collection.
- Working to look at intermediate care with local commissioners highlighting the work collaboratively to close the 'black hole' of unpaid work falling to GPs.

There has also been a lot of work looking into the production of guidance for GP practices and care homes in relation to the contractual framework and what is expected of GPs providing GP medical services to care homes. This has been welcomed.

A great deal of work has taken place over the past 12 months to enhance our communications and engagement with GPs and practice managers, including relaunching the website, increasing our social media channels and followers, rolling out a new weekly operational bulletin and holding dedicated events.

The LMC has continued to facilitate learning and discussion with the very popular Practice Manager's Conference and the GPC Roadshow being two highlights in the calendar. The LMC's Annual General Meeting also created a great opportunity to meet with Dr Nikita Kanani, who at the time held the role of Deputy Medical Director of Primary Care for NHS England. I think all attendees would agree that she has a great understanding of general practice and has a willingness to engage. Rather than give the standard NHS England presentation she answered questions relevant to Devon and took back queries and took a personal interest in practice concerns.

The LMC continues to provide pastoral support for GPs and practice managers – with the increasing pressures on general practice over the past 12 months the workload of this team has increased considerably. The creation of a practice support team has also provided intensive help and support to local practices where more business support/advice has been required. This includes work related to the impact on vulnerable practices, practices neighbouring vulnerable practices, in addition to work related to workforce, finances, mergers and Care Quality Commission (CQC) inspections.

Despite all this work, the LMC has managed to be prudent and keep within its financial budget and make best use of resources. It is likely the next year will be another busy, but rewarding one for Devon LMC, as the challenges general practice faces continue to grow.

**Dr Rachel Ali, Medical Secretary at Devon LMC, has summarised the role of the LMC in a previous article:

www.devonlmc.org/websitefiles/download/5856

LMC launches GP Coaching Programme

By Dr Paul Hynam, Medical Secretary at Devon Local Medical Committee and GP Coaching Lead

The LMC has launched a GP Coaching Programme primarily aimed at GPs who have reached a crossroads in their career and who would value a series of structured sessions to support their development.

GPs can access the scheme – funded by NHS England (NHSE) – directly via the LMC Deer Park office. An initial telephone discussion will assess suitability, after which GPs will be offered up to 6x1 hour coaching sessions with an ILM5 or equivalent level coach.

If you feel that the scheme would benefit you, please contact Hannah Baxter, the LMC's Operations Lead, on 01392 834020 or email hannah.baxter@devonlmc.org.

If you are an ILM5 coach, or hold an equivalent qualification, and would like to get involved in the Programme's delivery feel free to enquire.

Motions submitted for England LMC Conference

The LMC has submitted seven motions for consideration at the England LMC Conference – taking on board the views of grassroots GPs.

The motions cover key areas affecting general practice including intermediate care, investment, the Sustainability and Transformation Partnership (STP) and information technology.

We look forward to seeing how many make the final agenda at the Conference, which takes place in London on Friday, 23 November.

A delegation from the LMC – including representatives from all three sub-committees and a practice manager – will be attending the event.

New weekly operational newsletter

The LMC has launched a new weekly short operational update for GPs and practice managers about our work, issues on our radar and key developments in general practice.

The weekly update will help to ensure the timely cascade of information. This monthly newsletter – with its regular Editorials – will continue as normal.

Initial indications are that the new weekly operational newsletter has been well received. We value all feedback – email: richard.turner@devonlmc.org

An archive of the weekly and monthly newsletters is available to view via the [communications](#) section of the LMC's website.

Regular newsletter column from local practice managers

The LMC will be introducing a regular newsletter column written by local practice managers as we continue to enhance our communications.

The idea has been endorsed by the Pan Devon Practice Managers Network, who will facilitate columns ranging from information on hot topics, best practice and training, to more light-hearted pieces.

The column will launch in the November edition when Michelle Freeburn, Chair of the PDPMN, will be the first PM guest writer.



Yellow Card Scheme update

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

In the year since South Devon and Torbay Clinical Commissioning Group's Yellow Card Scheme was rolled out into the rest of Devon, we've seen some really useful changes come from GPs having access to an easy way of reporting system issues. They've helped improve issues around discharge summaries, shifts of workload and communication.

By clicking on the link we should all have on our desktops, or by going to the [Yellow Card website](#), you'll find a simple form that lets you identify yourself, the source of the issue, and then tell the story of what's happened. If you also provide an NHS number, and get your patient's consent, then you may also get individual feedback on the issue. Without this, the report remains useful but can't be individually tracked. After submitting the report you'll get a confirmation email that includes everything you reported – these emails can be used to make your life simpler in a few different ways.

- If you intend to additionally complete an SEA, you can cut and paste from your confirmation email to save rewriting your concerns, or you can attach the email to the SEA report.
- If you think the case needs more individualised review by the LMC, you can forward the confirmation email [directly to us](#).
- If you want to make sure the rest of your team know about the issue you raised, you can forward it to your PM and collate them for your clinical governance meetings.

The CCGs' Yellow Card Team collate these reports and feedback in the [Yellow Card Roundup](#) what they've noticed and what they've done about it.

In the LMC offices, we also spend time every month going through all of the reports to look for issues that haven't been raised elsewhere, and to pull out reports that provide support for ongoing work. They provide evidence of issues that affect you in your day to day work and are really useful in helping us change things with acute providers and the CCGs. The more yellow cards you complete, and in particular the more that you complete with an NHS number, the more we can push for change. If you're having any issues with the system, please let us know.

Make a difference to patients with experience of domestic and sexual violence and abuse

Devon LMC, NHS England South West, and NEW Devon and Torbay Clinical Commissioning Groups are delighted to announce that Identification and Referral to Improve Safety (IRIS) is going live across parts of Devon and Torbay now.

IRIS is an evidence-based domestic abuse training and referral programme developed specifically for general practice, currently being delivered across 32 areas of England and Wales.

Devon and Torbay are leading the way by integrating sexual violence (SV) into a combined domestic violence and abuse (DVA) and SV version of the IRIS model in up to 50 GP practices across Devon and Torbay over a two-year period, thanks to Home Office Violence Against Women and Girls funding being granted to a partnership between Devon County Council and Torbay Council for this unique health-based intervention.

The three Devon and Torbay IRIS teams are fully recruited now – the model rests on one full-time Advocate Educator (AE) working with up to 25 GP practices. The AE is a specialist DVA and SV worker who is linked to the practices and based in a local specialist DVA service. The AE provides training to the practice teams and acts as an ongoing consultant as well as the person to whom they directly refer patients for expert advocacy. The AE works in partnership with a local Clinical Lead (typically a GP or advanced nurse practitioner) and together they are responsible for co-delivering training and offering peer support for clinical colleagues in each practice. The model centres on partnership work, with primary care and specialist third sector agencies coming together to deliver services and promote work across the historical gap.

Dr Caroline Gamlin, Medical Director at NHS England South (South West), said: “We are delighted that Devon and Torbay have been chosen to be part of the IRIS programme. General practice has an important role in this agenda and welcome the support that the IRIS will provide. Domestic Homicide Reviews have identified that more could be done to protect vulnerable people and any increased awareness and expertise in primary care will be valuable. We hope that practices will be pleased to participate and use this to improve both individual and practice competency.”

Dr Kate Gurney, Safeguarding Lead at Devon Local Medical Committee, said: “Cases of domestic and sexual violence and abuse are rising – this training scheme will help those working in general practice to recognise the signs in patients who may be victims and encourage them to report incidents and help them receive appropriate advice and support from local agencies.”

Practice Managers and Safeguarding Leads are asked to look out for an email invitation from the IRIS teams in East Devon, North Devon, South Devon and Torbay about taking part in the IRIS programme and becoming an IRIS Aware Practice.

Alternatively, please contact your local IRIS team directly on:

- East Devon: IRISexeterandeastdevon@SplitzDevon.org
- Northern Devon: IRISnortherndevon@SplitzDevon.org
- South Devon and Torbay: IRISsouthdevonandtorbay@SplitzDevon.org

Numbers of practices per IRIS cluster are limited, so please respond as soon as possible.

For more information on IRIS visit: www.irisdomesticviolence.org.uk/iris/about-iris/iris-service and see what GPs have to say: www.irisdomesticviolence.org.uk/iris/clinician-quotes

For more information about the rollout of IRIS across the whole of Devon and Torbay, please contact Susannah Hunter, Public Health Programme Manager, at: susannah.hunter@devon.gov.uk

Plymouth based Minor Eye Conditions Service now live

The new Plymouth based Minor Eye Conditions Service (MECS) provided by local optician practices went live on 1 October 2018.

This service provides urgent eye assessments for patients complaining of recent/sudden onset of specific minor eye conditions.

The service provides care closer to home, avoiding a trip to the hospital for patients who do not require emergency eye care, but need to be seen by an accredited eye care practitioner.

The service is provided by a range of optician practices across the area (Plymouth City, parts of South Hams, West Devon and East Cornwall). See the [patient leaflet](#) for more information.

Please use the MECS [signposting document](#) to direct the patient to the most appropriate service.

The following conditions may be seen by MECS:

- Red eye or eyelids with no loss of vision
- Dry eye, or gritty, or itchy and uncomfortable eyes
- Mild ocular pain (scale 1-5): 1-3 + better with pain killers
- Irritation and inflammation of the eye
- In growing eyelashes
- Significant recent sticky discharge from the eye or watery eye
- Recently occurring flashes or floaters < 3 months with no loss of vision – no curtain across vision
- Recent change or distortion of vision > 48 hours with no pain.

If a patient contacts/presents themselves with one of these problems please contact one of the accredited optician practices listed in the patient leaflet.

Community glaucoma service in Plymouth catchment area

As of January 2018 Primary Eyecare Devon became the provider of the community glaucoma service (Peninsula Optometrist Community Glaucoma Scheme) based around the catchment area of the University Hospitals Plymouth NHS Trust. The glaucoma service provides ongoing glaucoma monitoring based in local optician practices working closely with the Consultant Ophthalmologists at Derriford Hospital.

If you have any patient queries regarding the community glaucoma service the contact details are:

- Email: pedevon@nhs.net
- Address: Peninsula Optometrist Community Glaucoma Scheme, Deer Park Business Centre, Kennford, Exeter, Devon, EX67XX
- Telephone: 01392 834026.

Developing Primary Care Networks regional event

NHS England is hosting a regional workshop for primary care teams, commissioners, STP leads and other local stakeholders, focusing on the development of primary care networks and the next steps.

A workshop will be held in Exeter in collaboration with the South West Academic Health Science Network on Wednesday, 17 October. More information is available [here](#).

Public Health Nursing Transition Update

On 1 April 2019, Public Health Nursing (health visitors, schools' nurses, and allied professionals) will formally transfer from Virgin Care to Devon County Council's Children's Services.

To help support the smooth transition of the service, Kate Stephens has joined Devon County Council on a part-time secondment as Head of Public Health Nursing (PHN). Kate is currently with the Council two days a week, increasing to three days from January 2019, until 1 April 2019, when the transfer is complete.

Kate is Head of the PHN Service and registered CQC Manager in Virgin Care with 38 years clinical practice and experience as a registered nurse, midwife and health visitor. For the past 34 years Kate has enjoyed working within the community as a nurse in multi-disciplinary settings and with families and young people.

If you have any questions about the Public Health Nursing transition, please use the dedicated [mailbox](#) and one of the team will get back to you.

GP career support pack

As part of GP retention efforts, NHS England, the Royal College of General Practitioners (RCGP) and the British Medical Association (BMA) have developed a GP Career Support Pack that sets out support available at different stages of a GP's career (eg first five, mid-career, nearing retirement, taking a career break and/or needing extra support).

The pack is intended to signpost GPs to support available throughout their career with a view to supporting their career and life choices. GPs are encouraged to liaise with their responsible officer team, usually via the appraisal lead, to obtain further advice and support on the initiatives and schemes set out in the pack.

The national pack is available for download on the NHS England website: www.england.nhs.uk/publication/gp-career-support-pack

The pack will be updated every three to six months – questions about it can be directed to: england.primarycareworkforce@nhs.net

Winter indemnity

NHS England has issued guidance on the Winter Indemnity Scheme for 2018/19 for GPs wishing to work additional extended hours/out of hours/unscheduled care sessions. Read more [here](#).

New Partnership Model Review blog

The latest blog from Dr Nigel Watson, Independent Chair of the Partnership Review, considers Primary Care Networks (PCNs). You can read it here: www.wessexlmcs.com/gppartnershipreview An [interim report](#) into the Review has just been published.

Myth-busting CQC inspections

Professor Nigel Sparrow, the Care Quality Commission's (CQC) Senior National GP Advisor, clears up some common myths about inspections of GP and out-of-hours services and shares agreed guidance to best practice. Read more [here](#).

Sign up for new NHS England general practice bulletin

NHS England has launched a new general practice monthly bulletin which provides resources on health policy and practice for GPs and the primary care audience, including practice managers and nurses. You can sign up to receive it [here](#).

Sessional GPs Newsletter

The latest Sessional GPs Newsletter – issued by the GPC – is now available and includes medical indemnity guidance. Read more [here](#).

What pregnancy and maternity rights does a partner have?

This is an area of law that is both complex and uncertain. There is only a limited amount of case law applying specifically to partners, so each case is likely to be determined on its own merits.

Practices should be very wary of opening themselves to the risk of a discrimination claim, as these have unlimited liability. Read more [here](#).

Patient involvement in decisions: the latest on general practice

With a new question in the General Practice Patient Survey on involvement in decisions, the National Voices charity compares how often shared decision-making happens in general practice with other care environments. Read more [here](#).

More great benefits for LMC Buying Group members

The LMC Buying Group has been negotiating discounts on a wide range of products and services for practices in Devon for almost a decade.

They have recently launched several new services to help practice members further: a recruitment platform and online community.

Practices that have re-registered with the Buying Group can now advertise practice vacancies (clinical and non-clinical roles) for free by logging into their website and uploading the advert: <https://www.lmcbuyinggroups.co.uk/job-vacancies/gp-practice/uk>. They also offer a featured job package for a small fee.

In addition, you can also access their new community section which is an information hub with sector/supplier updates, advice and guidance to support you in the running of your practice. Visit their community for flu vaccine updates, additional services and exclusive online only offers: <https://www.lmcbuyinggroups.co.uk/community>.

For further information on LMC Buying Group member benefits, or to speak to a member of the team, you can live chat via their website: <https://www.lmcbuyinggroups.co.uk/> or give them a call on: 0115 979 6910.

You can also now leave a review about your membership experience: <https://www.lmcbuyinggroups.co.uk/submit-review> and follow the LMC Buying Group on social media:

Twitter: <https://twitter.com/LMCBuyingGroup>

Facebook: <https://www.facebook.com/LMCBGF/>

LinkedIn: <https://www.linkedin.com/company/lmc-buying-groups-federation/>

New requirements to work at an advanced practice level

There are 80 Advanced Nurse Practitioners (ANP) working across Devon and also other professions such as paramedics and pharmacists working at an advanced level of practice. To continue to be an Advanced Clinical Practitioner (ACP) from January 2021 only full master's awards will be acceptable, as is already mandated in Northern Ireland, Scotland and Wales and is an international standard.

Health Education England (HEE), in partnership with NHS Improvement (NHSI) and NHSE, has developed a National Framework for Multi-Professional Advanced Clinical Practice, which includes a national definition and standards to underpin the multi-professional advanced level of practice; ensuring that there is national consistency and understanding of the role. <https://www.hee.nhs.uk/our-work/advanced-clinical-practice/multi-professional-framework>

This provides current and future ACPs with guidance and principles that they should follow throughout their professional lives and clearly outlining a career pathway into and through the profession.

The Royal College of Nursing (RCN), recognises that these requirements may exclude many nurses who currently adopt the title ANP/NP but are unable to meet the requirements of the credential. They have created pathways (models) to enable these nurses to demonstrate their expertise and equivalencies for the criteria, or to acquire the additional skills and knowledge required. Credentialing is the process of assessing the background and legitimacy of nurses to practice at an advanced level through assessing their qualifications, experience and competence.

Credentialing is open to nurses who can demonstrate that they are working at an advanced level, practise in the NHS or independent sector and are either members or non-members of the RCN.

- The transition pathways will be time-limited and available between January 2017 and December 2020.
- Those nurses achieving the credential through the transitional pathway will NOT be required to achieve a full master's degree following cessation of the transitional arrangements.
- For more information go to <https://www.rcn.org.uk/professional-development/professional-services/credentialing>

Devon CEPN newsletter

The latest monthly newsletter from Devon Community Education Provider Network is available here: <https://mailchi.mp/9923ddd5261b/september-2018-newsletter>

ENDS

Produced by Devon Local Medical Committee, Deer Park Business Centre, Haldon Hill, Kennford, Exeter, EX6 7XX. Copy submissions for November's newsletter should be emailed to richard.turner@devonlmc.org by noon on Wednesday, 17 October, please.

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