LMC Devon

Monthly newsletter

November 2018 – Issue 204

Launch of new regular column for local practice managers

Editorial by Michelle Freeburn, Chair of the Pan Devon Practice Manager Network and Managing Partner at Bow and North Tawton Medical Practices

I feel immensely privileged to be asked by the LMC to write this, the first practice manager column.

General practice has advanced significantly over the years and practice managers have needed to work harder than ever to keep apace of the many changes. In line with this rapid pace of change, the role of practice management has also changed immensely. Every practice manager reading this column should be very proud of all that is achieved every single day – even if that is simply a trip to the toilet – many of you will know very well what I mean…….

Not only do we share the title of PM with one of the most influential and significant people in the country, running a general practice is possibly quite similar to running the country at times, albeit on a slightly smaller scale. A little like Brexit, we often take two steps forward and six back – although I suspect our collective groove skills are possibly more advanced than Mrs May's……now I can feel a dance challenge coming on for those of us planning to stop over at the Devon PM Conference next year!

We often hear of the 'workforce crises' with great reference to our clinical colleagues, yet rarely do we see the role of practice manager feature in these discussions. Many of us are getting on in years (no, I am not the wrong side of 40……well, ok, I might just be!) and we need to give thought to the future and the progression of the management workforce too.

The skillset required to be successful as a PM is wide and varied. In any one day we can be a mentor, confidant, counsellor, keeper of the peace, stock broker, bank manager, procurement agent, plumber, electrician……. and at times a magician. The diverse challenge that every day brings is the motivator to return day after day…….at times it is the reason that gin was invented but we won't touch on that in the first column……

Through this column the LMC have had the foresight (*THANK-YOU LMC*) to provide a Pan Devon platform for us to help each other with some of these challenges. All practice managers are invited to contribute and there is no limit to the theme – although something mildly related to the role is encouraged! So put pen to paper and share your experience, frustration, challenges and success. I look forward to reading your entries over the forthcoming months.

News from Devon LMC

Motion prioritised for debate at the LMC Conference

This year only one motion out of seven submitted by Devon LMC – on behalf of local grassroots GPs – has been prioritised for debate at the forthcoming England LMC Conference.

Our motion states: 'That Conference welcomes the new Secretary of State for Health's interest in digital mediums for delivery of healthcare and requests IT capabilities are made available to all practices who wish to deliver healthcare in this way'.

The other motions that the LMCs will be debating are available here: www.bma.org.uk/events/2018/november/lmc-conference-england-2018

A delegation from the LMC will be attending the event in London on Friday, 23 November.

Request for updated contact details for LMC database

As a membership organisation the LMC currently holds contact details for local GPs and practice managers – or equivalent – so they can elect LMC members, receive our communications, details of our events and important information we gather which has a direct impact on them.

We want to ensure that our contacts' database is accurate, so that our communications are received by the right people in a timely manner.

We would be grateful if you could provide the work email contact details of all your GPs – including partners, salaried and sessional – along with those for practice managers, or equivalent.

Could we have an update on any changes to staffing since January 2018 please, to include email/phone numbers. Please email the information to liz.Thompson@devonlmc.org by Friday, 7 December.

The information will be used for LMC communications and won't be shared with any third parties, unless written permission has been given.

If any GPs or practice managers – or equivalent – no longer wish to receive our communications or be retained on our database, please notify us by noon on Friday, 7 December, and we will remove the details from our records.

We look forward to hearing from you and if you have any queries please do not hesitate to contact us.

Festive closing dates for LMC office

The LMC's office will close over the festive season at 4pm on Friday, 21 December and will reopen on Wednesday, 2 January.

If you have an urgent issue during this period, please ring the office and leave your number, which will be routed to the appropriate person for immediate action – this includes those seeking pastoral support.

Update on prostate specific antigen (PSA) blood testing

By Dr Joe Mays, Cancer Research UK GP Lead for Prevention and Early Diagnosis, Peninsula Cancer Alliance

You will doubtless be aware of the significant national publicity regarding Stephen Fry and Bill Turnbull's diagnoses of prostate cancer, and of the subsequent significant rise in referrals to urology cancer clinics. Although the data on GP appointments is not collected in the same way, I know I have seen a very significant rise in the number of men coming and asking me for asymptomatic PSA testing over the past several months.

Simon Stevens has thanked Mr Fry and Mr Turnbull for their candour and bravery in sharing their stories, thereby raising the numbers of men being diagnosed with cancer, and you will know that this is only part of the story: many of these men will have been diagnosed with cancers that would never have given them symptoms or affected their life expectancy.

The 2013 Cochrane review made it clear that in return for at best a very small number of men benefiting from screening in terms of small gains in life expectancy, a much larger number experience side effects from treatment which significantly affect their quality of life.

I am writing to confirm that the Cancer Alliance, clinical commissioning groups (CCGs) and urologists continue to support the national guidance on risk management for men with prostate cancer, that is to say: men who wish to have the PSA test should be offered it by their GP after a discussion of the risks and benefits of doing so.

There are some excellent resources to support GPs and their patients to make good decisions in this matter, and I think the clearest of these is this Cancer Research UK infographic based on the 2013 Cochrane review. My experience is that on being presented with these data in this form, many men choose not to have the test. I absolutely support this approach, just as I support men who choose to proceed with testing.

Please also be aware that the National Institute for Health and Care Excellence (NICE) are due to publish new guidance on Prostate Cancer early in 2019, and it is possible that the referral thresholds for PSA will change. Watch this space.

Q&A on sharing info with pharmacy on patients who have had the flu vaccination

Q. Does a GP practice need to know the site of a flu vaccination?
The national pharmacy GP Practice Notification Form does not include this information. GP practices have requested this information from pharmacies, stating that they require this to be recorded in the event that a patient reports an adverse reaction to the vaccine. At present the pharmacist is not obliged to provide it as a routine. If in the future this information is required by the GP practice to provide clinical care to the patient, they could ask the patient about the site of the vaccination or if the patient cannot recall this information, the GP practice could request that information from the community pharmacy.

Q. Does a GP practice need to know the manufacturer, batch number and expiry date of flu vaccines administered by a community pharmacy?

The national GP Practice Notification Form does not include this information. Some GP practices have requested this information from pharmacies, stating that they require this to be recorded in their records to allow them to contact patients if there is a drug recall for a specific batch of vaccines. If a drug recall does take place it would be the responsibility of the community pharmacy to identify whether they had vaccinated any patients using the recalled vaccine. The pharmacy would then follow the instructions provided in the recall notice, including contacting patients where this is necessary. That action would not be the responsibility of the patient's GP practice if they had not administered the vaccine.

Sedation for radiological procedures

From time to time patients may present with a request for 'something to relax them' prior to a radiological procedure, or with a letter from secondary care requesting that a GP should prescribe.

A classic example may be for claustrophobia for an MRI scan.

This topic is often mentioned on the Resilient GP group on social media and there are useful comments to be found urging huge caution.

There are very clear guidelines from the Royal College of Radiologists to be found at:
https://www.rcr.ac.uk/system/files/publication/field_publication_files/bfcr182_safe_sedation.pdf

Radiologists should be arranging their own prescribing and monitoring.
A further link which may be useful is: http://www.ganfyd.org/index.php?title=Sedation

If there were to be problems or complications then it is unlikely that the radiologist will pick up the pieces and your medical defence organisation may not be best pleased.

Whilst every prescriber is free to take the risk and responsibility of prescribing, the LMC would urge considerable caution and would support any colleagues in declining to take on the workload and responsibility for a secondary care procedure.

Medicinal cannabis legislation

The legislation change which allows specialist doctors to have the option to legally issue prescriptions for cannabis-based medicines, including CBD oil, came into force on November 1.

- As a GP you cannot at present prescribe cannabis-based medicines.
- It's permissive – specialists may consider these products now as it's legal for them to do so and they will no longer need to seek approval from an expert panel in order for patients to access the medicines.

Before specialists prescribe there would have to be a formulary application process.

Read more here and there's further information available here.

Implementation toolkit for local systems published

New measures were introduced in the 2017-19 NHS standard contract to improve working practices and patient experience between primary and secondary care. A new toolkit – including case studies – supports local systems to work together to implement these changes. Read more here: https://bit.ly/2Ed6gSh NHS England (NHSE) claims the contract measures could save 225,000 GP appointments.

Supplies of Hepatitis B vaccine have improved

The supply situation for hepatitis B vaccines has improved and GP practices should be able to order as per historical demand. Although MSD have constrained supplies of the vaccines, GSK have very good stocks available.

Update on premises funding channels

By Vanessa Dunn, Head of Primary Care Estates at NHS South Devon and Torbay Clinical Commissioning Group and NHS Northern, Eastern and Western Devon Clinical Commissioning Group

You may be aware that in April 2018 NHS Improvement and NHSE gave notice for a Wave 4 STP capital bidding process. The notice was short which only allowed schemes that had been worked through and were robust to be put forward. Although schemes were submitted the outcome is not yet known.

There is likely to be a further bidding window in the next few months and it is essential that if you have a scheme that could be ready to go, or you need some advice to ensure it is strong enough to take off the shelf when the time comes, I would appreciate being made aware.

The success and relative priority of capital bids were previously assessed against six key criteria:

1. Transformation
2. Patient benefit including demand management and delivery of core targets
3. Value for money
4. Financial sustainability
5. Alignment with estate strategy
6. Deliverability.

Successful schemes need to demonstrate financial savings for both the lead organisation and the STP system more widely.

Bids are more likely to be supported where the STP has a clear plan to minimise its ask for extra public capital and sources its own capital through prioritising self-generated funds and land disposals. Use of private finance will be explored for schemes where appropriate, subject to this providing value for money for the taxpayer. Transformational STP schemes that significantly reduce backlog maintenance will be considered, with the expectation that the new assets are appropriately maintained going forward with maintenance costs met from STP funding envelopes.

It is difficult for primary care to cover some of this ask, however, please talk to me if you have any ideas and a plan which we may be able to submit. You can contact me at: vanessa.dunn@nhs.net

GP premises survey

The General Practitioners Committee (GPC) is participating in a review of the GP premises system, which is being led by NHS England (NHSE) and the Department of Health and Social Care (DHSC).

A 'Call for Solutions', seeking input from interested parties for ways in which the GP premises system could be altered to address issues in the system, was recently undertaken with a wide range of proposals submitted for consideration, and detailed assessment of proposals drawn from this is currently underway.

to help inform this process and the continuing discussions with NHSE and other key stakeholders, the GPC is running a premises survey to build a fuller picture of the current landscape for GP premises.

The online survey can be found at https://www.research.net/r/BMApremisessurvey and will be running until 21 November. It only requires one response per practice and should take no more than 10 minutes to complete.

CQC fees unchanged for GP practices

Care Quality Commission (CQC) fees charged for GP practices will remain unchanged in 2019/20, a consultation published by the watchdog reveals.

The CQC introduced a revamped fee system in 2018/19, scrapping the previous banding scale in favour of a formula that calculates each practice's fee based on list size and locations.

Following the major change last year, the CQC consultation says: “We need to allow changes from last year to bed in and understand their impact before suggesting further changes”.

The funding formula may change in future, however, to reflect ‘significant change’ in the NHS as a whole, the CQC suggests.

The consultation document says: “The health and social care sector as a whole is undergoing a period of significant change with the development of models of integration in health and social care and any future changes to the fees scheme must accommodate these developments.”

Under the system introduced last year, an average-sized single-site GP practice with 8,133 patients pays around £5,145, according to the regulator’s fee calculator.

This is around £619 more than the 2017/18 fee for single-site practices with between 5,001 and 10,000 patients – a rise of almost 14%.

GP practices’ CQC fees are currently reimbursed in full by NHSE under an agreement reached as part of the 2017/18 GP contract deal. However, practices still have to pay out the fee before recouping it.

You can read the full report here: www.gponline.com/cqc-fees-gp-practices-unchanged-2019-20/article/1497198

CQC impact investigation into GP at Hand

The CQC will investigate how services like Babylon's GP at Hand are affecting traditional GP practices and the quality of care they provide.

Giving evidence to the House of Commons Health and Social Care Committee, CQC chief inspector for general practice Professor Steve Field said the watchdog would be ‘looking at the surgeries that might be impacted’ by online providers.

His comments came after committee chair and former GP Dr Sarah Wollaston highlighted concerns that ‘rapidly emerging’ online consulting systems ‘like Babylon and GP at Hand’ may ‘have a destabilising effect on the wider system’.

Patients who register with GP at Hand – which has attracted more than 30,000 predominantly young patients over the past year – are required to quit their existing practice and sign up as out-of-area patients with the service’s host practice in south-west London.

The service limits registrations from patients likely to have complex needs, which has led to accusations of ‘cherry picking’ – and concern that the model could destabilise traditional practices, which rely on funding for younger patients to cover some of the cost of providing care for complex older patients.

‘CQC has improved the quality of care in general practice’

Professor Steve Field, Chief Inspector of General Practice at the CQC, has claimed that the regulator’s inspection process has improved care for millions of patients.

He said: “When we started on this journey we had 5% of practices which were inadequate. We now only have 1% that are inadequate. Therefore there are millions of patients in this country receiving better care than when we started.” Read more here.

Pharmacists funding available to practices

More practices will be able to employ pharmacists under NHSE’s clinical pharmacist programme following changes to the scheme’s application criteria.

Until now the programme allowed practices to recruit one whole-time equivalent (WTE) pharmacist per 30,000 patients. Practices will now be able to recruit one WTE clinical pharmacist per 15,000 patients.

Pharmacists employed under the scheme will also now be able to work part time at 0.5 WTE, whereas previously they had to commit to working at least 0.8 WTE.

NHSE said that the changes would make it easier for sites to operate across a smaller population size. The deadline for the next wave of applications is 23 November and applications for a following wave close on 22 February 2019. More information is available here.

Death-in-service benefits for locum GPs

NHS Business Services Authority's (NHSBSA) approach to death-in-service benefits for locum GPs is that while GP partners and salaried GPs are covered on a continuous basis (meaning that their family can access their pension regardless of when they die) locum GPs effectively won't be covered unless they die on a day they're scheduled to work. The GPC has submitted a test case to the Pensions Ombudsman to challenge that view.

General Practice Improvement Leader programme

NHSE is running a personal development programme for clinicians and managers in general practice to build confidence and skills for leading service redesign in your practice or federation. More information – including how to sign up – is available here.

General Data Protection Regulations requests – what is 'excessive'?

As you can imagine, there has been much thought going into this question, with no clear answer in the absence of a court decision. The Information Commissioner's Office (ICO) has advised that a request can be deemed as excessive if the individual is provided with the information within a Subject Access Request and then requests a copy of the same information within a short period of time. However, the ICO are yet to provide any further guidance into what else would constitute as an excessive request.

However, the practice is the data controller and can decide on a case by case basis whether the request is excessive.

The sort of factors to be considered might include:

- The time it takes a member of staff to copy the notes.
- The medical time taken to read records and redact third party information.

Until there is further guidance from the ICO or case law it will be for the practices to make their own decisions on what is deemed as an excessive request. However, if a practice choses to refuse a request or make a reasonable fee for the request, they need to be able to justify their decisions to the ICO and the patient that they are providing the request to.

Improving access and continuity in general practice – practical and policy lessons

The Nuffield Trust has released a report into the impact of improved access in general practice upon continuity of care. The report sets out the evidence on continuity of care, its impact on clinical outcomes and wider health services, its importance to patients and GPs, and the relationship between improved access initiatives and continuity of care within general practice.

The report aims to help providers, commissioners and policy-makers maximise the opportunities to improve continuity provided by the additional investment in primary care to support improved access. It examines how to achieve the optimal balance between these two dimensions of care when redesigning services for local populations.

Study on professional resilience in GPs working in areas of socio-economic deprivation

GPs working in areas of high socio-economic deprivation face particular challenges and are at increased risk of professional burnout. Understanding how GPs working in such areas perceive professional resilience is important in order to recruit and retain a GP workforce in these areas.

The British Journal of General Practice has published research on this subject:
https://bjgp.org/content/early/2018/10/08/bjgp18X699401

GPs at greater risk of work-related stress, burnout, depression and anxiety

A new report published by the Society of Occupational Medicine and the Louise Tebboth Foundation offers evidence that UK doctors are at greater risk of work-related stress, burnout and depression and anxiety than the general population. The incidence of suicide, especially among women doctors and for GPs and trainees, is also comparatively high.

Walking in each other's kingdom: A GP-consultant exchange scheme

The experience of observing a colleague in a different specialty can rekindle compassion for them and improves collaboration. Read more here.

'We need to turn the approach to solving the workforce crisis in general practice on its head'

Why is all the effort being put into general practice workforce not working? Two and half years after the publication of the GP Forward View GP numbers continue to fall, workload continues to rise, dissatisfaction continues to grow. We are told the money is being invested. So what is going wrong?

In short, it is because we have jumped to solutions without spending enough time understanding the problem or thinking about the change process required to make solutions successful, argues Ben Gowland, a former NHS CCG Chief Executive. Read more here.

National think tank's five steps to continue transforming healthcare

Is the integration of health and social care moving too fast for the current legal framework? Professor Sir Chris Ham, Chief Executive of the King's Fund, identifies five steps to support the continuing transformation by aligning regulation, policy and practice. Read more here.

Exeter GP practice in continuity of care national research project

St Leonard's Practice in Exeter has been selected to take part in a national research project around continuity of care in general practice thanks to funding from the Health Foundation. Read more here.

National research award for Exmouth GP practice

A GP practice in Exmouth has landed a national award for showing innovation and excellence in delivering clinical research to its patients. Read more here.

Cameron Fund looking for a new Chief Executive

The Cameron Fund is looking to appoint a new Chief Executive. A wide range of skills are needed including finance and governance. Knowledge of the charity sector and/or general practice would be helpful. If you are interested in the role then contact: gdcalver@doctors.org.uk

Vacancy for role of SWAHSN medical director

The South West Academic Health Science Network (SWAHSN) has extended its deadline until 14 November for anyone applying for the role of medical director on the organisation's recently restructured board, providing expertise in the practice of medicine, digital development and sustainable growth. More information is available here.

ENDS

Produced by Devon Local Medical Committee, Deer Park Business Centre, Haldon Hill, Kennford, Exeter, EX6 7XX. Copy submissions for December's newsletter should be emailed to richard.turner@devonlmc.org by noon on Wednesday, 21 November, please.

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