



‘Workforce is our single biggest asset’

Editorial by Claire Oatway, Practice Manager at Beacon Medical Group

2018 was the year of NHS70. You might have been asleep, but there have been bake-offs, great British menus, concerts, Parliamentary awards, Expo awards, local awards and we even had a thank you tree.

You could be cynical, but I choose to believe the aim, which was: to celebrate the achievements of one of the nation’s most loved institutions, to appreciate the vital role the service plays in our lives, and to recognise and thank the extraordinary NHS staff – the everyday heroes – who are there to guide, support and care for us, day in, day out.

For me, personally, and for us at Beacon Medical Group, workforce is our secret source. The money clearly isn’t, technology maybe, but we need people to run the technology. No, workforce will always be the single biggest asset that we have as practices.

For all the challenges we face – exponential changes in technology, a tsunami of consumer demands, tighter budgets; it can feel impossible. As a leader I, like many others, don’t want to work in an impossible environment or to have the 150 people that we employ feel like they are working in an impossible environment and so we have invested time, energy and resources into developing our people.

When I joined general practice in July 2014 we were creating a brand new structure. That was a golden time to raise our sights and bring the three different cultures together. We set out a new ambition and created teams and roles that would help us to deliver the highest quality of care we could without burning ourselves out or burning the cheque book. We brought through new qualities – creativity, innovation, and leadership – throughout our teams. We gave permission to teams to question why they do things and to ask for new bits of kit – you’d be surprised how long people hold onto a no. We gave people time to connect, to reflect and dream together through team meetings, supervision for clinicians and all staff and introduced a staff comms group to have honest and safe conversations about what works and what doesn’t. We’ve built up plans for every team that chart how they’ve grown and how they’ll grow next – which I’m trying to encourage others to adopt.

For us, it’s one of the few guaranteed ways to make it all seem a bit more possible.

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News from Devon LMC

Merry Christmas and a Happy New Year!

Merry Christmas and a Happy New Year to all GPs, practices and stakeholders in the county on behalf of everyone at Devon Local Medical Committee!

Festive closing dates for LMC office

As advertised in the last monthly newsletter, 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 on 01392 834020 and leave your number, which will be routed to the appropriate person for immediate action – this includes those seeking pastoral support.



Ballots on merging CCGs and delegated commissioning

By Dr Phil Melliush, LMC Board Member and Chair of the South Devon and Torbay Sub-committee

I attended the meeting held on 28 November by South Devon and Torbay Clinical Commissioning Group (SDT CCG) to explain the risks and benefits of merging our CCG with NEW Devon CCG. Dr Paul Johnson presented the case for a merger and there was time for a round-table discussion and then questions and answers.

This was a real attempt to inform and engage with practices – and came with an apology for the tardiness in doing so. The meeting was open and honest, with no attempt to coerce practices, and there had been offers of individual practice meetings for those who wanted them.

Following the meeting, a second vote on merging was held over the succeeding 48 hours and it was clear that the engagement from the CCG had made a difference to the vote. The initial vote gave a majority of two votes in favour of not merging, the second vote gave a majority of 15 votes in favour of merging in the SDT area.

What will this mean for practices? One theme which emerged strongly was the desire for continued, ideally improved, local influence on CCG decision making. The promise which was made was that, while giving the opportunity for some savings in running costs, the merged CCG would not lose sight of its constituent practices and that their voices would be heard throughout the organisation. This will probably mean that localities will be the forum through which individual practices influence the CCG and therefore the locality directors need to have meaningful engagement with them. Along with the Integrated Care Organisation (ICO) locality directors, they will have a very important role in being the local 'face' of the wider organisations.

As we went to press, another vote, this time on delegated commissioning, had closed. NEW Devon CCG is applying to have delegated commissioning responsibilities for all GP services, in place of the current arrangement where they commission enhanced services but core and additional services are commissioned by NHS England (NHSE). SDT practices have already voted in favour of this, but NEW Devon practices have just voted, with the overwhelming majority in favour of the CCG having delegated commissioning powers. The final breakdown of votes was 50 practices in favour of delegated commissioning and 12 practices against.

Devon LMC supports NEW Devon CCG in its application for delegated commissioning as it believes this will enable members to exploit increased local leverage on resource decisions having direct access to the accountable organisation.

Beware – are your GMC contact details up to date?

By Dr Mike Richards, Pastoral Support Lead

It is quite common for practices to ensure that General Medical Council (GMC) fees are paid annually to maintain ongoing registration of their GPs with the contact details for correspondence being the practice address.

We have recently become aware of a case where a GP left a practice and reminders for renewal were not forwarded to the GP's home address. As a result the registration with GMC ceased, this information was passed to the Medical Performers List administration and the GP was then removed from the list.

Without GMC registration and not being on the Performers List will invalidate indemnity which will make life rather difficult for a GP.

So please ensure that your GMC contact details are kept up to date, particularly if moving place of work – this is easily done online.

Devon Home Choice applications – new process to ease burden on GPs

The impact of housing on health is well recognised. In a number of cases someone's health and wellbeing can be improved if they move home.

People seeking a council or housing association home through Devon Home Choice may receive additional priority if their health and wellbeing is exacerbated by their current home and the risk cannot be mitigated. This may enable them to move to a more appropriate home and reduce the burden on health services (eg through reduced GP appointments, etc).

In some cases, additional information or evidence is required from a health professional to enable a local authority to confirm whether any health and wellbeing priority should be awarded. This will often be sought from a secondary health professional, but in some cases may be required from a GP.

In order to minimise the burden on GPs, the Devon local authorities have agreed a clear procedure with the LMC.

Local authorities will make it clear to people seeking housing that they do not need to contact their GP directly about their Devon Home Choice application and that any contact with a GP should normally be made by the local authority managing their application.

If additional information is required from a GP, local authorities will obtain client consent to request and share information, together with agreement to pay costs directly to their GP for the information to be provided. The Devon Home Choice partners will not make any payment for information to be provided. This is made clear to people seeking housing and is explicit on the consent form.

Local authorities will then send a secure email, with a scanned copy of a signed consent form, to the admin email address of the relevant GP practice requesting a 'brief patient summary', providing information on the patient's key conditions and medication, and that the GP confirms how the patient's health and wellbeing is affected by their current home which cannot be mitigated.

Devon Home Choice is a partnership of 10 local authorities and 22 housing associations. For more information, including the policy setting out how health and wellbeing priority is assessed, visit www.devonhomechoice.com or contact rupert.warren@exeter.gov.uk

Change of RD&E blood tube supplier

In March 2019, the Royal Devon and Exeter Hospital (RD&E) will be changing supplier of blood tubes from Sarstedt to Becton Dickinson (BD). This change will affect all GP surgeries and community hospitals that send their routine bloods to the RD&E.

The conversion will bring the RD&E into alignment with all other Trusts in Devon, Cornwall and the majority of Dorset. All of these Trusts are very pleased with the products and support they receive from BD.

A project group to oversee the implementation of the conversion has been formed – including representation from community, primary and secondary care. The project plan and proposed timelines were discussed and agreed at a stakeholder meeting in December.

The timeline of the whole project is 12 weeks, with an intended switch over date of 4 March, 2019. Full training for all relevant staff will be provided by BD, incorporating on-site visits to individual practices and online learning.

There will be further updates on the progress of the project via the LMC newsletter and communications to practice managers.

Many thanks in advance for your support of this project.

If you have any queries, please contact: Aled Lewis, Phlebotomy Manager, Deputy Blood Sciences Manager, at Aled.Lewis@nhs.net or Mandy Perry, Clinical Biochemist, at mandy.perry@nhs.net

GP reporting lines – HM Coroner Plymouth, Torbay and South Devon District

By Ian Arrow, Senior HM Coroner for Plymouth, Torbay and South Devon District

A new system was introduced on Monday (17 December) within the Plymouth, Torbay and South Devon District Coroner's Office to streamline workflow and allow for specified and rotational roles within the team. To that end there will be two dedicated numbers available to GPs reporting within the Coroner Areas.

Can I please ask that all GPs use the following numbers to report deaths to HM Coroner: 01752 487401 and 01752 487405 (Plymouth, Torbay and South Devon district).

If a call/report comes through to an alternative number, every effort will be made to forward it to one of the designated lines and a reminder of the correct reporting lines will be given. We appreciate the current practice allows for calls to be made to other numbers, but for the new system to operate effectively this will no longer be available.

Every effort is being made to provide a system that is user friendly and steps are being taken to introduce 24-hour electronic reporting. Further information will follow in due course.

This information will also be updated and amended on council websites for reference.

Looked after children – the vital role GPs play in effective collaborative working

By Dr Deborah Freedman, Designated Doctor for Looked after Children in Torbay, South Devon and Plymouth

Children and young people who are placed in local authority care have a diverse range of personal histories and challenges, often as a result of the abuse or neglect they have suffered. Collaborative working between professions and services is needed to meet these needs, to ameliorate the impact of abuse and neglect and to enable the children and young people to reach their potential.

These vulnerable children and young people are well known to have a higher frequency of medical conditions and mental health difficulties than their non looked after peers. The number of children entering care continues to rise.

Every child who enters care should receive an initial health assessment within 20 working days of being placed in local authority care. There is a statutory requirement to achieve this which relies hugely on good collaborative working between agencies. These medicals are carried out by specialist looked after children paediatricians. The paediatrician completing these requires access to the child's immunisation record and as much previous medical history as possible to ensure a holistic and comprehensive report.

Every child who remains in care will be reviewed by other members of the looked after medical or nursing team – these assessments benefit greatly from up to date GP information about the child.

The contribution of primary care teams

Primary care teams have a vital role in identifying the individual health care needs of looked after children. They often have prior knowledge of the child, of the birth parents and of carers, helping them to take a child-centred approach to health care decisions. They may also have continuing responsibility for the child when he or she returns home.

GPs hold the statutory responsibility for health for the looked after children registered at their practice.

Health assessments should not be an isolated event but, rather, be part of the dynamic and continuous cycle of care planning (assessment, planning, intervention and review) and build on information already known from health professionals, parents and previous carers. That includes routine health checks through the universal healthy child programme 0-5 years and 0-19.

GP practices should:

- ensure timely access to a GP or other appropriate health professional when a looked after child requires a consultation
- provide summaries of the health history of a child who is looked after if required by a fellow health professional, including information on immunisations and covering their family history where relevant and appropriate, and ensure that this information is passed promptly to health professionals undertaking health assessments
- maintain a record of the health assessment and contribute to any necessary action within the health plan
- make sure the GP-held clinical record for a looked after child is maintained and updated and that health records are transferred quickly if the child registers with a new GP practice, such as when he or she moves to another GP practice within the area, into another CCG area, leaves care or is adopted.

All healthcare staff who come into contact with looked after children should work within the Royal Colleges' intercollegiate framework (March 2015).

The current fees for AH1 and AH2 reports for GPs and Child Protection Reports are:

AH1 initial (£73.86)

AH1 Repeat this is a follow up after AH1 initial which is undertaken two to three years later **if** there are new or complex health issues (£73.86)

AH2 this is a follow up to an AH1 initial which is undertaken two to three years after the AH1 initial (£24.36)

Stop Smoking practitioner training

Devon Public Health (DPH) have announced new training dates for staff to attend Level 2 Stop Smoking Practitioner training.

The free courses are suitable for people working in a GP or pharmacy setting where the organisation holds a current contract with DPH to deliver services.

This training will prepare and enable practitioners to run the smoking cessation service, without having had any previous training. Advisors do not need to be qualified health professionals. On completion of the training (including e-learning modules) advisors will be added to the register of level 2 intermediate stop smoking advisers in Devon.

To ensure compliance with the contract at least one advisor from each setting must attend refresher training annually to ensure that knowledge is up to date and can be cascaded to other smoking cessation practitioners within the organisation. For more information visit: www.smokefreedevon.org.uk/training/

Guidance for locums in short-term placements

Doctors in primary care who locum or work in health organisations for short-term placements face some specific challenges. They often do not have easy access to systems or structures in place to support their continuing professional development, appraisal, revalidation and governance.

New guidance '[Supporting locums and doctors in short-term placements: A practical guide for doctors in these roles](#)', along with the accompanying guidance '[Supporting organisations engaging with locums and doctors in short-term placements: A practical guide for healthcare providers, locum agencies and revalidation management services](#)' highlights ways that doctors working in this way may be supported to enhance their work experience and provide safe provision of healthcare as a valuable part of the workforce.

Locum doctors will revalidate in exactly the same way as any other doctor. However, they sometimes experience challenges in finding a responsible officer or collecting supporting information.

Contract guidance for GPs working in non-standard roles

GPs are increasingly stepping beyond the conventional boundaries of general practice to forge diverse careers that suit their interests, expertise and skills. It is important for GPs engaging in these roles, in which they might not be protected by nationally agreed TCS, to be aware of their rights and check that the employment offer and their working arrangements are fit for purpose.

The General Practitioners Committee (GPC) has produced [guidance](#) to help ensure that all GPs receive appropriate employment terms and conditions, regardless of their employer.

Highest-ever numbers accept GP training posts

Figures released by Health Education England (HEE) show the [highest ever number of people accepting places on GP training programmes](#) in NHS history. This year's figure of 3,473 means the annual target of 3,250 has been surpassed for the first time. More than 300 additional trainees will enter specialty training compared to last year, an increase of over 10 per cent.

Primary care workload observatory

The Royal College of General Practitioners Research and Surveillance Centre (RCGP RSC) is inviting practices to join a sentinel network of 400 practices across England. The Centre is mainly funded by Public Health England (PHE) to be the main source for national surveillance. The RCGP RSC has also recently received funding from NHSE to double the network and to create a workload observatory.

The new national workload observatory project aims to provide hard, near real-time evidence on current workload levels as well as provide a picture of the complexity of cases that are increasingly seen in general practice.

Benefits for practices joining our network:

- Payment for promptly returning signed agreements – £50 if completed within one week of receipt and payments for workload questionnaire completion – £75 per questionnaire; two to be completed
- Free access to paid online training – £30 per person for up to three people. A certificate will be provided as evidence for CPD
- Continuous feedback on coding and have access to an individual interactive dashboard. The feedback has the additional benefit of demonstrating a commitment to constant quality improvement during Care Quality Commission (CQC) visits

- The opportunity to participate in funded research without the hassle of signing additional paperwork. We advertise new research opportunities in our monthly newsletter
- A free Research Ready Advanced accreditation. The standard cost is £50 for a practice to Advanced-accredit for each year you are an RCGP RSC member
- A team of Practice Liaison Officers who actively support the network and train practices as needed

For more information about the network and how to sign up, contact one of the Practice Liaison Officers: Noshin Ishrat, email: n.ishrat@surrey.ac.uk or Zarmina Butt, email: z.butt@surrey.ac.uk

GPs deliver over one million appointments a day

GPs across England delivered 307.4million appointments in the year to 31 October 2018, according to data drawn from practice IT systems across the country.

In what is thought to be the most accurate picture to date of appointments delivered by practices in England, the data published by NHS Digital reveals that on average 26million appointments a month took place.

GP leaders said the figures provided clear evidence of the huge workload being delivered by general practice – but warned that the figures were just the ‘tip of the iceberg’, because they did not reflect much of the evening and weekend work carried out by practices, or the many hours spent on admin. October 2018 saw almost 30million appointments, the data shows – the highest level recorded in a single month over the 12-month period covered.

New standard to improve information sharing between pharmacies and GP practices

A new standard that will improve sharing clinical information between community pharmacies and GP practices has been published.

This will allow information that community pharmacists gather from patients when providing services such as vaccinations, medications and guidance with minor ailments and share that information digitally with patients’ GPs.

Improving data sharing between community pharmacies and GP practices is expected to cut medication errors, improve patient safety and reduce administrative work for staff.

NHS Digital is working with pharmacy and GP clinical system suppliers to start implementation in their systems. The pilot phase will begin in early 2019, with roll-out anticipated by the end of 2019.

First patients test NHS app

Patients at up to 30 GP practices across England are testing the new NHS App, which will be rolled out nationally in 2019.

The new app provides simple and secure access to a range of healthcare services on a smartphone or tablet. Patients can access [NHS 111 Online](#) and symptom check, book and manage appointments at their GP practice, order repeat prescriptions, view their GP medical record and much more.

Developed by NHS Digital and NHSE, testing started in September 2018 and will run until December this year.

Feedback from patients and practices will help NHS Digital to make improvements to the NHS App before it is rolled out nationally. Find out more about the [new NHS App](#).

The app will be fully integrated with the four IT systems used by general practice – EMIS, TPP, Vision and Microtest.

BMA Junior Members Forum 2019

Registration is now open for the British Medical Association (BMA) Junior Members Forum (JMF) 2019. This is a free two-day event aimed at grassroots junior members. All BMA members within 12 years of provisional GMC registration and medical students are welcome to apply.

This year, the JMF is being held in Brighton from 26-27 January 2019. More information is available [here](#).

If you have any questions, contact dnorcliffe-brown@bma.org.uk or confunit@bma.org.uk

MS Society e-learning module

The MS Society has recently launched a RCGP MS in general practice [e-learning module](#) Please note that only RCGP members can access the course.

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

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