LMC Devon

Monthly newsletter

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LMC Conferences – a simple sailor's perspective

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

I've recently completed a full round of LMC Conferences including the England, UK and Medical Secretary events.

At my first Conference in London last year I found myself surrounded by delegates armed with bright green ballot papers, ready to wave frantically when voting for or against a motion. It was all a bit 1970s TUC and I half expected to see Arthur Scargill climb onto the podium to address the masses. There is an intricate structure of slightly surreal processes that bind these gatherings together which are really quite arcane and in many respects impenetrable for those outside of the clinical 'circle of trust'.

In truth, I was rather bemused by the English Conference especially considering the enormous amount of preparation that begins months before the big day. Motions are drafted and refined time and again by LMC Officers to ensure that they conform to the right protocols and importantly represent very accurately the concerns and demands of our practices. They are then analysed and rated against hundreds of other motions submitted by all the LMCs before a final list of motions is published ahead of the Conference. Meanwhile there is a whole layer of logistics, planning, and bureaucracy to assemble a team and get them in the right place at the right time; this is tantamount to shepherding children high on blue smarties and requires the patience and alacrity of a saint designate (this will be the role of the other observer ie not me!).

But once you have got over the sense that you are in an episode of 'Life on Mars' the passion and enthusiasm of all of the GPs present (not least your Devon LMC representatives) to make a difference and have their say on your behalf is palpable. The Conference tackles difficult issues head on and ultimately provides the golden thread from you to the Secretary of State's desk. Not on every issue of course, but the Conference can shape policy and affect the way general practice operates. Recently at the UK Conference it was agreed that our national GP Committee needs to establish standard contracts for a variety of non-clinical roles GPs undertake that are currently being negotiated individually without the security that model contracts create, only a day later GPC were discussing how to take this forward. This also follows the recent release of a model contract for practices and locums to use that will protect both parties, another piece of work that started at a recent conference when passionate GPs stood up and spoke about the need

for this support. At the UK Conference this March, there was a clear voice from GPs asking for protection from systemic bias when under performance review and because of that, processes to anonymise cases before PAG will also be looked into to ensure unconscious bias is avoided.

In the margins of course there is an opportunity to network and get to know each other a little better which is enormously valuable especially when you are new to the system. But to bring things back to the surreal, even that networking isn't quite as simple as the coffee and biscuits or wine and cheese you might expect. I thought that I had experienced a very wide variety of social engagements all over the world but just last week, the evening of the National Conference, I found myself having dinner on something akin to a Titanic film set while watching a caesarean section…of a gorilla! I'm told that one of the things GPs love most about their job is never knowing what's coming next, and I can only assume this is another example of that.

I can't imagine what we'll see at the next conference but I know your Devon LMC representatives will be there, green cards aloft, making sure your voices are heard

Primary Care Networks – overview

By Dr Mark Sanford-Wood,
Medical Secretary at Devon Local Medical Committee

General practice is no stranger to collaborative working. We have been doing it for years, whether in federations, localities, collaborative groups, GP forums or simple buddying arrangements with neighbouring practices. So people could be forgiven for thinking that Primary Care Networks (PCNs) as defined in the new contract deal will be just another iteration of a well-trodden path. Yet for the first time the formation of defined practice groupings will receive significant NHS investment for activity and new staff that will be the springboard for the revitalisation of general practice at the core of community care.

PCNs will be built on existing practice structures and the associated funding will flow to the PCN from its constituent practices via the GMS/PMS contract through financial entitlements defined in the new Network DES. This places GPs at the heart of planning and puts them in the driving seat. PCNs will therefore be for GPs to define, with practices retaining control and leadership. For those suspicious of a command and control agenda this re-iterates, with financial backing, the centrality of GPs to the delivery of care at community level and re-confirms GPs independence and leadership.

PCNs will cover a hard minimum population of 30,000 and will have a maximum guide population of 50,000. Where current working models have groupings that work well and are established there will be some flexibility in the upper limit. Existing provider structures may form a useful basis for the footprints of PCNs with successful federations defining an outline that may encompass a number of networks. The federation would then act as a network of networks to help coordinate PCN activity across a larger locality geography.

The decisions around network footprints will ultimately rest with the practices themselves, with the clinical commissioning group (CCG) and LMC facilitating discussions to ensure that every practice has the opportunity to join a PCN. It is agreed with NHS Englnad (NHSE) that guaranteeing PCN membership to all practices is the main function of CCGs and LMCs in this process and that there should be no attempts to coerce practices into network configurations favoured by other actors in the system. PCNs will be of GPs, by GPs, for GPs and their patients.

With this in mind it is vital that you initiate those dialogues with your neighbouring practices and form your PCNs now. This is your right, your function and your responsibility. The British Medical Association (BMA) has published a handbook for your practices to use to help set out how your PCN will function. An important part of this will be the question of who will lead your PCN. There is protected funding available in order to release a GP for one day a week

(for an average 40,000 patient network) in order to lead and coordinate PCN actions. These will be called the PCN Clinical Directors.

This will be an exciting opportunity for many GPs who have innovative ideas but have so far lacked the stage on which to try them out. This will be your PCN and your innovations will require no consent other than from the practices in the network. As an early developmental opportunity for these new PCN Clinical Directors Devon LMC is laying on an event on the evening of Tuesday, 21 May, at Fingle Glen to help begin your development and offer networking opportunities with other PCN Clinical Directors, many of whom will feel equally excited and challenged.

PCNs will receive significant new investment to begin to build a workforce to deliver on services that are still being defined, but which will also help to take some of the strain off practices in delivery of general practice. The guaranteed investment in networks over the next five years is a huge opportunity for general practice. If you think you might want to lead your PCN then put 21 May in your diary.

Primary Care Networks podcast with Dr Nikki Kanani

Dr Nikki Kanani, Director of Primary Care for NHSE, addresses concerns about primary care networks (PCNs) – including population size, hosting of the networks and the role of federations – and looks at how clinical leaders should be identified and what practices should be doing now to guarantee success. Listen to the podcast here.

GPC local roadshow presentation available

As previously advertised in our weekly Operational Bulletin, the presentation from the recent General Practitioners Committee (GPC) roadshow in Devon about the landmark new GP contract is available on our website here.

General Practice Improvement Leads Programme

NHSE is running a regional personal development programme for GPs, practice managers and practice nurses to build confidence and skills for leading service redesign in your practice or federation.

The programme incorporates interactive training workshops, personal reading and reflection, and action learning as participants lead a change project in their own workplace. Participants gain new perspectives, skills and confidence in using improvement science in general practice, and leading colleagues and teams through change.

More information is available here.

Medicine supply issues

By Dr Mark Sanford-Wood,
Medical Secretary at Devon Local Medical Committee

As our relationship with Europe goes through a period of rapid evolution it is fair to say that medicine supply chains are likely to experience ever greater turbulence. This comes as the separate, though related, factor of wholesale profit maximisation has caused supply difficulties in a number of commonly used medicines. For the average GP the last couple of years has seen a bewildering procession of routine drugs demonstrating patchy availability as these dynamics play themselves out.

Pharmacists can often help to find solutions to these supply problems, but the regulations that allow them to do this are limited. As our medicines' supply chains become ever more stressed it is vital that GPs and pharmacists work together to find solutions where they are possible, for the benefit of patients. Devon LMC and Devon Local Pharmaceutical Committee (LPC) are working together to try and ensure this relationship works smoothly. If you have any feedback that may improve this then please contact the office.

Frequency of LMC meetings

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

It is clear to us all that the real issue for general practice is a severe manpower crisis and in many respects no matter how much money is thrown at the problem until there are enough GPs, practice managers and nurses the system will remain under immense strain. You will all know this far better than I although I am very familiar with the symptoms and impact of a lack of manpower from my previous career.

So I think it is important for the LMC to focus some of its attention on recruitment and retention and you will have seen that we are introducing some training events this year to try and support both. We have also established a good dialogue with the Deanery and have started supporting GP First Five. We are engaged with the next generation GP programme and I am currently devising a GP Mentoring scheme to support the first cohort from that initiative later this summer. Our Pastoral Support Service, Leadership and Management Support and GP Coaching Programme are all focussed at retaining the workforce and I am hopeful that over the next 12 months this co-ordinated effort will contribute towards stabilising and improving the workforce situation.

All of this comes at a cost and the Executive Team at Devon LMC are doing their best to improve efficiency and value for money for its membership. In reviewing our processes, as a newcomer, it has struck me that the periodicity of our key meetings (Board, Sub-Committees and Negotiations) are too frequent and after presenting a variety of potential options to the Board the decision has been taken to reduce the number of meetings held annually. Specifically the Board and Sub-Committees will reduce from six to four meetings a year and the Negotiations Committee will go to 10 by removing the August and December meetings. This will generate some financial saving which can be reinvested in programmes to support general practice.

Importantly, it also releases a considerable amount of GP and PM time back to practices. In order to mitigate the impact of reduced meeting frequency the LMC will continue to develop its communications, engagement, events and networking channels to ensure that members are kept up to date about developments in general practice in a timely manner and can share their views with us. Furthermore, we hope to introduce team sites for our various meeting groups so that issues can be worked in a collaborative space between meetings.

The team will be in touch with committee members shortly with diary dates for the new schedule from September; dates before then will remain unchanged.

Prescribing of over the counter medicines

The GPC has updated its guidance on prescribing over the counter (OTC) medicines, with an amendment to acknowledge the 'letter of comfort' issued by NHSE about the contractual implications of not providing FP10s for recommended treatments that are available over the counter for minor self-limiting conditions. You can read the guidance here.

NHSE has also published CCG guidance on routine prescribing in primary care of OTC items, for treatment of conditions which are self-limiting or which lend themselves to self-care.

At the request of the GPC, Professor Stephen Powis, National Medical Director at NHSE, also published a letter, providing reassurance the commissioner will not find practices in breach of the GP contract if they follow the CCG guidance.

Safeguarding update

By Dr Kate Gurney, Safeguarding Lead at Devon Local Medical Committee

The Safeguarding Lead in each practice has a role to ensure that all staff are aware of their training requirements and know what to do if concerned about a vulnerable person or family, to act as a resource and support for their colleagues, and to ensure that appropriate practice policies are in place.

Safeguarding Children

The updated intercollegiate document, Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (Jan 2019) highlights the need for practice nursing (PN) staff to also be trained to Level 3, alongside their GP colleagues.

Following initial Level 3 training, refresher training is over a three year period. GPs should be able to demonstrate refresher education, training and learning equivalent to a minimum of 12-16 hours over those three years. The GP appraisal website has useful resources and templates.

CQC inspection guidance recognises this change and that PNs should demonstrate that they are working towards Level 3.

The RCGP toolkit – Safeguarding Children and Young People is a useful resource for practices.

Safeguarding Adults

The first edition of the intercollegiate guidance for Adult Safeguarding: roles & competencies for healthcare staff was published in August 2018. This identifies the minimum training requirements staff should complete. It acknowledges that not all staff will be able to access the training within the first year of publication, but expects that staff will be trained to achieve the appropriate competencies by 2021. GPs and PNs are expected to achieve Level 3. Once at Level 3, refresher training is expected over a three year period equivalent to eight hours.

CQC inspection guidance recognises this document as a reference.

The RCGP toolkit – 'Safeguarding Adults at risk of harm' is a useful resource for practices.

CQC latest

Practices have been sent an update on the new approach to regulation of general practice being introduced from 1 April, 2019.

Practices rated good/outstanding will no longer be routinely inspected every two years, with their inspections changing to a maximum interval of five years. Instead, these practices will have an annual regulatory review, including the outcome of a 'provider information collection' (PIC) with an annual phone call to the practice, as a satisfactory IT solution for the PIC has yet to be developed. Updated guidance is available on the Care Quality Commission (CQC) website: How we monitor GP practices and a new page on the questions that it will ask on the calls.

Use of triage apps and CQC inspection pointers

Professor Steve Field, Chief Inspector of General Practice for the CQC, has blogged about the use of triage apps in general practice and what inspection teams look for when assessing their implementation and impact. Read more here: https://medium.com/@CareQualityComm/prof-steve-fields-monthly-blog-c1ff05eae86f

Ordering of flu vaccines for 2019/20

NHSE's regional Screening and Immunisation Team is encouraging local practices to place their orders as soon as possible to avoid any delay in delivery of flu vaccines and to ensure they have supplies of the recommended vaccines in September, ready for the start of the season.

NHSE has been assured that there will be no phased delivery for next season and a practice can choose to have their order delivered in one batch at the start of the season or split into two deliveries, depending on available fridge space. For practices, given the demand for the over 65-year-old vaccine this season, please order sufficient vaccinations to cover all their eligible populations.

Most pharmaceutical companies offer a sale or return service on a % of their order, so there is scope to return unused vaccine to the supplier. The recommended vaccines are:

- The standard egg cultured quadrivalent inactivated vaccine (QIVe) will continue to be recommended for 18 to 64-year olds in clinical at-risk groups and other eligible groups, including frontline health and social care workers.
- The adjuvanted trivalent inactivated vaccine (aTIV) will continue to be recommended for individuals aged 65 years and over.
- In addition, the cell grown quadrivalent vaccine (QIVc), Flucelvax® Tetra, is now licensed for use in the UK for patients aged nine years and upwards and is suitable for those aged 9 to 64 years in clinical at-risk groups, frontline health and social care workers and for individuals aged 65 years and over.

Please remember that all children's vaccines will be centrally procured, as in previous seasons, and can be ordered from ImmForm. Page 3 of NHSE's Update on vaccines for 2019/20 seasonal flu vaccination programme provides a table with the breakdown of the vaccine recommendations. If you have any questions, contact: england.swscreeningandimms@nhs.net

Vaccination charges

The GPC has agreed an MMR catch-up campaign from April with an item of service payment of £5 per patient to cover the costs of contacting parents of 10 and 11-year-olds who have not been vaccinated in the light of the current measles outbreaks.

It has also been agreed that there will be an increase to £10.06 for the item of service payment for seasonal influenza, and for an HPV catch-up programme for women over 18 and up to 25 years. It is anticipated boys will be added to this programme from April 2020, once the school based programme begins in September 2019.

New form to record organ and blood donation preferences

A new web form, the F4H form, has been created for all GP practices to record patients' organ and blood donor preferences from 1 March.

This is due to services being moved away from the National Health Application and Infrastructure Services (NHAIS) systems before it is decommissioned. Up until 30 April, you can still use Open Exeter, a browser interface, to enter the information from the GMS1 form.

The recorded details are stored in the NHAIS systems, collated by a Bureau Service and sent on to NHS Blood and Transplant for inclusion in the donor registers. Beyond 30 April, Open Exeter will no longer be available to record blood and organ donation preferences and GP practices must use the new F4H form. Find out more

Reminder for GP practices about the national data opt-out

Type 2 opt-outs must no longer be recorded by GP practices. The type 2 opt-out has been replaced by the national data opt-out and the transition period in which we continued to collect and convert them ended on 11 October 2018. Practices are advised to contact patients who have had a type 2 code recorded in error after this date, to explain and

signpost them to the Your Data Matters to the NHS service. As type 2 opt-outs are no longer valid, please also ensure that they are no longer referenced in patient information on registration forms, websites or privacy notices. Read the October letter sent to all practices.

Data Protection Bulletin

The first edition of the local Data Protection Bulletin is now available and includes advice on data breaches and subject access requests. Read more here.

NHS England Primary Care website closure

NHSE's primary care website www.primarycare.nhs.uk closes on Friday, 31 March 2019. The data collections and indicator visualisation services which are contained within are moving to new websites.

From 1 April, 2019, anyone who previously used the website will need to take action to register with the following new websites to continue to access indicator benchmarking and data collection services.

For indicator benchmarking services:

The General Practice Indicators (GPI) and the GPIT Digital Maturity Index Assurance Indicators will both be moving into a new website: www.primarycareindicators.nhs.uk

This website will include a new national quality improvement dashboard which will be further developed in time to include additional presentation of measures and indicators at PCN and Integrated Care Systems (ICS) levels. This will provide an ideal dual benefit opportunity for GP practices and commissioners to not only continue to use GPI and GPIT indicators but also to be able to view and use new and emerging PCN and ICS measures when they become available within. Similarly, ICSs and PCNs will also be able to view and use General Practice Indicators.

From 1 April users will need to obtain a new user account so they can login and access content in the new primary care indicators website. NHSE anticipates that General Practice Indicators and GPIT Digital Maturity indicators being visible within from 1 May 2019.

If you experience any difficulties with registration or for any future support using the GPI or GPIT indicators, contact the new website enquiry support help desk at: nelcsu.npphdsd@nhs.net

For general practice data collection services:

From 1 April, 2019, the general practice data collections which remain active and have been occurring within the primary care website will be managed by NHS Digital.

GP practices will similarly need to register to obtain a new user account with the data collection systems managed by NHS Digital, by using the following links:

- For the general practice annual electronic declaration (eDEC) and the general practice complaints collection (K041b) please register for a new user account by using this website: https://datacollection.sdcs.digital.nhs.uk/.

- For the general practice workforce census, from 1 April users will need to register for a new user account to use the National Workforce Reporting System (NWRS) via this website: http://www.nwrs.nhs.uk/.

If you experience any difficulties with registration or for any support with general practice data collections eDEC, K041b or NWRS email the NHS Digital Customer Contact Centre at: enquiries@nhsdigital.nhs.uk.

More stringent controls on pregabalin and gabapentin

Prescription drugs pregabalin and gabapentin are to be reclassified as Class C controlled drugs, under Schedule 3 of the Misuse of Drugs Act from 1 April, 2019.

The law change will mean the drugs are still available for legitimate use on prescription, but there will be more stringent controls in place to ensure accountability and minimise risks.

- Clinicians will need to physically sign the prescription for these drugs, rather than electronic copies
- Pharmacies are required to dispense the drugs within 28 days of the prescription being written
- Prescriptions limited to 30-day prescribing.

Practices may wish to review patient lists and implement these changes before 1 April to ensure patients are made aware of these changes. Searches are available from the Medicine Optimisation Teams to identify patients. Please contact your medicine optimisation practice representative if you need any help.

Ideas wanted to shape national workforce strategy

The Department of Health and Social Care (DHSC) wants to hear from clinicians about how it can improve workforce supply, recruitment and retention in all settings, including general practice. The views and findings will help shape the interim NHS workforce plan for the next five years. You can submit your ideas here.

Eight in ten PMs suffer verbal abuse from patients

Eight in 10 practice managers suffer verbal abuse from patients, a new report reveals. The Primary Concerns 2018: The State of Primary Care report, revealed that 79% of the 373 practice managers who answered the question had been on the receiving end of verbal abuse from patients. Read more here.

Database of practices involved in work experience

The University of Exeter Medical School, Health Education England (HEE), the Royal College of General Practitioners (RCGP) Tamar Faculty and Plymouth Medical School are setting up a database of practices in Devon willing to offer work experience to sixth formers and junior doctors. For more information, contact Dr Helen Rogers: H.K.Rogers@exeter.ac.uk

News from Devon LMC

Operational Bulletin – change of issue date
The LMC's weekly Operational Bulletin will be issued on Wednesday afternoons in future due to changes in work patterns in the office.

Email your proposed signed off copy submissions – maximum of 100 words per item with links to more information – to richard.turner@devonlmc.org by 10am on a Tuesday.

Produced by Devon Local Medical Committee, Deer Park Business Centre, Haldon Hill, Kennford, Exeter, EX6 7XX. Copy submissions for the April newsletter should be emailed to richard.turner@devonlmc.org by noon on 12 April please.