



Meet the new SDT Sub-committee Chair

**By Dr Mo Morris,
Chair of the South Devon and Torbay LMC Sub-committee
and LMC Board Member**

I have been lucky to have been working in South Devon since 1998. I grew up in South Wales and qualified in Cardiff in 1995. I started off aiming for a career in emergency medicine and trained initially on the Swansea surgical trainee rotation. I then came back to Devon and started a one-off GP registrar job in Ivybridge and then realised that what attracted me to A&E was the same as general practice – not knowing what would come through the door next. And general practice offered a lot more reward for me personally. I locumed in South Devon for a while after finishing Plymouth VTS and then joined Leatside surgery in Totnes as a full-time partner in 2002. Partnership jobs were competitive back then and involved the classic ‘trial by sherry’ interviews!

Working as Chair and various lead roles for the NHS I have seen from outside and inside the cycle of changes in general practice structure through the years. Each change bringing a new acronym, from SHAs to CCGs, and each throwing new challenges to which GPs have to adapt.

General practice has changed over the years with different models of working. We are no longer just confined to the partnership model, with sessional and portfolio GPs alongside ANPs, pharmacists and other paramedicals helping to keep the primary care train running.

We have had to adapt to try and address the workload, recruitment and retainment crisis we now see. Working with the LMC I have found is the way to ensure whatever is thrown our way, there can be support, guidance, and if need be, appropriate pushback.

Since being part of the LMC I have had the opportunity to speak at National Conference on the workload pressures facing primary care and asked for the mandate for the General Practitioners Committee (GPC) and British Medical Association (BMA) to take action on the current NHS pension difficulties we are seeing. I have written for the British Medical Journal (BMJ) on ‘part-time doctors’ being a misnomer, as GPs drop sessions to cope with the daily workload pressure, yet still work long hours.

Over the years I have been inspired and mentored by some fantastic GPs and inspirational clinical, clerical and management staff that have supported and taught me invaluable lessons. This continues to be the case, especially since joining the LMC. Encouraging, mentoring and supporting GPs has never been so important as it is now.

I feel strongly about the LMC being representative and inclusive – and encourage sessional and younger GPs to join and represent our profession during the current and future challenges that we all face.



Call to arms – your successors need you!

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

Whilst I was out walking the Field Marshall (pictured as he is generally considered to be much more pleasing to the eye than me) this weekend I was contemplating the week ahead and thinking about writing this article for the newsletter.

You don't need me to tell you that our workforce is in crisis, especially with the amount of media coverage Devon, and specifically Plymouth, has had nationally. Whilst most of the coverage has been accurate and a useful wake-up call to those less well informed, there will also be concomitant negative impact upon drawing new blood into the area. Hence at our AGM earlier this month our Chairman, Dr Bruce Hughes, described how the LMC intends to do more work in the recruitment area to complement our already extensive efforts to support retention, thus contributing to the support of manpower across the county.

I have experienced severe manpower crises before and one of the most effective ways of combating it is a call to arms for those with deep experience and knowledge to inspire the next generation.

So I was particularly struck by the opportunity to support Dr Ben Morris' leadership programme 'Next Generation GP'. The first cohort of young doctors has now completed a nine month programme of events aimed at developing their leadership and preparing them for life in general practice. Our aim is to gather 'mentors' from our membership to help these GPs through the next two years by agreeing to meet with them occasionally and establish a dialogue to help them continue to develop and bed into the profession.

So this call is for GP volunteers to register as prospective mentors. If you are interested, please do let me or the office know, and we will send you a simple proforma to complete and an information note on the scheme. My intention is to match mentors with mentees before September.

It is important to point out that this would be entirely voluntary and does not require formal qualifications. It is also totally independent of the appraisal process and is an entirely confidential arrangement.

Referrals to and from the Emergency Department

By Dr Mike Slot, Member of the Northern and Eastern LMC Sub-committee

The LMC has been discussing ways to reduce unnecessary work both for GPs and for the Emergency Department (ED).

The ED has agreed that where the clinician has decided that a referral is needed to a secondary care specialty, then that referral will be made direct by the department and the GP will be copied in.

GPs are reminded that when they have assessed a patient and decided that acute admission is necessary, then they should contact the relevant specialty and send the patient, with a letter, to that team. This particularly applies to patients with chest pain. For these patients the medical team should be contacted and the patient sent to the Acute Medical Unit (AMU). If the electrocardiogram (ECG) shows a ST elevation myocardial infarction (STEMI) the ambulance will take the patient to the Coronary Care Unit (CCU). If, on the other hand, the patient is unstable and needs stabilisation/resuscitation then the ambulance will, of course, take the patient to the ED.

These measures will reduce duplication of work both for GPs and in the ED.



GPC regional representative confirmed after election

**By Dr Bruce Hughes,
GPC regional representative for South and West Devon and Cornwall**

The British Medical Association (BMA) holds regional elections for candidates to become representatives to their National General Practitioner's Committee (GPC). Following a closely fought election with three candidates I was lucky enough to be re-elected as the representative for South and West Devon and Cornwall.

The position involves two-way liaison and flow of information between general practice in the two counties and the GPC, as well as the opportunity to network with other representatives and to share good practice. GP UK meets twice a year and GPC England four times a year.

I aim to liaise primarily with the LMCs of both counties as they should be the 'go to' organisation for any contractual and regulatory matters. Recently, I have had the opportunity to lobby a senior figure in NHS Digital GP IT about the proposed circa

25% cut to IT Capital funding in Devon and Cornwall which seems nonsensical at a time when we need to invest in general practice IT.

If you have any issues which you feel I may be able to help please contact your LMC or me directly at bruce.hughes@nhs.net Thank you for putting your trust in me and electing me to this position.

Avoiding a costly omission

By Dr Mike Richards, Treasurer at Devon Local Medical Committee

The NHS Pension scheme is complex and has many known administrative problems that are beyond our direct control. However, Devon LMC is becoming aware of an increasing frequency of a simple omission totally in the hands of practices to address.

When an employee leaves a practice it is important to inform NHS Pensions of the end of that period of employment. This is a simple online process and if any problems are encountered the employer helpline will take you through the necessary steps.

For those employees moving to a new role the failure to complete this causes confusion at NHS Pensions where an assumption is made that the individual now has two jobs, an administrative inconvenience that can be resolved.

However, if the employee is retiring the financial implications can be great. On receipt of a pension application NHS Pensions will make all the necessary checks and contact former employers if anything needs addressing. We are aware of such requests not being actioned at practice level. The risk of significant financial loss to the individual due to any delay in payment is great in such situations given the lump sums involved, let alone reliance on a regular income from the pension. An HR failure to follow due process is likely to be frowned upon not only by the courts but also by the Care Quality Commission (CQC).

Please check that you have clear protocols in place to avoid this situation and partners seek assurance from their finance manager that this is understood, as ultimately the legal claim will fall to you and is unlikely to be covered by insurance.

Bus driver fitness

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

The LMC recently highlighted the potential risks to GPs in completing health reports for bus drivers working for Stagecoach. Notwithstanding the small but definable potential medico-legal risk to doctors inherent in completing such reports there is also a public interest issue in ensuring that drivers of buses are fit to undertake the task.

We have therefore been in constructive dialogue with the originators of the report requests and have agreed a collaborative way forward. Henceforth, where requests for medical information from the GP are made by occupational health specialists working on behalf of Stagecoach the GP will have two options. They can either complete and return the report as requested or they may produce a paper print-out of the patient summary and either return that or give it to the patient. Any of those options will be acceptable and the consent contained within the original request allows those approaches. The fee offered will be payable whatever method is chosen.

The LMC would advise doctors to check with their MDOs regarding the indemnity cover they will require for this non-NHS work that does not fall within the scope of the Clinical Negligence Scheme for General Practice (CNSGP). On this basis, we would recommend engagement with these requests.

Establishing links between PCNs and mental health teams

Devon Partnership NHS Trust has organised a conference at the Mercure Exeter Rougemont Hotel on 20 and 21 of June to promote and establish links between Primary Care Networks (PCNs) and the Community Mental Health team.

They are extremely keen that Clinical Directors attend and play a prominent role in any or all of the sessions. If you are a Clinical Director and would like to attend this free conference please contact dpt.medicaleducation@nhs.net

More information about the event is available [here](#).

Data Protection Bulletins

The latest local Data Protection Bulletins are now available and cover issues including Subject Access Requests and Data Security and Protection Toolkits. April's edition is available [here](#) and May's edition can be viewed [here](#).

Public Health Nursing Service Update for GPs

The latest newsletter from the Devon Public Health Nursing Service for GPs is now available and includes information on how to access the service. Read more [here](#).

Damp homes – GP practices wanted for pilot scheme

Public Health Devon are looking for GP practices who would be willing to trial a project working alongside their local community energy providers in reaching households who are living in a cold home or who struggle to keep their homes free from damp.

[NICE guidance](#) to prevent excess winter deaths, illness and health conditions caused by cold homes demonstrates the recommended actions that health services should take.

If your practice would be interested in supporting those living in a cold home contact richard.merrifield@devon.gov.uk or call 01392 386417.

Produced by Devon Local Medical Committee, Deer Park Business Centre, Haldon Hill, Kennford, Exeter, EX6 7XX. Copy submissions for the June newsletter should be emailed to richard.turner@devonlmc.org by noon on Friday, 14 June please.

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