



The work of the LMC and future plans

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

Whilst having a coffee at one of my favourite spots I reflected that it has been just over a year since I was lucky enough to join the LMC. During that time the LMC has been remodelling its support offering to members and their practices and bounding activities inside a compliant governance framework.

I think some of the key items of support that the LMC has delivered since last July includes:

- The Negotiations Committee has delivered a total of 35 agreements / services.
- Headed off a serious threat to shoulder and lunch hour cover for practices.
- Supported Primary Care Network (PCN) development.
- Negotiated a very pragmatic clawback protocol for enhanced hours.
- Provided Leadership and Management support to 15 practices.
- Provided Pastoral Support to 37 GPs and PMs.
- Initiated the GP Coaching Programme.
- Started to deliver training with the Introduction to Devon General Practice Course and the Preparing for Partnership Course.
- Completed the roll out of the Yellow Card system across Devon.
- Represented general practice through the merger of the original clinical commissioning groups (CCGs) and subsequent delegated authority.
- More information about our work over the last year is available on our [website](#).

Looking ahead, we have also started to shift our IT system from server to cloud based operations and have rationalised the number of meetings held in a drive towards greater resource and administrative efficiency.

We will also start to look for ways to better support workforce planning and recruitment with mentoring schemes, peer support and work experience projects. There is currently a plan to re-role the Executive Admin post to a Recruitment and Workforce Lead to help bring greater coherency to planning and to the capacity to maximise opportunities to improve Devon's lot.

Your LMC is not complacent and whilst we should celebrate some of our successes above, we must acknowledge that there are plenty of areas which have not progressed at the rate any of us would wish. This frustrates us, because we know it frustrates you. So there is clearly still an enormous amount for us to do and I look forward to continuing to work with general practice and the broader stakeholder community.

Progress with local Coroners to address issues

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

As many of you are aware, our local Coroners have recently moved to an e-referral system for reporting deaths. There have been concerns raised about the way this works and the impact on practices. Having now met with Mr Spinney, Exeter's Coroner, I can assure you that he and his colleagues are keen to work with us to improve the system and make it work smoothly for GPs, the Coroners' offices, and families of affected patients.

It may be useful to know that for queries, rather than reporting a death, the telephone lines remain open and if anything they should be much more available now that we are all using them less frequently. Also, the Coroners' offices are happy to accept e-referrals from practice admin email accounts rather than GPs' personal accounts.

I am working with Devon Referral Support Services (DRSS) to integrate the reporting form with our systems and with the Coroners to improve the accompanying guidance. I expect this to be sent out to practices in the next four weeks. If you have any ongoing concerns with this, please let me know via the LMC office.



Healthy GPs: Specialist Support Services – LMC Pastoral Support, GP Health, BMA Support

By Dr Andrew Tresidder, GP Health

Thank you for reading this and thank you for all your hard work on behalf of your patients. Work and life can be tough sometimes. Doctors all work hard – and often sacrifice parts of themselves to help our patients and practices. We may easily forget the airline safety advice, which is 'Put on your own oxygen mask before helping anyone else'.

For any health issues, the first port of call may be our own GP. For a variety of reasons, we may find this difficult – especially for psychological or mental health issues. Doctors often feel ashamed if they are struggling, and choose not to see their GP, or indeed anyone. We may also lose insight into our needs, because we are working hard, or have drifted out of balance without realising it.

Symptoms of this may include not having time to pursue family, hobbies or interests, or seeing the people who nurture us in our lives. We may also develop any of the symptoms of anxiety or distress. We may even feel that we cannot carry on as we are.

At a time of personal or professional difficulties, we can all be helped – if we acknowledge the need. **Devon LMC's Pastoral Support Service** is there to help us with practice, personal or professional issues. You can contact the service at SupportHub@devonlmc.org or on 01392 834020.

GP Health is a confidential NHS service to help GPs and GP trainees with psychological issues, mental health issues or addictions. It is not instead of your own GP, nor is an emergency nor occupational health service – but is an alternative service for doctors who need help. If you register (self-referral to 0300 0303 300, see www.gphealth.nhs.uk for details), expect a short telephone registration. You can then choose your GP Health Doctor – there are ten across the South West. You can expect an assessment appointment of up to 90 minutes, followed by a plan forwards.

BMA support is available for all doctors and medical students <https://www.bma.org.uk/advice/work-life-support/your-wellbeing>

Putting fuel into your own tank is a must-do – not an option after everything else has been done. How many of us or our colleagues have run on ‘empty’ at times? Maybe health and self-care could be a PDP item?

We owe it to ourselves and our profession to normalise asking for help – own oxygen mask always needed!

School medicines, absence and reporting

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

Following some misunderstandings related to school requests for information from GPs we have decided to re-publish the current guidance for the avoidance of doubt. This was first issued in September 2016, but the agreements and processes remain in place. An excerpt of the advice given at the time is below:

We have agreed that school guidelines make it perfectly acceptable for OTC medicines to be given by school staff acting in loco parentis on the proviso that an appropriate authorisation form is signed by the parent. This removes the need for any OTC medicine to be prescribed on an FP10 solely for the administrative needs of the school. This position is warmly welcomed by Devon LMC and will ease demand on GPs at this critical time for the survival of general practice.

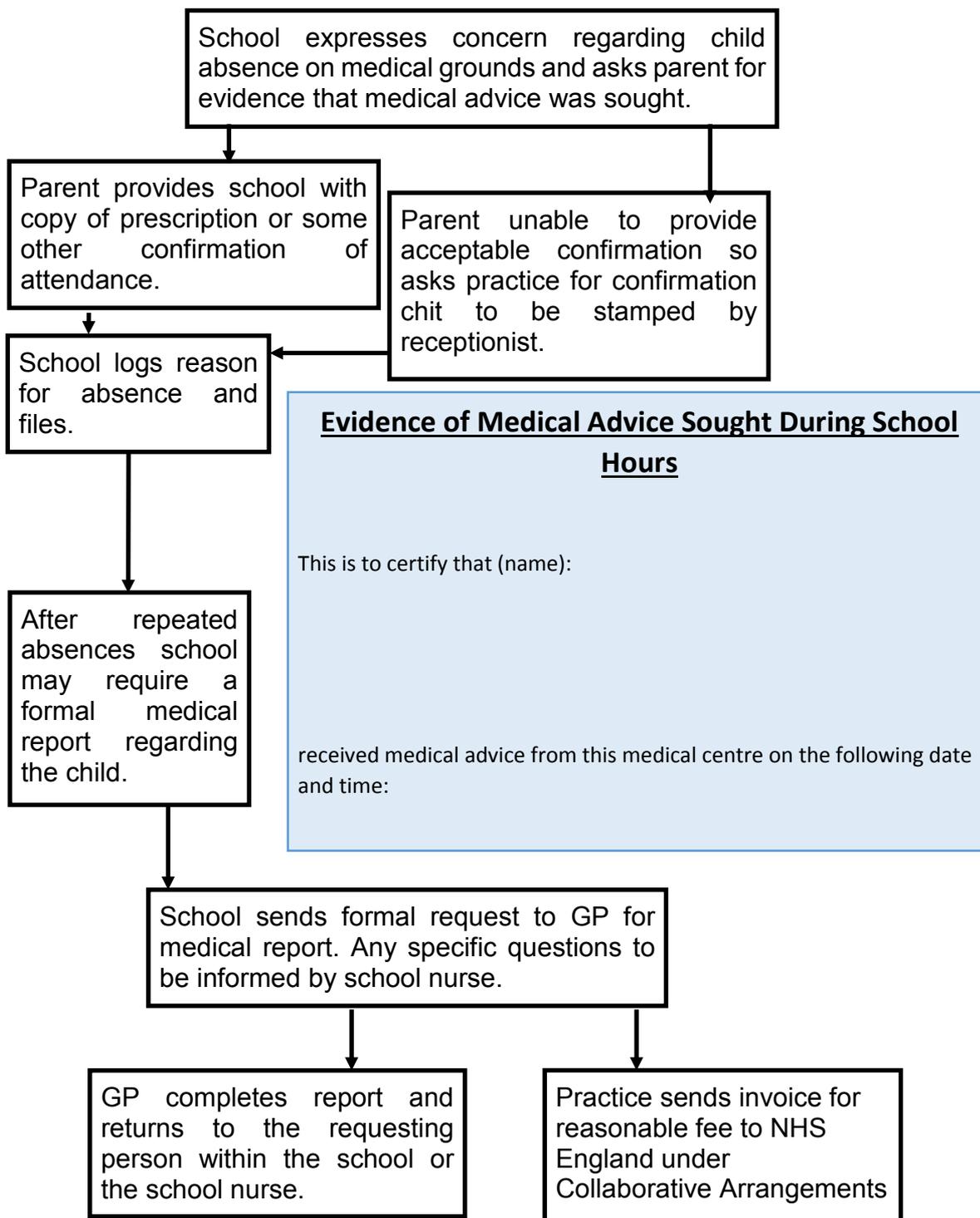
The next item we tackled was that of sickness absence from school. We have many anecdotal reports of parents and/or schools requesting confirmation that a pupil was legitimately absent due to sickness. In some circumstances this information can be extremely important for schools, especially where repeated absence has been a problem. Schools will ordinarily request confirmation only in such cases when there are existing concerns regarding significant school absence, and general practice should normally provide this information, when needed, in the interests of the child. We agreed that where such confirmation is required that it is perfectly reasonable for the parent to submit a copy of an FP10 or other evidence that shows the child received medical advice on the day in question. Where such other evidence is not available then the parent should request a chit from the practice to confirm that medical advice was sought. An example of such a chit is available in the accompanying flow chart, and can be completed by a receptionist without burdening the doctor or nurse.

The only remaining area of difficulty then remains the question of full medical reports for those children whose absence is serious enough to warrant closer inspection by the school. To date it has caused tension as parents have often requested medical support for their child’s absence which has placed the GP in the slightly invidious position of “supporting” the parent rather than informing the process. It has also raised the thorny question of payment for the production of the report which is not covered under GMS or PMS contracts.

We have agreed the principles that the GP should provide a neutral report of facts and opinion, neither on behalf of the school or the parents. We agreed that all relevant medical questions should be compiled by the school nurse and posed formally to the GP in a letter of request for a medical report. This allows the GP to address all issues of concern in an objective manner, thereby satisfying the areas of professional concern that arise when a parent requests, commissions and pays for a report. This solution also solves the resource question. Where a school requests the information then this is a request for medical information by a local authority (or one of its delegates), and the GP may therefore charge their reasonable fee to NHS England under the Collaborative Fees arrangements as set out in the NHS Act (1977), and subsequent updates.

Devon LMC and the schools medical service hope that these clarifications will encourage GPs to engage constructively with education and that a simpler, more efficient and helpful relationship may evolve as a result. If there are queries on any of these matters then they can be directed to office@devonlmc.org or to Sandra.Nightingale@babcockinternational.com.

Agreed Protocol for the Handling of Pupil Absence





East Devon Health Post-GCSE Student Placement Programme

By Tina Teague, Chief Executive at East Devon Health

East Devon Health is a GP Federation covering East Devon. The federation has 13 member practices and covers a population of 123,000 patients.

Historically, practices were approached in an ad-hoc manner from various sources to host students for work experience. For some practices, particularly the smaller ones, this can be time consuming and onerous. Practices are often approached by friends and family with no means of reaching out wider to students who may not have access to such opportunities. Last year Dr Rob Daniels, from Townsend Medical Practice, proposed the federation run a coordinated programme, centrally administrated offering fair opportunities across all local schools, including promoting this to students who may not have considered opportunities in medicine.

An application process was designed and practices were invited to participate and state how many students they could host. Local secondary schools were notified of the opportunity and process to apply. The programme was over-subscribed and we received enquiries from other parts of the county and from the Midlands. There was also interest in careers other than GP, eg pharmacists, paramedics, nurse practitioners. Students were allocated to practices taking into account travel distance and avoiding their local surgeries.

The programme ran from 24-28 June, starting with an induction day hosted by Exeter Medical School. There were a range of speakers including a GP partner, third year medical student, GP Trainee, practice pharmacist, representative from Exeter Medical School and a GP with an interest in research. The following four days were spent in practice. At the end of the week, students were asked to return reflective feedback of their experience.

Feedback has been positive with a desire to expand the programme wider.

Benefits to practices:

- Reduces the amount of administration for practices by providing a central application and induction process including the Royal College of General Practitioners (RCGP) or Health Education England (HEE) guidance on structuring a placement.
- Provides a systematic approach, developing consistency across practices, ensuring students have similar experiences.
- Resolved issues with confidentiality and placing students in their own practice, particularly when asked by friends and family to host a student.
- Created the maximum amount of opportunities to a wider range of students, targeting those unlikely to be able to access opportunities promoting careers in general practice.

Support for local newly qualified GPs

Newly qualified GPs are invited to participate in the GP workforce initiative 'First Five Small Groups' which provides peer support. They will join up to 10 other newly qualified GPs to discuss their experiences entering the workforce. Each group will be overseen by an experienced facilitator.

The initiative is provided by Devon Training Hub and the GP Health Service. Expressions of interest should be made [here](#).

Indemnity and travel vaccinations

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

The Department of Health and Social Care (DHSC) has announced that from the end of July, *chargeable* travel vaccinations will not be covered by the Clinical Negligence Scheme for General Practice (CNSGP). This is a small but significant change and practices must check their indemnity and ensure that they have sufficient cover for this activity if they choose to continue to provide this for patients. A fuller explanation of the issue can be found [here](#).

Urgent – Optimising Referrals LES 18/19 (component 2) data

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

The LMC has been informed by DRSS that 39 practices across Devon have not returned their Optimising Referrals LES 18/19 (component 2) reports. Without this report the practice will not be paid for this LES. The deadline for return has already passed, but DRSS have extended the deadline to the end of August. There will not be a further extension. The LMC would therefore urge all practices to ensure they have emailed their reports to plannedcare.control@nhs.net. Failure to do so will result in loss of LES income.

Models of Care Portal

By Andrea Melliush, Operations Manager for the Models of Care Portal

The Models of Care Portal was developed by the South West Academic Health Science Network (SWAHSN) and supported by NHS England (NHSE) as a depository of information about primary care in the region. It is also home to the Workforce Analysis Tool (WAT).

The aim is for organisations to share case studies and resource information to help others in their quest to improve collaboration across primary care.

Within your practice, have you or any team members implemented any systems of change or collaborated with others in health and social care that could be shared as best practice? If so, we would really like to hear from you.

We offer practice visits and learning sessions to show you and your staff how the Models of Care Portal and WAT can assist in day to day activities within the practice. This can be done either in team sessions or individually where we would spend a morning or afternoon at the practice allowing staff access to a drop-in session.

To book a session, or if you have any questions, please contact Paula Ing, Project Coordinator at paula.ing@swahsn.com

To enable you to fully access the Models of Care Portal and the WAT you need to register [here](#).

For any support relating to the Models of Care Portal please contact Andrea Melliush, Operations Manager, Models of Care Portal at Andrea.Melliush@swahsn.com or phone 01392 247903 or 07539256856.

Important update on data processing changes for practices using EMIS Web

From 10 June 2019 EMIS Web started migrating practice patient data storage to Amazon Web Services (AWS). Under the General Data Protection Regulation (GDPR), practices using EMIS Web must inform their patients of this change, carry out a Data Protection Impact Assessment (DPIA), update their record of processing activities (ROPA) and review their privacy notice.

Although the EMIS Web communication on 24 May 2019 suggested there was some flexibility around notifying patients and completing a DPIA, this is not the case.

As 'Data Controllers' practices must inform patients by their usual methods of communication if there is a significant change to the way their data is processed. This is in order to meet the transparency requirements under the GDPR otherwise they could be in breach of the GDPR.

Practices must also complete a DPIA prior to any significant or new processing arrangement. This is in order to meet the accountability principle under the GDPR and again, practices would be in breach of the GDPR if they do not do so. EMIS have provided an [example DPIA](#) that practices can download and use. Practices need to keep a copy of the completed DPIA with their practice's data protection documentation/records.

Practices should also update their ROPA to include details of the new sub-processor and their role in the processing, ie storage. Any queries should be directed to future-data@emishealth.com.

Proposed new contract deal for junior doctors

Negotiations to introduce a number of improvements to the 2016 junior doctor contract in England have now concluded. The deal which the British Medical Association (BMA) has agreed with NHS Employers and the Department of Health and Social Care brings a £90 million investment for junior doctors over the next four years, and includes increases to weekend and disco shift pay, £1,000 a year extra for all less than full time trainees, and a guaranteed annual pay uplift of 2 per cent each year for the next four years.

For GP trainees specifically, the terms and conditions of service will reflect the longstanding principle contained in the previous contractual arrangements for GP trainees prior to 2016, that trainees in general practice settings are supernumerary to the workforce of the practice. In addition, GP trainees that are required to use their personal vehicle on the possibility of a home visit being required on any working day shall be eligible for reimbursement for the cost of mileage and associated costs from their home to the principal place of work. Read the full details of the agreement [here](#).

Pension annualisation

Regulations that came into effect on 1 April 2019 to the 2015 NHS Pension Scheme removed the three-month concession around gaps in pensionable earnings for locum GPs. The regulations affect those members of the pension scheme who may have taken breaks within the pension year and may have to tier their pension contributions at a higher rate based on their annualised earnings, rather than their actual earnings. Many GPs who start or leave a salaried post within a tax year will be penalised and almost all locum GPs will have increases to their pension contribution tier as a result of these changes.

After seeking further clarification from NHS Pension on how the new regulations are being interpreted and applied, the General Practitioners' Committee (GPC) [has updated the guidance on annualisation](#) to support sessional GP members.

The GPC is working with the BMA Pensions department and BMA Legal to look at how the annualisation of locum GP pensionable earnings can be challenged and a letter to the Secretary of State is being finalised.

NAPC Awards 2019 launched

The National Association of Primary Care (NAPC) has launched the NAPC Awards 2019. This year's categories are:

- Clinician of the Year
- Primary Care Manager of the Year
- Newcomer of the Year
- Primary Care Network of the Year
- Primary Care Home of the Year

The deadline for entries is Friday, 30 August, 2019. More information about the categories and how to nominate is available [here](#).

Cameron Fund newsletter

The Cameron Fund is the GPs' own charity, supporting GPs and their dependants in times of financial need, whether through ill-health, disability, death or loss of employment. The Fund's latest newsletter is available [here](#).

LMC Buying Group newsletter

The latest edition of the LMC Buying Group's newsletter is available [here](#).

Next RCGP Chair elected

Professor Martin Marshall is the new Chair-elect of the RCGP and will succeed Professor Helen Stokes-Lampard in November 2019 for a three-year term. Martin Marshall is a GP in Newham, East London.

Produced by Devon Local Medical Committee, Deer Park Business Centre, Haldon Hill, Kennford, Exeter, EX6 7XX. Copy submissions for the September newsletter should be emailed to richard.turner@devonlmc.org by noon on 22 August please.

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