Kernow Local Medical Committee
CONNECT
Monthly newsletter for the Duchy's GPs and practice managers

Feedback from the LMC England Conference

Editorial by Dr Nick Rogers, Vice Chair at Kernow Local Medical Committee

Welcome to November's LMC newsletter as we sit with bated breath awaiting the winter pressure of flu and diarrhea bugs, wondering what that will do to the acute hospitals who seem to be running at maximum capacity all the way through the summer – no doubt they will send us an email asking us not to admit any patients unnecessarily…

Last week I had the honour of representing Cornish general practice at the LMC England Conference in London. To be honest, my preconception of such a formal occasion was that I might leave a little underwhelmed and possibly bored. Paradoxically, I have never imagined myself as a political GP, my involvement with the LMC initially was driven by a desire to protect the interests of general practice and to better understand the flow of policy change which affects our day to day working life, so I could try to influence these before they reached us at the coal face.

While there may have been an air of formality at the Conference, what I found were kindred spirits. There was a diverse mix of every type of GP from every background, all with a passion to protect and promote general practice.

We listened to speeches from GPs who were angry, desperate and upset, crying out for change – specifically calling for changes in workload pressures, recruitment and an increase to core funding.

The most passionate debate of Conference surrounded whether or not 'co-payments' should be introduced at the front door of general practice. Interestingly, the motion was only defeated by 80 votes to 60, with over 100 delegates not recording a vote. I wonder if anyone from government heard the rumblings?

I took home a greater understanding of the knife edge that a lot of GP practices exist on and a greater empathy for my GP colleagues.

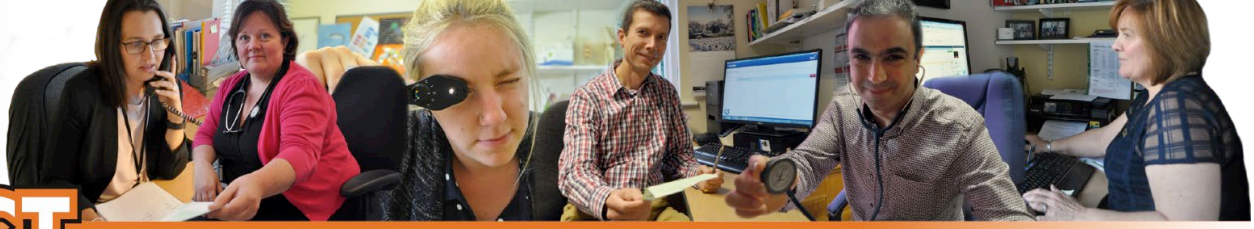
I know it doesn't often feel like it, but it does seem we might be lucky here in Cornwall in some respects at least. We have an RMS which is not overtly obstructive and a clinical commissioning group which still believes that GPs are the cornerstone of the local NHS – and us working very hard to make everything work, as usual!

*** Dr Phil Trevail and Dr Nick Rogers, from Kernow Local Medical Committee, are pictured with Dr Krishna Kasaraneni, from the General Practitioners Committee, at the LMC Conference England, which considers the views of grassroots GPs to help shape national policy in general practice.**

Practice manager group meetings – a valuable resource

By Debbie Todd, Practice Manager at Quay Lane Surgery, St Germans, and Secretary to the North and East Cornwall Practice Manager Group

I reluctantly fell into this role when attending my first meeting as a new manager back in 2012. The secretary was stepping down and moving on to pastures new. After much foot shuffling and downturned eyes, and as the only person to arrive with a notebook and pencil, I was given the job! Having been thrown under the bus by my fellow colleagues I initially said it would be temporary until a replacement was found. At my second meeting I was voted unanimously as the new secretary and six years later am still in post and very much enjoying it.



The North and East Cornwall practice managers meet monthly to share ideas, collaborative working and offer support to each other. We are a friendly, cohesive group and welcome the opportunity to escape from our office to have a chat with fellow colleagues about anything from daily frustrations to strategic planning. A regular agenda item is 'practice managers wellbeing' – this is the opportunity to talk in a frank but controlled environment with other like-minded people, who understand the stress and complexity that comes with this role. This free, totally confidential platform gives managers the chance to offload anything from staffing problems to practice disputes which isn't recorded in the minutes. The job of a practice manager can be very isolating, pressured and stressful. Having support from someone who understands the difficulties that are frequently faced is a huge benefit to both new and experienced managers. Unless you have the luxury of an assistant (many small practices like mine don't) then I would recommend you 'buddy up' with another local manager. This enables you to swap ideas, confirm courses of action you are not sure of and generally have someone to share problems with. To me this is invaluable!

This group offers remarkable support to a network of managers who do a difficult job in an increasingly complex environment. Not all meetings have tangible outcomes; it is frequently just a platform to discuss current issues or raise frustrations about services or processes. Occasionally ideas are put forward which can influence change in the practice or locality; using their strengths managers work together to take actions forward and drive change. We are being driven to collaborate by the NHS to improve effectiveness and efficiency. The managers in our group frequently work together to make efficiency savings through sharing costs, knowledge and information and improve effectiveness by sharing ideas, processes and protocols.

During my time in post we have seen managers come and go; shared good practice and great ideas; shared happy and sad times, offered support when things have got tough and made some good friends. If your locality doesn't hold regular management meetings then I would strongly recommend that you start them up – it is a necessary resource that practice managers shouldn't be without.

How to complain effectively

By Will Hynds, Chair at Kernow Local Medical Committee

We often receive pained letters from our GPs about cases where 'the system' has let them down. The request is often along the lines of 'why don't you and him fight!' The trick is to get the right amount of angry at the right time with the right person.

Sometimes these system problems involve services provided by Cornwall Foundation Trust (CFT). If you cannot remember who does what (who can blame you), then have a look here https://www.cornwallft.nhs.uk/services/ Common sticking points are CAMHs, CMHT, Early Help Hub, PD nurses and Community nurses. I have raised individual issues with Dr Tamsyn Anderson, in her capacity as Director of Primary Care for CFT. In response she has come up with a request. She assures me that CFT as an organisation has employed someone to analyse complaints looking for patterns and when they receive enough feedback about the same problem it gets escalated to executive level and this is the mechanism for system

change. She feels that CFT wants to learn from situations when things have not gone well and unless the issue is fed back to them effectively, they will be unable to benefit from potential learning. Organisations that cannot learn from mistakes continue to blunder on making the same mistakes.

So, the request is that you direct all CFT facing issues to the CFT PALs portal in an email (cpn-tr.palscft@nhs.net). I know we think of PALs as a patient portal, but this is how CFT wants to receive it. If you have been saving them up then why not get your secretary to unload them to allow a pattern to emerge quickly.

After about six months of trying this I will ask Tamsyn to give me some feedback on changes made and I shall keep you posted.

Urgent GP referrals for eye issues

In Cornwall opticians can refer directly to eye casualty but all other ophthalmology referrals of a less immediate nature have to come via the patient's GP. The LMC feels this process needs streamlining and are working with commissioners to try and allow direct referral.

However, at present opticians will refer all cases that they feel require outpatient review to the GP for onward referral. Some of these may be urgent and the optician may make the assumption that timing and process will be seamless. A recent case highlighted that practice processing of incoming paperwork plus the time taken to generate referrals can add significant delays that the optician had not anticipated.

This has been flagged up with the Local Optical Committee to raise awareness in the hope that urgent requests for onward referral will be suitably flagged with the practice concerned. It might be worth as a belt and braces approach to ask your office staff to fast track any optician's letters marked as urgent to the duty doctor.

Annual GP practice self declaration

GP practices are reminded that the 2018/19 GP annual practice declaration (eDEC) is open for submissions until Wednesday, 5 December, 2018.

All practices are required to submit their eDEC through the primary care website: www.primarycare.nhs.uk Access the eDEC here.

Excess stock of Fluad/aTIV

Public Health England's South West Screening and Immunisation Team is asking practices and pharmacies not to return any excess/unwanted Fluad (adjuvanted trivalent influenza vaccine /aTIV) supply to the manufacturer – even if they have a sale or return arrangement – in the unlikely event they have a surplus.

Any settings with excess stock of Fluad should contact their local CCG representative or the Public Health England South West Screening and Immunisation Team

(england.swscreeningandimms@nhs.net) so that supply can be re-distributed to where it is needed locally.

Stock returned to the manufacturer cannot be reissued and will be destroyed, resulting in a loss of vaccine within the system.

If you have any queries contact your local CCG representative or the PHE Screening and Immunisation Team at england.swscreeningandimms@nhs.net

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.

GP Partnership Review – final chance to share your views

The GP Partnership Review has been meeting GPs across the country to listen to the challenges that the profession faces. There is a significant issue with the GP workforce – despite a record number of GP trainees the number of partners is decreasing. The Review would like to gain a better understanding of how this affects those in the early, middle or later part of a GP's career, and also what the potential solutions might be. The survey closes on Monday, 3 December, and only takes a few minutes to complete.

DWP guidance on completing medical reports

The Department of Work and Pensions (DWP) has published guidance for GPs about situations when you may be asked for information relating to a benefit claim on behalf of your patients.

Prescribing of cannabis-based products

New regulations to widen the availability of cannabis-based medicinal products within the NHS came into effect on 1 November, 2018.

Prescribing is restricted to a doctor on the GMC specialist register prescribing within their field of expertise where the cannabis-based product is an unlicensed 'special' medicinal product for use by a specific patient.

Once a product receives a licence from the The Medicines and Healthcare products Regulatory Agency (MHRA), it will be available for prescription in the same way as any other Schedule 2 drug.

The BMA has published some Q&As to explain what these changes mean, which include links to guidance from NHS England (NHSE).

Winter indemnity scheme

Matt Mayer, the General Practitioners Committee's (GPC) policy lead on workload, has written a blog which will guide you through the winter indemnity scheme (WIS) and explain how to access it. The WIS will run again until 31 March, 2019. The blog is available here: here.

Primary Care Indemnity Survey

The Department for Health and Social Care (DHSC) has published the results of their Ipsos Mori indemnity survey, designed to help the department understand current indemnity arrangements within general practice, informing the development of the new state backed scheme.

As over half of the GPs survey were unaware of what kind of cover they had, the DHSC is encouraging GPs to be proactive in checking their current and previous indemnity coverage. GPs with claims-paid or claims-made indemnity policies will be required to purchase run off cover separately themselves to ensure they are fully indemnified for any claims that may occur.

Hepatitis C guidance for GPs and patients

NHSE has published resources about Hepatitis C, including guidance for GPs and patients, which is available here.

PHE leaflet for over 65s flu vaccine

PHE has produced a leaflet for patients aged over 65 explaining why this year's adjuvanted trivalent influenza vaccine (aTIV) is the best one for this age group – and why patients may have to wait for their GP practice or pharmacy to have stock. Download the leaflet here. Order it here.

Consent form for the disclosure of medical records to solicitors

The BMA and Law Society (LS) have updated the joint template consent form for the disclosure of medical records to solicitors. The template has undergone a refresh, to reflect the General Data Protection Regulation (GDPR), and aims to improve the process of seeking consent and to ensure that patients are well informed about these disclosures. You can access the template form here.

GDPR 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 is 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.

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.

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) is 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.

Primary care networks – an opportunity or a threat?

Dr Nigel Watson, Independent Chair of the GP Partnership Review, considers whether primary care networks are an opportunity or a threat. Read his blog here.

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.

LMC Buying Group: Member Survey

The LMC Buying Group will be reviewing all of its supplier contracts shortly and would like your feedback on what is important to you when choosing a supplier. They have produced a two-minute survey to gather feedback and the results will help them during market testing ahead of contract renewals next year.

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LMC update

Request for updated contact details for our 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. Email the information to admin@kernowlmc.co.uk by noon on Tuesday, 4 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 Tuesday, 4 December, and we will remove the details from our records.

Latest jobs in local general practice

The latest practice vacancies – including GP and practice manager roles – are available on the jobs page of the LMC's website.

Festive closing dates for our office

The LMC's office will close over the festive season at 5pm on Thursday, 20 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.

Produced by Kernow Local Medical Committee. Copy submissions for the next newsletter should be emailed to rich@kernowlmc.co.uk by noon on Monday, 10 December, please. The shorter deadline is due to the festive period.