

January 2017

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Early thoughts on the draft MCP Contract

Dr Mike Parks, Medical Secretary

1 Just ahead of Christmas NHS England published a range of documents that relate to the rolling out of the 'Voluntary' MCP Contract. As I'm sure you can imagine these have provided ample entertainment for the office between re-runs of the Morecombe and Wise Show and The Two Ronnies over the festive period.

2 To be honest it is too soon to provide a detailed response. The papers need reading, re-reading, discussing with CCGs, NHS England, the GPC and LMC representatives before we can give a suitably nuanced and carefully considered view. However, in the first week of January the GPC published a revised ['Focus on the draft MCP Contract'](#). This sets out in some detail the three levels of MCPs (Virtual, Partially integrated and Fully integrated) together with some pros and cons of each version and some cautions about proceeding with care. We have placed this on our website and also emailed practices with this document.

4 We have also put the full range of NHS England documents on our website. Of most interest is the overview, the Alliance Agreement overview, the NHS Standard Contract Template Alliance Agreement for Virtual MCPs and the GP participation in an MCP.

6 We will have responded to the first stage of informal consultation by the time you receive this edition of In Touch. We are however very interested to hear your views. Donna and I are likely to be leading on this for the LMC.

7 Just some final wise words from the GPC document:

8 ***What practices should do now***
Practices should not feel pressured to make any hasty decisions at this stage.



Furthermore, it's important to reiterate that any local MCP contract is voluntary.

Our advice is that practices should avoid relinquishing their national G/PMS contract, and, together with their LMC, put forward proposals for participation in MCPs under their current contract.

We have consistently argued that participation in, and the success of MCPs does not logically depend on practices moving away from their standard contract, since the wider integrated delivery of services sits above the core contractual responsibility of practices. It is vital that NHS England has recognised this as one of three MCP type models.

Whilst the MCP contract is currently aimed at being voluntary and, in the short term may only affect practices within the area of one of the 6 MCP pilot sites, there exists the possibility now or in the future that practices may feel pressured into signing up, either by commissioners or as other practices in the area have already done so.

If your practice does feel uncomfortable with proposals being put to them, you should contact the LMC or the BMA for advice. GPC will be producing further guidance in due course.

Managing Workload

Carlo Caruso, Deputy Clerk

In January 2015 the BMA published Quality First: Managing Workload to Deliver Safe Patient Care. The document provides a number of strategies and tools practices can adopt to control workload. The guidance was not about restricting services, but about focusing on GPs' primary responsibilities: to always fulfil their contractual, regulatory and professional duty of care to patients seeking general practice services. This way practices can continue to provide safe and accessible care to patients despite the pressures of excessive and unresourced demands, that serve to only distract GPs from their core priorities.

Sadly two years since the publication of Quality First the predicament facing general practice has not changed. The recent BMA survey of more than 5,000 GPs in England shows that GP practices across the country continue to struggle to provide safe, high-quality patient care because of unmanageable workload. In view of this we felt that it would be helpful to revisit the guidance and look at how it has developed since its original publication.

Over this same period the BMA's Quality First resource now has a dedicated area on the BMA's website covering the following:

- Managing Workload
- Collaboration
- New Ways of working

The section on Workload looks at the increasing number of demands being placed on GP practices that are either inappropriate because they are outside of the GP contract, outside of a practice's capability or competence, or the responsibility of another provider. It looks at a range of issues that might range from the identification and management of unfunded or under resourced work, managing inappropriate demands such as requests to prescribe OTC medication by a nursery, to issues of secondary care work transfer that have been addressed [by changes to the NHS Standard Contract for 16/17](#). It provides guidance explaining the legal and regulatory background behind some of the issues and has strategies and tools with which to manage them, including template letters, compatible with Vision and EMIS systems, making it simple for practices to adopt these initiatives into practice procedures and processes.

Of course managing your workload is not the silver bullet to meeting the challenge that general practice is currently faced with. The Quality First guidance, quite rightly, goes beyond this in its sections on Collaboration, and New Ways of Working, which explore what else practices can do.

There are case studies of how working at scale creates opportunities for growing capacity by, for



example, increasing the skill mix by employing clinical pharmacists; or specialisation of support staff by developing Clinical Assistants. There are also case studies of how practices have collaborated to work at scale, such as partnership working with voluntary organisations, or practices working together to provide the Extended Hours Enhanced Service across a locality.

The Quality First guidance continues to be as relevant to practices as it has ever been. We urge you to take time and see how it might help you to deal with some of the regular challenges that you face. The LMC is, as always, happy to discuss any of your plans with you.

And remember, saying no is not about restricting access or services. Saying no is not about negativity. It is about looking after yourself so you can look after your patients more safely, and defining who and what General Practice is.

Reducing the size of your Inbox

Dr John Allingham, Medical Secretary

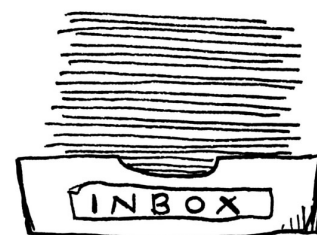
Every day practices are inundated with paper and electronic documents. Many GPs will have a daily workload of up to 100 documents. Many of these documents are information only which do not need to be read and can simply be filed. The risk of missing something means many of us are risk averse and read everything.

However, provided sufficient safety checks are in place it is acceptable for suitably trained

administration staff to triage documents which can reduce the size of GP inboxes substantially.

Some practices may have staff who can highlight the action points in documents. It does not require clinical training to recognise an instruction to prescribe, follow up or test.

Any practice running or planning to run this system should have a written protocol and conduct a



regular audit to demonstrate a safe service.

An example of a '[scanning and work flow protocol](#)' from St James Surgery in Dover is available on the LMC website. Please feel free to adapt this for your own use.

Federation Network

Carlo Caruso, Deputy Clerk

We are seeing across Kent and Medway an increasing number of practices entering into some kind of collaborative arrangement with other practices. These arrangements go by a number of names: federations, networks, collaborations, joint ventures, alliances.

Regardless of the name they have one common feature; practices that have a desire to work more collaboratively or at a greater scale driven by the desire to share costs and resources.

It is also clear from national and local policies that commissioners will increasingly want to do business with larger primary care organisations covering increasingly larger populations. This is where significant investments will be made in the future and it is an area in which federations thrive.



The LMC believes that the foundation of the future NHS can be built on the core GP contract, with practices working in collaboration to promote resilience and increased specialisation, supported by multi-disciplinary teams delivering a wider range of services.

To this end the LMC is working with a network of GP federations in Kent and Medway so that the

benefits of collaboration are shared, and to prepare federations to take on the opportunities that will most certainly arise in the future.

If your Federation is not already involved in this network and wants to be, or if you are interested in finding out the benefits of federations please contact the LMC office.

Whistleblowing Guardian

Carlo Caruso, Deputy Clerk

Following Sir Robert Francis' report into whistleblowing in the NHS: Freedom to Speak Up, it was recommended that providers are to appoint whistleblowing guardians. It is not yet clear whether this will become a contractual requirement for practices for the 2017/18 round, but one might safely anticipate that the CQC will, in my opinion, base their judgement as to whether you have aligned your local policies.

Because of the plurality of organisational models within general practice a one size fits all approach would not make sense. The relatively small size of some organisations may also make it more

difficult for individuals to raise their concerns anonymously. Furthermore, the arrangements need to take into account that a significant proportion of the workforce work as locums. The guardian should be independent of the line management chain, not be the direct employer and should ensure that appropriate policies are in place and that staff know where to go if they have concerns.

Meeting these requirements can be quite challenging in the general practice environment and so practices are encouraged to consider making arrangements with a local provider or a federation. Practices should seek to align their local poli-



cies accordingly by September 2017.

For further information on NHS New Measures to Support Whistleblowers in Primary Care please click on the link:

<http://tinyurl.com/haulklw>

Please do not hesitate to contact the LMC office should you want to discuss what arrangements may work best for your practice.

For all the latest advice and guidance for Kent GPs and Practices check out our website at:

www.kentlmc.org

All Referrals to be Electronic!

Dr John Allingham, Medical Secretary

The NHS Operating Plan published a few months ago has a requirement that there will be 100% usage of the e-referral system (ERS) by April 2018. Furthermore by October 2018 providers will have the right to return non-ERS referrals to GPs. There are some incentives to CCGs to achieve this target and the LMC view is that this should be invested in General Practice. We understand that this will be unpopular with some GPs who will cite the additional time taken in consultations and the need to learn another system.

I have been using the ERS for most of my referrals for over 4 years. I drag and drop my consultation into a template as the referral letter and then discuss the ERS options with the patient. This takes an additional 60 seconds in the consultation. The patient then leaves with a print out of the details of how to book their own appointment.

The advantage of the patient taking ownership of the appointment is:

- Less DNAs
- Very few 'can you chase my



appointment' contacts

- Patients get choice
- Until everyone uses this system ERS users' patients get seen quicker!
- Less letters typed and so secretarial savings.

Overall I think there is a net gain to the practice. Whether we like this or not it is going to happen. Jump or be pushed?

GP Forward View (GPFV) Update

Donna Clarke, Practice Liaison Officer

As you will all be aware the GP Forward View (GPFV) promised to increase investment and resources into general practice. LMCs are now being asked to help hold NHS England to account to deliver these promises. CCGs had to submit their plans to NHSE before Christmas, detailing how they will implement local aspects of the GPFV. We

will be meeting with NHSE this month to go through the plans to ensure they include everything and we will be monitoring how these plans are implemented.

All the plans have to align with the Kent Sustainability and Transformation Plan (STP) which is in the public domain and can be accessed at <http://tinyurl.com/h5sd6c6>

[h5sd6c6](http://tinyurl.com/h5sd6c6)

For more information about the GPFV click on the link: <https://www.england.nhs.uk/gp/gpfv/> (this is a regularly updated website as work streams develop).

If you have any concerns or queries regarding the local implementation of the GPFV in your area please contact the office for advice and guidance.



FREE LEGAL SURGERY SESSIONS AT KENT LMC

Wednesday 1st March 2017

Ros Parkin, the Managing Partner of Lockharts Solicitors until 29 January 2017, and a Consultant at Veale Wasbrough Vizards from 30 January 2017 after a merger of the two firms, has a wealth of experience in advising general practitioners and will be at the LMC office on Wednesday 1 March for her usual visit when forty minute slots will be available with her to discuss any legal issues where a practice would appreciate advice.

The Veale Wasbrough Vizards LLP's healthcare team is led by Ben Willis who is a Commercial Property Lawyer with over 20 years' experience of working with mainstream commercial clients. Ben has particular expertise in the ownership, development and funding of healthcare property and GP Surgery Development. Ben has been involved in over 95 developments. Ben will not be attending the surgery session but will be available at all times to assist Ros. After the merger, the combined healthcare teams will be some 30 strong and also have the support of a wide range of lawyers in other sectors.

Appointments are available between 10:15am and 4:45pm.
Please contact Clare Shutler at the LMC office to book an appointment.
Phone: 01622 851197 or Email: clare.shutler@kentlmc.org.

In order to facilitate the session, we will require a brief description of the headline subject you wish to discuss.



Kent Local Medical Committee

Election of Representatives 2017-2020

Are you keen to contribute and influence events in your local area?

At this time of unprecedented change, why not consider standing for election as a Representative of the Kent Local Medical Committee and help to strengthen the voice of General Practice?

The current term of office of the members of the Local Medical Committee expires on 31st March 2017, and the Election process for members to the new Committee for the term of office from 1st April 2017 – 31st March 2020 commences at the end of January 2017.

We are seeking 30 Contract Holding Representatives (Type A) and 10 Sessional Doctor Representatives (Type B) as described in the table.

A full copy of the Constitution is available on our website www.kentlmc.org.

	Type A	Type B	Total
Ashford	2	1	3
Canterbury	4	1	5
DGS	4	1	5
Medway	5	2	7
South Kent Coast	3	1	4
Swale	2	1	3
Thanet	2	1	3
West Kent	8	2	10
Total	30	10	40

Election Timetable

Issue of Nomination Papers to GPs across Kent & Medway	Friday 27th January 2017
Closing date for receipt of Nomination Papers	Friday 17th February 2017
Issue of Voting Papers	Friday 24th February 2017
Closing date for receipt of Voting Papers	Friday 17 th March 2017
Candidates notified of election results	Monday 20th March 2017
Election Results emailed to all GPs/Practices	
Inaugural Meeting of elected members of the new Committee	Thursday 6th April 2017

If you have not thought about becoming an LMC representative before - now is the time. Please phone the office on 01622 851197 for an informal discussion or further information.

IMPORTANT NOTE TO ALL GPs

This election will be run electronically. To ensure you receive election details, ballot papers and are able to submit a vote please make sure the office have your current email address—we would prefer to have them twice than not at all!

Diabetic Eye Screening Service

Donna Clarke, Practice Liaison Officer

As you will all be aware, the Diabetic Eye Screening Programme (DESP) is now commissioned by Public Health England (PHE) from EMIS Care. We had received a number of enquiries in the office regarding the fact that, since EMIS Care took over, some practices had been receiving forms for patients that were potentially to be excluded from the DESP. These forms ask that the GP confirm that they are in agreement that the patient should be excluded and that they had contacted the patient and/or their carer and informed them of the potential risks of being excluded from the screening programme. GPs were concerned this is not something that GPs should be asked to do.

I attended the subsequent K&M DESP Board meeting and raised this issue. PHE were in complete



agreement that these forms should never have been sent to GPs and indeed the guidance states that they should be completed by the Clinical Lead of the DESP. At the meeting PHE formally requested that EMIS Care stop sending these forms to GPs with immediate effect so hopefully this issue has now been resolved. (You are still able to

complete a form if you wish to, however, for example to exclude a terminally ill patient).

If you do continue to receive these forms then please contact the LMC office and we can follow this up at future K&M DESP Board meetings.

Well Done Kent & Medway Practices!

Pamela Njawe, Screening and Immunisation Manager, Public Health England South East, NHS England South (South East)

Our Screening and Immunisation Lead, Dr John Rodriguez, wanted to let you know that our area is one of the first to implement electronic notification and synchronisation of patient details between practices and the Diabetic Eye Screening Programme. It is called "GP2 DRS" from "GP to Diabetic Retinal Screening". It is a pilot and will replace the manual searches and regular "list validations" that practices have been asked to do for the past few years.

The system worked for the first time in June 2016 with almost all practices participating - and now every single practice, bar one, has "signed up". John and the Programme Manager, Pam Hebditch, wanted to say "thank you" and also to ask that, for the present, to keep sending the programme the usual monthly or ad hoc information on new patients or those

that have left or moved away.

Why is this important? It means that a more accurate register of patients to invite for screening can be maintained - so the risk of missing anyone out has fallen. The local screening programme and public health are keen to ensure the pilot is working well and not mis-identifying patients or missing them out. Around 1500 extra patients were identified through the June introduction. To get to the bottom of this and answer the other questions, they agreed to declare a Serious Incident and, as a consequence, the screening programme have been approaching practices with queries when details are needed to help understand what has been going on and to ensure patients are invited appropriately.

Findings so far are that the GP2DRS system is working, but it

does rely on practices coding patients with diabetes. Occasionally, the monthly extract has not worked for individual practices - though this is being ironed out. If the extract does not work for two months running then an "old fashioned" request to practices will be made in future so that screening for new patients is not delayed for too long. There are other checks and audits to make sure things are working so practices may be contacted from time to time.

The other main finding is that some patients newly identified to the screening programme have had diabetes for some time and need to be assessed to see if they have lost vision as a result and to see if there are ways to prevent this happening again in future. GP2DRS is likely to be a safer system.



GPC Roadshow

Wednesday 8 February 2017

19.00 - 21.00 (Buffet Available from 18.30pm)

Ashford International Hotel, Simone Weil Avenue,
Ashford, TN24 8UX (Courtyard Room)



Dr Chaand Nagpaul

Chairman
General Practitioners Committee
British Medical Association

We are delighted to announce
that this Roadshow is

FREE

to attend and is open to all
GPs across Kent & Medway.

*Registration will be based upon
a first come first served basis as
capacity is limited to 80 places*

**Don't miss this fantastic opportunity to hear from, and
question, Dr Chaand Nagpaul following conclusion of the
17/18 Contract negotiations, the recently released
MCP Voluntary Contract together with a discussion around
New Models of Care.**

To book your place please email info@kentlmc.org
Closing date for booking: Wednesday 1 February 2017

Welcome to Dr Caroline Rickard—message from Liz Mears...

Following our rigorous recruitment process we are delighted to appoint Dr Caroline Rickard as one of our three Medical Secretaries at the Kent LMC.

Caroline will bring a different set of skills and knowledge to the team and I am sure you will all make her feel welcome too.

By way of introduction we asked Caroline to share some interesting information about herself...



I am very pleased to be joining the Kent LMC as Medical Secretary. I am looking forward to representing the views of the Kent GPs into the future.

I moved to Kent from Bournemouth in 2012 with my husband and young family. A homecoming for my husband who grew up in Charing and a new area for myself. I finished my training as a GP in Bournemouth and started working as a salaried GP. Turbulent times in the world of General Practice prompted me to join the LMC to get a grip of the situation, representing salaried doctors as a Sessional Representative. I have trained to be an FY2 supervisor and enjoy the diversity a career in general practice brings.

We are now settled in Kent, currently experiencing the dust and mud of extension building and the hustle and bustle of life with two small children, a dog, a cat and a goldfish!

The LMC Buying Groups Federation comprises 53 LMC Buying Groups across England, Wales and Northern Ireland that have been set up to help GP practices save money on the products and services they regularly buy. The Federation was established in 2009 by PSS (Notts) Ltd, a subsidiary of Nottinghamshire LMC Ltd. Each of the groups has been based on the model of the Nottinghamshire LMC Buying Group which has been operating successfully for over 15 years.



TRUSTED TO SAVE
GP PRACTICES
TIME & MONEY

Why choose us?

- No membership fee
- Excellent negotiated discounts from a range of suppliers
- Quality products and services
- Free cost analysis for members
- No need to 'shop around' any more – we've done the hard work already!

We have 6300+ GP practice members which means we have been able to negotiate excellent discounts on a wide range of products/services from our approved suppliers. Our suppliers won't just offer you a great price one week and then ramp up the price the next so you can be assured that if you order from our suppliers you'll get a great price every time you shop meaning you don't have to 'shop around' to find the best deal every month anymore.

Membership is completely free and there is no compulsion to use all our suppliers and no minimum spend. We cover our running costs through small commissions from our suppliers. For further information and details of suppliers please look on the Kent LMC Website: <http://www.kentlmc.org/kentlmc/website10.nsf/pages/buyinggroup/>



Kent Local Medical Committee

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