June 2015

# In Touch

## *** Special Edition ***

## LMC Conference - 21st-22nd May 2015

### In this issue…..



## Day 1—Morning Session

### *Dr Neil Potter, West Kent LMC Representative*

Delegates were on familiar ground this year back at the Institute of Education at Russell Square in London however the tension seemed higher than ever. NHS General Practice faces its greatest challenges since inception and the nation has yet to hear the Queen's Speech for her new majority government.

Proceedings began with a welcome from the popular outgoing Chair of Conference Dr Mike Ingram, followed by various formalities. Newcomers are made to feel welcome and guided through the "Dark Arts" of Conference etiquette.

Before the precisely timed speech from GPC Chairman, there was time for one motion asking the government to stop fuelling unrealistic expectations, to recognize the value of NHS GPs, to end political interference as well as the use of NHS as a commodity for vote winning, and support the BMA's "No More Games" campaign. Dr Richard Verity set the tone for the entire conference saying that he was retiring after 43 years service where his younger partners were looking to leave full time work aged 55 or less.

Dr Chaand Nagpaul received a tremendous welcome in delivering his report. He recapped on last year's triple whammy of morale, workforce and workload but added the ammunition of the BMA Survey. Revealed in April, and sampling 15,560 GPs, we know that one third of GPs are considering retirement in the next 5 years and one fifth of new trainees are heading abroad. The perfect storm is now a hurricane in which practices are already handing back the keys. He noted that even a 6% drop in GP availability, will double the work in A&E.

Photographs by David Barr

*Dr Chaand Nagpaul, GPC Chairman, received a tremendous welcome in delivering his report.*

Premises have also shown to be in crisis as 7 in 10 GPs have no space to expand, however credit was given for resources promised in that field, as well as the Returners Scheme. However, the crisis would not be avoided unless plans for 7 day working from 8 am to 8 pm are jettisoned. They 'will fail dismally' in the manifesto pledge for 5,000 new GPs if it continues with weekend opening, because it will 'lose' 10,000 GPs retiring in the same period.

**Congratulations to Dr Chaand Nagpaul who has been honoured by the Queen for Services to Primary Care**

**Chaand has been appointed a Commander of the Order of the British Empire (CBE) in this year's Queen's Birthday Honours. In response Chaand said he was humbled to receive it, and it was a tribute to the hard work and dedication of over 40,000 GPs across the UK who he is proud and privileged to represent.**

He reaffirmed that 9 out of 10 GPs say that workload threatens quality of care and commended the "Quality First" booklet and its template letters urging LMCs to support GPs in this. UK struggles with low investment, short appointments and more scrutiny than any other nation. He berated CQC as wasteful and challenged politicians to accept the same scrutiny given their approval rating being less than half that of GPs. He criticised "111" and also APMS contracts.

He urged working with other health professional such as pharmacists who can support GPs in their daily work. Also being creative about new ways of working, such as networks and collaboration, and using technology to ease pressures. Any lifeboat will help as GPs are all at the point of "Sink or Swim".

Further motions including one from Glasgow LMC discussed the exodus to Australia and elsewhere. GPs were urged to just say "no" to certain work. Workforce, at every stage from recruitment, to early years, to returning GPs and those retiring, suffers from ther being better options than UK general practice. A motion to offer an intermediate grade for those who can't reach MRCGP standard was defeated. The challenges for GPs returning from abroad were also debated.

*Dr Saijit Shetty, GP in DGS CCG, spoke to a motion on imposing safe limits on list size & working hours.*

Dr Saijit Shetty, a first time speaker, took to the lectern on the motion relating to ideas to impose safe limits on list size as well as working hours. These were defeated, however the rights to close the list or to declare a capacity shutdown were called for.

GP Education and Training was debated with calls for GP work to be better perceived, and for more money both for trainers and trainees. Call came for emphasis on leadership, management and IT. Drs Ironmonger and Kelly were frustrated in their bid to present their own reflections on training.

Motions on Access criticized the out of area scheme and then OOH provision. Adam Skinner opposed one motion on a commissioning technicality, quoting Sibelius to delight the audience as usual. CCGs were also noted to lack sessional doctor representation given that they outnumber principals.

Funding for premises in a focused and appropriate system were demanded and Dr Gary Calver gave an impassioned view about the many risks to any new partners in expensive projects vs those of the "last man standing" and how that can thwart investment.

*Dr Gary Calver, South Kent Coast LMC Representative, gave an impassioned view about the many risks to any new partners in expensive projects.*

The morning ended with reports from 3 charities; The Dain Fund (supporting the children of doctors in difficulty) the Clare Wand Fund (for research in General Practice) and the Cameron Fund (supporting GPs and dependants in financial need). Kent delegates listened politely, resisting the lure of an early lunch.

## Day 1—Afternoon Session

### *Dr Julian Spinks, LMC Chairman*

Back in the hall on Thursday afternoon and the conference was getting into its stride with a number of motions that sparked disagreement over the future of general practice.

New models of care were the subject of the first half of the afternoon. The 'DevoManc' model of a single integrated organisation controlling health and social care was discussed and the conference felt that, whilst it could support integration when in the best interests of patients, it deplored the side-lining of the local LMCs and was concerned that primary care and practice funding streams may not be protected.

A similar mixture of guarded support combined with concerns was the outcome of a motion on the Five-Year Forward View. Delegates were worried about yet another round of reorganisation and the potential imposition of particular models of care on GPs.

In a change from previous conferences, each of the devolved nations were given a slot to talk about how new models of care were developing in their countries. Scotland was up first. The Chairman of the Scottish GPC said their aim was to give enthusiasm and joy back to general practice and change the message from one of failure to one of hope. He described a process where GPC(S) and the Scottish government were cooperating to find the best solution. The independent contractor model was to remain, with salaried service as a safety net. Practices would be clustered but not forced in to large organisations. Primary

*Dr Neil Potter, West Kent LMC Representative, talked to a motion on the preservation of list and partnership-based general practice.*

health care teams would be strengthened and GPs would become 'expert generalists'

Then it was back to normal business and a motion asserting the importance of a national GP contract was passed.

Dr Neil Potter was the first Kent speaker of the afternoon talking to a motion on the preservation of list and partnership-based general practice as the most effective model. Neil pointed out that it was other pressures, typically from outside that were causing the crisis in general practice, not the partnership model. He observed that larger organisations are equally hit by these pressures and often have higher levels of sick leave than partnerships. There was also a false assumption that partnership meant small, however the experience at Whitstable showed a large partnership could get a 93% satisfaction rating from its patients. The motion was passed in all parts.

*Dr Stephen Meech, LMC Vice-Chair and West Kent Representative opposed a motion in favour of federations.*

Dr Stephen Meech was up next speaking against a motion in favour of federations. He spoke about his lack of enthusiasm for the federation model, and in his experience many of his local colleagues were equally as unenthusiastic. Whilst he felt this might be down to his age and prior experience, he felt that the profession should not assume that federations were automatically the right model and other options should be explored. Despite his speech, the conference approved all sections of the motion.

Wales' vision for the future was up next. Patients and practices had been surveyed and a proposal had been produced based around 64 clusters of practices across Wales, each serving 50,000 patients. The clusters would be GP led and supported by a strengthened primary care team. Relationships with secondary care would be re-thought. Priority quality areas have been developed such as early cancer detection. 160 QOF points had been dropped to provide funding for cluster development and £40 million of new resources found to facilitate change. The only concern was if it was already too late to fully engage practices.

The next motion was a controversial one in that it asserted that self-employed status was so eroded that a fully-costed salaried service should be considered by the GPC. Kent LMC's Richard Claxton spoke against the motion. He had been both a salaried GP and a partner, he said, and both served him well. Partnership as a model has also served general practice well. It was not just about autonomy, it was also about good patient care and effective management of risk. Partnerships remain an excellent environment for teaching and training and continue to have a role in the future of General Practice. The motion was defeated.

*Dr Richard Claxton, West Kent LMC Representative, opposed a motion asserting that self-employed status was so eroded that a fully-costed salaried service should be considered by the GPC.*

Finally it was Northern Ireland's turn to foretell the future. The province had been hit by the same pressures as elsewhere in the UK and a survey had highlighted this. It had also reaffirmed the core need for continuity of care. They were looking at federations of practices around natural geographical groupings. These were looking into improving practice-based services with clinicians leading the process. Although initially community services were the focus, later they could take on commissioning and have delegated budgets.

The next section had 2 motions about GP partnerships and their financial stability. The proposer of the first suggested that the sale of goodwill could aid retention and promote partnership but others pointed out that increasing the cost of buying in would also deter potential partners—it was defeated. The second motion asked the GPC to take action over the 'last man standing' problem which can leave an individual with massive financial risk. There was a suggestion that liability could be limited for partners. This motion was carried.

The following motion called the GPC and government to define what was an essential service and hence what could be declined by overwhelmed practices. It was passed. The same cannot be said for a motion which suggested that practices could charge patients for services such as minor ops that were not NHS funded. This was felt to be a step too far.

The ever-popular soapbox session was next and Mark Ironmonger talks of a shambolic CQC inspection. “We should be charging the CQC until they sort the mess out”, he said, to much applause.

After the soapbox session the conference moved on to contact negotiation and a motion that said “This conference believes it is time to have a single GP contract across the UK”.

Suddenly, there was a blur of red and blue on the stage. Was it a Bird? Was it a Plane? No, it was Adam Skinner in a superman costume. How could a single GP manage to contract across the whole country? Who did they think he was...Chaand Nagpaul?!

Dr Mark Ironmonger, West Kent LMC Representative used the soapbox session to talk of a shambolic CQC inspection.


*Dr Adam Skinner, West Kent LMC Representative, opposed a motion which suggested that it is time to have one GP contract across the UK!*

He then spoke about how the CQC was wrecking his superhero work by insisting that his cape was disposable and that his pants had to go inside his tights for cross infection purposes. Then, in a flash, he was gone!

The conference went on to support the standard model contract for salaried doctors and defeat a motion that called it unfit for purpose.

The next motion was one which proved less is more. The original, multi-part motion was critical of NHS 111 but that was still not enough for the conference. A suggestion was made to scrap all but the first few words so the motions passed said “That conference believes that NHS 111 in its present form should be scrapped.” That’ll tell ‘em.

It was now nearly the end of the day but there was a twist in the tale. An additional motion rejecting 7-day working had been submitted by Devon and accepted for debate, albeit with a change in wording by the agenda committee. The proposer took umbrage at the alteration to his masterpiece and ended up recommending to conference that we abstain as a protest. The result was the closest, and smallest, vote in the history of conference. The motion was passed by 3 votes to 2. Still, at least we sent a strong message that the profession opposes extending the working week.

The gavel came down after that and Kent left happy that many of its delegates had spoken so eloquently. Roll on Friday!

# Day 2—Morning Session

## *Dr Richard Claxton, West Kent LMC Representative*

Friday's Morning session focused on regulations and breakout groups looking at the role of LMCs and the GPC.

Conference agreed that the GMC had created a "climate of fear" amongst Doctors, that GPs being investigated should be presumed innocent, and that the GMC implement the recommendations of Sarndrah Horsfall's report; "Doctors who commit suicide while under GMC fitness to practise investigation" cited the average length of investigation of cases being two years - during which time a Doctor's suicide risk rose to a breathtaking thirteen times above the national average.

Another Doctor under enquiry was movingly quoted by Leeds LMC

> "*the allegations unfounded - the enquiry took 2 years - I contemplated suicide every day - it took my soul away - I'm not me anymore"*

The motion was carried.

The role of the Ombudsman in complaints was criticized. The GPC were in the process of arranging a meeting with the Ombudsman. Conference unanimously called for unification of the Perfomers List across the whole United Kingdom; or at the very least to arrange reciprocity of approval applying to different regions' lists.

Appraisal came under the spotlight, being described as burdensome, no longer formative, and being arduous and more bureaucratic than the GMC requires. Speakers acknowledged the additional difficulties that sessional doctors have.

Conference demanded the immediate decommissioning of the "bureaucratic nightmare" of the CQC. Described as "expensive and incompetent", Paul Cundy of the GPC recounted the difficult experience his Practice had had with their visit where they subsequently made a complaint about things that had been said by the visiting Doctor - which were later denied. Paul recommended that all Practices create voice recordings of the interviews during their CQC Inspection. He also described their criticism of one particular loo seat at his Practice - and to the amusement of all at Conference brought out CQC embossed toilet paper for his staff to use.

**Medical Indemnity**

Key amongst the issues debated was the increasing cost of Indemnity, particularly for out of hours work. A new phenomenon has appeared of targeting Doctors felt to be "higher risk" with higher premiums. Conference voted for direct reimbursement of Indemnity fees and for the GPC to investigate Crown Indemnity.

**Prescription costs**

Conference debated a call for free prescriptions for all patients – and a unified tariff across all patients in primary or secondary care. Greater concordance of formularies across primary and secondary care, as well as cessation of prescriptions for all medications available over the counter, and the cessation of non-drug scripts such as appliances, dressings and food products were also discussed.

Dr Adam Skinner spoke against free prescriptions citing the risk of increasing demand for appointments. Adam also fed back on the festivities of the night before - reporting that the earth had moved for Kent (although he assured us he was some distance from the epicenter of the East Kent earthquake in his hotel room in Bloomsbury...). The motion was carried in part - Conference rejected the free of charge option - as well as the need to stop giving scripts for medicines that are also available over the counter.

Dr Adam Skinner, West Kent LMC Representative, spoke against free prescriptions, citing the risk of increasing demand for appointments.

The penultimate motion of the morning called for Electronic Prescribing to be rolled out for Dispensing Practices.

Avon called for an end to the unplanned admission enhanced service. It lacked evidence, had little impact and was bureaucratic rather than medical.

In a change to the traditional format of conference - the remainder of the morning was spent in breakout groups to consider some key future strategic questions.

1. What should the LMCs be delivering for GPs over the next few years?
2. What should the GPC/GPDF be delivering for GPs and LMCs over the next few years?
3. What should Conference be delivering for GPs, LMCs and the GPC over the next few years?

An LMC Conference report will provide an opportunity for future discussion at the LMC.

# Day 2—Afternoon Session

## *Dr Gary Calver, South Kent Coast LMC Representative*

The Friday afternoon session started in typical low key post lunch torpor but nevertheless key motions to direct the GPC.

The first motion concerned current funding levels threatening the viability of General Practice. More resources were called for to reflect the increase in consultation rates.

Dr Jim Kelly, Ashford LMC Representative proposed a motion that the current formula based core contract is unfit for purpose

Kent's Dr Jim Kelly proposed motion 104. He told a story, rather involved but persuasive, involving window cleaning (don't ask). He sought to persuade conference that payments should be linked to activity. The motion also criticised the current formula and the problems with increased activity and access. The first 2 parts of the motion were unanimous whilst the activity payments were more contentious and only passed by 53% to 42% with 5% abstentions. This motion was defeated last year and that it was passed this year was a testament to Jim's presentation skills, skills honed by working late into the night.

Avon LMC presented a motion calling for more funding to be moved into core funding to allow more clinical time rather than box ticking.

The next motion criticised the Prime Ministers Challenge Fund process and for using money for extended access instead of more for core services.

There are a number of practices that remain dependent upon MPIG. The changes in funding for these practices are placing their viability in question. Motion 107 called on the GPC to address the situation with Government.

The next section covered IM&T. Data governance was the first debate. The motion called for clarification of responsibility for the data and control of data.

The next motion covered IT developments that should be funded, including SMS texts, mobile IT, single log on and GP2GP (large message) implementation (only 10 years late). Dr Skinner was particularly interested in this section

The North Yorkshire motion followed: That conference believes that meaningful collaboration between primary and secondary care cannot happen whilst secondary care is paid for by payment by results and primary care is paid on a block contract. This was passed following a very entertaining presentation along the lines of Yes Prime Minister.

The next motion highlighted the problems of the GP/hospital interface and the growing trend of dumping work. All parts of the motion were passed unanimously. Co-commissioning was discussed highlighting the lack of resources and conflicts of interest.

A session followed that enabled delegates to question the Executive of the GPC. Proper funding for GPs advising NICE was raised as were the DES regulations for care planning. The conference was reassured that the GPC were addressing these issues. 8 to 8 working was discussed and everyone agreed that this is unworkable at present. Dr Balmer of the GPC stated that "patients do not want GP routine appointments on Sunday afternoon, if they ask for one then they need a life not a GP". The team was held to account on a number of issues. The point was made that if the GPC lead then they have to be sure GPs were following.

A new session followed based on the break out session held earlier. The Agenda Committee summarised the feedback into a number of issues. These are not motions but a direction of identified change. All voting members were asked to vote in a scale of 1-6. 1= not at all and 6 = completely. The Conference responded:

1. My LMC is representative in my area = generally
2. Enough access to training and support = not really
3. Deliver more for salaried = even outcome
4. LMC needs to reform = not really
5. GPC represents collective voice of all GPs = even spread
6. GPC meets need of LMCs = not really
7. I understand the role and function of GPDF = 60% not really
8. GPC needs reform to meet challenges = yes
9. Conference reps the collective voice of all GPs = yes
10. Needs reform and reorganisation = yes
11. Conference should remain a single UK body = definitely

The break out session was a useful break to the routine of conference but may need more focus to be

more productive. The voting process was a positive change in gauging a range of opinion rather than just a pass or fail vote.

The section on medical certificates and reports included a call to resolve the mess of collaborative fees nationally. Conference was united in calling for restoring a fully funded Occupational Health Service for Primary Care.

The DDRB process came under criticism but conference, through motions passed and rejected, decried interference by Government whilst supporting the process.

As might be expected the section on pensions produced a lot of emotion and highlighted the problems that the pension changes will cause.

The final motion called on the government to "develop and implement strategies to promote patient self care". The author chose to oppose this seemingly straightforward motion on the basis that previous government promises i.e. in the 2004 contract to implement self care were not effective and only increased patient contact. The motion was passed.

So the finalities played out with well earned thanks and presentations to the organisers and Agenda Committee.

The Conference was indeed well organised, the audience engaged and the profession united. The tasks for the GPC in taking the policies forward should not be underestimated however.

## GP Staff Training Team *Liz Mears*

The Kent & Medway GP Staff training team are currently hosted by the Commissioning Support Unit (SECSU) and this arrangement is being reviewed.

Tara Humphrey has been commissioned to undertake this review to identify options for its longer term provision. Tara will want to understand from practices how this is working currently and is likely to make contact via the LMC office.

Thank you in advance for your cooperation.


## 'Quality first: managing workload to deliver safe patient care' – next steps—*Liz Mears*

As we all know general practice is under unprecedented pressure. The BMA developed the document to help manage workload which we wrote about in our last newsletter (In Touch March 2015). The Chair of GPC wrote directly to all CCG Chairs and Boards, advising them to use their commissioning powers to address workload pressures in General Practice, and to have a standing item in each CCG Board meeting on this issue, and accordingly to work with LMCs.

At our full LMC meeting this month we discussed what steps practices have taken to use the recommendations within the report to help manage workload.

Many individual GPs have used the template letters to send back unfunded work to secondary care and other providers.

It was concluded that any changes that practices decide to make will be more effective and sustainable if they are agreed and implemented via practice localities or networks.

The LMC agreed to:

- write to all the main NHS providers re-highlighting the document and the template letters.
- notify the CCGs and work with them wherever possible to ensure that contracts reduce the amount of unresourced work forced upon primary care.

A number of practices have successfully adopted the measures to manage list sizes.

If you have not already done so we would urge all GPs and Practice Managers to read this document, to discuss it within your practices and within your wider practice network.


This document, together with LMC Advice Sheets, is available on our website (www.kentlmc.org) under Advice & Information/Managing Workload.

# New Deal for General Practice—Jeremy Hunt, 19th June 2015

*Liz Mears*

As we are going to print Jeremy Hunt announced his first steps in a new deal for GPs. For the full speech click on the link: http://tinyurl.com/nfrnb6l

## In Summary

He recognised the strength of British general practice and confirmed that general practice is the 'jewel in the crown' of our NHS. The workload is set to increase over the next five years with us living longer and with more long term conditions.

## Workforce

- Concerns regarding the **primary care workforce** need to be dealt with first. Focus on under-doctored areas. The Government are committed to increasing the primary care workforce by at least 10,000, including 5,000 more GPs.
- Training places will be increased.
- The Induction and Returner scheme is back to help GPs returning from overseas.
- Look at ways to retain GPs nearing retirement.
- Physicians Associates available from 2020.

## Infrastructure

- The £1bn Primary Care Infrastructure Fund has committed £190m this year, which includes 8 schemes in Kent & Medway. The rest of the fund will be allocated to further schemes and will support 'digital innovation'.

## Access and a 7 day NHS

- Addressing the issue of 7 day care.
- Roll out the Prime Minister's Challenge Fund to the whole country.
- Not about every GP working 7 days per week or even every practice being opened 7 days per week.
- Providing better access for urgent care in evenings and weekends whilst having access to the primary clinical record.
- Local areas to come up with innovative solutions.
- Practices working together through federations.

## Assessing Quality

- Continuous improvement in quality.
- £10m programme of support for struggling practices.

Jeremy Hunt, Secretary of State for Health, announced his first steps in a new deal for GPs

## Bureaucracy & Burnout

- Reducing bureaucracy, paperwork & inappropriate workload. Releasing clinical time for patients.

## What is required from you?

- Commitment to break down the barriers with social care, community care or mental health providers.
- A bigger role in public health and prevention.
- Empower general practice to take real responsibility for your patients.

# KPCA Re-directed Mail

*Liz Mears*

Practices would have received communication from the KPCA outlining that they are no longer able to re-direct mail that practices return to them via the red bags. Nationally the Primary Care Service has been procured and core services have been determined. Mail re-direction does not fit into the core work.

Concern has been raised on the practicalities of the new arrangements, whereby practices have to re-direct the mail, resulting in additional work and the potential to delay important information being sent to the correct GP practice.

The LMC have been led to believe that the wrongly addressed mail is a result of incorrect information being used by secondary care providers, and previously suggested returning any mail that required re-direction to the IG lead in each organisation. However the LMC office are now reviewing this position and will contact practices shortly via a simple on-line survey to determine the best way forward.

## GP IT Deployment Project Update

*Carlo Caruso*

The Commissioning Support Unit is now preparing for its final round of the desktop computer refresh programme. There are 23 practices that will be contacted imminently to arrange an engineer to visit and carry out the upgrades.

We understand there have been a number of appointment cancellations due to GP rooms being busy and so Engineers are turned away without having carried out the work. Therefore please ensure that when you are booking the Engineer visits there is agreement as to what the visit will entail.

In future the GP IT Team will look to update 25% of the IT estate annually from 2015/16 and it is now finalising what items will be included in the forthcoming IT refresh programme.

## Capita selected by NHS England to become sole provider for primary care support services framework

*Liz Mears*

In July 2014 NHS England launched an open market procurement process to select a supplier to deliver PCS Services.

On the 22nd June 2015 NHS England announced that Capita plc ('Capita') has been selected as the preferred bidder to establish a single provider framework for administrative support functions for primary care across the UK. This will include an initial contract to manage and deliver services in England. It is anticipated services will transfer from the 1st September 2015.

Capita has announced that they will introduce a common set of services, processes and standards to improve the quality, reliability and sustainability of administration support services. For further information on Capita please click on the link: http://tinyurl.com/p2s7y6p

We are not yet aware of the effect this change will have on the KPCA, but there is reassurance from NHS England that any transition to new processes will not be carried out without a thorough handover. Practices will be notified of any changes that may affect them in due course.

## Meningococcal B Vaccination

*David Barr*

Practices should have received details of the new Enhanced Service for the meningococcal B vaccination. The service commences on 1st September and runs until the 31st March 2016.

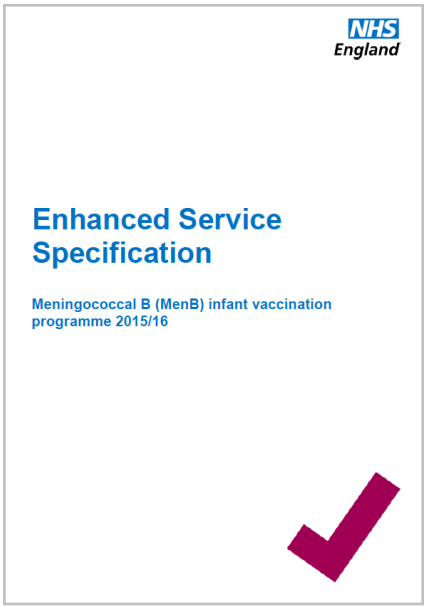
Practices will be invited to sign up to the service and must do so by 31st July.

The service will vaccinate all babies that are born **after** 1st July. There will be a catch up for babies born after 1st May 2015. It is not intended to extend the catch up to babies born **before** 1st May unless they fall into one of the groups at high risk. The reason for the cut off appears to be that most cases occur in babies up to 5 months old, but given the time it has taken for the negotiations between the manufacturers and the Government to be completed in relation to cost, the economics are clearly a significant factor.

Full details of the service are on the LMC website:
http://tinyurl.com/ptdltnz

Parents are already approaching practices asking for this service. Practices are reminded that they cannot provide a private service to their registered patients who are outside the cohort.

Patients seeking a private service may approach other GP practices




or private health providers who will have access to the vaccine. I believe that most private travel clinics will be able to offer the vaccine.

# Responding to Complaints

## *Carlo Caruso*

We are almost all bound to receive a complaint at some time in our professional life. Whether the complaint is justified or somewhat tenuous, there is still an expectation that each complaint will be treated seriously. Importantly, a good response can go a long way to showing the complainant that their concerns have been taken seriously, investigated and addressed appropriately.

Dr Andrew Foulkes of NHS England has kindly shared with the LMC guidance on producing a 'fit for purpose' clinical response which we hope you will find helpful should any of you become the subject of a complaint.

### Guidance on writing a 'fit for purpose' clinical response to a complaint including the summary paragraph

A 'fit for purpose' response means the following in how it is written:

- It is written in plain English.
- It is informative and easy to understand.
- The tone is always polite whatever the tone of the complainant's letter / complaint.
- Any medical or technical terms are explained.
- Any acronyms and abbreviations used have an explanation as to what they mean.
- Keep sentences short (maximum of 20 words).
- Link paragraphs so that they flow and 'tell a story'.
- Be as sympathetic as appropriate.
- Be factually correct, balanced, weigh up all the evidence in an impartial way
- Avoid bias, or perception of bias
- Check spelling.
- Avoid the use of the words felt or perceived e.g. I am sorry you felt that or perceived.

A 'fit for purpose' response means the following in terms of content:

- An acknowledgement of the concerns.
- Summarise the key issues to be addressed but do not regurgitate the full content of the original complaint so that this is the bulk of the content of your response.
- The response should also explain the steps taken to investigate the complaint and state what evidence you have taken into account, including:
    - the complainant's concerns;
    - the account of events by the person(s) complained about (if relevant);
    - any relevant documentation, including medical records;
    - relevant law, policy, guidance and procedures (quote when appropriate); and
    - any independent clinical or professional advice taken.
- A thorough explanation of what you think happened and, if different, what you think should have happened.
- Address any conflicting evidence or lack of evidence.
- All the concerns raised by the complainant are addressed.
- If some points are not addressed, the reasons for this must be explained.
- Description of the action taken and where possible provide supporting documentation.
- Inform the complainant of any actions you will take as a result of the complaint and of the lessons learnt, and how you will keep the complainant updated if applicable (such as when a policy is updated, training has taken place, or new patient information has been produced).
- Apologise if something has gone wrong. An apology is not an admission of liability. In many cases a carefully worded apology and a thorough explanation may resolve a complaint.
- Please note it may be that the outcome of the investigation is not what the person making the complaint expected or wishes to hear. This needs to be acknowledged in a respectful and compassionate manner appropriate to the individual circumstances.

The summary paragraph for inclusion in the response can be the most difficult to write, but it should be written in a way that summarises your findings. It may be very similar to your clinical review summary.

Although clinical reviews are not routinely shared with the complainant, they would be released under a FOI request or disclosed to the PHSO so they should be written with that in mind.

**Dr Andrew Foulkes FRCGP**
(Adapted from NHS England supporting documents on complaint handling)
June 2015

# Need a DBS Check??

Disclosure & Barring Service

## CQC Registration

DBS checks required for applications for, or changes to, registration can be made via the Post Office website:
http://www.postoffice.co.uk/care-quality-commission

## Applying for a DBS check as a GP

As a GP you may need a DBS check to join a performers list or because you are working as a locum. The rules on DBS checks prevent you from applying for an enhanced check as an individual. However, as part of the LMC Buying Group Avon LMC can carry out a DBS check on your behalf:
http://www.almc.co.uk/dbs-information/

## Application for a DBS as a pre-employment/ appointment check

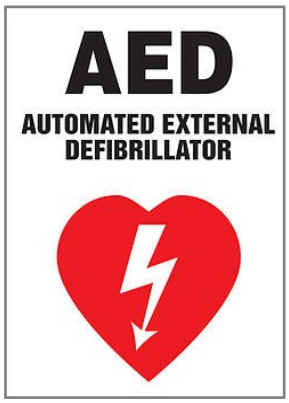
If you are a practice and need to carry out a DBS check on a current or prospective employee or partner then you can carry out a DBS check using an umbrella organisation. The organisation will provide you with the relevant forms to pass to the applicant to complete and return together with the relevant identification document.

A list of umbrella organisations can be found on:
https://dbs-ub-directory.homeoffice.gov.uk/.

**DBS Update Service**

To avoid the complication of having to apply for a further certificate throughout your career we recommend that you sign up to the online update service. For £13 per year a copy of your DBS check will be kept up to date and online, and can be made available to future employers to check (Please note this must be applied for within 14 days of receiving a new DBS check)
https://secure.crbonline.gov.uk/crsc/apply?execution=e1s1

# Have you got an Automatic External Defibrillator? *Dr John Allingham*




Most practices will be aware that if you are the proud owners of an AED the resuscitation training provided by Kent and Medway GP Staff Training and Education Board can include an update on the use of this.

At the recent Education Board meeting we were surprised to hear some practices have declined this opportunity! If you have an AED please ensure as many of your staff as possible attend the training and are familiar with using the device when needed.

CQC would no doubt have a view if they inspected and found a wonderful piece of equipment that no one was trained to use!

# PRIMARY CARE: COLLABORATION – NEW OPPORTUNITIES

**Are you thinking of collaborating with other organisations but don't know where to start?**

**Are you already working collaboratively but want to take it to the next level?**

Then attend our **FREE** conference when you will have an exclusive opportunity to hear from The Kings Fund and initiatives that challenge the principles of core general practice, to discover first hand how collaborative working and its financial implications can work for you and your patients.

# KENT LMC CONFERENCE

**Wednesday**
**11th November 2015**

**13.30-20.00**
(Refreshments & Evening Buffet included)

Ashford International Hotel
Simone Weil Avenue
TN24 8UX

To book your **FREE** place, please email kelly.brown@kentlmc.org

Noticeboard

## A fond farewell to David Barr...

On the 23rd July we will wish David Barr a fond farewell as he retires after 17 years of serving the LMC, GPs and practices.

David started work as the Regional Officer for Manufacturing, Science and Finance (MSF) in 1970, and worked for 20 years in collective bargaining and representing on behalf of white collar workers in a variety of industries including the NHS. David was secretary to the MLSO National Committee and Senior Negotiator on the Whitley Committee. He was instrumental in the major grading and pay restructure of Whitley Council which remained for many years.

In 1990 David became an Industrial Relations Officer for the BMA, where he spent 9 years negotiating at a senior level in the NHS, providing expert advice and negotiating experience to the Central Consultants and Specialist Committees. David provided invaluable support to members of the profession on matters such as representing doctors in disciplinary hearings, recovering back pay, fees and legal action. In one year he recouped over £150k for members.

28 years of experience was brought to Kent LMC in 1998. David has worked tirelessly on behalf of the profession and made a real difference to the lives of colleagues. He has always been prepared to mediate situations where a good outcome seemed impossible, and negotiate more appropriate terms for services.

Aside from his role at the LMC, David is a wonderful photographer, and has amazing photos from the beautiful places he visits with his wife Roey.

On the 4th June David attended his last Full LMC meeting. Julian Spinks delivered an excellent speech about David's 17 years' service for the LMC, commenting that he has worked tirelessly in supporting the profession, whilst gaining the respect of every organisation and individual with whom he came into contact. Julian offered a huge vote of thanks on behalf of the Committee, and wished David great happiness in his retirement. David responded with a humorous speech reflecting on his time at the LMC and his experiences in working within the NHS, and thanked the LMC for the generous gift of a camera lens. The Committee responded with a standing ovation.

David will be sorely missed by all, and on behalf of the LMC and GP practices across Kent & Medway we would like to wish him a long, healthy and happy retirement.

## KENT LMC Buying Group

The LMC Buying Group exists to save their member practices money on goods and services which they purchase. The Federation helps them do this by identifying suppliers with whom they have negotiated significant discounts over what practices would otherwise pay for goods and services.

For information on our current offers from our suppliers please go to:

**www.kentlmc.org**

and click on the blue box on the bottom right hand side of the screen.


## Kent Local Medical Committee

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