

GP Patient Survey 2018

8 out of 10 patients are positive about GPs says new national survey

The survey also found that confidence and trust in GPs and healthcare professionals remains extremely high at 95.6%, and 93.5% of patients felt involved in decisions about their care and treatment, while 94.8% felt the healthcare professional met their needs.

For further information see the survey:- <https://www.gp-patient.co.uk/surveysandreports>

A MESSAGE FROM DR PETER GRAVES

We are all witnessing challenging times in the NHS, and particularly in general practice. At last, however, we are seeing the 'young shoots of spring' as government and local NHS management are recognising that without general practice, the NHS will really struggle. It is very apparent that the drive towards larger practices, with multi-disciplinary clinical teams working alongside social services' colleagues, is inexorable. For that reason, we are continuing to help practices find the right solutions for them to improve their resilience and build an optimistic future working towards that end – as I have said many times, '*Standing Still is not an option!*'

GP Resilience projects: For over 12 months we have been working on a one to one basis with practices that were awarded a small amount of funding through the GP Forward View, 'GP Resilience Programme'. This work is starting to give us a clearer picture about the differences between practices that are struggling and those that are thriving; we have been surprised by the wide variation seen, particularly around how the workload is dealt with.

Our research from elsewhere in the country has also shown that in areas where practices are working closely together (for example to deliver Primary Care Home in a really meaningful way), they have started to reap the benefits of reducing practice workload and improving patient outcomes for the most complex patients. Therefore, we are delighted that practices working in BLMK are being rewarded for working towards delivery of Primary Care Home. Meanwhile, in the coming year we will be working with a number of innovative, thriving practices to help them to mobilise Primary Care Home and become leaders and showcases in their localities for others to emulate.

The report on the first 32 practices to go through our resilience programme is now available to anyone wishing to see it. It has been received with acclaim at NHS England.

The AGM: As well as a good turnout of LMC representatives, it was good to see several non-LMC colleagues at the AGM in June. We were pleased to present a sound financial position despite investing in a range of new ventures and projects including legal advice for merging practices and those wishing to work with their neighbours. Crucially, we pointed out to those at the AGM that most of the GP resilience work to date has been funded through income outside of the statutory levy.

The challenge for the LMC is to overcome the low morale; find those leading GPs that are beginning to capitalise on the opportunities and are prepared to share their good work – please do contact us if you feel you would like to help us.

Low value medicine guidance

Following two national consultations on which items should not be routinely prescribed in primary care, and on conditions for which over the counter (OTC) items should not routinely be prescribed in primary care, NHS England published in May [revised commissioning guidance for CCGs on reducing prescribing of OTC medicines for minor, short-term health concerns](#), as part of a drive to reduce prescribing of OTC medicines to save the NHS money. The GPC responded to both consultations, supporting the efforts to educate patients about self-care of minor ailments, and encouraging the appropriate use of effective medicines that are available from community pharmacies or other retail outlets. However, without changes to the GMS regulations that govern GP prescribing, HCGPC highlighted that GPs will be at risk of complaint from patients or criticism from their CCGs, and that the NHS England guidance cannot be used by CCGs to ban all such treatments. The advice from GPC is:

GPs must continue to treat patients according to their individual circumstances and needs, and that includes issuing prescriptions where there are reasons why self-care is inappropriate.

Updated guidance on gender incongruence

The GPC's [Guidance on gender incongruence in primary care](#) has been updated to incorporate advice on prescribing given in the recently published [Responsibility for prescribing between primary and secondary/tertiary care](#). The NHS England guidance expresses clearly that when clinical responsibility for prescribing for gender incongruent patients is transferred to general practice, it is important that the GP is confident to prescribe the necessary medicines, and that any transfers involving medicines with which GPs would not normally be familiar should not take place without a local shared care agreement. The updated guidance is available on the BMA website [prescribing page](#).

Updated guidance on reflection

Following the Dr Bawa-Garba case many doctors feel they are no longer able to reflect honestly and openly, with LMC UK conference earlier this year calling for GPs to disengage from written reflections until adequate safeguards are in place. As a result, the BMA has been lobbying the GMC and other bodies on this and called for legal protection to be provided to reflections in all education and training documents, such as e-portfolios and all annual appraisals and training forms. BMA has updated its guidance in response to the LMC conference motion to make it clear how doctors should limit their reflective practise. BMA will also be contributing to new GMC guidance on reflection to be published this summer to highlight what changes need to be made for the profession to regain confidence in this process. [Read more here](#)

New guidance to support GPs and appraisers for doctors working fewer than 40 sessions a year

A new framework has been published by NHS England for the management of GPs who undertake fewer than 40 sessions a year in clinical practice. The framework is intended to provide clarity and reassurance to doctors on the NHS England Medical Performers List with regards to their professional requirements when undertaking a low volume of work, and to aid those appraising such doctors and it sets out how GPs in this category can demonstrate through their appraisal that they continue to be safe to practice: [supporting doctors](#)

CQC fees – invoice issues

CQC has been made aware that a number of practices received duplicate copies of invoices when the original invoices were sent out by NHS SBS, its outsourced financial services provider. CQC have confirmed with SBS that this was caused by an administrative (printing) error. CQC expects SBS to write to all practices affected to confirm they only need to pay one invoice and to offer an apology.

CQC and Factual Accuracy

When a practice receives its draft report following a CQC inspection it has an opportunity to check for factual accuracy and ask for changes to be made. However, as many practices have found, this process has been frustrating. CQC has accepted this position and is now reviewing the process. CQC has asked for the following information to be shared with practices:

We want to improve the factual accuracy process to help providers make submissions that are appropriate, effective and concise. This will help improve the timeliness of report publication, saving providers and CQC time and resources and ensure a better service for the public.

We are at the beginning of making these improvements and want your views on what the key issues we need to address are, and what we could change to improve the process.

Please visit the online community for more information and to share your views:

<https://communities.cqc.org.uk/provider/document-for-review/help-us-improve-our-factual-accuracy-process>

In addition to submitting comments through CQC's online community (as set out above), feedback can also be sent directly to edward.foster@cqc.org.uk

The deadline for responses in Friday 31 August 2018.

Consultations on QOF and Digital Models of Primary Care

NHSE is currently carrying out two consultations which are open until 31st August 2018. Please see the links below for more information and how to respond to the consultation.

- [The outcomes of a Review of the Quality and Outcomes Framework](#)
- [Proposals for potential payment reform to reflect emerging digital models of primary care](#)

Responsibility for prescribing between Primary and Secondary/Tertiary Care

We would draw GPs attention to this guidance:

<https://www.england.nhs.uk/wp-content/uploads/2018/03/responsibility-prescribing-between-primary-secondary-care-v2.pdf>

Among other things this sets out that:

- Secondary care cannot transfer clinical and prescribing responsibility for a patient to a GP, if the GP feels unable to take on that responsibility.
- A patient discharged from inpatient or day care must be supplied with sufficient medication for a minimum period of 7 days: unless a shorter period is more clinically appropriate.

We would advise practices to take it up with their CCG if a secondary care Trust is not abiding by its responsibilities.

Registering homeless patients

There has been discussion recently about the registering of homeless patients. The BMA advice is that practices are expected to register all patients who live in their area. Homeless patients are entitled to register with a GP using a temporary address, which could be, for example, a friend's address, a day centre, Salvation Army, voluntary organisation etc.

The practice MAY use its own address to register homeless patients but you do not have to use the practice address as the patient's registered address. *If* you do use the practice address to register homeless patients NHS England guidance is that, if possible, you should try to ensure that you have a way of contacting the patient if you need to, e.g. with test results, important secondary care letters etc. NHS England says that in such circumstances practices could have a signed agreement with the patient that sets out that it is the patient's responsibility to maintain regular contact with the surgery in order to receive any such correspondence, if the practice has concerns about carrying this liability itself.

Fees for work

We have been told that some practices are still using the old fee recommendations from the BMA, even though these have not been updated since guidance prohibited the setting of fees. We would remind you that you should set your own fees for work that is not commissioned and should be charging a reasonable rate to cover your expenses.



Veale Wasbrough Vizards

Their dedicated specialist healthcare team acts for over 400 GP practices and over 95 GP surgery development schemes as well as act for care homes, social care charities, social enterprises, dentists, pharmacies and private consultants, as well as several NHS and Foundation Trusts.

Can GPs Avoid Liability by Putting Their GP Practices into a Limited Company?

Leading Law firm VWV writes unfortunately, the answer is almost always "no". [Read the article here](#) that sets out why not, in a bit more detail.

Does an Employee Need to Ask Their Employer to 'Bump' a Colleague Into Redundancy?

Many healthcare practices are facing challenges around restructure and redundancy exercises. Practice Managers may be familiar with the concept of "bumping" as part of a redundancy exercise. [Read the article here.](#)

HR & Legal Services Retainer for Healthcare

Expert Legal Advice for Healthcare Professionals

VWV have developed a specialist, cost effective HR and general legal support service for healthcare professionals with a range of pricing options to suit your needs. The [HR & Legal Services Retainer](#), is the equivalent of a virtual in-house legal team.

Reimbursement for locum cover for sickness

Following several requests nationally from GPs and LMCs for clarification around reimbursement for locum cover for sickness, NHS England has confirmed to GPC England that where a GP is signed off sick as part of a phased return then the SFE entitles the practice to locum reimbursement where the requirements under the SFE are met.

Where a GP is not signed off sick but has agreed a phased return or does not meet the requirements of the SFE, this would be a discretionary matter. GPC advises that practices and LMCs should quote this clarification from the Head of Primary Care Commissioning (Medical Services) if they are having problems with this issue when liaising with their CCG.



LMC Training & Events



Options for Collaboration Seminar

For GPs and Practice / Business Managers
Hosted by Primary Care Direct

Agenda

Thursday 4 October 2018

1.15 - 5.00pm

Putteridge Bury Conference Centre, Hitchin Road, Luton, LU2 8LE

- 13:15 - 14:00 Lunch and Registration
- 14:00 - 14:10 **Welcome and Introduction**, Primary Care Direct
- 14:10 - 14:50 **Transforming Organisations and Services**, Agencia
- 14:50 - 15:30 **Legal Considerations for Working at Scale**, Capsticks Solicitors
- 15:30 - 15:45 Refreshment Break
- 15:45 - 16:25 **Financial Considerations when Working Together**, BHP Chartered Accountants
- 16:25 - 16:45 **Working Together to Generate Income**, DKJ Support Services
- 16:45 - 17:00 **Expert Panel Q&A Session**

[Register your FREE place here.](#) Booking deadline Friday 7th September.

For further information see flyer attached or contact events@bhlmc.co.uk

For the full list of educational events September to November, please see attached or visit our website www.bedshertslmcs.org.uk/events/list

LMC Staff News

There have been a few changes of staff here at the LMC office.

We said a sad goodbye to Mandy Clements in March after more than 15 years service.

In July we welcomed Michelle Storey as our new Office and IT Administrator and Dr Nicky Williams will be joining us in September as our new Medical Director.

Dr Amber Janjua, a GP Fellow, is also working with the LMC one day a week for a year on GP Development and Integrated Care.

GP Recruit**£250 for a period of three months****£200 for a period of one month****Contact Sue Holloran on 01438 880010****LOOKING FOR A LOCUM**

Did you know that out of 200 practices across Bedfordshire and Hertfordshire 60 practices are registered to use the Beds and Herts LMC Locum Bank? So if you are looking for that all important Locum why not contact Sue Holloran on 01438 880010 who will register your practice to see all locum availability. There are over 100 who are available for work in different areas across the two counties.

**Nurse Bank—Free to Practices paying all their levies****Nurses available in all areas****Contact Sue Holloran on 01438 880010****LMC Training, Education and Events****Please see attached the LMC training programme September to November.**

To discuss your practice training requirements, please contact Helen Bean, Support Services Manager on 01438 880010 helenbean@bhlmc.co.uk or events@bhlmc.co.uk

For details of all our events and to register for courses online, please visit www.bedshertslmcs.org.uk/events/list or scan the QR code:



If you would prefer to receive this newsletter by post please email Sue Holloran, Operations Manager — sueholloran@bhlmc.co.uk
Following the new General Data Protection Regulation (GDPR) 2018, our privacy notice can be viewed on our website www.bedshertslmcs.org.uk

Produced by Beds & Herts Local Medical Committee Ltd Tel: 01438 880010

Website: www.bedshertslmcs.org.ukChief Executive: Dr Peter Graves - email: petergraves@bhlmc.co.ukOperations Manager: Sue Holloran- email: sueholloran@bhlmc.co.uk

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