

# North Staffs LMC Newsletter

July 2018 – issue 42



## Urgent – Saving – Lost from General Practice

How ironic that all our moaning about the challenges we face in General Practice, does nothing to make the job sound appealing and help recruitment of young new talented clinicians, so badly needed to make our lives manageable. Even the BMA has not seen fit to produce an uplifting marketing campaign, with an Urgent Prescription for General Practice launched in 2016 and earlier this year producing an initiative entitled Saving General Practice (from the abyss!). Then again, I suppose it is rather challenging to pretend that all is well.

The government has clearly not recognised the extent or urgency of the treatment needed for this fast spreading illness, as they have responded by offering piecemeal short-term sticking plasters through the GP foreword view. Although some of the ideas in the GPFV can help increase productivity (the LMC has and is still working hard to help practices get maximum benefit from the programme), they do not address the fundamental problems faced in recruiting and retaining GPs: how to make General Practice an attractive and sustainable career choice.

The latest pay award can hardly be seen as an appreciation of all the hard work and sacrifices we have made if you consider that the average GP pay in the last 10 years has dropped by 20%. What's more, work has shifted from secondary care to General Practice without resource. Practices have had to resource to skill-mix to keep up capacity whilst managing the associated risks of delegating work, incomprehensible premises costs and potentially

facing the prospect of being the last man standing. To top it all, current pension arrangements do nothing to retain colleagues in their 50s.

Yet all of this would be palatable if at least our local CCGs would show signs of serious intent to urgently take the pressure off practices, or at least provide the resources to manage the workload shift. Whether through lack of CCG staffing resources or otherwise, we either get nowhere (fast) when we ask them to address anomalies such as district nurse prescription requests, anti-psychotic/dementia/DOAC prescribing and follow-ups, post-bariatric surgery follow-ups (which are not part of our core contract) or worse, we are being told to take on work pro-bono such as ELF testing follow-ups. The CCGs even conveniently managed to squirrel away a saving of £1.8m on last year's primary care budget as they could not agree what to spend the money on which was earmarked for General Practice. This is money lost from General Practice. As if the investment is not desperately needed.

May be just ask yourself (or the LMC if you are not sure) whether it is really your job to take on all the un-resourced work coming your way on a daily basis. Saving the NHS starts with saving your own good health.

Which leaves me to wish those of you looking forward to a summer holiday a well-deserved break, and thank colleagues kind enough to provide cover for going the extra mile.

Happy holidays!

Dr Harald Van der Linden, LMC Secretary

## Update on extended access progress

The Federation has been successfully awarded the umbrella contract for the extended access service and is preparing in conjunction with the CCGs for 1.9.18 launch. For North Staffs and Stoke the contract is split into the 4 hub areas with provisional and longer-term plans for bases, which would also then have associated services attached. The initial service will evolve as practicalities are achieved.

The initial exclusions have been ratified and are sensible, such as vaccinations, contraceptive procedures and substance misuse. The details will be published shortly.

The key issues will be -

- the staffing mix with doctors, practice nurses and practitioners
- achieving comprehensive IT cover between EMIS and System One
- effective and fair indemnity to bridge until 1.4.19 arrangements - that allows a range of sessional activity
- future links with 111
- additionality offer to provide slots from late afternoon and releasing corresponding service capacity

Sessions will be offered to colleagues within hub areas first, and then out to the wider community. The service will be scaled up on Sundays and Bank Holidays to only a few centres.

There will be some funding for practices to do the follow up related admin regarding results and referrals.

This is a politically driven initiative and is well funded compared to normal in hours. The principal behind the arrangements is for local ownership and quality to stabilise our practices and retain control and actually support practices. The principal also involves preventing minimalistic externally contracted cherry picking and dumping real work back in hours, which

would have exacerbated pressure on normal in hours working.

The LMC supports the hard background work the Federation has put into developing this set up and will monitor and work with them as the service develops.

## DDRB Briefing

Following the government's pay award announcement, [view the briefing](#) on what this means for general practice.

As you know, each year the DDRB (Review Body on Doctors' and Dentists' Remuneration) makes recommendations on the pay for all doctors in the UK. While in the recent past, the pay for GPs has been agreed through direct negotiations by GPC, this year the GPC have included evidence to the DDRB and asked them to make a recommendation. The DDRB listened to the evidence and expressed its concern about the workforce issues and made recommendations accordingly.

The government receives the DDRB recommendations and makes a decision about an increase in pay, taking all doctors into account. This year, the government announced it's lifting the 1% pay cap for all public-sector workers and so its decision was coordinated across all public-sector workers (who are covered by various pay review bodies). The Department of Health and Social Care announced the pay award for doctors in England on 24.7.18.

The GPC's original agreement in the negotiations back in March was for an interim 1% pay uplift for all GPs and their staff and for any further uplift to be implemented based on the government's decision on the DDRB recommendations. Now that the GPC has the government's decision, the GPC has explained what the uplift means for general practice in England, and that briefing can be accessed via the link above.

The GPC Executive has been in direct contact with the Secretary of State and senior NHSE management a

number of times last week and has expressed very clearly the anger of the profession.

## Pension refunds

For practices experiencing difficulties resolving issues with PCSE, they may wish to escalate issues to either of the following contacts, which have been provided by the GPC.

[emily.lawson3@nhs.net](mailto:emily.lawson3@nhs.net)

[jill.matthews1@nhs.net](mailto:jill.matthews1@nhs.net)

[Marie.heracleous@capita.co.uk](mailto:Marie.heracleous@capita.co.uk)

If the above people are unable to help, then the GPC has a process to issue statutory demands for payment on your behalf which progresses to insolvency proceedings against PCSE if they fail to pay. Details of how to do this are available [here](#).

## Focus on Quality Indicators

The GPC has published a Focus on Quality Indicators Briefing to provide background and context in preparation for the forthcoming negotiations on the Quality and Outcomes Framework (QOF) and the potential changes following the current QOF review, led by NHS England. The review brought together key stakeholders to analyse current evidence and other incentive schemes, with the intention of delivering proposals on the future of QOF.

The GPC has highlighted, and NHS England agrees, that a significant proportion of QOF funding is core income for practices and is an essential resource used for the employment of practice staff, and is already committed to delivering important practice activities. The briefing can be accessed on the [GPC Activities Page](#) and [QOF Guidance Page](#).

## Updated GPDF guidance

Here is the link to the [BMA's updated guidance](#) (the new section is under FAQs).

## Medicine Supply Issue Update for Primary Care

Please see attached a [medicine supply issue update for primary care for July 2018](#) from the Department of Health and Social Care.

## GPC newsletter

Here is the latest [newsletter](#) with [Appendix 1](#) and [Appendix 2](#)

## **LMC Officers**

### **Chair**

Dr Paul Scott

Tel: 0300 123 1466

e-mail: [paul.scott@northstaffs.nhs.uk](mailto:paul.scott@northstaffs.nhs.uk)

### **Secretary**

Dr Harald Van der Linden

Tel: 01782 746898

e-mail: [harald.vanderlinden@stoke.nhs.uk](mailto:harald.vanderlinden@stoke.nhs.uk)

### **Vice Chair**

Dr Suresh Upputuri

Tel: 01782 948998

e-mail: [suresh.upputuri@nhs.net](mailto:suresh.upputuri@nhs.net)

### **Treasurer**

Dr James Parsons

Tel: 01782 534241

e-mail: [treasurer@northstaffslmc.co.uk](mailto:treasurer@northstaffslmc.co.uk)

### **LMC Executive Officer**

Dr Fizah Shaheen

e-mail: [fizah.shaheen@northstaffs.nhs.uk](mailto:fizah.shaheen@northstaffs.nhs.uk)

### **Lay Secretary/Administrator**

Miriam Adams

Tel: 0300 365 0135

[admin@northstaffslmc.co.uk](mailto:admin@northstaffslmc.co.uk)

### **Practice Liaison Officer**

Anne Sherratt

Tel: 0300 365 0135

e-mail: [practiceliaison@northstaffslmc.co.uk](mailto:practiceliaison@northstaffslmc.co.uk)

## Members

Dr Jack Aw	01782 565000
Dr Manish Dhir	0300 123 0903
Dr Steve Fawcett	01782 281806
Dr Andrew Green	0300 404 2987
Dr Chandra Kanneganti	01782 772242
Dr Jaffar Khan	0300 123 097801
Dr Bandu Kulkarni	01782 395101
Dr Pui Ngan	0300 123 1466
Dr Hrishi Pathak	01782 565000
Dr Pralav Shah	0300 123 1468
Dr Pui Ngan	0300 123 1466
Dr Phani Sirigiri	01782 593344
Dr Usha Tiguti	01538 308207
Dr Jayant Thakur	01782 565000
Dr Anwar Tufail	01782 534241
Dr Annamalai Veerappan	0300 123 0978
Dr Lenin Vellaturi	01782 948998