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Doncaster LMC February Update



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**Local Medical Committee Team**

**Oakwood Surgery, Masham Road, Cantley, Doncaster DN4 6BU**

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| **Key Contacts – Executive Team** | |
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**Information and Website Updates**

**Looking for advice? LMC Website Updates**

**Many of the questions asked by practices to Doncaster LMC have already been asked before, and the answers can often be found on our website.**

**We have integrated a Google Search function on our homepage so you can even search our archive of monthly updates. If you have a query, try searching our website first – it might save you time.**

[**www.doncasterlmc.co.uk**](http://www.doncasterlmc.co.uk)

**Primary Care Support England**

The BMA have now published the first in a series of practical resources that aims to tackle problems caused by the continued failings in the service delivery of Primary Care Support England (PCSE).  This follows two years of engagement with NHS England to resolve widespread, outstanding issues affecting practitioners. The PCSE function that is delivered by Capita is responsible for processing NHS England’s payments to general practice for the services they have provided, but current procedures - particularly to reimburse money owed - have proved to be both burdensome and frustrating. BMAs new online [Primary Care Support England guidance](https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-current-issues/capita-service-failure)assists practices in making a legal written request for undisputed debts to be paid within 21 days, with an amendable covering letter and legal templates.

**Sessional GP Newsletter**

Please follow the link below to the Sessional GP Newsletter which includes items on Why Sessional GPs need their LMC and Strategy for a Safe Workload

[**https://bma-mail.org.uk/t/JVX-5IP3O-1BJCJOU46E/cr.aspx**](https://bma-mail.org.uk/t/JVX-5IP3O-1BJCJOU46E/cr.aspx)

**GP Trainee E-Newsletter**

The March edition of the GP Trainee e-newsletter is available on the British Medical Association website at: <https://bma-mail.org.uk/t/JVX-5I1RL-1BJCJOU46E/cr.aspx>.

The main articles include:

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| * Out of hours: gain or pain? | * The ins and outs of exception reporting. |
| * GP trainee out-of-hours survey results. | * GP trainees subcommittee. |
| * NHS Employers help desk to close. | * Junior doctors conference 2018. |
| * GP trainee pay reimbursements to practices. | * Get involved in local negotiating committees. |

**General Data Protection Regulation**

There appears to be a lot of concern amongst practices about the requirements of GDPR which will be upon us in May.  The reason why it appears that we have not yet taken action to clarify and help meet the requirements of GDPR locally is because GDPR is not yet law and therefore the requirements are not yet fully understood.

Please rest assured that Doncaster LMC have been following the developments in GDPR over the last year and will ensure that communications are sent to practices in good time to be ready for May.

Doncaster LMC has drafted an easy read guidance document, template practice privacy policy and template practice data flow document to help you meet the requirements of GDPR - we have not yet sent these to practices but have them ready to go.  Since the creation of these I understand that the BMA has also developed a suite of resources which will be made available shortly.  These are likely to supersede our local templates.

The appointment of a DPO also remains in negotiation nationally.  There is currently no need for practices to pay for a DPO.  This may change dependent upon national negotiations and we await the outcome of these discussions.

We will continue to keep you informed as we learn more.

Some NHS specific GDPR guidance has been published by NHS Digital and four PDFs are now available with clearer reference to application for Health and Social Care. please find the link below to the NHS Digital PDFs:-

<https://digital.nhs.uk/information-governance-alliance/General-Data-Protection-Regulation-guidance>

**The BMA has produced guidance for GP practices**

[**https://www.bma.org.uk/advice/employment/ethics/confidentiality-and-health-records/gps-as-data-controllers**](https://www.bma.org.uk/advice/employment/ethics/confidentiality-and-health-records/gps-as-data-controllers)

**The Buying Group and GDPR**

**Helen Shuker, Head of Operations, LMC Buying Groups Federation**

You’re probably already aware that the regulations surrounding data protection are changing. The GDPR will apply in the UK from 25 May 2018. Whilst there are similarities with the current UK Data Protection Act, GDPR goes much further which is why we need you to re-register your practice as a member of the LMC Buying Groups Federation.

By re-registering you can have full access to all the pricing information, ensure your practice continues to receive Buying Group discounts and be amongst the first practices to be able to use the new vacancy advertising service which will be launched next month.

If you’ve recently re-registered (in the last two months), you should have already received your new website login details but if you have any questions, please call the Buying Group on 0115 979 6910, email [info@lmcbuyinggroups.co.uk](mailto:info@lmcbuyinggroups.co.uk) or Live Chat via <https://www.lmcbuyinggroups.co.uk/>.

**Revised prescribing guidance**

New national guidance on prescribing responsibilities between primary and secondary care has been published on the NHS England website <https://www.england.nhs.uk/publication/responsibility-for-prescribing-between-primary-and-secondary-tertiary-care/> .

This important piece of work sets out the principles that should be applied in ensuring proper governance and patient safety. It came from the ‘Primary and Secondary Care Interface Working Group’, which is working to drive forward actions intended to improve processes and collaboration across the primary and secondary care interface, and is in response to a commitment made in the General Practice Forward View.

**Locality Engagement Structure – Vote**

Following the recent locality structure vote please see the results below.

1 locality    -   23 votes

4 localities -  35 votes

Total votes   58 votes

The CCG will now be working on the implications of implementing the new locality engagement structure.

**Doncaster 100 day challenge**

**What is the Elective Care Development Collaborative (ECDC) ‘100 Day Challenge’**

In October NHS England confirmed Doncaster’s application to be a Wave 3 site for the Elective Care Development Collaborative (ECDC) Programme was successful.

This means that supported by NHS England we will work as a health system to implement a rapid testing programme focusing on how to improve the experiences of patients while addressing the rising levels of demand in Urology, ENT and Cardiology Elective Care. Initiatives will be tested and monitored over a 100 day period.

The Specialty Groups established consist of representatives from Doncaster and Bassetlaw Teaching Hospital FT, Doncaster CCG, RDASH, Healthwatch Doncaster and Primary Care including Pharmacy and General Practice.

Day 0 was 31st January and so the 100 day period is currently scheduled to end on 11th May. It is however anticipated that if the pilots are to be tested with a sufficient sample size, the findings evaluated and the opportunities for establishing their longer term sustainability considered it is likely that this work will continue beyond the initial 100 day term.

**What the Specialty Groups are intending to do**

**ENT –** This group is intending to reduce referrals to Secondary Care for ear wax and stuffy nose focusing on a sample of GP Practices in Doncaster.

To achieve this they will…

* Establish a Referral Checklist into Secondary Care, review opportunities for greater Pharmacy input and pilot a Primary Care based Microsuction Service for simple wax removal patients.
* Set up a stuffy/runny nose Secondary Care referral proforma and accompanying guidance to promote self management/pharmacy interaction, followed by first line medical management undertaken in the Community and Primary Care before referral to Secondary Care is considered.

A request for Expressions of Interest to deliver Microsuction Services in Primary Care will be circulated within the next 2 weeks.

**Urology –** The intention of this group is to…

* Reduce routine referrals (non 2 week wait) from a sample of GP Practices to Urology and Gynaecology
* Reduce Catheter Clinic follow ups

The intention is to do this by…

* Standardising the continence pathway
* Discharging catheterised patients to community team to improve use of catheters
* Establish a one stop urology prostrate clinic

The Group are currently liaising with a selection of GP Practices to ensure the right kind of sample size for the trial arrangements and will be arranging clinical outreach visits to discuss Pathway implementation

**Cardiology –** The intentions of this group are to…

1. Implement BNP or NTproBNP blood testing on a trial basis for patients with suspected uncontrolled Heart Failure enabling -

* Direct access Echo within 2 weeks to patients with a BNP > 400 pg/ml (116 pmol/litre) or NTproBNP > 2000 pg/ml (236 pmol/litre)
* Direct access Echo within 6 weeks for patients with a BNP 100–400 pg/ml (29–116 pmol/litre) or NTproBNP 400–2000 pg/ml (47–236 pmol/litre)

2. Reduce referrals to Cardiology for Ambulatory Blood Pressure Monitoring (ABPM)

3. Intention to ensure stability of patients while they await confirmed AF diagnosis and to reduce inappropriate referrals directly to Cardiology by -

* Improving identification of Atrial Fibrillation in Primary Care and the community setting (e.g. utilising Pharmacy)
* Trialling a streamlined referral pathway into RDASH for asymptomatic patients with Atrial Fibrillation for rate management, anti-coagulation prescribing/management and a Direct Access Echo.

In addition to using quantitative data to monitor the impact of the trial changes Healthwatch Doncaster will also be talking to patients about their current experiences of some or all of these pathways. It is expected that this engagement will also provide some indication as to patient and public perception of increased use of pharmacies and other primary care providers in supporting diagnosis and care management.

**What to do if you have questions or want to be involved in the Programme**

Primary Care is fundamental to achieving the goals referenced above.

While we do have existing Primary Care involvement it is recognised that we need to improve engagement and information sharing with the GP Practices within the pilot sites which in some cases may be Doncaster wide. This will include both general Communications, undertaking targeted engagement activities as necessary and General Practice co-design and delivery of these goals.

If having read the above you have any further questions or would like more involvement in the Programme, whether a GP or a member of the wider GP Practice Team, we would be keen to work with you so please get in touch with Claire Booth, Project Manager – 100 Day Challenge via [claire.booth8@nhs.net](mailto:claire.booth8@nhs.net) in the first instance.

*(Clinical Backfill payments are available for attendance at weekly meetings if approved in advance at the standard rates.)*

**ECP Contact Number**

You may be aware that the ECP service uses an 0844 number for which you will be charged a premium rate. However we have been informed that if you contact The Same Day Health Centre on 0300 123 3103 where the ECP’s are based and asked to be put through you will only be charged the local rate for the call.

**Educational Events**

**COPD**

**Target Audience –** GPs, Practice Nurses

**Time and Location**

6.30 pm registration

7 pm start

Tuesday17th April

Mount Pleasant, Great North Rd, Doncaster DN11 0HW

Guest Speaker - Dr Rogers - Respiratory Physician.

The event is sponsored by Pfizer who have kindly provided resources for the evening.

**Workload Control in General Practice**

GPs consistently raise unsustainable workload levels as the main reason they struggle on a day to day basis. In response, the British Medical Association (BMA) is proposing a workload control strategy.

The objectives of the strategy include:

* Agree a range of clear quantitative limits to help individuals identify what safe practice looks like for them.
* Produce guidance on the implementation of safe practice across scenarios, illustrating common practice working patterns such as telephone consultations and triage.
* Endorse or promote the implementation of system change which allows the provision of safe general practice.
* Propose contractual innovations for practices where rurality or other factors hamper system change.
* Introduce an “OPEL Alert” system for use by practices and LMCs.

The BMA’s strategy can be accessed via

<file:///C:/Users/lmc/AppData/Local/Microsoft/Windows/INetCache/IE/3SNATER0/workload-control-general-practice-mar2018.pdf>

**Adult Headache Primary Care Pathway - Direct Access CT Head Go-Live 02/04/18**

From Monday 2 April 2018, DBTH Radiology Department will accept GP Direct Access Adult CT Head requests, when the Adult Headache Primary Care Pathway has been followed.

The Adult Headache Primary Care pathway in line with NICE Headache guideline (2012) is attached, highlighting criteria for referral.  In addition to the Pathway, please note the following points:

* Refer using Radiology request form, sent to DBTH via internal post.  Future referral mechanism is anticipated via ICE when available in primary care for Radiology requests.
* add ‘Direct Access Headache Pathway’ (DAHP) to the request form
* This pathway does not accept referrals for any patient with red flag signs – please refer to the pathway
* Radiology will fax the report to the GP as Unexpected Finding protocol where applicable
* Radiology will set up a direct report referral pathway to STH Neuro MDT for unexpected finding; however GPs will still be required to refer Patient into STH as Urgent Referral.

For further information or queries regarding the above please contact

**Karen Leivers, Head of Strategy and Delivery - Tel.** [**01302 566131**](tel:01302%20566131)

[**k.leivers@nhs.net**](mailto:k.leivers@nhs.net)

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**Job Vacancies**

**Our monthly update is sent to all LMCS in the SY area.**

**We are happy to advertise any of your vacancies**

**For full details of these vacancies please see the separate attachment in our email**

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| Vacancy | Practice | Closing Date |
| Partner/Salaried GP | **Conisbrough Group Practice** | **27th April** |
| Partner / Salaried GP | **Field Road Surgery** | **N/A** |
| Partner / Salaried GP | **Dunsville Medical Centre** | **N/A** |
| Partner / Salaried GP | **The New Surgery** | **N/A** |
| Salaried GP | **St John's Group Practice** | **N/A** |
| Salaried GP | **Tickhill & Colliery** | **N/A** |
| Salaried GP | **The Lakeside Practice** | **N/A** |
| Salaried GP | **West End Clinic** | **N/A** |
| Salaried GP | **White House Farm** | **N/A** |
| Salaried GP | **Mexborough Health Centre** | **N/A** |
| Receptionist / Administrator | **Park View Surgery** | **N/A** |
| Locum Nurse | **The Mayflower Medical Practice** | **N/A** |

We would like to wish a warm welcome to Dr Marney Khan who joins Frances Street Medical Centre as a partner from 1st April 2018.

**Monthly Update**

**MONTHLY REMINDER TO ALL GPS THAT THE LMC OFFICERS ARE WILLING AND ABLE TO PROVIDE ADVICE AND SUPPORT (TOGETHER WITH REPRESENTATION, IF REQUIRED), TO ANY GP WHO MAY BE THE SUBJECT OF A COMPLAINT**

**Concerned about a colleague?**

NHS General Practice is under unprecedented pressure.  As such, we are all at risk of work related stress, burn out and depression.

Often, the symptoms of these are insidious and can be more obvious to those around us than to ourselves.

So, if you have concerns about a colleague and feel that they need our support, we’d like to hear from you.

Doncaster LMC has launched a confidential web based reporting tool where you can share your concerns about a colleague at risk of burnout and ask for our support.

[**http://www.doncasterlmc.co.uk/coleaguefbk.html**](http://www.doncasterlmc.co.uk/coleaguefbk.html)

This tool is designed to be supportive so that those identified can be helped by Doncaster LMC, signposted on to support services or be personally assisted through difficult times by officers of the committee.

We stress that the online tool must not be used for reporting safety concerns regarding a colleague’s clinical practice. Read more about the tool at:-

[**http://www.pulsetoday.co.uk/your-practice/battling-burnout/gps-given-chance-to-anonymously-raise-concerns-about-colleagues-burnout/20010472.article**](http://www.pulsetoday.co.uk/your-practice/battling-burnout/gps-given-chance-to-anonymously-raise-concerns-about-colleagues-burnout/20010472.article)

***All GPs on Doncaster Performers List (including medical students) are welcome to attend any LMC meeting as an observer. Please let the office know if you plan to attend.***

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| **Next LMC Meeting** | |
| **When?** | **Monday 30th April 2018** |
| **Time?** | **7:30pm** |
| **Venue**? | **Doncaster Golf Club**  **DN4 7NY** |

