

# Between the lines

'Analysis and explanation of things that matter to Nottinghamshire GPs'

Oct - Dec 2015 **Issue 27**

## General practice: Deal or no deal?

On the back of the *Five Year Forward View*, NHS England announced some months ago that there would be a "new deal" for general practice. This appeared to be based on a recognition of the enormous pressures facing general practice at present and the pivotal role GPs were expected to play in helping to transform the NHS' operating systems. Although the full details of the deal have yet to be released, the outline of it seems to many to be unimpressive and one sided. In return for a commitment to seven day availability and social prescribing (whatever that may involve) the government has pledged to support a range of measures to address the recruitment crisis (the so called "ten point plan"), to help find ways to reduce the burden of GPs' paperwork, provide a fund to offer short-term financial relief to practices on the verge of collapse, and to work with the profession on appropriate "quality metrics". None of this seems destined to rescue the profession from the ills from which it is suffering and all eyes are now turned towards the GPC as regards negotiation of a new contract or contractual framework.

In their latest consultation paper, "*Responsive, safe and sustainable: towards a new future for general practice*", the GPC has highlighted problems facing the profession and set out what they see as needing to be done to address them. In this document they refer to a "consolidated contract", acknowledging that efforts to control GPs' workload have been hampered by the failure of the 2003 contract to define core GMS. They have therefore identified the need to define it as essential.

It is ironic that the GPC should have come to this conclusion (on the back of a motion passed unanimously at this year's LMC conference) given that this question has perplexed GPs and those holding GPs contracts for decades and

led to many memorable "stand offs" between the profession's representatives and the relevant authorities. LMC records show that as far back as the mid-1970s Nottinghamshire LMC sent the predecessors of the GPC a proposed definition of core GMS, though the actual content of this has not survived, and many of us still recall the angst caused by our attempts to define core services locally at the *Ramsdale summit meeting* in 2004. It is clearly no easy task and one that will be rendered more difficult now that GPs are increasingly working, as the GPC acknowledges in its report, as part of, or at the head of, extended primary care teams.

Readers will be aware that the LMC has sought to gather evidence as to the extent of the unresourced transfers of work from secondary to primary care, which have resulted from this lack of clarity about what should be included within GPs' responsibilities. This was rendered necessary by the fact that some of our CCGs would not acknowledge that this was a problem meriting their attention as commissioners. We hope to be discussing the results of the survey with them in the near future.

In the meantime, the LMC remains apprehensive about talk among NHS England's FYFV vanguard teams about moves to persuade GP practices in some areas of the country to relinquish their current GMS or PMS contracts in order to participate in pooled or shared funding arrangements with community and secondary care providers. This is a high risk strategy in our view and not something to be embraced when the potential financial benefits from such actions are so uncertain and so dependent on savings that cannot easily be realised at a time of financial retrenchment and rising patient demand.

**Chris Locke, Chief Executive,  
Nottinghamshire LMC Ltd**

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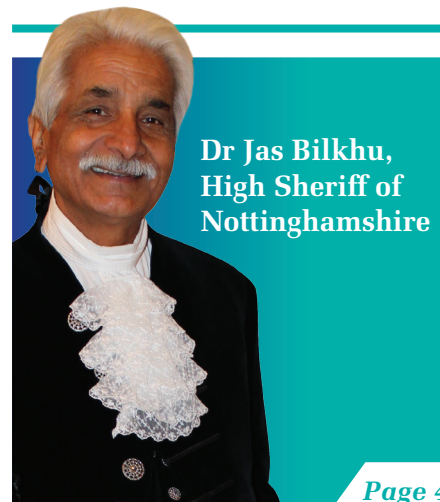
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**NOTTINGHAMSHIRE  
LOCAL MEDICAL COMMITTEE (LIMITED)**

**LMC**

REPRESENTING AND SUPPORTING GPs

## Chairman's Message

The nights are drawing in; the leaves fall gently from the trees; flu jabs are the flavour of the month; snotty nosed kids fill the waiting room. All the predictable signs of a busy winter season. Many people, particularly our staff, are looking forward to the Christmas "do", and planning for holidays next summer. But what else does the future hold? All the usual financial and political pressures are there. But even these are relatively predictable: more work, less referrals, less money. It's how they get packaged that will change.

The Scout Association motto is worth remembering at this time; "Be Prepared". It is often the small and unpredictable things in life, the "straws that break the camel's back" that cause the most problems. Who hasn't seen that time after time with patients: coping with all life throws at them until one small event too many means we have to offer an appointment in a crisis situation?

We've just had an unexpected power failure: a sudden and rather abrupt loss of power. Not a locality problem; just our building. Nothing new had been installed; no-one had spilt

water on anything critical; no mice had nibbled cables. Some light fingered character had jemmied the main fuse from the master box by the meter. Not

a lot we could do about an event like that, but out came the business continuity plan and I'm glad to say that having kept it up-to-date everything went relatively smoothly after that.

So think ahead. What might happen next? Are we, like the Scouts, "prepared", or will you be found wanting when it hits the fan? The LMC can of course help. Whether it's business continuity, help with recruitment, or a CQC preparatory visit; help is at hand. But the time to act is now. Don't wait until the roof has fallen in. Dust off the plan. Think ahead. And once the power goes off, so do the phones (as we found out!)

So be prepared!

**Dr Greg Place**



## Supporting GPs through the performance review process

It is difficult to argue against the view that the last two years have been the toughest for general practitioners in generations. The ferocity of the regulatory environment has been unprecedented and a number of GPs locally have been subject to a performance review in recent years. Issues such as the completion of DNARs, prescribing, and record keeping were being reported and formally investigated locally. Issues which previously would not have been reported or would have been discussed informally as part of a professional development process were escalated into formal disciplinary proceedings.

So what was the cost of this for our profession locally? The financial cost was huge but the personal cost far greater. The stress, anxiety, worry, worthlessness, depression and hurt felt by a significant number of GPs receiving their official bundle of papers by recorded delivery on a Friday afternoon informing them of a formal investigation against them was profound. A number of GPs opted for early retirement rather than face the Performance Reference Group and the stress which that would involve. Single handed and small practice GPs were the most vulnerable. These were some of our most experienced doctors.

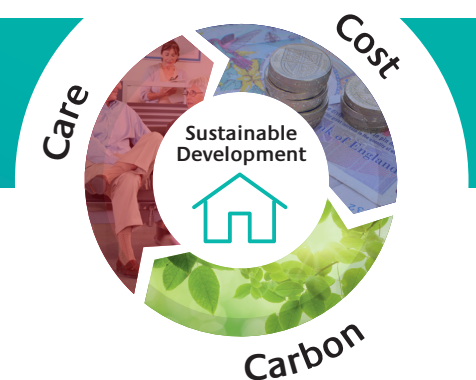
In April 2015, the Nottinghamshire & Derbyshire Area Team merged to form the North Midlands Area Team under new leadership and with a new vision. Common sense seems to be prevailing. The hundreds of outstanding investigations are being

professionally and expediently managed by the PAG (Performance Advisory Group) and at the LMC open meeting in July, the new Medical Director, Dr Ken Deacon, described his vision for better professional relationships. Co-commissioning should allow CCGs to play a part in ensuring that their members are treated fairly by regulators.

Please approach the LMC for advice and support if you are under performance review and share in confidence what has happened to you and how you have been affected. We understand that many GPs feel humiliated and ashamed by these events. We are now in a position to start working to restore the kudos of working as a GP in Nottinghamshire to its former esteemed status. We have worked out what has gone wrong and we are determined to put this right, to ensure that the regulator is not riddled with conflicts of interest, to ensure that every piece of information is made available to you, and for you to be certain that the LMC is here to support you. We need to know about every investigation. We must support Notts GPs in their dedicated and caring professional lives. If the GMC, CQC, Coroner or NHS England have raised concerns about you please engage the help of the LMC immediately. LMCs throughout the UK robustly defend their members. We are no exception.

**Dr Marcus Bicknell, LMC member**

# Reducing carbon emissions, saving money and improving health



The most significant international climate negotiations of the decade are taking place in Paris in December, providing an opportunity for us to agree targets to reduce carbon emissions sufficiently to prevent very serious climate change.

It is timely therefore that the **East Midlands NHS Carbon Reduction Project's** final report has just been published and is available on the national Sustainable Development Unit's website.

This was a large-scale programme "to equip NHS organisations to reduce their carbon footprint whilst improving the quality, productivity and effectiveness of their services". It engaged 26 NHS Trusts, 16 of whom implemented projects, and four Care Homes.

It demonstrated that NHS organisations and care homes can simultaneously reduce carbon emissions, save money and improve health.

The Project Steering Group was chaired first by Andrew Kenworthy, the Chief Executive of Nottingham City Primary Care Trust and then Dr Ian Campbell MBE, a Nottinghamshire GP and national expert in obesity.

**Triple wins were achieved.** The programme yielded estimated savings of 2,556 tonnes of CO<sub>2</sub>e and £1.5 million of revenue, demonstrating the potential for larger-scale action. It also benefited health directly by supporting healthier food for patients and visitors and increasing access to NHS green space, and indirectly as the savings could be re-invested in services.

The learning from the project is directly applicable to primary care. It focused on seven key action areas, which can be applied by GPs as providers and commissioners of care:

**1. Reducing unnecessary procurement** and procuring a greater proportion of sustainable goods and services. Procurement forms the single largest component of the NHS carbon footprint. The project generated good examples of lower carbon purchasing that benefited patient well-being, for example a new approach to the procurement of continence products.

**2. Improving energy use in health service buildings,** including greater energy efficiency and increasing the use of renewable energy.

**3. Residential care** – improving sustainability while developing health co-benefits, for example by promoting access to nature and gentle exercise for residents, involving staff and volunteers.

**4. Travel** - community healthcare professionals successfully trialled electric vehicles. Their cost has fallen considerably recently, making their use more accessible to health organisations.

**5. Good food - a clinical priority:** The standard of food for staff, patients and visitors was improved by providing fresh

healthy meals made with local, seasonal and organic ingredients, enabling Nottingham University Hospitals Trust to achieve the Soil Association's Gold Food for Life Catering Mark. This standard has been identified by NHS England and the Department of Health's Hospital Food Standards Panel as an effective way to promote excellence in hospital food and verify compliance with Government Buying Standards. An Exemplar CQUIN on hospital food cites the Catering Mark as a way to raise food standards, meaning hospitals and Clinical Commissioning Groups can now agree a financial incentive for achieving the Catering Mark.

**6. The NHS Forest scheme** was applied to three NHS estates to increase access to green space on NHS land, to improve the health and wellbeing of staff, patients and communities. A strong evidence base demonstrates the value of green space, be it around GP premises or on the wider NHS estate on which CCGs are commissioning services.

**Making it happen:** GPs and primary care managers wanting to take these ideas further will be interested in the management learning from the project, which includes:

- The value of a rolling programme of action projects, supported by a sustainable development network with a modest budget to incentivise change
- The value of public, private and academic partnership
- Calculating a baseline carbon footprint to identify savings
- Using performance indicators to provide clear objectives, together with action learning which enables people with a shared interest in making changes to reflect on the challenges and opportunities they face.

Nottingham City CCG utilised the project to develop a practical Invest to Save Sustainability Roadshow for and with GP practices throughout Nottingham. This included two workshops for GPs and Practice Managers, focusing on reducing clinical waste, increasing energy efficiency and the use of renewable energy and active travel opportunities for each practice. The workshop evaluation was positive, but further work is needed to embed the learning.

The project was managed by Helen Ross, Insight Specialist, in Public Health in the Department of Health East Midlands and Nottingham City Primary Care Trust who can now be contacted at [helen.ross@nottinghamcity.gov.uk](mailto:helen.ross@nottinghamcity.gov.uk)

**Dr Ian Campbell, Helen Ross, and Jenny Griffiths OBE**

## Welcome to the East Midlands' newly qualified GPs: Who are they and what are their plans?

The RCGP Vale of Trent faculty board recently surveyed seventy of this year's East Midlands Specialty Scheme (VTS) graduates about their career intentions. This brief article summarises some of the findings so that hopefully the local GP community can tailor recruitment opportunities to our new 'first 5 GPs'.

### Who are the newly qualified GPs?

They are a strikingly diverse group with a wide variety of ages, ethnicity, background and experience. Two thirds are female, 15% graduate entry medics and 18% international medical graduates. Five of the respondents trained at Nottingham Medical School and seven at other Midlands medical schools.

55% had direct route through GP training and 43% expressed a special interest, with most of these having changed from a different initial specialty.

80% have a long term partner or spouse. 40% of partners are medical professionals, plus a wide variety of other dual professional careers to consider.

### What are the career plans of the newly qualified GPs?

The strongest response concerned domestic arrangements – over 90% consider proximity to family as important and 64% plan to stay locally initially. This gives a broader perspective on 'family doctoring'!

Almost half of newly qualified GPs plan to locum initially. A similar proportion want a salaried post with only very few applying for a partnership immediately. However the group are increasingly interested in partnerships later, and maybe moving or travelling.

Health Education East Midlands (HEEM) have appointed several new and popular one year 'post-training positions', enabling two days clinical, two days special interest and one day study e.g. MMedSci.

Most of the newly qualified GPs have generously offered to act as buddies to more junior medics. They are also keen to be kept informed of local support opportunities e.g. first 5 groups, RCGP career networking session and Primary Care Development Centre activities.

We are fortunate in the Nottingham area to have a supportive GP community and we are all keen to contribute towards recruiting, retaining and returning GPs. There is also great potential to inspire local 'home grown' medical students and foundation doctors, and there are plans to increase the exposure to general practice in the clinical years soon.

In summary, we welcome the new and diverse first-5 GP cohort and hope many of them and their families will find rewarding careers within our local community.

**Dr Caroline Anderson, Associate Professor,  
Nottingham Medical School**

## New Supplier: Peninsula Business Services (Employment Law and Health and Safety Services)

The LMC Buying Groups Federation has partnered with Peninsula, the UK's largest employment law and health and safety consultancy firm, to offer member practices Peninsula's full range of services.

Any member practice can now access free, no-obligation initial advice from Peninsula on a range of HR and health and safety issues including:

- Zero hours contracts of employment
- Lateness/absenteeism
- Performance/attitude of staff
- Disciplinary and dismissal procedures
- Pension auto-enrolment
- Shared Parental Leave
- Employment Tribunals

To find out more and register for the free initial advice, please visit the Peninsula microsite:

**[www.lmcbuyinggroups.peninsulapartner.com/gpm-default.aspx](http://www.lmcbuyinggroups.peninsulapartner.com/gpm-default.aspx)**

Peninsula is also offering member practices a free consultation, which will help them understand their obligations and risks under current employment and health & safety legislation. Member practices can also access an exclusive 15% discount on Peninsula's standard Employment and/or Health & Safety services. Please quote the code LMCMS in any correspondence to ensure you get the special pricing if you take out a contract with Peninsula.



The LMC has congratulated Dr Jas Bilkhu, the LMC pastoral network and Nottinghamshire GP and Practice Staff Education and Training Board (GPSET) Chair, on his recent appointment as High Sheriff of Nottinghamshire. He is pictured here wearing his formal regalia.

The LMC would like to congratulate Pleasley Surgery who are Mansfield and Ashfield CCG's Practice of the Year 2015.

