Between the lines

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

Apr-Jun 2014 Issue 21

The "Call to Action" and the "Crisis" in General Practice

NHS England's interim response to their consultation exercise, the Call to Action in General Practice, has been greeted with disappointment by the GPC who say that it demonstrates that NHS England is not listening to the profession. It would be truer to say, however, that NHS England is not listening to the GPC but is listening instead to CCG Clinical Leaders and managers who claim that they cannot do their job properly without being able to influence the delivery of primary care through practices' core contracts.

The mechanism by which they hope to do this (so called "co-commissioning" of GP contracts) is fraught with difficulty and it would be wrong to suggest that every CCG Clinical Leader is enthusiastic about it. Some might even agree with the views of the LMC, which for its part, has opined, in a motion to the LMC Conference taking place in May, that, if adopted, this policy risks alienating the CCGs from their constituent practice members, thereby undermining their broader commissioning intentions, and that it may be viewed by a sceptical public as a "conflict of interest too far". What it may also do is hasten the linear progression by which CCGs are becoming more and more like the organisations they replaced, proving yet again the dangers of history repeating itself.

One thing both NHS England and GPC agree on is that, faced with current challenges, general practice is in a state of crisis. But how accurate is that statement? At a recent seminar I attended at Manchester University on 'The role of the GP', a cross-section of individuals discussed the current state of general practice taking account of its history and agreed that the narrative of general practice since the dawn of the NHS (and arguably before) has been one of an intermittent cycle of "crises" from which general practice always seems to have bounced back.

The reason this particular crisis is different, some would argue, is that general practice is currently subject to a "perfect storm" of unprecedented patient demand and expectation, a tightening financial straightjacket, increasing regulation, and a shortfall in the number of new entrants versus the number of imminent retirements.

It is for this reason that we are agreeing for once with government ministers who argue that something has to change fairly drastically in general practice and that collaboration between practices in one form or another seems the only possible solution. To achieve this objective many obstacles have to be overcome but a change of mind-set among GPs is key and in this respect it may be appropriate to talk of a need for some kind of "cultural revolution".

Chris Locke, Chief Executive, Nottinghamshire LMC Ltd

LMC levies frozen for fourth year running

News that DH has chosen to ignore the recommendations of the DDRB yet again, imposing a 1% cap on salary uplifts which has been reduced to a real term increase of 0.28% after an apparent 'fall' in practice expenses, was greeted with understandable dismay. It is however what GPs have come to expect. Faced with this, practitioners may be relieved to note that the LMC has once again decided to refrain from increasing the LMC levy which will now have been frozen at its present level (37p per patient) for five years. Most LMCs now charge in excess of 40p per patient. Leicestershire for example charges 42.5p and Doncaster has just reduced theirs from 52p to 45p per patient. Unfortunately the GPDF has announced an increase in the amount of money they LMCs want to collect from the national voluntary levy to 6p per patient. The rate we currently collect at is 5.85p. The LMC will meet the shortfall this year (from reserves) but may have to look at increasing it next year.

In this issue

Online Training Courses for Practice Staff

Blue Stream Academy

Page 4

LMC Buying Group negotiates discounts with Blue Stream Academy

NOTTINGHAMSHIRE LOCAL MEDICAL COMMITTEE (LIMITED) LMC REPRESENTING AND SUPPORTING GPs

Chairman's Message

Spring is here. Daffodils, Easter holidays, annual accounts, a new QOF to name a few of the things to look forward to. For some, it may be retirement; others may be starting in the profession. There is no doubt that it will be a challenge as new responsibilities head our way; yet the funding streams for many are being reduced over the next few years as MPIG is reduced. The LMC is trying to work with the Area Team to identify practices at risk, and then to work with the practices to look at new and innovative ways of working, attracting new contracts and maintaining the business. For many of us it will be "work as usual", but we too may need to look at AQP provision in the near future. The LMC is there to help.

Many of us will face a CQC assessment this year and I would draw your attention to Dave and Mike's excellent work on the CQC 'checklist' which should prepare you for the inevitable inspection to come, and the LMC can also offer a visit to prepare Practices further. Spring cleaning may be an old fashioned concept nowadays but could be a good habit to get into in the era of regular and unexpected inspection, and if your surgery looks anything like ours, a good clear out is probably overdue.

The warmer weather also heralds the onset of the holiday season for many. It's always worth checking on vaccine availability and expiry dates: there have been some shortages recently particularly of typhoid vaccine, and I would remind Practices that they are contracted to provide routine travel vaccines unless they have opted out of immunisation as an additional service (I'm not aware that anyone has) so inviting patients to go to a neighbouring Practice would be frowned upon.

And whilst holidays are on the mind, look at the diaries, book a slot now and get locums organised. There is nothing worse than coming back from holiday to twice the work as usual and an in-tray heaving with letters as no-one has had time to cover your workload.

Have a good Easter break: summer is on the way...!

Dr Greg Place

Area Team Primary Care Strategy

As you will be aware NHS England Derbyshire and Nottinghamshire Area Team is the lead commissioner for the GP contract. Although the GMS contract is a nationally negotiated we have the opportunity to shape and inform the future of General Practice through local engagement. We have therefore been working with the Clinical Commissioning Groups (CCGs), patients, the public, Health Education East Midlands and key partners such as the Local Medical Committee to develop a draft primary care strategy that sets out our collective vision for primary care for the next five years. The final strategy has to be agreed by 20 June 2014.

We know that General Practice is under pressure with increased demand, financial challenges and workforce pressures so we have worked alongside the CCGs to develop the strategy and plans that will address these issues. There are a number of different projects being led by the CCGs that test different ways of working in General Practice, aiming to increase access, improve working conditions and support the urgent care system. The Area Team is supporting the evaluation of these projects and if they are successful we will support roll out at pace and scale.

Between now and the end of April we want to engage with as many of you as possible. During March we asked statutory partners such as the CCGs, and other NHS providers for their comments on the first draft. As we know March is a busy time so we have sent all practices a shortened version of the strategy for comments by 25 April. We have developed a short questionnaire to support this. If you want to see the full 120 page version of the strategy or for more information please contact: **gerald.ellis@nhs.net**

Dr Doug Black, Medical Director, NHS England - Nottinghamshire and Derbyshire Area Team

The Rise and Rise of the Engineers

A personal view of the prevailing NHS culture from Dr Prit Chahal...

Over the last decade or so, what can be described as the 'engineering' culture' has flourished in the NHS. The engineering culture arose from the aviation industry model of following safety protocols and checklists to reduce the possibility of human error. The original intention of introducing this concept in both improving patient care and ensuring clinical competence in training is both desirable and laudable. I freely admit that I was one of the 'engineers' deconstructing and redesigning systems to address issues in various areas of health education and training.

The solution 'design' was all about disconnecting the 'human' error factor and replacing it with standardised and measurable processes. In engineering terms, human beings were the weak link, emotional, prejudiced and prone to making errors of judgement.

Engineering solutions resulted in some initial successful outcomes and affirmed the belief that problems are best managed by deconstruction into analysable and measurable components. Concurrent ideologies such as 'Evidence-based Medicine' fuelled the engineering culture such that there is now a protocol or guideline for virtually every clinical situation. In addition a new language developed with its own mantras and elements of cultural exclusivity. Great value was put on processes that had 'metrics'.

However, human empathy and compassion are not easily quantifiable and were largely ignored or perceived as part of the problem. Regulatory bodies, beloved and sponsored by Government, were quick to embrace the engineering culture with its promise of producing measurable targets that could be linked to either punitive or financial incentives. These could be manipulated to political advantage.

However, there is increasing concern on how this engineering culture has impacted on the behaviour of healthcare professionals in both service and educational delivery. There have been recent high profile examples of organisation that have met the 'engineering' targets, but where a culture of emotional detachment had replaced compassionate behaviour towards patients and colleagues.

In addition 'workarounds' have become secondary responses to meet targets to avoid punitive measures. The recent disclosures of waiting list targets manipulation in secondary care trusts is not really a surprise. I have heard colleagues describe so-called 'workarounds' with respect to QOF measurements. These 'workarounds' become normalised and no longer perceived as dishonest. Yet the staff in these situations are people just like ourselves and elsewhere in the NHS

We know all this don't we?? So why have we bought into it?? How can we tackle this?? To paraphrase Gandhi, 'Be the change you want to see'.

Last year, our inner-city practice embarked on redefining ourselves. The practice decided to become a values and behaviours-based organisation centred on compassionate care for our patients and for ourselves. The project was started before the mid Staffordshire revelations. The entire practice staff were facilitated by an expert outside resource and we successfully crystallised our values which we hoped would navigate us through the changing NHS landscape and keep us grounded on what mattered to our patients and to ourselves. While it did not protect us from the values and behaviour of other organisations, it absolutely resonated with our patients who have been a great source of strength and support for us during a difficult time recently.

I am still a 'boy' engineer at heart, but if I was to design an 'engineering solution' now I would do my utmost to ensure that a 'human connection' with wisdom and compassion is at the centre of my design.

Dr Prit Chahal,
GP, The Dale Surgery

LMC Buying Group negotiates discounts with Blue Stream Academy

The LMC Buying Groups Federation's newest supplier Blue Stream Academy Ltd can provide high quality, easy to use and cost effective online training courses for your staff.

The GP Practice eLearning suite is made up of 45 training modules which include:

- Chaperoning
- Dementia Awareness
- End of Life Care
- Equality and Diversity
- Medicines Management
- Mental Capacity Act
- Records Management
- Risk Management
- Safeguarding Children
- Summary Care Records

A full list of the current training modules is available on the Blue Stream website: **http://www.bluestreamacademy.com/**

The modules are constantly reviewed to ensure accuracy of content and Blue Stream offer frequent upgrades and new modules at no extra cost. The training can be used for CQC compliance, general training and to accrue CPD hours for GPs and nursing staff.

The eLearning suite also includes a Management Information System to help you keep track of your staff's training.

Pricing

As an LMC Buying Group member your practice will receive a 15% discount off RRP, free set up (usually £50+VAT) and free on-site training (usually £150+VAT) if required.

There are also further discounts available to groups of practices working together in Federations for example or with their CCG – price on application.

Contact Details

Mark Cowlishaw - Blue Stream Academy

Telephone: 01773 822549

Email: mark@bluestreamacademy.com

Address: Suite 11 – Riverside Business Centre, Foundry Lane, Milford, Derbyshire, DE56 1QA

Farewell to Kam et al.

Following the recent election process, the LMC was sorry to say goodbye to three members who have decided to step down this year. These comprise Dr Kelvin Lim, who has served for the last two years, Dr Andrew Parkin (one of our Directors) who has served for ten years and Dr Kamlash Kaur who is the LMC's longest serving member, having served continuously on the LMC for twenty years. Dr Kaur has over the years represented the LMC on a variety of working groups, most notably the Area Prescribing Committee and, on Health Authority and PCT Liaison Committees as a representative of City GPs. We will miss the contributions of all three of these outstanding professional representatives.

The Last Word

Like its various predecessors the Area Team often finds it useful to employ diagrams when attempting to explain complex policy to a wider audience and so in a standard PowerPoint presentation on "The Systematic Assurance of Quality and Performance" Primary Care Contracts Team officials employed a device whereby the various identifiers of performance are presented as being encompassed by an oval. The author of this presentation was said to be less than pleased however when colleagues unkindly (though perhaps accurately) referred to this hereafter as the "oval of doom". (!)

In the national furore which accompanied the government's ill-fated and ultimately unsuccessful attempts to assure the public about confidentiality concerns relating to the Care. data programme, one curious fact has emerged. Many people receiving the government's "Dear householder" standard leaflet at their homes were puzzled to find it sandwiched between flyers advertising free pizza delivery. Now this might be explained as an unfortunate coincidence, but the fact that householders across the country claimed to have received it in this fashion has made some commentators wonder if the juxtaposition of this important government message to self-evident junk mail was in some sense deliberate. Could the DoH really be that devious? (Answers on a postcard, but don't count on them being delivered!)

And finally, when it was reported at a recent LMC meeting that our regional GPC representative, Peter Holden, was due to hold one of his regular meetings with genial and respected Health Minister, Earl Howe, it was pointed out that his Lordship had patrimonial connections to the LMC's area, as the Earl's family are apparently hereditary Lords of the Manor of Gotham, a small village on the Notts/Leicestershire/Derbyshire boarders. It was at this point that one wag asked if that ought to be Gotham City (sic). However, apart from the fact that he wears a cloak when ceremonially required in the House of Lords, we have been unable to identify any other comparisons between his Lordship and the Caped Crusader!

Between the Lines is Produced by Nottinghamshire Local Medical Committee Ltd, 5 Phoenix Place, Nottingham, NG8 6AA.
Telephone: 0115 977 1341 • Fax: 0115 998 6715 • Email: office@nottslmc.co.uk • Website: www.nottinghamshirelmc.co.uk