

# Between the lines

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

Jan-Mar 2014 **Issue 20**

## Changes to new contract: Is the government listening?

The announcement of an agreement between GPC and NHS England on changes to the contract (some of which reverse unpopular changes introduced in April 2013) have left many GPs confused. Whilst details of what is involved are still emerging, the Secretary of State and GPC have both been at pains to contradict what each other is saying about the changes and portray them in vastly different ways to their intended audiences.

For Jeremy Hunt, making GPs responsible for monitoring the quality of out-of-hours services is a great victory, countermending the greatest folly of the Labour Government's 'disastrous' new contract of 2004 (sic) whereas for GPC it does nothing more than reaffirm, contractually, what GPs already do through CCGs. Likewise, making every vulnerable elderly person have a named GP responsible for their care is heralded by Mr Hunt as a brilliant new idea, a post Francis response to the public's concern about our collective failure to provide for our aging population, whereas for the GPC it is largely cosmetic, as GPs already coordinate the care of their frail elderly patients and having a 'named GP' will make little difference. And then there is that other wonderful coalition government wheeze to improve patient

choice and access to GPs, the Choice of Practice Scheme. As Nottinghamshire LMC has said repeatedly the pilot scheme operating locally has never looked like justifying the investment made in it. The whole idea was, and continues to be, for the benefit of those commuting to London for work and for most GPs it is an irrelevance, so long as GPs do not have to visit those outside their (inner) practice boundary (which they do not).

In financial terms, the changes made make little difference in the sense that they are cost neutral with the money taken from QOF being recycled and available to practices in other ways, but they do appear, as both sides agree, to be designed to reduce bureaucracy and box ticking and lessen the administrative burden on GPs.

So, how has this rapprochement between government and GPC been achieved? Have the Secretary of State and his officials finally recognised the crisis facing the profession or has the pragmatic style of the new GPC leadership under Chaand Nagpaul proved more effective than its predecessors? Hopefully it was a little of both.

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

## A new beginning? The Primary Care Development Centre

In late November, at one of the best attended LMC Open meetings for some time, an audience of GPs and Practice Managers listened to a succession of speakers offering reflections on matters relevant to the future of General Practice (in light of the LMC Working Group's recent discussion paper). The meeting may prove significant in many ways, not least in seeing the official announcement of a new initiative supported by the LMC to create, in Nottingham, the Primary Care Development Centre. This is intended to coordinate and focus support for GP businesses and collaborative working throughout Nottinghamshire (and Derbyshire). To be successful this innovative proposal will require more than just verbal support from a variety of organisations which are being invited to play a part, but the LMC makes no apology for saying that (in response to its Working Group's conclusion that collaboration, in one form or another, is the key to the future success of General Practice), the establishment of the PCDC will be its highest priority and principal objective for 2014.

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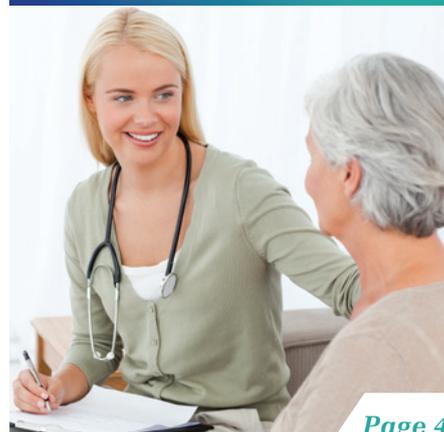
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**NOTTINGHAMSHIRE  
LOCAL MEDICAL COMMITTEE (LIMITED)**

# LMC

**REPRESENTING AND SUPPORTING GPs**

# Chairman's Message

The New year is upon us once again. I suppose it's a feature of "getting old" that these occasions seem to come round much more frequently, but the pace of General practice probably doesn't help either. There is no doubt that the profession is being stretched, and Secondary Care, particularly the acute sector, is not faring much better. For a change, the views of GPs around the country have been listened to this year, and the GP contract from April will drop many of the "tick box" points that we have loved to hate, as well as undoing some of the imposed changes from last year. The money released will go back to base line funding rather than funding new QOF indicators, and it is hoped will

help to stabilise Primary Care funding as other changes bite over the next few years, as well as easing some of the bureaucratic pressures.

Not that it's any easier overall of course. Revalidation for many this year will be a challenge or a threat, certainly an unknown quantity for some; AQP particularly in the City will be a challenge; pension changes in April will mean that some will consider retiring, others may cease pension contributions; others will want to seek pension protection. And if you haven't discussed this with a financial advisor I would advise you to do so soon! The LMC can offer advice on many matters, but cannot offer financial advice at all in this respect.



On a lighter note we can look back as an LMC at a very interesting year; new staff, new offices, a hugely successful awards evening, to name a few; the Team is in good shape for the challenges of the year ahead.

**Dr Greg Place**

## Extension of flexible working rights

**The Government's decision to extend flexible working rights to all employees next year could create unexpected issues for GP employers. GP employers may be faced with requests from workers who, for lifestyle motives, no longer wish to work on Mondays or Fridays.**

From 1 April 2014, the right to request flexible working will be extended to all employees, not just those that have children under the age of 17 or responsibilities as a carer. Under the current regulations, the employee has to make a request in writing and the employer has to discuss the request with the employee within 28 days, giving their decision within a further 14 days. The employee then has 14 days to appeal that decision if they wish. The changes to the rules next year mean that employers and employees will no longer have to process requests in a particular way and within a specific timeframe.

Whilst the move to a less formal "request" process is likely to be welcomed by GP employers, the opening up the "right to request" and the expectation that such a right brings is likely to be less than welcome. In making decisions about flexible working requests, the principles will however remain the same. The employer will still have to balance the personal needs of the employee with the requirement of the practice to deliver services effectively to its patients. This decision making process is never simple and key to success in its management is being seen to manage the process comprehensively and fairly.



### Further information

John runs Kraft HR Consulting which supports General Practice & other small and medium sized businesses on human resource management issues & can be contacted on [john@khrconsulting.co.uk](mailto:john@khrconsulting.co.uk) or on **0115 8491753**. If you wish to explore this issue further with him, he will be happy to give advice. Initial consultations are always welcome and always free!

**John Krafts,  
Human Resources Consultant,  
Kraft HR Consulting**

# Healthwatch voice is key in shaping health and social care services in Nottingham

**Patient involvement and experience is essential to creating a health service that meets the needs of people across Nottingham; Healthwatch is here to champion that cause.**

Our health and social care systems are being evaluated and altered in light of financial constraints and increased demand. In the past months, we have seen several important reports: Francis, Keogh, and the CQC State of Care reports. The narrative in each encourages greater patient involvement in all aspects of our health and social care services.

Healthwatch, the new community champion, has been developed to facilitate greater involvement of local people in the design and delivery of health and social care services. Across the country there are 152 local Healthwatch organisations with each having a seat on their local Health and Wellbeing Board and other statutory boards relating to health and social care. Healthwatch

England supports local Healthwatch, works to participate in the national debate and affect policy.

At this important time in the development of the nation's health and care services, Healthwatch Nottingham has a key role to play in supporting local people to be heard and in working with all the interested parties to ensure that communication and engagement is full and meaningful.

Healthwatch seeks to work with GPs, community groups and voluntary sector organisations. It also provides an information and signposting service to help people with issues around health and social care.

**healthwatch**  
Nottinghamshire

Interested readers may call the information line on **0115 859 9511** or visit the Healthwatch Nottingham website on **www.healthwatchnottingham.co.uk**



Ruth Rigby, New Managing Director of Healthwatch, Nottingham

## LMC Buying Group: New Deal - Waste Management

**LMC** BUYING GROUPS FEDERATION  
"Saving practices time and money"

**The LMC Buying Groups Federation has negotiated a new deal with 1st Waste Management Consultants to help practices find the best waste collection services in their area.**

1st Waste Management work in a similar way to another of our approved suppliers, United Utilities, in that they offer a free service to practices to find the providers in their area offering the best price and service saving practices time and money.

1st Waste Management has National Account status with most waste carriers in the UK because of the volume of trade they do with them. By using 1st Waste Management your practice will enjoy the benefits of this, and will subsequently receive lower waste management costs.

As an LMC Buying Group member, you will be given preferential terms normally only associated with very large national chains and large corporations.

**For more information contact 1st Waste Management Consultants:**



**Telephone: 01202 393001**  
**Email: sales@1stwaste.co.uk**



# ChooseGP scheme

Christine Johnson, Community SubDean at Nottingham Medical School, is working alongside the Nottinghamshire LMC, to explore interesting ways we can offer final year medical students the opportunity to discuss their career aspirations and our career experiences of General Practice.

There is a full week of Career related discussions from February 24th-28th 2014.

**If you are interested in taking part please contact Christine by email: [christine.johnson@nottingham.ac.uk](mailto:christine.johnson@nottingham.ac.uk) or telephone: 07747 865635.**



## The Last Word

In anticipation of named GPs being coordinators of their elderly patients' care we offer a post festive season take on what this may mean in practice.

### INITIAL INTEGRATED CARE PLAN ASSESSMENT

Patient Name: *Nicholas K Kringle, aka Father Christmas.*

DOB: *N/K* NHS No.: *N/K* Named GP: *Dr Noel First*

Address: *North Pole Cottage, 45 Reindeer Lane, Wollaton, Nottingham*



**Over 75's health check:** Patient appears in good physical health. Blood, glucose and cholesterol results within normal range. Not on medication of any sort. Patient has good mobility although he is morbidly obese with BMI of... Propose repeat bloods in 12 months time.

**Smoking status:** Occasional pipe smoker.  
Declined referral to New Leaf.

**Alcohol:** Claims to drink only 20 units a week except at Christmas when he admitted to excessive consumption, but ruddy cheeks suggest intake may be higher.

**Social status:** Self-employed; claims to run his own toy business. Not claiming benefits. Lives alone. Appearance suggests he can care for himself. When mention made of home help, he claimed to have a number of 'little helpers' already.

#### Mental health:

Passed memory test though admitted to being unsure of his DOB. Extreme cheerfulness and consistently elevated mood suggestive of possible bipolar disorder. This is reinforced by patient's admission of a sense of anti-climax following festive season and comments that over Christmas he 'usually travels from pole to pole'.

Risk of self-harm and neglect minimal but recommend a visit by social worker to assess home situation and need for home help and/or mental health assessment. (Social worker please note, patient advises visitors to his house to be careful to avoid Reindeer droppings in the front garden).