

Between the lines

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

July-Sept 2014 **Issue 22**

The Prime Minister's Challenge Fund: A cause to celebrate?

From time to time, things happen in primary care in our part of the world which we have cause to celebrate and be thankful for. One such occasion was the recent announcement that CCGs in Nottinghamshire and Derbyshire had succeeded in winning £5.2 million from the Prime Minister's Challenge Fund (a feat rendered even more remarkable considering that the fund is only £50 million in total so our area is benefitting from by far the largest slice of that particular cake). Much of the credit for this success rests with the Area Team as it was they who coordinated the bid, collating information from each CCG and helping to create a compelling case out of the disparate and often unformed details of what each CCG aspires to do to help improve patient access to services. They deserve congratulation therefore, (ignoring of course the fact that bids were supposed to have come from "groups of practices" and this is how it was portrayed by government spin doctors).

A number of points merit comment about this development however. Firstly, the Challenge Fund itself can be seen essentially as a PR stunt, and a way of deflecting growing criticism from media and patients about difficulties in accessing services (and, some would say, a distraction from the real issues of inadequate investment and recruitment in the face of unrelenting demand). Secondly the £50 million is non-recurrent and is largely a sticking plaster for the access problem. The LMC has therefore asked CCGs to indicate what they will do if no replacement funding is found to continue the work commissioned. Thirdly there is evidence

of a wide disconnect between what some of the CCGs said they would deliver and what they may actually be able to deliver, or between how that offer was portrayed in the bid and what they actually aspire to do. Lastly, there is the point made regularly by the LMC and GPC that the Challenge Fund and the way the announcement of the award appeared in the national press may only serve to raise patient expectations that it will never be able to meet. The media, encouraged no doubt by Number 10, simply took the number of patients covered by "groups" awarded bids (in our case the entire population of Derbyshire and Nottinghamshire minus Bassetlaw) and blithely announced that 7 million people will now find it easier to access GP appointments "seven days a week".

Given that many of our CCGs' proposals have nothing to do with routine GP appointments and some make no provision for weekend access, this is grossly misleading. (And no prizes for guessing to whom patients' anger will be directed when they find the reality does not accord with their expectations!) It would be easy to accuse the government of a cynical manipulation of public anxiety but they are not alone in doing so. The recent announcement by the Labour opposition of a £1 million fund to restore the 48 hour access target for any patient wanting to be seen by "their GP" reveals an equal degree of cynicism or (worse) a fundamental ignorance of the challenges GPs face.

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

GPC and RCGP highlight GP crisis

GPs may not need persuading there is a crisis facing NHS primary care but the public, media and politicians are evidently not all aware and this has prompted the BMA and RCGP to launch (independently) high profile campaigns to get that message across. The BMA/GPC campaign (strap line "Your GP Cares") features an excellent explanatory video available on YouTube, accessible via a link on the LMC website.

The RCGP campaign "Putting Patients First" is supported by patient representative organisations and has also proved effective and hard-hitting. The LMC has written to all local MPs offering to facilitate meetings with practices recognising that in the run up to the general election next year they may be, for once, more willing to listen to our problems.

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**NOTTINGHAMSHIRE
LOCAL MEDICAL COMMITTEE (LIMITED)**

LMC

REPRESENTING AND SUPPORTING GPs

Chairman's Message

The Conference of representatives of LMCs is an annual event, setting policy for the GPC and this year was held in York. I have to say that this sometimes can be a bit dull and predictable, but this year was more lively with many vigorous debates. Four delegates travelled from Nottinghamshire to represent your views and to be part of this important policy setting body. Along with myself, Arun Tangri, Aneel Bilkhu, Sonali Kinra, accompanied by Chris and Mike were there for the two days in May. And we didn't just sit there; we were on the stage engaged in the debate. Standing in front of 500 of your peers can be a bit daunting but being involved is why many of us are part of the LMC in the first place, and this is an opportunity to get views heard at a national conference.

A passionate speech by Chaand Nagpaul, the GPC Chairman set the scene and a wide range of topics were debated including co-commissioning, CQC, premises, charging patients, seven day opening, and occupational health. The highlight for many I suspect was the conference dinner; usually a fairly staid affair with suitably uninteresting speeches, but this year the organising committee had moved us out of a big hotel venue to the National Railway Museum. Wandering around mighty engines such as "Mallard", and having dinner surrounded by Queen Victoria's royal carriages was an event to be remembered when the political rhetoric and decisions have long since been forgotten.



Next year will be different again. Nottinghamshire delegates will be there again representing your views; if you feel there are issues that need to be debated nationally then talk to a member of the Committee or email the office. The conference is for LMCs; the LMCs represent you, our GP constituents and it's your views we are trying to express at such a gathering. Let us know your views and feelings.

Dr Greg Place

Newsflash – The PCDC is open for business!

Every practice in Nottinghamshire (and Derbyshire) can expect to receive a copy of the prospectus for the recently launched Primary Care Development Centre.

Practices wishing to know more about this will be receiving notification of 'open house' events in September (dates and venues to be announced). But an event for key stakeholders, supporters and participants was held in June to "sense-check" the plans and vision set out in the prospectus and offer further ideas and pledges of support.

The PCDC website has been launched www.pcdcnottingham.org.uk containing a wealth of information about the Centre. It will form a portal to information about the training and development services the PCDC will provide.

We hope that in due course the Centre will become the chief repository of information about all such activities across the two counties.

Practices will already have received flyers for business skills and development sessions the Centre is running in July and September. These are already nearly full but we may offer to repeat them later in the year and we will be developing a programme of follow up "master classes" on business topics.

With support from the CCGs, PCDC associates hope to be working with groups of practices to explore the



potential benefits of collaboration, helping where appropriate to put in place structures through which those benefits can be realised.

Meanwhile, supported by advisory groups and the Local Education and Training Councils, we hope to be coordinating professional development for practice managers and nurses, and workplace learning and development for HCAs and practice staff, while for GPs we hope to be able to organise lunchtime training events in a variety of locations so GPs can socialise in a learning environment.

Mid-Year Report on GP Contract Issues 2014/15

By Michael Wright, Head of Liaison, Nottinghamshire LMC

These are just some of the areas that the LMC Liaison Team has been working on with the Area Team and practices recently to support and advise as appropriate...



GP Contract Changes

In April the Area Team held four events across Nottinghamshire and Derbyshire aimed at informing practices of changes to the contract including news on the global sum, MPIG changes, seniority, QOF changes, DES changes and additions as well as other contract changes. You should all have been sent the PowerPoint presentations that were used; we can send it out to any practice that has not received it.

MPIG

The 'Minimum Practice Income Guarantee' or 'Correction Factor' is a top-up payment paid to some GMS practices with the introduction of the new GMS contract in 2004; it is being phased out over the next seven years and the draw-down process began in April this year. The money withdrawn will be reinvested into the global sum using the Carr-Hill weighting formula but will inevitably lead to a loss in funding for the practices affected. Planning ahead for the future taking into account the reductions will be crucial for practices when forecasting and budgeting.

We would ask that any practices affected by the drop in funding contact us so that we can help you to plan for the future and overcome any difficulties posed.

PMS

The Area Team currently has until April 2016 to review the PMS contracts for all practices holding them. The methodology being followed sees the drawing down on the 'PMS premium' which is the value of how far PMS expenditure exceeds the equivalent items of GMS expenditure. This is, of course, in light of the MPIG being phased out over seven years.

We are in regular contact with the Area Team throughout this process highlighting potential problems that this exercise could cause such as reduced services, more referrals to secondary care, staff

redundancy and closure of small practices following retirement of single handed GPs etc. We will argue that the premium funding should be reinvested to support and reinforce the delivery of core GP services, for example by improving access to these services by taking on extra long-term staff.

Changes to the Practice List

List Closures

The NHS England Standard Operating Policy and Procedure (SOPP) on List Closures sets out the sequence of events that the Area Teams must follow when considering the closure of a practice list. Nottinghamshire LMC has been working with Primary Care Contracting colleagues to devise a systematic method of appraising applications for list closures which allows for quick and easy comparisons of cases but with built-in flexibility to view each request on a case-by-case basis.

If any practice is considering applying to the Area Team to close their list we would advise that you contact us as soon as possible so that we can help and support you accordingly.

List Dispersals

We are working with the Area Team advising them on factors to consider when dealing with any list dispersals to minimise the fallout for existing practices when neighbouring practices close. Such issues arising includes the effect on Global Sum and PMS Contracts, note summarising and new patient checks, practice boundaries, staff/accommodation/facilities, community support services, continuity of care along with many other factors to consider. Early planning and a phased approach (where possible) can be applied to any dispersal helping to mitigate the potentially long-lasting effects of such an event.

Practice Mergers

We are involved in what is in recent times an unprecedented number of merger discussions at locations across the county and city. Crucial to any merger plans are that the prospective merging partners carry out due diligence to ensure that they understand the other party in terms of their financial position, quality of service, state of premises and legal standing, retirement plans etc. In terms of process it is advised that practices notify their own CCG of their plans with a view to gaining their support with the application and there is a standard form used by the Area Team for merging practices to complete. We would like to support you in any discussions around the process and considerations to take into account as we can use our experience, knowledge and contacts to help you. We would, of course, advise that you contact us as early as possible in your planning for a potential merger so that we can help and advise you accordingly.

Care Quality Commission

With plans for changes to the CQC inspection regime out for consultation we have modified our approach to supporting practices in preparing for visits. We have sent out a template that lends itself to practices self-assessing as to your readiness and we offer to come out to meet you when we can independently assess areas that you request us to or talk you through your self-assessments.

Contact the Liaison Team

Tel: 0115 977 1341

Email: office@nottslmc.co.uk

How General Practice Can Work Closer with the East Midlands Ambulance Service

I joined EMAS last September as Medical Director, having previously been Medical Director at Nottingham City and Notts County PCTs. Having been a GP for 29 years, I understand how important the ambulance service is for urgent care as well as emergency care. The trauma “scrape them off the road” type work you see in TV dramas is less than 5% of what EMAS does. Having the ambulance service integrated within urgent care planning is essential if we are going to reduce ED attendance, reduce unplanned admissions and care for people better within their own homes.

As you all know, in the past few years, EMAS has had problems with its performance against national targets. Getting to a life threatening event within eight minutes is a challenge. There have been some significant changes and many developments within EMAS which have helped to begin an improvement in our responses time, although we recognise we still have much work to do.

One major element of development is the expansion of our Clinical Assessment Team (CAT); paramedics, ECPs and Nurses who

work around the clock, to triage the less serious calls and give clinical advice. They can also give welfare calls to those waiting for an ambulance to arrive. They prioritise our ambulance resources to those who are in clinical need.

EMAS is now recruiting to a pool of experienced GPs to work with the CAT clinicians at weekends, and Bank Holidays. This will be based at our HQ in Nottingham, near the Belfry Hotel. If you have at least three years' experience in GP out-of-hours' work and are interested in taking on this role, helping with this new venture, please contact me. We need you.

The EMAS front line staff are some of the most dedicated NHS staff I have met. They have to deal with whatever comes next, wherever that might be and in all weathers: it could be the little old lady with acute heart failure or the dishevelled alcoholic who has fallen; the boy who fell off his bike or the woman in labour about to deliver. And the demand keeps going up.

EMAS needs to work with GPs to help control some of this demand. Doing GP

visits earlier in the day can help so not all GP admissions come in early afternoon. Proactive care plans utilising specialist nurse and Community Matrons reduces calls to 999. Good end of life plans and DNA CPR forms also help and make our care decisions quicker and more appropriate. Consistent completion of Special Patient Notes will also benefit EMAS. NHS 111, and the GP out-of-hours services. Most importantly is general accessibility to timely GP advice, although I completely understand the pressure on GP time and appointments, and realise that the solution to that problems is not necessarily with GPs themselves.

With an increasing elderly population, reduced NHS budgets and greater expectations, the whole health community, including GPs and ambulance services, must work very closely to find solutions. Please continue to work with us to make sure that when your next patient, or relative, needs an ambulance immediately there will be one there quickly.

Dr Trevor Mills FRCGP
Interim Medical Director, EMAS

The Last Word

Despite the seriousness of the message behind the GPs campaign to raise awareness of the crisis facing primary care, “Your GP Cares”, we understand that the brainstorming session leading up to it included some lighter moments.

One wag noted that with the judicious addition of an “s” the campaign strapline could be read as “Your GP Scares” or more disturbingly “Your GP Caress”. The campaign video rightly earned applause from LMC representatives at the recent annual conference where it was shown for the first time but, as our representatives said, if shown in GP waiting rooms it might cause patients to be even more worried about health issues than they were when they arrived!

Another commented that there should be a subliminal addition to the strapline so that in truth it would read “Your GP Cares... but can do bugger all about it.” (!)

And now a joke. How many change-management Consultants does it take to change a light bulb? Silly question. You change the bulb. They analyse, scope, option appraise, strategise and project manage the changing and charge you six times as much for doing so!

Poetry Corner

An ode to Sir David Nicholson

So Sir David you have retired,
(though the Daily Beast would have had you fired).

They said you were a “man without shame”,
but I think you were not entirely to blame,
for all the calamities at South Staffs,
(and so condemned to take an early bath).

And while they criticised your bloke-ish bonhomie,
you do not deserve such ignominy.

You stood up to the Secretary of State,
whose excesses you did try to mitigate,
and while you were seen as a control freak,
it was only better services for patients you did seek.

Of your legacy the judgment may be ‘evens’,
but we are as yet unsure of your successor, Mr Stevens.

So fair fa your honest sonsie face
Great chieftain O’ NHS space.

Dr William H McGonegal

(Poet and Tragedian, with apologies to Robert Burns)