

Between the lines

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

Jan - Mar 2016 Issue 28

New Year, New Landscape, New Mindset for General Practice?

GP leaders have reacted with justified scepticism at NHS England's recent announcement that they will increase funding for general practice by 4% per annum until 2021. They have pointed out that: a) It's not all earmarked for general practice; b) It will have strings attached as usual; and c) It won't make up for years of under investment and much of it will just about cover normal inflation. In short, it's just spin designed to make the Government look like it's responding to the public's growing recognition of the problems facing general practice.

Meanwhile, to respond to these challenges, and specifically David Cameron's recent announcement of a 'voluntary' new contract offering financial rewards, not to individual practices but only to groups of practices working in collaborative networks and federations, the profession's leaders have organised a *special LMC conference* to take place in late January. While providing an opportunity for LMCs to vent their anger and frustration, the conference will hopefully identify specific actions the LMCs want from the national executive to help sustain and reinvigorate general practice.

Speaking to LMC Secretaries in December, GPC Chair Chand Nagpaul spoke of his dismay of the way the Government had systematically devalued general practice and his determination to bring it back from the brink by acknowledging the direction of Government policy and patient expectation and by working with those

organising system change and offering them solutions developed by the profession itself. Thanks to an insightful presentation on the *Five Year Forward View* by one of the GPC's policy leads on the same occasion, LMC Secretaries were left in no doubt that the FYFV is predicated on a transfer of risk from commissioners to providers and that the establishment of *accountable care organisations*, the majority of which will be GP-led MCPs, may herald the demise of the purchaser/provider split. It will also result, they suggested, in a review of the functions of CCGs which will see them merge into geographically bigger administrative units before the GP membership aspect is eventually abolished as an unnecessary and ineffective extravagance.

In the time honoured fashion in which things happen cyclically in the NHS we may therefore see the re-emergence of local and regional health authorities within a few years but the provider landscape in which GPs will find themselves working will look radically different. As usual the profession will be divided between the "glass half full" enthusiasts who see opportunities in this to transform patient care for the better, and the "glass half empty" pessimists who fear we may lose what GPs and patients value most about the current service. What is not in dispute is that the next few years will see the NHS transformed to an unprecedented degree.

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

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SPECIAL ANNOUNCEMENT: LMC Chief Executive To Retire

*LMC Chief Executive,
Chris Locke, has announced
that he will be retiring in April
or when his successor is ready
to take up post.*

*A copy of his letter to
constituents can be found on
the LMC's website. Details of
the recruitment process will
be announced shortly.*

NOTTINGHAMSHIRE
LOCAL MEDICAL COMMITTEE (LIMITED)

LMC

REPRESENTING AND SUPPORTING GPs

Chairman's Message

As I write, a New Year is starting: new beginnings; resolutions; time for change. And although we are used to changes in NHS structure, guidelines, and financial arrangements, we now have a period of change rather closer to home. Many of you reading will know the LMC as the representative body for General practice. Available when you need it; working in the background with NHS England, the Trusts and the CCGs; a well-oiled machine. And now our Chief Executive is retiring.

Chris has been with us for 20 years and has become so much part of the furniture so to speak it's difficult to grasp the concept of him retiring. He has guided the LMC through many NHS changes and has been the guiding force for developments such as the Buying Group and the Primary Care Development Centre which are reasons that Nottinghamshire LMC has developed a reputation

for excellence nationally. We all owe him a huge debt of gratitude.

Business as usual for the moment in other respects. No new money for GPs apart from the Government's "new Contract" but details are still sparse. Expect more about extended hours; 8-8 working and 7 day opening however. A special LMC conference takes place on January 30th with murmurings about GP industrial action and we will be attending to debate these topical issues and support the profession as the LMC has done for over 100 years now.

We wish you all the best for 2016.

Dr Greg Place



Seasonal Flu Vaccine Offers 2016/17

The LMC Buying Groups Federation's joint first preferred suppliers for the 2016/17 flu season are Pfizer and GlaxoSmithKline (GSK). The second joint preferred suppliers are Mylan (formerly Abbott) and MASTA.

Given the occasional occurrence of problems in the manufacture and delivery of vaccines, the LMC Buying Group is offering the widest possible choice of reliable suppliers as well as the best profit per dose in the market and excellent sale or return terms.

Pfizer is offering a maximum discount of 57% on orders (was 59% before Christmas). They also offer excellent profit per dose on a lower priced alternative vaccine (Enzira) which is a maximum discount of 45% on orders (was 47% before Christmas).

GSK brought their quadrivalent vaccine to the market two years ago. Quadrivalent vaccines contain two A strains and strains from each of the possible B lineages whereas trivalent vaccines include two A strains and only one of the possible B lineages. The NHS price of the GSK vaccine is accordingly higher than its trivalent

competitors which explains why the 39% discount yields a higher profit per dose than the joint second preferred suppliers.

The joint second preferred suppliers are Mylan and MASTA. Mylan is offering a 54% discount on orders throughout the season and MASTA is offering 53% on orders (was 54% before Christmas). Mylan offers a lower priced alternative, Influvac. MASTA offer a choice of higher priced vaccines from different manufacturers plus a lower priced alternative.

Details of each of the suppliers' offers including tables describing how profit per dose is calculated can be found on the LMC Buying Group website www.lmcbuyinggroups.co.uk/members. You will have to log in to access this information.



Being a GP can be whatever you want it to be...

This phrase emerged from a recent meeting at the Medical School in which we were planning the content for the additional four week attachment (Cp2) from Summer 2016. It both captured what it meant to us personally and individually and what we wanted to transmit to our students about the opportunities open to them. Sometimes amongst the bustle of each day it is easy to forget what opportunities have come our way. What other career would allow us to dabble in medical politics via the LMC, GPC and RCGP or redesign healthcare systems as our CCG leads currently do?



I look around and celebrate colleagues who are police surgeons, media doctors, palliative care Macmillan GPs and sports medicine specialists. Not to mention the many educators, trainers and tutors, occupational medicine and substance misuse advisers. Students love to hear about emergency medicine and pre-hospital care and tales of Nick Foster saving lives fill lecture theatres of younger colleagues enthused to follow his path. It was this feeling of “potential and ability to innovate and invigorate” that attracted me to general practice. The not having to choose specialities but “having it all”.

It is fellow GPs who established medical informatics and, in the face of need, designed and developed computer systems such as EMIS and SystemOne. We are world leaders in this area.

It hasn't been easy the past few years with a toxic mix impacting on the way general practice has been supported and yet I look around Nottingham and hear daily of the good developments emerging, practices supporting each other. Vanguard plans in all possible areas working with others to maintain, improve and modify existing systems. Indeed I smile when I hear that the most effective impact on Emergency Departments and patient care generally is to have a GP involved in that pathway. Our “generalist training” definitely offers “added value”.

Growing up in the North West I came to Nottingham in 1988 when my husband Nigel Cartwright was offered a job, thinking it was transient, but we loved it so much we stayed nearly 30 years later.

Being a working mum isn't easy but again, general practice offers many contractual models, and I have sampled partnership, salaried doctor and locum.

I feel very fortunate to have chosen a career that let me grow, develop, modify, explore and never have any shortage of work!

So “Being a GP can be whatever you want it to be...” has definitely been my own experience. Much of it by chance rather than planned strategically. Perhaps now this is the message I most want to share with our students and younger medical colleagues.

UK General Practice is valued the world over. We do a good job. The RCGP policy campaign “Put Patients First-Support General Practice” reminds English policy makers the crucial, irreplaceable nature of general practice that needs to be adequately funded. Whilst that has to improve soon I'd like you to join with me and celebrate yourself and everything you do. Well done and thank you!

Then, if you haven't already done so, please contact me in my role at the university as Sub Dean responsible for GP practices and be part of the future being able to share with students “Being a GP can be whatever you want it to be...” I look forward to hearing from you and working alongside you.



Dr Christine Johnson, LMC Committee member

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Personal Reflections: the LMC 20 years on



January 2016 marks a milestone for Nottinghamshire LMC and for myself personally as it is exactly 20 years since I became its Chief Executive. It would be a massive understatement to say that a lot has changed in that time, but while others can comment on how General Practice, medicine and the NHS have evolved I will confine my reflections to how the LMC was then compared to what it is now.

When I took over the stewardship of the LMC from my formidable predecessor, John Williams, I remember wondering if I'd made a wise career choice in leaving a steady job in a financially secure national institution (the BMA), giving up a company pension and company car to take over the running of a small, ill-defined organisation with an extremely modest financial budget. The LMC office was then above a shop in West Bridgford selling home brew kits, and conversations were punctuated by the sound of metal beer casks being rolled down an adjoining alleyway. I had three office staff, one full-time and two part-time (one of whom is still with the LMC today). The thing that strikes me most about those days however was the much slower pace of life and work. While computers were already well established in GP consulting rooms, PCs were in their infancy and I did not have or seem to need a computer as email hadn't been invented! The staff had word processors, one of which hosted a simple membership database. I dictated minutes and agendas and replies to the pile of written correspondence which arrived on my desk each day, which I prided myself on being able to respond personally within a few days, before heading off to meetings around the county. I dealt with all enquiries personally, researching the answers myself, referring only occasionally to the Committee members or to the GPC Secretariat for help. Now I expect to receive 50+ emails every day, as can every senior member of my team, and responding to them can take longer than it did in the old days due to the need to synthesise so much information and prioritise responses.

It may be difficult to believe that the simple set up we had in those early days was the very acme of professionalism compared with most LMCs at that time. Then far fewer had offices, few had dedicated staff, and almost none could boast a membership database or newsletter. Ours was among a handful able to entrust the role of LMC secretary to a lay Chief Executive. I remember thinking how grandiose that title was, given the limited scope in my authority, but felt less embarrassed and unique when a few years later no less than ten Primary Care Groups were established in Nottinghamshire, each of which had its own Chief Executive.

When I took up post, FHSAs were just giving way to Health Authorities and for a few years we had two LMCs in Nottinghamshire between which I divided my time. Our common LMC newsletter, which I and my staff laboured to produce each month was avidly read by GPs and Practice Managers, and by Health Authority officials, who occasionally wrote letters to the Editor complaining whenever I dared to criticise, challenge, or still worse satirise, the more ridiculous of the Department of Health's pronouncements. Communicating with my constituents was, and has remained, my biggest pre-occupation. My first Chairmen, Peter Barrett and Philip Foster, were delighted when I produced a professionally designed and printed annual report at the end of my first year, a tradition which has continued unabated to this day, and the steady stream of publications we produced seems impressive even now given our limited resources at that time.

Looking back I'm proud of the many 'firsts' we enjoyed. We were perhaps the first in the country to appoint a Practice Liaison Officer, having articulated a view, now widely held but not universally accepted then, that to be relevant and to justify the funding we receive, the LMC must be seen to be providing active support and a representative service to its constituents. We were definitely the first LMC to negotiate the forerunner of an enhanced service (for INR monitoring), the first to have a dedicated pastoral network, and among the first to establish a scheme to protect GPs and their staff from violence.

When I look at the LMC today, with its involvement in education and training through the PCDC, its successes in saving practices money through the national LMC's Buying Group, our capacious office hosting numerous meetings, and our dedicated team of professional staff, it is clear to me how far the LMC has come and I am pleased to be able to leave such a positive legacy to my successors.

I am immensely grateful to the Committee members and others who, over the years, have put their trust in me and given me the freedom to run their organisation as I saw fit. It has been an enormous privilege to work alongside so many dedicated professionals and serve a group of people on whom all sections of our society rely so completely and heavily on a daily basis. If I have served them half as well as GPs have served their patients I will consider the past 20 years very well spent indeed.

Chris Locke, LMC Chief Executive