LMC LINKS

The Newsletter of Salford and Trafford Local Medical Committee

April 2016

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URGENT PRESCRIPTION FOR GENERAL PRACTICE

Both Salford and Trafford CCGs are moving ahead exploring new models of care. As these processes continue the evidence that General practice is in crisis continues to mount, and the need for change grows. There is a state of emergency in general practice, with a very real danger of a complete collapse of the system across much of England. Salford and Trafford are no different.

In response to this emergency the GP Committee (GPC) of the British Medical Association has published its Urgent Prescription for General Practice[3]. It highlights the crisis and calls for the re-establishment of a safe working environment for GPs so that you can provide safe care to your patients. Part of the Urgent Prescription for General Practice has been a survey of practices[4] which shows:

- Over half of GP Practices in England (fifty five percent) reported that the quality of service in their practice had deteriorated in the past twelve months.
- Just two percent of practices said their workload was low or generally manageable.
- More than half (fifty five percent) said their workload was unmanageable a lot of the time while just over one in ten (thirteen percent) said it was unmanageable all of the time.
- Nine out of ten practices (ninety two percent) said that there had been a rise in demand for appointments in the past twelve months.

As a start, urgent investment is required simply to stabilize the system. Without this investment the state of emergency will worsen. Widespread practice closures will herald the end of the NHS as we have known it for almost 70 years, as hospitals are wholly incapable of increasing their output tenfold.

Key facts regarding general practice may be found in the House of Commons Briefing Paper on General Practice in England [1] and include:

- 90% of patient interactions with the NHS take place in general practice.
- General practice conducts 340 million consultations every year. That equates to 1.35 million every working day.
- Each person in England now visits their GP over 6 times a

year. This is double the number of visits a decade ago.

- Over the last decade, while workload has doubled, there has been a real terms reduction in funding for general practice of 11%. Costs have risen 2.3% over the same period and GP earnings have fallen by 16%. This reduction in funding has been a deliberate government policy, as stated by Secretary of State, Jeremy Hunt MP[2]
- Since 2005 total NHS spending has increased from £72 billion to £106 billion (47% increase). In the same period the share of NHS spending going to general practice has decreased from 11% to 8.2%, a 27% reduction. Jeremy Hunt has proclaimed this a deliberate government policy [2],
- Of £106 billion spent in the NHS, only £8.7 billion goes into general practice.
- General practice needs an immediate injection of £2.3 billion (only 2.1% of total NHS spend) to take it back to the modest share of 11% spent in 2005.
- The Government made an election pledge to train 5,000 extra GPs by 2020 but of 3,100 annual training places, over 500 remain unfilled each year leading to a growing cumulative shortfall.
- £235M is being removed from surgeries over 5 years through PMS reviews – this will have a particular impact on Trafford practices.
- £250M new investment per year (over 4 years) has been pledged through the infrastructure fund, but remains unspent due to red tape.
- Removal of employers NI reimbursement will result in approx 2.6% of the entire NHS budget going straight back to the Chancellor.

This investment would solve one of the three strands that support General Practice: the other two being an adequate workforce, and appropriate premises. As an LMC we believe that New models of care will be helpful to this in the long term. If, in the short term your practice as a whole, or individual members of your medical team, are struggling and in need of support, please get in touch with vsimenoff@nhs.net.

BMA CALLS A CRISIS CONFERENCE

BMA council voted at a recent meeting **to call an SRM** (special representative meeting) in response to the crisis in funding and capacity engulfing the NHS, and its effect on patient safety and doctors working within excessive pressures across the branches of practice.

The SRM will be held on 3 May and follows on from the **special LMC conference** earlier this year, which discussed the increasing pressures facing general practice. I will update you as more information becomes available.

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www.salfordandtraffordlmc.org.uk

[1]:http://researchbriefings.files.parliament.uk/documents/CBP-7194/CBP-7194.pdf

[2]:http://www.pulsetoday.co.uk/political/political-news/gps-underfunded-as-penance-for-signing-2004-contract-says-hunt/20030136.fullarticle

[3]:http://www.bma.org.uk/working-for-change/urgent-prescription-for-general-practice

[4]:
http://web2.bma.org.uk/pressrel.nsf/wall/D815723F26CC793280257F4E0034B01A?OpenDocument

NEW INSURANCE POLICY TO PROVIDE MANAGEMENT LIABILITY COVER TO YOUR PRACTICE. ARE YOU INTERESTED?

MIAB is the sole approved insurance provider to the LMC Buying Groups Federation. It has now developed a policy called the management liability policy which not only provides cover for:

- Employment disputes
- Disputes between partners
- Health and Safety investigations
- Official investigations – including NHSE and CQC investigations
- Shareholder disputes within provider companies

But also amongst many others:

- Sole practitioner's, partners', Directors' and Officers' liability claims brought in connection with the running of a business
- Employment practices liability (with a nil excess if the advice line is used)
- Company legal liability including cover up to £100k for all claims in each period of insurance for loss to your business due to employee dishonesty or third party funds fraud
- Access to expert legal, regulatory and risk management advice and support provided by rradar legal, as well as a 24/7 crisis help liner

If you would be interested in finding out more about such a policy please can you let me know so that I can use your expressions of interest to gather a price for our practices? If you would like me to send you full details of the summary of cover I can do that too. Please respond to vsimenoff@nhs.net.

UPDATE ON CHIEF EXECUTIVE ROLE

The LMC Executive has now commissioned First Practice Management to manage the recruitment of a successor to Vivienne Simenoff as Chief Executive of the LMC. We are grateful to Vivienne for continuing in post during the process and will keep

you updated. If you know anyone who may be interested in this position, please suggest to them that they keep their eyes on the First Practice Management website, or alternatively ask them to contact Vivienne directly on vsimenoff@nhs.net.

DIAGNOSTIC TEST RESULTS

Last week saw the publication of important **guidance** from NHS England setting out **Standards for the communication of patient diagnostic test results on discharge from hospital.** The document proposes clearer lines of responsibility and accountability for investigations requested in hospital settings, one of the many areas in which GPs routinely find themselves the recipients of inappropriate and unresourced work.

The crucial explicit principle in the **guidance** is that ***'the clinician who orders the test is responsible for reviewing, acting and communicating the result and actions taken to the general practitioner and patient even if the patient has been discharged'***. This reinforces **joint guidance** between the BMA general practitioners committee and consultants committee, and also supports our **Quality First** document, in which we produced a template letter for practices to push back on inappropriate requests to chase up hospital-initiated requests (see Appendix 3).

The **guidance** is clear that reviewing a hospital-initiated investigation can only be delegated to the GP if s/he has agreed to it, and if reached by consensual agreement by the GP and the hospital team. This principle is vital for clinical governance standards and patient safety. Currently, GP practices not uncommonly receive copies of results from hospitals, often with no clarity regarding whether they have been acted upon, and with the patient-safety risk of results slipping through the net unactioned.

In other cases GPs are requested to chase up hospital investigations, which they have had no direct involvement in, and which this **guidance** clearly states should be the responsibility of the requesting clinician. Worse, at a time of inadequate GP capacity to meet patient demand, considerable numbers of GP appointments are booked by patients specifically to request the results and interpretation of hospital-initiated investigations, further reducing availability to ill patients. A recent NHS England commissioned report **Making Time in General Practice** revealed that up to 27 per cent of GP appointments are potentially avoidable, and GPs being asked to deal with such hospital queries accounts for much of this.

This needs to be urgently addressed and Dr Chaand Nagpaul, Chair of GPC has written to NHS England to direct all CCGs (clinical commissioning groups) to implement the above guidance. He has also called for hospitals to stop routinely copying hospital-generated test results to GPs to avoid any ambiguity

regarding responsibility for reviewing these results, and also given that current technology already allows GPs to directly access hospital investigation results data.

What practices should do:

- Make sure, that as a member of your CCG, you require that the CCG implements this **guidance** (If you find you need our support to do this, please get in touch) In Salford such issues are being addressed by the Clinical Standards Board set up as part of the Integrated Care process.
- Use GPC's **existing template** to reject inappropriate requests to follow up hospital investigations
- Use GPC's **new template** to send copies of test results back to hospitals to ensure/confirm they have been actioned by the requesting clinician
- Use GPC's **new template** to let the CCG know if the above principles are being breached, so that appropriate commissioning levers can be applied
- Copy in the LMC into the letter to your CCG.

This **guidance** is a small, but significant step in addressing a wider area of inappropriate workload shift on to GPs so that you can release capacity to be more available for the core needs of your patients.