

## **CLMC Bulletin 349 – 06.03.18**

### **Third Next Appointment Survey**

Once again NHS England has commissioned a survey of each GP surgery in England in order to better understand waiting times in General Practice; this will be repeated every 6 months. The last survey was carried out in October 2017. The survey will run through March, and will involve every practice in England receiving a telephone call. NHS E has advised the call will last no longer than three to four minutes, and will ask when the third next available routine appointment is.

Advice is as follows:

- The staff member providing the data should tell the caller when the third next available routine appointment with a doctor is
- Appointments which can be booked into a locality hub are valid for the purposes of this survey, and the third next available routine appointment should be given
- If no such routine appointment exists due to the design of your appointment system (eg: Total Triage, On-The-Day, Nurse Triage etc) then inform the caller you are unable to answer the question, and explain the reason for this

Compliance with this survey is voluntary and practices should only participate if they are willing and able to do so.

### **Workload Control in General Practice**

GPs struggle on a daily basis with unsustainable workload levels; in response, the GPC is proactively exploring what more could be done to support practices to take greater control of this situation. As a first step in this work they have launched their report, a [workload control strategy](#), to enable general practice to improve quality and safety, and to address the recruitment and retention crisis, by agreeing and publicising reasonable safe workload limits, and by providing practices with practical tools with which to achieve workload control.

### **ACOs – GPC Guidance**

This important GPC [briefing](#) on ACOs (accountable care organisations) and ICSs (integrated care systems) explains the different models and the background to their development, before exploring some of the key contractual, financial and regulatory issues, and setting out the BMA's key concerns. Finally, it provides some advice on what BMA members can do and where to access further guidance and support.

Alongside this, GPC have published legal [guidance](#) on the ACO contract itself. This provides an overview of the main terms and conditions which apply to the NHS standard contract for ACOs, and describes the proposed system for suspension and reactivation of a GMS or PMS contract under the fully-integrated version of the contract. This is essential reading for any practice or area considering moving in this direction. GPC England has major concerns about the implications of the ACO contract and we hope this legal guidance is useful for explaining the significant risks involved to practices.

At this time there have been no reported safety incidents, NHS Digital's Clinical Safety Team continue to review this incident. GPC are in active dialogue with NHS England and NHS Digital, receiving updated status reports as they come in. The workload implications for practices affected has been highlighted and is an area GPC is seeking resolution on.

### **GP Trainees in Out of Hours – Survey Results**

21% of GP trainees reported being supervised OOH by a non-GP, and a third of respondents received four weeks or less notice of their OOH shifts. GPC have published a [joint statement](#) with HEE on minimum notice of such shifts.

### **Medical Student Placements in General Practice**

GPC would like to hear from GPs with experience of working with medical students on placement in general practice; to explore whether the current pressures within primary care and the issues around professional denigration are affecting students' experiences on placement and their career selection.

[Take the survey.](#)

### **GPC Newsletter**

Read the latest [GPC newsletter](#).