I hope you are all having a good summer, the roads and trains are certainly a lot quieter and I hope your surgeries are as well. This might give you a bit of free time to read yet another long email from the LMC!

For the last few weeks I have had the honour and privilege as the Chair of the National Partnership Review Team to travel the country and visit lots of different practices, what is very clear to me is that general practice is doing some amazing things despite the unacceptable pressure that it currently has to deal with. In addition many practices could do so much more if it was given the support and resources to do so.

General Practice is Wessex fragile and needs urgent attention to help it to be the best it can be but needs the ‘system’ to recognise and support this and it needs new resources.

The LMC continues to work hard to try and achieve this goal.

Contents

1. Pensions - GPC has written to the Chancellor about the inequity of the tapered annual allowance and the impact on GPs.

2. GP Partnership Review - small practices - does NHS England want to close small practices, I don’t think so, does NHS England want high quality general practice, yet I think so and hopefully the Partnership Review will play an important role in this. The feeling of personal responsibility is increasing all the time!

3. The 2018 GP patient survey results - Confidence and trust in GPs and healthcare professionals remains extremely high at 95.6% - not good enough for the Daily Mail - read more below.

4. 'Lazy GPs' only working part time - only one in 20 GP Trainees intend to work full-time, the Media has responded to this not by asking why but by passing judgment. But is 3 1/2 days part time? I know of many friends who undertake a variety of jobs who work 12 hour ‘shifts’ and do essentially 3 of these a week, they call this 3 on and 4 off and do not consider themselves as working part time.

How can we change the perception and would that make a difference?

5. England - GP trends data - practice numbers are decreasing, size of practice is increasing, number of GPs Trainees and Locums is increasing and the number of GP Partners and Practice Nurses is falling - a perfect storm!

6. General Practice Premises Policy Review - Call for Solutions - Premises have been identified as a key area where many GPs are concerned about the risks associated with
ownership or lease holding. In addition the NHS Plan to develop services in communities need a better estates strategy. Can you help by contributing to the debate?

7. **NHS Property Services** - advice from the GPC about NHSPS Leases.

8. **Capita** - thanks for your feedback - pensions seem to be the major issue for most.

9. **Self Care - New App for Students** - worth promoting to University Students.

10. **Record transfer safety breach Docman** you have probably had this several time but a really important issue.

11. **New Ombudsman’s Clinical Standard** - a new standard being introduced about good clinical care.

12. **Flu Vaccinations - Practices vs Pharmacies** - concern about potential conflict between Pharmacies and Practices.

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1. **Pensions**

The serious problems caused by recent changes to the pension scheme are well known to most GPs. This week the GPC have written to the Chancellor of the Exchequer to highlight ongoing concerns about the application of the tapered annual pension allowance and its effects on a growing numbers of GPs.

This issue has caused significant recruitment and retention problems across the health service, including GPs, and it is unacceptable that complex and rigid pension policies are presenting financial disincentives to doctors taking on new positions or considering additional work.

In the letter to the Chancellor Richard Vautrey has asked him to consider greater flexibility in the way these limits are set, and in doing so prove that the Government values our expert medical workforce and ensures it can continue to deliver high quality care in the future.

2. **GP Partnership Review - small practices**

There has been quite a lot of coverage in the GP media about small practices. I believe what the NHS and our patients want is high quality, patient centred practices that offer good access, with a range of services that is based in their community. Continuity of care is also an important factor that is valued by patients and GPs. These factors can be delivered by small practices as well as larger ones.

Please see my latest Blog for the Partnership Review - which is attached and focuses on small practices.

3. **2018 GP patient survey results have been published this week.**

GPs and their practices should be proud of what they have achieved in the last 12 months and it is great they we continue to enjoy the level of support we receive from our patients that this survey demonstrates.

It is really disappointing to read the Daily Mail headline on Friday 'Is there any point ringing your GP anymore". The article which appears on the front page details the challenges about booking an appointment but absolutely nothing about the positive outcomes of the survey (see below) with improvements occurring at a time when it would be understandable if patient satisfaction got worse.
The latest GP Patient survey which was sent to patients in the first quarter of this year with 750,000 patients completed and returned a questionnaire.

Click here to see the full results and see your practice data.

The key findings were:

- Confidence and trust in GPs and healthcare professionals remains extremely high at 95.6% - (in 2016 this was 92.2% and decreased in 2017 to 91.9%)

**LMC Comment:** For most industries this level of confidence would be seen as excellent and for general practice facing all the current challenges is a great testament to the hard work and dedication shown by GPs and their practice teams.

- 93.5% of patients felt involved in decisions about their care and treatment and 94.8% felt the healthcare professional met their needs.

- 83.8% described their overall experience of their GP practice as very or fairly good. (This was slightly lower than 2017 - 84.8%)

The majority of patients (68.6%) rated overall experience of making an appointment as good (This has reduced from 72.7% in 2017)

**LMC Comment:** This reflects the fact that practices are under huge pressure with rising demand and not having the resources to meet that demand.

Overall 61.6% of patients got an appointment at a time they wanted or sooner and 66.1% of patients who wanted a same day appointment got one.

**Booking of appointments**

We know that our phone lines are busy esp. in the morning, largely caused by patients phoning in to book an appointment. The majority of patients (78.5%) booked an appointment over the phone. This has reduced from 2017 where it was 85.6%.

One in ten (10%) now book appointments online (including on an App) this has increased from 8.9% in 2017 and 7.9% in 2016. The major restriction here is the availability of online appointments. Practices might consider saving staff time by increasing online booking and reducing the need for appointments to be requested over the phone.

**Online ordering of prescriptions**

In 2017 only 11.8% of patients had ordered a repeat prescription online in the last year, this has increased to 14.7% in 2018.

**Online access to medical records**

In 2018 only 3.3% of patients had used online services to look at the medical records, although that has increased from 1.1% in 2017.

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4. 'Lazy GPs' only working part time

The negative Media response to the GP Survey above has now been followed up with several articles, led by the Daily Telegraph, complaining that only one in 20 GP Trainees intend to work full time most choosing to work part time defined as 3.5 days a week.

What all the articles I have read this week fail to recognise is:

1. Many GPs are choosing to protect themselves by working less than full time.
2. A 3.5 days a week - when most are working 12-14 hour days is more than 40 hours per week.
i.e. not part time more than full-time.

3. Even if you work 3.5 days a week many will exceed this to cope with paperwork, meetings etc.

4. There are an increasing number of female GPs who work less than full-time because they have family commitments.

5. Many GPs have a portfolio career and so may work in their practice 3.5 days a week but may also work a day a week in another role, or do OOH sessions etc.

LMC Comment: It is time that we ditch the notion of working days or sessions a week, because our days, half days or sessions do not align with what other people recognise. We should look at 4 hour blocks of time, this is what most consider a half days in work terms. So if you work 8am to 8pm that is in fact 3 sessions. So the 3.5 days work is in fact more like 13 sessions.

Our Consultant colleague work by sessions, they have what are called PA (Programmed Activities) these are 4 hour sessions (7am to 7pm) and 3 hours in at other times. A Consultant working 10 PAs per week will often have 7.5 for direct clinical care, and 2.5 for teaching, audit, sitting on panels or other professional activities.

My personal view: Maybe it is time that GPs rethought their status and working week. Perhaps we should call ourselves Consultants in General Practice and we should re-define our working week in terms of the the number of PAs per week that we work. This may have several advantages in terms of holding equal status to our Consultant colleagues, being a bit more realistic about the hours that GPs work and also allow Practices to think more flexibly about the workforce which might help our workload and recruitment and retention problems. Let me know what you think.

5. England - GP trends data

NHS Digital has published a report with the key figures on country level workforce trends, practice numbers and list sizes and population projections and a breakdown of contract types in England.

Practices

This shows that there are now 7361 practices in England which has decreased from 7527 in 2016 and 7674 in 2015 and a reduction from 8,261 in 2007

General practitioners

There are 34,267 GPs (excluding Locums, GP trainees and Retainers) this has decreased from 34,836 in 2016 and 35,516 in 2015. The numbers of Locum GPs has been increasing which is reflected in the falling number of GP partners and Employed GPs. The number of GP Trainees has also increased.

The % of female GPs has now increased to 55.5% and the % is higher than this in the employed workforce and also in the GPs in the younger age groups.

Other staff

Since 2007 the total number of staff working in general practice in England has increased by about 20,000 to 132,000, but the total number of practice nurses fell between 2010 and 2017. The expansion of staff numbers has not been followed by additional investment from the NHS the costs have largely be met by practices.

With the recruitment and retention challenges we have with GPs we should not forget our Practice Nurse colleagues. The % of Practice Nurses in the 55+ age group who plan to retire in the next 5 years is even grater than the GPs. In addition with the development of their skill-set, many have become the long term condition experts for Diabetes, COPD and Asthma for example, these skills take years to develop and replacing these individuals is becoming increasingly difficult. This is another reason for Practices to work together in our natural communities of care and even consider sharing staff.

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6. General Practice Premises Policy Review - Call for Solutions

NHS England and the Department of Health and Social Care are working collaboratively with the GPC England and RCGP to undertake a review of General Practice Premises Policy, which will seek to identify how to ensure that general practice premises are fit for purpose, both now and in the future. This review links closely with the GP Partnership Review nationally that I am leading.

Within the scope of the review NHS England is holding an open call for solutions, inviting submissions from interested stakeholders. The would like to encourage practices and individual GPs to submit solutions that address both individual and systematic issues.

The GPC welcome a range of proposals, from those designed to address specific issues to those which would require a more significant system reconfiguration. The open call will run from 8 August to 5 September 2018.

The call for solutions pack sets out further information about what the review is considering and how to submit a response (online survey or by post) – further details are available here. The LMC will shortly be in touch again about publishing a survey for practices on premises produced by the GPC.

If you want things to improve it would be helpful if you and your practice contributed to the policy review.

7. NHS Property Services

The GPC have been made aware that NHS Property Services have circulated template occupancy agreements to some practices. These documents have not been agreed with GPC and the GPC would urge practices to obtain appropriate legal advice before they sign up to anything like this. Read the national guidance here.

8. Capita

Many thanks to all of you that shared we me the ongoing issues with Capita. It would seem that for most the issues with the transfer of notes, adding and removing GPs from the performers list and the ordering of supplies such as FP10 etc has improved. But there remains a significant number of issues with pensions payments. Many practices and sessional GPs are reporting that the situation continues and there is a high degree of frustration in the length of time it is taking to resolve this and for many it remains unresolved without any reliable date by which the problem will be sorted.

I have been told by a number of you that you are seriously considering withdrawing from the NHS Pension scheme and looking for alternatives because of the lack of confidence in the administration of the scheme. Before doing this please take independent financial advice, the NHS Pension scheme remains superior to most other private schemes and do not forget the ‘death in service benefit’ that you receive as part of the scheme.

Essential reading for all practices and Sessional GPs

9. Self Care - New App for Students
A newly re-designed app is now available to empower university students to take better care of their health. Providing relevant and reliable information on over 150 mental and physical health issues, the FREE ‘Student Health App’ (previously known as ‘ESC Student’) allows students to make informed decisions about their health and helps them flourish at university.

Click here for more details.

Practices should consider promoting this to all their younger patients.

10. Record transfer safety breach Docman

NHS England has issued a central alerting system (CAS) communication to general practice on the use of Docman software (version 7) with Electronic Document Transfer (EDT) enabled, in which documents received by GP practices using NHS mail are not being reliably transferred into patients’ electronic records. This communication is attached. This only affects GP practices using Docman software (v7) with EDT enabled. If practices have moved to Docman 10 but have previously used Docman 7, they may still be affected. All practices in the UK using this software are in scope; and, in England, you should follow the instructions as set out by NHS England in the guidance attached.

In response to this, the GPC has made it clear that this is obviously a seriously concerning situation and they are pressing NHS England to urgently ascertain the scale of the problem, and crucially establish whether patients have been put at risk. Plans to address the issue must immediately be put in place, and practices must be adequately resourced to manage the additional workload this involves. This is clearly the latest in a number of examples of patients and GPs bearing the brunt of technological failings which is not acceptable.

If you practice needs further advice, please contact your CCG in the first instance.

In order to estimate the size of the impact, the GPC are looking to survey practices in due course, and therefore please could your practice, if affected, start making note of the following processes:

1) Find ‘unprocessed’ folder on your Shared Drive (Shared > PCTI > DOCMAN7 > DATA_S1 > EDT > UPROCESSED). Please review the folder and note down the number of total files. Total number of files: ____

2) Download and run the Docman tool. Once you have run the Docman tool, confirm the total number of files left in this folder. Number of files following use of Docman tool: ____

3) You will be expected to carry out a clinical risk assessment on the remaining files. Keep a note of the total number of risk assessments. Total number of risk assessments: ____

4) Please note down and provide total number of practice hours spent reviewing and completing this task. Total number of hours spent: ____

5) Was the practice at the time of Docman installation instructed how to use the Docman Alert scheduler? Yes/No/Don’t know/What is the alert scheduler?

11. New Ombudsman’s Clinical Standard

The Parliamentary and Health Service Ombudsman (PHSO) has introduced a new Ombudsman’s Clinical Standard. For complaints about NHS clinical care and treatment in England, including those made directly to GP practices, PHSO aims to establish what would have been good clinical care and treatment in the situation complained about and whether what actually happened fell short of that.

PHSO states that the new Clinical Standard gives greater clarity to how the appropriateness of
Clinicians and health organisations can inform the PHSO which professional guidance or standards they based their practice on, and the PHSO will consider the explanations of those complained about and balance them against the relevant standards or guidance.

The intention is that this will offer a clearer opportunity to explain how the decisions about care and treatment were reached. The GPC are seeking a meeting with the PHSO to discuss this with them.

A copy of the Clinical Standard is available on the PHSO website. If you have any questions or comments, please email PublicAffairs@ombudsman.org.uk. BMA guidance on complaints is available here.

12. Flu Vaccinations - Practices vs Pharmacies

The LMC is keen to see the highest level of uptake in the annual flu vaccination programme, not only is that good for our patients it will also help with the demand in the NHS over the winter months.

The Government in an attempt to increase the uptake in the at risk groups have commissioned a service from Pharmacies in addition to general practice. This has now been in existence for a couple of years. What we have seen locally is that the numbers of patients vaccinated by practices has remained about the same but the number vaccinated by Pharmacies has increased meaning the total number vaccinated has increased overall.

Many Practices have maintained their uptake by offering a wider range of times, using SMS text messages to their at risk patients, using email contact addresses and by offering other health related activities at the same time for example BP measurements, checks for atrial fibrillation and even using this as an opportunity to collect QoF data.

The LMC recognises that there is benefit to a widespread media campaign to promote flu vaccination uptake. This is too expensive to undertake at a practice level.

The LMC is working closely with the LPCs (Local Pharmaceutical Committees) to launch a campaign via Social Media, the local papers and hopefully TV and Radio. We will evaluate the outcome of this joint working and review our decision in the spring of next year.

The LMC understands the tensions that exist between General Practice and Pharmacies about the vaccinations and the concerns that practices have about the potential for loss of income.

Please can I remind you all of your professional obligations and to ensure you statements to your patients about the services you offer fall within the GMC requirements.

It is not helpful when Pharmacies or Practices make statements which are inflammatory and develop into claim and counter claim.

Best wishes

Nigel

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Attached file: CAS alert use of Docman version 7 with EDT enabled.pdf

Attached file: clinical risk proforma assessment form.xlsx
Related guidance and emails...

**Email Update - Wessex LMCs Sept 2018**
With the children going back to school the roads get noticeably busier, normally this means we get busier at the LMC. This year it does...

**Wessex LMCs update 20th Mar 2018**
Email sent to all GPs, Practice Nurses and Practice Managers I have just returned from a couple of weeks in the Caribbean, it was a...

**Third Next Appointment (TNA) - Survey by NHSE**
You may be contacted by NHSE who are running a survey on waiting times for GPs. Please see below guidance from the GPC in relation to...

**Error in the email sent this morning**
Really sorry in the email I sent to you this morning part of a sentence was deleted in error and therefore the paragraph did not make...

**Wessex LMC Update 11th March 2019**
Once again I would like to apologise for the number of emails I have sent you in recent days but there is quite a lot going on and all...

**Wessex LMCs Email update July 2018**
‘We live in interesting times’ is a famous quote which has been translated from a Chinese saying and certainly reflects what is...

**General Practice - The Facts**
In the past GPs worked in their practice during the day and also covered patients overnight. The change to split day time working from...

**LMC Email update 29th July 2018**
LMC Email update 29th July 2018 I thought the summer must be here with the amount of sunshine we have had and the lack of rain. Last...

**CEO Email Update - October 2018**
The NHS is at crucial point in its history - having completed 70 years we remain as one of the most treasured institutions in the...
We represent GPs and practices across the counties of Dorset, Hampshire & the Isle of Wight, Wiltshire, BaNES and Swindon whilst also providing services to the Islands of Jersey and Guernsey. Find out more.