

Annual Report 2013

Introduction

It is truly extraordinary that at this time of continuing change in the NHS that local medical committees celebrate their 101th birthday this year. Any GP who has been in practice for any length of time has already experienced multiple reorganisations of the health service and yet LMCs have remained a remarkable constant throughout. It is not yet clear where the new NHS will lead us. The BMA and in particular the General Practitioners Committee (GPC) remain fearful that it will see the breakup of the NHS with widespread fragmentation and privatisation. Other GP leaders including those heavily involved in clinical commissioning groups are more optimistic and can see the potential for real clinical empowerment in commissioning services. In these tumultuous times County Durham and Darlington Local Medical Committee is pleased to bring you their 2013 annual report!

Members of the LMC are keen that we publicise and celebrate the work that we do on behalf of colleagues and so we hope that you find this annual report interesting and informative.

The LMC exists to represent all GPs in all their professional roles and whatever their contractual status. Much of what the LMC does is to enter discussions and negotiations with local organisations on behalf of its constituents. In the recent past this has mainly involved representatives of our primary care trust but in the future we anticipate having dialogue with CCGs, the NHS Area Team, and CQC in particular. We are always keen to take up those individual niggles and difficulties that affect GPs. If as a GP or practice manager you come across a problem in your work then please do bear in mind that the LMC is there to help you. If you have been affected by a particular issue then the same issue is likely to impact on other colleagues and the LMC through its range of contacts can attempt to address the problem. The LMC is not always successful in its

endeavours but will always try its hardest in improving the working lives of GPs.

Before looking back in this annual report it's worth bearing in mind what the major challenges for GPs are likely to be in the coming year.

- NHS Reorganisation
- Contractual changes
- Care Quality Commission
- Revalidation

You will have already experienced a surfeit of opinion around these issues and in this report we would just draw your attention to a practical problem that practices may face. As financial constraints begin to bite, supported by the Quality and Performance Indicators of the Quality and Outcomes Framework, the care closer to home agenda will assume a greater importance. We know that practices in our area tend to have good levels of engagement with their clinical commissioning group and are keen to see these developing organisations achieve success. There is a danger that practices will take on work without it being properly rewarded or resourced. A lot of the time it seems easy to accept small additional responsibilities for the clinical care of patients that incrementally will add up to a significant amount of practice time. We would recommend developing mechanisms to support any additional work that arises in this way and the LMC can support the development of services to be delivered by primary care at least in part by acting as an independent body in discussions with CCGs.

We are very fortunate in this area to have good relationships on the whole with our local foundation trusts, NHS Area Team and CCGs. The LMC is clear that it achieves most by collaboration and discussion rather than confrontation. That is not to say we will not be assertive on your behalf but we will try to do so whilst at the same time maintaining the core values of the profession.

The Committee

Full meetings of the LMC take place on the first Tuesday of each month at Appleton House beginning at 7:30 PM. We are very fortunate that the current committee not only has representation from across the county but it also has a good deal of individual expertise in a variety of subjects with informed opinion from clinical commissioning, training, appraisals, sessional GPs, GP choices, and out of hours. Of particular value has been the presence of Mike Spence as a co-opted member from the Link Practice Managers Group. Mike has been invaluable not just at the committee but also taking part in negotiations and discussions outside the monthly meetings.

We do have some vacancies in all constituencies however so if this annual report inspires you to join the committee then please feel free to get in touch. GPs are also welcome to attend LMC meetings as observers.

Regional LMCs

CDD LMC has continued to work closely with other LMCs in the region through its regional grouping. Where appropriate we have taken part in negotiations on a regional basis, in the past with the SHA but more recently with the North-East Primary Care Support Agency (NEPCSA). The north-east was a leader in establishing a primary care support agency that took on some functions on behalf of our local PCT's from Northumbria down to Cleveland and will now continue that role on behalf of the Durham, Darlington and Tees Area Team.

The particular areas that have been discussed on a regional basis are:

- Professional performance procedures
- Care Quality Commission
- GP Appraisals
- GP Revalidation

Over the next year it is likely that more discussions will take place on a regional level as the NHS seeks to streamline its processes and operating procedures. On a simply practical level it is striking that there are fewer people to service the needs of individual LMCs.

George Rae and Roger Ford from North Tyneside and Sunderland respectively sit both on the Regional LMC and are representatives on the BMA's General Practitioner Committee (GPC) and are able to provide valuable insight on national discussions on a variety of issues.

NEPCSA

The last couple of years have seen the establishment of the NEPCSA and as well as their discussions with the regional LMC, CDD LMC has held regular meetings with representatives to discuss various contractual issues. One of the major pieces of work that NEPCSA had been asked to undertake was to put all the medical services contracts for County Durham and Darlington into good order so that they could be handed over to NHS England (formally known as the NHS Commissioning Board). Practices held a whole variety of contracts from standard GMS to pilot PMS. Many of these contracts had not been updated to incorporate recent contract variations and in the case of PMS pilots, may not have had legal validity. The LMC agreed with NEPCSA a methodology of updating contracts with minimal disruption to practices. Agreement has been reached on adjustments to recognise changes in list size and in practice reporting. In general we kept to the minimum requirements to fulfil regulations.

We were pleased that a subcontract agreement was developed with CDDFT to allow practices to keep their usual opening hours of 08:00 to 18:00 whilst the period from 18:00 to 18:30 required to fulfil national regulations is covered by the urgent care service on behalf of practices.

CDDLDC has worked to ensure that local implementation of national DES's (patient

participation, extended hours, LD and alcohol) work to meet the needs of all parties.

PCT

Whilst many functions of the PCT were devolved to the NEPCSA the LMC maintained a dialogue with key executives of the PCT. Our main relationship was through the medical director, Mike Guy and his deputy, Ian Davidson. We are pleased that Mike Guy has taken up the substantive post of Medical Director in the new Durham, Darlington and Tees Area Team.

We are grateful to both Mike and Ian for the work that they have done with the LMC over the last few years and look forward to continuing to work with Mike in the future.

GP Choices

We are delighted that the future for GP Choices looks more secure and in some respects strengthened by expanding its services into other areas. The LMC is fortunate in having Robin Wade who works for GP Choices as a member on the committee and continue to have occasional discussions directly with Carol Hartman-Anderson. One specific issue that the LMC has been able to advise GP Choices about has been ensuring that dentists and their staff have access to hepatitis B immunisation.

Annual Conference of LMCs

James McMichael, Kamal Sidhu, and David Robertson attended the annual conference of LMC is in Liverpool in June 2012. Essentially the conference role is to create policy for future GPC and BMA action. All LMCs are invited to submit motions based on their concerns about health care, government policy, pay and conditions etc. Those motions that are debated and passed become policy for GPC and or wider BMA in future negotiations with government policy makers. A copy of the minutes and actions taken on the resolutions can be provided on request.

The annual conference of LMCs, other national meetings, and the GPC Road Shows provide an opportunity to hear and question leaders of the GPC. We are fortunate as a profession to have leaders and negotiators of the GPC of exceptional quality to represent us at a national level. Dr Lawrence Buckman in particular is an outstanding chairman of the GPC and worthy of our attention and support.

County Durham & Darlington Foundation Trust

The LMC continued its constructive relationship with CDDFT and its chief executive, Sue Jacques and medical director Dr Robin Mitchell. Discussions with CDDFT over the last year have ranged across a whole variety of secondary care issues including input into their clinical strategy and of course we have continued to express concern about the reorganisation of community services.

Firearms Licensing

We are aware the current system of obtaining information is causing concern for GPs. The BMA and ACPO are looking for an enduring solution, however owing to the current legislation governing firearms licensing it is anticipated that this will take longer than expected. Locally we have had discussions with representatives of Durham Constabulary in attempt to devise a local solution and hope to begin a pilot shortly.

NHS Health Checks

The LMC recognised the challenges facing practices carrying out NHS Health Checks and in particular the funding issue that arose at the end of 2011/12. Working with the PCT the LMC was able to minimise the impact on practices.

Subsequently the LMC has been working with Mike Lavender to refine the process for carrying out NHS health checks that we hope will be simpler for practices to administer and enable them to check more easily that they have been paid appropriately for carrying out this work.

NHS health checks represent a significant opportunity to bring money into primary care and it is important that practices take up the opportunity to deliver this service for their patients. As you know public health is now part of the local authority and in this new environment it is likely that if budgets are not spent for their allocated purpose they will be cut in subsequent years and investment in primary care will be lost.

Pastoral Care

The LMC has been able to provide support for a number of GPs going through performance procedures. This support has ranged from simple advice through to providing witness statements and preparing to appear at tribunals. From this experience it's difficult to give much in the way of general guidance because each case depends on very individual factors but if you or a colleague do have concerns raised about your professional performance or conduct then it is vital to seek early advice either from your medical defence organisation or the LMC and to respond promptly to any questions raised. The LMC has gathered a good deal of expertise in this area and is keen to hear from any colleagues in difficulties.

Similarly the LMC can advocate on behalf of individual practices or GPs in a range of circumstances.

Communications

The LMC recognises that communications with its constituents has been a weakness. This is sometimes because in the midst of negotiations it difficult to share information or strategy and sometimes after negotiations there is a natural reluctance to appear boastful. Nevertheless this is an area we are keen to improve and the LMC has recently updated its website and we intend to send out a brief e-mail with relevant news to practices on a monthly basis. Please let us know if there are items you would like included or if you find this communication does not meet your needs. It is hoped that the annual report 2013/14 will reflect improvement in this area.

We have revamped our website (www.cddlmc.org.uk) and aim to add to its content over the next few months. If there are particular issues that you would like guidance about or information that you think would be worth sharing then please let us know.

We tend to distribute information to GPs in practice via practice managers and to sessional GPs directly. However we recognise that our database of contacts is sometimes incomplete and if you would like to be added to our distribution list or have your contact details updated then please email admin@cddlmc.org.uk

Conclusion

The LMC hopes that you find this annual report informative and helpful but as with all aspects of our work we would welcome your comments and suggestions. It is important to remember that the LMC exists to act on behalf of GPs throughout County Durham and Darlington. We have highlighted the major pieces of work that we have undertaken in 2012/13 but there are many other issues that we have taken up on behalf of GPs in this area and we look forward to continuing to do so in the future. Although in some respects CCGs offer GPs a significant influence on the NHS it is clear that LMCs will still have a vital role to play in representing GPs.