



November 2019

Heartbeat

Message from the LMC Chair

As you will know from our previous LMC message to all practices, we are modernising our constitution to meet the needs of our practices and their representation on the LMC. This is an important change to ensure that we remain 'representative' of your views. The details of the changes have been sent out to every practice.

The key proposed amendment in our Constitution and Articles of Association is to move from the historic PCT/CCG boundaries for our electoral wards to one based on the new PCNs. The changes to the constitution will be debated and put to a vote at our AGM on 20 November (1:30 pm to 2:00 pm). Details and an agenda have already been sent out to practices. If you are interested in attending this meeting please contact jhughes@cheshirelmc.org.uk

This will not change the overall number of LMC representative places or the fact that we also co-opt some members because of their areas of knowledge which may be useful to the LMC.

Looking forward to 2020 we are developing plans to focus on GP development next year. We already have plans at an advanced stage to run a NextGen GP programme between March –July followed by a programme for GPs already in established practices. We are also at an early stage of developing a programme for those GPs in the latter stages of their general practice career. Further details will be issued to all practices in due course.

Stephen Kaye
LMC Chair

CCG Ballot on establishing a single CCG for Cheshire

As you know the CCG ballot for a single CCG for Cheshire resulted in a majority of our practices voting in favour of the proposal.

Cheshire LMC has engaged with the CCG's senior management team to develop a fair and transparent electoral system for Chair and Board GP representatives. We will continue to work with colleagues to ensure that representation of GPs and practices is optimal throughout the structures and committees of the new CCG.

Supply issue with the flu nasal vaccine – England

Public Health England has asked us to cascade the following information regarding a supply issue with the flu nasal vaccine, requiring a phasing of supply of the vaccine. Practices are requested to implement the seasonal influenza programme as outlined in the [Directed Enhanced Service Specification](#). Because of the phasing of supplies PHE recommends planning the childhood vaccination programme using following priorities:

1. Children in high risk groups aged 6 months to 2 years – these children should be called and offered quadrivalent inactivated influenza vaccine (QIVe)
 - Children in high risk groups from 2 to 18 years should be prioritised and offered LAIV (unless contraindicated).
 - those aged 2-3 years and age 11-18 years should be called in and offered LAIV or a suitable quadrivalent influenza vaccine (QIV)
 - those of primary school age (4-10 years) will be invited through schools, but should be vaccinated with LAIV or QIV if they choose to present in general practice
 - Where a practice does not have LAIV available, vaccination of children in high risk groups should not be delayed and a suitable QIV should be offered as an alternative.
 - Healthy children aged 2-3 years should be called and offered LAIV as the practice receives stock. 2 year olds who are receiving vaccine for the first season are a higher priority than 3 year olds.

Practice staff are asked to only order vaccine needed for the forthcoming week, even if this is below the maximum quota and to avoid stockpiling. Close adherence to the vaccine storage in the cold chain is essential to avoid vaccine wastage. Further details on eligible groups can be found in '[The Green Book](#)' an [information leaflet](#) has been developed for parents to explain which children are eligible for vaccination and where this will be delivered.

PCN services launch

Launch of the BMA support services for PCNs. The main focus is on the following elements:

1. PCN Community
2. PCN Conference
3. Legal Services
4. HR Services
5. Insurance Services
6. Learning and Development

More information on all of the above and how to sign up can be found [here](#)

There is a blog by Krishna Kasaraneni setting out the details [here](#)

Toolkits

The innovation Agency have shared the below information that might support leaders. [Putting innovation into practice toolkit](#) it's for people who are interested understanding the innovation pathway from idea to implementation.

PCN Clinical Pharmacists – extension to transfer deadline

NHSE has written to CCGs to extend the deadline for transferring clinical pharmacists from the *Clinical Pharmacist in General Practice Scheme* to the PCN ARRS scheme, in exceptional circumstances. The deadline was originally 30 September 2019, but has been extended to 30 November 2019.

The eligibility criteria for transfer has not changed, it simply provides more time for the transfer to take place.

After 30 November 2019, any clinical pharmacists who have not transferred will no longer be eligible to do so. They will not be counted as an exception to the baseline, meaning that these clinical pharmacists will need to be maintained by PCN member practices in order to claim reimbursement for PCN clinical pharmacists.

CCG-Practice agreement for the provision and receipt of digital services in General Practice

Last month the NHS England and NHS Improvement published the revised [GP IT Operating model](#). It covers the key policies, standards and operating procedures that CCGs are obliged to work with to fulfil their obligations. The model is intended to ensure that general practices have access to safe, secure, effective and high performing IT systems and services that keep pace with the changing requirements to deliver care. The 2019 edition includes;

- An updated description of roles and responsibilities.
- A strong emphasis on ensuring the security and safety of digital services in general practice.
- Arrangements for the replacement for GPSoC Framework with the new GP IT Futures Framework.
- An updated definition of organisational and functional scope.
- A re-categorised schedule of requirements and capabilities underpinned by applicable standards. Includes addition of a 'national digital services' category.

A new CCG-Practice Agreement accompanies the release of this operating model. All CCGs and practices will be required to sign this new agreement which will provide clarity and assurance to both parties on the requirements for the provision and use of digital services available to general practices under this operating model. We have been told that NHS England will be publishing this on their website shortly.

Implementation of 2019/20 GMS contract commitments

A reminder to practices, that you should be offering a certain level of digital access to your patients. The guidance is available [here](#)

Do you have a story to share?

Denise Smith practice manager at Merepark Medical Centre, Alsager, does – read her story [here](#)

Denise is also practice manager lead for the SMASH Primary Care Network (PCN), which covers the areas of Sandbach, Middlewich, Alsager, Scholar Green and Haslington. The network is made up of seven GP practices and around 50,000 patients.

Sharing is GOOD! Email jhughes@cheshirelmc.org.uk if you would like to share your story in the next edition of Heartbeat.

Flu jabs for practice staff

Wessex LMC have done work on this and produced information for GPs and their team [here](#) and they are happy for this to be shared. Their very helpful podcast can be found [here](#)

Sessional GP Subcommittee's Newsletters

'Whats New For Sessional GPs'

- IR35 and its impact on Locum GPs.
Matt Mayer, deputy chair of the Sessional GPs committee, has put together a helpful [blog](#) highlighting that the rules on IR35 are changing and how locum GPs might be affected. Private, as well as public sector bodies will now be responsible for determining the employment status of their workers.

Read the latest Sessional GP Newsletter [here](#)



Practice Manager Development Programme 2019/20

Thursday 14 November

'Part One Appraisal Training'

'Part Two Courageous Conversations'

Practices must make best use of their people and a well-planned, properly implemented appraisal process can ensure that managers are getting the best from their staff and themselves understanding the importance of their own appraisals. Appraisal should be a process, rather than an event – and handling the appraisal interview correctly is a vital component of this activity.

This session leaves delegates able to:

- Conduct a useful appraisal interview confidently and to get the best results from the opportunity to review past performance
- Agree challenging but fair objectives for the future period.

The session will also look at supporting participants to prepare to have difficult conversations successfully.

Objectives

- To enable you to get the best out of your practice team.

To book your place email jhughes@cheshirelmc.org.uk

www.cheshirelmcs.org.uk

Important Footnote:

There have been a number of GP and practice manager changes recently. Thank you to all those practices that have kept us informed of these.

If there have been any GP/Locum/Salaried GP/Practice Manager staff changes within your practice could you please email Julie Hughes @ jhughes@cheshirelmc.org.uk with an update.

It's particularly important the LMC has the most up to date practice contact and email information for your practice as the fast paced changes brought about by the new contract mean we are issuing up to date guidance and advice. You risk missing this if we do not have your up to date contact details on our register.

Please do share the LMC newsletter as widely as possible through email and social media. We also value your suggestions about the format, future articles or what you might like the LMC to provide for its members.