



April 2019

CHESHIRE LMC
LOCAL MEDICAL COMMITTEE LIMITED

Heartbeat

Message from the LMC Chair

This is the first Heartbeat newsletter since I took over as Chair of Cheshire LMC on 1 April. I would like to take the opportunity to thank the outgoing Chair Dr Dorothy King who has been in post for 8 years. During this time the LMC has, I feel, made significant strides forward including better engagement with other agencies which has markedly increased its influence. Through this newsletter and website and through personal contacts it has become more open and informative to its members. I hope that during my tenure we can continue this progress.

By means of introduction, I am entering my 25th year as a partner at Boughton Health Centre in Chester having undertaken post-registration hospital training jobs in Chester and Warrington. My school years were spent in Marple, Stockport which at the time was in Cheshire before being subsumed into Greater Manchester.

My medical education was undertaken at Bristol University.

I take over as Chair at a time of enormous change for primary care and general practice in particular. The new GP contract and in particular the development of place-based networks as a unit of primary care delivery and funding presents us with new challenges. There has never been a more important time for the LMC to engage practices and inform development. As an LMC, we will continue to offer support, guidance and where appropriate leadership to help the profession through this period.

Please feel free to contact me via the LMC office.

Stephen Kaye
LMC Chair

LMC Elections

Further to the announcement of the LMC elections in the December newsletter regarding our elections we can now confirm that the results are as follows:

Eastern Cheshire David Ward	West Cheshire Stephen Kaye
South/ Vale Royal Fiona Kilby	West Cheshire Richard Henney
Ellesmere Port Simon Powell	West Cheshire Giles Kent
West Cheshire Branwen Martin	
West Cheshire Tiina Ashton	

Julie Hughes LMC Returning Officer 15 March 2019

GP Contract Agreement :PCNs

Following on from our special edition newsletter on the development of Primary Care Networks the BMA has now published the Primary Care Networks Handbook. This has been issued to all Cheshire practices and a copy is also available on the LMC web site. The handbook has been created to give advice and options to groups of practices looking to establish and develop primary care networks. Most of the major elements are interdependent, so conversations and decisions should not be made in isolation; we recommend reading the whole document before meeting with others to make decisions. For example, the structure that you decide to create for your network will have an impact on how new network staff can be employed, and how funding may be distributed across the network.

It is important all GPs understand that the development of PCNs, whilst requiring CCG 'sign off' must be led by the practices themselves. Contact the LMC if you want impartial advice on your local plans.

We have been approached by several emergent PCNs and we have been able to offer independent advice and support to these groups of practices. If we can be of assistance please contact the LMCs Chief Executive wgreenwood@cheshirelmc.org.uk for an informal chat.

GP Contract Agreement :QOF

What will change?

Some indicators will be retired

From April 2019, 28 indicators worth 175 points in total will be retired, including annual cholesterol check for diabetes, dementia bloods, annual FEV1, osteoporosis and peripheral artery disease indicators. This follows advice from the QOF Technical Working Group, on the development of an objective indicator assessment methodology. The 28 are 'low value' indicators which either: (a) do not now align with national evidence-based guidance; or (b) have poor measurement properties; or (c) are now viewed as a core professional responsibility.

New indicators will be introduced

From the indicators which will be retired, 101 points will be recycled into 15 more clinically appropriate indicators, some of which are modifications of existing indicators. The new indicators cover five areas including; aligning blood pressure control targets with NICE guidance, reducing iatrogenic harm and improving outcomes in diabetes care, supporting an age-appropriate cervical screening offer, offering pulmonary rehabilitation (where available) for patients with chronic obstructive pulmonary disease and improving focus on weight management as part of physical health care for patients with schizophrenia, bipolar affective disorder and other psychoses.

Quality Improvement domain will be introduced

The remaining 74 points will be used to create two Quality Improvement modules within a new quality improvement domain (each worth 37 points). NHS England and GPC England are working with the Royal College of General Practitioners, NICE and the Health Foundation to develop these. For 2019/20, the modules will cover:

- Prescribing safety: This module will cover the safe prescribing of NSAIDs, lithium and valproate in women of child bearing age and will dovetail with the expansion of clinical pharmacists in general practice;
- End-of-life care. The current QOF indicator on end of life care has been retired, and instead this module will focus on the wider aspects of care for patients who are expected to die within the coming months as well as support for their carers.

Personalised care adjustments will be introduced

The current system of exception reporting will be replaced with a more precise 'personalised care adjustment'. It will allow practices to differentiate between five different reasons for adjusting care and removing a patient from the indicator denominator including;

1. The QOF-prescribed care being unsuitable for the patient
2. Patient choosing not to receive the prescribed care
3. Patient not responding to invitations
4. Where the specific service is not available (in relation to a limited number of indicators only)
5. Newly diagnosed or newly registered patients, as per existing rules.

A Testbed Programme will be established

Prior to introduction, any future QOF indicators and modules will be tested by different clusters of GP practices (on a voluntary basis). Each cluster will be commissioned nationally, topic by topic, normally through open calls for practice or network participation. Network participation in research will also be encouraged.

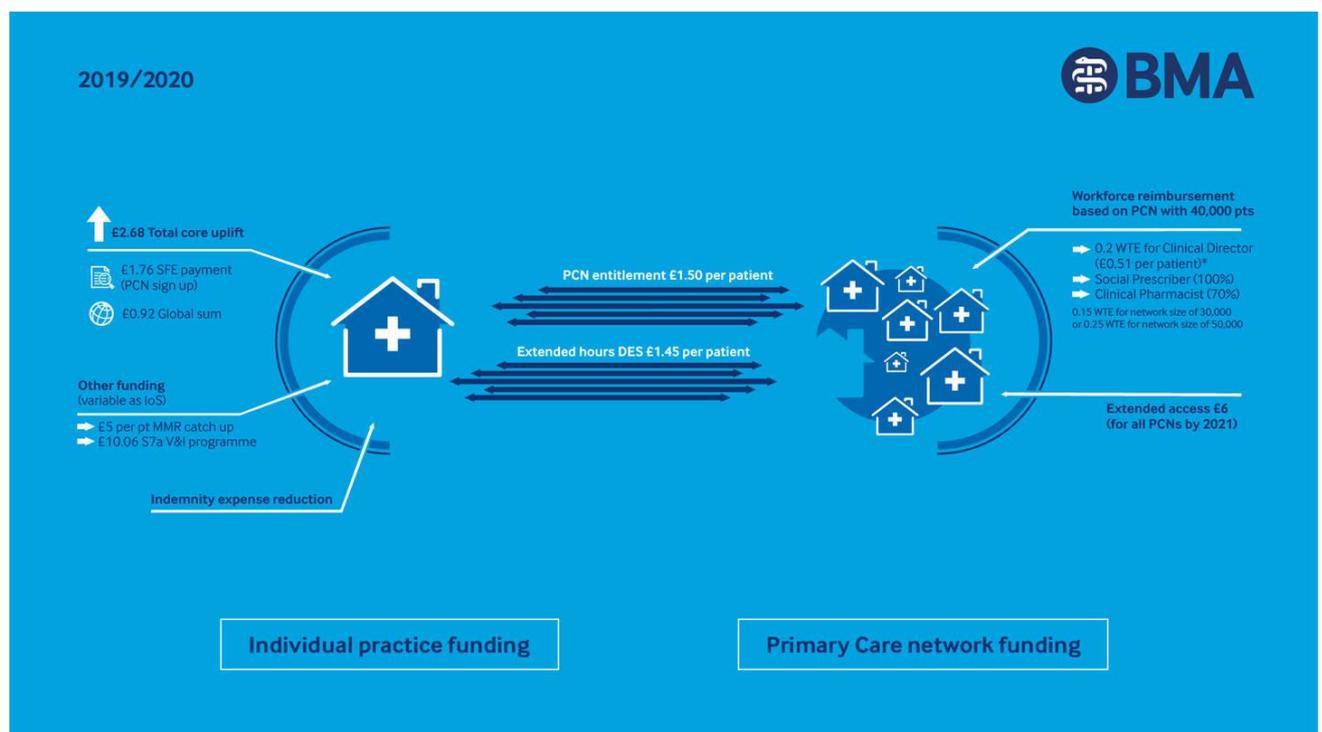
Other items of note

There will be no threshold increases and the QOF point value will be amended in line with population changes. NHS England and GPC England have agreed to an ongoing programme of indicator review in key priority areas, including heart failure, asthma and COPD care for changes in 2020/21, and mental health for changes in 2021/22.

NHS Long Term Plan

As previously reported in Heartbeat the NHS Long Term Plan was published on 9 January. Along with the new contract this is an important document outlining the strategic direction of NHS policy over the next 5-10 years. It should be read in conjunction with the new GP Contract Agreement, especially by those engaged in leading Primary Care Networks. Within the Plan there is a major push on a range of clinical priorities. These priority areas include children and young people, cancer, cardiovascular disease, stroke, diabetes, respiratory disease and mental health. These will, over time, be reflected in the services PCNs are expected to make progress on.

Primary Care Network Funding Infographic



LMCs National Conference

The 2019 UK LMC Conference was held on Tuesday 19 March and Wednesday 20 March 2019. This is the annual opportunity for grassroots GPs to influence the direction of national policy negotiation by the GPC.

Impressions of the UK LMC Conference in Belfast, March 2019

The UK LMC conference was held in Belfast in the fine ICC Belfast Waterfront Centre on the banks of the river Lagan, with the iconic Harland and Wolff ship yard gantries visible on the opposite bank.

Dr Richard Vautrey, UK GPC chair, opened the conference with a summary of the main issues and achievements for the year. There was particular emphasis on the new GP contract negotiated in England, and the NHS indemnity scheme for all GPs, both of which have been well received. This was followed by Dr Alan Stout, GPC Chair Northern Ireland describing some of the problems faced by our colleagues in the province and the effect of having no Health Secretary for a couple of years. It seems, however, that this has had certain advantages in some areas.

41 motions were debated in total. There was strong support for the partnership model and a plea for GP training to be modernised and to include training in leadership and business management, so that new GPs are better equipped for partnership. There were motions in favour of support and recognition for sessional GPs, specialist status for GPs, preservation and promotion of continuity of care, which is key to the success of primary care, yet under threat by extended access and working at scale. However, the one motion proposed against the development of primary care networks, was lost by a significant majority, indicating grass roots support for integrated care, despite some concerns about loss of GP autonomy.

There were strong objections to un-resourced transfer of work from secondary to primary care, and the emergence of non-evidence based and poorly regulated online GP services. The issue of GP suicide and lack of psychological support was proposed with deep emotion by a GP from Suffolk who has experienced the loss of her friend and colleague from suicide. There were strong views expressed against the effects of the GDPR regulations on practices, general dismay and fear for the consequences of Brexit, especially in Northern Ireland. The inflexibility of the NHS pension scheme was noted and the negative effect it is having on GP retention.

Charlotte Jones, GPC Chair Wales gave her final report to conference as she is stepping down, and received a standing ovation for her contribution.

So, after 2 days of warm Belfast hospitality and impassioned debate on a wide variety of issues all close to GP hearts, I and my fellow delegates headed home. It was encouraging to see a healthy mix of male and female, younger and older, partners and sessional GPs representing the profession. General practice has many battles still to fight, but progress has been made and there was a definite air of optimism for the future.

Dr Fiona Kilby (LMC Representative)

24 March 2019



Wednesday 15th May 2019

Practice Manager Development Programme 2019/20

Thanks to all those managers who have contributed ideas for our upcoming programme. Special thanks to those colleagues who gave their time to sit on the task group and interview panel. We hope the new programme delivers practical tips and up to date guidance on operational and contract issues for you and also looks at your potential leadership role within PCNs going forward.

Following a competitive tendering exercise we have appointed **Primary Care Commissioning** to deliver the monthly programme for our practice managers, commencing on **Wednesday 15th May 2019** through to November 2019, with a follow-up session in February 2020.

Full details of the programme sessions, dates and registration details will be published shortly. Please see [attached](#) flyer.

In addition to the Practice Manager Development Programme we will also be running a number of one off sessions on the new GP contract and PCN development. Again details of these will follow shortly both in our newsletter and on the LMC web site <https://www.cheshirelmcs.org.uk/>

High Blood Pressure Quality Improvement (BPQI) in Cheshire and Merseyside

This tool which is being funded by NHSE will support practices to meet the new QoF hypertension targets and so practices may wish to note **Thursday 2 May, Holiday Inn, Runcorn meeting 12pm-3pm** and consider which staff members ought to attend. [Briefing letter](#) for further information.

Calling All GP Practices

Are you looking to recruit new GPs? The Royal College of General Practitioners (RCGP) Mersey Faculty is holding a GP recruitment event on 15th June 2019. For full details see the link below, but the basic idea is to have around 30 practices on hand in one place to meet with potential employees on an informal basis.

Why not consider joining them at their first recruitment fair, with opportunity to discuss (on a one to one basis) job opportunities with newly qualified GPs and GPs looking to change

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their current work situation. Each practice will be seated at a table around a large room and interested candidates will be given a 10 minute slot to speak with you about working in your practice. Following the event, GPs who wish to explore options further will be directed to the relevant practices.

You can also visit their website <https://r1.dotdigital-pages.com/p/49LX-4X1/rcgp-mersey-faculty-speed-networking> <<https://r1.dotdigital-pages.com/p/49LX-4X1/rcgp-mersey-faculty-speed-networking>>

Sessional GP Subcommittee's Newsletter

This month's newsletter has key information for all sessional GPs, including;

- The latest Locum T&C's and Indemnity and;
- The launch of our locum practice agreement, a template letter to ensure you receive the relevant reimbursement for indemnity costs and an update on annualisation.

Download the latest [newsletter](#)



TRUSTED TO SAVE GP PRACTICES TIME & MONEY

The LMC Buying Groups Federation offers free membership to GP practices across the UK.

Membership gives practices access to an extensive range of products and services on which they have negotiated excellent discounts with their approved suppliers.

To find out more visit <https://www.lmcbuyinggroups.co.uk/>

Help us to help you. Have there been any GP/GP Partners/ Locum/Salaried GP/ Practice Manager changes within your practice in the last 3 months?

Please email jhughes@cheshirelmc.org.uk with any changes

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.