



Camden LMC News Update – August 2017

Chair: Dr Farah Jameel

1. Message from the LMC

Hello and welcome to our local LMC newsletter.

It's been a busy year, filled with a number of meetings, reading lots of papers and responding to many emails, mainly continuing to stay up to speed with the enormous pace of change across the health sector and its local implications in Camden.

LMC elections took place last summer and Dr Farah Jameel was elected LMC Chair until August 2018. The LMC would like to thank Dr Claire Chalmers-Watson for her time leading and guiding the LMC over the previous few years as Chair of Camden LMC. Since the election, two of our LMC members have moved on – Dr Kevan Ritchie and Dr Philip Taylor, and we would like to thank them for their contribution to the LMC.

We have also written to the three VTS Groups to invite them to nominate a representative to attend LMC meetings as a co-opted member on the Committee.

The Committee wants to engage with all GPs: partners, salaried and locums, as well as practice teams in Camden, representing your interests. We welcome and encourage observers who would like to attend. Farah is very happy to be contacted as LMC Chair, and we can also organise for an LMC member to come to visit you in your practice. Don't hesitate to get in touch with us if there is anything that you would like us to take up, or intelligence that you feel you should pass on or if you would like to make contact with Farah; you can do all of these things by emailing [Joni Wilson-Kaye](mailto:Joni.Wilson-Kaye).

To find further information about Camden LMC or to get in touch with any of your representatives [click here](#).

2. Vacancies on the LMC

Due to the resignation recently of Dr Kevan Ritchie, Camden LMC now has need of urgent GMS Principal representation as this group of GPs is currently unrepresented. Are you a GMS Principal working within Camden that would like to play an essential role in securing the future of the profession? If so, the LMC has a position for you until the end of August 2018. A copy of an LMC members' roles and responsibilities can be found [here](#). If you are interested in being co-opted to this position, or have any queries, please let [Joni Wilson-Kaye](mailto:Joni.Wilson-Kaye) by Thursday 21 September 2017.

3. Camden LMC - what we are doing for you?

The LMC identified their priorities for the new term. Our focus will be on representing everyone in general practice and your interests, engaging with constituents, stakeholders and feeding back to the LMC.

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Camden LMC members

Dr Farah Jameel, Chair
Dr Archana (Tina) Agrawal
Dr Benjamin Bromilow
Dr Dilini Kalupahana
Dr Stephen Yaxley
Mairead Roche, Practice Manager Rep
TBC, Practice Nurse Rep

If you would like to raise any issues with the LMC or confidential matters concerning your practice, contact [Joni Wilson-Kaye](mailto:Joni.Wilson-Kaye@lmc.org.uk) or telephone 020 3818 6254

Camden LMC will be focussing on the following issues:

- **GP Forward View (GPFV):** the LMC will continue to campaign to get funding and initiatives put in place to support vulnerable practices. The inadequacy of the GPFV to deliver the resources to help sustain practices was identified at the LMC Conference in May and we will continue to voice our concerns about the lack of appropriate funding and resources along with our LMC colleagues across the country.
- **Joint commissioning arrangements:** NCL now has one management structure; this will obviously have some implications for us in Camden as the STP evolves – further details can be found in item 7 of this newsletter.
- **Universal Offer:** the LMC has provided a number of comments on the universal offer which replaces the majority of locally commissioned services, whilst we have had concerns it was felt that the LMC should cautiously appraise the situation and engage in the process. The LMC will continue to monitor the roll-out of services and challenge any problems that arise for practices as a result of the development of these services.
- **Neighbourhood working:** the LMC will continue to work with the four neighbourhoods in the borough as the CCG is increasingly expecting locally commissioned services to be delivered by practices working collaboratively. The LMC will monitor developments and continue to lobby to ensure all practices are treated fairly; that promised funding reaches the neighbourhoods and decisions are made in the best interest of practices and patients.

4. Are you struggling? Contact us at Londonwide LMCs GP Support Service

Do you feel that your practice is struggling? You can seek confidential advice and support from the Londonwide LMC's GP Support team for any individual doctor or practice in difficulty. The team offers help and guidance on all practice related matters including contracts, performance, premises, payments, mergers, retirements and partnerships. Particularly if you are thinking about resigning your contract, taking 24-hour retirement or merging with another practice, please get in touch with one of the team for expert, tailor made advice. It's much easier to save contracts from the start! Contact the team on: gpsupport@lmc.org.uk.

5. NHS Standard Contract Changes/ Quality First

The GPC has secured further changes to the NHS standard hospital contract for 2017/19 which should help to alleviate some of the pressures faced by general practice. GPC has updated its [suite of templates](#) which also incorporates the April 2016 changes in the [NHS England standard hospital contract](#).

Local LMC representatives met with staff from UCLH to discuss how these changes will be implemented. UCLH confirmed they were aware of the changes to the contract and were happy for related secondary care work landing on GPs' doors to be sent back. They are also open and amenable to strengthening and creating new pathways to help bridge the gap between primary and secondary care and are developing a proposal to take a more systematic approach to address issues that arise between the Trust and local practices.

A similar meeting also took place between staff at the Royal Free and LMC representatives. Discussions included concerns around discharge summaries, clinic letters, onward referral of patients, medication on discharge and results and treatment. Improvements to these services should have been implemented in April 2017 so if you are encountering problems in any of these areas please advise a member of Camden LMC team.

LLMC Practice Mergers Guidance

This provides a summary of some of the issues that practices need to take account of in discussions on mergers with the other practice(s) - this can be accessed [HERE](#).

LLMC Patient Engagement Project

Londonwide LMCs Patient Engagement Project team conducted a patient engagement survey on experiences of patient participation groups (PPGs).

The results for the Patient Engagement Survey can be found [HERE](#).

It is a contractual requirement to have a PPG. For more information on the Patient Engagement Project, please email.

Further resources relating to the Patient Engagement Project can be found [HERE](#).

GP State of Emergency
To help you through the GP state of emergency, visit the [GPSOE](#) website including templates to provide practices with resources to hold both CCGs and hospital trusts to account to implement contractual changes.

National Diabetes Audit

Whilst most practices are already taking part in this annual audit, please remember that from July 2017 all practices will be contractually required to allow collection of data relating to the NDA.

6. Camden GP Federation

Following the Camden GP workshop on 14 December 2016, representatives from the LMC established and led a series of working group meetings with other stakeholders to discuss the development of a pan-Camden GP Federation. The group was mandated by the December meeting which was attended by almost all Camden GP Practices to build on what currently works with the existing federation arrangements in Camden and to address concerns raised by local GPs to develop a federation that supports general practice and provides for local patients' needs.

The working group reviewed a number of approaches and developed options as the basis for a proposal to develop a federation that would be accountable to its member practices with the ability to take on contracts and maximise income whilst being flexible and innovative. It was recommended that the newly formed federation would be set on a not for profit basis with any surplus being reinvested into local general practice and services whilst not having a negative impact on current core contractual arrangements.

Recommendations were provided on governance, organisational and board structure. The working group supported a model that would ensure at least six board members would be elected GPs from the defined localities and chaired by a locally elected GP to ensure the federation was engaged and accountable to its member practices.

The working group proposal was largely accepted by the current Haverstock Health and Federation Board. Detailed implementation proposals and new Board/Governance processes are currently being finalised through the newly-formed Board.

7. NCL Sustainability and Transformation Plan (STP) Update

Helen Petterson, in her role as NCL STP convener, is due to meet with the NCL LMC Chairs and Vice-Chairs and key members of her team in the Autumn to discuss how the LMCs and the STP team can work together; Sarah Mansuralli will be representing Camden in this team. The NCL STP will now be known as North London Partners in Health and Care; a website has been set up with the latest copy of the [plan](#).

NHSE has undertaken an assessment of how STPs are progressing across England. Results have now been published and NCL STP was assessed as "category 3 – making progress". There are four categories of score with category 1 the highest and category 4 identifying those STPs most in need of improvement.

8. Capped Expenditure Process

North Central London has been identified as one of fourteen health economies needing to make significant cost savings in the capped expenditure process (CEP). The CEP is a process initiated jointly by NHSE and NHS Improvement to identify those areas with the biggest deficits and in need of making the greatest savings.

Influenza and Pneumococcal Vaccinations and Immunisations

The influenza and pneumococcal vaccination DES contains an explicit requirement that practices operate a call and recall system for at-risk patients. The childhood immunisations and imm and vacs additional services regulations do not contain such an explicit requirement though this is clearly highly advisable as there is an obligation therein to offer vaccination whenever appropriate and to take steps to maximise uptake.

New Patient Online toolkit for GP practices

The [toolkit to help GP practices promote online services to patients](#) helps practices promote online services for specifically ordering repeat prescriptions, booking appointments and viewing medical records. Any queries can be sent to [England Patient](#)

NHS Property Services' Premises

The BMA has written to practices in response to its questionnaire on issues faced by practices in NHS Property Services' premises. For details of the full letter and further guidance from the BMA for practices still encountering problems please [click here](#).

9. Hepatitis A pre-exposure immunisations

We have received [updated guidance from Public Health England](#) which provides new advice for GPs for the outbreak of hepatitis A in men who have sex with men (MSM). It provides an information on the outbreak and new advice for GPs including:

- Changes to NaTHNaC recommendations for Hepatitis A vaccine for other countries.
- Alternative vaccine options for Hepatitis A vaccines to mitigate effects of supply constraints.

GUM clinics have received advice via a letter from the British Association for Sexual Health and HIV (BASHH) and BHIVA.

10. Hepatitis B Vaccine Shortage

There is currently a global shortage of hepatitis B vaccine. [Click here](#) to access the latest recommendations from Public Health England on how to manage vaccinations during the current constraints.

11. Accessible Information Standard

Since 31 July 2016 all GP practices have to be fully compliant with all aspects of the Accessible Information Standards.

The Accessible Information Standard aims to ensure that people who have a disability or sensory impairment receive information that can be accessible and understood. Any organisation that provides NHS or adult social care will need to implement these standards and compliance with the accessible information standard SCCI1605 (set out in section 250 the Health and Social Care Act).

The standard requires organisations to:

- Ask people if they have any information or communication needs and find out how to meet those needs.
- Record those needs clearly.
- Highlight or flag the person's file or notes so that it is clear they have the information or communications needs.
- Share people's information and communication needs with other providers of NHS and adult social care, when they have consent to do so.
- Take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it.

Further information is available in the BMA document '[Focus on the Accessible Information Standard for GP practices in England](#)' as well as [FAQs](#).

FGM

The current GMC guidance and fact sheet are [here](#).

The following Londonwide LMCs' training events are scheduled, for further information see [here](#)

Communication and Customer Service 9.00am to 12.30pm Thursday 5 October 2017

Effective Medical Chaperoning in General Practice 9.00am to 12.30pm Thursday 2 November 2017

Introduction to Medical Terminology 9.00am to 4.00pm Wednesday 13 December 2017

[Contact us](#)

Camden Local Medical Committee, Londonwide LMCs, Tavistock House, Tavistock Square, LONDON WC1H 9LG. www.lmc.org.uk

The next Camden LMC meeting takes place on Tuesday 19 September 2017.

[Camden LMC Team](#)

[Dr Farah Jameel](#) – Camden LMC Chair

[Dr Vicky Weeks](#) - Medical Director/LMC Secretary

[Greg Cairns](#) - Director of Primary Care Strategy

[Sarah Martyn](#) - Assistant Director of Primary Care Strategy

[Joni Wilson-Kaye](#) - Committee Liaison Executive