

Brent LMC News Update

November 2017

Chair: Dr Prakash Chatlani

1. PMS contract review update

LMCs and Londonwide LMCs have been working extremely hard in a difficult NHS financial environment, applying the following principles to the PMS “Premium” proposals put forward by your CCG:

- Monies must remain within PMS and GMS practice contracts and not lost to “the system”
- Service Specifications and KPIs for redistributed PMS premium monies must be “within the gift of practices to achieve”
- General Practice must not be destabilised by the workload or financial bottom lines.

The PMS review process includes the following agreed steps:

1. Local engagement with practices and the LMC from which a plan for the use of redistributed PMS premium monies would be included in commissioning intentions
2. Joint Assurance of those plans in accordance with agreed criteria including as above.
3. A 2-week period for Londonwide to review the contracts for PMS core and premium services – the latter being LCSs for GMS practices - are safe for practices and continue to meet the criteria
4. A 3 month period for PMS practices to consider the contract offer.

Currently the progress of all NWL CCGs PMS proposals towards the next stage in the PMS review process is subject to NHSE / LLMC assurance.

2. Shared care arrangements and unfunded work

Shared care protocols are increasingly used to transfer care from hospitals into general practice, including the prescribing of specialist medication. It is important to note practices are not obliged to participate in shared care arrangements, which are voluntary. Shared care arrangements require additional competencies, and it is important that GPs do not undermine care for patients by feeling pressured to treat beyond their knowledge and skills. Shared care arrangements also require additional GP, nurse and administration time, and it is important that practices do not take on this additional optional work beyond their capacity to deliver. Practices should receive resources to provide this extra service, so that current staff are not diverted away from providing core needs of patients. If the GP decides not to participate, the clinical responsibility for the patient remains with the specialist service. See LLMC's [GPSOE resources](#) for further information and a template letter which you may use to refuse a request.

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Brent LMC

Dr Amanda Craig
Dr Milind Bhatt
Dr Prakash Chatlani (Chair)
Dr Jahan Mahmoodi (Vice Chair)
Dr Nisheeth Rajpal
Dr Neeta Ghosh-Chowdhury
Dr Etheldreda Kong
Dr Ashwin Patel
Dr Shazia Siddiqi
Mary O'Connell (Practice Nurse Observer)
Shahla Jamal (Practice manager observers, job share)

To contact the Chair, any committee members or the Secretary please contact the [LLMC office](#).

Visit www.GPSOE.org.uk to help you through this state of emergency

- Letter templates
- Guidance
- Posters

3. Local developments and strategic issues

eRS

As part of the National Vanguard Cancer program LNWH has been piloting a 'straight to test' pathway for Lower GI 2ww suspected cancer referrals using the e-Referral System (e-RS), with Brent CCG GP practices. One of the drivers for this has been that nationally, with effect from 1st October 2018, providers will no longer be able to accept referrals through any route other than e-RS (previously known as Choose & Book)

Commissioning locality review

Brent CCG is considering options for reform of the locality structure including meetings, engagement and clinical leadership. The CCG is seeking to improve communications and engagement with practices. The potential options will be tested with GP member practices and other stakeholders and any changes to the constitution would be incorporated into the voting on constitution changes.

CCG constitution change process

Brent CCG is reviewing its constitution to update governance and regulatory aspects and achieve better alignment with other NWL CCGs. Proposed changes have been outlined to the LMC and it is noted that there will be no change to the voting threshold following discussion with LMC representatives. The voting period had been pushed back to January. There will be an engagement plan for collaborative working across all eight CCGs.

Developing further collaborative working across North West London CCGs

North West London GPs are being asked to vote shortly on a proposal to make changes to the CCG constitution to develop further collaborative working across NW London CCGs. This proposal will enable all 8 CCGs to work collaboratively through a single decision-making joint committee to commission services identified as suitable for a joint NW London approach. The LMC have [summarised the main points](#) for you to help you consider what is being proposed and suggested questions to ask your CCG.

Training opportunities for practice staff

Londonwide Enterprise Ltd (LEL) was set up to provide affordable, high quality training and educational events for practice teams. Please see the list of upcoming events [here](#)

PCSE/Capita issues

KCW LMC Vice Chair and GPC Sessional Subcommittee deputy Chair provides an update in his blog on discussions with NHSE/PCSE which are particularly relevant for sessional GPs. His blog available on the BMA website. Read it [here](#)

Extended hours DES update

The 2017/18 changes to the GP contract included the condition that meant practices who regularly close for a half day, on a weekly basis, will not ordinarily qualify to deliver the Extended Hours DES. The LLMC article below provides advice on what practices need to do to satisfy the requirements of being 'open' and [qualify to deliver the DES](#).

[LMC Latest News](#)

[Contact us](#)

Brent Local Medical Committee, Londonwide LMCs, Tavistock House, Tavistock Square LONDON WC1H, 9HX. www.lmc.org.uk The next Brent LMC meeting takes place on 7 December.

[Brent LMC Team](#)

Dr Prakash Chatlani – Brent LMC Chair

[Dr Katie Bramall-Stainer](#) – Medical Director/LMC Secretary

[Jane Betts](#) - Director of Primary Care Strategy

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