

CLMC Bulletin 382 – 09.04.19

PCN Toolkit and Templates

GPC have published the first components of their Primary Care Network toolkit – including an ‘establishing a PCN checklist’ and a template ‘initial PCN set-up meeting’ agenda. A revised version of the PCN Handbook has been released, including a list of the amendments, available [here](#). GPC have also set up a *Primary Care Network Forum* for those setting up PCNs, to help you engage with others in the same situation to share intel and ideas. Register for it [here](#)

GPC are holding a free [PCN webinar](#) at 10-11am on 17 April. The webinar will focus on PCN collaboration, trust and building relationships, aiming to provide information for those in the early stages of forming a network. They have also held a webinar about [Primary Care Networks: structures, governance and decision making](#), a recording of which will soon be available [here](#).

As mentioned last week, NHS England has published PCN DES specification, template network agreement and accompanying guidance notes, which GPC jointly developed, all of which are available [here](#). The updated DES directions and amendments to the SFE have now also been [published](#).

Sexism and Harassment

You may have seen that serious and distressing allegations have been made relating to inappropriate behaviour by doctors at BMA and LMC related events. An investigation, wholly independent of the BMA, will now take place; the scope, structure and who will lead it is being established. The terms of reference will be developed, in collaboration with those who have raised concerns, should they wish to be involved.

Richard Vautrey, GPC Chair stated: ‘I am very concerned and saddened to hear my colleagues describe their experiences, and as GPC UK and GPC England chair I apologise to those who have been hurt by this. We cannot tolerate any unaccepted behaviour within the BMA and associated bodies, and as chair I will redouble my efforts to eradicate it in all areas that I can. I am also aware of the deep distress this is causing many other people, including our dedicated BMA staff, who work tirelessly to support our activities and on whom we depend when we face major challenges such as this. I want to thank them for working with us despite the pressures they are under.

I want GPC and LMCs to be a safe place for all members, who should feel supported, listened to, treated with respect, and be enabled to take as full a role as they want and are able to. As in our wider medical professional life, we can and must learn from any mistakes and errors, giving all involved confidence to talk openly about what has happened and work and learn together so that these situations don’t happen again. We must continually strive to improve what we do.

I would encourage any of you on the receiving end of any abuse, discrimination or inappropriate behaviour to raise this immediately with myself, my GPC England Executive colleagues, or my fellow national GPC chairs, or if you wish to use the central BMA service contact them via complaints@bma.org.uk, so that we can deal with each and every incident or concern as quickly as possible. Similarly, if there are others who have been distressed by any event, either which they feel they may have had some responsibility for or simply want to talk to someone about their concerns, again please do contact anyone of us. We want to help everyone in the best way we can. You can read my full statement [here](#) and BMA News story [here](#).’

The BMA also issued a response from Chaand Nagpaul, BMA Chair of Council, stating: ‘*I am appalled to hear of the treatment my colleagues describe and of similarly unacceptable behaviours. I’m sorry and I offer my heartfelt apologies on behalf of the whole association. Abusive behaviour has no place in the BMA and I recognise the courage that it takes to come forward with such allegations and so I thank them for that*’. Read his full statement [here](#). The BMA’s code of conduct is available [here](#).

New Clinical Negligence Scheme for GPs (State Indemnity)

The Clinical Negligence Scheme for General Practice (CNSGP) in England was launched on Monday 1 April, and is being operated by NHS Resolution. Read their guidance covering the scope and operation of the scheme [here](#).

As reported last week, this follows successful negotiations by the BMA and means that GPs will no longer be exposed to rising indemnity costs, removing a major barrier to recruitment and retention. Read GPC guidance [here](#) and a blog by Mark Sanford-Wood [here](#)

We also welcome the announcement by the MPS that its GP members in England will benefit from government-backed protection against historic clinical negligence claims. While the MDU and the MDDUS remain in negotiations with government on this issue, all GPs can be confident that they remain fully covered both historically and going forwards. Read its statement [here](#).

RCGP Workload Observatory

The [Royal College of General Practitioners \(RCGP\) Research and Surveillance Centre \(RSC\)](#) have announced that they are continuing to expand their sentinel practice network and are looking for new members to join. General practices are dealing with an unprecedented level of workload that has not been backed up with hard evidence till this date. As a result of this the Royal College of GP's in collaboration with Surrey Heartlands have embarked on an NHS England funded project to create a workload observatory. The Observatory aims to collect real-time evidence on current workload levels as well as provide a picture of the complexity of cases that are increasingly seen in general practice.

The project also includes many benefits to practices that are listed below:

- **Free access to paid E-learning training** - £30 per person for up to 3 people per practice. A certificate will be provided as evidence for CPD. More clinicians can access the training and use the certificate for CPD, we will be able to reimburse for up to 3 people
- **Payments for workload questionnaire completion** - £75 per questionnaire; 2 to be completed.
- **Opportunity to participate in funded research** – without the hassle of additional paperwork!
- **Individual support** – dedicated team of Practice Liaison Officers provide individual practice support and training
- **Free Research Ready Advanced accreditation**- standard fee of £50 per year applies for non-RSC members
- **Unlimited access to an individual dashboard** - continuous feedback on coding. This can in turn be used as evidence of constant quality improvement for CQC inspection. To see an example of how the dashboard looks like, please go to our website:
- <https://www.rcgp.org.uk/rsc>. The example can be found on the link highlighted in yellow:



✓ Connect with like-minded practices

Contact MedicalDirectorRSC@rcgp.org.uk for more information

The RCGP RSC is currently recruiting practices to join the network. For more information on the [benefits of being part of the network](#) and how to join, please contact MedicalDirectorRSC@rcgp.org.uk

All GPs can participate in the network, regardless of membership to the RCGP. The core surveillance and vaccine effectiveness work is mainly funded by Public Health England, with other research and surveillance conducted in collaboration with a range of organisations, some working across Europe. All practices in the network have the opportunity to participate in new projects, and some work includes payment to cover practice time.

RCGP RSC practice members have access to personalised dashboard, which shows an aggregated version of their data by week and compared with the rest of the network. The dashboard can be accessed [here](#).

START- Hospital Treatment for Seafarers

Priority NHS treatment is available for seafarers at the Dreadnought Unit at St Thomas's Hospital in London; this is funded outside normal arrangements, but some patients have had problems with accessing the service as their practice has been unaware of how to make the referral.

Eligible seafarers include

- Working seafarers:
 - Fishermen, merchant seafarers, pilots and tugboat men
 - Fishing vessel personnel
 - Trainees in the Merchant Navy or Cadets
 - Essential shipping company shore staff

- Dependants of working seafarers:
 - A wife, husband or child under 18 whose illness is giving the seafarers serious concern

- Others:
 - Retired seafarers (but not their dependants)
 - Working Union officials (but not their dependants)

Referrals should be made using this [form](#) . Further details are available [here](#)

Antimicrobial Resistance

In January the Government published its UK five-year action plan for anti-microbial resistance, as well as a 20-year vision which present the Government's ambitions and commitments for tackling antimicrobial resistance. Our new briefing, *AMR: ambition to action*, sets out the BMA's recommendations for the key areas in which the Government must take stronger action to ensure it can meet its ambitions. Read the briefing [here](#).

COMAR 2019

[The Report](#) provided by Mary McCarthy, GPC member, who attended the BMA's Conference of Medical Academic Representatives (COMAR).

GPC Newsletter

Read the latest GPC newsletter [here](#).