



Mword - issue 41

10 January 2020

Dear Colleague Happy New Year. I have only one item in this message – the Draft PCN DES Service Specifications for 20/21. I wouldn't be hassling you if it were not essential, but these new Draft PCN DES Service Specifications are seriously concerning. So no humour from me in this edition. Just an appeal for your time - we urgently need your help ahead of next week's GPC meeting on Thursday. Please use our short Londonwide LMCs' survey to tell us your views. I appreciate that there's a lot of information to plough through in the full NHSE&I documentation. The GPC has produced a summary in which it is easier to spot the howlers, such as the two-weekly ward rounds in care homes, the 20 minute face-to-face appointments for structured medication reviews (SMRs), and the huge number of ridiculous metrics attached to each of the specifications. Moreover, many areas will need dedicated clinical leadership. There is no identified resource for this. For example, there are many references assuming that the PCN CDs and the PCNs will be "responsible/accountable" for various aspects of service delivery, quality, and performance. So what would these service specs mean in practice? Here are some headlines and estimates pulled together against a tight deadline:

Each care home covered by a PCN must receive fortnightly visits from a GP and have a consistent, multidisciplinary team assigned to support its residents with weekly visits (page 17 of the draft specs).

We estimate that the SMRs will mean a 50,000 patient PCN requires up to 3.8 WTE pharmacists, 1.6 WTE admin support and leaving practices to collectively staff up to 1.5 GP sessions per week, needed to oversee the reviews and follow-up complex cases (page 16).

Personalised care and support plans will need to be produced for all people in the last 12 months of life and all individuals covered by the anticipatory care and enhanced health in care homes services (page 17).

Berks, Bucks and Oxon LMCs have also been analysing the proposals and estimate practices in a 50,000 PCN taking on 14 additional clinical sessions and 128 hours of admin a week to deliver the activity envisioned, costing over £100,000 per year, per practice.

There are also so many unknowns, activity defined simply as "support/explore/enable/ensure" without indication of what clinical and administrative work is involved or by which roles.

Finally for now, because the NHSE&I survey is very focussed on the narrow specification detail, here is our own short survey which allows you to express your views in as full and frank way as you feel, on how these changes will impact on you, your practice and your PCN. It is those views we need to hear, so please, whether you are a GP, a practice manager, a GP nurse or any other practice member, please do take the time to fill out our short survey and let us know your thoughts ASAP so that we can ensure that your voice is heard next week. The survey closes at midday on Tuesday 14 January. As ever - please do let me have any views on these issues or others at mword@lmc.org.uk. Michelle
Dr Michelle Drage FRCGP Chief Executive, Londonwide LMCs

