

Newsletter – October 2018

LMC Meeting 8th October 2018

At our last LMC meeting we discussed a range of issues in addition to the newsletter articles here including, updated Dementia guidance from NICE, Extended Hours Hubs, Feeding at Risk, Flu vaccination and obesity pathways.

Mirena Coil Fitting

Current funding for fitting of Mirena coils is only for coils fitted for the purpose of contraception and not for heavy menstrual bleeding, even though the Mirena coil is a first line option in the CCG top tips.

The LMC have raised this as an issue and are pursuing the possibility of payment for this to prevent unnecessary referrals to secondary care. In the meantime practices are advised to check that any claims submitted are for contraception only and that they are not inadvertently claiming for menorrhagia as well.

Letters from CGL Requesting Patient Data

The LMC is in ongoing discussion with CGL and RMBC Public Health regarding the content of these letters. We believe the data

requested in the letters is excessive and some of the further investigations are not in the GP's remit since CGL are being paid to provide a comprehensive service. The tone of the longer letters suggests that the responsibility for the provision of the data rests with the practice and hence if there is an omission somewhere then it's our fault.

We have been advised by CGL that the requested changes to the letters are imminent, following similar feedback from GPs in other parts of the UK.

Winter indemnity scheme

NHS England (NHSE) announced that it is again running a winter indemnity scheme this year to support GPs who wish to offer additional extended access and/or out of hours sessions over the winter season.

The scheme, running from 1 October to 31 March next year, will be used to provide indemnity for the extra services provided by GPs, giving them the freedom to work extra sessions securely and without the worry of additional costs.

GDPR Subject Access Requests (SARs)

The General Practitioner's Committee (GPC) are putting together a SAR Code of Conduct that they hope will be approved by the UK Information Commissioner's Office. If approved it will become the benchmark of practice. They are hoping that online access to the medical record will be classed as fulfilling a SAR request in the Code of Conduct.

Meanwhile, GPC advice in the current vacuum around what is regarded as "excessive" SARs is that:-

"it is for the individual data controller, in this case the legal entity of the practice, not any individual GP, to decide whether they feel the request is excessive or unfounded.

No one else is involved in that decision. As long as the decision is made on a case by case basis, so you cannot have a blanket rule, and is made on reasonable grounds, then if the requestor complains, it is highly likely the only sanction the ICO will take is to instruct the practice to release the data. A fine, in the first instance, is extremely unlikely.

Death-in-service benefits for locum GPs

The BMA has submitted a test case to the Pensions Ombudsman to challenge NHS Business Services Authority's approach to death-in-service benefits for locum GPs. While GP partners and salaried GPs are covered on a continuous basis, meaning their family can access their pension regardless of when they die, locum GPs effectively won't be covered unless they die on a day they're scheduled to work.

Practice Locum reimbursement for phased return to work

NHSE have conceded the GPC's position that when GP partners return from sick leave on phased return certified by Med3, the SFE mandates that practice must be reimbursed the cost of their cover in exactly the same as if the partner was still completely off sick.

Furthermore, whilst there are some circumstances where a practice may not automatically be entitled under the SFE to locum reimbursement when a salaried GP is on phased return from sick leave, NHSE nationally has made it clear to all local commissioners that, to avoid discrimination, salaried GPs' absence during phased return will also be reimbursed on a discretionary basis.

LMC Buying Group

Members of the LMC Buying Group can access discounts with any of the suppliers on the list which can be found on the LMC website. To access these discounts, you can both login to the Buying Group website and request a quote or if you contact the supplier directly, you need to make sure you mention your practice is a member of the LMC Buying Group or state the discount code from the supplier's page of the Buying Group website.

If you were using an approved supplier before you became a Buying Group member or have been using a supplier for a long time and aren't sure whether you are receiving the correct rates, you can email the Buying Group to check:

info@lmcbuyinggroups.co.uk

State-backed indemnity scheme

The GPC has met with NHSE and the Department of Health and Social Care about their plans for a state backed indemnity scheme, which is still planned for April 2019.

The GPC's medical indemnity guidance has been updated to give some more information about the scheme and how it will impact on GPs:

https://www.bma.org.uk/advice/employment/gp-practices/gps-and-staff/medical-indemnity-for-gps?utm_source=The%20British%20Medical%20Association&utm_medium=email&utm_campaign=9840248_NEW16A1%20SESSIONAL%20GP%20ENEWSLETTER%20130918&utm_content=Medical%20indemnity%20CTA&dm_t=0,0,0,0

LMC Meeting

GP constituents are reminded that they are always welcome to attend meetings of the LMC as observers. The Committee meets on the second Monday of every month in the Board Room at Rotherham General Hospital

NEXT
LMC MEETING
12th November 2018
COMMENCING
At 7.30 PM

OFFICERS OF THE LMC

Chairman
Dr Adrian Cole
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If you have any questions or agenda items, or wish to submit appropriate articles for this newsletter

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