

Newsletter – April 2019

District Nursing Interface with Practice Nurses

Before Christmas some practices were in touch with the LMC raising concerns about the support that our district nurse teams have been able to offer in the delivery of PMS/GMS to the housebound. There appeared to have been recruitment difficulties resulting in some services previously offered to practices being withdrawn.

Since 2006 there has been an agreement between practices and the community nursing service regarding the split of community nursing and GMS/PMS activity; broadly the goal of this was to facilitate a situation in which the community nursing service supported us with our GMS/PMS work in the housebound whilst we supported the District Nurses by providing some community nurse provision for those who are ambulatory.

This agreement remains the only one through which practices provide community nursing services but it would appear that the merits of the 2006 agreement have been lost over numerous commissioning and community management changes in the last 13 years.

Having spent some months looking into the matter it would appear that, over the

years, the commissioning of ambulatory community nursing services has been overlooked – no one seems to be currently commissioned to provide these services.

We've had a number of meetings with managers and commissioners in the hope of reinvigorating the 2006 agreement but at our last committee the LMC were disappointed to hear of examples of commitments to undertake services for the housebound being dropped with very little notice just before the QoF deadlines.

Whilst the development of the district nurses to undertake housebound diabetic checks is welcomed, it's a concern that there are no plans to train the district nursing service in other aspects of chronic disease monitoring.

In the absence of a functioning quid pro quo agreement such as the 2006 document we would like to remind practices that they are in no way obliged to undertake community nursing provision as part of their PMS/GMS contract. Further the LMC does not have confidence that the ambulatory community nursing commissioning gap is likely to be addressed in the timeframes required to avoid the deficit rolling into primary care networks.

We would encourage practices to review their current nursing provision; it may be that rather than providing community nurse services, practice nurses would be better redeployed helping support PMS/GMS provision along with the various LESs which practices now undertake.

It's important that patients don't suffer as a result of these changes and we would suggest that a three month notice period of any intent to discontinue the provision of ambulatory community nursing would be appropriate.

The 2006 agreement is attached and we will circulate a template letter which would be appropriate for practices to use should they wish to give notice of their intention to discontinue community nursing service.

LMC Vacancy

Dr Eversden writes: Calling all female GP's!!! I am currently the only lady on the LMC and we are one member short.

I feel that although I do my very best to represent all my colleagues in GP matters, sometimes women may feel differently about things to our esteemed male colleagues, and I would love to have another lady GP on the team to balance out the

gender inequality currently present.

This is a fantastic opportunity for anyone wishing to make a difference to GP's daily life, especially in the rapidly evolving times ahead.

Please contact me at julie.eversden@nhs.net or one of the other members of the team if you're interested.

DPO Support

In the new five-year framework for GP contract reform section 5.5 says:-

In addition, CCGs will be responsible for offering a Data Protection Officer (DPO) function to practices in addition to their existing DPO support services, whether by the CCG directly or through its commissioning support service. Appointing a DPO remains a practice's legal responsibility, but this arrangement will be more efficient for the NHS as a whole.

The LMC are aware that some CCGs in England are now beginning to offer services to practices and have written to Rotherham CCG to ask what will be provided locally. The reply is that Rotherham CCG are working internally to deliver on the requirement to 'offer' a service, but not pay on behalf of practices for them to receive an alternative service. Their understanding of the requirement to 'offer' is that some practices nationally have been challenged to link into an identified DPO role, which has to be independent of any I.G role/function undertaken within or on behalf of any practice.

Integrated Sexual Health Services (ISHS)

The LMC recently raised an issue with ISHS on their recent contract documents which appeared to state that only patients of practices that have not signed up to the LES can access the ISHS and implant outreach clinics. This would be potentially unfairly prejudicing patients' right to choose at present.

The LMC sought assurances that patients will not be turned away from the community clinics if that is where they present.

The ISHS have stated that they do not want to in any way, disadvantage patients from any particular GP practice or area, whether they do or do not fit Implants or coils. Patients will have a choice to come to ISHS at the hospital, whatever their age, for Implant or coil fitting.

They will point out when patients phone to book which GPs fit Implant or coils where necessary so they have a choice of where to attend.

NOMADs

The LMC have been advised that some pharmacies are now reporting they don't have capacity to provide new NOMADs. Up until recently they were able to ask neighbouring pharmacies from the same company to do this work, but it seems this option no longer exists.

The issue is that some pharmacies have never assessed patients and so they are flooded with people who are perhaps inappropriate to have a NOMAD and should pay for

the service, meaning that those who truly need a NOMAD are being denied this option.

The LMC have met with Nick Hunter, Secretary of the Local Pharmacy Committee, who noted that pharmacies must make a 'reasonable assessment' under the Equality Act. The LPC have recently met with RMBC representatives to discuss their medication policy as the care contract is out to tender soon. The goal was to arrive at one assessment process for everyone, which will help GPs going forward, although this will take time to sort out patients on NOMADS who don't need to be.

In the meantime, GP Practices can contact Mr Hunter at LPC for resolution of individual problems.

nickhunter19@gmail.com

Enuresis Paediatric Pathway

The LMC regard this as a transfer of work to primary care. However, this is regarded as small and inconsequential so agreed to the pathway.

BMA Model Locum Practice Agreement

The BMA have developed a new Model [locum practice agreement](#) which has been developed jointly by GPC and the sessional GP subcommittee with the help of BMA Law.

This has been developed with the aim of benchmarking good practice for locums and

practices, both in terms of having written T&Cs in place, which only 20% of engagements currently do. It is intended to minimize common disputes between locums and practices and clearly outline the type of work that will be undertaken by a locum when working at a practice. It covers practice and locum obligations, as well as practical issues such as invoicing.

It also protects both parties against locums being categorised as an employee or worker by HMRC for tax purposes, or by an employment tribunal for the purposes of statutory employment protection, as well as ensuring that there are appropriate arrangements in place for compliance with GDPR.

Confirmation of trainee indemnity arrangements

The 2019/20 [contract agreement](#) secured delivery of the much-awaited state-backed clinical negligence indemnity scheme for GPs in England. [Under the scheme](#), which starts on 1st April, all GP trainees placed in GP settings for training purposes will automatically be covered for clinical negligence liabilities – no payments are required to benefit from the indemnity provided.

The GPC now confirm that comprehensive personal indemnity cover for all GP trainees will be funded by HEE until qualification. This vital professional protection includes, for example, support with GMC investigations and hearings, assistance with criminal proceedings, protection for

Good Samaritan acts, and free medicolegal advice.

Where a trainee's personal protection is currently provided by a medical defence organisation through a bulk-indemnity agreement, this will continue. Those trainees who purchase their own professional cover should continue to seek full reimbursement until such times as a future bulk-indemnity agreement is arranged by HEE.

Clinical Scheme for Practice Negligence for General Practice

NHS Resolution has published its supporting CNSGP documentation – all are available via the existing [CNSGP webpage](#).

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](#).

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](#).

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

13th May 2019

COMMENCING
At 7.30 PM

At the last meeting of the LMC it was resolved that the officers of the LMC for the new three-year term are:-

Chairman
Dr Andrew Davies
ajldavies@hotmail.com

Vice Chairman
Dr Chris Myers
christopher.myers4@nhs.net

Medical Secretary
Dr Neil Thorman
Neil.thorman@gmail.com

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

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