

Newsletter – September 2019

IUCDs for Menorrhagia

The CCG have advised the LMC that the specification has been approved and was offered out to practices. However, only 15 out of the 29 practices that responded stated they were interested in providing the service. Of these, only two were interested in being providers on behalf of other practices (Treeton and Dinnington). This meant that the CCG were not able to provide an equitable service across Rotherham, and are in the process of identifying what other routes are available for the service to be provided to ensure equity of access for all Rotherham residents

The LMC view is that the principle of a LES is opt-in or opt-out, and is not necessarily about whether it meets a 75% test so that it always goes into the Basket LES.

Contact Tracing and Vaccination

GPs had been instructed to put in place an out-of-season Tamiflu agreement. Informal conversations have been held with the CCG but so far nothing has been agreed, and so the proposal has not been commissioned by anyone.

The issue remains that a major measles outbreak would place a considerable

burden on affected practices, and the LMC view is that the CCG might liaise with the Federation to commission this.

QoF v Quality Contract KPIs

Despite obvious discrepancies between QoF and Quality Contract, there had been no progress and the LMC are still awaiting a proposal.

It's inappropriate for our GPs to continue to work towards historical targets which now contradict national QOF targets and being unaware of what adjustments may or may not be made to reflect the discrepancy until near the end of the financial year. The LMC propose that practices should be given 100% of the payment up front and the CCG should justify taking the payment away for non-achievement.

Important Information for GP Practices Who Request Emergency Ambulances

On Wednesday 9th October 2019 Ambulance trusts across England are introducing a national framework for GPs and other Healthcare Professionals (HCPs) who request an ambulance for patients who need urgent or emergency transportation to hospital or

between hospital sites. This is a mandated framework.

The key aims of this framework are to ensure:

- equity of access for all seriously ill and injured patients;
- recognition that in certain situations, a HCP may require immediate clinical assistance to make a life-saving intervention, in addition to ambulance transportation;
- consistent definitions for high acuity HCP responses are established and mapped to the equivalent emergency 999 response priorities (Categories 1 and 2);

Yorkshire Ambulance Services have produced a standard communications pack for Health Care colleagues to support the introduction of the new way of requesting urgent and emergency transport for GPs and HCPs. Further details will be cascaded via the CCG newsletter and at PLT in the coming weeks.

The LMC and CCG have only just been made aware of this, and have not held any previous discussions regarding the consequences for practices.

RCGP Course - GP Resilience and Wellbeing

Dr Karen Forshaw writes -

As you are probably aware, Doctors are one of the groups of professionals at highest risk of suicide. All frontline healthcare professionals experience a degree of burnout at some point in their career. We are working with the SYNT RCGP to deliver resilience training for GPs. A course is now available in your area (Tankersley Manor)

We are a GP and Physiotherapist with Hypnotherapy N.L.P. CBT and psychotherapy qualifications.

We draw resilience tools and techniques from a vast array of sources and we are committed to passing them on in a practical accessible way.

Please follow the link below to the RCGP website for full details of our course:

<https://rcgpportal.force.com/s/lt-event?site=a0d0Y00000AeOP6QA&id=a1U1i000000YZtGEAW>

Safeguarding Reports and CNSGP

Following further discussions on some of the finer definitions of the scope of CNSGP in England, the GPC have agreed with DHSC and NHS Resolution that the compiling of safeguarding reports for NHS patients will now be included within scope.

It was initially thought that as these reports can be chargeable under collaborative fees arrangements they should be deemed to be private work and therefore out of scope.

However the GPC made the case that these are statutory reports which should be reimbursed by the system rather than a private service to patients. This perspective has been accepted by DHSC and NHSR and **therefore actions originating from the completion of safeguarding reports after 1st April 2019 will be covered by CNSGP.**

GP IT Operating Framework

The GPC have negotiated a new deal, which practices will soon be asked to sign-up to. This firms up on some areas of contention from the past.

CCGs requested being able to “determine” what secondary systems practices will use, but eventually agreed with the GPC on the words that CCGs will “collaborate with practices”.

<https://www.england.nhs.uk/digitaltechnology/digital-primary-care/securing-excellence-in-primary-care-digital-services/>

Clinical Practice Research Datalink (CPRD)

Practices are invited to share their patient databases with CPRD. Practices can expect CPRD to be contacting them in the future and the GPC would encourage them to participate. The GPC IT policy team have been working with CPRD and are satisfied with their systems. No free text is extracted, nor documents nor associated files, just the coded components. Opt outs, as recorded in the practices database are respected.

Practices will need to carry out a Data Protection Impact Assessment (DPIA) and add an entry in their Article 30

processing register (CPRD will provide pre-prepared sample documents for practices to use, which the BMA have seen and reviewed. You will need to ensure your privacy notices are up to date and cover the use of patient data for research.

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

14th October 2019

COMMENCING
At 7.30 PM

LMC Officers:-

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

CONTACT US AT THE LMC
OFFICE c/o: -

Greg Pacey
Rotherham LMC

rotherhamlmc@hotmail.com
www.rotherham.lmc.org