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## LMC Meeting 9<sup>th</sup> May 2022

At our last meeting, the LMC discussed a range of issues in addition to those reported in this newsletter; Shared Care Drugs Specification, YAS Ambulance notifications, SMI LES, and Sedation for Radiological Procedures.

The LMC Executive team also recently attended the national LMC Conference and discussed changes to core hours (which was rejected), trying to reduce excessive workload, address the shortfall in workforce and estates planning, as well as the PCN DES.

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## Extended Access Proposals

It was reported that most of the PCN Clinical Directors (CDs) are accepting of the fact that there isn't sufficient time to develop an effective model of provision entirely on a PCN footprint to replace some of the hub services currently operated by the Federation. The CDs were happy to sign-off on maintaining the status quo post October at least for the Federation component of the funding.

Members debated whether, from October, practices offering the existing extended hours would be happy to continue to do so on the same terms, or whether there would be pressure from them to develop on the newly unified budget at that point to start providing services on a PCN footprint similar to how the Fed runs things now.

It was noted that the Federation are happy to support any PCNs in delivering their hours, and also support any writing of their plans for submission to the CCG.

LMC Members debated whether extended hours were worthwhile in supporting primary care or were just back-filling the decommissioning of the walk-in service and supporting emergency care. Since extended hours had been outsourced, practices have lost the ability to do Chronic Disease Management – which should be moved back into this sphere.

**Extended access has been agreed for the year. The extended hours are most useful for practices but we need to think about changing the hybrid hub model in 2023. In the meantime, Practices should be asked individually if they are happy to continue with the status quo for the current model of the Federation supplying extended access and practices continuing to provide the extended hours in house, as there is the perception that they have so far not been fully involved in the decision.**

## LMC Meetings

*GP constituents are always welcome to attend meetings of the LMC as observers. Meetings are currently held online via Microsoft Teams until further notice. Please contact the LMC office if you wish to attend*

### **NEXT LMC MEETING:**

**13<sup>th</sup> June 2022**

**From 7.30 PM**

## LMC Officers

**Chairman,**  
**Dr Andrew Davies**  
[ajldavies@hotmail.com](mailto:ajldavies@hotmail.com)

**Vice Chairman,**  
**Dr Julie Eversden**  
[julie.eversden@nhs.net](mailto:julie.eversden@nhs.net)

**Medical Secretary**  
**Dr Neil Thorman**  
[Neil.thorman@gmail.com](mailto:Neil.thorman@gmail.com)

## LMC Office

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## Disclaimer

The content of this newsletter is confidential and intended solely for GPs and Practice Managers in Rotherham.

## Dr Clare Bannon, GPC Regional Representative

LMC Members met Dr Bannon to discuss a range of issues, including:

*PCN DES.* LMC Members expressed desire for more flexibility in recruitment / management of ARRS roles, and reduced complexity of NHSE funding sources. Currently, there is the perception that GPs are not getting value for money from the ARRS scheme.

*GP Contract Negotiations.* Dr Bannon noted the 5-year contract agreement still applies, and the GPC were pushing all the time for increased flexibility in funding. There was no movement from NHSE regarding funding for the 1.25% NI increase.

## Online Access to Patient Records

This was not planned to go ahead from 1st July 2022, as the GPC required more guidance from NHSE for GPs.

## Mental Health Alert Cards

Nick Knowles, Suicide Prevention & Vulnerability Officer at South Yorkshire Police, writes:

*South Yorkshire Police and the National Autistic Society have worked together to create a new Autism Alert Photo ID Card.*

*The free, credit-card sized, Autism Alert cards are now in circulation to help police and other emergency services workers communicate with autistic residents more effectively, helping those on the autism spectrum feel more comfortable in what perhaps could potentially be an extremely stressful or frightening situation.*

*In addition, we offer Learning Disability Alert photo ID cards to help our officers and other emergency service workers communicate effectively with individuals with learning disabilities.*

**LMC Members were generally unaware of this scheme and thought this would be useful information for GP Practices. Practices may wish to also consider embedding them on LD and SMI registers.**

**<https://www.southyorkshire.police.uk/sign-up/autism-alert-learning-disability-alert-or-mental-health-alert-card/>**

[Nicholas.knowles@southyorks.pnn.police.uk](mailto:Nicholas.knowles@southyorks.pnn.police.uk)

T: 01302 385808 (int 745808)

M: 07824 530313

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## GPs required for small group teaching university of Sheffield Medical School

Lizz Lidbury, Sheffield Medical School, writes:

*We are looking for GPs to join our team of 'Early Years' tutors, who facilitate small group teaching sessions for first and second year medical students in their practices throughout South Yorkshire and Derbyshire.*

*Each group runs for 12 sessions across the academic year (avoiding Sheffield school holidays) Advertising for new tutors to deliver small group teaching at their practices in the next academic year. The Early Years programme has been operating at Sheffield University since 2014 and has been very effective in opening 1st and 2nd year students' eyes to the wonder of general practice! It is also a relaxed and enjoyable way for GPs to spend a paid session away from the coal face.*

*Due to Medical School expansion, we are looking to recruit a larger cohort of tutors for next year.*

More info at this [Link](#)

or email the placement lead, Lizz Lidbury, for an informal chat.  
[e.lidbury@sheffield.ac.uk](mailto:e.lidbury@sheffield.ac.uk)

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## GPC ADVICE

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### General Practice Pay Transparency

The BMA continue to raise concerns about earnings declarations for GPs with the Department of Health and Social Care (DHSC) and, following confirmation that the implementation of general practice pay transparency would be delayed, amendments to the GP Contract Regulations have now come in to force to remove the requirement to make a self-declaration of 2020/21 NHS earnings by 30 April 2022.

Therefore, individuals within scope of the pay transparency provisions do not need to take any action, and commissioners should not seek to enforce this contractual requirement.

The BMA has expressed disappointment that these amendments were made 'with the expectation that this policy will resume at a later date', and will lobby for this requirement to declare earnings to continue to remain suspended for 2022/23.

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## Special Allocation Scheme - Removal of Violent Patients

The SAS, which aims to protect general practice against violent or aggressive behaviour, is administered through Primary Care Support England (PCSE).

The GP Practice must have grounds to show that the individual to be removed from the practice list with immediate effect committed an act of violence, or behaved in such a way that they feared for their safety. This could be against a doctor, partner, member of staff, visitor or patient on the premises.

Of note is the fact that in order for a patient to be allocated to the SAS, incidents need to be reported to the police. However, there is no requirement to provide a police incident number or a crime number. In addition, practices are obliged to report the removal of patients to the Care Quality Commission (CQC). The BMA guidance Removing violent patients and the special allocation scheme gives more detail and links to relevant documentation and organisations involved in the process.

<https://www.bma.org.uk/advice-and-support/gp-practices/managing-your-practice-list/removing-violent-patients-and-the-special-allocation-scheme>

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## General Practice Factual Report Pilot

A pilot is starting in May to trial a replacement to the existing GPFR - also known as DS1500 or the Personal Independence Payment (PIP) form - which GPs are asked to complete to support patients' claims.

The new form is designed to be quicker and easier for GPs to complete, whilst still capturing the information needed. The trial will run for 6 months, and the Department for Work and Pensions (DWP) hopes that GPs will engage with it and provide any helpful feedback and comments they may have on the new form. During the pilot GPs may sometimes receive the existing GPFR and may sometimes receive the version being trialled.

<https://www.gov.uk/government/publications/dwp-factual-medical-reports-guidance-for-healthcare-professionals/dwp-medical-factual-reports-a-guide-to-completion>

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## Your wellbeing

The BMA is here for you and offers supportive wellbeing services which include face-to-face counselling. You can access one-off support or, after triage, a structured course of up to six face-to-face counselling sessions. Call **0330 123 1245** today or [visit the website](#) for more information.

For all other support, speak to a BMA adviser on **0300 123 1233** or email [support@bma.org.uk](mailto:support@bma.org.uk)

[Read more about doctors' wellbeing during the pandemic](#) and on [Twitter @TheBMA\\_](#)