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## LMC Meeting 25<sup>th</sup> July 2022

At our last meeting, the LMC discussed a range of issues in addition to those reported in this newsletter, including; District Nurse Support for Housebound Covid Vaccinations, LES Reporting, Epilepsy Shared Care Protocol and the GP Alert System.

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## GP Referrals for Paediatric Ultrasound

The LMC have learned that, due to very reduced capacity for paediatric scanning, Sheffield Children's NHS Foundation Trust are going to have to reduce the number of ultrasound scans they carry out in Rotherham.

The LMC note that there doesn't appear to have been any consultation with the relevant commissioners, hospital departments or GP's once again before one area of the hospital makes a unilateral decision which may have implications on workflow elsewhere in the system. The LMC haven't been informed that this has been discussed at the Clinical Referral Management Committee.

There is a rationale for the use of radiology tests to be audited by the radiology department as sometimes clinicians have been ordering tests instead of a full and proper face to face assessment, which is clearly inappropriate and there is no excuse for this practice.

**However, the LMC are concerned about the impact of this decision on demand elsewhere. At the very least there should be clear communication with GPs about this for obvious reasons.**

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## PMS Contracts and Health Body Status

The LMC recently learned of a Rotherham practice changing from NHS to Health Body Status.

This followed their solicitor's advice: "We recommend to all our clients that they notify NHSE that they do not wish their PMS contract to be an NHS contract and accordingly they do not wish to have 'health body status'. The reason for this is because electing to be a "Health Service Body" means that contract disputes will have to be dealt with through the NHS dispute resolution regulations. There is no alternative. If, however, the partnership elects not to be a health service body, it can choose to use either the NHS dispute procedure or use the courts in relation to any dispute. The latter is a much stronger position for a practice to be in. If you are uncertain about your 'health

## 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:**

**12<sup>th</sup> September 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.

body status we recommend you seek assistance to get this clarified. The issue of whether a practice is a 'health service Body' is only relevant in relation to settling contractual disputes and does not have any other effect".

Following this advice, the practice prepared a new partnership agreement and advised the CCG; "The partners do not wish to be regarded as a Health Service Body pursuant to The Act and the NHS Contracts (Dispute resolution) Regulations 1996 for the purposes of resolving PMS contract disputes and have informed NHSE in writing of this".

**The LMC feel this is something which all practices might wish to consider. Whilst we have sought advice from the GPC and will feedback to practices when we receive this advice, please note that Rotherham LMC does not provide individual legal or financial advice.**

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## National Blood Pressure Optimisation Tool

The LMC became aware of this scheme, which was presented at the last Primary Care Leadership Group Meeting. The scheme is being rolled out across the UK.

From the scheme website: *A practice or PCN runs the automated searches in EMIS or SystemOne and this produces lists of patients in four priority groups. In a typical practice, this shows that over half of patients on hypertension register have a normal latest blood pressure and do not need to see a clinician urgently. Around 18% have blood pressure above 160/100 or above 140/90 with significant co-morbidities and therefore do need more urgent review. A further 15% have no record of a blood pressure check in 18 months, and a healthcare assistant (HCA) can contact these patients to obtain up to date readings. A further 15% of patients have a blood pressure above 140/90 and their review appointments can be scheduled over a realistic time period.*

*This approach helps practices to manage workflow at a time when capacity is so limited, it provides reassurance that we are reaching the patients who most need treatment optimisation while providing appropriate care to all, and it helps GPs meet QOF and other quality improvement targets.*

*In addition to the stratification tools, the Proactive Care Frameworks include a range of free resources to support self-management. This includes digital and other tools that staff such as health care assistants, wellbeing coaches or care coordinators can use to help a patient to understand their conditions, to access an NHS blood pressure monitor or buy a validated and affordable monitor of their own, and to teach patients to measure their blood pressure accurately.*

More information by following the link [here](#)

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## Free HEE Deanery Courses for GPs

**Join the 'Resilient Practice' team for a free 2-day interactive workshop designed to equip you with all the tools you need to foster your own wellbeing, develop enhanced communication and consultation skills, and cultivate a resilient mindset.**

- *Measure your current resilience*
- *Take a deep dive into the psychology that supports improved mental wellbeing*
- *Master the core skills required for resilience*
- *Develop a bespoke toolkit to foster wellbeing and resilience for the rest of your career.*

**Day 1:**

*You will gain a deep understanding of the key aspects of psychology that build resilience and learn how to apply them in clinical practice.*

*You will master the core skills of self-observation, communication, breathing, visualisation, meditation, and mindfulness and experience practical examples of these.*

*You will also have the opportunity to reflect on and evaluate the effects of putting your new understanding and skills into practice using the Resilient Practice Workbook*

**Day 2:**

*You will have the opportunity to measure your individual resilience needs using the 'Resilient Practice Gap Analysis Tool' to which the tools are clearly mapped.*

*You will experience a wide range of practical accessible resilience tools and techniques from which you will create your own Resilience Toolkit.*

*You will then explore scenarios common to medical practice (complaints, difficult consultations, conflict within the team) and apply your toolkit in each.*

More information here:

**September 9<sup>th</sup> and 23<sup>rd</sup> 2022 9:30-15:30**

<https://www.maxcourse.co.uk/HEEYHME/guestCourseCalendarCourseDetails.asp?cKey=24263>

**November 18<sup>th</sup> and December 2<sup>nd</sup> 2022 9:30-15:30**

<https://www.maxcourse.co.uk/HEEYHME/guestCourseCalendarCourseDetails.asp?cKey=24264>

**March 10<sup>th</sup> and 17<sup>th</sup> 2023 9:30-15:30**

<https://www.maxcourse.co.uk/HEEYHME/guestCourseCalendarCourseDetails.asp?cKey=24265>

## GPC ADVICE

### DDRB Announcement 2022

The recommendation from the Review Body on Doctors' and Dentists' Remuneration (DDRB), and subsequent decision from Government published recently, was a 4.5% increase. This falls far below current levels of inflation, which are expected to reach 11% this year. In real terms, this amounts to the wages of overworked staff being cut by more than 6%.

For GPs who have spent the last two years pulling out all the stops to continue caring for their communities – often to the detriment of their own health and

wellbeing – only to be left repeatedly unsupported and publicly admonished by Government and policymakers, this announcement only served to demoralise and devalue GPs ever further at a time when they are already feeling down and on the brink.

**At a meeting of the GPCE (GP Committee England) last week, members passed a resolution rejecting the pay award and committing BMA representatives to further discussions around next steps, including potential action short of industrial and industrial action itself.**

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## Offering Patients Access to their Future Health Information

Dr Ursula Montgomery, Interim Director of Primary Care, and Dr Nikita Kanani MBE, Medical Director for Primary Care, wrote to GP practices and primary care stakeholders on the 21st July 2022 outlining the revised timeline for patients to have access to their future health [information](#).

From 1st November 2022, patients at practices using TPP and EMIS systems will automatically have access to their prospective records online. Practices have been asked to prepare for this change by:

- identifying patients who could be at risk of serious harm from access to their records to ensure the right safeguarding processes are in place
- increasing the number of patients who have online access and/or enhance their level of access gradually over coming months prior to automatic rollout.

There are a number of resources available to support preparing for the change, including a series of webinars for practices and commissioners. These are available at <https://digital.nhs.uk/records> and include:

- an updated RCGP GP Online Services toolkit. Providing general practice guidance to manage online records access effectively, efficiently, safely and securely
- a series of short videos on key topics including: an overview of upcoming changes; when and how to redact information; when to decline access to records; and conducting/documenting consultations that empower patients when they access their records
- a package of communication materials for general practice teams to use to inform their patients of the change and to promote access
- information governance (IG) guidance and a national template to support a data privacy impact assessment by a practice team

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## PCN DES Opt Out Window

In light of the expressed will of LMC conference and GPCE motions, after having made clear to practices how they may withdraw from the PCN (primary care network) DES (directed enhanced service) in the last opt out window, a further opt out window was requested. This would have occurred prior to October 2022, the time at which EA (enhanced access) arrangements come

into force and would have allowed practices unable or unwilling to provide these additional hours to withdraw from the DES without endangering their core contracts.

NHSE considered and then declined our request, so there will be no additional opt out until April 2023, which is the standard annual window. The DES will therefore continue as published in year. If you have difficulties with EA or other aspects of the DES that cannot be resolved safely in collaboration with your local commissioner, please escalate to us ([info.lmcqueries@bma.org.uk](mailto:info.lmcqueries@bma.org.uk)) so we can liaise with NHSE. They have recently emphasised their commitment to ensuring everything is done to support PCNs and commissioners to overcome resourcing hurdles. That said, we would encourage all practices to carefully consider the implications for continuing with the provisions of the PCN DES past April 2023 and will be developing a framework to support practices in their modelling and decision making in advance of this deadline.

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## Flu Vaccines

The Department of Health has announced an [extension of the cohorts for the 2022/23 flu programme to include 50–64-year-olds](#). Unlike in previous years, there will not be a central supply to cater for these extra patients, and instead NHSE/I will be looking at 'local procurement' routes.

There will be a phased introduction for the additional cohort, with 50–64-year-olds being eligible from October, when there is anticipated to be greater availability of vaccines for this group. Due to manufacturing processes and commissioning arrangements, some vaccines may only be available in limited quantities. Therefore, NHS England has recommended that orders are placed with more than one manufacturer to ensure providers receive sufficient stock.

The GPC are continuing to discuss the practicalities of this with NHSE to minimise the disruption and additional workload that it may bring for practices.

**The LMC Buying Group has been informed by MASTA that they are in a position to supply additional doses for the recently added 50-64 age cohort. If practices place orders as soon as possible they can include the additional doses within the September delivery allocation. Orders can be placed by emailing [fluteam@masta.org](mailto:fluteam@masta.org) and will be under the usual agreed Buying Group terms and will be confirmed on receipt.**

Read more in the NHSE [flu vaccine reimbursement letter](#)

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## Firearms Marker

On 6 July 2022, a new firearms marker has been introduced, aimed at providing alerts to GPs during both the application process and the lifecycle of the issued licence. This will integrate with EMIS and System One systems to prospectively flag patient coded as holding a firearms licence.

The BMA has had significant involvement in the development of the [Home Office guidance on firearms licensing](#) and we have been pushing for an active flagging system within patients' records that is robust, clear and standardised

across the country, and the new digital marker is a positive step in the right direction of improving the contribution GPs make to the licensing process.

We strongly support the Government's overall message, that gun ownership is a privilege and not a right, and that firearms must be in the hands of only those who are deemed safe and responsible.

However, the public should be under no illusion that this will be an overnight solution. This new scheme will apply only to new applicants or people renewing their licences, so it will take up to five years before all licensed gun owners are included within this framework. The introduction of the marker must not imply that the buck for public safety stops with the GP; as the police have acknowledged, they themselves are ultimately responsible for firearms licensing.

Concerns have subsequently been raised nationally regarding the implications of the firearms marker, and negotiations are ongoing. Therefore, the above is not the final outcome and we will update practices as more information becomes available.

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## GPC England - Committee Pages / Guidance

Read more about the work of the GP [Committee](#)

Read practical guidance for [GP practices](#)

See the latest update on Twitter: [@TheBMA](#) / [Twitter](#), [@BMA\\_GP](#) /

[Twitter](#) [@DrFJameel](#) / [Twitter](#)

Read about BMA in the media: [BMA media centre](#) | [British Medical Association](#)

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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)