Rotherham LMC
Local Medical Committee

Newsletter – September 2021

LMC Meeting 13th Sept 2021

At our last LMC meeting, we discussed a range of issues including: Communication with MDT Members, Cardiology Outpatient Letters, Quality Contract 2021-22 Update, Care Home and Housebound Covid Vaccinations, Lynch Syndrome in Gynae Cancer – updated pathway, Changes to Sleep Service DOS, Respiratory Pathway and Private Psychiatric Assessments.

CGL Contract

RMBC have been consulting on the model for the alcohol and drugs service tender. One of the key areas is whether to continue with the Shared Care Scheme in the new service model from 2023. RMBC believe the scheme offers patient choice, and increases access to treatment and recovery, as well as being a better level of whole person care for those with co-morbidity.

However, the backlog of patients awaiting transfer plus new patients are now once again clogged up in the CGL system. The % of patients in primary care has dropped from a pre pandemic 50% to 30% and the waiting list is increasing, although part of the bigger COVID picture. There had been only one response to the service consultation. The following issues were raised by the LMC:

- Not enough resource support from the Shared Care Workers.
- Move towards detox / discharge in last five years.
- Alcohol element of service needs to be integrated more effectively.

The LMC are supportive in pursuing the service. Please find the link to the drug and alcohol service consultation questionnaire below:

https://forms.office.com/r/3yBrX9qqS7

The approx. completion time is only four minutes.

Gender Identity Service

The LMC discussed referrals to the Porterbrook last month, after a GP forwarded a request to them after the initial referral was made back in November. It appears that due to the waiting times being so long the GP has been asked to reassess the patient to see if they still fit the criteria for referral. The request also states that if the patient isn't reassessed and/or the requested supplementary information isn't provided by 8 weeks from receipt of the letter that the patient will be removed from the waiting list.

The BMA and NHSE guidance is quite clear on this issue, that this work should not be bounced back to primary care where waiting times are prolonged, either due to covid or for other factors. If the original referral has been made, meets the criteria for referral and has been accepted, then it is the providers duty to manage these patients in an appropriate manner.

The LMC have contacted the service to discuss the letter and it was noted the letter was not recognised as a standard one and was not based on any policy change and patients were not being routinely bounced back to GPs.

GPs are therefore advised to ignore such letters and copy the LMC so that we might discuss further examples directly with the service.

Changes to AccurX.

This came up once again at the LMC when we were discussing the results of the recent GP survey about the impact of demand on the service, as one of the suggested actions was to send back all inappropriate requests.

The LMC felt that a quicker method of feedback was needed because often it takes more time to dictate a letter than actually just organise what has been requested.

The LMC noted there was no appetite for AccurX to make changes on a national scale to allow practices to upload templates. Practices are therefore advised to do this individually themselves. We now have a specific email address for feedback:

rgh-tr.safeandsoundprimarycarecon cerns@nhs.net

Provision of ECGs

The most recent work-around is that the ICS are arranging for practices to be given ECGs for the SMI LES on the basis of one-per-site. The LMC note that ECGs in Sheffield are considered not something which GPs provide and they continue to benefit from commissioned services.

The LMC View is that the facility to refer to TRFT for ECGs must continue to be provided. A problem arises in terms of patient care if and when practices who are providing ECGs via in-house machines may wish to step back from that and refer ECGs to TRFT to be interpreted where necessary. In these circumstances, a timely response-rate via commissioning is still required.

Fitter, better, sooner - referral forms

These new forms have now been approved / adopted and the LMC note that GP referrals could potentially be rejected if not provided on the correct form. We raised this issue in March 2020 and discussion at that time focussed on the apparent rationing of healthcare this would create.

The LMC disagree with the premise of the forms. The use of which will mean that some ethnic groups will be more disadvantaged than others. As yet the LMC have not been provided with any clear evidence base for this policy and so the only course of action that the LMC can currently recommend to GPs is that the forms should be boycotted. The LMC feel it is vital that GPs retain the right to refer immediately whatever the lifestyle situation.

The following text may be adapted for use by GPs:

Dear Dr……
I am sorry that you have returned the referral made to you (attached). I believe this is because of Rotherham CCG's Fitter Better Sooner policy.

This practice feels unable to participate in this programme as the clinical evidence behind the claims it makes for better patient outcomes are weak, and also because it unfairly discriminates against some demographics including some 'protected characteristics' such as race.

In consultation with me, I have identified an appointment with you to be clinically necessary so I should be grateful if you would instruct your administration department to make appropriate arrangements for the patient to be seen without further unnecessary delay.

Alternatively please confirm that in your clinical judgment the claims made in Fitter Better Sooner justify the delay in this specific patient.

Minor eye conditions service

There was ongoing debate at the LMC regarding whether this was suitable for Care Navigation, Open Access and/or GP Referral. It is clear that TRFT don't currently have the capacity to deal with the number of referrals.

The LMC view is that this CCG-commissioned service was not fit for purpose and we are raising this further with the CCG.

Letters from Tele-Dermatology

The LMC note the reference at the foot of the letters – added over recent months – which states "*The opinion is based on the history and pictures that we have been given now . . . . should there be any changes that are unexpected or worrisome please send in an updated history or picture so we can look again".*

The LMC view is that once a referral is made, any incorrect clinical judgement is not the responsibility of the GP, who will have no idea or appreciation of how

confident Dermatology are in their diagnosis based on a picture.

Pay uplifts 2021/22

The BMA reported they are "*hugely disappointed by the Government's announced 3% pay uplift for doctors. As we have come to expect from this Government, this announcement is not all that it seems. For salaried GPs, a 3% uplift is more than the 1% the Government recommended at the beginning of the year and is the highest uplift they have received in many years.*

However, 3% does not compensate for the years of pay erosion experienced by all doctors. Moreover, the government has said that practices in England will not be given additional funding on top of the 2.1% for staff already allocated for this year which means GP partners could be faced with deciding between service cuts or being able to pay the full amount to salaried GPs".

We acknowledge the wording of the GMS / PMS contract is that the terms of employment must be no worse than that in the model BMA salaried employee contract. So, if your practice employs GPs on terms that were overall better than the model BMA contract; more study leave, better maternity/paternity terms etc, you are not obligated to always mirror the DDRB award.

The LMC note that although the A4C uplift is 3% in England, several Rotherham practices have implemented an uplift of 2.1% (in accordance with the 5 yr plan/ global sum uplift). For Salaried GPs – whilst acknowledging the practice funding shortfall – if they are on the Standard Contract, they are entitled to receive the uplift. If they are not on the Standard Contract, they should be asking their employer what their proposals are.

Long Covid Proposal.

The final approved proposal was discussed at the last LMC Meeting. The LMC feel the proposal is reasonable, although the following points were raised:

o Issues relating to the recruitment in-house to the psychology part of the service.
o No pulmonary rehab available.
o There was nothing in the document about the development of local Chronic Fatigue services, despite this being discussed in July 2021 at the last GPMC Meeting.

GPC ADVICE

Supporting general practice and challenging abuse – letter to the Secretary of State

Dr Richard Vautrey writes:

I have written a joint letter to the Secretary of State for Health and Social Care, Sajid Javid, to express our grave concern with the lack of central support or public challenge by government, of increasing instances of abuse being directed towards those working in general practice and the misinformati on about how they are delivering their services for patients.

We share patients' frustrations when they face long delays for an appointment or long waiting times to get through to their surgery, but we are all on the same side and all want to ensure high-quality care is delivered when needed. Practices are facing an increasing amount of abuse, as highlighted in a recent BMA survey, whilst working tirelessly throughout the pandemic.

The BMA is taking immediate action to ensure the Government understands the seriousness of the abuse facing GPs and the impact this is having on them and their practice staff.

We have written to Sajid Javid demanding an urgent meeting and summit to discuss the unacceptable level of abuse being levelled against GPs and their staff, and to discuss what steps must be taken to keep healthcare workers safe.

We are also calling for changes to the law, for the maximum sentence for assault against emergency workers to be increased from 12 months to 2 years' imprisonment and for verbal abuse against emergency workers to carry a heavier punishment

Alongside this, we are calling for a comprehensive national violence reduction strategy, building on the existing national violence prevention and reduction standard, to support staff across both primary and secondary care.

Read my message to the profession, including resources for practices how to remove violent patients from your practice list, and how to protect yourself from online abuse:

Protecting GPs from abuse and assault (bma-mail.org.uk)

Support Your Surgery campaign

Our *Support Your Surgery* campaign provides GP practices with the tools to both manage expectations and to provide patients with the reality of issues facing general practice.

We now have a suite of resource materials available on the *Support Your Surgery* campaign page including Support Your Surgery poster, as well as a poster and twitter versions explaining why practices are having to work differently during the pandemic.

We are strongly encouraging patients and the profession to sign our petition calling on Government to provide the resourcing need so we can increase the number of GPs in England – please show your support and sign it here. A paper version of the petition is also available to use in practices, and which could be used for the large number of patients attending surgeries, including in forthcoming vaccination sessions. Once completed, these can be emailed back to info.gpc@bma.org.uk.

Government imposes pay transparency regulations

The Department of Health and Social Care have published regulations which will require GPs and their staff with NHS earnings of £150,000 and over in 2019/20 to declare these through national arrangements. This information will then be published by NHS Digital as part of the government's pay transparency agenda. In the 2019 contract negotiations, government and NHSE insisted on the inclusion of new pay transparency arrangements for higher earners as part of the overall package but it was also agreed that this should not solely relate to general practice but would be progressed for all those working in the NHS.

While the Government has now published regulations for general practice, to ensure GPs and their staff will have to declare their earnings over certain limits, there are at present no similar proposals for pharmacists, optometrists, dentists, consultants or other doctors in the NHS, anywhere else in the UK. As such the Government and NHSE have chosen to single out general practice in England and have breached the 2019/20 agreement. We have not agreed the change. However, health ministers have instead decided to impose this on the profession.

Primary Care Networks – plans for 2021/22 and 2022/23

Following the letter from NHSE we received last week, which acknowledged the pressures facing the profession, NHSE has published guidance outlining the changes to, and support for, practices working in PCNs as part of the wider GP contract agreement. The key points are:

£43m new funding for PCN leadership and management in 2021/22

PCNs to decide how their IIF achieved money is spent – not CCGs

While CVD and Tackling Neighbourhood Health Inequalities services will commence from October 2021, these will be much reduced allowing practices and PCNs to focus on managing pressures over the winter period

The anticipatory care or personalised care, which was due to be implemented from April 2020, has now been deferred again until April 2022 - allowing practices and PCNs to focus on managing pressures over the winter period

Significantly reduced requirements for all four service specifications from April 2022

PCNs will deliver a single, combined extended access offer funded through the Network Contract DES from April 2022

Full details of the IIF indicators for 2021/22 and 2022/23, providing advanced information for PCNs and practices to be able to prepare

Practices will be auto enrolled into the revised PCN DES, but with an option to opt-out for

one month from 1 October – which is what GPC England had previously stipulated should happen when there are any changes to the PCN DES and which NHSE has chosen to implement.

These changes are further evidence that NHSE has begun to listen to the BMA by pushing back these service specifications, as we called for, and delivered an additional £43m to support those GPs and practice managers who are working hard with their local practices in PCN leadership and management roles. However we still have concerns about some of the IIF indicators and the approach of micromanaging practices and PCNs in this way.

Following recent pronouncements about its gratitude to general practice and its recognition of just how hard GPs and their colleagues are working, it is now a positive sign that this change in tone is beginning to be backed up with more tangible action. Of course, even with these specifications deferred, this winter will still be incredibly difficult for all working in general practice, and we need assurances that individual practices, as well as PCNs, will be given all of the support, flexibility and resources needed to care for their communities in the coming months. The story was covered in Pulse, and GPOnline.

Backlog of fitness to drive assessments

When combined with the backlog of, primarily car, driving licence holders who need 'fitness to drive' assessments for their applications, the BMA estimates the total number of patients requiring medical assessments for licence applications to be over 200,000 - rising by thousands each month.

At present standard driving licence holders are advised to request fitness to drive assessments from their GP, but there is also the option of going to any registered medical practitioner. However, they will not have access to the full lifelong medical history of a patient.

Because of these concerns, BMA has written to the Department of Transport calling for the Government to guarantee a 'safety-first' approach for plans to manage backlog and expressing "concerns that this style of self-reporting is neither sensible nor safe".

BMA Professional Fees Committee chair, Dr Peter Holden, commented that GPs and their teams are "gravely concerned" about the potential impact on road safety that this process of bypassing individual's own GP practices may have. Read the full statement here

LMC Meeting

GP constituents are reminded that they 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

11th October 2021

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