Rotherham LMC
Local Medical Committee

Newsletter **September 2022**

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LMC Meeting 12th September 2022

At its last meeting, the LMC discussed a range of issues in addition to those reported in this newsletter, including; GP Referrals for Paediatric Ultrasound, Targeted Lung Health Checks, Neonatal hip USS, Enhanced Triage Neurology, and LHC and Hypertension.

SMI Physical Health Checks

Unfortunately, there has been very little progress on this despite significant input from LMC with Rotherham ICB and more recently with Ardens directly to amend the templates. The sticking point is the six core elements which are a national requirement, and the fact there are no exemption codes for these, which is preventing the suggested change from LMC that elements of the LES could and should be paid separately rather than an all or nothing approach. The LMC asked that the exemptions are enabled, but this is looking unlikely.

LMC View: Most practices would probably turn this LES down with its current all-or-nothing approach, without progress on the exception codes enabling the exempting of patients, or another viable options which allows for recognition of any work done towards the LES if all elements aren't achieved.

Bariatric Surgery Follow-Ups

More patients are opting for private bariatric surgery. In these cases, the private consultants are requesting a detailed number of blood tests from GPs as well as ultrasound scans in some instances.

The LMC have received advice that this is a specialist service for the first two years post op, and therefore GPs may not be indemnified if they do this work. We feel patients should be referred to Gastroenterology, secondary care for follow-up, or a service is commissioned.

The LMC are raising this directly with the ICB. Meanwhile we suggest rejection letters from GPs should include reference to the fact that they are not indemnified to take on the work.

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:

12th September 2022

From 7.30 PM

LMC Officers

Chairman,
Dr Andrew Davies
ajldavies@hotmail.com

Vice Chairman,
Dr Julie Eversden
julie.eversden@nhs.net

Medical Secretary
Dr Neil Thorman
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Disclaimer

PGD Sedation for MRI Patients

The LMC have been advised that all patient at RFT are now being screened before they have MRI or CT scans about being claustrophobic, and an inhouse solution has been found meaning that GP's should no longer be asked to provide sedation for this imaging.

Eating Disorder Service in Rotherham

Currently there is no provision within Rotherham for an adult eating disorder service. Dr Amanda Hendry is the liaison psychiatrist providing a service which is not commissioned and not part of her official role, which is not sustainable despite her best efforts. All risky low-BMI patients are supposed to be dealt with by SEDS (Sheffield Eating Disorder Service) and GPs in Rotherham are supposed to be able to refer directly to SEDS, but Dr Ruth Walton the consultant for SEDS resigned this summer. There is also a charity called SYEDA, which is a non-commissioned third-sector organisation. RDASH are only commissioned to provide a care coordinator if an adult is accepted by SEDS.

Furthermore, when patients were admitted to RFT there was a historical agreement that they were transferred to NGH under the care of SEDS and the endocrinologist Dr William Bennett, but after he retired, the decision was made to cease this arrangement. This effectively means there is no robust outpatient nor inpatient provision for these patients.

Currently, ED provision for children is within CAMHS/RDASH, but the consultant Dr Ruth Dawson resigned on Monday. Effectively leaving no provision for children eating disorders.

Therefore, there is no provision for children and adults and there appears to be a big commissioning gap for Rotherham.

The LMC noted the recent Medical Emergencies and Eating Disorders report (MEED), which has had input from RCGP; who say that it's a role which primary care can fulfil, although non-contractual.

LMC View: Asking Primary Care to take on responsibility is high risk, and there are grave concerns. The LMC doesn't accept that GPs are the only people who can solve this problem. If the solution requires call / recall, then it's non contractual. A secondary care solution should be sought, and robust procedures should be put in place, otherwise this is potentially a disaster waiting to happen.

PMS Contracts and Health Body Status

Further to our article in the last newsletter, the GPC have now responded to our request for advice. "*The GMS and PMS Regulations allow for this change under Part 4. The GPC has not previously issued guidance on this matter and if the contractor has any concerns about making such an election, they would be advised to seek legal advice".*

ICE Update

There have recently been problems in processing new access requests for GP Registrars and new starters. This is due to staff absence. A solution has been found and, following training, someone is starting work this week to address the backlog.

Dementia

The LMC noted that Dinnington have received their cohort of patients and expect that in the next two months practices will be receiving their lists. If necessary, GPs can phone/email RDASH and ask for A&G or do a referral letter.

LMC View: If RDASH feel the patient should be started on new meds (e.g. Memantine), the LMC favour full referral back to RDASH for titration and stabilisation and only then refer back to GPs.

GPC ADVICE

GP Workload and Workforce

GP practices across the country continue to experience significant and growing strain with declining GP numbers, rising demand, struggles to recruit and retain staff and has knock-on effects for patients. GP numbers are falling, with little increase in the overall number of GPs since 2015, and a significant decline in the number of GP partners over that time.

General practice is under considerable strain and due to these pressures, GPs continue to leave the profession in larger numbers than ever before. We will continue to urge the Government to tackle the systemic pressures that contribute to burnout and worsening wellbeing among doctors, and impress upon the need to support the workforce.

We encourage practices to control their workload to mitigate the impact of unsustainable demand and overworking. Our *Safe working in general practice* guidance enable practices to prioritise safe patient care within the present bounds of their contract with the NHS. We would encourage practices to consider these suggestions for controlling their workload to ensure safe patient care, and better staff wellbeing could make a significant difference in the coming weeks and months. Please also take a moment to check in on your colleagues' wellbeing and look out for each other.

Section 49 Report Guidance

Under section 49 of the *Mental Capacity Act* 2005 (the "*MCA*"), the Court of Protection (the "CoP") may require NHS health bodies and local authorities to arrange for a report to be made for the purpose of considering any question relating to someone who may lack capacity. Producing a report is a complex process involving assessing the patient, reviewing notes, discussing with

relevant professionals and compiling information. The amount of time required to review a long and complex set of medical records presented can be significant. The definition of 'NHS body' does not include GP practices, even if their contractor CCGs/PCOs are. Therefore, practices cannot be directly ordered by the Court of Protection to produce a report under section 49.

Although it is possible for an NHS body (e.g. an NHS Trust) that had been ordered to arrange for a report to be made to request that someone else produce a report (under section 49(3)), e.g a GP - in doing so, the trust *cannot compel a GP as an independent practitioner to do the work* and if the GP agrees to do the work, he/she is entitled to be paid a rate agreeable to the GP.

Read more in this guidance by the BMA's Medico Legal Committee

Digital Firearms Marker

Members will be aware of issues with the implementation of the new digital firearms marker for practices using the EMIS system. GPC raised these issues with the Home Office and NHS Digital has agreed to a temporary suspension of the EMIS system marker to ensure that the system is addressing the issues raised and enable testing to ensure the accuracy and completeness of the flags that are currently popping up.

We are continuing to work with the Home Office, Police Chiefs and NHS Digital to implement a firearms marker that will improve the current system for GPs and provide a safer and more efficient system to benefit the public. However, we are still looking for clarification/guidance on what doctors should do immediately when the flag comes up. GPC is conscious that any revised system remains easy to use for GPs and importantly, does not distract or amount to an administrative burden and workload for practices.

Best Practice Show

Best Practice Show, 12-13 October 2022, NEC Birmingham

This year the BMA and GPC England will be at Best Practice Show, UK's number one event for the primary care and general practice community, at the NEC Birmingham on 12-13 October 2022.

Free for healthcare professionals, the conference programme will provide up to 12 hours of CPD certified training, expertly tailored to meet the training requirements of healthcare professionals**, with clinical content closely following the GP curriculum spearheaded by the Royal College of General Practitioners.**

The BMA and GPC England will have a dedicated theatre at the conference, with a programme focussed on the most pressing issues facing general practice, including the future of general practice, working within ICSs, workload management, workforce management (ARRS roles and multidisciplinary teams), primary care estates, and more.

If you are interested in attending, you can register here.

Patient Lists

NHSE has asked PCSE to recommence data quality checks on GP practice patients lists, this includes a reconciliation of practice patients lists. This work was paused during the COVID-19 pandemic but started again on Monday 1 August 2022. Copies of the communication circulated to practices can be found here: Patient list reconciliation and Patient list maintenance.

We have raised our concern with NHSE that this is a bureaucratic burden for practices which will detract from practices' capacity to provide patient care. We asked that the process be delayed until practices had their full complement of clinical and administrative workforce.

Whilst NHSE have acknowledged and considered the points raised, they have declined our request, stating that the process will only affect a small proportion of practices nationally and that there will never be an ideal time to restart the process.

Pay Transparency Update

In April 2022, amendments to the GP contract regulations were made that removed the requirement for individuals within scope of the general practice pay transparency provisions to make a self-declaration of their 2020/21 NHS earnings by 30 April 2022. Individuals within scope of the pay transparency provisions are not required to take any action in relation to their 2020/21 NHS earnings at this stage. Pay transparency remains part of the current regulations, however DHSC has confirmed that commissioners should not enforce the requirement at this time.

Currently the individuals in scope of the regulations introduced in October 2021 will need to make a declaration of their 2021/2022 earnings in April 2023 as the provision remains in the GP contract. The latest position on Pay Transparency is available on the NHSE website: NHS England » General practice pay transparency

We continue to request further suspension of the requirement to declare earnings as we believe this is harmful to morale of the profession and could lead colleagues to reduce their working commitments or to retire. We also believe that it is inequitable to single out general practice for this requirement.

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**