Rotherham LMC
Local Medical Committee

Newsletter **October 2022**

In This Issue

GPC Advice

LMC Meeting 12th October 2022

At our last meeting, the LMC discussed a range of issues in addition to those reported in this newsletter, including; Health checks, possible triage for TRFT outpatient referral backlog, ICB Estates Programme bids, GPAS, TRFT Issues log and Duplicated hospital letters.

Private Bariatric Surgery

We are aware there are many patients having private bariatric surgery abroad, who then present to General Practice requesting aftercare and follow up with blood tests.

Another LMC has kindly clarified the guidance:

https://www.humbersidelmc.org.uk/managingpatientspostbariatricsurgery

The key statement is: *"NHS England guidance states that the NHS will provide emergency and clinically urgent treatment but not routine follow up, this will need to be privately commissioned by the patient".*

Your local LMC's are trying to commission a service for follow-up for these patients across South Yorkshire, as it is well recognised that this isn't a GP service as it requires specialist expertise, and patients will become unwell and become 'clinically urgent' if not looked-after correctly.

In the meantime, we suggest GPs should:

(1) advise patients that they should seek the correct follow-up from a private provider,

(2) if the patient declines (1) then write to your local gastroenterologists to ask them to take over the follow-up and do an Individual Funding Request if asked. This referral will protect the practice contractually and from any potential complaints and ensure that secondary care and commissioners are aware of the patient numbers involved (although it will be rejected).

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:

14th November 2022

From 7.30 PM

LMC Officers

Chairman,
Dr Andrew Davies
ajldavies@hotmail.com

Vice Chairman,
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julie.eversden@nhs.net

Medical Secretary
Dr Neil Thorman
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Disclaimer

Eating Disorder Service

Amanda Hendry, Consultant Adult Liaison Psychiatrist at Rotherham Mental Health Liaison Team, confirmed with the LMC that two meetings have now been held with TRFT, RDASH, ICB and NHS-E colleagues. The Adult ED Provider Collaborative attended the second.

TRFT have put forward an interim model to mitigate risk for patients, but this is heavily focused on secondary care provision focusing across the pre-admission, admission, and post-discharge pathway. Whilst there was acknowledgement that there appears to be gaps in the current pathway for ED patients in Rotherham - although ICB surprisingly seemed unaware prior to these meeting - there was no progress to improve community services or support for primary care in the meantime with no agreement on any possible model to address the gaps or how to fund them.

The lack of meaningful progress exposes GPs to significant and unacceptable risk, so timely resolution of the large gaps in commissioning remains a very high priority here. In the interim, we are aware that GPs are being asked to help monitor and/or review these patients, including arrange bloods and physical checks. The LMC feel it is unsafe to expect GPs to do this work and recognise that many will not wish to take this work on. On balance, GPs should write back to the consultant explaining that regretfully this is not something they feel that as a practice they can safely do; and they have no failsafe system for identifying missed appointments or lack of engagement. We also advise copying in (if the patient will consent in a non-anonymised way, or anonymised if the patient won't) the Medical Director of the ICS and Rotherham Place, but then stay engaged. Offer to meet with the consultant and the Medical Director to resolve this ASAP, but as a last resort do the tests pending the meeting. This is less than ideal, but we feel is the best temporary stopgap measure we can recommend until a long-term solution is found.

PLT Cancellations

The LMC are concerned that PLTs are being regularly cancelled and Members questioned the inequality of protected time in primary care versus secondary care in Rotherham, and also when compared with other LMC areas. The potential use of resilience monies for catch-up PLTs are being discussed with the ICB.

Palliative care for people living with mesothelioma

Angela Milton, Research Project Administrator, Health Sciences School, Division of Nursing and Midwifery, University of Sheffield, writes: *"Mesothelioma is a*

rare condition, and thus it is important that healthcare professionals are supported in providing palliative care for this patient group, so that care can be timely and well-coordinated. Two new tools have been developed to help both patients and their families, and healthcare professionals providing care and support. The aim is to improve uptake of early-stage palliative care for patients and families, and to empower healthcare professionals in the provision of timely and coordinated care".

i) Palliative care animation
Healthcare professional link: https://www.mesothelioma.uk.com/for-healthcare-professionals/palliative-care/ or https://vimeo.com/732287339
Patient/family link: https://www.mesothelioma.uk.com/palliative-care/
Please feel free to use the animation in any way you wish.

ii) Palliative care infographic
View here: https://www.mesothelioma.uk.com/for-healthcare-professionals/palliative-care/

Further information
Information about the Palliative Care study can be found on our website: https://www.sheffield.ac.uk/murc/our-research/palliative-care-and-role-clinical-nurse-specialist
Telephone 0114 222 2211 or Email: angela.milton@sheffield.ac.uk

GPC ADVICE

General Practice in Crisis

General practice continues to face overwhelming pressures, with unmanageable workloads, coupled with a rapidly shrinking and exhausted workforce. The COVID-19 pandemic has generated a vast backlog of care, which is so far largely unmeasured and unrecognised in general practice, exerting greater pressure on a system already at breaking point.

The pressures practices are under are evident from the most recent GP appointment data which shows that in August, practices in England delivered a staggering 3 million more appointments than in the same month in 2019, meaning we are now managing the levels of demand used to see in a pre-pandemic winter in the middle of summer, fighting an uphill battle to meet patients' needs, with fewer GPs.

It is therefore disappointing to see the announcement by the shadow health secretary last week demanding that GPs provide face-to-face appointments for every patient who wants them, making divisive headline-grabbing promises that are not grounded in reality suggesting the existing workforce are somehow not trying hard enough.

The present crisis is so acute that we now recommend practices take urgent action to preserve patient care and their own wellbeing, and have updated our guidance on Safe working in general practice, which is designed to enable practices to make decisions as to how to prioritise care, and deprioritise certain aspects of their day to day activity, within the confines of the GMS contract.

As part of this guidance, we strongly recommend practices take immediate measures to move to 15 minute appointments, move towards capping consultation numbers to a safe number per day - safe for clinicians and safe for patients. Excess demand beyond these levels should be directed to NHS 111, extended access hubs, or other providers.

Changing the way we work would allow practices to devote their resources to those patients and problems that general practice is uniquely positioned to help, and those with the greatest need, and not simply as a provider of last resort for other parts of the NHS and social care.

Practices might also want to read our guidance on *How to improve the safety of your service and wellbeing of your workforce,* setting out safe limits of the numbers of patient contacts per day, and what is considered 'essential services' under the GMS contract.

The LMC View is that this policy may create unintended consequences. Great in an ideal world that we divert to 111 etc, but the reality is that this won't be effectively dealt with, increasing patient frustration and complaints and actually causing a major headache to practices by creating a massive pool of unmet need and all the risks that go with it.

The LMC recently clarified with the BMA its level of support to its' policy and received this unequivocal response from them: *"It's on our website, has been reported in the trade press, has been published in our newsletter to all GP BMA members, and has gone in the LMC update. It has been cleared by our internal BMA lawyers, is legal, contractual and NHSE are aware".*

Dispensing Fee Scale

The publication of the dispensing fee scale has been delayed until the 27th October 2022. We have met with NHS England / Digital to discuss the current methodology and whether it is still fit for purpose, but no decisions have been reached and further meetings are likely. We will update LMCs as soon as we have something definite to report.

Citizen Access to Records Programme

Following representations made to NHS England, the GPC have not received satisfactory assurance that the citizen access to records programme scheduled to rollout on 1st November 2022 can go ahead. Against a backdrop of sky-high pressures on general practice, the necessary planning and resourcing required to launch the programme at this time cannot be put in place to enable a safe and successful rollout. We are supportive of the initiative to enable patients to view their medical records, but this cannot be rushed.

PCN DES Opt-out Window

As practices may be aware, at the end of September NHS England published a letter outlining support for practices and PCNs. This includes changes to the ARRS (including changes to reimbursement rates to reflect the Agenda for Change pay award and the introduction of 'GP Assistants' and 'PCN Digital Leads'), removal/postponement of some IIF indicators, and a new PCN 'capacity and access support payment', funded from the reduced IIF indicators.

As these changes have been introduced by NHSE in-year, an opt-out window for the PCN DES has been triggered. Within this opt-out window, practices can choose to opt-out of the DES without risking a breach of contract. We have developed this guidance as a primer to support practices that are considering opting out of the DES.

We would advise practices to read the guidance and consult with their staff and fellow PCN members as to whether to utilise the window to leave their PCN. If practices choose to stay in their PCN, the next op-out window is expected to be April 2023.

Your wellbeing

A range of wellbeing and support services are available to doctors, and we encourage anybody who is feeling under strain to seek support. Please take a moment to check in on your colleagues' wellbeing and look out for each other.

Support comes in various forms, from our 24/7 confidential **counselling and peer support services** to networking groups and wellbeing hubs with peers, as well as the **NHS practitioner health service** and non-medical support services such as **Samaritans**.

See our poster with 10 tips to help maintain and support the wellbeing of you and your colleagues.

Please visit the BMA's **wellbeing support services page** for further information and resources.

For all other support, speak to a BMA adviser on **0300 123 1233** or email **support@bma.org.uk**