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Strep A and Safe Working

Interim clinical guidance has been issued from the NHSE, which has been circulated to practices. Meanwhile, the GPC have separately formally requested suspension of QOF / IIF and suggested that LMCs discuss a GPAS/OPEL-type response. At place discussions are being planned with Rotherham ICB, but also SYLMC are formally requesting additional support at an ICS level.

Members noted that pharmacists had been offering near-patient testing, which would only add to local GP pressures.

Members discussed their individual practices' response to the BMA Safe Working guidance. In particular what to do when the appointments limit was reached. In Doncaster the ICB had commissioned an overflow Hub and solutions akin to this will be discussed at place.

The LMC would like to re-iterate recent advice from the BMA about safe working within practices and would be supportive of practices who recognise the need to protect the wellbeing of their staff if they feel their current levels of working are unsafe. This may include placing a cap on number or appointments offered, moving away from the "duty doctor" system, deflecting demand via care navigation, use of waiting lists and also extending appointment times.

Hospital Issues Log

Further to our news article in last month's newsletter, we have been advised there is a NEW email address
syicb-rotherham.rotherhamccg@nhs.net.

Queries will be distributed to the allocated contract manager to raise, investigate, and report on.

You may have also learned this via separate ICB communications.

2ww Colorectal Pathway

The latest iteration of the 2ww colorectal pathway now involves GPs ordering a CT scan if they feel an abdominal mass.

The South Yorkshire LMC's weren't consulted regarding this guideline change, and wondered whether the radiology departments were consulted, as it will have an impact on CT CAP requests via ICE.

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:

9th January 2023

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
Neil.thorman@gmail.com

LMC Office

Greg Pacey
rotherhamlmc@hotmail.com
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Disclaimer

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

It is not clear whether having a CT scan was to help guide sending to colorectal/ gastro or gynae for abdo masses, but the notes attached do suggest filling in a colorectal 2ww referral form at the same time.

The LMC are concerned about delays to diagnosis from GP's requesting scans or FIT tests, waiting for replies and then seeing patients to discuss and then refer, patients being lost in the system, & Radiology department sending CT scan requests back to GPs. Also, the issue that the requester of a scan is required to follow up the results, which may constitute a transfer of work from secondary care, whereas the preferred aim is for the 2ww team to pick up the results, which would prevent complication/duplication).

Process for Raising Issues with RDaSH

The LMC Have been advised:

Email an outline of the issue direct to RDaSH via:
rdash.rcg-triumvirate@nhs.net and copy in Kirsty.gleeson@nhs.net
Please do not send any personal identifiable data at this stage.

Following receipt by RDaSH share the specific details of the incident with RDaSH e.g. patient name, NHS number or DoB, time of incident to support investigation and resolution. Please make sure to follow your own organisations processes around sharing personal or sensitive data.

RCCG will come back to you after 10 working days to see if a response has been received from RDaSH and will ask for a copy of the response. We will use this information to help identify any themes and inform service improvement

If you have received a satisfactory response from RDaSH – the issue will be closed. If you have not received a response from RDaSH or you are not happy with the response, RCCG will raise the issue with RDaSH directly and keep you informed of progress.

AccurX Plus Functionality

The LMC discussed the additional functionality of AccurX Plus which enabled patients to make direct appointment cancellations where they were provided with a link to do so. This was a potentially a low-cost saving in terms of the benefit of reduced practice administration time. LMC Members agreed that no-one was currently using this functionality, to their knowledge.

The LMC will discuss this further with the ICB. Meanwhile, we'd welcome any views from Practices.

Statutory Medical Examiner

The LMC noted an NHSE letter confirming Medical Examiners would start providing independent scrutiny of non-coronial deaths in all healthcare settings from 1st April 2023. The LMC have invited Matthew Lea, Medical Examiner for Rotherham, to its next meeting in January 2023 to discuss further.

GP Appointment Data

Dr Clare Bannon, Deputy Chair, GPC, writes:

- *The publication of practice level appointment data will be included in the dashboard for Integrated Care Boards (ICBs), with access available to Primary Care Networks (PCNs), which will allow the data to be compared between practices.*
- *The information being released is: 1. Time between booking and appointment date 2. Appointment mode 3. Healthcare professional (HCP) type (GP, Other or Unknown are the 3 choices) 4. National Appointment category*
- *The GPC has raised concerns with NHS Digital and NHS England (NHSE) that this data is insufficient to draw any conclusions about what is being offered by individual practices. In particular, the reality that significant numbers of patients are seen by experienced clinicians that are not GPs, all of whom are aggregated in the data. They informed GPC that there would be caveats in the data making this explicit.*
- *NHSE has agreed that this data should not be used in a punitive way, but support of outliers should always be in consultation with LMCs. GPC has asked that this is communicated clearly to ICBs.*
- *In terms of public access to this information a usable dashboard is planned for April 2023, although the raw data in tabular form was published at the end of November.*
- *There is no minimum number of appointments practices must provide as the manner in which practices deliver care is for practices to decide. However, the British Medical Association (BMA) has produced guidance on Safe working in general practice and Workload control in general practice.*

<https://www.bma.org.uk/advice-and-support/gp-practices/managing-workload/safe-working-in-general-practice>

- *NHSE and the BMA have produced guidance*

<https://www.england.nhs.uk/wp-content/uploads/2020/08/gpad-guidance.pdf>

Supporting Mentors Scheme

The Supporting Mentors Scheme is aimed at experienced GPs who wish to develop mentorship skills. The scheme offers GPs the opportunity to access mentoring training, connect to mentees and reimbursement for mentors for their mentorship sessions.

Mentors on the scheme are linked with GP Fellows as clients. Clients can then access one hour of mentoring per month for the length of their Fellowship in South Yorkshire. This can be up to 24 months of support.

GP Mentor Training Dates

- 2 day training course – **Wed 8th March 22** and **Wed 22nd March 22**
- GPs can also register expressions of interest for future dates

Criteria: GPs who have experience in leadership roles, medical education, or have experience of being a GP partner are particularly encouraged to participate. To be eligible to participate in the scheme, the prospective GP mentor must:

- Be an experienced GP, either a partner or in a salaried post, working in general practice who holds full registration and a licence to practise with the General Medical Council (GMC) and still working at least three clinical sessions a week.
- Meet the requirements for remaining on the NHS England GP Performers List and report to NHS England any concerns that might affect their status on the National Medical Performers List and
- Not be subject to interim suspension under section 41A of the Medical Act 1983
- Commit to deliver one session of mentoring every week

What do participants receive?

a) mentorship training and support

b) a financial payment of £289 for the weekly session utilised for delivery of mentorship activities

For more information, an application form and to book training, please contact GP-S at contact@gp-s.org

GPC ADVICE

Accelerated Citizen Access to GP Records - Mass Roll-Out Halted

You may well have seen from the BMA [message](#), that the mass roll-out that would have turned on prospective access to the medical record from 30 November 2022 is not now occurring for those who wish to delay the process.

The rollout will proceed for those practices (though they can still send in letters to prevent this) at a future date. Practices will have some form of communication from the system suppliers. Exactly what form that communication will have we don't yet know. It may be they inform you of a

go-live date, it may be they ask you if you are still happy to proceed, it may be they invite you to tell them you aren't happy to proceed.

GPC England has been in ongoing dialogue with NHSE, the Department of Health and Social Care (DHSC) and others on your behalf about the GP access to records programme and the planned rollout schedule.

The BMA has committed to work with NHSE, system suppliers and others to review the current approach to accelerating access and to see if we can jointly find an alternative path to improve the uptake of access in a way that allays the concerns of practices whilst ensuring practices remain in control of the process. The protections within the current contract need to be recognised with regard to ensuring you can provide essential services. General practice will be informed ahead of any system changes being implemented.

Mandatory Training on Learning Disability and Autism

Clare Bannon writes: *I am writing regarding the training requirements for GPs and their staff around Autism and Learning Disability. We were contacted by several LMCs after this was published in a recent [NHSE bulletin](#). The [Health and Care Act 2022](#) states that 'Service providers ensure that each person working for the purpose of the regulated activities carried out by them receives training on learning disability and autism, which is appropriate to the person's role' and goes on to say 'the Secretary of State must issue a code of practice' setting out the details around this training. [The 'Oliver McGowan Mandatory Training on Learning Disability and Autism'](#), is the title of HEE and NHSE's preferred training but it is NOT mandatory that this training is completed. It is unfortunate that the title of the training contains the word mandatory as this appears to have increased confusion. There was also concern that CQC suggested that this training was mandatory. After raising our concerns with both CQC and NHSE we wanted to update you on the requirements.*

CQC has now amended its [guidance](#), which now clarifies that there is no specific training that is mandatory. CQC states that training 'provided to staff is appropriate and provides staff with knowledge about how to interact and support people with a learning disability'.

The Code of Practice mentioned in the Health and Care Act 2022 has not yet been published and is not expected until April 2023. We have contacted the SoS to ask to input into this to ensure the requirements are appropriate and proportionate to our roles. NHSE have also agreed that the specific training mentioned above is not mandatory and that practices should use their judgement as to what training is appropriate to their role. There may be GPs that have had Autism and Learning Disability training already, or may decide that it is appropriate that one person from a practice or PCN is best placed to do the Oliver McGowan or other similar training. This could then be disseminated to the wider team.

Advice to Practices re: NHS Strike Action

Many professional groups are undertaking industrial action this winter as part of contractual negotiations and disputes with government and their employers. Whilst practice staff are not in dispute with their employing practices, some of these actions will impact on GPs and practices. The background to these disputes is very similar to pressures that GPs will recognise as currently impacting on them and their practices. Erosion in real terms pay, lack of effective workforce planning, deteriorated terms and conditions, failure to provide sufficient training places, and a disregard for the wellbeing of an exhausted and demoralised workforce apply to all NHS profession groups. Government and NHS England have recognised that strikes will inevitably disrupt patient care, whilst unions have committed to preserve emergency care so as not to put patients at risk.

Practices may receive requests to help support secondary care or community services at times of industrial action. Examples may include:

- GPs or practice staff working in ED/urgent care

- Practice nursing staff undertaking work ordinarily done in hospital

- GPs supporting ambulance services whether home visiting / call centres

We would strongly advise practices to carefully consider the implications and impact on the care of their own patients if becoming involved in these plans. By depleting our practice workforce to support these services it will risk harm to our patients in general practice, potentially increase their waiting times, put practices at contractual risk by reducing the service that they are able to offer, and have GPs and practice staff working beyond their competence in roles they would not ordinarily fulfil.

This is in addition to potentially undermining the cause of our clinical colleagues in their trade disputes, and the likelihood of their support of any potential future action by members of the BMA.

GPs and practice staff are faced with unmanageable demand for our services and skills, and practices are finding it increasingly difficult to provide safe care. The care of the patient is our primary concern, and it is vital that we devote ourselves to doing this within our practices, and not artificially shoring up other parts of the NHS, which are impacted by industrial action.

More information can be found here <https://www.bma.org.uk/what-we-do/get-involved/supporting-the-profession/how-to-support-and-show-solidarity-with-your-nursing-colleagues>