

# **Newsletter – November 2012**

#### **111 Service**

Further discussions were held with the CCG about the service definitions for the new 111 service.

The LMC have grave reservations about a revised proposal that patients referred from 111 calls should be *seen* by practices within 24 hours. We reluctantly endorsed the proposal, believing that it was better to participate than end dialogue with the CCG on the service.

The CCG put forward the following concessions, subject to agreement with NHSCB: -

- i) The CCG will accept that practices may wish to do further assessment of a patient's need before offering an appointment.
- ii) The CCG will support any decisions made by practices where an appointment is not offered to the patients where this can be demonstrated by the practice to be appropriate.
- iii) The CCG agreed to revert to the 72 hour standard without further review should things prove unworkable within two months of the introduction of the service.

We will retain a copy of the email confirming this for practices to refer to if asked.

# Adult learning disabilities deaths

Responsibility for death certificates will pass to the local authority from April 2014. In advance of this the Local Area Team (LAT) have asked that all adult learning disability deaths in Rotherham be reviewed on an ongoing basis (i.e. rather than a retrospective review). This was expected to be about 10-15 per year.

GP support and co-operation was sought via an LMC recommendation to a new Adult Disability Death Overview Panel (ALDDOP) which would be established, mirroring the existing Child Death Overview Panel (CDOP). The principle of the review was to improve standards of care and the exercise would be reviewed 12 months after commencement to determine whether to continue.

After discussing the impact on GPs, including the completion of a proforma and the communication of the process to patients' families, the LMC were supportive of the proposals in principle.

#### Public Health LESs

There was discussion about proposals for the procurement of various LESs transferred to Public Health; including drugs, alcohol, family planning, sexual health and NHS health checks. In future these would be managed in-house at RMBC and commissioned as contracts with each individual practice rather than as LESs. i.e. There would be a single contract with each practice around all public health LESs and this process would commence in April 2013.

The LMC agreed to negotiate the former LESs for public health fees on behalf of all Rotherham practices, before the individual practice contract process begins.

#### **Care Co-ordination Centre**

The CCG noted that GPs were engaging constructively in the process and all were thanked for support in making the 'soft' roll-out a success.

#### NHS PropCo Leases

NHS PropCo is undertaking a national stock-take of leases. We wish to remind practices that the review may have serious implications for some practices in terms of significantly increased lease payments and/or new lease agreements.

# **Community Hospital**

The LMC have been assured that, under no circumstances would a GP be expected to be called in to be involved in patient care whilst in the community hospital. The last minutes of the CCG/LMC Officers' meeting stated 'The Trust has 100% responsibility for patient care on the ward'.

Please let us know of any examples to the contrary.

**Appointments** were now being set at three weeks at the RFT following consultations and consequently some patients are coming back to practices for blood tests. Constituents are asked to report instances of this happening to the LMC so this can be raised with the prescribing committee.

## BMA 2013 research grants

The BMA was among the first of the professional bodies to award grants and prizes to encourage and further medical research. Today, around ten research administered grants are under the auspices of the Board of Science, all funded by legacies left to the BMA. Grants totalling approximately £500,000 are awarded annually.

Applications are invited from medical practitioners and/or research scientists and are for either research in progress or prospective research.

The 2013 research grants will be available to apply for online on the BMA website from 11 December this year at <u>www.bma.org.uk</u> The application deadline is 15 March 2013 at 5pm.

Subject specifications for each grant vary. For example, in 2013, research from areas ranged rheumatism and arthritis. cardiovascular disease and cancer to neurological disorders and terminal care. For more information on the grants on offer in 2013 and details of how to apply, please see:

www.bma.org.uk/researchgra nts

## GPC News – October 2012

This is available on our website at: -

http://www.rotherhamlmc.org/ guidance.htm

Dept.ofHealth-ConsultationonPerformersListRegulations 2013

This is available on our website at: -

http://www.rotherhamlmc.org/ guidance.htm

# Sharing electronic records for direct patient care

The BMA have developed a set of principles to support GP practices that are considering implementing shared record systems. А number of GP clinical system suppliers have now developed systems which allow healthcare professionals across different organisations to access directly the detailed information recorded during patient consultations.

Click here for link: -

http://bma.org.uk/-/media/Files/PDFs/Practical %20advice%20at%20work/Et hics/gpprinciplesforsharingel ectronicrecords.pdf

GP constituents are reminded that they are always welcome to attend

meetings of the LMC as observers.

The Committee meets on the second Monday of every month (except August) in the Board Room at Rotherham General Hospital



## OFFICERS OF THE LMC

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If you have any questions or agenda items: -

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More information on the work of the LMC can be found on our website at:

www.rotherham.lmc.org