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Case Management and Annual Health Reviews

At the last LMC Meeting, there was lengthy debate amongst Members regarding the proposed reprioritisation of funding for the current case management and over 65's LES, into a scheme to continue to provide funding for a central spirometry service, a new FeNO service, as well as funding the new medicines safety dashboard and lipid optimisation workstreams.

There was agreement that the data presented was clearly designed to highlight the perceived flaws in the current scheme. The LMC felt that this did not prove this assumption, especially on the background of the pandemic, huge increase in demand and increase in general admissions to secondary care across the board from a variety of differing sources. The shift of work from secondary care has been huge and chronic disease management has suffered because of this.

Although there are additional resources being put in to help with this demand in the form of extended access and ARRS staff, the impact on demand is negligible and causes more administration for most GPs, taking them away from seeing patients rather than freeing their time.

The proposal failed to focus on the "quality" provided by those patients enrolled onto the scheme, which isn't just about admission avoidance, and it also failed to recognise the very high patient satisfaction.

There is a risk of financially destabilising practices if this proposal goes through at a time where practices need more support than ever. It was recognised that many of the proposed changes in the document could not be achieved using the staff currently employed by many practices for case management and so at the very least, the LMC request that the timeframe for these changes is relaxed to allow a smoother transition from the old to any new version or changed scheme.

The main thrust of the proposed changes appears to be the advent of Anticipatory Care and the risk of double payment or duplication of workstreams, but with the lack of ongoing certainty around this and next year's PCN DES then it is impossible to commit to these changes without knowing the detail.

The area of most controversy was the proposed moving of funds out of practices to fund a central Spirometry and FENO service. The push for this is clear, as in there have been changes since covid (although guidance on whether this can be taken back into practices is less than clear), as well as concerns suggested around quality of the spirometry. There has also been the suggestion that some GPs aren't able to properly interpret the results of spirometry. The current proposals do nothing to address this suggested concern over interpretation, which if correct would remain a clinical risk.

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:

17th April 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
www.rotherhamlmc.org

Disclaimer

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

Views on this aspect of the proposal were wide ranging, from it being a red line not to take funding away from practices around something which may or may not be core to a realisation that funding for it needs to be found from somewhere.

In regard to the medicines safety dashboard and lipid optimisation - whilst clearly having a potential impact on patient health and reducing harm - there was concern about the capacity of practices to have any meaningful impact.

It is disappointing that the details of this paper proposing re-prioritisation have been widely shared even before LMC had chance to formally comment, let alone discuss and negotiate any amendments. It was equally disappointing to see the medicines dashboard presented at this month's PLT event as a fait accompli, before agreement on funding.

The LMC have requested a separate meeting with the ICB to further discuss the proposal, to slow down the timeframe for any changes, to seriously consider alternatives for spirometry and to amend and continue an adapted version of the case management LES, rather than a full scrapping.

Contract for Sexual Health Services 2023-24

The LMC met with representatives from TRFT Sexual Health Service to discuss the new contract. There would be an uplift applied for the second year in a row and an offer of training as in previous years. It was noted that 14 practices signed up in 2022, which was down from 22 the previous year.

Members discussed how there was a failed payment made for an attempt to remove an implant, but not a failed payment for IUCD fit even though an appointment slot has been similarly used – although it rarely happens. The Service will consider this and re-issue papers.

There is very little change to the specification this year, and a small remuneration uplift in line with other services. The LMC noted it is still up to individual practices to assess viability. Practices are reminded that RFT Sexual Health offer training, particularly for those practices who don't currently offer the service. Meanwhile, the LMC are progressing the idea of a training event for GPs.

'We Are With You' service

Dr Knight attended the last LMC Meeting and outlined the new drug and alcohol service, which would take over from that provided by CGL from 1st April 2023. The new contract will be initially for one year, subject to review.

The recent feedback from GP Practices regarding the draft contract was mainly around the following areas:

- a) The wording regarding prescription generation. The LMC were advised that Section 10 will now read 'continue to produce prescriptions in line with existing arrangements, ensuring that legal requirements are met and they are held for the patient to collect or be delivered safely to the pharmacy and only the patient or approved responsible delegate will

collect the prescription'.

- b) Invoicing arrangements. The LMC mentioned that Pharma Outcomes was a convenient method. Dr Knight will take back and discuss the possibility of introducing this at contract review in a year's time.
- c) Access to specialist support / consultant. Dr Knight said that the current consultant will continue with the service, and the offer will be further enhanced with an on-call system and further tiered support.
- d) Use of templates on SystmOne / Ardens. Dr Knight will visit practices to progress this further.

A revised contract with updated changes will be circulated to GP Practices soon.

SMI LES

The SMI LES is not one that the ICB are collecting data for via Ardens, as the Ardens reports do not allow practices to include patients that have been exception reported for specific reasons.

The LMC notes that the SMI LES payments should be manually submitted this quarter. Once all elements have been completed or exemption coded the code Severe Mental Illness Enhanced Services Administration (XaZWY) should be added. This should then allow practices to determine which patients have had the complete health check and not need to cross reference all the other searches.

Hydroxychloroquine and Retinal Screening

Members noted that the Medicines Management Team are continuing to work to resolve the issues, including patients who have been discharged and lost to follow-up and unclear communication regarding whether retinal screening has or has not occurred. The Medicines Management Team are conducting an audit and will be requesting that the pathway is completely redesigned and re-launched.

It is the LMC view that there should be some compensation for practices for poor performance at RFT. i.e. if a practice can show evidence of work done, despite RFT problems, then they should be paid. Practices are reminded there are ongoing problems with organisation of the initial and 5 year eye screen, mainly due to issues at RFT Rheumatology, and to be mindful of this when reviewing and advising patients on this medication.

Vacancy for Administrator - SYLMC

Due to a recent retirement, South Yorkshire LMC Liaison Group are looking to recruit an Administrator. Hours: 4 per week. Hourly rate: £14

Duties will include: Producing and circulating meeting papers; Arranging and attending meetings every other month in the evenings (via Zoom when virtual / at Hellaby Hall, Rotherham when in person); Taking comprehensive minutes; Coordinating correspondence and chasing up replies; Maintaining a ledger of SYLMC funding; Invoicing members; Receiving claims from members and arranging payment; Liaise with LMC Secretariats across South Yorkshire; Preparing documents for individual LMC websites; Liaising with and co-ordinating meetings with the SY&B Integrated Care System (ICS).

To apply please forward your CV and covering letter to Dr Julie Eversden Rotherham LMC Vice-Chair Julie.eversden@nhs.net

Closing date: Friday 31st March 2023

GPC ADVICE

GP Contract 2023-24 Update

As you may be aware, **GPC England recently voted to reject the initial contract offer** from NHS England. We met with Steven Barclay, Secretary of State for Health in a final bid to negotiate meaningful changes that would provide security and sustainability for practices and patients in England. However, Mr Barclay refused to come forth with any improved offer.

We approached the meeting in a spirit of collaboration hopeful that the Secretary of State would listen to our evidence and logic and be willing to take meaningful action to support practices and their patients when they need it most. We were therefore dismayed at his refusal to offer anything more than NHS England's insulting offer last month.

It is particularly frustrating that the Government has insisted on sticking to the financial uplifts set out in the '5 year framework' agreed in 2019 (allowing for a 2.1% pay uplift for all GPs, practice staff and practice expenses) despite the extreme change in economic circumstances that has seen a massive inflationary spike over the last 12 months, and significant increases in workload since the pandemic.

Whilst we have secured some welcome changes in the contract, including a reduction in IIF indicators we are disappointed in the inability of NHS England or the Government to adequately compromise on a number of ongoing issues that were raised during negotiations, including declaration of earnings, online access to records, or to allow a relaxation of QOF and IIF in order to allow practices to focus upon core patient care.

The Committee is now assessing its options in terms of the impending

imposition of a contract for 23/24, including potential future balloting and industrial action.

Read a statement about the meeting with the Secretary of State for Health [here](#)

GP Contract 2023-24 - Update Webinars

The BMA is organising 5 webinars to ensure that every GP has an opportunity to hear about this year's contract changes, ask questions, and share their feedback, at no cost:

- Tuesday 21 March 7 pm to 8.30 pm
- Wednesday 22 March 12.30 pm-2pm
- Wednesday 29 March 7 pm to 8.30 pm
- Thursday 30th March 12.30 pm-2pm
- Thursday 30th March 7 pm to 8.30 pm

General Practitioners Committee (GPC) England officers will deliver the same presentation at each webinar, meaning that attendees need only attend the event most convenient to them.

These webinars will replace the roadshow events familiar to many from pre-pandemic times. The unusual lead up and consequent delay to this year's negotiations has rendered that approach impractical. It will also free up more time for in-person engagement with the officers regarding the future shape of the contract.

Further details and registration options are available [here](#).

<https://www.bma.org.uk/events/english-gp-contract-update-webinar>

Junior Doctors & GP Trainees Strike Action

Junior doctors (including GP trainees) took industrial action last week and we'd like to thank practices for your solidarity with GP trainees and junior doctors. 98% of junior doctors voted in favour of strike action which gave us a huge mandate and puts the government under intense pressure. This is a step in the right direction for full pay restoration not just for junior doctors, but the whole profession. GP trainees have the full support of general practice and the wider profession during the strike action.

Watch David Wrigley, GPC England Deputy Chair, and Dave Smith, Chair of the GP Trainees Committee, explain more in this [video](#). See more on the strike action [on GP trainees twitter](#)

Ahead of the strikes we published [guidance](#) for practices how to manage the impact of strikes.

Workforce Returns

Following some exploratory work within GPC England it has become evident that the workforce returns that each practice submits may no longer be accurate given the increased work GPs have been doing since the pandemic. We would like to remind practices to ensure their submitted workforce returns accurately match the work being done by partners and salaried doctors. It helps GPCE in negotiations to be able to evidence that GPs are working longer hours to provide the care their patients need.

Returns for each GP are filed in hours per week and should reflect the work being done each week, during a normal week when not on leave. It is important that returns reflect the actual hours worked, not an estimate based on nominal sessions planned.

Returns will usually be completed by practice managers and can be filed [here](#).

Your Wellbeing

As we continue to face overwhelming pressures in general practice, we encourage practices to focus on their own team's wellbeing.

A range of wellbeing and support services are available to doctors, 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](#).

The organisation [Doctors in Distress](#) also provides mental health support for health workers in the UK, providing confidential peer support group sessions.

See our [poster with 10 tips to help maintain and support the wellbeing](#) of you and your colleagues. Please visit the BMA's dedicated [wellbeing support services page](#) for further information.
