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LMC Meeting 17th April 2023

At our last meeting, the LMC discussed a range of issues, including: the Irefer programme, Ultrasound recall for AAA, LTC, Spirometry provision, Draft Rotherham Menopause Pathway, Adult ADHD Pathway, LES Specifications and waiting times for Dopplers/ABPI.

Medical Examiners

It was noted that the new proposals have been formally paused nationally, although it is not clear when the revised start date will be. We advise practices that they just need to sit with the old system for the time being.

Matthew Lea, our Medical Examiner, advises "We have been chasing up details and have been advised this is sitting with ministers. We will share information as soon as it becomes available. Meanwhile, we have developed a referral template which will be piloted imminently".

There is currently nothing within the GP contract requiring doctors to interact with this system. The role of the medical examiner has been created through the Health Care Act, however the way the medical examiner system is expected to operate is not currently subject to legislation (we expect this to change in the next 6-12 months). If the medical examiner system is placing an excessive burden on GP work, we suggest you comply with your duties and obligations as a GP to certify the death.

Quality Contract

LMC Officers had further meetings regarding this, and progress had been made in trimming down the QC. Agreement was reached about Standards 3 and 4 which were now removed, with significant reductions in Standard 1, removal of KPI's in Standard 7 and reduction in the requirements for standard 11. Written confirmation of the agreed amendments is expected shortly.

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:

15th May 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
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Disclaimer

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

Fitter, Better, Sooner

Some communications went out in a GP bulletin from Gordon Laidlaw recently regarding decommissioning of the Fitter Better Sooner Policy (referred to in the comms as Getting Fit for Surgery) from the 1 April 2023. This is the policy that stopped referral of patients for certain procedures if the patient's BMI was over 30 and if they smoke, until they had lost weight or stopped smoking or after 6 months. Also the comms provided information regarding a change to the Commissioning for Outcomes Policy removing the BMI threshold for hip, knee and VVs.

We are hearing reports that Practices are unaware of this information, so, this is just to confirm that the Fitter Better Sooner Policy has been decommissioned as of the 1 April 2023 and the BMI thresholds in the Commissioning for Outcomes Policy for Hip, Knee and VVs have been removed. Janet Sinclair-Pinder is in the process of getting the referral forms on the GP systems amended to reflect the changes.

Rotherham Hospital Admissions

There was LMC discussion around the difficulties when admitting patients and them all going through UECC, irrespective of the urgency or severity of illness. Increasing numbers of patients are coming back to practices unseen after giving up waiting at UECC.

LMC Members agreed this was an increasing problem, and asked that the ICB consider alternative pathways.

PCCAD/OPEL Response Document

This document was circulated to practices in early April. We are concerned there is no identified resource currently attached to this project for the 'menu of support' element. In terms of actions, nothing seems to suggest that commissioners should redirect resources to support practices making decisions. eg. to stop LES work but nothing makes it clear this is with protected top line resources.

The document is a work in progress, and will be tweaked / updated as needed as new ideas / resources come in. Unfortunately, the paper the local federations put together requesting ICB funding for GP practice resilience was declined.

The LMC also discussed the issue of 'data sharing' of the PCCAD and OPEL practice scores. Clearly it's important for ICB Rotherham Place to see individual practice scores, and we feel the practices would like to see their own and each other's scores. However, we were less convinced about sharing across South Yorkshire. Although it's good for SYICB to see a 'heat map' of scores, we don't feel there is any benefit in other areas knowing the name of individual practices, so we would like to protect that data from general viewing or pseudo-anonymise it for now.

Requests from Schools to GP Practices

Several practices are reporting a growing trend recently for inappropriate requests from schools. Many schools are sending pupils or parents of pupils to try to get letters from their GP for a variety of different reasons. The requests vary from toilet passes for a variety of complaints, to letters around impact of mental health conditions upon examinations, as well as exemption certificates for various conditions to allow different clothing etc. at school.

The LMC have contacted RMBC to pass on the message to schools to stop this practice. We are reminding schools this type of work is non-NHS work and as such practices are within their rights to refuse to do this work. Unfortunately, this then causes significant conflict when the practice refuses after the expectation is raised by the school that they will. Another option is that the practice charges for this work, but again it is unfair for parents to be expected to pay for this. Practices may charge the school directly for this work if it continues, although that would put further strain on stretched school budgets.

A reminder about LMC Buying Group Membership

The LMC Buying Group helps GP practices save money on products and services they regularly buy. The Buying Group have negotiated excellent discounts on a wide range of products and services from their approved suppliers.

Buying Group membership is completely free and there is no compulsion to use all the suppliers. They do the hard work associated with finding the most competitive suppliers in cost and customer service, so they save you time as well as money on your purchasing! Although the Buying Group was originally set up to help GP practices save money on the products and services they regularly buy, membership is now also open to GP Federations and Primary Care Networks.

Why use the Buying Group?

- No membership fees
- Excellent negotiated discounts from a range of suppliers
- Quality products and services
- Free cost analysis for members
- No need to 'shop around' anymore – we've done the hard work already!
- Access to a recruitment platform to advertise your clinical and non-clinical roles for free and a premium 'Featured Job' package for a small fee.
- Access to a community resource hub

If you're not sure whether you're a member and/or have access to the Buying Group website (this is where you can view the pricing/discounts and get quotes) then contact the Buying Group team on 0115 979 6910 or info@lmcbuyinggroups.co.uk

They can also help you with any questions you might have about your membership or the suppliers.

GP Contract 2023-24 Changes Guidance

Following the announcement of the GP [contract changes](#) for 2023/24, which were imposed on 1 April 2023, we have updated our [guidance](#) explaining what it means for practices. The changes are in the following areas:

- Prospective record access
- Cloud-based telephony
- Removal of reference to medical cards in the patient registration provisions
- General practice [pay declaration](#) guidance

Note that the changes on ‘[access to general practice services](#)’ have not been laid before Parliament yet and ICBs will therefore not have sent contract variations to practices. This means the changes have not yet come into effect. We will share further information on this imposed contractual change as soon as it is available.

We need practices’ feedback – evidence of the negative impact of imposed 23/24 contract changes

We are already hearing of issues relating to un-resourced increased costs for practices, e.g. relating to cloud-based telephony. We need to hear about these issues so they can be collated and shared with the DHSC and NHS England as a body of evidence against their ill-advised imposed changes. Please email your evidence, as well as any other feedback you may have, to feedback.gpcontractimposition@bma.org.uk

Read more about the 2023/24 GP contract changes on the [BMA website](#)

Wellbeing and Stress Awareness Month

The contractual changes imposed by NHS England on 1 April do nothing to recognise the [pressures that GPs](#) are under and was a failed opportunity by the Government to support GPs, their practices, staff and patients. April is stress awareness Month, and we have been working hard to highlight the stress GPs face to the public. You can read our [chair’s response](#) to this [heartfelt blog](#) from an anonymous GP in The Guardian, and a similar [letter](#) was also published in The Times.

GPs are being forced into a position where they worry about the care their patients are getting, which adds to their stress. The recent study on the [impact of COVID-19 on GP wellbeing](#) showed that the pressures GPs faced during the pandemic have had a negative effect on their wellbeing. The study also highlighted that if GPs continue to face stress and burnout, more GPs could leave the profession, threatening patient care and the need to focus on supporting GPs to prevent this and to improve their working lives.

The present crisis is severe that we *recommend all GP practices to take some time* to meet to reflect on their wellbeing and what they can do to protect it

during *Stress Awareness month*.

To help manage your stress, we encourage you to use the new QOF targets in the GP contract to do your [quality improvement project on staff wellbeing](#). We have put together a [document](#) which can help guide and inform your project, which includes some tangible recommendations and tools for improving workload and safe working.

We would encourage practices to continue to use our [safe working guidance](#) to enable them to prioritise safe patient care, within the present bounds of the GMS contract.

Wellbeing resources

Self-care is more important than ever for the demoralised and over worked GP profession. If you are feeling under strain the BMA can help, [read an account](#) on how the BMA supported an overworked doctor and find out how the BMA can support you during *#StressAwarenessMonth*.

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 [wellbeing support services page](#) for further information and resources.

GP Workload Management & Triage Toolkit

As there is currently no standardised triage system for GP practices, to help with the increasing workload, the BMA have developed a [tool](#) to support practices with implementing a triage system if they wish to do so.

The toolkit aims to provide a cost neutral aid to reduce the administrative burden on staff members, ensure patients are seen by the right clinician at the right time and allow GPs to spend their time where it is needed the most. This toolkit will not apply to all practices, but we have provided a number of case studies, along with examples of how you can tailor the system to your practice.

Exploring safe working in general practice: how we triage

With the news that the impending contract imposition is going to require us to assess the need for every contact made each day, triage systems are going to become increasingly important. It's not yet clear if this requirement is even achievable for us, but we also know that GPs will be faced with patients armed with the news of this change, so the tide is coming. [Read the blog](#) by GPC member James Booth.

Junior Doctors and GP Trainees Strike Action

Junior doctors (including GP trainees) are taking industrial action after the Secretary of State failed to make any credible offer 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 and 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: https://twitter.com/BMA_GP/status/1634235363156738052

See more on the strike action on GP trainees twitter <https://twitter.com/BMAGPtrainees>

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

Guidance on HRT Pre-Payment Certificate (PPC)

The government has a new policy from 1 April 2023 to support patients having menopausal symptoms with the cost of treatment. Patients who are not already exempt from NHS prescription charges will be able to purchase an annual HRT Pre-Payment Certificate for the cost of two single prescription charges - £19.60. This will only be valid for HRT preparations published in the Drug tariff Part XVI. These drugs can be prescribed for any clinical reason and still qualify for the HRT PPC.

The amended regulations require the script for HRT be issued separately from non-HRT items (whether paper or EPS). GPCE supports the Government's decision to make HRT medicines more accessible to patients at reduced cost, but we consider the introduction of this new prepayment certificate, specifically for HRT medicines, too complex. We are disappointed that despite our advice, the DHSC has decided to proceed before the IT for automatic separation of prescriptions is ready, in contravention of the bureaucracy concordat, which they agreed to only a year ago.
