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LMC Meeting 12th June 2023

At its last meeting the LMC discussed a range of issues, including: Locally Commissioned Services, ARRS evaluation, Delivery Plan for Recovering Access to Primary Care and Urology responses re PSA age-related cut-offs.

Bariatric Surgery Abroad

This is a recurring issue that we are aware of and a suitable solution hasn't been found since our last Newsletter article on October 2022, despite our best efforts. We have contacted the ICS both as Rotherham LMC and via South Yorkshire LMC, but to no avail. The bottom line is that there is no provision for follow up bloods etc. post private bariatric surgery currently.

Clearly if a patient has had surgery abroad then there is no option for the patient to seek correct follow up from the private provider. Our advice back in October was then to refer to gastroenterology to arrange this follow up, but we are aware that these requests are being bounced at times. Whilst it seems futile to send the referral with the knowledge it may not be accepted, it does flag the ongoing need. We would also encourage Practices to email the TRFT issues log if the referral is rejected so we can discuss this and keep the momentum going.

Meanwhile, the BMA have recently advised that "the Healthcare Delivery Policy Group are currently reviewing and updating the BMA guidance on responding to patients seen in private settings and we shall let you know when this has been finalized".

Case Management Update

LMC Members debated the current situation which is that at current levels we will go over budget and, whilst it was understood there were budget constraints, and to give practices a limit to spend, there was concern that it was unfair on some practices who have recently allocated staff resources to do case management and are keen to do more over the next few months, including those who were perhaps doing more pre-covid.

Members were concerned that just 'per capita' would lead to a big underspend which then wouldn't be fair on practices wanting to do LTC reviews and use the funding to help their patients. Further discussions will be held with the ICB.

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 July 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

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Disclaimer

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

It would be really helpful if practices could feedback some qualitative data about the benefits of case management into the LMC, so we can help formulate future versions of the Case Management LES to get the best benefits for our patients. If you could share examples of patient feedback from the benefit of having an initial review, or any case studies of a particular patient that the process worked really well for, or anything in particular that you do that's positive for patients in order for us to share good ideas and good practice, that would be really helpful, please send them to Julie.eversden@nhs.net or the Rotherham LMC email.

Metabolic Bone Team - Change of Process

The Metabolic Bone Team (MBT) have been advising to GPs that they should 'see ICE' following a DXA scan since November 2022, as they have changed their process to become paper light. This also relates to DXA scans for fragility fractures identified by the fracture liaison service in hospital.

It was noted that sometimes the reports are not available on ICE on receipt of the letter, and as we know ICE can be unavailable at times, so this change can cause either duplication of workload and delay in care. Also the primary care contract doesn't include payment for 'call and re-call' services.

Further discussions are being held between the LMC, MBT and the Radiologist to clarify the processes for the different groups of people who have a DXA scan and an aim to get the management plan into the letter, rather than being attached to the ICE form, and to clarify responsibility and ownership of the call and recall system.

Pupil Exemption Letters

Many schools are sending pupils or parents of pupils to try to get letters from their GP for a variety of different reasons. This has always been an infrequent issue in the past, but it seems to be becoming much more of an issue in the last year, with several practices reporting very high levels of requests. 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 been in contact with Mr Nathan Heath, Assistant Director for Education & Inclusion at RMBC.

A proforma letter for Practices to use is available from our website at:

<https://www.rotherhamlmc.org/page1.aspx?p=15&t=1>

Integrated Medicines Optimization Committee (IMOC)

The LMC are attending the IMOC Meetings, which have been set up in an attempt to unify the medicines management policies across the four South Yorkshire areas. A document had been prepared, called the "NHS South Yorkshire Integrated Medicines Optimisation Committee (IMOC) Traffic Light Drug List" which aimed to clarify where clinical and prescribing responsibility rests between specialists and GPs.

In response, the LMC have drafted some pro-forma letters for GPs to use to push back against un-resourced requests from Consultants. LMC Members discussed when was it appropriate for GPs to be prescribing drugs.

LMC View: If not regularly prescribing a drug (e.g. every month) it is not reasonable to expect GPs to remain updated about them in terms of clinical competency. If the pharmacology is complex or needs lots of monitoring, then a protocol or shared-care agreement may not even be appropriate. Therefore, it was felt that the Traffic Light document doesn't reflect what GPs are comfortable prescribing. The LMC will raise further with Stuart Lakin from MMT, before circulating the proforma letters to Practices.

A shared care agreement is also voluntary, and GP's can decline to take on a shared care agreement, or rescind their agreement by writing to the consultant.

GPC ADVICE

BMA secures significant reduction in NHSPS service charge claims for practices

The BMA has successfully assisted five GP practices in significantly reducing years of unsubstantiated service charge claims demanded by NHS Property Services (NHSPS) – with one practice seeing NHSPS' claim against them reduced by more than £400,000, a reduction of more than 80%.

In June 2020, NHSPS admitted that its charging policy had not been incorporated into or retrospectively varied the practices' legal terms of occupation and existing service charge obligations. The BMA then assisted the five practices in settling with NHSPS the fees and service charges sums outside of court, for the period between 2013/14 and 2019/20, securing reductions on the amounts claimed by NHSPS for the five practices ranging from £25,000 to more than £400,000, a total reduction of more than £750,000.

The BMA has created guidance for practices in a similar position, to help advise them on what to do if they are also facing disproportionate service charges.

<https://www.bma.org.uk/advice-and-support/gp-practices/gp-premises/nhs-property-services>

Accelerated Access to Records

Following the imposition of the GP contract, practices will be expected to provide automatic prospective record access to all patients from 31st October 2023. While GPC England remains committed to finding a way forward whilst acknowledging the reality on the ground for GPs, we have prepared guidance outlining steps practices should take ahead of the planned switch on. If you have any questions not addressed in the guidance, please get in touch with info.gpc@bma.org.uk

LMC View: It is worth noting that there is no need to change your current policy at present but be prepared and the BMA are taking legal advice and continue to challenge how this is planned to be rolled out. The BMA are advising not to roll this out to all patients at the present and advocating a slower process, using the steps they outline. One of those steps is to decide if you wish as a practice to seek consent from each patient. You don't need to remove the bulk 104 code either.

<https://www.bma.org.uk/advice-and-support/gp-practices/gp-service-provision/updated-guidance-on-accelerated-access-to-gp-held-patient-records>

COVID therapeutics

As you may be aware CMDUs (Covid Medicines Delivery Units) were supposed to be ceasing from 27th June, but this has been delayed until September 2023. NHS England has written to ICBs to ensure provision of Covid therapeutics is commissioned.

As an association of South Yorkshire LMC's we have been clear that Gp's cannot prescribe these drugs. They are Red on the traffic light system, and the GPC is clear that they are specialist drugs, not appropriate for GP prescribing. Practices should continue to use the current clear pathway to refer/signpost patients to continue access to COVID therapeutics for vulnerable patients. This cohort of patients will have been contacted and may call practices about how to access their locally commissioned service (other services can also refer/signpost directly such as 111).

We will update on the situation when it changes.

Read our guidance, which will be available shortly here:

<https://www.bma.org.uk/advice-and-support/gp-practices/prescribing/prescribing-in-general-practice>

Annual flu letter

UKHSA and NHS England have published the annual flu letter for the 2023/24 flu vaccination programme. Practices should be aware that there are no changes to the reimbursable vaccines from the 2022/23 programme. Further details will be available once the specification has been agreed and published.

<https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan>

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.
