

## In This Issue

- LMC Meeting 9<sup>th</sup> October 2023
- Vacancy for LMC Member
- Inappropriate transfer of work from secondary to primary care
- CMHT New Ways of Working
- Request for aftercare from GP following Bariatric Surgery
- Women's Health Hubs
- The Cameron Fund

## GPC Advice

- Accelerated Access to Records Programme Update
- PCSE Seniority Payments Reconciliation 2023
- Interim Police Request Form

---

## LMC Meeting 13<sup>th</sup> November 2023

The LMC discussed a range of issues, including: Minor Surgery and Phlebotomy caps, Quality Contract, Nurses requesting ABPIs and Barlborough Funding Requests.

---

## Vacancy for LMC Member

Following the resignation of Dr Kathryn Horridge from the LMC we now have a vacancy in which we are able to co-opt a member without the need for a formal election.

The LMC has prided itself as being a small but highly representative body with excellent relationships with commissioners of our services. The LMC belongs to you, its constituents, and for it to remain local and representative we need a full complement of local GPs; whether principal, salaried, locum, part-time, male or female to become involved. All we ask is for a little of your time each month and to hear your views and opinions.

If you are interested, please contact the LMC Chairman, Dr Andy Davies at [ajldavies@hotmail.com](mailto:ajldavies@hotmail.com) or LMC Secretary, Greg Pacey at [rotherhamlmc@hotmail.com](mailto:rotherhamlmc@hotmail.com) for further information.

---

## Inappropriate transfer of work from secondary to primary care

LMC Members discussed the general increase in inappropriate referrals from secondary care to GP practices, citing numerous individual examples. There was much debate and quite strong feelings from all Members that there is a culture of asking and using primary care to do investigations and tests, as well as initiating medications and providing prescriptions. This points towards a tipping point, whereby relationships between primary care and secondary care may start to unravel if this situation is allowed to continue.

Rather than focusing on individual cases to colleagues, it was thought a general discussion of the issues with the ICB going forward would be more helpful.

It was also noted that Dr Tariq Sabir, Leadership Fellow at SY Workforce and Training Hub had attended the LMC previously to discuss inappropriate work

## 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:**

**11<sup>th</sup> December 2023**

**From 7.30 PM**

## LMC Officers

**Chairman,**  
**Dr Andrew Davies**  
[ajldavies@hotmail.com](mailto:ajldavies@hotmail.com)

**Vice Chairman,**  
**Dr Julie Eversden**  
[julie.eversden@nhs.net](mailto:julie.eversden@nhs.net)

**Medical Secretary**  
**Dr Neil Thorman**  
[Neil.thorman@gmail.com](mailto:Neil.thorman@gmail.com)

## LMC Office

**Greg Pacey**  
[rotherhamlmc@hotmail.com](mailto:rotherhamlmc@hotmail.com)  
[www.rotherhamlmc.org](http://www.rotherhamlmc.org)

## Disclaimer

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

transfer from secondary care and he has been asked to share his findings with the wider GP community.

---

## CMHT New Ways of Working

LMC Members discussed the plan for Primary Care Mental Health Hubs to be signed up and running in time for December. In summary MDTs are allocated around a PCN footprint with proper named individuals that GPs can act develop working relationships with. However, the actual therapies will only be accessible to anyone who has undergone a recent "trusted assessment" which is being defined as a completed dialog and done within the last 6 months.

**The LMC understand the concerns raised by CD's that primary care monies are being used to fund the band 7's at PCN level and that there have been recurrent circular discussions around this for some time. LMC suggestion is for changes to be treated as a pilot subject to revision as the implementation proceeds.**

---

## Request for aftercare from GP following Bariatric Surgery

The LMC proposed a letter to be used for patients who present following Bariatric Surgery undertaken abroad. The South Yorkshire ICB Medical Directors discussed this letter recently and all are supportive. A copy is available on our website.

<Practice letter head>

Dear <NAME>

This letter is shared in response to your request for post-operative support from your GP following bariatric surgery you accessed privately. Aftercare for patients who have self-funded bariatric surgery is not routinely commissioned by South Yorkshire ICB within the NHS locally and is not available from <PRACTICE>.

The post-operative support you have asked for requires specialist input that may be available from the provider that undertook your surgery or via an alternative self-funded route. Specialist NHS services provide this aftercare for patients who have undergone their bariatric surgery within the NHS.

If you had your bariatric surgery abroad: Government advice, NHS advice and some patient support groups' advice on accessing treatment abroad, all advise that patients must be clear about how aftercare will be coordinated and provided after their surgery, and that patients may be responsible for costs of the aftercare and of possible return trips associated with aftercare. Patients who have paid for bariatric surgery abroad have a responsibility to review and plan for all points in the recommended Treatment Abroad checklist (<https://www.nhs.uk/using-the-nhs/healthcare-abroad/going-abroad-for-treatment/treatment-abroad-checklist/>) and can choose to buy a standalone package of post-operative care through a UK independent sector provider, or other non-UK provider. It is important to understand how medical treatment abroad works and what risks are involved. If you do not follow correct

procedures, you may have to pay the full costs of your treatment. You can find more information online here: <https://www.nhs.uk/using-the-nhs/healthcare-abroad/going-abroad-for-treatment/going-abroad-for-medical-treatment/>.

Please be reassured that NHS emergency services are available should any emergency treatment be required as a result of any issues arising from your bariatric surgery.

Yours Sincerely

<SIGNED BY PRACTICE>

---

## Women's Health Hubs

The LMC discussed the outline proposals for Rotherham and were broadly supportive and await further details. It was noted that Mrs Gosakan (Rotherham Gynaecologist) is working on the latest iteration of the Rotherham menopause Pathway and plans to have a Rotherham menopause clinic and ICB wide testosterone guidelines.

Rotherham are the first pilot for receiving non-recurrent funding to develop and build a Women's Health Hub. The Rotherham proposal included the funding towards a part-time Project Manager to scope improved integration of services, pilot and test a menopause clinic. Much of the other aspects of funding were to bring cervical screening and HPV immunisations into sexual health clinic offers and build STI screening as part of GP extended access.

It was noted this is non-recurrent NHSE funding and is to initiate the development of a Women's Health Hub infrastructure. Therefore, investment in training the workforce will be prioritised, whilst testing a menopause clinic to evaluate and show its value and look to a commitment for long term investment.

---

## The Cameron Fund

The Cameron Fund provides help and support solely to GPs, including those who are retired, and their dependants. It aims to meet needs that vary considerably, from the elderly in nursing homes to young, chronically sick doctors and their families, and those suffering from unexpected and unpredictable problems such as relationship breakdown or financial difficulties following the actions of professional regulatory bodies. Careful consideration is given to the help most needed, which could be advice, a grant or a loan.

Rotherham LMC donates £1000 to the fund each year.

If you know of colleagues who may need help from the Cameron Fund, please encourage them to contact the Fund. More information on how to contact the Cameron Fund, the support they can offer and how to donate can be found here. <https://www.cameronfund.org.uk/>

### Accelerated Access to Records Programme Update

GPC England has a new webpage with [guidance for practices](#) on how they can provide prospective access to their patients' GP-held medical records safely, where all our resources are available.

Legally, GPs must act in the interests of their patients. As data controllers, they must see to mitigate data protection risks. Practices are required to carry out a Data Protection Impact Assessment (DPIA) exploring the risks and any possible mitigations as part of the implementation of this programme.

GPC England is supportive of patients having access to their records so long as this is safe for patients and safe for GPs. We continue to put forward the case for making access to records on an opt-in basis.

If you have any examples of where your practice or patients are being put at risk as a result of the programme, please email us on [info.gpc@bma.org.uk](mailto:info.gpc@bma.org.uk)

Access our [template DPIA](#) and other resources on our updated [guidance page](#)

Read also: [GPs urged to adopt opt-in approach to online patient record access \(bma.org.uk\)](#)

---

### PCSE Seniority Payments Reconciliation 2023

Practices may recently have received letters from PCSE regarding the Seniority Payments Reconciliation Exercise 2023.

[Seniority Payments](#) used to be made to GP partners and were based on length of NHS service and received profit. The seniority scheme closed to new members on 1 April 2014, and was then phased out, with the last payments made by 31 March 2020. Seniority funding was then diverted to Global Sum, as part of the 2013/14 Contract Agreement.

The actual entitlement to seniority pay depended on the Final Seniority Factor [FSF] and as there was a time-lag in calculating this, the FSF for financial years 2017/18, 2018/19, and 2019/20 have only just been published. NHS England and PCSE are now reviewing the adjustments made for those years and will be contacting practices once this has occurred.

Current partners should advise their accountants of the information that has been received from PCSE, as the amounts can be challenged via the on-line form link within the letter received from PCSE. In a limited number of cases, there will be a need to liaise with retired colleagues, and the matter may not always be covered by written arrangements.

GPCE recommends that practices first ask their accountants for advice in terms of PCSE figures, raising a query if appropriate, which may not be a value-for-money exercise if the variance is small.

If you have any queries regarding this process, please contact us on [info.lmcqueries@bma.org.uk](mailto:info.lmcqueries@bma.org.uk)

---

## Interim Police Request Form

The BMA is aware that a letter from the National Police Chiefs' Council (NPCC) has been distributed amongst organisations which receive requests from the police for information, including healthcare providers. We are very concerned that the letter may mislead doctors, and other staff, when they are handling such requests.

The NPCC letter does not change doctors' existing obligations of confidentiality when handling requests for information from the police. The letter details UK GDPR and Data Protection Act 2018 requirements and the Information Commissioner's advice that relying on the consent of the victim is unlikely to satisfy data protection legislation. However, crucially, the letter omits reference to doctors' additional obligations under the common law duty of confidentiality and GMC standards. We have contacted the NPCC to inform them of this omission and our concerns about the letter.

Doctors and other healthcare staff remain bound by the long-established common law duty of confidentiality. Doctors must also continue to comply with the standards set in the GMC's guidance on confidentiality. The BMA has published guidance on handling police requests which is repeated below:

If the police do not have a court order or warrant they may ask for a patient's health records to be disclosed voluntarily under Schedule 1, Paragraph 10 of the DPA 2018.

However, while health professionals have the power to disclose the records to the police, there is no obligation to do so. In such cases health professionals may only disclose information where the patient has given consent, or there is an overriding public interest.

For doctors, the threshold for disclosures in the public interest is that set out by the GMC and which reflects the requirements of the common law duty of confidentiality.

**In this context a disclosure in the public interest is a disclosure that is essential to prevent a serious threat to public health, national security, the life of the individual or a third party, or to prevent or detect serious crime. This includes crimes such as murder, manslaughter, rape, treason, kidnapping and abuse of children or other vulnerable people. Serious harm to the security of the state or to public order and serious fraud will also fall into this category. In contrast, theft, minor fraud or damage to property, where loss or damage is less substantial, would generally not justify the breach of confidence.**

---