

## In This Issue

- LMC Meeting 11<sup>th</sup> December 2023
- New LMC Member
- Mandatory Training
- GP Finance Practice Survey
- Case Management Update
- Barlborough Funding Requests

## GPC Advice

- GP Survey
- Preparation for Any Future Ballot
- Locum GPs reporting reduced opportunities
- Oliver McGowan Training on Learning Disabilities and Autism
- Shingles Technical Guidance
- MMR Catch-Up Campaign

---

## LMC Meeting 11<sup>th</sup> December 2023

The LMC discussed a range of issues, including: Management of Heart Failure, Migraine Management in Primary Care, Extended Access funding to support OOH Bloods and Kidney Failure Risk Equation.

---

## New LMC Member

At the last meeting Dr Suman Thullimalli was co-opted to the LMC. He brings a wide range of relevant experience to the role, including being a GP Partner in a Doncaster practice and CQC lead, a PCN Clinical Director, a GP trainer and mentor, a medical student tutor and ARRS supervisor, a Board member of Doncaster LMC and a GP appraiser.

---

## Mandatory Training

GPs seem to be receiving all manner of mandatory training requests, with no support or allocated time for staff to do this. Each individual request for training is fairly reasonable and based on common sense, but it is frustrating that the form of the training is so prescriptive each time, rather than being something that all staff could be updated on in a PLT setting.

**The LMC view is that any mandated training should come with a resource, both time and financial, to help support practices in completing the necessary training. Furthermore, going forward, a more pragmatic approach to training that can be disseminated to practice members should be considered. If these suggestions aren't taken on board, then the likelihood is that staff will be taken away from patient contact thus reducing access more than is necessary, which in itself will have a knock-on effect to practices providing safe and effective healthcare.**

## 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:**

**8<sup>th</sup> January 2024**

**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.

# 2023 GP Practice Finance Survey

📞 Calling all 📞 \*Practice Managers\* & \*Finance Leads\*!

**The LMC are inundated with requests for GP Surveys and our general response is to shelter you from them. However, occasionally we feel a worthwhile survey should be passed on to you, and this is one of them.**

The GPC are at a critical point in their 2024/25 negotiations – and are asking you to complete the BMA GP committee finance survey. You'll have seen the GP survey last week (and mentioned later in this newsletter), now this is your opportunity to evidence the impact of inflation, rising costs, & reduced investment over the past year.

📎 You'll need the practice accounts for 2021/22 and 2022/23, as well as spend data for Oct '22 & Oct '23 together with total staff numbers.

⌚ It will take 20-30 mins to complete. Thank you for your time !!

<https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.research.net%2F%2FpracticefinanceDec23&data=05%7C02%7Cjulie.eversden%40nhs.net%7Ce26bf0ab309a45e7626808dbf97f07db%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638378096208876376%7CUnknown%7CTWFpbGZsb3d8eyJWljojMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6Ikk1haWwiLCJXVCi6Mn0%3D%7C3000%7C%7C%7C&sddata=n9MEEqW5FsYIUA%2FQ%2BwruapjUwcBAZurEdCqSi20q24Q%3D&reserved=0>

## Case Management Update

Although there are still more details to come regarding the Anticipatory Care DES, only four GP Practices have provided feedback about this. The LMC have always argued that the frail and the infirm have needed additional follow-up and input. However, this was not in the feedback.

**The lack of feedback does not necessarily mean there is no evidence or demand for continuing frailty / end-of-life care as a LES. Case Management should continue as long as it does not affect the Anticipatory Care DES.**

## Barlborough Funding Requests

The ICB have changed the clinical thresholds which surgeons use. This has not disseminated through to MCATS team at Rotherham. The LMC feel that they would be unlikely to refer to them in future if the issues aren't resolved and Barlborough continues to refuse to amend their approach to patients that don't fulfil the clinical thresholds for surgery.

### GP Survey

#### Have your say on the future of general practice

#### COMPLETE OUR SURVEY

Next year marks both the 20<sup>th</sup> anniversary of the introduction of the 2004 GMS contract, and the end of the current 2019-24 five-year investment framework. A general election is also likely at some point in the year, and potentially, a new government. With change comes opportunity, and a window to influence how we deliver patient care now and for the years ahead.

Manifestos from the main political parties, think tanks, charities, and other health bodies will seek to influence these changes. In advance of these, GPC England will publish its own vision outlining the future direction for general practice by those who know it best: GPs themselves.

**This is where you come in. We want to give you a voice.**

**If you only respond to one [survey](#), make it this one.**

We want to hear from all fully qualified GPs in England, ***whether you're a BMA member or not.***

Share it with all GPs: partners, salaried, retainer and locum GPs; those working in wider primary care roles, in trusts, urgent care, secure or out-of-hours settings, and GP Registrars at ST3 and above. (A separate survey for all GP Trainees ST1+ will be opened by the BMA in the new year – our survey is targeted at ST3+ to ensure that respondents have appropriate experience working within the practice setting to enable them to answer as many questions as possible.)

Participants do **not** need to be a member of the BMA to participate but we will need a GMC number so we can corroborate responses as coming from qualified GPs based in England.

**All responses will be anonymised.**

The survey will close on **Sunday 21 January 2024**. Please: [complete the survey](#) as soon as possible, to ensure our negotiating position is as strong as possible.

Share the Survey with ALL your GP colleagues  
now: <https://tinyurl.com/GPSurveyShare>

---

## Preparation for Any Future Ballot

We need our GP contract to feel safe to sustain services and deliver for our patients. We need our workload to feel safe to retain and recruit GPs and the wider practice workforce. We have been clear with DHSC and NHSE that 2024/25 must bring hope for the future of our profession. This is also the will of your nationally elected body: GPC England, who in April 2023 voted to prepare to ballot GPs on taking collective action if the Government does not “drastically improve the contract” in 2024/25 negotiations.

At the recent England Conference of LMCs, Conference voted to ballot the profession on the outcome of future negotiations. Tell your colleagues and partners to [join the BMA today](#).

If you are a member, make sure the details we hold for you are up to date to ensure your vote counts. Update your member details on [www.bma.org.uk/my-bma](http://www.bma.org.uk/my-bma) or [join us as a member today](#).

---

## Locum GPs reporting reduced opportunities

Katie Bramall-Stener, GPC Chair, writes:- *In a keynote speech to England LMC Conference, I drew attention to where funding is landing, and where investment is being focused. Taking ARRS as an example, the £1.4bn being invested could be spent on 14,000 GPs, increasing GP access to 28 million patients across the country – but it isn't. The number one aim of PCNs when they were introduced in 2019 was to make the general practice workload more sustainable for PCNs' constituent practices – but it doesn't. Our workload has not changed, and in many cases some ARRS roles dilute the capacity of the GPs we have left.*

*Almost every practice I speak to is experiencing a cashflow crisis. Our concern is that this represents the perfect storm leaving Locum GPs with reduced opportunities for work. Are you a GP Locum who is worried for their future? Tell us in our Survey today, and please share among your Locum networks to provide the BMA with evidence to take forward: <https://tinyurl.com/GPSurveyShare>*

---

## Oliver McGowan Training on Learning Disabilities and Autism

The DHSC consultation into the implementation of the ‘[Oliver McGowan Mandatory Training](#)’ has now closed and we are awaiting the recommendations. GPC England has responded, expressing a number of concerns regarding the impact this programme may have on General Practice.

In the interim you should note that there is a legal requirement within the Health and Social Care Act 2022 for GP practice staff to receive training in Autism and Learning Disability. However, whilst the title of the programme includes the word mandatory, *this does not mean that any single particular training programme is required*. It is for the time being, the DHSC and NHS England recommended programme, so should practices undertake this programme, CQC and ICB teams will accept this.

It is unlikely, at least in the short term, that practices will find it easy to identify alternatives, especially for Tier 2 training, which needs to be delivered by specified trainers including one person with Learning Disability/Autism. If practices do undertake alternative Tier 1 training, it is recommended they ask the training provider for written assurances of the equivalency of their training programme to the [Tier 1 Oliver McGowan training](#) (which can be delivered remotely). CQC is waiting to receive clarification in relation to the accreditation of alternative training packages.

Tier 2 training currently involves a full day's face-to-face training: given the numbers of eligible participants, undertaking such training will cause a significant interruption in service capacity. Ideally Tier 2 training should be delivered over one day only, ***within six months of receiving Tier 1 training***. This creates a difficulty for practices as at present it is unlikely local dates have been set for Tier 2 training and this may not be realistic to do until the outcome of the Consultation is known.

GPC England recommends that the training should be coordinated by local ICB teams working with Training Hubs, once the outcome of the Consultation have been published. CQC's advice to practices about this type of training is available [here](#).

---

## Shingles Technical Guidance

NHS England has published updated technical guidance of the shingles vaccination programme. The guidance sets out information on eligible cohorts, clinical codes required to record shingles vaccination events and how payments will be supported via GPES, following the changes to the programme that came into effect from September this year.

---

## MMR Catch-Up Campaign

NHSE has now confirmed the vaccination 'catch-up campaign' for 2023/24. As with last year this will focus on MMR vaccinations and NHSE have set out a number of actions for practices to support the campaign. As per the SFE, practices will receive an item of service fee for every vaccination.

---