

## Newsletter – November 2019

### LMC Meeting 11<sup>th</sup> November 2019

At our last LMC meeting we discussed a range of issues in addition to the newsletter articles here including, new Alcohol Pathway from CGL, IT issues, Prescribing budget targets, use of PLT time for mandatory training and Quality Contract.

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### District Nurses

The LMC can report that a number of GP Practices have given notice to the CCG to cease providing ambulatory nursing care – as the agreement with District Nurses for them to provide certain aspects of non-ambulatory care to house-bound patients was not working. The CCG have indicated that they may be able to provide funding to commission this work. It is likely that practices will receive funds to either choose to provide this service themselves or pass the funding onto the district nurses for them to provide the service.

**Please find attached a template letter which practices may wish to use should they decide to cease providing ambulatory nursing care to patients.**

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### DVT Pathway

The LMC feel that their feedback on the DVT pathway has been misrepresented to the wider GP community.

The LMC supports the principle that the provoked DVT pathway has been changed to cover all DVT's. We have suggested some amendments, as well as voicing significant concerns about the additional workload and follow up of patients with unprovoked DVT's.

It is the LMC's view that further additional funding should be attached to this and we are still in discussions with the CCG with regards to this.

**We feel that current funding simply isn't sufficient recompense for the amount of work and complexity of the pathway. The CCG have agreed to pay those practices that have started using the pathway whilst discussions are ongoing. Practices will need to see if they feel the final specification is worthwhile and decide if they undertake it or not.**

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### Capping of FIT Tests

FIT testing saves unnecessary referrals / investigations so the LMC don't understand why practices have been rationed to the number of FIT tests they could use per month. We have suggested that if practices are identified as potentially overusing them then they should be asked to justify their use or audit that they are following appropriate guidance, rather than have a restriction to the number of tests they receive.

The CCG have responded to our concerns and have assured us that practices can contact them for more test kits if they have run out.

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### Intermediate Care Proposals

The LMC have concerns about the new proposals. The issue is that this work is coming to Primary Care unfunded. Despite the view of the CCG, the LMC feel there will be expectations on GPs as they will be involved in this pathway as problem-solvers, so their input should be funded.

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## Local Pharmaceutical Committee (LPC)

Dr Myers will now be attending the monthly LPC, and if any GPs have any issues they would like to be raised, please contact him at

[christopher.myers4@nhs.net](mailto:christopher.myers4@nhs.net)

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## Flu immunisation for practice staff

The state-funded indemnity scheme for England does not cover GP practices providing flu vaccinations to their own staff. The [Seasonal influenza DES Specification](#) makes clear that staff of GP practices /contractors and other primary care staff are the responsibility of their employer as part of occupational health arrangements. However as the GPC have previously reported, they have been assured that the schemes provided by all three main Medical Defence Organisations do cover this activity.

In 2018, the BMA's Occupational Health Committee worked with the Specialist Pharmacy Service and other key stakeholders to identify a way that organisations can offer employee seasonal 'flu vaccinations within the legislation. The outcome of this work has been to produce a written instruction for seasonal influenza vaccination. The template and advice on how to use it is available [here](#). This advice has also been published on the [BMA website](#)

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## Safeguarding Training Guidelines

NHS England has clarified that safeguarding training guidelines released earlier this year are not compulsory, after GPs expressed concerns about their impact on the profession.

In May, the RCGP released updated guidance on safeguarding children, which caused anxiety among GPs. NHS England confirmed to the BMA that the guidelines are not compulsory as long as GPs can ensure their staff are adequately trained to carry out safeguarding duties.

<http://www.pulsetoday.co.uk/news/all-news/safeguarding-guidelines-are-not-compulsory-clarifies-nhs-england/20039599.article>

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## School at risk catch up vaccinations

The GPC have agreement in GM that ImmForm will supply vaccines for the school cohort for which we cannot claim PPA reimbursement as centrally provided. Where a school child presents and there is no centrally supplied vaccines available in the surgery the practice can use its own supply of quad vaccine for which they will claim cost of the vaccine from PPA in the normal way.

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## Debt and Mental Health Evidence Form

The GPC have announced that [guidance](#) has been published, as well as a [news statement](#), for the revised version of this form. The only contractual requirement is to complete two questions.

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Q2: Does the person have a mental health problem? Yes/No

Q3: What is this mental health problem? If it has a name or diagnosis, what is it? (One word for known diagnosis)

*There is no obligation to do anything more, as outlined in the guidance.*

In addition there is a strong emphasis with debt agencies that they should accept self-declaration statements from patients. If a form is asked for, others should be approached to complete it, not primarily GPs.

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## GP Recruitment Campaign

GPC Writes:- As you may be aware, HEE is having some success in recruiting more doctors to train as GPs – **3,538** were accepted onto GP training places for 2019-20, the highest ever number.

*Applicant feedback indicates that accounts from GPs and GP trainees can inspire and influence the decisions of doctors as they choose specialty training. **HEE needs more case studies** for the [GP National Recruitment Office website](#).*

*If you are willing to describe how you feel about treating your patients, what you're able to achieve or something around the outcome or benefit(s), please email GP Recruitment [gprecruitment@hee.nhs.uk](mailto:gprecruitment@hee.nhs.uk).*

*This request for support does not negate the many difficulties our existing GP workforce currently faces. We are, however, keen to do everything we can to give the opportunity to and inspire this and future generations of*

*newly qualified doctors to choose GP specialty training.*

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## **Roll-Out of The Electronic Prescription Service (EPS)**

The Department of Health and Social Care recently announced the roll-out of EPS in England following work done in pilot areas. Phase 4 will be rolled out to all GP practices from Monday 18 November 2019, making EPS the default method for prescribing and dispensing in primary care in England:

<https://digital.nhs.uk/services/electronic-prescription-service/phase-4/national-roll-out-schedule>

Further information about the implications for GP practices can be found at:

<https://digital.nhs.uk/services/electronic-prescription-service/phase-4/prescriber-information>

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## **Rules On IR35**

Matt Mayer, Deputy Chair of the Sessional GPs Committee, has put together a blog highlighting that the rules on IR35 are changing and how locum GPs might be affected:

[https://www.bma.org.uk/connecting-doctors/the\\_practice/b/weblog/posts/ir35-and-the-impact-on-locums-blog-1](https://www.bma.org.uk/connecting-doctors/the_practice/b/weblog/posts/ir35-and-the-impact-on-locums-blog-1)

Private, as well as public sector bodies will now be responsible for determining the employment status of their workers.

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## **NHS Practitioner Health**

NHS England has announced that all NHS doctors and dentists in England now have access to a mental health

service 24 hours a day through a dedicated phone line and a crisis text service available through the night, which builds on the service already available to GPs in England:

<https://www.gov.uk/government/news/dedicated-mental-health-support-for-all-nhs-doctors-and-dentists>

To sign up, call 0300 0303 300 or email [prac.health@nhs.net](mailto:prac.health@nhs.net) (Monday to Friday 8 am to 8 pm and Saturday 8 am to 2 pm). Text NHSPH to 85258 for the out-of-hours crisis text service

## **LMC Meeting**

GP constituents are reminded that they are always welcome to attend meetings of the LMC as observers. The Committee meets on the second Monday of every month in the Board Room at Rotherham General Hospital

NEXT  
LMC MEETING

9<sup>th</sup> December 2019

COMMENCING  
At 7.30 PM

LMC Officers:-

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

Vice Chairman  
Dr Chris Myers  
[christopher.myers4@nhs.net](mailto:christopher.myers4@nhs.net)

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

If you have any questions or agenda items, or wish to submit appropriate articles for this newsletter

CONTACT US AT THE LMC  
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