Rotherham LMC
Local Medical Committee

Newsletter – September 2018

LMC Meeting 10th September 2018

At our last LMC meeting we discussed a range of issues in addition to the newsletter articles here including, Care Co-ordination Centre, updated Dementia guidance from NICE, Extended Hours Hubs, IBT/IBD Pathway, GP Retainer Scheme and NHSE Practice Manager Funding.

Hepatitis C Pathway

The LMC have concerns regarding case finding and follow on testing after initial screen, which goes beyond what is typically done now.

The LMC wish to make clear that the new pathway is a *guideline only* which GPs can choose to follow or not, bearing in mind that this represents a transfer of unfunded work into primary care.

Serious Case Review

Following on from a serious case review the CCG has previously issued advice to practices about new and existing child registrations.

The LMC has queried this advice and the practicalities of implementation. The advice received from the CCG is "each practice should consider what they do about the recommendation i.e. they should have considered what they do . . . actually what is needed is a process for newly registering patients and the receptionists identifying at that point if a child is being registered separately to their parents."

However, the LMC are seeking explicit advice from CCG on one of the more onerous further recommendations in the review, which was that:-

Practices should consider reviewing their current registered list to identify any children that are registered but have no adult registered at same address.

We will update you in due course.

Get Healthy Rotherham – Referrals to Slimming World

GP Practices have received a letter referring to a software glitch and the need for GPs to make patient referrals into the service. The LMC have contacted RMBC Public Health to query this.

Subsequently Public Health have looked into the rationale for a GP referral to support the weight management component delivered by Slimming World and have reconsidered the contractual requirement regarding the need for a GP referral to access this element of service delivery.

The LMC have seen a revised pathway in which a GP referral will not be required. All patients will now be able to self-refer provided that they have a BMI over 30, do not have an eating disorder and do not have an underlying medical cause for obesity that would benefit from more intensive clinical management, unless they have been engaged with the weight management service within the last 3 months.

Medical Administration Record (Pink Cards)

There are continuing delays with implementing the new MAR Chart, and the LMC have been advised that GPs should forward MAR write up requests to the community matrons.

Only the Palliative Care Record (Lilac Card) needs completing by GPs.

Requests for Reports from patients for DWP

GPs continue to be inundated with these. Dr Cole writes:-

Firstly as we all know, there is an amount in the global sum to cover the standard report for ESA (previously incapacity benefit). We should all be completing these.

Secondly there is a mechanism whereby the DWP officially request a report for more information related to incapacity / PIP / Attendance Allowance for which there is a further fee. Again we should all be completing these.

To my knowledge there is no definite reference to getting a GP to supply information on the PIP / Attendance Allowance application. However this may have changed.

Thirdly HMCTS (the appeals process) can request either a GP factual report for which there is a fee, or on request a copy of GP notes - no fee attached. That outlines the official process

Next is the grey area - either patient driven or DWP driven. Some advisors at the DWP / Job Centre suggest that it might help if the patient gets further info from their GP as it may help the process - usually an ESA claim. *This is not official and is always denied at the DWP. I have raised this at district level at HMCTS on several occasions and always receive the same answer.*

Once the PIP/AA/ESA claim gets to HMCTS there is no involvement between the DWP and the patient as it is sub judiciary as soon as the appeal process starts.

Advocacy/ advisers then usually get involved - if not sooner - and attempt to get supporting evidence for their clients in a variety of ways - we are all aware of these. At this stage - before the hearing - HMCTS has no contact with neither the DWP nor the appellant.

After either an unsuccessful or partially successful appeal the tribunal do not give any specific advice to the appellant. There is a printed sheet advising of their rights given to all appellants regardless of the decision.

If the tribunal are unable to make a decision and the process is adjourned then again the official process takes over. However the tribunal often advise the appellant to obtain more evidence if the appellant thinks it may help. There is never an instruction to "go get a letter from your GP!"

Contractually we can charge for any further info, you can also decline on many grounds – please see the LMC standard letter, here

http://www.mysurgerywebsite.co.uk/website/IGP542/files/130719-Report_Request_Letter_06.08.13.pdf

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GDPR – CCG Processing of data on behalf of Practices

The LMC have now received a completed list from the CCG, and have requested a similar exercise from RMBC.

Once this has been completed, the data will be shared with GP Practices with the advice that any information-sharing outside of these lists by practices should cease. We can then understand the scope of un-consented data sharing.

GP Career Support Pack

As part of GP retention efforts, NHS England, RCGP and the BMA have developed a GP Career Support Pack that sets out support available at different stages of a GP's career.

GPs are encouraged to liaise with their Responsible Officer team usually via the appraisal lead to obtain further advice and support on the initiatives and schemes set out in the pack. The national pack is available here:-

https://www.england.nhs.uk/publication/gp-career-support-pack/

Data Protection Officers in GP-practices

The BMA has published guidance on the requirement for Data Protection Officers in GP practices under GDPR. In particular, members should note details of the recently published Addendum to the GP IT Operating Model, Securing Excellence in GP IT Services. The guidance is available on the GDPR page, in the *FAQs about the role of the DPO* section.

Pension earnings discrepancies

The GPC writes:-

NHS England have sent out a letter to practices regarding their sample review of pension scheme records, which has shown discrepancies between some of the pensionable earnings and contributions data which has been provided to NHS BSA. They are now going to carry out a larger review, focusing on those nearing retirement age, to identify and resolve these issues.

GPs, who pay their contributions into the NHS Pensions Scheme in good faith and use these to plan for

the future, will understandably be very concerned to learn that they may have been affected by this administration error.

Although NHS England have reassured us that they will deal with this problem, this is yet another issue that GPs and practices have to contend with and we have insisted that NHS England needs to ensure that hard-working family doctors are not negatively affected by what appears to be a longstanding error. If, as part of this review, GPs are asked for additional financial advice we have said that it is imperative that they are reimbursed for any expenses incurred through no fault of their own.

VAT information

GPC Writes:-

We understand that practices are being asked to provide NHS England with VAT information associated with each practice. It is our view under the Premises Cost Directions, the information practices are required to provide is:

Are you registered for VAT? If so, what is the VAT registration number? Do you intend to claim a refund or allowance in respect of any element of the costs that you received financial assistance from NHS England/CCG?

We are working with NHS England to ensure that they are seeking to capture the right information from practices. If you are being asked to provide any other information, please inform us by emailing info.gpc@bma.org.uk

State-backed indemnity scheme

The GPC have had further meetings with NHSE and the DoH and Social Care about their plans for a state backed indemnity scheme which is still planned for April 2019.

Their medical indemnity guidance has been updated here:-

https://www.bma.org.uk/advice/employment/gp-practices/gps-and-staff/medical-indemnity-for-gps?utm_source=The%20British%20Medical%20Association&utm_medium=email&utm_campaign=9840248_NEW16A1%20SESSIONAL%20GP%20ENEWSLETTER%20130918&utm_content=Medical%20indemnity%20CTA&dm_t=0,0,0,0,0

GP Retention Scheme

The GPC Writes:-

We understand that some CCGs may not be investing in the GP retention scheme due to funding pressures. It is important to note there was never an allocation of posts per head of population because everyone acknowledged at the time that it's way more costly to the NHS to lose a GP from the workforce rather than allowing them to join this scheme. The fact that the scheme is in the SFE (Statement of Financial Entitlements) means the funding is recurrent, but CCGs have to keep money back for this scheme and not spend it elsewhere.

In 2016/17, NHS England invested an extra £5 million in the scheme to improve national / regional infrastructure and top up the existing funding for scheme members and practices available through the SFE.

The scheme was then reviewed and relaunched in 2017/18 with the major difference being that the SFE was updated to include the new funding amounts. Because it's in the SFE, CCGs have to consider all applications and pay at the rates specified. Naturally, they can only approve a limited number of new scheme members per year because resources are finite. Scheme resources do, however, already exist in CCGs' primary care funding allocations.

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**

8th October 2018
COMMENCING
At 7.30 PM

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