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## LMC Meeting 8<sup>th</sup> January 2024

The LMC discussed a range of issues including Extended Access funding to support OOH Bloods, LES updates 2024-25, GP Referral Guidance, IMOC Traffic Light Drugs List and DEXA scans.

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## Phlebotomy LES

There remains significant concern about the caps and lack of flexibility, especially in view of the increased requirements for blood tests monitoring in primary care, but also with the increased number of requests from secondary care for bloods to be done at practices. The revised LES for 2024-25 suggests that practices should not exceed any caps prior to any increases being approved, meaning that practices will have to monitor activity as well.

**The LMC have requested that there is a softening of this wording and a move to allowing a set percentage of fluctuation being allow. Even if the additional activity exceeds this allowed fluctuation, then it is hoped that a pragmatic approach could be applied; as long as there is clear evidence that work is being done in good faith.**

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## iRefer

Further to a meeting with the Radiology Systems Manager, the following points were raised:

Since August 2023 apparently 5-6% of requests were being changed through iRefer and this is reducing, which demonstrates that ordering of tests has changed.

There are plans to reduce the manual vetting of referrals as a consequence of iRefer which is essentially vetting things already. There are also plans to add appointment data to ICE so GP's will be able to see booked appointments and cancelled ones as well as reasons why.

Advice is still to phone the duty radiologist for advice for any more complex issues or problems with organising tests.

## 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:**

**12<sup>th</sup> February 2024**

**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*

## LMC Office

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## Disclaimer

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

Radiology will look at improving GP access to MRI scans as well as making sure it is possible to request Xray for suspected malignancy / osteomyelitis / trauma / fracture for all appropriate types of Xray.

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## Diagnosing Problems - Right test, Right time Report.

**LMC View:** The report clearly states that all costs incurred by any provider wanting to provide respiratory tests should be recognised, which goes against the centralised model developed in Rotherham.

**Clarity on the Rotherham ICB position is needed on this. The LMC are also concerned about interpretation, lack of training for this whilst the pathway is active and whether or not interpretation should lie in the hands of GPs for those patients who go through the centralised pathway.**

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## Medical Examiner - MEO Process for Practices

The government has confirmed that the [death certification reforms will be enacted from April 2024](#), including the role of the [medical examiner \(ME\)](#) becoming statutory. Once the new death certification process comes into force, all deaths in England and Wales will be independently reviewed by a medical examiner or a coroner.

Locally, Kimberly Travers has recently taken over from Matthew Lea in rolling out the community service with Kim Marsh. All practices have been contacted by Kim Marsh in August 2023, inviting all practices to join the pilot, and including a pack.

Kimberley writes: *The plan is to imminently re-contact practices again inviting them to join, with amendments to processes, clear step by step instructions on referrals, asking practices to set sharing so we can see the record, direct administration telephone numbers for practices, some aspects we have learned from the pilot. We are also happy to do something at a PLT/bulletin.*

*I was thinking written instructions were best so when a GP gets a case they can follow it step by step. We are hopeful that practices will get on board closer to April as it becomes statutory. Our preference would be for this to happen in advance so we can iron out any teething issues.*

*As far as we are aware, the plan was the MCCD was going to go online. However, this is not going to be ready for April, so they are planning an interim book to be available closer to April.*

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## Buying Group Recruitment Support

The LMC Buying Group understand that recruitment is often an expensive and time-consuming business, so they created an eye-catching, easy to use recruitment page where any registered member can post their clinical and non-clinical vacancies at no cost. They also offer practices the opportunity to feature their vacancies with a featured package which comes at a small fee.

### *What they offer*

As well as posting the job on their website, they also highlight any new job posting at least once across their social media platforms. This is a free service to any member practice interested in expanding their vacancy reach beyond their region.

They have also introduced a 'Featured Job' option for those members that want to draw more attention to their advert. The featured role will appear at the top of the Jobs page in a bright colour and be highlighted on their social media channels each week for a month. This service only costs £50+VAT.

To place an advert, visit the [Jobs page](#) and upload your vacancy using the application form template [here](#). If you choose the Featured Advert option, they will send you an invoice once the advert has been posted online.

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## GPC ADVICE

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### Online Access to Records - Data Breaches from Mis-filing of Records

The General Practitioners Committee (GPC) continues to work on this topic and seeks to make the whole project fit for purpose. They have noted numerous concerns about how this was imposed on the profession. The GPC is now requesting that details of any examples of potential or actual harm that have arisen from the accidental misfiling of data / letters in the wrong patient's record, or when information should have been withheld from online view in order to prevent harm, but was not, and which has only come to light now more patients have access to their records, are forwarded to [info.gpc@bma.org.uk](mailto:info.gpc@bma.org.uk)

<https://www.bma.org.uk/advice-and-support/gp-practices/gp-service-provision/accelerated-access-to-gp-held-patient-records-2023>

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