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## LMC Meeting 11<sup>th</sup> March 2024

The LMC discussed a range of issues including IMOC Amber-G Guidance, Appropriate use of monitored Dosage Systems, Adult ADHD and physical health checks, CFS Referrals, Spirometry, Heart Failure patient follow-ups and Lipid-lowering agents.

## Preparatory Activity Relating to Possible Industrial Action

Before the BMA decides to undertake any ballot of its members, LMCs are canvassing opinion among their GPs constituents to help the BMA ascertain what forms of action GPs may be prepared to take.

The LMC would like to thank the many GPs who attended the General Practice Safer Working Event at The Mercure Hotel on 12<sup>th</sup> March 2024.

**The South Yorkshire LMCs (SYLMC) are now setting up a new WhatsApp Group solely for GPs who live and work in South Yorkshire. Please scan the QR code below and register now so you can receive local communication and national BMA advice on the Contract Referendum and possible industrial action.**



GP SOS South Yorkshire  
WhatsApp group



This group QR code is private. If it is shared with someone, they can scan it with their WhatsApp camera to join this group.

## 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> April 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

*Greg Pacey  
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www.rotherhamlmc.org*

## Disclaimer

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

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## Connecting GP Data with the ICB Data Platform

The ICB are in discussions and engagement with practices and partners via various forums to support this programme. There will be a sign-up to a Data processing agreement between practices and the ICB replacing old versions that were disparate across the patch. The ICB are working to automate the process via DSCRO so there is no practice burden required.

This process was discussed further at the last LMC Meeting, and it had been decided that Helen Stone would attend a future meeting of SYICB / LMC Officers to discuss further.

**The ICB are still proposing to contact individual practices for consent. At the moment the LMC are pursuing further discussions for reassurance regarding the type of data extraction & pseudo-anonymisation and will provide further advice to practices on how they should respond.**

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## Absorbable Sutures

Dr Soon Lim, Education Lead, Association of Surgeons in Primary Care, writes:

*As you are aware, GPs who carry out minor surgery can claim against sutures (and local anaesthetic) which are listed on the NHS Drug Tariff. In February 2024, several sutures were removed from the list, leaving GPs unable to claim when they are used as part of the Minor Surgery Directed Enhanced Service (DES). They have been replaced on the tariff by far more expensive sutures.*

*When there was a similar change in 2018, some practices claimed after using the "old" sutures by quoting the "new" suture codes. Although this was not accurate, the price reimbursed was roughly similar. Now, the "new" sutures are significantly more expensive so that practice would result in a higher sum of money being reimbursed, which may raise issues of probity.*

*However, it leaves the practice with a stock of perfectly good sutures which it cannot be reimbursed for. As the sutures are all made by Ethicon, a subdivision of Johnson & Johnson, I have contacted them, but still have yet to receive an answer as to why they were removed and replaced. When I contacted the NHS Business Services Authority (NHSBSA) to ask whether there is a transition period during which the "old" sutures can still be claimed for, I was directed to the community pharmacy website, which advises that all removals of items from the drug tariff are given a 3 month notice on that website. I am not sure if non-dispensing GP practices keep an eye on the Community Pharmacy England website*

### GP SOS - Save our Surgeries

#### **Have your say on the 2024/25 GP contract changes – join the BMA and update your details now**

Following the unanimous rejection by GPC England of the contract offer on the table from government, GPCE's officer team have reopened talks about the GMS contract changes for April 2024 onwards, giving the Government until the end of the month to present significant improvements. A letter has also been sent to the Chancellor of the Exchequer, Jeremy Hunt, outlining the perilous state of general practice and reminding him of his supportive words when he was chair of the Health & Social Care Select Committee. We are now waiting to hear back from NHSE and DHSC.

Whatever is on the table at that point will be put to you, as BMA members, via a referendum in March. This won't stop the Government from imposing the contract changes, but it will give us a vital insight into how the profession feels about the contract, and where we go next. We know you need hope, stability and safety in your day to day-to-day work and in your surgeries and this is the message we give to government frequently and will continue to do so.

You need to be a BMA member to have your say in the referendum. This means [making sure your details are up to date](#), and spreading the word to friends and colleagues about [joining the BMA](#). *We plan to open the referendum in early March, so do keep an eye on your email for the voting link. The email will be from Civica, which is handling the referendum on the BMA's behalf.*

To find out more about the current contract changes and why GPC England requested further changes, click [here](#). I would urge you to watch and distribute the excellent video from Katie, our chair, explaining the perilous situation we face – you can find the video [here](#).

General practice is in crisis. These figures are very revealing...

- 1.9% (£178m) - national GP contract uplift for 2024/25 on offer from Government
- £800m – value lost from the contract since 2019 due to cost inflation
- 31% - average drop in GP contractor earnings before tax for 2022/23 compared with the previous year
- 1,900 - fewer full time, qualified GPs since September 2015 when....
- 6,000 - additional GPs were promised by this government in 2019
- 1.39 million - average daily appointments delivered in general practice across England
- 6.25 million - extra NHS general practice patients in Jan 2024 compared to 2015
- £107 – practice payment per patient per year (excluding PCN and COVID payments)
- 5-6% - of the overall NHS budget spent on general practice-level contracts in England in 2022/23
- £0 – this is the deficit accrued by GP surgeries in 2023/24. We are a very efficient part of the NHS trying to cope with limited resources

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## 2024-25 GP Contract Referendum

### Join one of our webinars to find out more.

GPC England has rejected the 2024/25 GP contract changes. The contract has now been put to BMA GP members in a referendum. The referendum cannot prevent the Government from choosing to impose their changes to the contract, but it will send a strong signal as to how the profession feels about the contract, a potential third successive contractual imposition by Government and where we collectively go next.

Find out more about the current contract changes [here](#).

You can watch Dr Katie Bramall-Stainer discussing the GP referendum [here](#).

To ensure you can feel fully informed before you vote, we are holding a series of webinars and as we receive your feedback we will add FAQs to our webpage [www.bma.org.uk/gpcontract](http://www.bma.org.uk/gpcontract) early next week, which you can read and reflect on with your practice colleagues. As we receive more feedback, we will update the FAQs.

### What to expect:

- A presentation from GPC England Officers outlining the context of the 2024/25 contract and what it means both for your practice, and you as a GP. A summary of next steps and the choice BMA GP members will need to make in the referendum
- A roadmap of what the months ahead may look like
- The opportunity to have your questions answered – please send your questions in advance to [gpreferendum@bma.org.uk](mailto:gpreferendum@bma.org.uk)

### Webinar dates, times and Microsoft Teams joining links:

**Yorkshire & Humber:** Wednesday 20<sup>th</sup> March - 19:30 – 21:00

[Microsoft Teams link](#)

**National Catch-Up:** Thursday 21<sup>st</sup> March

12.30 - 14.00 [Microsoft Teams link](#)

19.30 - 21.00 [Microsoft Teams link](#)

These webinars will NOT be recorded, so please attend your regional slot, or a national catch-up session. The referendum opened on 7 March and closes midday Wednesday 27 March. You should have received an email with a unique voting link.

How you vote will determine our next steps as a profession.

To take part in the referendum you must be a BMA member. You will then receive an email with a unique voting link. New members must join by 21<sup>st</sup> March to vote and have your say on this contract imposition in England.

The fight to save general practice in England starts here, because if not now, when? Join the BMA today to have your say – [join](#).

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## Measles Outbreak - practice staff and MMR Vaccs

**Staff involved in direct patient care (including reception staff / anyone who has contact with patients) should have documented evidence of 2 doses of the MMR vaccine or have positive antibody tests for measles and rubella, in keeping with [national guidance](#). This is important to protect themselves, their families and prevent transmission of measles in health care settings.**

Jane Freeguard, Deputy Director of vaccination – Medicines & Pharmacy, says *"In light of the national measles outbreak and urgency to support rapid uptake of the MMR vaccine, we are permitting practices to administer MMR vaccines to their eligible staff who are registered with another practice under INT (immediately necessary treatment). Please note this is a time limited arrangement until 31 March 2024 in light of the on-going national incident and only applies to MMR vaccinations"*.

An item of service fee cannot be claimed for the administration of MMR vaccines to staff registered with another practice. However, indemnity cover will be provided through CNSGP and nationally supplied MMR stock can be used to vaccinate eligible staff. Staff must be strongly encouraged to inform their registered practice that they have received an MMR vaccine, requesting it be included in their medical record.

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## HRT Guidance Updates

An updated HRT PPC guidance document has been published by DHSC. This is to reflect changes to the definition of products in scope of the HRT PPC, following the launch of new products onto the market, and an agreed process for managing discontinuations. The latest version can be found here: [HRT PPC guidance | NHSBSA](#).

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## NIHR In-Practice Fellowship

The NIHR In-Practice Fellowship (IPF) initially offered academic training to fully qualified general practitioners, general dental practitioners, and community dentists, who are in NHS practice in England. The eligibility for this scheme has been broadened in 2024 to cover all other health and care professionals working in a primary care setting, including (but not restricted to) nurses, midwives, pharmacists and health visitors. This enhanced offer will enable a larger cohort of health and care professionals to access research training and development, to advance their academic research careers. [In-Practice Fellowship \(IPF\) Round 18 | NIHR](#)

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