Rotherham LMC
Local Medical Committee

Newsletter **April 2024**

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GPC Advice

LMC Meeting - 8th April 2024

The LMC discussed a range of issues including Sexual Health Contract 2024-25, Extended Access funding to support OOH Blood tests, Draft Rotherham Sleep Pathway, Requests for Rotherham Neurodevelopmental Assessments Under Patient Choice and the "We Are With You" shared care costing model.

Extended Access Hub Tests (tasks and blood results) Funding

In 2022 the two funding streams supporting extended access combined and funded a nationally consistent access offer with updated requirements, to be delivered by PCNs. This brought together the £1.44 per head Network Contract DES extended hours funding and the £6 per head CCG-commissioned extended access services.

Previously, Connect Healthcare Rotherham CIC identified that it would be beneficial for patients if blood tests, smears and other sample collections were offered at evenings and weekends (an extension of general practice). Although it is good medical practice that the clinician requesting a test (i.e. bloods) should be the clinician that actions the results, for obvious reasons this was not possible at the Hubs. Therefore, the results were returned to the patient's practice for follow up. As part of this agreement practices were compensated for the time taken to action this additional work. For this, a small proportion of practice monthly payment was allocated to undertake this work.

At the last LMC Meeting there was further discussion around these monies which are no longer remitted to Practices since Extended Hours and Extended Access were amalgamated and some Practices opted out. The quid-pro-quo for that was that the practices would deal with Tasks and results. The LMC have advised Clinical Directors (CDs) that Practices are now doing work for which they were previously paid. Feedback from the CDs is that they have considered this and feel that current arrangements and the service provide by the Federation should continue. They have explained that the Federation are now dealing with the ERS referrals generated by Extended Access and that this is funded by the reallocation of previous funds sent back to practices.

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:

13th May 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

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Greg Pacey
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Disclaimer

The LMC feel that in representing all practices we wanted to make them aware of the change so that they can make an informed decision about whether they are happy with this decision. The CD's have kindly suggested that if individual practices have concerns about the current arrangement with the Federation that they should raise it through their practice representative to their PCN board meeting in the first instance.

Inappropriate Transfer of Work from Secondary Care

Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) has set up a generic email address for GP practices to use to direct constructive feedback and highlight opportunities for learning and improvement –

sth.lmpagsheffield@nhs.net.

Please note that patient identifiable data (PID) must be redacted. This is not an issue as long as primary care colleagues email from an nhs.net address. Any PID shared will be treated with appropriate confidentiality and respect. Examples of issues that might be shared include: • Ideas for new or improved collaboration across primary and secondary care services. • Primary care feedback on the appropriateness of STHFT requests for patient care interventions.

The inbox is monitored by senior clinicians on a weekly basis, so cannot be used for specific cases that require a direct, time sensitive response / resolution. Where a practice has a specific example of an inappropriate transfer that requires immediate refusal and action by secondary care, we urge practices to pass this back to the requesting clinician without delay.

As the LMC must not receive any patient identifiable information, direct communication between the practice and the secondary care clinician is necessary. If a practice is in any doubt as to whether a request is inappropriate, we are, of course, happy to receive redacted information for the LMC to review.

This does not replace the usual email for Rotherham of:

syicbrotherham.rotherhamccg@nhs.net

HIV Tablets

Dr Nadi Gupta, Consultant and Clinical Lead at Rotherham Sexual Health Services, writes: *"We are seeing a lot of people coming to the UK from abroad (particularly African countries) to work. Many have been running out of HIV tablets and do not know where to access care. Please advise GP practice staff that they can tell the patient to come straight to us if running out of HIV meds, as treatment interruptions should be avoided at all costs"*.

Response to Shared Care Requests from Private Providers

In the current climate of significant pressures faced by the NHS across the board, many patients are seeking specialist healthcare privately.

Whilst some of these private specialist assessments will provide management plans in line with local NHS provision, GPs are faced with a dilemma of having to action the recommendations where there is conflict between what the private specialist is recommending versus what is agreed and commissioned as an NHS service locally. Sheffield LMC has produced guidance intended to support GPs and their staff navigate this challenge and we've been asked to share with you this useful guidance, which carefully explains the complexities of the private/NHS interface with ADHD as a particular specific case, to aid GP's in the safe management of these patients.

Response to Shared Care Requests from Private Providers

South Yorkshire Primary Care Conference on Cardiometabolic Health

You may be aware that Dr Dean Eggitt has been working with PTS to develop a SY Primary Care Conference. This is a free event sponsored by a number of healthcare companies who will be exhibiting. This should be relevant for a range of clinical staff. The booking link is below:

https://bookwhen.com/primarytrainingsolutions/e/ev-sneo-20240427090000

Date: Saturday 27th April
Time: 9AM – 3.30PM
Location: AESSEAL New York Stadium, Rotherham United Football Club, New York Way, Rotherham, S60 1FJ

Attendees will have the opportunity to participate in three exceptional sessions offered. Each session will accommodate 50 attendees, and there will be a brief intermission for light refreshments and networking, followed by another session in a different room. The 3 different sessions being delivered are as follows:

Dr Rani Khatib delivering CVD Prevention – Challenges Delivering the ABC's

Dr Patrick Holmes delivering Managing Type 2 Diabetes in 2024 and beyond

Dr Matthew Capehorn delivering Epidemiology and Pathophysiology of Obesity

A Reminder About LMC Buying Group Membership

The LMC Buying Group helps GP practices save money on products and services they regularly buy. The Buying Group have negotiated excellent discounts on a wide range of products and services from their approved suppliers.

Buying Group membership is completely free and there is no compulsion to use all the suppliers. They do the hard work associated with finding the most competitive suppliers in cost and customer service, so they save you time as well as money on your purchasing!

Although the Buying Group was originally set up to help GP practices save money on the products and services they regularly buy, membership is now also open to GP Federations and Primary Care Networks.

Why use the Buying Group?

- No membership fees
- Excellent negotiated discounts from a range of suppliers
- Quality products and services
- Free cost analysis for members
- No need to 'shop around' anymore – we've done the hard work already!
- Access to a recruitment platform to advertise your clinical and non-clinical roles for free and a premium 'Featured Job' package for a small fee.
- Access to a community resource hub

If you're not sure whether you're a member and/or have access to the Buying Group website (this is where you can view the pricing/discounts and get quotes) then contact the Buying Group team on 0115 979 6910 or info@plexussupport.co.uk. They can also help you with any questions you might have about your membership or the suppliers.

GPC ADVICE

2024-25 GP Contract Referendum

Dr Katie Bramall-Stainer, GPC Chairperson writes:

On behalf of GPC England, I want to thank every single GP and GP registrar across the country who took part in our referendum. Let us not forget, this referendum wasn't even a ballot, it was merely a dress rehearsal for what's around the corner. Either way, had it been a ballot, it would have comfortably passed the required thresholds.

This referendum was a temperature check of the profession - and make no mistake - in the week where we have a third consecutive contract imposition, we are at boiling point. I'm overwhelmed to share the result that more than 99.2% of you have voted firmly against this contract. This is an unequivocal result that will demand NHS England, the Department of Health and Social Care,

Government, and other parties now sit up and take notice. It is now clear that we are one profession, which has spoken with one voice and said enough - time's up. This contract imposition does not give practices stability. It does not give us hope. This contract, which NHSE are choosing to impose upon us, is not safe.

The contract changes, which will be imposed by the Government and NHS England from 1 April 2024, include a national practice contract baseline funding uplift of just £179m for England's general practices, way below inflation in recent years, meaning many practices will struggle to stay financially viable over the next six to 12 months and risk closure.

The day after the referendum closed, GPC England met to decide and determine the next steps we'll be taking as a profession knowing you're standing right behind us. We are now starting to receive the full dataset and results breakdown from Civica, and we'll share that with you in due course too.

When I qualified as a GP in 2008, we were called the 'jewel in the crown of the NHS'. General practice has been demeaned, diminished, diluted, bullied and gaslit long enough. We now start the fight back, bringing our patients with us. Patients want access to their family doctor in a surgery that feels safe, with a well-resourced team ready to meet the needs of our communities, and that's what we want too.

We are the bedrock upon which the rest of the NHS stands, with 400 million patient contacts a year. Almost 1.4 million every single day. That's a lot of voters. So, congratulations, 'team GP'. The battle to save general practice has begun. I'm proud to represent you, and I know that your BMA committee, GPC England, is proud to serve you. We will be in touch soon with more information, guidance on the 2024/25 contract and next steps for us all.

Find out about the contract changes and read our FAQs to learn what this means for you.

Link to press release: GPs vote overwhelmingly to reject contract changes in BMA referendum

BMA Guidance on Physician Associates

The BMA published guidance on 7 March 2024 regarding medical associate professionals (MAPs). From a GP perspective, we are aware that some practices will have substantive employment contracts with associate clinical staff employed both directly by a practice, and also within the ARRS under the PCN DES at a network level.

We readily appreciate the shifting sands of opinion, not to mention the NHSE letter of 27 March 2024, and the Government's planned and imminent regulation of MAP roles by the GMC which itself has aroused strong feelings across the profession. GPCE recognises it may be likely that many roles may have been working in a manner as described in the PCN DES contract, that is they "must" see as a "first point of contact", "undifferentiated and undiagnosed" patients. Substantive guidance for employing practices which will complement the wider BMA position is under development. In the interim, it is for GP employers to determine the terms of individual staff members' abilities to undertake their job competently and safely in meeting the needs of the practice's registered list.

GPC England is in discussion with NHSE and DHSC in light of the recently published guidance which may present a demanding expectation in terms of both supervisory time and availability. However we would remind GP employers that PAs are not independent practitioners – they do require supervision and oversight. Their scope of practice means that GP employers retain responsibility and liability for clinical oversight. Hence in reality, the 'undifferentiated' element is unlikely to be practically implemented in its fullest sense.

Each MAP needs to be assessed on an *individual* basis, with GP employers undertaking due diligence in assessing and monitoring the relevant scope of practice and clinical competence of their respective employees. Furthermore, at present there is no general practice training pathway with supported induction, curriculum or competency coverage. It might be noted that nascent preceptorships are conspicuous by their absence due in part to a familiar story of a lack of ICB support to practices and PCNs.

All staff require induction, and a programme of support. Who decides when staff are ready (or not) to see undifferentiated clinical presentations should be determined on an individual basis after an automatic period of close supervision. In the absence of regulation and quality training assurances, GPs as employers remain ultimately responsibility. GPC England would always advise GPs ensure they are fulfilling their GMC obligations.

In terms of a strategic perspective, we appreciate that medically qualified doctors who are not GPs must stay within their scope of practice, therefore one might perceive an inconsistency in approach to then support non-regulated professionals, (given the imposed contractual guidance from NHSE) in seeing undifferentiated, undiagnosed patients.