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LMC Meeting - 10th June 2024

The LMC discussed a range of issues, in addition to the subjects mentioned in this newsletter, including: Adult ADHD Shared Care Pathway, Valproate Prescribing and potential industrial action.

Changes to the LMC Executive Team

Following the unexpected resignation of Dr Davies on 31st May 2024, Members discussed and voted on the vacant Executive Officer roles.

Dr Julie Eversden has been elected Chair of the LMC, and Dr Richard Fulbrook has been elected Vice-Chair.

Members thought that both GPs made ideal candidates for these roles, bringing many years of experience in the field of medical politics.

Meanwhile, Members asked that thanks be recorded for Dr Andy Davies' last five years as LMC Chairperson; in particular, for successfully navigating the LMC and Rotherham GPs through the Covid pandemic and for his hard work and dedication, particularly behind the scenes in engaging meaningfully with a wide range of stakeholders.

GP Contract Guidance

The GPC have now published the 2024/25 [contract guidance documents](#), to help you consider how best to approach the contract changes. These documents cover:

- Dispensing and prescribing
- GP data sharing and controllership
- Limited Liability Partnerships and the GMS contract
- Medical Associate Professions in General Practice
- 2024 Premises Cost Directions
- Use of enhanced access appointments
- Vaccinations and Immunisations
- Proformas and referral forms
- Spending and the PCN DES capacity and access payment funding

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:

15th July 2024

From 7.30 PM

LMC Officers

*Chair,
Dr Julie Eversden
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*Vice-Chair,
Dr Richard Fulbrook
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Disclaimer

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

We would encourage practices to protect themselves, and their GP's by slowing down, putting a limit on the number of patients seen each day and making workload manageable and safe. You can just choose to implement any changes a little bit at a time and pushback on secondary to primary care workload demands. There is a suite of template letters available on the LMC website.

<https://www.bma.org.uk/advice-and-support/gp-practices/managing-workload/safe-working-in-general-practice>

Advice & Guidance

In view of NHSEs increasingly encouraging the use of A&G to relieve pressure on secondary care and reduce referrals into secondary care services, the GPC has recently issued guidance. The guidance notes that A&G cannot be mandated instead of a referral and advises on the course of action where this occurs.

LMC Members thought this advice was very clear and it encourages GPs to ask for a referral where necessary. Members suggested that if this is changed to A&G by secondary care then Practices should push back and say no and insist on an outpatient appointment.

LES Reviews

In the light of ongoing national discussions regarding potential industrial action we would suggest practices hold off on signing any Enhanced Service agreements they have not already signed.

IMOC - Integrated Medicines Optimisation Committee

Recently there have been a plethora of requests from the IMOC to local LMCs to consider re-ranking medicines across South Yorkshire. Rotherham LMC are the only Place in South Yorkshire without some form of shared care recognition; Barnsley receive a LES payment for everything, Sheffield has a shared care basket and they discuss what goes into it, and Doncaster liaise directly with their own MMT. As such, we are being asked on a case-by-case basis to consider each medication change.

The LMC will, in due course reaffirm with Rotherham Practices our own agreed medications and not become involved in any

others. You will shortly be receiving a medication list in consultation with our local Medicines Management Team, with the advice that GPs won't do any more than that. So, even though IMOC may advise a medication is amber, Rotherham Practices will be able to choose not to prescribe it.

Reasonable Adjustments - Phase 1

Regarding the recent request for work on Phase one of Reasonable Adjustment flags, South Yorkshire LMC's view is that this large piece of work is unfunded, has been sent to practices without first discussing with LMC's and will require extensive training and commitment.

If a vulnerable or disabled patient presents to you who needs reasonable adjustments in order to access care, then please discuss this with the patient, make these reasonable adjustments in your practices, and include these details in their records and on any referral letter to secondary care or another provider BUT at this time we do not feel it appropriate to engage with further searches, developing processes, or adding codes or flags.

GPC ADVICE

GPC England Ballot for GP Contractors / Partners

In the referendum earlier this year almost every single one of you said a firm NO to the new contract and you were ignored by the Government, who have refused to make any improvements or give general practice any more resources.

This ballot is open to all GP contractors and partners in England. If you're not yet a member you can join the BMA now to ensure you have your vote. And what's more, any new member joining from 17 June, will get their first 3 months of membership for free: www.bma.org.uk/join

The Ballot Question:

'Are you prepared to undertake one or more examples of collective action as outlined in the BMA campaign to Protect Your Patients, Protect Your Practice?'

The Ballot Answer

Vote YES to Take Action to Save General Practice.

Vote YES to protect your practice and to protect your patients.

We are not asking you to breach your contract, but we are asking you to take a stand.

The ballot opens 17 June and closes on 29 July ahead of action commencing from Thursday 1 August.

BMA Membership Details

It is vital that you keep your BMA membership details up to date so you can vote in the non-statutory ballot for all GP contractors / partners in England that has just been announced.

To vote in the non-statutory ballot, we need you to login to www.bma.org.uk and check your details are current and correct. *We must have the right information for your vote to count, so please double check. If you have any issues updating your details, please email gpcontract@bma.org.uk for further assistance. **Please look out for an email from bma@cesvotes.com which will allow you to vote.*** We need:

- Your personal details, including a valid email address
- Place of work details for all your roles

Your details **MUST** be up to date for your vote to count.

In this first ballot, GP contractors / partners need to vote YES to send a message to Government that we are ready to stand up for a better service for our patients, and to protect our practices.

Please check and update your details here [BMA - Sign In](#)

BMA Membership offer

Non-members still have time to join in the ballot. Any new member joining from **17 June**, will get their first 3 months of membership for free. The latest date to join for the vote to be counted is 22 July. Please encourage your colleagues to join: bma.org.uk/join

Accelerated Access to GP-held Patient Records

Following engagement with the ICO and NHSE, BMA maintains the position outlined by the Information Commissioner. While the direction to provide prospective record access to patients is legal, mitigations outlined by practices in DPIAs submitted to the ICO should also be implemented to ensure that processing is compliant with the requirement of the Data Protection Act.

Where practices are facing pressure from ICBs to move ahead with prospective automatic access and have produced a DPIA, they should cite the ICOs response and continue in line with their DPIA.

Read more [here](#)

GP Diary - Workload Management Tool

The Sessional GPs Committee has launched the 'GP Diary' – a workload management tool for Sessional GPs.

Please see more information in the launch email: <https://bma-mail.org.uk/t/cr/AQiEtRUQzOASGOHMsxcqT2iF6VEknG6CE-cN6hOx8uoG-1fljUBwqsecICxpUg>

Infected Blood Inquiry - Hepatitis C Testing

Although it is likely that the majority of people directly affected by infected blood have now been identified and started appropriate treatment, there may be people who have not yet been identified, particularly where they are living with asymptomatic Hepatitis C. People who had blood transfusions may not have considered these risks before or sought testing. Patients may decide to contact practices as they are worried following the publicity about this issue.

The [Inquiry report](#) recommends that people who received blood transfusions up until 1996 should be offered a blood test for Hepatitis C if they have not been tested before (GP practices may have noticed that previous guidance set the date as before September 1991).

Patients can be directed to the online service for at-home Hepatitis C self-testing kits, which are available via hepctest.nhs.uk for anyone over the age of 18 and living in England. Any positive results from at-home testing are dealt with by local Operational Delivery Networks and passed to specialist hepatology teams, who arrange to contact the patient, notify them of their results, manage their care and treatment, and communicate this to the patient's registered GP. Further resources for Hepatitis C care, including a Primary Care Toolkit are available [here](#)