

Newsletter – January 2016

LMC Meeting 11TH January 2016

At our last LMC meeting we discussed a range of issues, including changes within RDaSH, flu vaccinations in care homes, and various referral processes including tonsillectomy and respiratory physiology.

IAPT new template form

The LMC are not expecting RDaSH to bounce back referrals if practices don't use the new template form. Letter referrals are still being accepted.

Parental leave arrangements

Since 1 April 2015, all practices have been entitled to reimbursement of the cost of GP cover for parental leave – that is maternity / paternity / adoption leave. This is no longer a discretionary payment but the maximum leave period has been variable across England.

NHS England wish to clarify that these payments are to be made up to a maximum of 26 weeks with immediate effect.

Reimbursement is intended to cover external locums and cover also provided by GPs already working within the practice (existing employees

or partners) but who do not work full time.

NHS England has now sent a clear communication out to local teams that the maximum period of non-discretionary locum reimbursement for GPs on maternity leave is 26 weeks.

The GPC hopes that this will stop local teams' attempts to limit reimbursement to 20 weeks. Please inform us if this happens so we can notify NHS England.

Avoiding unplanned admissions (AUA) and care plan reviews.

A number of LMCs and practices have raised the issue of care plan review timescales under the Avoiding Unplanned Admissions LES. The specification for this service states that patients who remain on the case management register from the previous year will need to have at least one care plan review during 2015/16.

Elsewhere in the guidance the timeframe for reviews is stated as within the last 12 months. The GPC understand a number of practices have been penalised due to this ambiguity, having planned to complete care plan reviews during the course of 2015/16. GPC has formally raised this issue with NHS England on

the basis that it is unacceptable for practices to be denied payment due to a discrepancy within the guidance. Practices have incurred significant work in implementing this enhanced service, acting in good faith in their interpretation of the specification. They have urged NHS England to take swift action in this matter and will update us in due course.

Fit note data extraction and publication – important information for practice.

Practices have received a communication from the Health and Social Care Information Centre (HSCIC) on the extraction and publication of fit note data.

The extraction is intended to allow the Department for Work and Pensions (DWP) to collect data on fit note usage to inform policy development and evaluate the service.

The BMA and RCGP were consulted on this data collection and have taken steps to reduce the burden on practices and clarify the legal position.

The legal basis for the collection of this data is the issuing of Directions under section 259 of the Health and Social Care Act, and as such it is recommended that practices comply with this legal requirement.

There is also a legal requirement under the Data Protection Act (DPA) for practices to inform patients of the extract through fair processing. The DWP has recommended practices provide a brief overarching statement for patients, for example, on the practice website or notice board. The statement should include links to further information for patients seeking more detail.

The template statement, plus links, are available within the briefing pack sent out to all practices. Practices may also wish to inform patients in person when attending the practice for a fit note.

Please note that data will not be extracted for those patients with a Type 1 objection recorded i.e. those who have objected to their identifiable data from leaving the practice for purposes beyond their direct care.

Data will be collected in February 2016 (to include fit notes issued from December 2014) and published from spring 2016. Aggregated data will be published on the HSCIC website at CCG level and above.

Men B Vaccination Paracetamol Supplies

Public Health England has informed the GPC that as the temporary supplies of paracetamol sachets (to be given after the doses of the Men B vaccinations for infants have been given), have been fully distributed, the central supply of paracetamol sachets is being phased out.

The updated patient leaflet makes it clear that parents will need to make arrangements

to have infant paracetamol at home in time for their baby's first immunisation appointment:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/483408/9413-paracetamol-menB-2page-A4-08-web.pdf

The revised leaflets are available to order in paper copy through the DH Orderline, to be handed out at the time of the vaccination:

https://www.orderline.dh.gov.uk/ecom_dh/public/home.jsf

Vaccine Updates

The latest special edition of the PHE vaccine update includes information relating to: -

- Last orders of LAIV (FluMist® Quadrivalent) for the childhood flu programme
- Expiration dates for LAIV vaccine

More information can be found by following the link below:-

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/491782/PHE_9650_VU_239_Special_Edition_02.pdf

A more general FAQ update is available here:-

<http://www.nhsemployers.org/your-workforce/primary-care-contacts/general-medical-services/faqs-and-queries/vi-faqs>

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 (except August) in the Board Room at Rotherham General Hospital

NEXT LMC MEETING

8th FEBRUARY 2016

**COMMENCING
At 7.30 PM**

OFFICERS OF THE LMC

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If you have any questions or agenda items, or wish to submit appropriate articles for this newsletter

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