Rotherham LMC
Local Medical Committee

Newsletter **October 2024**

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GPC Advice

LMC Meeting - 14th October 2024

The LMC discussed a range of issues, in addition to the subjects mentioned in this newsletter, including: LTC/Case Management Proposals, Pathway for Gastrointestinal disorders, Primary / Secondary Care Interface Documents and PSA testing.

GP Collective Action Seminar – 23 October 2024

Protect Your Practices, Protect Your Patients

Wednesday, 23rd October 2024 · 7:00pm - 8:30pm

Kiveton Park Medical Practice

Chapel Way, Kiveton Park. S26 6QU

Free local event open to all GPs and Practice Managers in Rotherham

Free refreshments will be provided from 6.45pm.

Join us to meet face to face with the LMC Executive Team

Dr Julie Eversden, Dr Richard Fulbrook & Dr Neil Thorman

We want to discuss with GP Practices how Collective Action is going, what we will focus on together, what is working well, what challenges you are facing and how the LMC and BMA can support you. In particular, we'll outline our response to Shared Care, A&G, and look at how to respond collectively to the LMC-commissioned LES Review, which is attached for your information and comment.

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:

11th November 2024

From 7.30 PM

LMC Officers

Chair,
Dr Julie Eversden
julie.eversden@nhs.net

Vice-Chair,
Dr Richard Fulbrook
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Medical Secretary
Dr Neil Thorman
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Disclaimer

Methylphenidate

In a new collaboration between the LMC, Rotherham Place, Medicines Management, RDaSH & the Federation, we have a new shared care arrangement for methylphenidate prescribing in adults for ADHD.

The key points are

1. The fed will hold the contract for primary care prescribing of stable patients transferred from RDaSH, then subcontract to practices to deliver for £45.53 pppy

2. The fair funding envelope covers 2 x 6/12ly physical health checks of height, weight BMI, Pulse and BP and arranging safe monthly prescriptions of methylphenidate.

3. Any problems with side effects, poor compliance, abnormal physical findings or poor control of ADHD symptoms can be referred back to secondary care

Note that we already have an unfunded shared care arrangement for methylphenidate patients under 18.

This new SCP does NOT include patients treated privately or under Right to Choose; they must be under RDaSH NHS care and formally transferred to us via a signed and returned SCP form. Children under CAMHS must be referred into the RDaSH team when they are 17 and seen for a full review before having their prescriptions transferred to us under this SCP when they are 18.

This does not cover lisdexamfetamine or other drugs which are to remain under secondary care follow up.

A contract will be arriving shortly with all practices. Please review and if you feel you have the capacity to safely undertake this SCP then sign and return. Patients will be transferred gradually after their annual review. The Fed will deliver this on behalf of practices who feel unable to take on the workload, which will allow RDaSH to release staff to reduce the ADHD diagnosis waiting list.

We' d like to say a special thank you to Raz Saleem from the Medicines Management Team and Jo Martin from Rotherham Place and Anand Barmade from the Fed for all their work on this SCP.

Case Management LES

As you are all aware discussions have been ongoing regarding the ending of the Case Management LES and the commencing of Proactive Care. This is quite a mammoth piece of work involving different ways of working and multiple stakeholders.

This change is going to take place on 1st November.

All of the monthly funding which has been given to practices for Case Management will remain in primary care, but some paid via PCN's to work on the MDT's needed for proactive care - and this will be rapidly prototyped in a staggered approach over the next 3-5 months. The rest of the funding will be shared to support practices transitioning to the new Proactive Care Model.

During this transition time we will also working up some alternative projects e.g. FENO to start from April 2025 alongside a more finished, agreed, and evaluable Proactive Care model.

We will also disseminate some possible comms that you could use with those patients you feel it's important to inform that Case Management is ending.

Neuro-atipy Pathways

ICB Commissioners of Neuro-atipy have formulated letters which GPs can use when replying to parents' Right to Choose regarding the children's ADHD pathway.

GPs can use them if parents of children are approaching them regarding provider of choice. They can be sent out noting it's not the GPs responsibility to sort out and they can refer them back to CAMHS.

LMC Members thought the letters should be on either ICB or RDaSH letterheads, so we'll circulate them when available.

Child Death Reviews - eCDOP

We'd like to remind all practices that the Child Death Review process is

1. Mandatory (although sadly unpaid),

2. Uncommon - we have 15-25 child deaths per year in Rotherham

3. Requires filling in of the eCDOP form within 4/52 of receiving it, can be delegated but is best filled out by the clinician who knew the patient best (or the mum if a neonatal death), and most commonly takes 1-2 hours to fill in. Please add as much detail (including family members as

required) as possible but if an answer isn't known then can used 'N/K'. Practices will receive a reminder to fill it in every 7 days until completed.

4. For unexpected deaths a joint agency meeting is arranged within a few days of the death, it's a practical meeting to ensure safety issues are dealt with swiftly and support is organised for the family. Someone from primary care does need to attend but this can be GP, PM or ANP either knew patient or has knowledge of the patient and family via primary care records.

Although GP's and GP practices are currently under severe pressure and have multiple demands upon us which are difficult to prioritize and we are undergoing Collective Action, the LMC does avocate engaging with these thankfully rare joint agency meetings, e-CDOP form completion and supporting the family through such a difficult time.

Ellie.freer@nhs.net provides admin support for the process and will happily answer any questions regarding the process or form.

Please see the 7 minute briefing form and poster which provides more information and ways to help and prevent child deaths - There have been 3 SUDI this year in Rotherham so far, so please note the safer sleeping information and share at the 6/52 baby check appointments.

Mental Health Assessments

Members discussed the inadequate support for GPs assessing complex mental health patients and asked why there is no duty Consultant available to discuss cases, and why patients over 65 don't have access to the same crisis support as a patient under 65 and whether complex patients don't stay 'open' to the mental health service rather than insisting that any acute issues wait for the weekly meetings.

The LMC suggest referring as an SEA and copying any issues to the RDaSH incident log (rdash.rcg-triumvirate@nhs.net) for a formal response - and copying in Dr Prabhu Shanmugan as the GP lead on Mental Health.

GPC ADVICE

GP Collective Action

The BMA endeavours to produce more guidance around individual collective actions to support those practices in undertaking specific actions. Please note the refreshed Safe Working Guidance Handbook and the BMA's GP campaign webpage for more information and useful links such as the guidance for GP collective action, background to the 2024/25 contract changes, infographics that can be downloaded and displayed in practices.

GP Additional Roles Reimbursement Scheme

The updated PCN DES bringing in the GP ARRS was released last week. Pay for these roles will be set at the lowest level of the DDRB recommended sessional pay range, with PCNs able to claim up to £92,462 (including on costs), together with London weighting if applicable. The funding available to PCNs to fund these roles will be £1,303 multiplied by the PCN Contractor Weighted Population on 1 January 2024. The GP in ARRS allocation is separate to the pre-existing ARRS allocation, and PCNs cannot cross-subsidise between the two funding streams

GPs employed via the Scheme must be within 2 years of their CCT on 1/10/24 and PCNs will be required to provide terms no less favourable than the BMA salaried GP model contract, in line with the GMS/PMS contract. There are, however, no requirements on how these GPs should be utilised within the PCN. GPC England and the Sessional GPs Committee will be releasing guidance for PCNs, and individuals employed under this scheme, shortly.

Whilst there is progress in acknowledging the difficulties currently faced by many GPs struggling to find jobs, we continue to stress to NHSE and the DHSC the underlying issue of GP unemployment and how this needs to be better addressed through additional support and funding at a practice level.

DDRB Report 2024-25

The Government accepted the recommendations of the 52nd DDRB (Doctors and Dentists Pay Review Body) Report, and for the first time since 2018/19 the DDRB made recommendations in relation to both GP contractors / partners and salaried colleagues. NHS England/DHSC have now finalised how the DDRB Award of 6% for Contractors will be implemented, and practices should have received backdated sums to April 2024 in September's pay run from ICBs.

The aggregate rise in the 2024/25 GS (Global Sum) payment per weighted patient will be 7.4% resulting in a new GS payment per weighted patient of £112.50 – an increase of £7.77 compared to 2023/24. The value of each QOF point in 2024/25 will therefore be £220.62 compared with £213.43 in 2023/24 (an increase of 3.4%). The DDRB has also recommended a 6% increase to GP sessional colleagues' salary scales from 1 April 2024.
The GPC England has drafted a Focus On document