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LMC Meeting - 11th November 2024

The LMC discussed a range of issues, in addition to the subjects mentioned in this newsletter, including: GP Collective Action, Proposed Medications White List, Pro-Active Care update and LMC Representation on Performance Advisory Group.

GP Collective Action Update

1. Overview of Collective Action - being undertaken so far across Rotherham - 1/3rd of practices still haven't responded, so there is some uncertainty whether they aren't undertaking any of the 9 actions or they are but just too busy to respond to us!

2. Safer Working - there hasn't been much impact on UECC yet, but things are starting to ramp up as winter viruses affecting patients this past week or so. Whether practices haven't moved to max 25 substantial contacts a day per clinician, or summer has been kind, or they have moved workload to 'tasks'/more hidden things or have a longer W/L for routine appts is unknown.

The LMC encourage you to consider a 'perfect week' where we pick a week and encourage all practices to have max 25 contacts, limit admin workload to safe levels, ensure coffee and lunch breaks are kept, no work after the working day is finished, include time for meetings, QUIP work, training and mentoring, report accurately on the PCCAD / OPEL scoring tool and then review the impact on UECC/ how all staff feel during the perfect week.

3. Interface Work - happening with the help of SYLMC, and medical directors at TRFT regarding OPEL and PCCAD, YAS, ICE issues, open access gastroscopy, eating disorders pathway, bounce back for unfunded transfer of work and more.

4. Red/amber traffic lights/shared care medication and IMOC - and the ever-increasing risk and workload transfer from secondary care for medication is an area of concern to us. Barnsley practices have a contract which pays them to support prescribing for many drugs, which means Rotherham is providing non contractual work for free and we will push for negotiation in this area.

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:

9th December 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.

The LMC are working on a 'white' list (or 'Rotherham formulary'), reviewed every 6/12, which contains green drugs that other areas aren't paid for, and that we are skilled and have the capacity to provide safe prescriptions for. We have template letters on our website to be used to decline shared care for amber drugs, and we would encourage you to use them. We will send more information on this in due course.

5.PCCAD/ OPEL Work is ongoing to look at the wording in the PCCAD/ OPEL reporting tool that practices complete once a week on a Tuesday. We encourage Practice Managers to report accurately, and not under-play the pressures they are under. With the move to 25 contacts a day we anticipate that practices will be 'at capacity' earlier each day than previously, and we are working on a pathway with the Place team to report and switch off the practice from the DOS (directory of service) which is the system that 111 use to redirect patients to us. i.e. we will be able to say we are full and 111 will have to direct patients to UECC instead.

6.LES review. We would suggest you have a look at the LES review as a practice and compare our suggested times and staff used with your own (which may well be different) to decide whether you would like to 'give notice' on any of the LES's. We will be sending round an email regarding this by end November with some additional notes and supporting advice to help with decision making. It would need 7 practices to give notice on a LES to allow it to drop out of the 'basket', which is helpful as then the LES's don't have to be subcontracted to other practices.

Telederm

There were strong views at our Collective Action meeting and recent LMC committee meeting regarding Telederm, and the extra workload it passes onto primary care and the potential for us to withdrawal from this service, and we are negotiating with Place about this.

The LMC recommend you only engage with telederm where patients are able to supply their own imaging and only book appointments for the purpose of imaging at the Practice's discretion. We intend to negotiate a properly funded LES for taking dermatoscope imagery where required, as well as properly funded arrangement for any shared care arrangements such as specialist prescribing and additional follow ups.

Reporting Issues

- For issues with Sheffield hospitals please copy in this email address when you bounce back work: sth.impagsheffield@nhs.net
- We are still collating issues to take to the interface meetings (please send to RotherhamLMC@hotmail.com) and please email jbeahan@nhs.net or susan.douglas6@nhs.net if you get any

declined or rude replies to your bounce backs. The Rotherham place email for issues is syicb-rotherham.rotherhamccg@nhs.net

- Remember that any emails sent anywhere other than direct to consultant / secretary need to have the patient details redacted.

Oviva Weight Loss Management Service

Place leads are also working on communications regarding Oviva - a digital weight loss tier 3 service which patients may have contacted you about already, and how it's 'Right To choose' status fits in our Rotherham weight loss services.

Information about these issues will be shared with you as soon as they are available.

Ankitkant - Free AI Service for Letter-writing

The LMC have recently been using this AI service:

<https://www.ankitkant.com/ankitAI>

to help with letter writing. It has been devised by a practicing GP Partner in Norfolk and is currently offered on a free / donation only basis. We've been so impressed with it that we've made a small donation on behalf of Rotherham LMC.

Please give it a try – especially with formulating letters you may use. It's based on primary care data and has a good level of intelligence – although with the proviso you should always carefully check the content of any letters you send.

Meeting with Jake Richards, MP - 19th November

Jake Richards, Member of Parliament for Rother Valley writes regarding GP practices being affected by the increase in Employer National Insurance Contributions:

I am very aware that this presents big challenges for local practices. I'd like to find out more details so I can properly raise these with the Health Secretary and the Chancellor, armed with all the details from my constituency - and critically hear from a frontline perspective.

*I'll be holding a meeting next week on the **evening of Tuesday 19th November at 6pm** to discuss this issue, and perhaps have a broader discussion about the NHS and GP practices in our area. Please sign up*

to attend [here](#).

I am trying to contact every GP practice in the area. Please feel free to forward this to any GP contact in the constituency who might be interested. Thanks again for getting in contact on this issue, and I hope to see you at the meeting.

Child & Vulnerable Adult Safeguarding Reports

The LMC are aware that, although the reports are a professional obligation, this work should be refunded via the collaborative agreement between RMBC and the NHS. However, since the pandemic the safeguarding reports have not been paid.

A letter from Dr David Geddes, Director of Primary Care Commissioning, to CCG Leads dated 11th July 2019, confirms '*GPs are nonetheless entitled to seek payment for this local authority requested work*'.

It's the LMC View that the ICB should be refunding the work as an Item of Service as it is not within the GP contract.

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.

Please see attached.

GPC ADVICE

Autumn Budget Statement

GPC Chair writes: *The recent budget announcement has left GP partners hugely concerned about the significant rise in employment costs from April 2025 and the impact this will have on their practice. For many the cost of these changes to national insurance contributions and the lowering of the threshold will be a hammer blow to practice finances.*

Previously, these cost increases have been fully compensated, but Treasury officials have said there will be no reimbursement this time.

This is completely unacceptable and as a GP partner myself, I know how stressful and difficult announcements like this can be. We are NHS GPs and have been in partnerships since the inception of the NHS and all we are asking is to be treated like all other parts of the NHS who will see these costs reimbursed. We are not like traditional businesses who have shareholders or who can increase their costs when increased expenses arise, and we are making this quite clear to Government and their officials.

We need the Government to rapidly change its mind, and you can help us put pressure on it by writing to your local MP using our [online tool](#).

The chancellor has publicly committed to 'no reduction in spending powers across the NHS', which, we have been told, includes NHS general practice. However, at the same time the Treasury has been saying that GP practices may not be compensated in full. We need clarity and certainty, not promises and conjecture.

We are on your side, and we are doing all we can to sort this problem out and make the Government see sense.

National Insurance Calculator

The BMA's NICs calculator has now been launched, along with other resources available to members online. The calculator is a BMA member benefit, and needs a BMA log in. Sit down with your PM and do it together.

Please share your data anonymously with us and click submit - we will be assembling this to keep the pressure on Mr Streeting and DHSC. Treasury gifted them £22.6bn over two years. They can afford to resource these additional pressures, and more besides.

Website hub is here:

www.bma.org.uk/BudgetNIblow

(Quick plea from your LMC regarding this calculator. Please can you share with colleagues to share the data with the BMA. The data will be anonymous and is integral to negotiations and being able to evidence the scale of impact!)

Flu Vaccinations

Flu vaccinations for practice staff

As in previous years, under the terms of the flu enhanced service, practices are able to provide flu vaccination to their patient-facing staff. Unfortunately, while these will not be eligible for an item of service payment due to an NHSE decision, such vaccinations will be covered under CNSGP.

Flu vaccinations for locum GPs

Locum GPs are also eligible to receive free flu vaccination under the flu enhanced service. While this may be received from their registered practice, under the terms of the ES they do not need to be a registered patient in order to receive the vaccination, and so may receive it from their substantive workplace, if applicable, and vaccinations provided to locum GPs are eligible for an item of service payment, as with other patient cohorts. Further guidance on this, including how such vaccinations should be recorded, is available on the [NHS England website](#).

Supporting GP Registrars in Practice Placements

The GP registrars committee is aware that some GP registrars are facing challenges in securing leave and would like to clarify their status as *supernumerary* to the practice workforce.

GP registrars play a vital role in practice teams, bringing valuable clinical skills to patient care as part of their training. However, they are additional to the core workforce and should not be relied upon to meet staffing requirements or staffing gaps. Embedding this principle into workforce planning is essential for creating a supportive training environment that allows registrars to develop effectively.

Thank you for helping ensure registrars feel valued and well-supported in their roles.
