Rotherham LMC
Local Medical Committee

Newsletter **December 2024**

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LMC Meeting - 9th December 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, OPEL & DOS Process and Radiology interface issues.

GP Collective Action Update

To further the aims of Collective Action and following on from our local Collective Action meeting in October and the LES Review that we did, we would like to have some more feedback from every practice about the actions you are willing to take. We are suggesting 3 main areas of focus.

1.LOCAL ENHANCED SERVICES

We would like you to review which LES's you would consider NOT SIGNING up for from 1.4.25 unless funding is significantly increased. We have been sent the new reiterations of the LES's, but no funding decisions/ uplifts have been offered to us at this point and we expect either no uplift or only a very minimal uplift.

If many practices give notice on stopping some LES's we have much more bargaining power when it comes to negotiating greater funding. If >7 practices give notice on any one LES, then it comes out of the 'basket' and doesn't have to be subcontracted to another practice. It has ONLY been with significant threat of / or actual reduction in services that other areas in the country have managed to negotiate more funding from their ICB.

2.SHARED CARE DRUGS

Barnsley LMC have been in discussions with their practices and 31 out of 33 practices have given notice on their shared care drugs LES.

Their contracts work a little different to ours as they have a number of shared care drugs with high monitoring burden eg DMARDS (MTX £101.62pppy), & they have a tier of medium monitoring drugs eg goserelin (eg £81.66 pppy), and a tier of lower monitoring drugs eg DOACS for which they get paid £5pppy. There's a total of 53 drugs they get paid to monitor and prescribe that they have given notice on and an additional 43 drugs they don't get paid for that they are stopping

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 January 2025

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
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Disclaimer

prescribing for new patients from Feb 2025. Barnsley LMC have asked Rotherham and Sheffield LMC to join them in Collective Action to persuade the ICB to fund medication and prescription responsibilities properly.

So to support this shared action across South Yorkshire we ask you to sign up to stop prescribing all drugs outside a new Rotherham formulary 'White list' for NEW patients from 1.4.25.

- This new Rotherham White List will include only drugs that GP's frequently prescribe and are familiar with. This White list will exclude drugs that other local areas get funding for via shared care/ a LES, will exclude any Amber or Red drugs and will exclude new drugs that haven't been agreed via Rotherham LMC. The white list will be added to Systm One and EMIS as a Rotherham formulary so easy to find.
- Therefore drugs like acamprosate, prostate cancer injectables (prostap), amiodarone, olanzapine, liraglutide, cyproterone, melatonin and methylphenidate in children, antipsychotics such as olanzapine, quetiapine, risperidone and DOACS will not be within the Rotherham primary care formulary and we will cease to prescribe them from 1.4.25 for new patients.
- NB The current funded list of Rotherham Shared Care Drugs as per https://yourhealthrotherham.co.uk/shared-care-protocols/ will continue and as always with formal shared care prescribing agreements practices can choose to sign a shared care agreement for new patients, or decline. (If no new funding for General Practice is forthcoming, then as part of Collective Action in the future we might ask practices to stop participating in the Shared Care Agreements we already have in place or even slowly hand back the patients we have previously been monitoring and prescribing for.)

3.ONGOING PUSHBACK / STOPPING UNFUNDED WORK

A reminder of the actions you can be taking to ''do less with less''

• Send all ECG /24 hr ECG / 24 hr BP monitoring / Doppler requests to Rotherham and not do in practice

• Use the Hub Spirometry service and not do them in practice

• Continue to use the bounce letters on our website to return requests for primary care to do tests, investigations and call and recall, Med3's, and onward referrals on behalf of secondary care.

The LMC emailed all Practice Managers about all this on 12th December 2024 with further information on how to reply to us. We're mindful this process will take time, particularly over the Christmas period and so we're aiming to receive replies from Practices by 31st January 2025 please.

Safeguarding Reports

Practices should engage with Safeguarding requests as they always have done, even though not currently paid, whilst we negotiate with the ICB the funding under collaborative arrangements.

After recently asking Practices for their data, it seemed that the commonest time spent on these reports is about 30 mins per report.

We debated the funding options at the last LMC meeting and decided that:

- invoicing for the time taken in 15 min blocks would be preferable due to the large variability in time taken to fill in these reports
- invoicing for 15 min admin time to organise paperwork/emails/ send responses and coordinate changes to the rota
- invoicing for any face-to-face meetings that might be required for a clinician to attend
- charging a premium for any reports that were asked for within 2 days notice - as patient appointments and urgent admin work would have to be cancelled for these.
- We would like to use PSSRU figures

This link is useful **Fees for working collaboratively with local authorities**

Letter to private providers requesting information on health records for Mounjaro / GLP1s

We have noted requests from private providers asking practices to undertake a review of patient's notes to check that private providers are safe to prescribe medication (Wegovy or Mounjaro.)

This, by default, means that the practice takes responsibility for prescribing initiated by other organisations. If a practice fails to respond to these requests, it could be deemed as 'tacit confirmation' that the patient has no contraindications to the treatment.

Whilst this falls outside of GMS/PMS essential services, noting the above predicament, LMC's have helpfully penned a suitable response which we have added to the Rotherham LMC website which you could use in response to these private provider requests.

https://www.rotherhamlmc.org/collective-action

Template wording:

"Dear xxx

Re (Name of patient to be inserted)

Thank you for your email/letter of (insert date) asking if the above patient suffers from any contraindication to the medication you propose to prescribe.

Unfortunately, the practice is under substantial pressure to provide NHS care and not resourced to respond to requests from private providers. Hence, I suggest that you review their medical records with the patient, which the patient should be able to access online, to enable you to determine if the medication is indeed appropriate for you to prescribe.

Yours etc"

Telederm

The LMC advise that using telederm A&G is at the discretion of the GP, not mandated and you can refer direct to TRfT dermatology as routine or use the 2WW process if appropriate and that we are not funded for the dermatoscopy appointment or any transfer of work afterwards so we consider anything more than one appointment to explain the A&G reply and prescribe simple familiar treatment , is outwith our contract and we would suggest referring onto dermatology.

The LMC have had discussions about the current telederm service, and we have clarified a few things with the company that provides it.

- it is a community A&G service, started back in 2019.
- The telederm consultants can't prescribe for us
- the communication they send out to patients is a text to say they have made a diagnosis and to contact your GP for further information.
- Although the staff do arrange an onward referral to dermatology as 2WW or routine if needed they do not inform the patient, the GP practice should do this.
- There is a facility to get a new dermatoscope camera via the referral software AND something called 'mylink' which can send a text link to the patient and a questionnaire about their symptoms and allow uploading of a photo from the patients direct to the telederm team .

We have also had a presentation from a private health company called CHEC** - who offer dermatology, gastroenterology and ophthalmology services on the NHS, which is available via ERS.

- They will see over 16 yr olds,
- prescribe electronically direct to a patients nominated pharmacy,

- do their own bloods, histology, follow ups, and will also refer into hospital dermatology or 2WW process if required.
- can do teledermatology or see patients face to face in Tinsley Sheffield
- currently with a very short waiting time of 2-4 weeks. They will fully explain the outcome direct to patients (via an app when using the teledermatology process).

*** CHEC have an NHS standard contract for dermatology & ENT commissioned by NHS South Yorks ICB and you can refer Rotherham postcode patients to their service on the NHS.*

The current dermatology and ENT contract is run by ACHE, the sister company. This contract will transfer to CHEC from 1 January 2025. The eRS clinics will reflect it as the reference to ACHE will be replaced with CHEC on eRS.

The patients needing onward referral (e.g. 2ww or for a procedure that is unavailable under our contract) will be referred onward to their chosen closest secondary care provider on eRS. Both patients and referring GP will receive a correspondence from the CHEC team advising about the onward referral. The patient's GP will be able to access this information on eRS as well.

OTC Labelling Scheme and Palliative Care Specification 2025-26

These two papers were raised at the last ICB / LMC Officers' Meeting and were tabled for information. They come from the Medicines Management Budget and are reviewed every year. It was noted that pharmacists are being paid to have palliative care and syringe driver medications ready and in stock.

The palliative care drugs scheme and OTC drug labelling scheme are ongoing and practices are reminded of the details of the scheme and the participating pharmacies is on the Your health Rotherham website

An up-to-date list of which pharmacies are participating in both of these schemes can be found on the "Your Health Rotherham" website: in the medicines management team section, scroll down to the Community Pharmacy Services section. The info is here:

https://yourhealthrotherham.co.uk/medicines-management-team/?catid=155&show_pagination=1&paged=1&limit=10

GPC ADVICE

Collective Action

The BMA's 'Protect your Patients and Protect your Practice' campaign webpage has information about all of the actions. Please also refer to other useful links such as:

- Safe Working Guidance Handbook
- Guidance for GP collective action for sessional GPs and GP registrars
- Background to the 2024/25 contract changes
- Patient materials (waiting room/website videos and infographics)

Campaign materials such as patient leaflets, lanyards, badges, window stickers and Beanie hats continue to be available from the BMA rep Hub.

National Insurance Calculator

Please use the BMA online calculator to estimate the impact of the increases to employer National Insurance contributions and the national minimum/living wage on general practice in England.

Data from our online calculator submissions so far indicates that the average additional cost pressure runs to around £35,000 for each practice. This means practices are at risk of closure or, as a minimum, reducing staff and services as a result.

Government Review of Physicians Associates

The Government has launched an independent review of physician associates (PAs) and anaesthesia associates (AAs). In response to this, the BMA Chair of Council, Dr Phil Banfield, welcomed that the Government has acknowledged the concerns of doctors and accepted there is a safety issue with the employment of physician associates. He said:

"So we need to know what immediate safety measures NHSE will put in place, how quickly they will pause their PA expansion plans, and in the meantime if they will adopt the BMA's own guidelines to start protecting patients now." Read the full statement here.

Read the BMA guidance: **PAs in general practice: making it safe for patients and GPs**