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## GP Collective Action Update

The LMC are eagerly awaiting replies regarding whether GP surgeries wish to sign up to some, all or none of the Rotherham LES's or engage with a Rotherham Formulary White List from April 2025. Please can you feedback to the LMC ASAP regarding your thoughts for this (even if currently undecided) so we can focus our negotiations with Place on the LES's YOU are most interested in changing /abandoning. LMC members were encouraged to work with their Practices to reply.

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## TVN Service

The LMC Discussed current issues, including some staff being ignored when they email into the service, or being told there is no capacity. Sometimes there is little advice given, or just 'carry on', or change a dressing. It can be tricky sometimes to get TVN staff to see a patient face to face and we get an A&G (advice and guidance) service only.

Some patients have wounds that take 40mins to an hour to deal with at each appointment, and need many appointments, others due to their complexity can only be dressed by more experienced staff. Many patients have had wounds for 1-2 years with no improvement, despite contact with TVN/vascular service and 2-3 appointments a week which is a huge workload for practices.

**The LMC feel the TVN service is working more like an A & G service and isn't good enough for some complex patients. The options include re-invigorating the TVN service or changing the nature and funding of the LES. The LMC recommends Practices refer into the TVN service to manage the complex/chronic cohort of patients completely. There remains the option of pulling out of the wound care LES altogether.**

## 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:**

**10<sup>th</sup> February 2025**

**From 7.30 PM**

## LMC Officers

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

*Vice-Chair,  
Dr Richard Fulbrook  
r.fulbrook@nhs.net*

*Medical Secretary  
Dr Neil Thorman  
Neil.thorman@gmail.com*

## LMC Office

*Greg Pacey  
rotherhamlmc@hotmail.com  
www.rotherhamlmc.org*

## Disclaimer

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

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## Capacity and Access Improvement Plans

The LMC discussed the remaining 30% of the CAIP payment of the PCN DES, part of which requires practices to have Online consultation (OC) available for patients to make administrative and clinical requests at least for the duration of core hours.

**We are appealing to Rotherham Place to show some pragmatism here, whilst negotiations are happening nationally regarding this issue, as we feel there is significant inequity between practices doing total online triage and those which don't. The LMC advises closing online clinical requests (ensuring parity with requests made in person or on the telephone) when practices have reached capacity for the day as per BMA guidelines of a maximum of 25 patient consultations a day per clinician.**

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## RDaSH and CAMHS

The LMC had a presentation by Christina Harrison and Karen Smith from CAMHS and Cheryl Gowland from RDASH.

Christina informed us that CAMHS had worked hard to bring down the (non-neurodiversity) waiting list for new appointments to 4 weeks. The neurodiversity assessment (NDA) prior screening waits are < 4 weeks and the waits for the full NDA are 153 weeks, this is still lower than both Sheffield and Leeds. There are plans to reduce the NDA W/L down to 4 weeks by December 2026 which we feel is very positive news.

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## RDaSH and CAMHS Neurodiversity Assessments (NDA) and Right to Choose

Helen Sweaton, Joint Assistant Director Commissioning, Quality and Performance, Children and Young People Services has been working on updating the communication out to primary care, schools and parents regarding the Right to Choose option for NDA. There is a suite of documents which will be disseminated shortly including letters to give to parents, and a flowchart which explains the process. In short, for children, GPs should initially signpost parents to:

<https://camhs.rdash.nhs.uk/rotherham/neurodevelopment-asd-adhd/>

and after the initial screening process is positive, if the parent wishes to choose a 'right to choose' provider rather than Rotherham CAMHS, then parents will have to liaise with RDASH and the ICB – GP's do not get involved.

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## Changes to Rotherham Neurodevelopmental Referral Process for school age Children under 5.

*Following Changes to the Rotherham Neurodevelopmental Referral Process for Children under 5 in April 2024, GPs have been unable to refer to CDC for neurodevelopmental assessment (NDA). There is a multi-agency pathway for NDA for 0-5's to mirror the pathway for 5-19. When concerns about Autism or ADHD in under 5 year olds, GPs should refer parents/ carers to the 0-19 service, or early years providers/ portage , who can then submit referrals to CDC from an education perspective, for both an NDA and support whilst awaiting the assessment.*

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## LMC Levies

Recent inflationary pressures on LMC costs have resulted in a deficit for 2023-24 and a projected deficit for 2024-25, which has so far been met from our own reserves. However, this is unsustainable going forward.

The LMC Levies have not increased since 2013, whilst our neighbouring LMCs have all increased their levies substantially over that period.

The LMC are therefore proposing to raise the Statutory Levy from 35p to 42.5p per patient per annum with effect from 1st April 2025 to ensure our costs are fully covered, and also to bring the levies in line with the those charged by our GP colleagues in neighbouring LMCs.

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## Virtual Rally on Sessional GP Unemployment

**GP Sessional representative, Leila Fananapazir, writes**

**If anyone has any concerns, questions, suggestions to the LMC regarding sessional matters, please email:**

**[leila.fananapazir2@nhs.net](mailto:leila.fananapazir2@nhs.net)**

**or contact me via phone 07551334318**

*Join us as we unite to tackle the pressing issue of sessional GP unemployment on **Wednesday 12 February, 7.30-9pm**. This is your chance to be part of the conversation, share your voice, and mobilise for change. During the rally, you'll learn about the latest insights on the issues, what the BMA has been doing, updates on GP collective action in England, ways to get involved with your LMC to drive change, and more. Speakers include BMA Chair of the Sessional GPs committee, Chair of GPC England, Co-chairs of the GP registrars committee, and a RCGP representative.*

*Let's raise our collective voice and demand progress. Together, we'll ensure the challenges faced by sessional GPs remain a priority. Gain valuable insights, actionable steps, and learn how the BMA is standing with you. Register [here](#)*

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## Varenicline Pathway - Rotherham Stop Smoking Service

Connect HC have asked for support from the LMC for the Rotherham stop smoking service to prescribe and supply varenicline which is consistent with NICE guidelines. Practices will be requested to allow an Independent Pharmacist (IP) access to the summary care record and prescribing rights on their computer system for their patients. The IP will access the records and send the prescription electronically to the patient's nominated pharmacy for varenicline, if there are no contraindications to doing so.

**The LMC are supportive of the proposals.**

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## TRFT Issues Log

**We would like to encourage all practices to report issues into the new Rotherham Issues Log.**

**Please see the flowchart on the next page.**

**The types of issue you might report could include - examples of workload transfer, clinical safety incidents or harm caused to patients by actions/inactions at TRFT clinical or procedural, secondary/primary care interface problems, long waits on phone lines, lack of capacity in clinics etc.**

**Please copy the LMC at [Rotherhamlmc@hotmail.com](mailto:Rotherhamlmc@hotmail.com) into emails you send to the issues log so we are aware as well and can then pick up recurring themes for action on your behalf.**

## Process for raising TRFT Issues

Email an outline of the issue direct to [Kirsty.gleeson@nhs.net](mailto:Kirsty.gleeson@nhs.net)

**Please do not send any personal identifiable data at this stage.**

Issue Log Administrator acknowledges receipt of the issue and forwards details onto TRFT for investigation / response.

**TRFT will contact you direct to request personal identifiable data.**

Issues Log Administrator progress chases any responses from TRFT after 10 working days until a satisfactory conclusion is reached.

TRFT response when available will be recorded on the log and shared with the originator, contract lead and GP lead.

If a satisfactory response from TRFT has been received – the issue will be **closed**.

**After one month** - If no response / unsatisfactory response has been received from TRFT issues will be escalated to NHS SY ICB /TRFT Contract Quality meetings and you will be kept informed of progress.

## REPORTING PROCESS

- Monthly reports are shared at the Rotherham Primary Care Collaborative Board
- Bi-monthly reports are shared at the SY ICB /TRFT Contract Quality Meeting

Reports include:

- Number of open issues in total
- Number of new issues in total since last report
- Number of closed issues since last report (plus narrative)

### Advice & Guidance

This week the Government has made a number of [announcements](#), including resourcing GPs to deliver **Advice and Guidance (A&G) at £20 per episode** to be able to sort out clinical issues and queries you have about a patient. At least £80m has been earmarked for A&G use and this is in addition to the £889m announced by the Secretary of State on 20 December.

This is a small positive step and something we had already suggested to the government. Suspending A&G is one of the items on our [Collective Action menu](#) as an un-resourced piece of work, but if this is successfully negotiated into the 25/26 contract and fairly resourced, then it could be dropped from the menu. We have yet to see any detail on how the A&G plan will be rolled out and will advise you about this as soon as we can. We are in active discussion with the government on this and other contract issues.

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### Virtual BMA & PCSE Webinars for 2023-24 Type-2 Pensions Forms for Sessional GPs

We previously highlighted the change of form and upload process for type 2 pension forms for 2023-24. As a salaried GP, out of hours GP or long-term locum within a practice, you are required to complete a Type 2 Self-Assessment for each pension year, so that NHS England can ensure that all NHS pension contributions have been correctly paid and allocated correctly to the NHS Pension Scheme record.

The relevant forms must be completed by members who have undertaken practitioner pensionable work between 1 April 2023 and 31 March 2024 and should be submitted to PCSE **by 28 February 2025**. PCSE have scheduled two webinars to explain the new form and the process to upload the forms. The deputy chair of the BMA pensions committee, Krishan Aggarwal, will also be attending the webinars to support member queries. These will be held on:

- [Tuesday 14 January](#) 6pm to 7.30pm
- [Tuesday 4 February](#) 6pm to 7.30pm

Please click [here](#) to register for the webinars.