|  |  |
| --- | --- |
|  |  |
|  |  |
| Newsletter | March 2025 |
| In This Issue   * LMC Meeting - 10th March 2025 * Local GP Collective Action Survey * Patient Safety Strategy * Virtual Wards * Death Certification * Inappropriate Transfer of Work * Oliver McGowan Training * Media Training from RebuildGP Team * LMC Buying Group   GPC Advice   * GP contract for 2025-26 accepted in principle * 2024/25 declaration of completion for “simpler online requests” * Parliamentary update re: National Insurance * Guidance on salaried GP maternity leave changes for employers and employees   LMC Meetings  GP constituents are always welcome to attend meetings of the LMC as observers. Meetings are held alternatively online via Microsoft Teams or in The Boardroom of Rotherham Hospital. Please contact the LMC office if you wish to attend  NEXT LMC MEETING:  14thApril 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](mailto:Neil.thorman@gmail.com)  LMC Office  Greg Pacey  [rotherhamlmc@hotmail.com](mailto:rotherhamlmc@hotmail.com)  [www.rotherhamlmc.org](http://www.rotherhamlmc.org)  Disclaimer  The content of this newsletter is confidential and intended solely for GPs and Practice Managers in Rotherham. | LMC Meeting - 10th March 2025 The LMC discussed a range of issues, in addition to the subjects mentioned in this newsletter, including Palliative Care Pathways, Dementia LES, TVNs, GP Contract 2025-26, Shared Care LCS Review, Heart Failure pilot data and the Mental Health Medicine Optimisation Service. Local GP Collective Action Survey Approximately half of all GP Practices in Rotherham responded to our survey.  **The consensus at the last LMC Meeting was to push back any non-funded work rather than re-negotiate on LESs which are already in place. Members asked that the basket clause be removed so that Practices can opt in or out without having to find other Practices to take up their share. The quid-pro-quo would be that the LMC would encourage practices to sign up to the LESs.**  **We would like to reiterate that Collective Action hasn’t stopped, please continue Safer Working and pushing back against un-resourced transfer of workload from secondary care. Please send any queries about what you can contractually stop doing to us via our email address.** Patient Safety Strategy Warning many acronyms coming up!!  Don’t worry if you don’t know your patient safety strategy from your PSIRF, or your GIRFT from your LFPSE, or what the difference is between a patient safety incident, near miss, never event, serious incident, significant event analysis (SEA), root cause analysis (RCA), learning event analysis (LEA), serious untoward incident (SUI), or critical incident!!!  **There is work underway regarding the patient safety strategy (which is a focus within the new 25/26 GP contract). The Rotherham Place team will work with the CRMC (Clinical Referral Management Committee) and the LMC to clarify what GP surgeries need to do and map pathways, and more information will be forthcoming on this over the next few months.**  In the meantime, if you would like some light reading....  PSIRF – Patient Safety Insight Response Framework [**https://www.england.nhs.uk/patient-safety/patient-safety-insight/incident-response-framework/**](https://www.england.nhs.uk/patient-safety/patient-safety-insight/incident-response-framework/)  LFPSE – Learning from Patient Safety Events [**https://www.england.nhs.uk/patient-safety/patient-safety-insight/learning-from-patient-safety-events/learn-from-patient-safety-events-service/**](https://www.england.nhs.uk/patient-safety/patient-safety-insight/learning-from-patient-safety-events/learn-from-patient-safety-events-service/)  GIRFT – Get It Right First Time [**https://gettingitrightfirsttime.co.uk/academy-resources/**](https://gettingitrightfirsttime.co.uk/academy-resources/) Virtual Wards Following the LMC meeting with Rod Kersh, Consultant Community Physician, to discuss Virtual Wards, there remains a perceived reduced availability of ANPs to help with Care Homes. The LMC were re-assured that ANPs still provide ongoing support to care homes on the same basis that they always have done, and therefore GPs should not be receiving bounced referrals from them.  We have been informed that more resources are being used to answer the phone at TOCH (CCC 01709 426600) so call waiting times should be improved.  In the circumstances, we encourage you to raise and refer any examples of problems with TOCH (CCC) to us at the Rotherham LMC email address. Death Certification Kim Marsh at the Medical Examiner’s Office has offered to write a pathway to help ensure GP surgeries are informed in a timely manner when a patient dies if a GP is expected to write the MCCD. Also to note that the requirement to see a patient within the last 4 weeks or after death has been removed and that a doctor need only have seen a patient during their lifetime and be able to formulate a cause of death to write the MCCD (so long as the ‘refer to coroner’ rules don't apply).  The Medical Examiner’s Office is happy to advise on wording of MCCD’s and find a secondary care clinician to write the MCCD if needed e.g. a patient recently discharged from hospital / hospice. Inappropriate Transfer of Work Thanks to those Practices (Magna, in particular) who continue to copy to us examples of inappropriate transfer of work from secondary care.  There is no discernibility in terms of which departments are the worst offenders and the reason for transfer is split evenly between blood tests and follow-up, chasing up investigations, initiation of medication which should be by a specialist and requests for Practices to undertake onward referral of a patient.  **We’ll continue to monitor and work with secondary care on this and will share our data at the PLT event in May 2025. Meanwhile, please continue to push back on unfunded work!** Oliver McGowan Training At the last LMC Meeting a paper was shared re: a meeting between Sheffield LMC and Tim Ballard, National Clinical Advisor General Practice at the CQC.  In summary there is no “mandatory” training package (although Oliver McGowan (OM) is preferred), but practices need to meet the statutory requirements. Tim was supportive of a stepped plan to try and get at least one member from each practice OM trained, and then for others to get trained as and when resources become available. Tim suggested CQC practice visits will look to ensure staff have all done the online learning - which is part 1 of both tier 1 (reception and admin staff) and tier 2 (clinicians). It is aimed that Part 2 face to face whole day training for tier 2 clinicians who require it should be done by at least one GP (preferably the Safeguarding Lead) from the practice with evidence of cascading this to other members of the team whilst they await their training.  It was noted that online e-learning training was available at:  [**https://www.e-lfh.org.uk/programmes/the-oliver-mcgowan-mandatory-training-on-learning-disability-and-autism/**](https://www.e-lfh.org.uk/programmes/the-oliver-mcgowan-mandatory-training-on-learning-disability-and-autism/)  **Booklet:**   Media Training from RebuildGP Team Rebuild GP is funded by the GP Defence Fund and its aim is to neutralise media negativity and educate politicians and patients about general practice and work with GP’s to create positive news stories. Rebuild GP campaign can help with:  - Support with staff during a media interview  - Follow up with journalist afterwards to provide fact checking  - Training for GP’s including toolkits and education on their website  - Social media and digital support they have a website designer  - Data research and polling  There are resources for patients, statistics and myth busting cards, & videos for the waiting room, all worth looking at.  [**https://rebuildgp.co.uk/get-involved**](https://rebuildgp.co.uk/get-involved)  [**https://drive.google.com/file/d/1W31yrsNZDO\_J\_jUrC5Cz09PvW9SWLJpE/view**](https://drive.google.com/file/d/1W31yrsNZDO_J_jUrC5Cz09PvW9SWLJpE/view) LMC Buying Group **Are you making the most of your Buying Group membership?**  When was the last time you reviewed how much your practice spends on the products and services you regularly buy? The cost-of-living crisis continues to bite and even GP practices will be looking for ways to reduce running costs. This is where your free membership to the LMC Buying Group can really come in handy as it offers practices access to discounts on a wide range of products and services. They can help you save money in the following areas:     * Medical consumables and equipment * Stationery, Office equipment and furniture * Workwear * Insurance * Confidential information shredding * Energy * Recovery Oxygen * Telecoms * Test and Calibration * Online Training * DBS Checks Processing     The Buying Group suppliers won’t just offer you a great price one week and then ramp up the price the next so you can be assured that if you order from their suppliers, you’ll get a great price every time you shop meaning you don’t have to ‘shop around’ to find the best deal every month anymore.  If you’re not sure whether you’re a member and/or have access to the Buying Group website (this is where you can view the pricing/discounts and get quotes) then contact the Buying Group team on 0115 979 6910 or [info@plexussupport.co.uk](mailto:info@plexussupport.co.uk). They can also help you with any questions you might have about your membership or the suppliers. **GPC ADVICE**    GP contract for 2025-26 accepted in principle  Last week, the GPC England [voted to agree in principle the proposed amendments to the 2025/26 GMS contract for GP practices](https://www.bma.org.uk/GPcontract), contingent upon written assurance to the profession from the Secretary of State Wes Streeting around a new substantive GP practice contract being negotiated in this parliamentary cycle. We have [written to the Secretary of State for Health and Social Care](https://x.com/BMA_GP/status/1896881465344110752) seeking confirmation of the Government’s intention to negotiate a new substantive NHS General Medical Services contract within this parliament. GPC England will work with Government over the coming weeks to provide the necessary assurances and guidance to the profession.  The 2025-26 contract includes new investment of £969m on top of the £433m invested in the autumn of last year, totalling over £1.4bn investment since July 2024.  GPCE continues to recommend [practices work safely](https://www.bma.org.uk/advice-and-support/gp-practices/managing-workload/safe-working-in-general-practice) and advises that where commissioning gaps exist, or where commissioned pathways are failing practices and patients, these need to be negotiated locally. Practices should be appropriately resourced for the work they undertake in providing vital care for patients.  [GPC England 25-26 contract](https://www.youtube.com/embed/d_CrZvg2Mh4?feature=oembed)Our national dispute with the Government may be over, but the local focus and disputes at a system level continue, where our decade-long [safe working guidance](https://www.bma.org.uk/advice-and-support/gp-practices/managing-workload/safe-working-in-general-practice) policy still remains, and where patients must be protected from gaps in local commissioning. Practices who are undertaking such work should either be appropriately resourced to ensure sustainable patient care, or consider serving notice on them to ICBs. LMCs are central to this process of achieving a fair collective bargaining position for practices supported by national BMA advice and resources. We will be seeking DHSC support for this new phase, to help change ICB narratives towards general practice, supporting alignment with the Government’s stated objectives towards continuity of care and the shifting of resources from hospital out into the community.  We will be producing new updated guidance accordingly in the coming weeks with FAQs and webinars. The NHS sees 1.7million patients every day – [1.5 million of them in our GP surgeries](https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice/january-2025). If the Government wants to transform the NHS, it must work with us to deliver a new practice contract with new funding agreed by the Treasury.  Read more about the changes: [www.bma.org.uk/GPcontract](http://www.bma.org.uk/GPcontract)  2024/25 declaration of completion for “simpler online requests”  GPC England has previously advised practices and primary care networks (PCNs) to defer signing up to 2024/25 PCN DES CAIP “simpler online requests” which may request the enable patient access to e-consultations every working day from 8am to 6.30pm (as part of the PCN voluntary contract incentives) due to safety and capacity concerns.  Locally we are really pleased with Rotherham Place’s supportive approach that all PCN’s can sign up to receive the remainder of the funding for 24/25 as all practices are ‘ working towards’ the simpler online requests. Concerns still exist regarding the online request element of the 25/26 contract, and details are being discussed/ negotiated nationally.  Parliamentary update re: National Insurance  The BMA has continued to brief parliamentarians as the National Insurance Contributions (NIC) Bill has been making its way through parliament. During the report stage of the Bill in the House of Lords the Government was defeated on a number of key points including a Liberal Democrat amendment to exempt the health sector from NICs increases. This means that as the Bill currently stands, health sector organisations including practices will be exempt from the employer’s NICs hikes under the legislation. However, as the Bill is due to return shortly to the House of Commons it is likely that the Government will seek to overturn these changes. The BMA will continue to lobby on the Bill and keep members updated.  Guidance on salaried GP maternity leave changes for employers and employees  We recently announced a change in maternity leave for salaried GPs which extends the number of weeks for which half maternity pay can be received from 14 to 18 weeks, aligning this with the period of time parental reimbursement can be claimed under the Statement of Financial Entitlements [SFE] for GP locum cover during this period of absence.  It also aligns the total period of maternity absence [8 weeks full pay, and now 18 weeks half pay] with that available to equivalent hospital-based doctors. More information can be found on the BMA [website](https://www.bma.org.uk/pay-and-contracts/maternity-paternity-and-adoption/leave/guidance-on-salaried-gp-maternity-leave-pay-changes-for-employers-and-employees). **We have produced**[**guidance**](https://emea01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.bma.org.uk%2Fpay-and-contracts%2Fmaternity-paternity-and-adoption%2Fleave%2Fguidance-on-salaried-gp-maternity-leave-pay-changes-for-employers-and-employees&data=05%7C02%7C%7C399734d659264f0eef0408dd5fe0d182%7C84df9e7fe9f640afb435aaaaaaaaaaaa%7C1%7C0%7C638772141398045785%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=iolGMddTnx2dmNhM11Xhr2v0hi%2Br2Fi7oyoi8kehh%2FQ%3D&reserved=0)**, resources and template letters to aid the implementation of this change.** |
|  |  |