

## Newsletter – June 2017

### LMC Meeting 12<sup>th</sup> June 2017

At our last LMC meeting we discussed a range of issues, including pre-operative assessments, testosterone prescribing, primary care flash cards, shared care protocols, the new hospital contract changes and RMBC 'wellness' tender.

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### Communicating with District Nurses about the administration of drugs

New proposals were taken to the Rotherham Medicines Optimisation Group and the District Nurses have been informed they will not require a doctor's signature on the form. There will be a difference in the operation of the hospital drug card and the community administration chart and GPs will only need to be involved in drug cards for palliative care and the terminally ill.

A mock-up of the proposed new documentation will be discussed at the next LMC meeting on 24<sup>th</sup> July.

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### Minor Surgery DES

Practices signing up to the DES need to clarify for themselves, in writing, what their expectations are regarding practice provision and the item-of-service payment arrangements.

### PSA Monitoring

It was agreed with the CCG that PSA monitoring of any description as long as suggested/authorised by urology is claimable. So put in the claims!

The CCG have confirmed they will ensure the LES is amended to say that if practices carry out PSA monitoring they will receive the relevant payment.

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### CAMHS

Dr Page and his team at CCG have set-up a single point of access number for CAMHS and other lower-tier council services. Please send him anonymised examples of any bounce-backs for feedback. For example, where they have not done telephone assessments or they just returned the referral stating there isn't anything they can do.

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### New reporting and payment system for LESs

The LMC initially welcomed the new proposals, which will mean a simpler system of reporting and payments for practices.

The CCG said they are shortly to begin this process and will look favourably at any hardship issues in practices,

and will support them during the transition. A communication will be sent out to practices about how the new system will work.

After discussion at the LMC meeting there was some concern amongst practices particularly with reference to the lack of consultation and the effects on cash-flow of moving to a quarterly payment system, and we will take this up with the CCG.

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### Coroner's Electronic Referral Form

We have been in correspondence directly with Ms Mundy, the Senior Coroner, about the implementation of this form, but wished to discuss first at our LMC Meeting last night before sharing our observations.

We'd hoped that GPs would still be able to telephone the Coroner's Officers in specific circumstances, but it's clear that this is part of a national rollout in which the form and content has been prescribed by the Chief Coroner and we are satisfied that the inconvenience of more form-filling is balanced by the need of the Senior Coroner to receive written instructions in all cases rather than rely on telephone advice.

In Ms Mundy's words:-

*"In terms with there being telephone contact with my office, one of the main rationales behind the introduction of the electronic referral system is to expedite the process and hopefully make things easier. This allows doctors to complete the forms and submit them via secure email exchange at any time of the day and night rather than them trying to get through to my offices by phone; I am sure you know that the lines to this office are extremely busy and sometimes it can be difficult to get through. However, whilst the electronic referral form must be the first stage of the process **this does not preclude doctors then contacting my officers by telephone should there be any specific matters they wish to discuss with them**".*

There will be a review in July and we will share with you any changes which occur.

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### **General data protection regulation (GDPR) implementation**

There is one year to go to the GDPR implementation. The GPC are in the process of setting up a meeting with NHSE so they can provide guidance and the Information Commissioners Office has taken the view that they are likely to be happy with what is agreed. Meanwhile, you will probably be receiving commentary from a number of sources. Here is what NHSE Yorkshire have recently sent out:-

- The GDPR will come into full force on the 25th May 2018. All organisations that

process personal data must be compliant with the new law by this date

- An action plan has been provided for General Practice use and is available at the link below, just click cancel if it asks for user name and password

- The Information Commissioners Office will have the power to fine for breaches of the act

<https://portal.yhcs.org.uk/documents/67881/201865/0+-+General+Data+Protection+Regulation+-+Action+Plan+for+Primary+Care/231e9cca-c2bd-4211-9302-c3415215704f>

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### **Salaried GP Handbook**

An updated Salaried GPs Handbook has just been published, covering topics such as legal entitlements to maternity leave, redundancy and employment protection.

BMA members can access the Handbook via:

<https://www.bma.org.uk/advice/employment/contracts/sessional-and-locum-gp-contracts/salaried-gps-handbook>

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### **Locum GP Handbook**

This contains comprehensive advice on various aspects of locum work, such as starting out, setting up a business and establishing a contract for services with a provider. It is also an essential tool for GP providers, offering advice on recruiting locums and responsibilities as an employer.

<https://www.bma.org.uk/advice/employment/contracts/sessional-and-locum-gp-contracts/locum-gp-handbook>

### **LMC Meeting**

GP constituents are reminded that they are always welcome to attend meetings of the LMC as observers. The Committee meets on the second Monday of every month in the Board Room at Rotherham General Hospital

**NEXT  
LMC MEETING**

**24<sup>th</sup> July 2017**

**COMMENCING  
At 7.30 PM**

### **OFFICERS OF THE LMC**

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If you have any questions or agenda items, or wish to submit appropriate articles for this newsletter

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