

Newsletter – January 2018

LMC Meeting 8th January 2018

At our last LMC meeting we discussed a range of issues, including Case Management LES, anaemia pathway and Public Health contracts.

Integrated Sexual Health Service – fitting of contraceptive devices.

Despite further correspondence with the LMC there has been no movement on the pricing offer available from 1st April 2018, despite feedback from practices suggesting it was derisory.

A further revision to the certification and training process had been requested by the LMC and this was accepted as it was a much better offer - representing a less onerous pathway for experienced GPs to retain certification.

The LMC view is that the financial offer from TRFT would leave practices in a difficult position. For most practices basic costs would not be covered. Obviously, since TRFT are unwilling to reconsider, then the LMC must leave the final decision to individual practices. Sadly this is likely to lead to a reduction of services to patients and almost certainly lead to some patients being disadvantaged.

Public Health ‘Wellness’ Contract including health checks.

The LMC met with Parkwood Health, the new provider from 1st April 2018, to discuss the interface with primary care. The LMC have two main concerns around data sharing and responsibility for patient follow-ups.

Parkwood are proposing accessing patient lists as one source of patient contact, but would need permission from practices to do this. We are concerned about the additional workload this would generate for practices in confirming patient consent for any records shared with them.

There was greater concern about the idea of such information arriving at the surgery flagged for actions to be taken by GPs, this was felt to be inappropriate.

Whilst we accept that some of the actions regarding risk reduction or test follow up would fall to GPs we are not in a position and would not want to chase patients to come to discuss this - rather we treat our patients when they ask us to. When tests are arranged by Parkwood the assumption must be that the results of the tests and their possible significance will be explained to the patients by their service.

Where investigations require medical follow up patients should be counselled to arrange appropriate appointments. Patients may then choose to follow this advice or not so it is important that the potential significance of results has in fact been explained.

Parkwood may wish to follow up with their patients to find out if they came to us or not but it would not be safe to assume that receipt by surgeries of copies of results is an adequate fail safe assuring appropriate follow up as most practices will assume this is being done already by Parkwood or that patients are making informed decisions to not address risks.

Letters from Diabetic Eye Screening Service

Some practices are receiving numerous letters from the Diabetic Eye Screening Service asking GPs to provide information regarding patients' last Ophthalmology appointments.

This clearly represents a considerable amount of extra work at practice level. The LMC are investigating this further with both the screening service and TRFT.

Delays in payments to practices

The LMC have recently been advised of at least two practices who have received their monthly payments after their normal date. Whilst we are assured that changes have been made in payment processing systems which will prevent this happening again, we have asked the CCG for their policy regarding compensation, and been advised that:-

The agreement at the CCG is that if any practice feels they have been financially disadvantaged by an error at the CCG leading to late payment they can write to the Primary Care Committee to ask for reimbursement with evidence of loss.

Unprecedented drug shortages

The Local Pharmaceutical Committee have issued the following guidance:-

Community pharmacy teams are experiencing very great difficulties in sourcing a large number of products, with both shortage and pricing issues playing a part. This is having a huge impact on workload as staff do their utmost to ensure patients continue to receive vital medicines in a timely manner. Mostly this means pharmacies are paying many times more than a drug's usual price to obtain what little stock is available, but without knowing whether they will be reimbursed the total cost by the Department of Health..

We ask that prescribers are willing to consider alternatives when pharmacies are unable to obtain stock at the Drug

Tariff price. Pharmacists may call GPs to discuss possible alternative products and request new prescriptions for affected patients. Writing a prescription for an alternative medicine may be the quickest way for the patient to receive treatment

Charges to non-GMS/PMs services utilising primary care premises

There has been concern regarding recent communication on this issue from Sara Hartley, Service Improvement Manager at CCG. We have sought the following advice from GPC and the position would appear to be as follows.....

The PCDs state that practice payments should be offset 'equitably' against payments made by the Board to the contractor. As you know, in the case of rent received an equal amount should be abated from the notional rent paid to the practice – this avoids the practice receiving rent from both the NHS and the tenant. However in terms of running costs (heating, cleaning etc.), we would only expect these to be abated against any such costs which are reimbursed to the practice by the commissioning body and that setting these off against notional rent would be 'inequitable' and thus out of line with the PCDs.

Appointment of fourth LMC Executive Officer

Dr Cole will be retiring from the LMC from 31st March 2019 after more than twenty years of dedicated service. In advance of this, it was decided to appoint a fourth LMC Executive Officer to shadow the Chairman and LMC Officers for 12 months from 1st April 2018. The experience will serve as preparation for potential election to the position of LMC Chairman; subject to an LMC Member vote in April 2019.

Dr Andrew Davies was elected as the fourth LMC Executive Officer.

General Data Protection Regulations (GDPR)

The LMC have been informed that BMA guidance for practices is being prepared and should be imminently ready for distribution.

However, the Data Protection Bill is still wending its way through parliament, and then there will need to be some agreement with NHSE/ICO on how some parts are delivered in primary care.

Update on use of adjuvanted trivalent flu vaccines

The LMC Buying Group launched its vaccine offers for the 2018-19 season in October 2017 and discounts were negotiated with manufacturers of trivalent, quadrivalent and the new adjuvanted trivalent vaccines.

In light of NHS England's letter, Seqirus have extended their early bird discounts until the end of January. Details of the discounts and other terms are available by logging in and visiting the Flu Vaccines page of the website.

If you have already placed your order with one of the other suppliers and decide to amend your order to allow for the purchase of FLUAD as well, then please contact your existing supplier as soon as possible.

DWP Contact

The LMC have received contact from DWP which says they are keen to improve relationships between general practice and the Department for Work and Pensions (DWP) and to that end please note the local District Manager's contact number for your information is Sharon Thorpe:-

sharon.thorpe@dwp.gsi.gov.uk

0113 2324125

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

12th February 2018

COMMENCING
At 7.30 PM

OFFICERS OF THE LMC

Chairman
Dr Adrian Cole
adie23454@gmail.com

Vice Chairman
Dr Chris Myers
Christopher.Myers@gp-C87020.nhs.uk

Medical Secretary
Dr Neil Thorman
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Dr Andrew Davies
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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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