



## Newsletter – December 2018



**MERRY CHRISTMAS FROM  
YOUR LMC!!**

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### **Hospital Discharges due to Holidays**

Dr Fulbrook noted a recent flurry of letters from RFT and Sheffield where the patients have requested a delay in procedures due to Christmas holidays. These patients are all being discharged, meaning admin will be required and charged for a set of new referrals in the New Year. This does not seem to be a satisfactory way of doing things.

**The LMC will raise this  
issue with the CCG.**

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### **PSA Testing**

Dr Sukumar noted he'd had a Post Verification visit from the internal auditors arranged via CCG last month. They informed him that his practice had followed consultants advice from Urology instead of the PSA enhanced service and monitored PSA at 12 months instead of 6 months. They therefore deducted two payments that had previously been claimed.

**The LMC view is that the  
Practice should write to the  
CCG to ask if, following  
consultant opinion,  
patients require a different  
level of monitoring of their**

**PSA than the pattern  
suggested in the PSA LES  
are they to be excluded  
from the LES and continue  
hospital follow up or should  
a more pragmatic approach  
be adopted, and provide the  
suggested monitoring  
under the LES?**

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### **Shared Care Guidelines for Epilepsy in Children**

Proposed shared care guidance developed by Sheffield Hospital Trust for the management of childhood epilepsy was discussed with Medicines Management at the LMC. This is designed to develop an agreement between the 5 CCG's in South Yorkshire and Bassetlaw.

The LMC was concerned that this constituted a transfer of work, albeit small, from secondary care to primary care without additional funding, as well as concerns that the monitoring requirements are ill defined.

There was also significant concern with the number of medications within the SCP that most GP's have no prior experience in prescribing or monitoring.

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### **Menorrhagia LES 2018-19**

The new proposed IUCD for Heavy Menstrual Bleeding LES was discussed and welcomed by the LMC

members. There was some minor concern around coding for insertion of IUCD for HMB or contraception to ensure that potential errors in claims was reduced. There was also an issue with the e-learning link.

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### **Testosterone Audit**

Dr Fulbrook had produced a repeat of last year's testosterone audit which the LMC negotiated regarding amendments to the shared care Testosterone LES. The main points are 100% patients are now having some degree of monitoring/call and recall vs nearly 40% of patients having no monitoring at all in the previous year's audit. There are still a proportion of patients both in secondary care and in Practice that have had bloods monitored without completing the full monitoring requirements. This has been fed back to his clinical team some of whom some were still not aware or had forgotten the protocol.

**If any Rotherham EMIS  
practices would like to use  
his testosterone monitoring  
template and automated  
safety alert and pop-up  
protocols created for this,  
then please email Dr  
Fulbrook at:-**

[r.fulbrook@nhs.net](mailto:r.fulbrook@nhs.net)

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## Physio First Appointments

Appointments utilisation in November was only 48% despite visits from The Federation to every practice explaining the booking process. LMC Members considered whether there was simply too many appointments and whether the CCG should commission an increase in physio treatment appointments.

**Please note that patient referrals to Physio First are possible if a patient has seen a GP first and the referral forms part of a list of patient's issues.**

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## CPRD & UK Biobank

The GPC writes: - *In both schemes they will be accessing the records via the practices GPC core clinical supplier. As the data controller of the patients' records the practice has responsibilities under GDPR. Some of those responsibilities are clear and have already been communicated; updating Privacy Notices, Processing Registers and doing a DPIA (which must be done before any sharing takes place).*

*Other aspects are not as clear because of the data controller / data processor relationships. GP data controllers have responsibilities to ensure processing remains transparent whenever there is a change in data sharing arrangements. We are in the process of clarifying with the ICO if this places any additional responsibilities on practices and hope to be able to offer definitive advice soon.*

**In the meantime, we recommend that practices**

***do not agree to either scheme unless they are clear that they have fully complied with their GDPR responsibilities.***

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## Evidence based interventions

NHS England has issued new guidance on 17 interventions which evidence suggests are of little or no value to patients.

Four of the interventions, such as surgery to prevent snoring, will now only be offered in exceptional circumstances, while a longer list of thirteen interventions such as, breast reduction surgery or the removal of benign skin lesions will be offered when specific clinical criteria are met. The guidance and supporting information can be found [here](#).

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## LMC England conference update – November 2018

The conference resolutions are available [here](#). Motions included:

- Calling for an end to trusts delaying ambulances attending emergencies at practices
- Demanding new money to fund the state-backed indemnity scheme
- GPs being “emotionally blackmailed” to prescribe beyond their competencies, decrying problems for patients in accessing transgender healthcare and eating disorder services
- Voting to end the contractual clause that allows practices to recruit patients from outside their boundaries (GP at Hand)

## Prescription direction

GPC writes:- *Following concerns about communications from online distance selling pharmacies which could be seen as misleading advertising and prescription direction, we have written to NHSE to raise our concerns. We published a statement advising practices not to engage with these companies which could put practices at risk of breaching the GMS regulations prohibiting directions of prescriptions.*

*We have also written directly to Pharmacy2U who have responded saying that they are withdrawing their campaign with Docmail.*

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## 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  
10<sup>th</sup> January 2019  
COMMENCING  
At 7.30 PM

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

CONTACT US AT THE LMC  
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