

Newsletter – October 2020

LMC Meeting 12th October 2020

At our last LMC meeting, we discussed a range of issues in addition to the newsletter articles here, including: SMR Guidance, QoF Changes and Prescribing Incentive Scheme.

GP Attendance at Child Protection Conference

An issue which arises at LMC from time to time. Is about the amount of notice given to GP's to attend child protection conferences or the provision of a report.

Whilst we have sympathy for what is undoubtedly an impossible task of co-ordinating professionals, with perhaps GP's sometimes giving variable amounts of useful information, we are also aware that often things move rapidly and short notice cannot be avoided for all involved, but it continues to be a source of frustration for GPs. We're sure that if more notice was given then perhaps that would improve reports and/or attendance rates.

Meanwhile the LMC would like to remind GP constituents that they should invoice for the reports and for attendance at child protection conferences as it forms part of collaborative

agreements. Whilst you have a professional duty to report in timescale you can invoice for it, and may wish to adjust your rate according to the urgency of the work although the LMC can't recommend a rate for the work. Invoices should be sent to the CCG, who will arrange reimbursement from Rotherham MBC.

Advice & Guidance

The LMC have pushed back on Advice & Guidance on the basis that it represents a clear transfer of work from primary to secondary care because of the practicalities and the responsibility on GPs. We're happy for the services to be an offer to GPs to use when they agree where helpful /appropriate /possible but if there is to be any reduction in other options it will need to be resourced.

The LMC support this useful summary from Cleveland LMC:

We do accept A&G as a useful tool for GPs. We have been very clear that we must have 2 different access points:

- 1. A referral - the GP passes responsibility to secondary care.*
- 2. A&G - the GP willingly retains clinical responsibility.*

The two processes are very different and should be used for different situations. A&G works well for getting a quick response from secondary care without going round the houses phoning secretaries /switchboard etc. It has the added advantage of being written down, which is useful medicolegally.

Practices who are receiving instances where RFT are pushing harder to Primary Care, or almost insisting-upon A&G, are encouraged to feedback examples to LMC for collation to raise on your behalf. Where practices are unhappy with Advice & Guidance, please note you are still able to insist on referring to the Consultant formally to take over responsibility.

Digitization monies

At a recent meeting it was agreed to prioritise PCN websites and to unify the telephony service to utilize these monies. The CCG acknowledged the difficulties of switching to a unified telephony service due to the practices different telephone service contracts. Initial feedback from the ICS has been positive and indicated they would support the funding request for £250k for these projects but this is next to be considered by the Regional team.

DVT LES & Dementia LES

The LMC are in ongoing discussions with the CCG about revising the DVT Pathway as well as formulating a new Dementia LES.

Estates

The LMC have represented GP Practices at a series of Estates Meetings, where it was agreed that PCN Clinical Directors would be asked to have a much greater input into the proposals put forward by the practices in their locality. They will be asked to discuss the submissions and prioritise them. These suggestions will be fed back to a sub-committee of the main group to decide overall the ranking, bearing in mind the regulations, so that if more money becomes available, there are packages ready to be put forward.

Clinical Management Referrals

We have been advised that the contact details to raise issues with inappropriate referrals from Sheffield and other hospitals, (i.e. apart from RFT) is Becci Chadburn r.chadburn@nhs.net

Infant Feeding Problem Pathway

The LMC were happy with the pathway but had concerns about the timely interventions by the Dieticians - or lack of - as well as the Health Visitors not knowing about the pathway and still referring to

GPs and a question about whether Health Visitors can refer direct.

These queries were raised with the Advanced Dietetic Practitioner who has revised the pathway to include first line measures that the health visitor can support with, direct referral to dietitian and when to refer to GP so for some cases the GP will be cut out. The LMC will consider these at its next meeting.

GPC ADVICE

Accessing additional flu vaccine supplies

The Department of Health and Social Care have recently outlined how practices will be able to access additional supplies of influenza vaccinations. It has secured an additional supply of influenza vaccines, which arrive later in the season to top up local supplies once they run low.

Practices will be provided the DHSC vaccines free of charge but will only be able to claim an Item of service fee for each DHSC supplied vaccine that is administered. The majority of the additional DHSC stock will arrive from November onwards, and GP practices will be able to access this only once their own local stocks are depleted. The MHRA has granted a dispensation to allow movement of vaccines locally between practices and other NHS provider organisations and we would encourage you to work with your regional NHSEI Public Health Commissioning team

to understand what stock is available locally before accessing the national DHSC supply. The DHSC supply should only be used when there are no other alternative options to accessing more vaccines locally.

GMS contract amendments

The NHSE have written to practices to outline amendments to the contract, as agreed in our last round of negotiations in February this year, as well as extending/amending some of the amendments that have been made in order to assist with managing the pandemic.

The Friends & Family Test remains suspended, as does the requirement for individual patient consent for electronic repeat dispensing.

NHSE have relaxed the requirement for practices to make appointments available for NHS111 to directly book. Practices can now only make available what is necessary to meet demand. This may therefore be covered by the previous arrangement of 1 per 3000 patients. We are aware that most practices do not see many of the slots available being booked into, so practices can now reduce this and only make available what they believe is required. Practices should though monitor this to ensure they are offering sufficient opportunity for direct booking.

Some of the contractual agreements made earlier this year for 2020/21 implementation have been delayed due to the pandemic, but the ones that commence from 1 October include a contractual requirement for

practices to participate in the Appointments in General Practice data collection, participating in the NHS Digital Workforce Collection, new measures around list cleansing and patient removal and assignment, as well as a relaxation of subcontracting arrangements for the PCN DES.

NHS contact tracing app

Tracing and isolating people who have been in contact with infected individuals is important in helping prevent spread of the virus. The more people who download the app, the more people who may have COVID-19 but otherwise wouldn't be traced should be identified and instructed to self-isolate.

We said that the use of the app does not diminish the pressing need to have sufficient testing capacity and must complement a properly functioning national test and trace system which can also quickly identify local outbreaks. Please see the [full BMA press release here](#).

The app has a feature that allows any premises to generate and print a QR code to allow visitors to 'check-in' by scanning it. The QR code functionality is intended to consolidate all existing digital check-in services that have largely been in use in pubs and restaurants. Although all commercial premises are still obliged to offer a paper check in service, if they offer a QR one then it must be via the app. While GP surgeries are not obliged to offer either (appointment IT systems keep an accurate log of visitors) as part of wider efforts to encourage the public to download the app,

practices may generate and display QR codes generated through the app on the understanding that these are not mandatory and patients are not obliged to scan them in order to attend. QR codes can be generated [here](#).

The app features the ability to turn contact tracing on and off – this feature was built in for users working in high-risk environments but with adequate PPE to ensure that they do not receive notifications to isolate where it is not necessary.

NHSPS charging for COVID-19 related requests

In a recent [communication](#) NHS Property Services (NHSPS) announced its intention to increase service charges and facilities service charges for practices across England to meet costs associated with COVID-19. This is a deeply disappointing decision made unilaterally by NHSPS and will be extremely unwelcome news to NHSPS practices.

Practices have received increasingly unreasonable and inflated service charge demands from NHSPS for several years. These demands are often made without reference to contractual arrangements (or lack thereof), and practices are rarely even given an itemised list of charges.

We continue to advise that practices should only make payments if they agree with the legal basis on which they are due. You can find more guidance on this issue [here](#).

LMC Meeting

GP constituents are reminded that they are always welcome to attend meetings of the LMC as observers. The Committee usually meets on the second Monday of every month in the Board Room at Rotherham General Hospital. However, meetings are currently held online via Zoom until further notice. Please contact the LMC office if you wish to attend.

NEXT
LMC MEETING

9th November 2020

COMMENCING
At 7.30 PM

LMC Officers:-

Chairman,
Dr Andrew Davies
ajldavies@hotmail.com

Vice Chairman,
Dr Chris Myers
christopher.myers4@nhs.net

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

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

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