

Newsletter – March 2021

LMC Meeting 8th March 2021

At our last LMC meeting, we discussed a range of issues including: Community Pharmacy Discharge Summary, Infant Feeding Pathway, OTC Guidance and Clinical Referrals Management.

Quality Contract 2021-22

The CCG have proposed accepting option two in a paper put forward to the recent Primary Care Committee Meeting. This will potentially involve c.£400k of monies removed from the contract.

This is a significant break in faith with the general practice community both in terms of the reversal of previous commitments not to instigate major QC change but also in terms of the principles behind the QC.

The LMCs position is not that the QC cannot change; just the contrary. The LMC remain willing to engage with the CCG over the next three months to look at how the QC can be changed. With an understanding of how financial resources will be shifted and an understanding of the pressures within the delegated budget, we are even willing to work to release monies from the QC - and we

are advised that discussions will be taking place with the LMC in due course

LESSs 2021-22

We are aware that the CCG have asked Practices to consider signing-up to the new LESSs by 18th March 2021.

The LMC have reviewed the revised LESSs for 2021-22 and don't have any issues with their requirements. However, at the time of writing the uplifts are not quite clear, pending further CCG instructions. In the absence of further details, the LMC are supportive of practices signing-up to the LESSs should they wish. This is based on the fact that the CCG have previously committed to providing an uplift; so practices might feel reassured by this.

Wound Care LES

The LMC have no concerns on this LES. The funding is appropriate (£17.25 per face-to-face contact), although it is acknowledged practices may need time to get up to speed.

Community Pharmacy Discharge

Although there is nothing in place yet, the LMC expect this to result in more work for practices and to be a better system than the old pharmacy medical reviews. Practices are asked to let the LMC know if there are any problems. Meanwhile, the LMC is in discussion with LPC regarding this

Integrated care systems & primary care representation

The LMC have written to GPs to canvass opinion on local representation. Whilst the wider NHS direction of travel was towards a Primary Care Collaborative, the LMC preferred a Rotherham focus and the regional collective of LMCs (SYLMC) were looking for GP representation for each 'place'.

LMC Members felt it was important to have a strong place group as this helps with delegation of budgets and contracts with PCNs. There was support for the early initiation of a GP Reference Group to support this development.

Communications with GP Practices

The LMC discussed various safety issues arising from the plethora of contact methods from a variety of imports and raised the question of how to manage this at practise level. There followed lengthy general discussion amongst LMC Members, and the following points were raised:

- variable quality letters
- reconnect emails so inbox can be managed
- nurses printing, scanning and emailing - why can't this be saved directly to patient record
- need to rationalise the number of task groups
- concern that practises were unaware of some communications
- Tasks - managed in non-urgent way
- who is responsible for ensuring practise receives / functions
- call for Rotherham-wide guidelines

The LMC called for a review of communication modes to GPs. e.g email, tasking, and other channels. There are questions around whether tasking is safe – different groups, absence of monitoring etc. As the CCG pays for IT support, this is potentially a strategic issue for IT. There is a need to ensure that the various overlapping communication systems which they have been put in place are causing problems, and a need to make this safe.

The LMC are aware this was a GPMC item, and Dr Cullen was looking into it. We suggest if practices have any examples, they might be sent to him.

GPC ADVICE

Government evidence to DDRB

The Government and Department of Health and Social Care has published their [evidence to the DDRB](#), which suggests a pay uplift of 1% for those within the remit. Responding to this, the Chair of Council, Dr Chaand Nagpaul said, "This is a total dereliction of the Government's moral duty and obligation to a workforce that is keeping the NHS on its feet and patients alive." The full statement can be read [here](#).

The BMA has already submitted it's evidence to the DDRB, including for UK salaried GPs, all GPs in NI, Scotland and Wales. We have not made a submission for GP partners in England and there as there is already a practice funding agreement in place for England which enables a pay uplift of 2.1%.

Flu vaccination orders and reimbursement

We are aware that prior to the publication of the [flu letter for the 2021/22 programme](#), some practices had already placed orders for QIVe vaccines for their 18-64 year old cohort, and are now struggling to change their orders to QIVc as set out in the flu letter. NHS England and NHS Improvement have now confirmed that, given that QIVe is still recommended for the 18-64 at risk cohort, practices should feel confident that they will be reimbursed for any QIVe administered to this group

over the 21/22 season if unable to change their orders. If any LMCs become aware of difficulties with reimbursement then please contact info.lmcqueries@bma.org.uk

Amended QOF SFE 2020/21

The Department of Health and Social Care has now published the [amended QOF SFE for 2020/21](#). The QOF guidance will be published this week.

LMC Meeting

GP constituents are reminded that they are always welcome to attend meetings of the LMC as observers. Meetings are currently held online via Microsoft Teams until further notice. Please contact the LMC office if you wish to attend.

NEXT LMC MEETING

12th April 2021

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