

## Newsletter – April 2021

### LMC Meeting 12<sup>th</sup> April 2021

At our last LMC meeting, we discussed a range of issues including: Diabetes Service Redesign, OTC Guidance, Dementia LES, Anti-Coagulation LES, EHCH LES and CCG Payment arrangements for Q1.

### ICS Primary Care Representation

Members had further discussions about how best to represent General Practice at Rotherham Place as well as with the ICS. It was agreed that a survey monkey should be sent out to practices outlining the proposed model asking whether or not practices are in broad agreement, so that LMC has a proper mandate to push ahead with the necessary changes.

### Covid Vaccination by non-registered HCAs

Regarding drawing up and administering vaccines by non-registered Health Care Assistant, the LMC view is that PCNs may choose to set up their systems such that a HCA that does not have a registration number may work under the supervision of a registered clinician. There is

nothing in the guidelines which prevents this.

The only proviso is that non-registered clinicians such as HCAs cannot work to a PGD, only a PSD.

### Wound Care Agreement

This agreement should now be up and running, although LMC Members are not aware of any communication with practices from CCG. The LMC believe the agreement should arrive shortly.

### MHRA/JCVI and EMA statements on AZ vaccine

Members discussed the current interpretation of the guidelines, and the consensus was that there was no expectation that GPs should assess and tell patients what to do regarding the second vaccination – the discussion with a patient was, instead, meant to be more of a counselling role.

### Red flag medicines / Clozapine Incident.

There was still slight concern regarding documenting red light drugs so that they were more visible in the records. Whilst it is recognised that this is best practice and that all practices will/should

endeavour to add hospital only drugs to the record, it is also recognised that there is no guarantee that at any given time that this is correct and up to date. The responsibility for taking an accurate drug history should and will always remain with the clinician taking the history, not by simply referring to the summary record.

### Transfer of un-resourced work from secondary care to primary care

Further to recent meetings between the LMC, RFT and CCG on this issue, the Medical Director of RFT has suggested monthly meetings to address these interface issues and he has also agreed to have a central email address to send all these problem to. The CCG are currently talking to AccurX to set up a system to enable GPs to quickly email while still in the patient record and enable the offending letter to be attached easily.

We will further update you in due course.

### Minor Eye Conditions

Following discussions with the LMC there is a revised referral process for Minor Eye Conditions for patients from Monday 29<sup>th</sup> March 2021.

All minor eye conditions patients should now be advised to contact the Ophthalmology Department at The Rotherham NHS Foundation Trust on the following number: **07514 621998**.

Patients will be clinically triaged by an Ophthalmology Triage Nurse. This service will operate between the hours of 8am and 6pm. Dependent on the outcome of the triage, patients will be offered an appointment within the appropriate timeframe at either Rotherham Community Health Centre or at the Urgent and Emergency Care Centre at the main hospital site.

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**Dr Clare Bannon, newly elected GPC representative for Barnsley, Doncaster, Rotherham and Sheffield.**

Clare writes:- I have been elected to represent Barnsley, Doncaster, Rotherham and Sheffield on the General Practitioners Committee (GPC) of the BMA. I would like to thank you for this opportunity to represent you over the next two years. For those of you that don't know me I am Dr Clare Bannon, and I am a 6-session GP in Barnsley, where I have been a partner for the last 11 years. I have been Medical Secretary for Barnsley LMC and I was previously a governing body member of Barnsley CCG. Regionally I am part of South Yorkshire LMC liaison group and attend meetings with the ICS.

I am happy to be contacted by individual GPs my email is [clare.bannon@nhs.net](mailto:clare.bannon@nhs.net)

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**South Yorkshire and Bassetlaw ICS: Independent Chair Role**

The ICS is recruiting to the role of independent chair. The process is being run independently and the link to the microsite is <https://sybicsleadership.com/>

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**Health Levy**

There is an interesting development with regard to Estates and money for practice buildings going forward. The CCG, working with RMBC, is looking to implement a Health Levy on new housing developments to be used by practices in that area to help meet the needs of increased population numbers, as a result of new housing. This is something that is currently done elsewhere in the country.

Basically, for each house built there will be a levy, worked out by a complicated formula of over £800 per new-build house. So if 100 houses are built, £80,000 is available for bids from local practices. Although the CCG cannot hold this money going forward, we believe the ICS will be able to hold it for five years, with Rotherham money being protected for Rotherham practices to use.

The LMC are represented at the Estates Meetings and, naturally, will work to ensure that local practices benefit from this scheme.

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**Diabetes Service Redesign**

Rotherham CCG have some of the highest prescribing costs in the region for diabetes with the poorest

outcomes, so the CCG have agreed to fund posts in which Dieticians work at practice level to provide additional capacity for practices to improve outcomes and reduce overall costs.

**GPC ADVICE**

**£120m additional funding for general practice (England)**

Following significant pressure from GPC England we have now secured an additional £120m for general practices from April. Whilst the funding will be available to all practices it will be weighted towards those practices involved in the vaccination programme.

The extension of the General Practice Covid Capacity Expansion Fund will be from 1 April to 30 September 2021. £120 million of revenue funding will be allocated to systems, ringfenced exclusively for general practice, to support the expansion of capacity until the end of September. Monthly allocations will be £30m in April and May, £20m in each of June and July and reach £10m in August and September.

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**General Medical Services (GMS) Ready Reckoner 2021/22**

We have been working with NHSE/I on the production of a [ready reckoner](#) which has now been published and is intended to provide an indication of the changes in income streams that may affect a GMS practice and PCN from 1 April 2021.

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## Covid-19 vaccination programme guidance

The BMA continues to update its COVID-19 vaccination programme guidance. The latest changes include the delivery of second doses, added funding and the support available to practices.

<https://www.bma.org.uk/advice-and-support/covid-19/vaccines/covid-19-vaccination-programme>

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## GMS/PMS regulations - pandemic amendments

NHSEI has confirmed that the temporary changes to the GP contract under the pandemic regulations which were due to lapse at the end of March have now been extended until 30 June 2021. As with previously, this means:

- a continued suspension of the Friends and Family Test requirement
- a continued suspension of the requirement for individual patient consent for electronic repeat dispensing (eRD)
- a continuation of the amendment to NHS 111 direct booking - sufficient slots available for NHS 111 to refer into a triage list; for most practices offering 1 per 3000 is likely to be sufficient but this can increase to 1 per 500 if demand requires.

## Statement of financial entitlements (SFE) and global sum calculation

An official consolidated version of the SFE has been published for 2021. This updates the SFE from the last fully consolidated version (2013) and includes the amendments made up to the current 2021/22 contract year.

The global sum figure has now been finalised for 2021/22 (£96.78) and takes into account the full impact of the final Minimum Practice Income Guarantee (MPIG) correction factor recycling. The global sum out-of-hours deduction will be 4.75% (£4.59).

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/975395/GMS\\_SFE\\_2021.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/975395/GMS_SFE_2021.pdf)

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## School Absence Note Requests

The Department for Education (DfE) has published operational guidance for reopening schools, reminding schools they should not encourage parents to request unnecessary medical evidence, ie doctors' notes from their GP when their child is absent from school due to illness.

Parents can use other evidence such as prescriptions, appointment cards, text / email appointment confirmations, and input from GPs should only be sought for complex health needs or persistent absence issues.

<https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/schools-coronavirus-covid-19-operational-guidance#attendance>

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## 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

10<sup>th</sup> May 2021

COMMENCING  
At 7.30 PM

LMC Officers:-

Chairman,  
Dr Andrew Davies  
[ajldavies@hotmail.com](mailto:ajldavies@hotmail.com)

Vice Chairman,  
Dr Chris Myers  
[christopher.myers4@nhs.net](mailto:christopher.myers4@nhs.net)

Medical Secretary  
Dr Neil Thorman  
[Neil.thorman@gmail.com](mailto:Neil.thorman@gmail.com)

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