

Newsletter – May 2021

LMC Meeting 12th April 2021

At our last LMC meeting, we discussed a range of issues including: Quality Contract and Funding Principles, EHCH LES, Adult Foster Medicals, Discretionary Payments for Maternity Leave, Open Access Endoscopy and Spirometry.

GP Access Letter

You will have no doubt heard the news about a letter from NHSE mandating General Practice to have an open-door policy.

The letter can be found here - [GP access – 13th May 2021](#)

Unsurprisingly, there is a lot of backlash about this. Please be aware that this letter has not been advocated by the GPC and this SOP is guidance only, there is no contractual obligation for practices to follow this. We are no longer in a position of command and control. Practices should continue to meet the reasonable needs of their patients in a manner determined by the practice based on need in a manner that does not adversely disadvantage vulnerable patients.

OTC Guidance

The CCG have confirmed to us that the Primary Care Team won't pursue a contract breach against any practice in the event of a patient complaint about GPs gently asking patients to buy these items over the counter, rather than prescribing them.

NHS Health Checks

These are still suspended and RMBC is looking to restart them in September. They were hoping not to put out to tender and had contacted CCG who are unable to commission on their behalf through a mechanism that exists through section 75 of the Health and Social Care Act. So, RMBC will probably have to put out to tender as its a 5-year rolling program.

Long Covid Pathway

The LMC considered a proposal from the CCG. In addition to the LMC feeling that the funding provided was insufficient, it was felt that patients shouldn't fall off the planned respiratory pathway until they've had an appointment with the Practice Nurse. The patients who turn out to have respiratory symptoms at that appointment still need to

receive the respiratory follow-up at RFT, and those that haven't but have ongoing need be taken into the Long-Term Conditions Pathway.

Cancer Alliance – Skin 2ww

The LMC reviewed the latest pathway but could not support the level of detail that is required for the referral. The LMC are unsure as to how this form is to be used or who will be using it, given the fact that all suspect lesions go through Teledermatology, with onward referral organised by them for the 2WW review/biopsy.

Irrespective of who completes the form, which is usually the GP, the level of additional information required with the referral was in our opinion totally inappropriate.

The LMC will raise at the next SYLMC meeting to produce a joint statement about the concerns about this form and the general direction of travel with all the new Cancer Alliance forms. We are waiting for further discussions with the CCG to amend the current proposal and review the financial offer.

DVT Pathway 2021-22

The LMC have now approved the latest version, which is much more akin to what the LMC expected when

discussions first commenced. The pathway works because it is simple and the funding is now appropriate.

Rotherham Place Representation in the ICS Structure

Members reviewed the results of the recent LMC survey of constituent GPs. There were 35 replies and 83% were in favour of the LMC proposals, which represented a strong mandate to proceed.

Dr Cullen at the CCG has agreed to produce a draft proposal for discussion / voting at the next GPMC Meeting. This was aligned with LMC thinking so far, albeit proposing an 'Independent GP Chair'.

Cardiology outpatient letters

Many LMC members reported having difficulty interpreting the handwritten notes issued from Cardiology. The LMC have taken this up and shared examples with Callum Gardner, who shared the LMC concerns and has agreed to sort this out.

LES Uplift 2021-22

The LES uplifts are 0.2%, reflecting national policy guidance with slight changes to the pricing structure for the EHCH LES. LMC Members accepted this without further comment.

Tasks From Podiatry

The LMC raised issues regarding having tasks / letters and emails sent from podiatry / DSN / dieticians to different clinicians / task in Systm One boxes and trying to find a way to prioritize / action them in an appropriately timely and safe manner.

Podiatry have agreed for Systm One they will write letters in 'communications and letters' and send a task to tell us they are there. These will be sent to a practice 'task group' (not individual clinicians) which can be monitored daily by a member of practice admin. These tasks will be clearly marked as routine or 'urgent action needed today' so admin staff clearly understand to pass urgent ones to the GP on-call, and routine tasks can be processed as per each practices normal processes.

The LMC note that practices should be monitoring their practice task group.

GPC ADVICE

Face to face appointments

The media headlines of recent days and the subsequent letter relating to the Standard Operating Procedures from NHS England has completely understandably left many GPs and practice teams demoralised, angry and feeling that the immense workload pressures that practices are currently experiencing is not recognised or appreciated.

It is for practices to determine how best to manage and deliver their services and the best arrangements for appointments, based on their expert knowledge of their local community. Practices have the contractual freedom to do this taking in to account their capacity and workload pressures, and by doing so delivering a safe service to their patients.

Here is a copy of the [GPC statement to GPs](#).

Updated guidance for HGV medicals (UK)

Due to added pressures caused by the pandemic, a decision was taken by DVLA in April 2020 to waive the medical requirement for a D4 licence renewal application for those aged 45 and over. Applicants were instead issued with a single, one-year licence.

After talks with the DVLA, the BMA has agreed to aim to accommodate D4 medical appointments for working drivers to make sure that drivers are available to the transport industry. We would therefore encourage practices to enable working drivers to have this medical examination when necessary - as much as public health guidelines and individual priorities allow. This excludes car driving licence renewals with small lorry (C1, C1E (107)) and minibus (D1 (101) and D1 (101,119)) entitlements issued before 1997 where these entitlements are used for driving large recreational vehicles rather than for working in the transport

sector. Further information and guidance on this can be found on the DVLA website.

<https://www.gov.uk/guidance/dvla-coronavirus-covid-19-update>

Microsoft N365 licences will be allocated for Locum GPs

We are pleased to advise that, as a result of work we have been doing through work across the BMA, the Royal College of GPs, and NHSX, the "apps for enterprise" Microsoft N365 licences will now be allocated for Locum GPs who are currently a member of the nationally managed NHS Mail Locum group for a period of 12 months. During this time, work will continue within NHSX and NHS Digital to find a sustainable long-term solution. We expect the licences to be live over the coming weeks.

GP Career Support Hub

A new [GP Career Support Hub](#) has been launched this week on the [Future NHS platform](#), containing all of the information GPs need to support them throughout their career.

The GP Career Support Hub is a central information point with resources to support GPs at all stages of their career - from newly qualified doctors to those approaching the end of their career. It provides information, guidance and support on career development, learning, mentoring, appraisals, career options/flexibility, wellbeing, pay and pensions to enable GPs to realise fulfilling,

rewarding and exciting careers in general practice.

Change to the supply route of pneumococcal polysaccharide vaccine for the national immunisation programme

From 1 June 2021 Public Health England (PHE) will supply Pneumococcal Polysaccharide vaccine for the routine immunisation programme and the immunisation of people with underlying conditions - vaccine will not need to be purchased locally by practices.

The vaccine will be available to order from PHE from 1 June - see details in the letter issued by PHE and NHS England and NHS Improvement (NHSE/I) on 30 April 2021. The letter includes the clinical priority cohorts, which remain unchanged since 2017. Any locally procured vaccine should be used, as much as this is possible, before 1 June. Once centrally procured vaccines are being used, no reimbursement claims can be made for the vaccine. The BMA is in discussion with NHSE regarding the funding that will be released for the personal administration fee.

<https://www.gov.uk/government/publications/pneumococcal-polysaccharide-vaccine-change-to-the-supply-route-from-june-2021-letter>

Department for work and pensions (DWP) guidance and forms

The DWP recently updated their guidance DWP Medical (factual) reports: A guide to completion. In addition, they

have published a table that lists the forms they may ask healthcare professionals to complete and whether there is a charge for doing so.

<https://www.gov.uk/government/publications/dwp-factual-medical-reports-guidance-for-healthcare-professionals/dwp-medical-factual-reports-a-guide-to-completion>

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

14th June 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