

Newsletter – June 2021

LMC Meeting 12th April 2021

At our last LMC meeting, we discussed a range of issues including: Enhanced Health in Care Homes LES, Open Access Endoscopy, Long Covid Pathway, Rotherham GP Provider Collaborative Board and Quality Contract 2021-22.

Cancer alliance – letter to LMCs & skin 2ww referral form

There was discussion around the ‘mandatory’ request for photos of lesions to accompany the form (where this is not being done via tele-dermatology), and whether RFT could refuse to see a patient in the absence of a GP referred photo.

The LMC view is that **nothing is mandatory unless the request relates to an explicit term within the GP contract. The form should only be taken by GPs as guidance / advice, which they might consider in the process of making a referral to TRFT. GPs will provide the information as appropriate.**

Covid SOP

The recent SOP asked that practices offer a service to the general public to request PCR swab tests. Some practices

have their reception area as a waiting area. **The LMC noted that the GPC strongly oppose this – it’s up to practices to provide appropriate access for their patients.**

Community pharmacy consultation service.

The LMC will ask for an update on this and question whether the electronic referral process has been agreed, how GP's access it, if reception can "care navigate" into the service and how speedy the process is.

Blue badge requests from RMBC

There have been a couple of complaints from practices recently regarding how onerous the revised RMBC form is. The LMC noted the form made it less likely that GPs would complete it and are contacting RMBC to discuss the issue with the hope that they simplify the current form significantly. Our advice from the April 2020 newsletter still stands – that GPs are at liberty to charge a fee:

“From August 2019, Blue Badges applicants are now having to provide medical evidence of their conditions which cause them to need a blue badge. These are in addition to proof of ID &

Address. This is for all applications not just for Hidden Disability applicants.

There are no changes in legislation, regulations or directions which change the obligation on general practice. The “mandatory” aspects of this change are in respect of the obligations of the patient.

Many applicants are struggling to obtain medical evidence from their own records, (these can be uploaded electronically during an online application) and so the ‘GP Print outs’ could help the applicants with this issue and hopefully prevent the need to make appointments with GPs or asking GPs to write letters.

So GPs, as always, should they choose to do this work, (they may decline) may charge a private professional fee. It may be that in some areas the payment is covered by existing collaborative arrangements”

Extending medical examiner scrutiny to non-coronial deaths in the community

The LMC note there has been lots of discussion around this on the national LMC List-server. In particular, the additional bureaucracy, complexity, delays and

monies taken out of practices at a national level. Guidance for GP's from the GPC is expected imminently after legal advice had been sought.

Adult Fostering Medicals

A survey monkey has been issued to all practices from the CCG/LMC. There had only been 12 replies, 6 of which were in support of keeping this in-house.

Therefore, it does seem to suggest that a significant number of practices wish to keep this service in house. Whilst the LMC are happy to leave the status quo, they are not sure that practices will still be able to prioritise this service in the numbers required as the process remains lengthy and cumbersome.

Lung Audit

The LMC noted an SEA regarding delayed diagnosis of cancer care for a patient at RFT. The radiology department have copied CXR and CT chest results to the lung nurses under certain circumstances, but this had stopped during Covid. The team has recently been catching up on the back log. The LMC thought the communication was a little ambiguous in terms of who is sorting this out.

Practices should assume that they need to continue doing a 2ww referral and they still need to arrange a follow-up chest x-ray themselves.

VACANCY FOR AN ADMINISTRATOR: South Yorkshire LMC Liaison Group

Hours: 4 per week
Hourly rate: £14

Due to a recent retirement, South Yorkshire LMC Liaison Group is looking to recruit an Administrator. More detailed information on the duties can be found here.

<https://www.sheffield-lmc.org.uk/website/IGP217/files/SYLMCs%20Administrators%20Job%20Description.pdf>

To apply please forward your CV and covering letter to Dr David Savage, Sheffield LMC Secretary via secretary@sheffieldlmc.org.uk

Closing date: Tuesday 13 July 2021.

Continuing requirement to print off medical records - deceased patients

Although the regulations also allow forwarding on the records in electronic format, we understand the PCSE is still refusing to accept this.

At present if someone wants access to a deceased person's medical records the default guidance is that they need to contact the PCSE. If the complete record is not forwarded this default will change to general practice.

The solution is in the interim to send the records on electronic media to PCSE regardless of their wishes, in compliance with the regs.

GPC ADVICE

Weight Management Enhanced Service

NHSE have published two new [enhanced services](#), relating to long-Covid and weight management.

The weight management enhanced service will present practices with additional work at a time when practices are already stretched to the limit. We also have concerns that this service specification is overly bureaucratic, further micromanages clinical consultations, is clinically flawed and demonstrates a lack of trust in GPs and their teams to do what is best for patients.

Furthermore, it is not clear that local weight management services have the necessary capacity to respond to increased referrals. This could have been an opportunity for NHSE to demonstrate their commitment to be less directive and for government to take much more meaningful steps to address the underlying factors that lead to obesity, but they have failed to do that.

You can read our [press statement](#) on this. [GP online](#) reported on our concerns about this enhanced service.

Delay in roll-out of patient data sharing programme (GDPR)

The planned roll-out of the GP Data for Planning and Research (GDPR) will be delayed by two months, from 1 July to 1 September 2021. This follows extensive engagement by the BMA.

Along with the RCGP we made it abundantly clear to both the Government and NHS that this programme needed to be delayed to allow for a proper in-depth public information campaign to give the public a chance to make an informed decision about whether they want their data collected as part of the new GP data extraction programme. We knew there was insufficient time until the first extraction to allow for the public and patients to have a proper understanding of what the programme was intended for and to give enough time to make fully informed choices on whether they should opt-out or not.

Extending the medical examiner into primary care

The National Medical Examiner (NME) and other parties this week published a [letter](#) announcing the extension of the medical examiner (ME) scrutiny to non-acute settings. The new ME system is likely to be enabled through primary legislation (the Coroners and Justice Act 2009) and is due to be implemented across England and Wales through statutory instrument.

The BMA's Professional Fees Committee (PFC) have been involved in the discussions on how to best implement the new arrangements with the

aim of minimising both the financial and operational impacts upon GPs and their practices. There have been two small trials of the ME system in primary care in Gloucestershire and the results are not yet published.

The letter presents a significant shift in the pace of implementation in primary care. The BMA is looking to analyse any secondary legislation which may underpin the new ME system. PFC has contacted the National Medical Examiner to clarify the plans and exact legal status of his letter.

New PCSE pay and pension system update

PCSE's new pay and pension system was launched on 1 June and 3,500 GPs have logged onto the system so far.

We would urge all GPs to log on and check their details and data ahead of the any need to use it. Any errors or issues identified should be [raised with PCSE](#) at the earliest opportunity.

We have been made aware post-launch that PCSE don't have contact details for approximately 6,000 GPs. They assure us that they are working on solutions for this but we would advise any GP who haven't received one or more emails from PCSE since 30 May giving access to the system contact pcse.user-registration@nhs.net in the first instance.

In the same period around 2,500 practices have logged on to the system and allocated roles to their own users. We would encourage

all practices to do this and ensure that all details and data are correct at the earliest opportunity, [reporting any issues to PCSE](#).

We have been meeting with PCSE almost daily since launch and have raised myriad of issues relating to missing and incorrect data along with poor usability. We are concerned about the volume of these issues but have been assured that they are all being addressed.

PCN funding

The GPC has had some concerns from practices about payments for IIF for 2020/21. NHSE has informed us that this is in progress and calculations of achievement will be available for declaration within CQRS on or around 11 June, with PCN declaration required by 24 June, and payments being made before 31 July.

We have also received some concerns about local funding being removed where it was invested in services similar to the PCN DES services previously. The *Update to the GP contract agreement 2020/21 – 2023/24* stated "all funding previously invested by CCGs in LES/LIS arrangements which are now delivered through the DES must be reinvested within primary medical care" and primarily to bolster the PCN funding. This is a principle for the duration of the GP contract period (so until April 2024), not just for 2020/21, so any PCN / practices experience difficulties with this funding should remind the CCG of this requirement.

NHS cervical screening management system to be introduced on 30 October

NHS Digital has been commissioned by NHSX to develop and implement a new IT system, which they say will be simpler and easier to use. It will replace the current call/recall IT system for cervical screening, which sits on the National Health Application and Infrastructure Services platform. As a first step in the transition to the new system, NHS Digital will be working closely with local IT teams and registration authorities for providers to ensure readiness.

Spirometry

NHSE have suggested that spirometry services should be restored. [This guidance document](#) comprises information from the Association for Respiratory Technology and Physiology (ARTP) and the Primary Care Respiratory Society (PCRS). It was developed from a task and finish group established by NHSE's Clinical Policy.

Our guidance for [spirometry in general practice](#) remains unchanged. We believe this important diagnostic and monitoring tool should be properly commissioned and sufficient capacity should be made available for practices to be able to access this for their patients. **There is no contractual obligation for practices to do this themselves, and with the current infection protection and control restrictions still in place it is not practical for most practices to set aside treatment rooms to be able to complete this.**

Online consultations – the contractual position

Before the pandemic, as part of the [2019 GP contract deal](#) (paragraph 5.10 (i)) the GPC agreed that it would eventually become contractual for practices to offer online consultations during core hours. **This agreement has not yet been added to the contract regulations, so is not currently a contractual requirement.**

However, GPC also agreed that practices should offer online consultations as early as possible, provided that the necessary infrastructure is in place, but it would not become a requirement until it is entered into the contract regulations. **It is therefore for practices to determine how best they use online consultation systems, including what hours they are available, and they should try to use them in such a way that helps with triage and workload management, enabling the delivery of a safer and more accessible service to all their patients.**

NHS Standard Contract 2021/22 – New “interface” provision

Following reports from GPs regarding inconsistent implementation of [NHS Standard Contract](#) requirements on secondary care providers relating to the interface with local primary care teams, the BMA has worked with NHSE on the introduction of a new provision in the contract to improve collaboration between clinical teams.

The new provision requires that secondary care providers work with their local commissioners to assess by the end of September, and annually thereafter, their compliance to the interface requirements of the contract. The commissioners and providers will have to agree an action plan to address any deficiencies identified by their assessment and ensure that this action plan is informed by discussion with and feedback from the LMC and they also need to ensure that the action plan is adopted in public by their Governing bodies, and that progress on its implementation is shared with the LMC.

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

19th July 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