

## Newsletter – July/August 2021

### LMC Meeting 19<sup>th</sup> July 2021

At our last LMC meeting, we discussed a range of issues including: Communication with MDT Members, Cardiology outpatient letters, Open Access Endoscopy, Spirometry, Rotherham GP Provider Collaborative Board, Anti-depressant Review and Lung audit / x-rays.

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### Phase 3 Vaccination Enhanced Service Scheme.

The LMC acknowledged that practices will probably choose to engage with the scheme, although we felt the proposed specification is less than ideal, with an uneven playing field created between Pharmacies and GP Practices.

There are logistical challenges to overcome involving delivery to specific cohorts, and the situation is made worse by the current stance of the GPC in not engaging with the NHSE in negotiations.

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### Provision of ECG Machines

The LMC are aware of a recent communication from the CCG confirming they won't maintain / calibrate the ECG machines provided to practices.

We expect many practices will conclude that it's too expensive to maintain or replace.

Our understanding is that the provision of ECG's is not part of core services and practices are perfectly entitled to choose to refer patients to the hospital to have this work done.

The LMC will raise with the CCG that it may cause more patients to be referred to RFT, so may be a false economy not to continue funding.

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### PCSE – the continuing requirement to print off medical records – deceased patients

At present if someone wants access to a deceased person's medical records the default guidance is that they need to contact 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, and long term for GP2Heaven to implemented

The regulations allow the submission of the records in an electronic format as long

as you have prior agreement. Despite what PCSE may advise, permission to send in electronic format cannot be unreasonably withheld.

If PCSE are refusing records in electronic format this would appear to breach the regulations, so would suggest sending the communication from PCSE to the GPC office via the LMC as this will need to be raised nationally.

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### Gender Identity Service

This issue involved the Service requesting re-assessment information from Practices to decide whether to retain the patient on the RFT waiting list.

The LMC feels that this has echoes of the issues with the Ultrasound waiting process in which RFT were bouncing back patients to be reviewed by GPs to reduce RFT waiting lists. We do not feel that secondary waiting lists should become the responsibility of primary care and will write to the Gender Identity Service with our comments.

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### Lynch syndrome in gynae cancer - pathway

The LMC regard this as new unfunded work – although it is acknowledged that patient numbers are likely to be low -

the rarity of tests created an issue with potentially missed steps. Also, it is not clear why RFT won't arrange and prescribe aspirin and/or H-Pylori testing. Acceptance of this work by GP Practices sets a precedent for other similar work to be delegated. In summary, the LMC didn't feel that primary care should take this on and have written to RFT with our comments.

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### GP Survey Results

LMC Members agreed that the survey results clearly show that current demand is unsustainable and is negatively impacting Primary Care. Immediate remedies were considered, including:

- Returning inappropriate letters back to RFT, and adapting the BMA proforma letters slightly to make them less confrontational and also sending them to a single point to make them quicker and easier to use
- Not participating in new LESs and / or unfunded work

The LMC will raise these points with the CCG particularly in regard to the AccurX link to SystemOne for letters relating to bouncing back work to RFT.

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### GPC ADVICE

#### Enhanced service specifications for the delivery of Covid-19 booster vaccinations

Commenting on the [enhanced service specifications](#) for the delivery of Covid-19 booster vaccinations in England, Dr Richard Vautrey, BMA GP committee chair, said:

“People know that their GP practice is the best place to get routine vaccinations and nothing shows this more than the annual flu campaign and most recently, the COVID-19 vaccination rollout. GPs want and expect to be involved in the COVID-19 booster programme this autumn; it gives patients confidence they can get their booster via their local surgery – especially if this can be done at the same time as flu jabs. Doctors and their teams should be given support and flexibility to take part in a way that works best for their patients.

“So it's incredibly frustrating to see NHS England once again disregard the voice of hardworking GPs, ignoring our calls - specifically by not doing more to enable all practices to give vaccinations from within their own premises if that's what they wish to do. If they were able to do so, it could limit the impact of the booster campaign on other important GP services. It would also mean GPs and their teams could offer opportunistic vaccinations to patients attending with other illnesses – a strategy

that we know increases uptake for flu jabs.

“Elsewhere in the UK we have seen GPs giving COVID-19 vaccinations from within their surgery buildings, so there is no good reason for it not to happen in England. And while practices should be able to work together in the campaign, this should not be mandated.

“Practices are buckling under intense workload pressure, with this looking set to increase in the coming months. Yet NHS England once again refuses to give GPs the flexibility to lead in a way that works best for their communities. Instead it is continuing the 'command and control' approach seen throughout the pandemic, and today's communications will do nothing to regain confidence among the profession.

“GPs know that vaccination will continue to be the key to moving out of the pandemic and want to make sure their patients are protected against what is still a deadly disease, but NHS England is making this far more difficult than it needs to be.”

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#### Update on GPC England resolution

At the last GPC England meeting in May, the committee passed a vote of no confidence in the senior leadership of NHS England and Improvement.

Among other things, the motion also instructed the GPC England executive team to cease all formal meetings with NHSE until such time a

motion could be brought back to the committee recommending that NHSE had taken sufficient steps to restore the confidence in its leadership. This is an instruction we have followed.

In the eight weeks since our last meeting we have seen some positive signs and change in tone from both the Department of Health and Social Care and NHSEI, including from senior NHSEI executive directors, with [public thanks](#) and [recognition](#) of the pressures currently facing general practice, while communications have taken on a more factual tone.

But while we acknowledge and welcome these positive signs, and in particular the recognition of the important role that general practice has played throughout the pandemic as well as the pressures GPs and the whole of general practice is currently experiencing, kind words have not yet always been followed by the actions we'd like to see. In recent weeks we've seen [flawed and overly bureaucratic enhanced services](#) announced and [activity targets](#) introduced when the profession is on its knees. Most recently, the specifications for the [Covid booster programme ignored calls from frontline GPs](#) to be given more clinically appropriate flexibility and support in enabling practices to deliver the programme in a way that best benefited their communities.

## PCSE pay and pension system update

We continue to work hard at challenging the considerable shortcomings of the new portal. We are aware of the many unacceptable issues being faced by practices and GPs but it is of critical importance that users log these with [PCSE](#) to ensure that we can hold them accountable. We know that those interactions are also causing frustration and we are applying pressure for improvements and greater transparency around their customer service work. We would advise practices to keep a record of the issues they are raising with PCSE and the length of time taken to get resolutions.

Regular and ongoing meetings have led to a considerable number of 'fixes' to the system but there are many more outstanding. This will take time, but we are committed to ensuring a much improved service for the profession to use. NHSE/I and PCSE have assured us that the current run of global sum payments is going well but we are keeping a particularly close eye on this.

The BMA's Pensions committee will soon be sending out a survey to GPs, to capture their experiences of using the new system. There will be more details on this next week, but we continue to encourage GPs to log on to the system to check the accuracy of their records. A similar survey will go to practices in the coming month. We have yet to receive a response to the [letter to NHSE/I setting out our concerns](#).

## 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

13<sup>th</sup> September 2021

COMMENCING  
At 7.30 PM

LMC Officers:-

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Dr Andrew Davies  
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