

Newsletter – October 2021

LMC Meeting 11th October 2021

At our last LMC meeting, we discussed a range of issues including: IUCD Provision, MGUS Haematology Bloods, National Flu Programme, Long Covid, Tele-dermatology and checking Practice Patient Lists for third Covid Vaccination programme.

Government Rescue Package

The LMC agrees with the latest BMA press release that whilst additional funding for General Practice is welcome, the "rescue package" for GP's is flawed and patient care will suffer as a result. Please find a link below to the full press statement:

<https://www.bma.org.uk/bma-media-centre/government-s-rescue-package-for-gps-is-flawed-and-patient-care-will-suffer-as-result-warns-bma>

Fitter, Better, Sooner

The LMC continue to have significant concerns about the policy and the process of referral as well as the practical and workload implications for practices which we intend to raise once again with the CCG. We will be contacting practices directly about this.

Dementia LES

The LMC have learned that the Dementia LES is being shelved in its current form. The latest discussions are around aiming for a primary care service model where an Admiral Nurse is integrated in each PCN (but paid for by RDaSH) and linked with a GP surgery in MDT style to support dementia patients including annual checks. The plan is to hold a workshop in December with RDaSH to re-look at the pathway.

The LMC View is that Primary Care are well set for follow up / support as well as work-up for diagnosis, but that diagnosis and initiation of any treatment should be within secondary care still. Meanwhile, the LMC are concerned that the current situation will continue without resolution, and if there are problems recruiting staff then the waiting times will escalate again.

Provision of ECGs

The CCG have given assurances to the LMC that the historic ECG commissioned pathways with secondary care remain unchanged, so Practices will still be able to refer in to RFT for ECGs if they wish.

Safeguarding Case Conferences

LMC Members are receiving safeguarding case conferences requests with unrealistic timescales for completion / attendance.

We are asking the CCG whether they might facilitate them being able to access primary care records directly from SystmOne.

Meanwhile, if practices receive unrealistic requests, please forward them to us and we will raise with Dr Oughton, CCG Safeguarding Lead regarding what are acceptable service levels and what is a reasonable time frame in which to respond. We will update practices with any changes so that Practices are clearer regarding either responding, ignoring and/or charging appropriately.

Minor Eye Conditions Service

As reported in the last newsletter, the LMC have concerns that this service is not working properly. The CCG reported that a service in accordance with the specification is expected, which will provide appropriate triaging by a designated clinician, but this is still in progress. They explained that they are committed to making this service work and agreed

to continue discussions with TRFT. Meanwhile, this service has been re-commissioned with the Ophthalmology Department for a further six months to March 2022.

This is the contact number for the Minor Eye Conditions Service Triage Service:

07514 621998

Open M-F 8.30am-12.30am and 1.30pm-5.30pm

Adult ADHD assessments done through private providers

As with many aspects of medicine, more patients are turning to private providers more when there are growing delays to access because of Covid, or other factors, and adult ADHD is no exception. There is currently a delay for assessments of around 20 weeks but there is a plan in place to remedy this.

Many patients are paying for assessment and diagnosis via private providers who then in turn write to their GP asking / suggesting all manner of investigations and suggested treatments - which are all generally amber light drugs and not to be initiated in primary care.

Our only course of action or response is that we can refer these patients onto the adult ADHD service for assessment, but we are aware that there is currently quite a delay for assessments. This leaves the patient feeling that they have wasted their time and money, as well as the dilemma to potentially have to foot the bill for the private prescription

charges for the medication if they choose to have the private provider sort their prescriptions in the interim. Whilst GP's are faced with the dilemma of entering a pseudo-shared care arrangement without the proper support or any service specification / payment.

The LMC have been in dialogue with the adult ADHD service and they have confirmed that it is reasonable to refer patients to them if they have been assessed in the private sector, without the need for any other action should the GP choose to.

They have also confirmed that patients may be fast-tracked into the initiation of medication and follow up clinics if the private provider letter clearly documents a detailed and accurate assessment with diagnosis, hence reducing the waiting time to potentially starting medication.

If there is no evidence of diagnosis and that medication has not been discussed, then they would need to have an initial assessment as they could not confidently commence or continue prescribing without this as a minimum.

RCGP Veterans Friendly GP Practices

Article by Dr Veronica Grant, GP & RCGP Veterans Champion

The recent events in Afghanistan and the commemorations in the lead up to Remembrance Day, are of particular importance for our veteran community.

There are over 1000 GP practices in England now accredited as veteran-friendly, with more practices signing up each week. The feedback from practices already accredited is overwhelmingly positive with high levels of satisfaction reported.

It would be great to have more GP practices accredited veteran-friendly. Becoming a veteran friendly accredited practice is a simple on-line process and helps to raise awareness, improve understanding, and better equip and facilitate GPs in their duty of care to veterans.

Key to improving healthcare for our veteran population is asking the question "Have you ever served in the military". There are an estimated 2.4 million veterans in the UK (accounting for 5% of the UK population over the age of 18), some of whom have complex needs. There are veteran-specific services tailored towards this potentially vulnerable patient group. Specifically, mental health support for veterans is available under the new NHS Operation Courage with contact information available at www.nhs.uk/opcourage. Veterans may also be entitled to priority treatment for conditions related to military service.

Further information can be found at <https://www.rcgp.org.uk/clinical-and-research/resources/a-to-z-clinical-resources/veteran-friendly-gp-practices.aspx>

GPC ADVICE

Tackling abuse

Dr Richard Vautrey, GPC Chair, writes:

In recent weeks, GPs and their practice teams have been subjected to a systematic and cruel smear campaign by sections of the media, this has directly resulted in rising incidences of abuse and aggression being experienced by general practice. This has left many in the profession feeling totally demoralised and under siege.

We want to be clear - general practice has continued to see patients throughout the pandemic, in July alone 27 million appointments were delivered by general practice, the majority of which were face-to-face.

This is testament to the true integrity, grit and determination of GPs and their practice teams. We will not let false narratives go unchallenged.

Following [a horrific act of aggression against a practice](#), we [wrote to Sajid Javid](#) demanding an urgent meeting and summit to discuss the unacceptable level of abuse being levelled against GPs and their staff, and have called for a comprehensive national violence reduction strategy, and as a result of our pressure, I met with him face to face.

It was a robust and frank meeting in which I highlighted the serious damage to morale the current anti-GP rhetoric was having on the whole

profession, the fear that many on the GP frontline had and that this must stop. I raised the need for urgent action to challenge abuse against GPs and their staff, and support for the whole general practice workforce and called for legislative change to better protect the workforce. I stressed the need for Government to explain to the public why healthcare workers are still working within the constraints of infection, protection and control measures, that large numbers of face-to-face consultations were taking place every day and that clinicians would always see their patients when it was necessary to do so. We also discussed the value of telephone consultations as part of a mix of access offers - something that is increasingly appreciated by many patients who now receive more timely appointments as a result but whose voices are not being heard in the toxicity of media reporting.

I also raised the essential need longer-term premises development so we have the space to offer access to the increasing multidisciplinary team that is developing in many practices, in addition to being a safer place for patients with the on-going pandemic. I focused on the need to address the unsustainable workload pressures, the impact of the care backlog and secondary care work transfer to general practice and urged him to trust practices to deliver services to patients with long-term conditions without the rigidity, bureaucracy and burden of QOF or unnecessary CQC inspections. We also called for far more action to enable

practices to expand their workforce and for government to deliver on their own commitment of 6000 more GPs. But most importantly I focussed on the need to acknowledge, thank and value the GP workforce who have gone above and beyond over the course of the pandemic from being pivotal in delivering the COVID vaccination program to continuing to keep seeing patients throughout the course of the pandemic.

Read our [statement](#) following the meeting.

Read our [message to the profession](#), including resources for [practices how to remove violent patients from your practice list](#).

Dealing with abuse of practice staff on social media from patients

We have developed guidance [how to protect yourself from online abuse](#) and the steps GP practices can take against patients who leave abusive comments on social media or websites. It outlines what to do first, how to report content to the provider and what criminal and civil actions are possible.

NEXT
LMC MEETING

8th November 2021

COMMENCING
At 7.30 PM