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LMC Meeting 8th November 2021

At our last meeting, the LMC discussed a range of issues including: Improving Access and Extended Access local arrangements with the CCG, Quality Contract, SYLMC Development in response to ICS and Estates funding and bid arrangements.

Improving Access for Patients and Supporting General Practice

The CCG are sensibly trying to avoid labelling best and worst "performing" practices with regards to face-to-face appointment data as the data is deemed inaccurate and unreliable. Whilst the LMC reject the notion that the paper is based on and that this is any more than a vote winning publicity stunt, which does nothing to address the real issues facing GPs at present, the LMC are working alongside CD's and CCG to see how best to use the money locally.

Letter & Survey from Alexander Stafford MP

The LMC agree with the CCG that this recent letter sent to GP Practices is merely political gameplay which is unhelpful and adds to the media agenda we are currently facing.

Swallownest Health Centre have already been in contact with Alexander Stafford as he contacted them Practice about the apparent lack of appointments they were offering, showing him the actual data and not just rumours or social media comments.

Whilst there is little we can do in retrospect to prevent this letter circulating, the LMC will vigorously defend General Practice as and when any of these results are published.

Please let us know if you have any comments fed back to you by Alexander.

LMC Meetings

GP constituents 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:

13th December 2021

From 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

LMC Office

Greg Pacey
rotherhamlm@hotmail.com
www.rotherhamlmc.org

Disclaimer

The content of this newsletter is confidential and intended solely for GPs and Practice Managers in Rotherham.

CCG Vote of Confidence & Fitter Better Sooner

The LMC have had concerns about the ethics of this policy since it was first circulated in pre-covid times. Recent document changes make it clear this is a general health promotion policy, but we feel this only highlights that using it to delay referral for patients with certain characteristics is perverse.

Briefly, 'Fitter, Better, Sooner' is a policy whereby patients with certain characteristics must demonstrate health improvement activity *before* they can be referred for some procedures. Whilst health promotion is welcomed, we feel using delayed referral cannot be used as a lever for forcing these behaviours on our patients. The policy might be acceptable if the health improvement activity resulted in better outcomes for the procedures being withheld, and we have asked repeatedly for an assurance on this, but it has not been forthcoming.

The LMC feel that practices cannot in good conscience allow patients to have referral deferred under this policy, without explaining to them that the outcome of the referral will not be improved as a result of the delay. To restate, offers of health improvement can always be made, but we must not allow ourselves to be used to manipulate patients in the way this policy requires. As such, having explained that delay results in no improved outcome, we feel the only recourse open to practices is to make a 'referral for opinion' and then to expedite matters, make an appeal for exceptional individual funding on *every* occasion that this policy would result in a delay for 'procedure irrelevant health promotion' that patients are not willing to endure.

The LMC will provide a template letter for this.

Other options we are considering include leaflets explaining to patients their right to contact Healthwatch, The Patients Association and MPs. The LMC is also willing to engage with Patient Participation Groups to help them develop an understanding of what's happening here.

To maintain an honest relationship with our patients we think the above is the best we can do in the circumstances; but it's not a position we should ever have been put in.

We arrived here because there can be little doubt that meaningful member consultation broke down when this policy was presented. The policy was presented without its key implications highlighted and a lack of any worked-up alternatives available despite tightening time frames, and key information was shared with only privileged members of the GP Members Committee.

We do not believe this policy can be allowed to stand as it is whilst at the same time members express confidence in the CCG. At this key time in the transition away from CCGs, we are reluctant to suggest that we should too lightly express a lack of confidence. *Instead, in the spirit of seeking compromise, we would like to propose that practices respond to the current request for a vote of confidence in the CCG with the proforma letter at the foot of this note.*

In the meantime, the LMC will attend PCN meetings over the coming month to discuss this further.

Suggested Text

Dear CCG,

We note your recent request that we express confidence in the CCG. Whilst much that the CCG does is welcomed, we feel unfortunately that some matters are such that we cannot express simple confidence.

We have informed the LMC of our concerns which relate principally to the 'Fitter, Better, Sooner' policy.

At this time we would prefer to withhold our response until January. We do hope this is possible, but if it is not then regretfully, please accept this letter as an expression of nuanced lack of confidence.

(Delete if not relevant). Please note this letter is a result of further reflection and replaces any previous response to your request for a vote of confidence.

If this delay requires a change to the CCG constitution, then please accept this letter as a vote in favour of making such changes as are required, simply to allow for this one-off delay and as agreed with the LMC.

Private Psychiatric Assessments for ADHD

Mr Tosh will be presenting on this at next PLT. Meanwhile, the LMC view remains that if two services provide identical levels of care, the patient can choose between them, but this does not give them the right to go anywhere in the country and choose any service they wish. GPs are not obliged to make a referral to a service which they believe to be inappropriate in terms of resources, or not in the patient's best interests.

Third Covid Vaccination

There was discussion regarding the process for the third dose booking via the Federation, and patient identification for the 4th dose in the future. There was further discussion regarding patient lists for eligibility.

The LMC have concerns that for those patients that have a third primary dose when they need their fourth dose as a booster, they will run into the same difficulties which were encountered this time round, and Practices should neither be mandated nor obliged to check through these lists as the default setting.

Updated Flu Information 2022-23

The LMC Buying Group have written to us: *Our **website** has been updated with information for the 2022-23 flu season.*

We communicated this to our current member practices; we would appreciate you sharing this information through your subsequent communication channels as not all of your constituent GP practices have registered with us post-GDPR.

<https://mailchi.mp/35e8e01251a8/lmc-buying-group-fluvaccines-2223>.

Hazardous / Clinical Waste Management

NHS England & Improvement have reviewed the management provisions for clinical waste contracts nationally. Following a successful procurement process led by our national team we have appointed Anenta Ltd as the new managing agent for waste contracts in South Yorkshire and Bassetlaw and wider in the North East and Yorkshire area.

Anenta is already commissioned as managing agent in other areas of the country to manage GP clinical waste and pharmaceutical waste contracts on behalf of commissioners and our national team has promoted this approach given the service has been positively received by commissioners, GP Practices, dispensing practices and Pharmacies where a managing agent service is in operation.

With effect from 1st October 2021, Anenta Ltd will manage the contracts for clinical waste collections from GP practices sites and returned medicines from community pharmacy sites in SY&B. You will continue to get collections from your current waste contractor (SRCL, PHS, Initial or Tradebe), however all queries related to waste management must now go to Anenta.

For urgent collections or additional stock please contact Anenta: Tel: 03301 222 143 Email: support@anenta.com

or open a service ticket within your online account at www.vector.anenta.com

Changes to Firearms Licensing Medical Procedures

David MacLeod, SY Police Warrants & Firearms Manager, writes:

On 1st November 2021 the statutory guidance on Firearms licensing came into effect. This changed the onus of the medical report procedures from a police request for information during the process to the applicant being required to provide such information as part of the application. Any application submitted after 1st November will be subject to these new procedures.

New application forms have been released by the Home Office with includes a new proforma for the applicant to bring to their GP and request the necessary information. There is no requirement on the GP to provide these reports as it is

private work. The applicant does have the choice of several companies who will complete the reports for a fee. The guidance states that when one of these companies is used by the applicant then the medical records should be obtained by that company direct from the GP.

We are advising all our applicants that they can locate these companies by searching 'Medical report for Firearms licensing'

David.MacLeod@southyorks.pnn.police.uk

T: 0114 2011540 (ext:711540)

M: 07747641198

GP Fellowship Scheme

Melanie Robinson writes: *The "New to Practice" GP Fellowship programme is now registering its next cohort of new GPs from South Yorkshire and Bassetlaw, to continue its offer of support and mentorship. The funding for this programme has also been increased by NHS England (NHSE) to cover the actual sessional pay of the GP and 30% on costs.*

The NHSE scheme is a funded 2-year programme, suggested by the GP Partnership review, with evidence showing that it may help to increase the number of GP Registrars taking up substantive posts in primary care in the local region. The aim of the fellowship is to support early years GPs, as they start their careers in Primary Care as well as provide some peer support as they transition to independent practice.

For more information and operational guidance, please visit:

<https://www.england.nhs.uk/publication/general-practice-fellowships-for-gps-and-nurses-new-to-practice-programme-operational-guidance/>

If you are employing a newly qualified GP and you or they would be interested in more information please do not hesitate to contact us on the details below. We look forward to hearing from you.

Funding and registration queries: **melanie.robinson7@nhs.net**

The Cameron Fund

The aim of the fund is to provide help to GPs and their families tailored to their individual circumstances. This year and subsequent years will be difficult for the Cameron Fund, which is the only medical benevolent fund that solely supports GPs and their dependents, as the Fund faces increased pressure from those affected by the COVID crisis and a reduced income from investments. As such, they have launched a Christmas appeal to try and raise more money for the Fund to be able to help more GPs in need.

www.cameronfund.org.uk

<https://www.youtube.com/watch?v=mslxAbi90Mo>

The LMC donated £1000 this year - and will do so potentially in future years - on behalf of all Rotherham practices.

Meanwhile, if you are a GP who is struggling financially, please email them at info@cameronfund.org.uk

or phone 020 7388 0796.

GPC ADVICE

GP Earnings Threshold

Due to the imposition of contract regulations in October 2021, it is now a contractual requirement to ensure [GPs earning over the earnings threshold \(£150k\) to declare their income](#).

Declarations apply to GP partners, GP subcontractors or locum GPs operating under the core contract and earning above the income threshold, and if they fail to declare their earnings, then the practice will be in breach of its core contract. If the practice refuses to deliver a service that is required within the contract/regulations, the practice will be in breach of its core contract.

Individuals employed by the contractor or employed by a sub-contractor (including where a locum GP is engaged by a third party to provide services) are not within scope and so do not need to declare their earnings. Therefore, salaried GPs and those who are employed by a contractor or sub-contractor, which is a company, and the individual is not named on the contract or sub-contract, will not need to declare their earnings if above the threshold. Company directors are also not included unless they fall under the definition above.

If the practice breaches its contract, the Commissioner can take action against the practice and the BMA cannot prevent them from doing this due to the inadequacy of trade union laws in protecting GP Partners.

Through the act of self-declaration, the individual will be consenting to publication. Individuals should therefore carefully consider the implications before self-declaration. We believe this policy provides no benefit to patients, but will potentially increase acts of aggression and abuse toward GPs and practices. It will be damaging to morale among the profession and wholly counterproductive in terms of the ability to recruit and retain GPs. We have already received reports of GPs reducing their hours to remain under the threshold which will therefore impact patient access to services at a critical time for the NHS. We believe the position the government and NHSEI have taken on this matter, singling out GPs alone rather than applying this requirement to all other healthcare professionals, is completely unacceptable. We will continue to do all we can to address this.

Read more about the consequences of taking this action or not in our [Indicative action supporting information](#)

BMA to undertake an indicative ballot of practices on potential action

Further to last week's emergency GPC England meeting, the necessary preparations have been made and, next week, we will proceed with an indicative ballot of all practices in England.

Our condemnation of the DHSC (Department of Health and Social Care) and NHSEI plan stands, and we are now seeking the support of practices to demonstrate to Government and NHSEI that GPs and practices will not tolerate this unacceptable situation. We will give practices their say on further potential actions we can all take to persuade ministers and NHSEI to give practices the real support they require so that they can care for their patients as needed, not least over this expected very difficult winter period.

The BMA will now proceed to the indicative ballot of practices, which will open *this* Monday.

It will be based on the resolutions passed by GPCE last week and will include questions on further actions practices might be prepared to take, such as:

- participating in a coordinated and continuous withdrawal from the PCN DES at the next opt-out period
- disengaging, on a continuous basis, from the PCN DES before the next opt-out period
- not complying, on a continuous basis, with the contractual requirement to ensure GPs earning over the earnings threshold declare their income or to provide COVID vaccination exemption certificates
- participate in a coordinated and continuous change to your appointment book, so as to impact the quality of the nationally reported appointment dataset.

It is important to stress that these actions are not directed at patients, or the care they receive, but at Government and NHSEI.

The timescales are as follows:

Launch the indicative ballot with details for how to vote electronically (**Monday 1st November**)

Physical reminder letters reach GP partner members / practices (**from 5th November**)

The electronic ballot closes (**13th / 14th November**)

The ballot data is processed (**15th / 16th November**)

Results will be communicated to members (**18th / 19th November**).

The BMA is also preparing for a formal ballot of members on IA (industrial action), which for legal reasons could not have happened sooner than *at*

least six weeks after the emergency GPCE meeting last week.

Moving to an indicative ballot of practices before a formal ballot of members on IA also means we not only get to gather the views of practices on the proposed forms of actions much more swiftly, but it also means we can keep pressure up nationally by using the result as further leverage in the interim.

General Practice is being pilloried and abused and together there is a need to fight back, protect and defend. This is an extremely difficult time for us all. We must support one another and stand together. This is not going to be easy, but the BMA will do all in its power to back GPs at this time.

Your wellbeing

The BMA is here for you and offers supportive wellbeing services which include face-to-face counselling. You can access one-off support or, after triage, a structured course of up to six face-to-face counselling sessions. Call **0330 123 1245** today or [visit the website](#) for more information.

For all other support, speak to a BMA adviser on **0300 123 1233** or email support@bma.org.uk

[Read more about doctors' wellbeing during the pandemic](#) and on [Twitter @TheBMA_](#)

BMA Webinar - The Health and Care Bill

The BMA is holding a member [webinar on the Health and Care Bill: What it means for you and what you can do about it](#) – **on Wednesday 17th November, 7-8pm.**

The webinar will include:

- A breakdown by Dr David Wrigley, Deputy Chair of BMA Council, of what the Bill means and our lobbying activity so far
- Presentation of our new activism pack and the different steps members can take to help campaign for key changes to the Bill

The BMA believes that if this Bill is passed, it will usher in drastic changes to the NHS in England, impacting the working lives of doctors, and that urgent and significant changes must be made to it.

Therefore, we encourage all members to [register now](#) and attend this event to learn more about the Bill and what you can do about it.

If you have any questions about the event, please contact tbramwell@bma.org.uk.

For further information about the Bill and the BMA's work in this area, visit: www.bma.org.uk/hcb