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LMC Meeting 10th January 2022

At our last meeting, the LMC discussed a range of issues including: LES Specifications, PCN Equipment, Covid vaccinations, SYLMC Development, Quality Contract, Health Checks, Blue Badge requests, Proposal for balancing capacity for the delivery of the Covid 19 vaccination programme and LES Specifications 2022-23. The current LES specifications have been revised and the LMC have reviewed and provided feedback.

Principles for balancing capacity for Covid Vaccination

This topic was discussed again and a question was raised about our suggested change that payment for the 4 LESs without protected income now being based on historical activity.

Some felt that this could disadvantage practices if they were particularly proactive at the start of the financial year with these areas. It was felt that this is unlikely to happen as the CCG have used 19/20 information throughout the pandemic. The CCG have confirmed that they will consider any concerns raised from a practice if they are related to this issue.

Blue badge requests

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.

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:

14th February 2022

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*

*Executive Officer
Dr Julie Eversden
julie.eversden@nhs.net*

LMC Office

*Greg Pacey
rotherhamlm@hotmail.com
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Disclaimer

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

ADHD Autism Referrals

Concerns were also raised that the new neurodevelopmental pathway seems to suggest that the referring clinician will be expected to co-ordinate the completion of the forms, which we don't feel falls within the remit of core General Practice work.

Following the article in the last issue, RDaSH have confirmed the changes are to support GPs and reduce appointments. Previously education would often send a child and family to the GP for a referral to them, when in fact the school held a plethora of information including EHCP which is required as information with the referral. The changes made now allow that the school can organise referral with the information they hold and can support the family or carers in providing the information they need to. This process means the GPs should not have to refer. If they do meet a family where referral is appropriate, then they can signpost them to the new pathway. These changes should reduce the delays and reduce GP workload.

The GP will still need to refer for any child not in education, although this will be minimal children, and we would support if needed.

Flowchart for referral to CMDU

Patients were advised in a [national pre-deployment letter](#) of their eligibility for the treatment should they get Covid. The letter advises that if they have not heard from their local Covid-19 Medicine Delivery Unit (CMDU) two days after testing positive on a PCR test they should contact their GP or 111. In this scenario the GP needs to refer the patient to the local CMDU. The CMDU is now listed on the directory of services (DoS) and GPs are able to refer the patient using the eRS.

Some LMC Members had already been contacted by patients about this. There had been difficulty referring patients in Rotherham due to limited appointments available, indicating a capacity issue. The national advice was to use Choose & Book. However, Rotherham have deviated from this advice and are using TRFT.

The LMC thought it makes little sense for those patients not contacted by CMDU to then contact their GP, only for their GP to then refer them back to CMDU. This would inevitably cause delay to access to treatment. Advice from the CCG is that this could not be changed as the flowchart and letter to patients were nationally mandated. We felt that this service might be better provided by the CCC and it would be reasonable to consider amending the pathway to better meet the needs of the Rotherham population.

To make a referral to the CMDU service:

GP Practice teams will make referrals via e-RS. Within e-RS CMDU services will be listed under the 'Infectious Diseases' speciality and 'non-specific' clinic type. The CMDU service name will be down as '**COVID Medicine Delivery Unit (CMDU)**'.

The CMDUs were fully operational from 21st December 2021:

If you have any questions about the nMAB/Oral antiviral treatment roll out in

South Yorkshire please contact:

The Rotherham NHS Foundation Trust

Telephone: 01709 428022; Email: rg-h-tr.medicinenmab@nhs.net

CMDU opening times – 9am -5pm Monday to Friday

Care Co-ordination Centre - Private Notes

The LMC received correspondence from a practice regarding an apparent change in policy at the Care Co-ordination Centre. This related to Fast Response Nurses making patient notes private. This was causing problems when a patient dies in that prior consent is required to read the notes.

The LMC View is that there is no reason under the Caldicott Principles why the notes should be made private. This is either an IT issue or a policy failure, and the LMC will progress with IT whether this could be amended.

Sexual Health Contract

Following the tender process in 2021, TRFT were awarded the contract for a further five years to provide enhanced contraception services to Rotherham patients, applying the same model as before. Representatives of the service attended the last LMC Meeting to discuss the contract.

Julie Bentley, Service Manager, Sexual Health Services, writes:

FREE coil/implant insertion training is available for permanent Rotherham primary care staff

To be eligible to train in fitting implants or coils there are clear guidelines on the FSRH website (see links below).

In a nutshell:

- *If you do not have the DFSRH diploma (and do not plan to obtain it) - you can do an e-learning module and then a short on-line test (called the OTA) instead of the DFSRH. (However, if you have already have the DFSRH diploma then you don't need to do the above e-learning, nor the on-line test either)*
- *Once you have done either of the above, please contact us and we will arrange your free practical training*

<https://www.fsrh.org/education-and-training/letter-of-competence-intrauterine-techniques-loc-iut/>

<https://www.fsrh.org/education-and-training/letter-of-competence-subdermal-implants-loc-sdi/>

For those who obtain the letters of competence in both coil and implants and then want to add another string to your bow, we will then provide FREE DFRH diploma practical training to any permanent Rotherham primary care staff.

<https://www.fsrh.org/education-and-training/diploma--nurse-diploma/>

It would be great to see local Rotherham primary staff learn & train in coil and implants with us, as we get lots of GP's / nurses from other towns and cities who choose us and pay to train with us but very few staff from Rotherham. We recently won a national BMJ commendation award re women's health team of the year, especially for our training in Coils/implants. We want train our Rotherham primary care colleagues for free, for the greater good!

Savings for Rotherham GP's and practice nurses are potentially more than £1000; for external trainees (from outside of Rotherham) we charge £400 for Coil training, £350 for Implant training and £300 for DFRH assessments.

Implant insertion is the quickest and easiest procedure to learn to start with. Both coils and implants are more effective than the pill, even if you are a perfect pill taker. As well as a small financial incentive for your practice, it would free up more GP / Practice nurse appointments as, unlike pills, coils and implants last years.

Please contact nadi.gupta@nhs.net or Naomi.sutton1@nhs.net if there are any queries and for further information

GPC ADVICE

Message from GPC Chair

2021 has been a year of enormous challenge and yet there is much for General Practice to be proud of. Over the last 12 months you have led the most ambitious vaccination program ever undertaken, delivered record numbers of appointments to patients in need, and been voted the most trusted profession in the world. You have done all of this with 1,139 fewer GPs than last year, substandard premises, closer scrutiny than any other profession, and an inadequate budget. You have done this with heart and soul, many a time putting your own health at risk in the face of extreme unknown adversity through a pandemic, you have done this because you care about people, because patients matter, because your communities matter to you.

For 2021, General Practice has given the nation the gift of life. You have saved lives, prolonged lives, and given quality to lives. You are tireless, ordinary people working in utterly extraordinary ways, and we are proud to be amongst you. But for many of you, this has taken its toll on you, you have questioned whether anyone is listening, whether anyone cares and who will take it upon them to make the day job possible once again.

We are resolute that 2022 will be better, and we know that this will be achieved by cohesive and robust representation, delivering you with the tools that you need to better look after patients. Because without you, there is no general practice, without you, patients will struggle to access care.

Firearms Licensing Guidelines

After extensive work, we have [published guidance on the firearms licensing process](#), setting out the BMA position on firearms licensing and providing information to GPs on what to do when someone applies for a firearms licence, including responding to the police and conscientious objection.

The BMA has had significant involvement in the development of [Home Office guidance for chief officers of police on firearms licensing](#) that came into effect on 1 November 2021. We strongly support the Government's overall message, that gun ownership is a privilege and not a right, and that firearms must be in the hands of only those who are deemed safe and responsible.

The 2021 statutory guidance and the arrangements for medical checks for applications reflects the BMA's significant contribution to its development. Public safety is paramount for the Association and the guidance clearly sets the standards, clarifies the national process and provides a unified approach for doctors and police forces to follow.

Medicines Supply Tool

The Department of Health and Social Care and NHSE/I have now launched an online [Medicines Supply Tool](#), which provides up to date information about medicine supply issues. To access the Medicines Supply Tool you will need to register with the [SPS \(Specialist Pharmacy Service\) website](#).

GP Practice Sponsorship Process

The BMA has partnered with legal firm Magrath Sheldrick, who oversee our [immigration advice service](#), to develop a webinar on navigating the GP sponsorship process. The webinar is aimed at GP employers and offers practical tips on how to navigate the current sponsorship process to recruit non-UK nationals and addresses frequently asked questions on the process itself. Access the [webinar](#)

If you have any questions, or would like to share your experiences of navigating the sponsorship process, please contact Caroline Strickland, Senior Policy Advisor, International Affairs (cstrickland@bma.org.uk).

PCSE Patient List Validation Requests

Following the issue being drawn to our attention, we asked NHSE/I to pause PCSE emails to practices requesting full patient list validation exercises. NHSE/I agreed to this and have instructed PCSE to stop sending them until the beginning of February, when the decision will be reviewed.

Private Provider Requests for Investigations under the NHS

Following queries from LMCs about requests from private providers relating to investigation and / or treatment of one of the practice's registered patients, the British Medical Association (BMA) has produced guidance, which includes a template letter to respond to private providers.

If a GP is asked by a private provider to arrange investigations or tests, the results of which the GP would not be able to interpret and / or the GP does not feel clinically competent to manage the patient accordingly, and an acceptable shared care arrangement is not in place, the GP should advise the patient and the provider that the services do not fall within NHS Primary medical services and to make alternative arrangements.

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_](#)