

## In This Issue

- LMC Meeting
- RFT Communication with Practices
- National Procurement of DOACs and Edoxaban
- Health Checks
- Rapid Access Chest Pain Clinic (RACPC) Referrals
- General Practice Alert System

## GPC Advice

- Rebuild general practice campaign
- GP Contract 2022-23
- Death certification and cremation formsLiving with COVID-19' plan
- Gender dysphoria guidance
- DWP change to fit note – from 6 April 2022
- Flu Orders
- Your wellbeing

## LMC Meeting 11<sup>th</sup> April 2022

At our last meeting, the LMC elected Dr Davies as Chairperson, Dr Eversden as Vice Chairperson and Dr Thorman as Medical Secretary for the new three-year term. Dr Anne Mellor was co-opted to the remaining vacancy for LMC Member.

The LMC discussed a range of issues, including: eye care, spirometry, extended access, and CAMHS referrals.

---

## RFT Communication with Practices

Thanks to the 23 GP Practices who responded to our survey last month; of which 20 (87%) stated they preferred communication with TRFT via electronic letter. The LMC have taken this up with the CCG.

---

## National Procurement of DOACs and Edoxaban

Manufacturers are lowering their prices as part of the national procurement programme. Although this is not currently within the Medicines Management Team planning so far, it was noted that rewards were available for achieving targets of 60% which could achieve c.£25k per PCN footprint. The LMC Members discussed the issues of supply security, logistics of switching from other medications and the evidence of efficacy.

LMC Members were cautious and not entirely comfortable with the proposal and recommended a sure and slow approach to any rollout, noting that Apixaban comes off patent in two years' time.

---

## Health Checks

The Federation have been awarded the contract by RMBC for five years, with the possibility of a five-year contract extension. The Federation intend to operate a hybrid system whereby they can provide the service, but will offer to sub-contract to GP Practices should they wish, with the work commencing July 2022.

Training would be offered to practices together with assistance for the call/recall process. A sum of £22 per health check would be offered, subject to the Federation meeting various KPIs – including reaching 60% of expected targets.

## 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:**

**9<sup>th</sup> May 2022**

**From 7.30 PM**

## LMC Officers

**Chairman,**  
**Dr Andrew Davies**  
[ajldavies@hotmail.com](mailto:ajldavies@hotmail.com)

**Vice Chairman,**  
**Dr Julie Eversden**  
[julie.eversden@nhs.net](mailto:julie.eversden@nhs.net)

**Medical Secretary**  
**Dr Neil Thorman**  
[Neil.thorman@gmail.com](mailto:Neil.thorman@gmail.com)

## LMC Office

**Greg Pacey**  
[rotherhamlmc@hotmail.com](mailto:rotherhamlmc@hotmail.com)  
[www.rotherhamlmc.org](http://www.rotherhamlmc.org)

## Disclaimer

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

LMC Members welcomed the award of the contract to the Federation, particularly with the hybrid system allowing for partial GP Practice involvement, with the hope of the potential for involving smoking cessation and obesity management in the future.

---

## Rapid Access Chest Pain Clinic (RACPC) Referrals

Members discussed the increasing number of requests from the RACPC for ECGs before they would accept referrals from a GP. LMC Members felt that once a GP made a decision to refer, any further investigations ought not to be a requirement for referral.

Significant concerns remain about the capacity at the RACPC especially for face-to-face review, which appears to be causing significant impact on wait times. 'Rapid Access' ought to be just that, otherwise there is the potential for patients to end up at A&E whilst waiting for assessment and/or suffering a preventable cardiac event. The referral process states an ECG should be enclosed 'if available' and should not be deemed a mandatory requirement.

---

## General Practice Alert System

This is a new scheme supported by the GPC and being rolled out across LMCs.

Developed by Devon LMC, it provides clear evidence of manpower pressure on practices, thus enabling LMCs to bring support quickly to practices under the greatest pressure. The system can categorise practices to be running at Green, Amber, Red and Black, with defined levels of response identified at each level.

The GPDF has committed to fund the project and support the roll-out of this initiative to all LMCs that wish to adopt this system. The system has been operational in Devon for two years and has had a tangible impact and positive engagement with the CCG in reacting quickly to critical situations and finding ways to plan ahead more effectively.

However, each practice will have to complete a weekly questionnaire which takes seven minutes. This data is submitted anonymously to the LMC for the production of a weekly report for the local stakeholder dashboard, summarising the changing trends in local GP practice resilience etc.

The LMC will be arranging for Exeter LMC to present this to Practice Managers to gauge the level of support for this within Rotherham.

### Rebuild general practice campaign

General Practice is in crisis and patient safety is at risk. The BMA, working in partnership with the GPDF, recently launched the [Rebuild General Practice](#) campaign to tackle these issues.

The aim of the campaign is to support GPs and their teams, at an extremely challenging time, in delivering the general practice service that patients and staff deserve.

The campaign is calling for:

- Recruitment: The U.K. Government delivering on its commitment of an additional 6,000 GPs in England by 2024
- Retention: Tackling the factors driving GPs out of the profession such as burn out
- Safety: A plan to reduce GP workload and in turn improve patient safety

It is vital that we build as much support for the campaign as possible. You can find more information on the [campaign website >](#) and follow the campaign [Twitter account >](#)

Read more about the launch event on the [BMA website](#)

---

### GP Contract 2022-23

General practice is under increasing pressure, and we have recently published a [safe working guide](#) to enable practices to prioritise safe patient care, within the present bounds of the GMS contract. We have now added some videos to our resources directing practices to the safest way to continue deliver patient care.

Following the [announcement of the GP contract changes](#) for 2022/23, which came into effect from 1 April, we have now published an [explainer video](#) explaining what this will mean for practices.

Read also our [guidance about the contract changes](#) to support practices in their decision making and next steps.

All the 2022/23 contractual documentation have now been published on the [NHSE/I website](#)

---

## Death certification and cremation forms

The [Coronavirus Act 2020](#), which introduced easements to death certification processes and cremation forms during the pandemic, was repealed on 24 March 2022.

The following provisions are continuing:

- If a doctor has **not** seen the deceased in the 28 days prior to death or any time after death they can complete the MCCD (medical certificate of cause of death), however the registrar would need to refer the MCCD to the coroner. This time period will remain at 28 days and not revert to pre-pandemic 14 days.
- ability for medical practitioners to send MCCDs to registrars electronically
- the [form Cremation 5](#), which was suspended during the pandemic, will not be re-introduced after the Coronavirus Act expires and has now permanently been abolished.

The following emergency provisions are changing with the expiry of the Act:

- the temporary provision allowing any medical practitioner to complete the MCCD will be discontinued
- informants will have to register deaths in person, not remotely.

The Cremation Regulations (2008) does not state any time frame in which a doctor has to have attended the deceased before or after death to complete Form 4. If a doctor completes Form 4 without having seen the deceased before or after death, the Medical Referee will make a decision about whether or not a cremation should take place.

Read more on the [BMA's website](#) about these changes.

---

## Gender dysphoria guidance

We have updated our guidance on [managing patients with gender dysphoria](#), to include some advice in relation to Gender Identity Clinics asking GPs to review patients who had already been referred to the GIC, due to long waiting time.

Our guidance also explains the role of GPs managing patients with gender identity problems, including questions relating to patient records, confidentiality, prescribing and monitoring responsibilities.

Alongside the updated guidance, we have also published a [statement](#) about the need for NHS England to commission gender identity services in England.

We would also recommend that the guidance is read in conjunction with the BMA guidance on [Inclusive care of trans and non-binary patients](#), which explains first steps and best practice in providing a supportive service to transgender, trans and non-binary patients, including patients who present with gender incongruence and/or dysphoria.

---

## DWP change to fit note - from 6 April 2022

On 6 April DWP changed regulations so that fit notes do not require a signature in ink to authorise them. Instead, a new template is being delivered that is authorised by the name of the doctor being included in the form. This means fit notes can be completed, authorised and sent digitally from 6 April. The main points:

- GPs' names will be automatically captured by their IT systems from their user login
- The exact date the system will be updated depends on your system supplier
- Until the new template is delivered, continue to use the current version, which still requires a signature in ink to be valid
- Until the systems are fully updated both the previous and new versions are legally compliant and employers have been told they must accept both
- If patients are not able to receive the fit note digitally or require a paper copy, then this must be provided (but does not require an ink signature)
- If there are issues then the form can still be completed by hand and authorised by the doctor writing their name, or signing the fit note in the relevant place and will still be legally compliant
- Hospitals will still be using paper fit notes ordered from DWP, but from 6 April this should be on the new template

Read more about these changes on [Gov.uk](#)

---

## Flu Orders

Following the recent publication of the guidance for the 2022/23 flu programme, it is apparent that some practices may have based their orders on last year's expanded cohorts and be experiencing difficulties in amending them. The General Practitioners Committee (GPC) has raised this with NHS England and NHS Improvement (NHSE/I), who has assured the GPC that they have received commitments from manufacturers to being flexible if the reimbursement letter impacted existing orders. If manufacturers are refusing to provide this flexibility, practices should seek assistance by sending the specifics to the NHSE flu inbox [phco.fluops@nhs.net](mailto:phco.fluops@nhs.net)

---

## 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](mailto:support@bma.org.uk)

**Read more about doctors' wellbeing during the pandemic** and on [Twitter @TheBMA\\_](#)