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LMC Meeting 13th June 2022

At our last meeting, the LMC discussed a range of issues in addition to those reported in this newsletter, including; Shared Care Specification, Quality Contract Revisions, Pharmacist Hypertension DES, Dementia LES and Primary Care Leadership Group.

Dr Rehanna Chaudhary, Race Equality Lead, SYB Primary Care - BAME Support Network

Dr Chaudhary has been a GP in Doncaster for over 20 years and has recently been appointed as Race Equality Lead in South Yorkshire. Her remit is to look at identifying and reducing inequalities in the local workforce. Dr Chaudhary attended the last LMC Meeting and LMC Members considered the idea of developing a local BAME (Black, Asian and Minority Ethnic) Support Network - there is currently a network in Doncaster that meets bi-monthly.

The following issues were raised:

- Lack of BAME representation at senior levels in Primary Care
- Working with LMC and local partners to initiate training programmes
- Reciprocal / reverse mentoring

The LMC feel this has been a significant problem across the NHS for some time, and the development/extension of the Doncaster Support Group across Rotherham would be a useful first step.

For further information, please contact:

rehanna.chaudhary@nhs.net

Lung Health Checks

Dr Jason Page attended the last LMC Meeting to discuss Lung Health Checks (LHC), which are coming to Rotherham by the end of the year and the provider is Alliance Medical, the same as for Doncaster. The scanner moves from Doncaster to Rotherham in late October/November 2022.

LHC includes all patients aged 55-74 who have ever smoked. They are invited for a telephone consultation where a lung cancer risk score is calculated - those with a high score (in Doncaster this has been about 54% of responders) receive

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:

25th July 2022

From 7.30 PM

LMC Officers

Chairman,
Dr Andrew Davies
ajldavies@hotmail.com

Vice Chairman,
Dr Julie Eversden
julie.eversden@nhs.net

Medical Secretary
Dr Neil Thorman
Neil.thorman@gmail.com

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a CT scan on a mobile truck and will also be offered a single spirometry reading and BP check. The CT scans will be reported and people with a need for secondary care will be automatically referred but there are a good number of people who receive a primary care outcome.

The initial results are very encouraging with large numbers of lung cancers having been found and of those found around 75% are found in the early or curative stages, which is a reverse to those found via traditional methods.

LMC Members discussed various issues, including the initial data search via Ardens, the sense-checking of lists by practices, the financial offer of a fixed sum per practice plus a £ per patient fee based on practice list, the treatment of calcification as an incidental finding and the variation in uptake across the Doncaster area.

Dr Page suggested a quick glance-through of the lists by practices, as there are lots of pre-list criteria added and the invite letters to patients will make clear what limitations apply. There is no implication of practice liability for errors/ omissions.

LMC Members noted that it was clear from the discussions that an item-of-service method of payment was not workable. The financial offer was considered acceptable given there is no national agreement on funding available.

CCG Proposals for the Quality Contract Underspend in Primary Care

The CCG have informed LMC that most practices are struggling to provide a routine bookable appointment within five working days. Consequently, the CCG are able to hold back 6% of monies for Q2-Q4 and LMC have been asked to comment on proposals of how to re-invest this money into General Practices. LMC are waiting for clarification on the data, but would encourage practices to appeal against any withholding of money based on access if they feel they have provided sufficient routine appointments. The majority of members felt that this was a consequence of a large increase in demand rather than insufficient routine appointments.

Subject to further clarification on the data, the LMC agreed to the principle of the monies being spent on ways of improving access based on the suggestions from PLTC, so long as they are involved with discussions about these. They are hoping that further telephony / reception / care navigation support or innovations in these areas are where the focus will be.

YAS Ambulance Notifications

Further to the article in the last newsletter, Yorkshire Ambulance Service (YAS) have confirmed that if something urgent is required, it is usual practice that the paramedic contacts the GP Practice directly. YAS asked that any further evidence or cases be referred for them to look into at:

yas.patientrelations@nhs.net

Covid Vaccinations - Winter Planning

The LMC noted the recent CCG presentation to PCN CDs regarding autumn covid booster proposals.

The LMC feel that, ideally, flexibility needs to be retained to allow practices to co-administer flu and covid, as well as delivery of residential / housebound patient vaccination, with possible support from the Federation. In future years, vaccination will likely need to be done via PCN footprint.

Fuller Stocktake Report - Steps for Integrating Primary Care

The NHSE has published the '[Fuller Stocktake report](#)' on the next steps for integrating primary care in England.

There are a number of unofficial handy summaries in circulation; we like this one on twitter:

https://twitter.com/carnall_farrar/status/1530230185286565888?s=24&t=0ldiRbk4AEQj8He_wN15fA

The report focuses on integrated primary care, what is currently working well and makes some far-reaching recommendations for future initiatives. There is a focus on access and continuity which is welcomed, but there lacks detail in many areas, due in part to the focus on local determination and delivery, and some of the changes seem aspirational. Some of the recommendations include:

Formation of Integrated Neighbourhood Teams based on PCN footprints, but questions arise about whether the scale of these teams will be viable, how and where community services will be integrated and if CD's/PCN's will be expected to lead.

Development of a single integrated urgent care pathway via an MDT approach, which is also welcomed to take the pressure off primary care but is a potentially huge undertaking possibly involving a single at scale triage system.

Personalised care for people most in need and preventative care.

Changes to our approach to estates, workforce, digital/data solutions and access.

The LMC View is that, although there are lots of changes proposed, some of which are very welcome, it remains open to question how / if this is realistically deliverable and what the timescales for change are going to be.

NHS Pensions

The BMA have recently warned that many GP's may fall foul of the annual allowance charges, on the basis of the consumer price index hitting 10% this year. This may mean that these GP's will face the choice of paying the charge out of their income or face a reduced pension when they retire through "scheme pays". For BMA members, they can access the BMA Goldstone pensions modellers, which will provide an accurate estimate of annual allowance and lifetime allowance charges, at:

<https://www.bma.org.uk/pay-and-contracts/pensions/tax/the-bma-goldstone-pension-modeller>

LMC Buying Group - Vacancy Advertising

The LMC Buying Group members can post any vacancy (clinical and non-clinical roles) for free on the Buying Group recruitment page. All job postings are highlighted at least once across all the social media platforms (Twitter, Facebook and LinkedIn).

A 'Featured Job' option has also been introduced for those practices that want to draw more attention to their advert. The featured job will appear at the top of the Jobs page in a bright colour, be highlighted on social media channels each week and Google AdWords will be used to drive more traffic to the advert for a month. This service costs £50+VAT.

To place an advert, log in to the Jobs page and upload your vacancy using the application form template. Various templates are also available, such as job advert, job description, person specification and application form, as well as a shortlisting matrix.

For more information about the LMC Buying Group recruitment platform, please email info@lmcbuyinggroups.co.uk or telephone 0115 9796910 or visit:

<https://www.lmcbuyinggroups.co.uk/job-vacancies/gp-practice/uk>

GPC ADVICE

Accelerated Access to Patient Records

We would like to update you on developments with regard to the provision of prospective access to patient records. This new service was due to go live at the end of 2021 but was delayed due to concerns from the profession. The Secretary of State has now confirmed a launch date of 1 November 2022.

The GP Committee's IT Policy Group has been having weekly calls with NHS England and has participated in several workshops looking at clinical safety issues, redaction and guidance documents. We have worked with system suppliers and with safeguarding leads and we hope mitigations will be in place

to address any ongoing safety concerns. We are also awaiting feedback from early adopter sites.

There are several steps that practices need to take between now and the launch date and we will provide guidance on this shortly.

Work is still ongoing and we are making all necessary representations, and continue to highlight the potential concerns of the profession.

Accelerated Access to Patient Records Update on NHS property Services (NHSPS) Legal Case

Since early 2020, the BMA has been supporting 5 GP practices in legal dispute with NHSPS around inflated service charges. The case has been broken into two phases by the court: phase one to look into the principles of which services NHSPS can charge the practices for, and phase two to look into what the exact amounts of any charges will be. **We have now received the judgment on phase one of the trial, and in determining which services practices are liable to pay, the court has decided in favour of NHSPS.**

The complex judgment is 170 pages long and gives some clarity to these practices about what services they are and are not obliged to pay for. The length of the judgment underlines the difficulties caused by the drastic change in approach by NHSPS to service charges that busy practices, working to provide care to patients under the most difficult circumstances, are being forced to navigate.

These proceedings were initially launched because NHSPS appeared to be increasing GP practices' service charges in reliance on its Consolidated Charging Policy. However, in June 2020 NHSPS conceded that its charging policy did not impliedly vary these practices' obligations retrospectively, and the recent judgment confirms that in none of the five practices' cases was NHSPS' charging policy incorporated into the terms of their tenancy.

GP practices' service charge obligations can only be determined on a case-by-case basis. The judgment confirms that practices facing demands for fees that they do not understand should take a constructive approach and seek their own advice to investigate what is and is not recoverable by way of service charges. This has always been our approach and we have consistently advised practices to do their own due diligence.

During these proceedings we have seen NHSPS' claims for outstanding service charges revised vastly, in one case being reduced by as much as 34% (more than £178,000). This underlines the opacity of NHSPS' methods for calculating charges. Had the BMA not supported the GP practices in this case to defend NHSPS' claims for charges they could have overpaid hundreds of thousands of pounds to NHSPS, which NHSPS was unable to substantiate when required to do so. The case is not over, with the next stage to determine how much these practices may owe, if indeed they received the services to the required standard or even at all. We are discussing our next steps with the legal team and will provide further updates and guidance as they become available.

Extending Fit Note Certification

From 1 July 2022, legislation is changing which will allow more healthcare professionals to certify fit notes to patients. Currently only doctors can legally certify fit notes. DWP are now changing the legislation which will allow a further four professions to do this. These professions are nurses, occupational therapists, physiotherapists, and pharmacists.

Not everybody working within these professions should issue fit notes. Professionals should be working in a suitable environment and have the necessary skills and training to have work and health conversations with patients. This task needs to be within their professional 'scope of practice', therefore new guidance and training has been developed which will help professionals to identify if this task is suitable for them.

This change follows legislation changes in April which removed the need for fit notes to be signed in ink. This change made it possible for doctors to certify fit notes digitally and also for patients to receive their fit note via digital channels (where GP IT systems support this).

Fees Calculator

Doctors have undercharged for private and non-NHS fee-based work for years, effectively subsidising the system and taking the hit on their take-home pay. In response to this issue which was highlighted during ARM last year, we recently launched the [Fees calculator](#) and feedback has been extremely positive. Many doctors told us that they rarely reviewed their fees, some looked to their peers to gauge what to charge, and others used guidelines that were years out of date. The Fees calculator helps doctors decide how much to charge for their services based on their own circumstances. [Find out more](#)

The Fees calculator uses your overheads to calculate a fee range for the time it takes to complete a piece of work. The calculations are specific to you, and you can see what rates you would need to charge to make sure your costs are covered. You can find out more about [how the tool can help you save money and save 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_](#)