Rotherham LMC
Local Medical Committee

Newsletter – February 2021

LMC Meeting 8th February 2021

At our last LMC meeting, we discussed a range of issues including: Rotherham Digital Update, Quality Contract, Community Pharmacy Discharge Summary and Blood Pressure @ Home Pilot.

Principles for balancing GP Capacity

In November, the CCG agreed on the basis of the guidance from NHSE a set of revised principles for local application in relation to payment arrangements during Covid.

The LMC noted that the burden of reporting can take the best part of a week. We understand the CCG view and in fact this echoes the national situation with QOF payment being guaranteed but monitoring ongoing. The difference locally is that with QOF that happens automatically and with LES it does not. Therefore, following LMC representation, the CCG have now confirmed they will provide support to practices from the Data Quality Team to assist with data extraction.

Urgent & Emergency Care Centre – Rotherham Hospital

We have been asked to pass on a plea from the A&E Consultant, for GP letters to be sent via e-mail with details of medications and illnesses, if asking patients to attend UECC - even if for admission.

Dementia LES

Following a large review at the end of 2020, RDaSH are proposing to move the patient cohort back to primary care for GP follow-up; the bulk of patients (around two-thirds) to come in Q1 2021-22. There will be one dementia review initially, in the first year.

The LMC View is that bulk transfer is acceptable, with the caveat that Practices may manage the reviews at their own pace in the first year. It is difficult for the LMC to form a more detailed view at this stage, in the absence of an indicative payment and a clear specification. This needs to be agreed before April 2021 for the LMC to have confidence in supporting the proposals.

LES Reviews for 2021-22

The CCG have confirmed that payments will not be made via PCNs currently, although this remains the direction of travel nationally.

Meanwhile, the LES Specifications which the LMC reviewed last month do not, at this point in time, include an uplift. CCG Finance's current position is:

'Community tariff uplift will be applied to LESs for 21/22. This has yet to be notified. Planning guidance is expected at the end of the month.'

NHS Reforms – Next steps in Commissioning

The LMC is concerned how Rotherham Primary Care will retain its voice in the new structure in which RFT, RMBC, RDaSH, VAR and the Federation will each be represented at Place meetings, within a new ICS structure.

It was noted that the primary care resource would follow PCNs, Practices and the Federation. One of the roles of the LMC going forward might be in mediating between these groups and providing a scrutiny function in terms of adequate resourcing.

There is merit in the LMC retaining its local focus in representing Rotherham GPs, and perhaps seeking an observer role at Place Board. There was consensus that the LMC might require reform itself, in terms of membership and representation, to adapt to the new structure. Discussions are ongoing.

Provision of social workers for MDT meetings

We noted in the last newsletter that GP practices are paid to hold monthly MDT meetings to discuss patients with long term conditions as well as recurrent attenders to hospital and end of life patients on the Gold Standards Framework, and the CCG guidance stipulates that a Social Worker and /or Community Connector team member should attend.

RMBC have informed the LMC they are hoping to restart support, but representatives will be 'Community Connectors' rather than Social Workers. Patients not on the LTC list but at risk of crisis may be considered. The CCG will provide details of future MDT meetings to practices.

Mental Health Practitioners funding

The LMC discussed the 50/50 funding split between RDaSH and primary Care. There will be one practitioner per PCN for this year, after which the cap may be removed.

Members thought this overly complicated and at there is a danger in moving secondary care work into primary care and using ARRS MHP. There was consensus that a higher grade than Band 5 would be more appropriate and useful in supporting practices, going forward. Although funding rules restrict this at the moment.

Hospital Discharge Letters

The LMC discussed the ongoing poor quality of some of the discharge letters. The issue was raised at a recent CRMC meeting, in which an audit to improve quality was suggested, although the CRMC were unwilling to take this forward.

The LMC View is that this is an important issue, and it would be to everyone's benefit if it was audited; the results fed back, and secondary care look to make improvements on their processes. There are potential patient risks arising from problematic letters, drug safety etc.

Meanwhile, practices are encouraged to forward specific Rotherham-based examples to their Pharmacy Advisor at the Medicines Management Team so they can review any patterns for suggested improvement.

Infant feeding pathway

Whilst the pathway is working well and patients are being seen within a week, there were some concerns around the messaging to parents around the expectations of GPs to prescribe PPIs. The prescribing of PPIs is off licence in infants and as such it will always be up to the individual GP's discretion as to whether or not they would be happy to prescribe. This will depend on their own experience in prescribing in this area.

We've asked that the dietician would clearly explain when referring the parent back for a possible prescription, that the GP may be able to prescribe but equally may organise an onward referral to paediatrics if they are not able to do so. GP's are split down the middle as to those who would be happy to issue a script and those that would not, but what we want to avoid is raising expectations too much so that it causes conflict when the GP is within their right not to issue the script and prefers to refer on.

Telephony Update

The CCG are supporting twenty practices to update their systems, making them cloud based. The LMC asked about the remaining practices and were informed they had either not responded to the initial request from the CCG or said they did not need an update.

It is expected all work will be completed by the end of March 2021. Practices should then have as many lines as they need.

Practice Rates Payments & Reimbursement

Sheffield LMC writes:-

We wanted to check with other LMCs whether other areas in SY&B had noted a disparity in practice rates

payments to the relevant city council and reimbursements.

It has come to light that there was a rates review in Sheffield, in some cases dating back to 2017, whereby rateable values were reduced but continued to be reimbursed by NHSE at the original rate. We believe some practices had notified NHSE but no action was taken. It has arisen again now because Sheffield City Council has issued rates "holidays" to some practices for overpayment.

We do consider a need to alert all our constituents to this matter and raise it with NHSE (with a view that reclaiming rates reimbursements should be staged rather than a one off that might destabilise practices).

Practices are invited to contact the LMC office with any comments on this issue.

GPC ADVICE

GP Contract Changes 2021-22

The GPC recently secured a contract agreement for 2021/22 with NHSE. This contract package delivers significant additional funding, enabling above inflation rises to pay and covering expenses. We have made improvements to the vaccination and immunisation scheme that we hope will lead to increased levels of uptake. We have also secured additional funding for important areas in QOF and been able to make a significant expansion of the PCN workforce, all with 100% reimbursement and guaranteed funding.

There are minimal changes from 1 April 2021, including delays to previously agreed elements. Funding commitments already made will be honoured (GP contract uplifts, IIF and ARRS uplifts etc). Changes are to assist with the pandemic and its impact.

Arrangements will remain under review, depending on the progression of the pandemic and the progress of the Covid vaccination programme, and further changes will be agreed between NHSE and GPC in year (with reasonable notice provided to practices).

QOF will be based on the indicator set from 20/21, with limited changes.

As per the five-year deal, practices will receive an uplift to global sum to allow for a 2.1% pay and expenses increase, for population growth, and for additional S7a funding for vaccinations and immunisations. This will be at a time when there will be wider public sector pay restraint/freezes.

NHSE will undertake a data collection survey in general practice to get an accurate baseline of current terms and conditions of practice staff, in order to inform the development of good practice guidance on employment terms and conditions; and explore how general practice gender pay gap information can be made more transparent in a way which respects individual privacy and does not result in undue additional burdens upon practices, with a view to agreement and implementation during 2021/22.

The removal of the requirement for patient consent in use of eRD made under the pandemic regulations will become a permanent change.

A contractual requirement for a more timely transfer of patient records when patients move between practices will be introduced.

Changes will clarify that digital services are allowed to be delivered by contractors through locations other than practice premises, in line with current practice.

Minor updates will be made to the existing Structured Medication Review and Early Cancer Diagnosis services within the Network Contract DES from April 2021.

https://www.bma.org.uk/pay-and-contracts/contracts/gp-contract/gp-contract-england-202122

Covid Vaccine wastage

The GPC continue to have reports of some CCGs demanding that vaccines are thrown away rather than giving second doses or vaccinating other cohorts. We would like to reiterate that NHSE has made it clear that the top priority is that all vaccines be used and therefore must not be deliberately wasted. All sites should have reserve lists that they can use to make every effort to invite patients or healthcare professionals to ensure that they can make full use of any unused vaccines rather than have any go to waste.

Read more about vaccine supply in the BMA's advice webpage on healthcare worker vaccination and report any concerns about this via the feedback portal.

Fit notes (med 3)

GPs are reminded that they are still required to issue fit notes (med 3) as normal. There are specific scenarios relating to COVID-19 where patients can use the isolation note service, instead of seeing a GP. Please do not signpost patients to NHS 111 in order to get a fit note as they are not provided by the service.

During the pandemic DWP is encouraging employers to use their discretion as to what medical evidence is required to support periods of sickness absence.

Previously advice was issued on issuing fit notes (med 3s) remotely during the pandemic, which remains in place until further notice. A properly signed and scanned fit note sent via email to the patient will be regarded as 'other evidence' and will be accepted by DWP for benefit purposes. Not signing fit notes can mean that they are rejected by employers and DWP, so we have been asked to remind GPs that fit notes must be signed. The original hard copy does not need to be retained if there is an electronic copy of the fit note in the medical record.

If the patient is unable to receive their fit note electronically, they will be required to collect a hard copy from the practice or it will posted to them, at the practice's discretion.

CQC Inspection of GP practices

Following the CQC's recent update on its regulatory approach and lobbying by the GPC, on 28 January 2021 the CQC wrote to the CCG primary care leads and NHSE regional directors, confirming that they will only inspect GP practices in response to significant risk of harm and when it cannot seek assurances through other routes. If an inspection is necessary, the CQC will carry out as much activity off-site as possible

Flu vaccine reimbursement 2021/22

NHSE has issued guidelines on vaccines for use during the 2021/22 flu programme, following the publication of JCVI advice.

The vaccines recommended for use are:

Those aged 65 years and over: aQIV or QIVc (where aQIV is not available)

At-risk adults, including pregnant women, aged 18 to less than 65 years: QIVc or QIVe (where QIVc is not available).

Practices should read the guidelines and submit vaccine orders as soon as practical. The LMC Buying Group's negotiations with their flu vaccine suppliers have concluded for the 2021-22 flu season. Their recommendations can be found here:

https://us11.campaign-archive.com/?e=%5bUNIQID%5d&u=ae8a08663d8d6e1465569f620&id=6cb592c1a9

LMC Meeting

GP constituents are reminded that they 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

8th March 2021

COMMENCING
At 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

If you have any questions or agenda items, or wish to submit appropriate articles for this newsletter

CONTACT US AT THE LMC OFFICE c/o: -
Greg Pacey
Rotherham LMC

rotherhamlmc@hotmail.com
www.rotherham.lmc.org