Rotherham LMC
Local Medical Committee

Newsletter **January 2023**

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GPC Advice

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 February 2023

From 7.30 PM

Medical Examiner

At the last LMC Meeting, Dr Lea, Medical Examiner for Rotherham, outlined the revisions to the death certification process from April 2023 under the Coroners & Justice Act. The same information was presented in a video within this month's respiratory PLT event. The implementation had been delayed due to Covid. The new process is still being designed. However, it will be required that the Medical Examiner (ME) would see each case. Dr Lea emphasised this was not a full review or enquiry, and not about finding problems. Most cases were expected to be simple, and the reviews were not looking back any further than 2-3 months.

Despite GPs having to include the ME in the new process, there is no additional funding available. Dr Lea was asked to consider LMC comments regarding responsibility for completing the forms and whether Medical Examiner's access to SystmOne would negate the need for some duplication of information.

The LMC were reassured that the new process does not represent an in-depth examination of every case of death but is a small increase in the workload of GP's which is unfunded. We will receive more information on the proposed form and exact start date, and contact details for the ME team before the 1st April 2023 due start date.

Accelerated Access to Patient Records

Some practices have received messaged from SystmOne reminding them about the instruction they have been given by NHS Digital to enable patients to view prospective data added to their GP record and that this change is being applied 1st February 2023. It appears that these practices have received such messages because they have not fully opted out, but it is unclear and it may be that some feel they have opted out and may not have. **IMPORTANT: If your practice does NOT wish for the change to be applied on 01 February 2023, you must take immediate action. Please email RecordAccess@tpp-uk.com by 27 January 2023 at the latest registering your opt-out. You must include your instruction, practice name, address and ODS code. If you do not register your opt-out by 27 January 2023, the change will be applied in accordance with NHS Digital's instruction.**

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Changes to LES Specifications

The LMC reviewed the new changes to LES specifications and have fed back detailed comments. There are ongoing discussions about setting up a new adult Medical Emergencies Eating Disorders service, which is hoping to be up and running as of April this year.

Eclipse Software

Mr Lakin from Medicines Management Team (MMT) attended the LMC Meeting to outline a proposal to offer Eclipse Software to practices for free. Funded by the NHSE, the software is currently used by more than 2500 GP practices, including Barnsley and Sheffield. The software offers data management, which is useful for QoF, IIF and meeting planning objectives. The MMT will offer free training to practices.

Mr Lakin noted that practices will be free to switch on and off the software without obligation to/from the ICB. So, for example, a practice might wait until there is evidence of other practices using the software successfully before deciding to participate.

The searches only run if practices specifically run the data – i.e. the software won't be producing reams of data for practices to review if they don't request it.

Overall, the LMC expressed cautious approval for the MMT to proceed to discuss with practices, subject to practices retaining the right to freely switch the software on/off, and noting that there is not a requirement for all practices to sign up to the software. Practices will be asked to open a shared agreement with the company to allow them to extract and assess practice data. To this end the LMC are happy that the information governance processes have been checked.

2ww Colorectal Pathway

Changes to the new 2WW referral pathway were discussed again, specifically the advice that if patient present with an abdominal mass that a direct CT scan should be arranged where locally available. The LMC feel this is a unilateral implementation and anticipate that it could be problematic, leading to missed referrals. We suggest to practices that they continue to refer via C-the signs as before.

We also discussed that some 2ww referrals had been bounced by TRFT. LMC note the NHSE National Cancer Waiting Times Monitoring Dataset Guidance (March 2022) Clause 2.3.1 which states "If a consultant thinks the referral is inappropriate this should be discussed with the referrer. Only the referrer can downgrade or withdraw a referral. This includes where it is considered that insufficient information has been provided".

Advice & Guidance (A&G)

The LMC have concerns about the variation in the quality of the A&G from certain parts of the hospital. Sara Hartley has regular meetings with the Trust regarding A&G and has asked the LMC to provide details of examples, with particular issues including the UBRN code in order that these individual patients can be identified by the Trust. One of the frustrations with A&G expressed by LMC Members, was that although Consultants are able to convert A&G into a referral / appointment, GPs still commonly receive an instruction to refer.

Please forward any examples you have of poor-quality A+G that you come across to Sara Hartley (sara.hartley2@nhs.net) so that this can be fed back to them and improvements can be made.

Opel

The Primary Care Delivery Group are considering a proposal to fast-track a new OPEL scheme for practice monitoring, which will involve immediate practice participation. The LMC have concerns that the Menu of Support isn't yet ready, and that the scheme will be incorporated into the Quality Contract (QC).

The LMC realise the speed of dissemination is to try to capture data to assess how busy GPs are right now but including it within the QC means the scheme becomes mandatory without separate funding. We will be considering revisions to the QC at our next LMC meeting on 13th February and there will no doubt be robust debate on what elements of the QC can be dropped to compensate for the proposed addition of this scheme.

Meanwhile, we presume practices will be asked to *volunteer* to fill this in between now and the end of March 2023 with no obligation to participate.

GPC ADVICE

GPC England New Year's Message

I want to send you all best wishes for the New Year. Many of you will have been working in Out of Hours, Urgent Treatment Centres, Prisons, and other settings this Christmas and my thanks goes to you. Many will have continued working at home to clear backlogs built up due to the increased patient demand and the recent respiratory influx. Despite this I hope that you and your teams had some time to rest and recuperate after this unprecedented period of pressure.

General practices have never been so busy, with over 31 million appointments carried out in November, fifteen percent more than in November 2019, and this with fewer and fewer GPs as shown in the November GP workforce figures, with a fall of 77 full-time equivalent fully-qualified GPs in England between October and November, and 471 in the 12 months to November.

The Government has now overseen the loss of the equivalent of more than 1,900 full-time fully-qualified GPs in England since 2015, and that almost a quarter of this loss happened in the last 12 months alone – the biggest annual fall in almost three-and-a-half years – speaks volumes to the intense pressures that practices and staff are under. With workload demands soaring, and financial stresses on practices bearing down, alongside the impact of punitive pension rules, many GPs are having to take the difficult to decision to reduce their hours or leave altogether to protect their wellbeing.

Fewer GPs means patients are suffering. GPs and our colleagues in general practice are doing unsafe levels of consultations. We risk making mistakes if we try to work beyond our mental and physical capacity. We will burn out and harm our own health if we continue to work in this way.

To save ourselves and protect our patients we have to move to delivering safe working models. We have produced guidance to help practices, LMCs, and ICBs to develop models which deliver for patients and keep doctors safe.

The NHS in general is at breaking point, and this is putting untold pressure on general practices. We need investment in traditional general practice. This is what patients want. This is what GPs want.

The Health and Social Care Select Committee report into the Future of General Practice provides some hope as we move into a new year. I move towards the new year with more determination to get general practice the support it needs so that GPs and practices thrive and enable them to deliver the services which patients require.

Read the press statement about the GP workforce and appointments data.

Read more about the pressures in general practice here