

Newsletter – July/August 2020

LMC Meeting 20th July 2020

At our last LMC meeting, we discussed a range of issues in addition to the newsletter articles here, including: Extended Access LES, DVT LES, Transfer of work from secondary care and GP Appraisals.

DVT LES

The LMC still feel that the pathway is too complicated (as it has always maintained) and that it is too easy for patients to be lost to follow up within the pathway.

As this was an amended version we feel it should require fresh approval from practices, which should be the guiding principle for any future amendments made to other LESs. Practices must have the opportunity to re-evaluate whether or not they wish to continue with any amended LES. The CCG have agreed to ask practices to confirm whether or not they want to sign up to the modified DVT LES.

UECC ‘Bounce Back’

The LMC discussed the "talk before you walk" principle, which is to encourage patients to contact 111 before accessing NHS services. The

CCG understand this is not 'mandated' but SYB are considering adoption via the urgent care board. The LMC are concerned that this could mean more patients pushed to general practice with inappropriate and unrealistic timescales. Clinical discretion should be a guiding principle when assessing GP referrals to Emergency Care, without the need for the further bureaucracy of strict local criteria.

The facility of NHS 111 access to primary care is currently available in the form of direct bookable appointments and this arrangement should be maintained, but ongoing evaluation of the appropriateness, both clinical and timescale, of the referral should continue.

Central phlebotomy site.

There was discussion about how well the drive-thru facility at Sheffield was working. In contrast, Rotherham outpatients were still coming to local surgeries for blood tests.

The LMC view is that it is reasonable for GPs to push back on this now that the Covid-19 crisis is abating, especially as arrangements have been made to keep this work within secondary care.

Leg ulcer care in the community

The LMC encouraged practices to agree to do this for the 1st quarter of 2020/21 but we wrote to practices a few weeks ago saying that agreement had now ended. At the same time the CCG wrote to practices to ask them to continue until the autumn. And we were informed that all practices had agreed to this.

So if you have agreed to do this then it's your responsibility to refer to tissue viability. If you haven't - or indeed if you now wish to withdraw having agreed - you can; just write to the CCG expressing this preference. The federation are primed to step in, in this situation.

Self-Isolating before Operations / Procedures

Practices are starting to receive requests from patients for Med3's who are listed for operations or procedures and have been advised by the hospital to self-isolate for 7-14 days depending on what they are having done.

The advice from the GPC is very clear that it is not the GP's responsibility to issue fit notes for the purpose of pre-op self-isolation.

Furthermore, GP's should not be issuing notes if the patient is otherwise fit and well. GP's shouldn't feel pressurised to issue a note simply because the employer refuses to accept the letter from the hospital, although it is understandable that they may be made to feel like they ought to do this by the patient who has been told to contact them.

Ideally all trusts would send a self-isolation note with the notification of operation date directly to patients, and we will check this is happening at RFT.

Meanwhile, Derby LMC have kindly shared their letter template with the LMCs, which is attached, if you wish to use it.

Patient Letters

The LMC discussed the issue of errors in patient's letters where clinicians are copying and pasting large chunks of information into the wrong patients' letter through basic human error. This is clearly unacceptable, and clinicians are reminded to take care when doing this.

Fraudulent CV

Nottinghamshire LMC has made us aware of an individual impersonating an employed practice nurse colleague within the county and forwarding her cloned CV to practices. It seems that this impersonator is now operating outside of Nottinghamshire.

Practices have recently received a curriculum vitae (CV) from the email address nursekarenamies@outlook.com which is considered to be a fake account. This matter has been reported to the Police by the practice and the victim involved. For further information on this matter or to report an incident of the above, please contact Karen.amies@nhs.net

The Cameron Fund, The GPs' own charity

The Cameron Fund is the only medical charity which solely supports NHS General Practitioners. This includes GP Trainees, working GPs, retired GPs, as well as dependants of GPs.

The Fund helps GPs and their families who are suffering financial hardship, whether through physical or mental ill-health, disability, bereavement or loss of employment.

Financial help is tailored to best support an individual's return to work. As well as grants and loans, the Fund can help with money advice assessments and career coaching for those who may no longer be able to continue to work as a GP.

info@cameronfund.org.uk

020 7388 0796

www.cameronfund.org.uk

Covid-19 Guidance

We continue to regularly update our [toolkit for GPs and practices](#), which includes a large range of topics relating to COVID-19. There is also guidance on the following topics:

[Model terms of engagement for a GP providing temporary COVID-19 services](#)

[Terms and conditions for sessional GPs](#)

[Guidance on risk assessments](#)

For further information, see the BMA's [COVID-19 Webpage](#) with all the latest guidance including links to the BMA's [COVID-19 ethical guidance](#) and [priorities for easing lockdown](#).

Face Coverings

Our guidance on [Reducing COVID-19 transmission and PPE](#) now includes updated advice on face coverings, which confirms that *practices do not have to provide letters of support for those who fall under the list of exemptions*, or to those who do not.

Individuals should self-declare if they believe they should be exempt from wearing a face covering. They should not be directed to their GP to ask for evidence to support this.

NHSE “Third phase of NHS response to COVID-19”

NHSE have released their [Third phase of NHS response to COVID-19](#) letter.

It highlights the priorities for the NHS as a whole, including accelerating the return of non-Covid services, in particular cancer services, and Trusts are asked that they should ensure, working with GP practices, that every patient whose planned care has been disrupted by Covid receives clear communication about how they will be looked after, and who to contact in the event that their clinical circumstances change. A modified national contract will be in place giving access to most independent hospital capacity until March 2021 and Trusts should ensure their e-Referral Service is fully open to referrals from primary care.

The restoration of primary and community services is also seen as a priority and they state that “we recognise that capacity is constrained, but will support practices to deliver as comprehensive a service as possible”. They encourage a focus on childhood and flu immunisations, cervical screening, building on the enhanced support practices are providing to care homes and reaching out to clinically vulnerable patients and those whose care may have been delayed.

CCGs are told to work with GP practices to expand the range of services to which patients can self-refer, freeing-up clinical time. All GP practices are now expected to offer face to face appointments at their surgeries as well as continuing to use remote

triage and video, online and telephone consultation wherever appropriate – whilst also considering those who are unable to access or engage with digital services.

The letter restates the commitment to increase the GP workforce by 6,000 and the extended primary care workforce by 26,000.

New to Partnership Payment Scheme (England)

The New to Partnership Payment Scheme was launched on 1 July and will apply to all new clinical partners from 1 April 2020.

The partnership model, which gives GPs based in communities the autonomy to lead and advocate for their patients, is the foundation of general practice, and vital for its survival and sustainability. However, in recent years the number of partners in England has been steadily falling and it was clear to us that action needed to be taken to attract and equip GPs to take on partnership. This scheme, secured through our recent contract negotiations, follows the Partnership Review and shows faith in GPs and the partnership model – backed with additional investment – so that new partners can have the confidence in taking on this important role.

There are still wider issues facing partners – and those considering becoming partners - that need urgent attention, which includes cutting back on bureaucracy and regulation, and empowering GPs as leaders enabled to shape sustainable services with the necessary

resources in their area. Recent months have shown practices overhauling systems to ensure patients receive high quality care during the pandemic, and GPs must be trusted to continue this leadership and deliver the best for their patients and communities for the long term. This was reported by GPonline and Pulse

Flu programme

The Department of Health and Social Care has [announced their plans for this year's flu programme](#), which has been expanded to potentially include a new cohort of people aged 50 to 64, who will be eligible for free vaccination. The programme will also include households of those on the shielded patient list and for the school programme to be expanded to the first year of secondary schools.

We have been in discussions with NHSE about the delivery of the programme, including the operational issues, implications for PPE, vaccine provision and for additional funding to support the programme.

Any decision on the delivery of the vaccination to 50- to 64-year-olds will be made later in the year and will depend on vaccine availability following the initial focus on those most at risk. The CMO's next flu letter outlining more details of the programme will be issued next week.

DDRB pay award

As we made clear to the Government when it was announced, it is unacceptable that the 2.8% pay uplift award for senior hospital doctors, has not been applied to GP partners or junior doctors who have long term pay deals in place which were agreed before anyone could have predicted the impact of the COVID-19 pandemic, nor the financial pressure it would put practices under, and this must be rectified.

It's unacceptable, therefore, that the Government continues to fail to fund the gap to support practices in funding the increases for staff and salaried GPs. GPs and their dedicated staff have spent the last few months working incredibly hard in overhauling services to guarantee that patients can continue receiving the care they need from their local surgery safely. For this not to be recognised by the Government is a real blow to morale.

Read the BMA's full response to the DDRB report [here](#).

We have updated [our salaried GP pay ranges webpages](#) following the DDRB uplift announcement, along with our guidance on how practices should apply that uplift.

LMC Meeting

GP constituents are reminded that they are always welcome to attend meetings of the LMC as observers. The Committee usually meets on the second Monday of every month in the Board Room at Rotherham General Hospital. However, meetings are currently held online via Zoom until further notice. Please contact the LMC office if you wish to attend.

NEXT
LMC MEETING

14th September 2020

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

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