

## Newsletter – April 2012

### **Mental Health Single Point of Access**

When this was set up it was agreed that the single point of access would not result in GPs being asked to deal with referrals being forwarded to different organisations. The single point of access should be forwarding the referrals on themselves and simply informing GPs. This should include referral to tier 1 services such as practice based counsellors. Please let us know of instances where this is not working efficiently.

### **Practice / District Nurse Agreement**

It is increasingly apparent that some practices are increasingly dissatisfied with the quid-pro-quo received from community services in return for practices providing nursing services to ambulatory patients. A copy of the original agreement is available from the LMC.

The default position regarding practice nurses is that they are provided by practices to aid in the delivery of our contracts – in general this would exclude routine nursing care even in ambulatory patients. The original agreement involved community services taking on chronic disease management in house-bound patients; it was envisaged that this might help practices with QoF.

In areas where this hasn't happened, the LMC are

informed of a number of practices who have withdrawn

their practice nursing team from non contract work – especially post-operative suture removal and wound management.

### **Transfer of follow up from Secondary Care**

The LMC are increasingly concerned about the transfer of work from secondary to primary care. While in principle this is a sensible way forward it is felt to be crucial that transfers are handled appropriately and resourced correctly. Three particular situations have been brought to our attention.

1) Discharge of prostate cancer patients into primary care for continued PSA.

2) Discharge of patients with psychotic illness and requiring anti-psychotic medication from any form of consultant supervision.

3) A recently stalled attempt by RDGH to discharge all post-operative wound management into the community.

All doctors are reminded that they should only practice within their own competence and ability when faced with patients requiring services; beyond this they should consider re-referral.

There is a CCG agenda to promote resourced transfer of appropriate work into the community which the LMC

broadly supports. It is important that when it's happening in a stealthier way such as the examples described here that the LMC are aware.

### **Urology**

It is of concern that some urology patients requiring ongoing screening for rising PSA titres are being discharged to primary care.

Obviously this represents an unfunded transfer of work but even more importantly, in the absence of agreed protocols for the safe transfer of disease registers it will be easy for patients to slip through the net.

Practices are advised to be vigilant for patients discharged from Rotherham District General Hospital who will require ongoing PSA monitoring.

### **Rental reviews**

The responsibility for estates is moving from NHS Rotherham to Prop-Co. In view of this it is likely that some practice rental contracts will need to be re-negotiated.

### **Rotherham Hospice**

At the last LMC meeting Dr Fiona Hendry attended from the Rotherham Hospice and members were informed of changes in community services in response to the agenda for providing more end of life care for patients in their own home.

From April 2012 a two-year pilot will commence, funded by the PCT and focussed on providing 'hospice at home' services. This service would be over and above the existing services, and complement district nursing services.

**GPs are reminded** that a single contact number is provided at the Hospice: -

**01709 308910**

which is manned 24hrs/day and provides a call-back facility by medical personnel.

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### GP Trainees Newsletter

The GP Trainees Subcommittee provides national representation for all doctors in GP training, whether they are members of the BMA or not. Their quarterly newsletter is intended as a useful resource covering education, training, contracts, terms & conditions of service and any other issues of importance to trainees. A link to the March 2012 newsletter follows: -

[http://www.bma.org.uk/images/gptraineesnewslettermarch2012\\_tcm41-212266.pdf](http://www.bma.org.uk/images/gptraineesnewslettermarch2012_tcm41-212266.pdf)

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### Newborn bloodspot screening incident

An important briefing was recently sent to GPs by the regional director of public health, NHS North of England, regarding a newborn bloodspot screening incident, and families were informed by post on the 26<sup>th</sup> March. The risk of a missed case is very small, and the reason for contacting parents is one of public accountability and honesty. Therefore it is anticipated that the impact on GPs will be minimal.

To discuss this matter, please contact Bell O'Leary on 01709 308802 – Mobile: 07887 931429 or Liz Henley, Screening Lead at Yorkshire and the Humber

SHA on 0113 2952802 –  
Mobile: 07976 794002.

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### Commissioning thought from GPC Chairman

*You cannot have failed to notice that, despite last minute attempts to stall and derail the legislation, the Health and Social Care Bill is complete. Hamish Meldrum (Chairman of Council) wrote to all members outlining all the BMA's key issues and next steps. We will continue working hard to minimise the risks of this dangerous legislation as we move in to the implementation phase. If you have any questions or concerns about the legislation or development of CCGs, please contact [info.commissioning@bma.org.uk](mailto:info.commissioning@bma.org.uk)*

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### Essential services

All doctors are reminded that they should only practice within their own competence and ability. When faced with patients requiring services. Beyond this they should consider re-referral.

There is a CCG agenda to promote resourced transfer of appropriate work into the community which the LMC broadly supports.

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### Welcome

Dr Chowdary Koganti Poorna Chandra has been added to the NHS Rotherham Performers list with effect from 4<sup>th</sup> April 2012. He will be working as a salaried GP at Morthen Road Group Practice, Wickersley.

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### Attendance at Meetings

Constituents are reminded that they are always welcome to attend meetings of the LMC as observers.

The Committee meets on the second Monday of every month in the Board Room at Rotherham General Hospital

### OFFICERS OF THE LMC

**Chairman**  
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**Dr Chris Myers**  
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**NEXT**

**LMC MEETING**

**MONDAY**

**14<sup>th</sup> MAY**

**COMMENCING**

**AT 7.30 PM**

### DISCLAIMER

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

Rotherham LMC does not provide individual legal or financial advice but provides general guidance and support for the benefit of GPs and their practices in Rotherham

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