

## Newsletter – March 2016

### LMC Meeting 14<sup>th</sup> March 2016

At our last LMC meeting we discussed a range of issues, including Advanced Nurse Practitioners, draft Quality Contract, Dementia LES and phlebotomy.

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### Quality Contract

At our last meeting LMC Members discussed this proposal at length. Whilst noting that the LMC can't comment in detail until more is known about the standards, we do cautiously recommend the proposal.

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### Dementia LES

The LMC have received a further payment schedule which we believe approaches a level of remuneration that can make this LES a viable proposition for many practices. However we do not believe that the LES in its current format can be recommended to all practices.

We have therefore advised the CCG that we cannot include the dementia LES in the overarching agreement and, as such, the LES should remain purely voluntary.

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### Public Health Contracts Self Declaration Form

The LMC note from the last Public Health meeting there was much emphasis on GPs declaring competence for everything they were doing. For example, Health Checks, where it was proposed each individual clinician would have to demonstrate competence. The LMC have advised Public Health that this could lead to practices pulling out of the schemes. Negotiations are ongoing.

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### GP Contract 2016/17

This year the GPC accepted limited changes to the GP contract in 2016/17. This in no way detracts from the GPC's mandate from the recent special conference to hold the government to account with an ultimatum to deliver a rescue package for general practice. The contract changes for 2016/17 are far fewer than in previous years, and in keeping with two key resolutions passed at the special conference in January; to minimise the disruption of annual contract changes to practices and that the reimbursement of GP expenses must be properly funded.

This agreement provides for increased core resources and reimbursement of expenses to an extent not achieved in

recent years, and should help support practice financial pressures. The headline agreed changes are:

- A £220m investment of new funding in the contract – more than double that last year – and seven times greater than in 2014/15
  - Recognition of GP expenses, which for the first time has taken account of individual components that include rises in CQC fees, indemnity costs, NI contributions, superannuation and increased utility and other charges
  - An intended 1% net pay uplift
  - A 28% increase in vaccination and immunisation fees from £7.64 to £9.80
  - Ending of the imposed dementia enhanced service, therefore reducing the workload and bureaucracy of this flawed scheme, and with resources going into global sum
  - No new clinical workload requirements and no changes to QOF indicators or thresholds
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### Online Patient Services for Children

Consideration should be given to how you handle requests from patients for online access, particularly when dealing with children between the ages of 11-15 who could be classed as

Gillick competent and wish to access their own records rather than allow their parents to have access. The GMC has guidance on this about confidentiality in 0-18yrs of age available at:

[http://www.gmc-uk.org/guidance/ethical\\_guidance/children\\_guidance\\_42\\_43\\_principles\\_of\\_confidentiality.asp](http://www.gmc-uk.org/guidance/ethical_guidance/children_guidance_42_43_principles_of_confidentiality.asp)

The link to the RCGP guidance document may also help:-

[http://www.rcgp.org.uk/clinical-and-research/practice-management-resources/health-informatics-group/~media/Files/CIRC/Health\\_Informatics\\_Report.ashx](http://www.rcgp.org.uk/clinical-and-research/practice-management-resources/health-informatics-group/~media/Files/CIRC/Health_Informatics_Report.ashx)

### Medical Suitability of Gun Owners

A safer system for firearms licensing is being introduced in April to improve information sharing between GPs and police and to reduce the risk that a medically unfit person may have a firearm or shotgun certificate.

At present, the police usually only contact an individual's GP before the issue of the certificate if the applicant has declared a relevant medical condition. After the certificate is granted there is no reminder system to inform the GP that the patient they are seeing is a gun owner.

From 1 April 2016:

□ Police will ask every firearm applicant's GP if the patient suffers from specific health issues, such as depression or dementia.

□ GPs will be asked to place a firearm reminder code on the patient's record. This means the GP will know the

person is a gun owner, and they can inform the police licensing department if the patient's health deteriorates after the gun licence is issued.

□ New guidance will be published to help GPs and police operate the new system. Responsibility for deciding if a person is suitable to hold a firearm certificate remains with the police.

### Fellowship of the RCGP

Article from Dr Antonia Ford at Sheffield RCGP:-

*In our local Faculty we have responsibility for encouraging GPs from Sheffield, Doncaster, Rotherham, Barnsley, Chesterfield and Worksop to put themselves forward and we feel passionately that too few grass roots 'jobbing' GPs are recognised for the remarkable work they do in a vocation that has never been more demanding or less appreciated. We particularly wanted to reward those doctors who work in the areas of service development and medical politics, whose contribution to change is vital but is less recognised or appreciated.*

*We would be delighted if you would raise awareness of this award in your circles and ask colleagues to think of applying not just for themselves, but for the inspiration that the wider recognition of their work brings to our community.*

*Our purpose is to help and we would be very happy to be approached for further details and support at*

[sheffield@rcgp.org.uk](mailto:sheffield@rcgp.org.uk)

### SYB Primary Care Workforce Group

Find out what the group is doing and comment on workforce issues at:-

<https://sybwg.wordpress.com/>

### LMC Meeting

GP 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 (except August) in the Board Room at Rotherham General Hospital

**NEXT  
LMC MEETING  
11<sup>th</sup> APRIL 2016  
COMMENCING  
At 7.30 PM**

### OFFICERS OF THE LMC

Chairman

Dr Adrian Cole

Tel: 01709 565120

[Adrian.Cole@GP-C87003.nhs.uk](mailto:Adrian.Cole@GP-C87003.nhs.uk)

Vice Chairman

Dr Chris Myers

Tel: 01709 560887

[Christopher.Myers@gp-C87020.nhs.uk](mailto:Christopher.Myers@gp-C87020.nhs.uk)

Medical Secretary

Dr Neil Thorman

Tel: 01909 770213

[Neil.thorman@gmail.com](mailto: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

Chief Executive

**Rotherham LMC**

[rotherhamlmc@hotmail.com](mailto:rotherhamlmc@hotmail.com)

[www.rotherham.lmc.org](http://www.rotherham.lmc.org)