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| Newsletter | April 2025 |
| In This Issue   * LMC Meeting - 14th April 2025 * OPEL & DOS Process * ADHD Right to Choose (RtC) Children’s Pathway * Guide to Symptom Management in Palliative Care * ‘Lilac’ MAR Cards * Advice & Guidance * Top Tips   GPC Advice   * Local collective action * Use of patient data * GP Connect Update Record & OpenSAFELY   LMC Meetings  GP constituents are always welcome to attend meetings of the LMC as observers. Meetings are held alternatively online via Microsoft Teams or in The Boardroom of Rotherham Hospital. Please contact the LMC office if you wish to attend  NEXT LMC MEETING:  12thMay 2025  From 7.30 PM  LMC Office  Greg Pacey  [rotherhamlmc@hotmail.com](mailto:rotherhamlmc@hotmail.com)  [www.rotherhamlmc.org](http://www.rotherhamlmc.org)  Chair,  Dr Julie Eversden  julie.eversden@nhs.net  Disclaimer  The content of this newsletter is confidential and intended solely for GPs and Practice Managers in Rotherham. | LMC Meeting – 14th April 2025 The LMC discussed a range of issues, in addition to the subjects mentioned in this newsletter, including Adult Community Eating Disorder Provision, Targeted Lung Health Check Program, an Inclisiran Prescribing Proposal and proposed South Yorkshire vitamin D adult guidelines. OPEL & DOS Process The LMC and Rachel Garrison have worked together on a process to remove practices short term from the DoS (Directory of Service- which is what 111 use to direct patients to us during our core opening hours) if required eg when practices hit Opel 3 or 4. Practices cannot remove themselves from the DoS without commissioner approval. If practices trigger OPEL 3or 4 via the weekly PCCAD tool, then Rotherham primary care team will reach out to provide support and advice, but if practices reach capacity and are struggling due to undue pressures outside this weekly capture then please follow this process.   ADHD Right to Choose Children’s Pathway Neurodiversity and Right to Choose (RtC) remains complex. RDASH have updated their children’s flowchart and parent’s letters to reiterate that GPs don’t refer AT ALL and the process is screening 1st via https://camhs.rdash.nhs.uk/ then parents contact their chosen RtC provider & the RtC provider contacts the neurodiversity team (RDaSH.rotherham-childrens-neuro@nhs.net) to arrange transfer of care. The LMC have written a simpler letter for parents (see below) which will also be added to the LMC website. Children who go to Rotherham schools but are registered with a neighbouring area GP (e.g. Sheffield) will not be able to join Rotherham’s RDaSH Queue which is considerably shorter than neighbouring areas.  We do have to refer Adults to RtC, but if they have been in the RDASH queue, then decide RtC they will keep a ‘ghost’ place in the queue to aid shared care prescribing in the future if needed as the LMC don’t support prescribing for RtC providers as we feel the shared care agreement (SCA) is not robust / safe enough. We do support methylphenidate SCA prescribing for adults (funded) & Paeds (currently unfunded) but these remain OPTIONAL. **Here is the current (v5) flowchart and a template letter:**   Guide to Symptom Management in Palliative Care **South Yorkshire Integrated Medicines Optimization Committee (IMOC) have shared these guidelines with us and we have clarified that the Rotherham palliative team are aware of them and are happy for us to use them alongside local guidelines as a resource.**   ‘Lilac’ MAR Cards After a meeting with Fiona Hendry, Palliative Care Consultant, the LMC have clarified that it is agreeable to print out a white paper version of the pre-emptive medication section of the Lilac card straight from Ardens. It needs a**wet signature** and needs to be **with the drugs in the patient’s home**, but as it prepopulates the patient data it is easier to read (avoiding poor GP handwriting!) and saves time. if needed the wet signature can be a 'pp' from another prescriber. When at the house, either the lilac card or white paper copy can then be signed when the drugs are administered by the district nursing team or the hospice team. Syringe driver medications cannot be written in advance, and need to be written up appropriately, depending on patients’ clinical requirements at the time they are needed on the lilac card or white paper version (and signed by the prescriber).  To find the EOL community drug chart in Ardens (there may be other ways to find it as well!) try this:  EOL formulary rotherham>just in case>community drug charts (TRFT) and the palliative drug card for Rotherham will open for you to choose your pre-emptive drugs and fill in the boxes electronically. Advice & Guidance The SYICB team are rapidly working up processes in both primary and secondary care to ensure quality, safety & payments (no details yet on capping issue). It’s complex (& ICB cuts not helping)! In the meantime, please ensure nurse/GP registrars A&G are reviewed for appropriateness and keep notes / read code all A&G referrals for back dated claims for when a SY-agreed process is finalized. Please send examples of poor quality secondary care responses (redacted) to the LMC. Top Tips Dr Simon Bradshaw, a GP from Crown Street and Chair of the newly revived CRMC (Clinical Referral Management Committee) would greatly appreciate a steer from all primary care clinicians who use 'Top tips' as many of the pathways need updating.  Please can you all complete the simple Microsoft form below? Many thanks.  [**https://docs.google.com/forms/d/e/1FAIpQLSd2wEoLgM-6P3MsNchtGXJZHHXBhBy\_2GjLNv7Uf8sAkz2eyg/viewform?usp=dialog**](https://docs.google.com/forms/d/e/1FAIpQLSd2wEoLgM-6P3MsNchtGXJZHHXBhBy_2GjLNv7Uf8sAkz2eyg/viewform?usp=dialog) **GPC ADVICE**    Local collective action: stay safe, stay organised, stay united  GPC England’s national dispute with Government is now over, following the acceptance of the 2025/26 contract agreement. However, the importance of local collective action to resolve ongoing commissioning gaps continues and indeed should be ramped up. The role of your LMC in this and pressurising your ICB to resource what has been unfunded work up to now are vital. [**Read the latest local collective action guidance on our GP campaign page >**](https://bma-mail.org.uk/t/c/AQiEtRUQqK4aGOHMsxcgmNafBWwlCOKS_40wJi3-bi9ERlI0ED_mN8AX_1cwEzV78Wqu)  Use of patient data  You may have seen reports in the [Guardian](https://bma-mail.org.uk/t/c/AQiEtRUQqK4aGOHMsxcgyrWhBUdEp5xybnfgD6Irj0XQ6HcTHcyx-ruDK0JUTvCENcrZ) this week about preparations being underway to allow the transfer of GP data to organisations like Biobank for research studies. NHS England and the Department of Health are considering repurposing the dataset, designed for pandemic planning and research, to enable the GP data of those patients who have given explicit consent to be passed over to organisations like Biobank. NHS England will assure the consent processes and will assume liability for any flows of data, should a Data Direction and suitable Data Provision Notice be forthcoming. We have been clear that patients who may already be enrolled in these programmes are able to opt out, should they withdraw their consent, without increasing GP workload.  GP Connect Update Record & OpenSAFELY  We also feel it is important to state that you do not need to turn on ‘GP Connect Update Record’ which the vast majority of you turned off last summer. We have heard some ICBs are telling GPs to turn it on – this is wrong. It is an area we are having ongoing discussions with Government in the coming months, and we will issue more guidance ahead of the proposed ‘switch on’ for 1 October 2025.  Separately to this, we have been in positive discussions with the Department of Health and NHS England on the forthcoming extension of OpenSAFELY to non-COVID purposes. OpenSAFELY is unique in the sense the most disclosive GP data remains in situ in the system suppliers' systems and the analyses take place there. We will share more news on the progress of OpenSAFELY in due course. |
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