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| Newsletter | Version 2 - May 2025 |
| In This Issue   * TRFT Enhanced Contraception Service Contract Variation 2025-26 * Primary & Secondary Care Interface Document * Who should certify the cause of death? – advice from Medical Examiners’ Office * Older People’s Mental Health – Referral Information for Primary Care Workers * ADHD Right to Choose Children’s Pathway * INR Near-patient checking & Coagucheck * GP Partner Launchpad   GPC Advice   * GP contract webinars and guidance * AI in general practice * GP Connect and e-consult contract changes * 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:  9th June 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. | TRFT Enhanced Contraception Service Contract Variation 2025-26 Practices may have already received a communication from Rotherham Sexual Health Services. The LMC advice to practices is that they are free to sign-up or not depending on their own individual preferences, and noting that Sexual Health will continue to provide the service for those practices who don’t sign up. However, the LMC haven’t negotiated with Sexual Health on the proposal and it remains underfunded despite the small uplift this year.   Primary & Secondary Care Interface Document This is an and important a worthwhile document which we urge you to copy and keep for reference. It’s a good summary of what GPs should already be doing. The following principles were noted in particular:   * Clinicians should take any required actions themselves without asking other teams or services to do work on their behalf. * The clinician requesting a test is responsible for the result of that test including ensuring that the patients receive the results of investigations. * The clinician should ensure patients are fully informed regarding their care, understand who is responsible for their care and ‘what will happen next’. * Do not commit other individuals, teams or providers to particular actions or timescales.    Who should certify the cause of death? – advice from Medical Examiners’ Office The LMC considered and supported this updated document and flowchart from the Medical Examiners’ Office (MEO). The statement was welcomed, and the flowchart provides confidence for GPs on determining what to do, with the proviso that they can ask the MEO.  Available here:   Older People’s Mental Health – Referral Information for Primary Care Workers. RDaSH have produced this useful document:    Claire Castledine, Older People’s Community Service Manager at RDaSH writes: *Although we do not have an email address direct to the medics, we do have email inboxes for both north and south that are reviewed by the medical secretaries and any content requesting advice is forwarded to the relevant person(s). This is monitored daily, and all the medical secretaries have access to this inbox Monday to Friday so is not affected by annual leave etc. Any emails are dealt with in a timely manner – taking into account that there is no cover over the weekends and bank holidays of course.*  For north the email is:  [**rdash.north-medsecs@nhs.net**](mailto:rdash.north-medsecs@nhs.net%20)    For south the email is:  [**Rdash.south-medsecs@nhs.net**](mailto:Rdash.south-medsecs@nhs.net%20)   ADHD Right to Choose Children’s Pathway RDaSH have asked us to reiterate that YES GP's should refer for ADULT RtC neurodiversity assessments but NO GP's should NOT refer for CHILDRENS RtC neurodiversity assessments, here’s the link for the flowchart and letter.   INR Near-patient checking by patients e.g. Coagucheck A Rotherham practice has shared an LEA with us regarding the Coaguchek near patient checking where patients do their own INR checks and report into either a coagulation service or the GP practice. We wish to flag up that when patients self-test there needs to be clinical governance around the process when INR dosing, and as always the prescriber remains responsible for the safety of the prescription.  Please be advised that when a patient uses Coaguchek there should  be robust quality checks added. There is a letter which GPs can send to hospital clinics if they dose the warfarin to ask them to do some quality checks and communicate back.:   When an anticoagulation service dose the warfarin and the GP practice prescribe the warfarin, this is less safe (& a patient self-checking adds another layer of risk).  We have had discussions with Rotherham Anticoagulation clinic and they have assured us that they will update their practices to ensure they inform us after each INR and dose change for patients under their care (note that they don't have any self-checking patients). GP Partner Launchpad GP Partner Launchpad is designed to help all new and aspiring partners (including non-GPs) in South Yorkshire to thrive by unlocking their potential, empowering them to lead change, equipping them with essential knowledge and skills, and building networks and connections that will support their career development for years to come.  [**https://yhtraininghubs.co.uk/south-yorkshire/south-yorkshire-schemes/gp-partner-launchpad/**](https://emea01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyhtraininghubs.co.uk%2Fsouth-yorkshire%2Fsouth-yorkshire-schemes%2Fgp-partner-launchpad%2F&data=05%7C02%7C%7Ccb1a8eeb256a4b6d032208dd8ec16e87%7C84df9e7fe9f640afb435aaaaaaaaaaaa%7C1%7C0%7C638823683654575928%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=422dfiVSzvBGRZoT7pOlLNHGp7KlORQlwZcZlQQh8r0%3D&reserved=0) **GPC ADVICE** |
|  | **GP contract webinars and guidance**  Last month the GPC England officer team delivered a series of webinars outlining the changes and funding to the 2025/26 GP contract. Thousands of you joined us for our presentation and question and answer session. If you missed out, you can still catch up by watching the [webinar recording](https://youtu.be/R_E_fzQ3e0A) and view the slide deck [here](https://cdn.intelligencebank.com/eu/share/qMbw14/NZMLN/GzJL0/original/BMA+GP+Contract+2025-26+presentation).  We continue to update our [**guidance on the 2025/26 contract changes**](https://bma-mail.org.uk/t/c/AQiEtRUQqK4aGOHMsxcg29KdBdEO14ijKehkVQP45al7BMVTDXewW_Cr4IjybbyjiQE5).  Advice and Guidance Enhanced Service  As part of the new GMS contract for 2025/26, an Enhanced Service specification for Advice and Guidance (A&G) will provide a £20 Item of Service fee (IoS) per ‘pre-referral’ A&G request. Please keep an eye out for our imminent guidance.  Rejecting unnecessary proformas and forms  Read also our [guidance on rejecting unnecessary proformas and forms](https://www.bma.org.uk/media/rhjfkmu2/focus-on-proformas-and-referral-forms.pdf), which create additional workload, delayed patient care, and unnecessary bureaucracy for GP practices - when a relevant, factual referral letter would suffice. Read our [guidance](https://www.bma.org.uk/media/rhjfkmu2/focus-on-proformas-and-referral-forms.pdf).  Although our national dispute with Government is over, the importance of local bargaining, collaboration and agreement to resolve ongoing commissioning gaps continues through our ‘Mind the Gap’ campaign. Read the latest updates [here](https://www.bma.org.uk/our-campaigns/gp-campaigns/contracts/gp-contract-202526-changes)  **AI in general practice**  Following a busy week which saw a series of announcements generate a renewed focus on the role of AI in general practice, GPC has developed this [brief note](https://cdn.intelligencebank.com/eu/share/qMbw14/g66YA/GzOWO/original/BMA+Use+of+AI+in+General+Practice) ahead of more substantial guidance aimed at supporting practices to meet their regulatory obligations. We will be sharing a more detailed document in time.  **GP Connect and e-consult contract changes**  Following the agreement of the 2025/26 GMS contract, a new requirement will come into place in October 2025 mandating practices to provide some external parties with the ability to submit information to the GP record and, in some limited cases, access information within the record. While much of the detail of this requirement is still to be determined, we have produced [an FAQs document](https://i.emlfiles4.com/cmpdoc/2/5/8/0/5/3/files/11645_gp-connect.pdf) to speak to some of the more pressing questions we have heard from members  Similarly, the scope of e-consult platforms is expected to expand as patients will have a wider range of ways to access and engage with GP services. We have produced an FAQs on that change [here](https://i.emlfiles4.com/cmpdoc/2/5/8/0/5/3/files/11644_econsults.pdf).  **OpenSAFELY**  You may have seen an email this week from NHS England to all practice managers and GP partners/contractors about the expansion of the OpenSAFELY secure data service. GPC England has long advocated for using OpenSAFELY more widely, and we are aware that the plan is to now cautiously expand to cover non-COVID analyses.  The Joint GP IT Committee with input from the BMA and RCGP supports OpenSAFELY, as the team led by Professor Ben Goldacre have managed to develop robust methods for privacy and transparency which protect GPs as data controllers for the GP record:  Users don’t need to interact directly with pseudonymised patient records to run their analyses. All actions in the platform are publicly logged, in real time with the pseudonymised data remaining within the electronic health record system your practice uses, and the practice continues to be the data controller. Analyses run remotely through the OpenSAFELY platform, with NHS England acting as data controller for the service, once the initial queries of the pseudonymised data have occurred. Only aggregate information will leave the platform. There will be a follow-up email from NHS England about the Direction in a couple of weeks, which is the point when you will be asked to press a button to acknowledge receipt and we will communicate more with you at this stage around the next steps which will need to be taken. |