

## Newsletter – July/August 2017

### LMC Meeting 24<sup>th</sup> July 2017

At our last LMC meeting we discussed a range of issues, including pre-operative assessments, coroner's electronic referral form, primary care flash cards, contracts for registrars and PIP payments.

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### Drug Administration Cards

Dr Gunasekera has written to confirm printed mock-ups will be available at the LMC Meeting on 11th September and, if agreed with the LMC, launched at the November PLT event.

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### PSA Monitoring

The LMC have always understood that the PSA payments were based on activity rather than capitation. We are therefore having further discussions with the CCG.

The LMC also wish to make it clear to practices that they are not compelled to complete the PSA monitoring template, although they might find it useful.

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### Re-organisation of Alcohol Services

In the absence of any successor to an alcohol LES for GPs to engage with, the LMC would not consider ongoing prescribing of exclusively alcohol related medication to be a core GMS responsibility or that all GPs should be expected to have sufficiently specialist knowledge to facilitate safe prescribing either.

The LMC are aware of these concerns amongst GP practices and have received assurances from Public Health that GPs are not simply being expected to continue to provide these medications until a shared care protocol has been agreed with us.

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### Quality Contract - Access

Some GP Practice have received the following from the Primary Care Team at CCG:-

*As I'm sure you are aware the Quality Contract Access Standard, requires practices to be open from 8am until 6:30pm. Historically some practices have used OOH's providers to answer their calls from 8:00 – 8:30am and/or 6.00-6.30pm. The Quality Contract requires patients to be able to contact your practice directly between the*

*hours of 8am – 6:30pm however, Care UK have advised that currently you are utilising their services. Can you please confirm that you have arrangements in place to comply with the opening hours by 30 June 2017.*

The LMC feel that the current wording of the contract is open to interpretation. Our interpretation is that the Quality Contract does not require practices to be open from 8am until 6.30pm, although it is agreed that practices need to ensure that essential services are available to patients during core hours.

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### Re-organisation of baby clinics.

Health Visitors (HVs) have reported a unilateral decision to stop all GP clinics, taken with limited patient consultation and going ahead from 1st August, despite their protestations. The LMC have raised their concerns about this with Jacqui Wiltschinsky, Consultant in Public Health at RMBC, who was concerned that the TRFT has not communicated with General Practice regarding the change to the delivery of baby clinics.

The LMC has arranged a joint meeting with Public Health and the Foundation Trust to make its views known.

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## CQC rates Rotherham GP Surgery as Outstanding

The Care Quality Commission has found the quality of care provided by The Gate Surgery in Rotherham to be Outstanding, following an inspection carried out in March 2017.

Professor Steve Field, Chief Inspector of General Practice said: *"I am delighted to highlight the exceptional service which is being provided by this practice."*

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## Primary and secondary care interface guidance

This guidance document, has been produced by the BMA following significant pressure from GPC, and provides clear national requirements that NHS managers and clinicians should follow to reduce inappropriate workload and by doing so deliver a better service to patients.

<https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-current-issues/nhs-england-standard-hospital-contract-guidance-2017-2019/primary-and-secondary-care-interface-guidance>

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## Future Public Health Service contract – Wellness

The Wellness contract – including health checks and smoking cessation - is currently out to tender, the closing date is the 4th August with the panel meeting after that to complete the final assessment of the returns and they will be in a position to share the outcome with us after their Cabinet meeting in September.

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## BMA ballot of GP practices on collective list closure

In May 2017, the Conference of LMCs passed the following resolution:-

*That conference believes that the GP Forward View is failing to deliver the resources necessary to sustain general practice and demands that GPC ballot GPs as to whether they would be prepared to collectively close their lists in response to this crisis.*

As a result, GPC England has been asked to ballot GP practices in England as to whether or not they are prepared to collectively close their practice lists.

On Monday 10 July a letter was sent to each practice in England from the Electoral Reform Services explaining how each practice can take part in an indicative ballot on whether or not they are prepared to collectively close their practice lists. The ballot asks two questions: if they would be prepared to temporarily suspend patient registrations and/or apply for formal list closure.

Each practice should have received a unique identifier to log into the ERS website to complete the ballot, as well as a FAQs from the BMA. As closing a practice list is a practice level decision, the GPC are balloting each practice rather than each GP and therefore the response to the ballot must be discussed as a practice.

The GPC are encouraging and recommending that partners engage salaried and locum GPs in these discussions, as the decision will affect the whole practice not just the partners.

Please note the following important points:

The purpose of this ballot is for the GPC to understand what practices would actually be prepared to do. The GPC is not advising practices to vote yes or to vote no to either of the options in the ballot.

GPC has not proposed that all practices collectively (or otherwise) close their lists at this stage.

Practices are currently able to take the decision to temporarily suspend patient registrations (provided they have reasonable and non-discriminatory grounds for doing so), or apply to close their lists, based on their own specific circumstances, for example in order to protect the quality of patient services.

This ballot is separate from this.

If enacted, the BMA would be calling for collective cessation of patient registration as part of a campaign of industrial action.

**An email has been sent to all English GPs on the BMA's membership register to inform them of the ballot. The ballot will close on 10 August and reminders will be sent before that date.**

**If a practice has not received the information from ERS, please contact [info.gpc@bma.org.uk](mailto:info.gpc@bma.org.uk).**

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## Saturday Hubs

The LMC have been broadly supportive and grateful for the CCG's efforts in trying to do this, but with regard to it's expectation on practices to provide the service if the hubs fail, we draw your attention to the latest **NHS Operational Planning and Contracting Guidance 2017-19** which states:-

*Pg53 - 1.3.1 Improved access*

*NHS England will provide additional funding, on top of existing primary medical care allocations to enable CCGs to commission and fund extra capacity to ensure that everyone has access to GP services, including sufficient routine and same day appointments at evenings and weekends to meet locally determined demand, alongside effective access to other primary care and general practice services such as urgent care services. **CCGs will be required to secure services following appropriate procurement processes.***

In other words, the LMC feel that the onus is on the CCG to procure the service.

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## Information about switching careers.

HEE (Health Education England) has recently seen an increase in the number of enquiries about how to become a GP from trainees across all specialities, consultant, trust and staff grade doctors.

The changes in the NHS over recent years means that more and more services are, and will be, provided by GP-led

multi-professional primary care teams.

HEE recognises that it is not easy to find information when you have moved on from the normal training cycle. With that in mind, some case studies and frequently asked questions have been published on the GP National Recruitment Office website, which can be shared with colleagues, peers or friends who may be interested about switching to a career as a GP.

Email [gprecruitment@hee.nhs.uk](mailto:gprecruitment@hee.nhs.uk)

if you would like to be put in contact with someone who has retrained as a GP.

The next GP training application round adverts will appear on NHS Jobs, Oriel and Universal Job Match websites on the 20 July with applications opening 1 – 17 August 2017.

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## PCSE claims guidance

These well-documented issues have been ongoing for some time and the GPC are aware of cases where practices or individual doctors have suffered losses due to the failing of these services.

Please follow this link for guidance on taking up a claim.

<https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-current-issues/capita-service-failure>

## 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 in the Board Room at Rotherham General Hospital

### NEXT LMC MEETING

11<sup>th</sup> September 2017

COMMENCING  
At 7.30 PM

## OFFICERS OF THE LMC

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If you have any questions or agenda items, or wish to submit appropriate articles for this newsletter

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