

## Newsletter – January 2019

### LMC Meeting 14<sup>th</sup> January 2019

At our last LMC meeting we discussed a range of issues in addition to the newsletter articles here including, Draft LESs 2019-20, Draft Quality Contract 2019-10, PMS Contact Review 2019 and Dashboard Outliers.

### Quality Contract 2019-20

The LMC met CCG representatives to discuss the proposed changes to the Quality Contract in detail. Concerns have been raised about the additional work that would be associated with any changes whilst there has been no uplift in the funding. There was also discussion around the ever increasing number of practice leads required for the different areas of the contract. There was real concern that this was unnecessary and would take clinicians away from seeing patients. Members supported the option of having locality/CCG leads and restricting the number of areas where there was a true need for a practice lead. Any update courses for practice leads should be done via the PLT events with plenty of advanced notice. Practices should be informed at the start of the quality contract year and be made aware that they will not be penalised for non-attendance when no course exists.

We are in further ongoing detailed discussions about the contract.

### Draft LES Specifications 2019-20

The LMC considered thirteen draft specifications in detail.

Whilst we have liaised directly with the CCG on the details, we wish to point out that, with regard to the Aural Care LES in particular, the LMC suggest practices make sure that the amount of money offered in this LES is worth their while. This is because there have been various changes, including the requirement for nurses to have an annual update and cost increases arising from the move to disposable instruments. There was also concerns about the ambiguity in the Aural Care LES about what can and cannot be claimed.

### End-of-year Equipment Purchases

Practices have recently been allocated funding for equipment purchases, on a per-patient basis.

The LMC have great concern at the proscriptive nature in which the purchases can be made. We feel that if a practice requires an item of equipment which is directly for patient care, they should be allowed to purchase this.

Practices may otherwise be forced into purchasing unnecessary items in order to spend the money by the deadline and the LMC wish to avoid an unnecessary spending spree. Further discussions with the CCG are planned.

### GP Contract negotiations

*The BMA General Practitioners Committee (GPC) writes:- These are linked to NHS England's Long Term Plan and this was intended to have been published in the autumn but has been repeatedly delayed as a result of the problems created by the Brexit debate.*

*We are building on the work of the QOF review done earlier this year which suggested an evolution of QOF, with a modest removal of indicators and modifications to others where the clinical evidence requires this. It also recommended a greater focus on personalisation of care and improvements to exception reporting, which are being considered as part of this contract negotiation.*

*The hope is to conclude negotiations in advance of the GPC England meeting in January.*

## Joint guidance on e-RS

The GPC have published joint guidance with NHS England on the electronic Referral System (e-RS). Use of e-RS for practices is now a contractual requirement; the joint guidance provides information about its use and utility.

<https://digital.nhs.uk/services/nhs-e-referral-service/joint-guidance-on-the-use-of-the-nhs-e-referral-service-2018>

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## NHS Long Term Plan

NHS England unveiled its Long Term Plan on 7 January 2019, which sets out its vision for the future direction of the NHS and can be accessed via:

<https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>

The GPC has issued the following update:

*The plan lays out ambitious aims for the health service linked to an expansion in digital services and a focus on preventive care. The previously announced £3.5bn for primary medical care and community services has been increased to £4.5bn, in part as a result of our current contract negotiations. There is also an important and clear commitment to increase the proportion of NHS investment spent on primary medical and community services. This is described as an “NHS-first” and is a direct result of our campaigning in recent years.*

*There will be a focus on the development of primary care networks with a network contract built on the current GMS contract. We will provide more details about*

*this shortly, once contract negotiations are completed.*

*The intention is that practices should be able to lead and direct networks, which will enable an expansion of the workforce to include pharmacists, physiotherapists, social prescribers, paramedics and physician assistants, and to help rebuild and reconnect the primary healthcare team within an area. The plan highlights a range of digital goals related to general practice, including a commitment to enable all practices to do video consultations, to offer more online booking and online repeat prescribing ordering.*

*Whilst patients will continue to be able to choose to be registered with digital-first providers, the plan outlines that steps will be taken to address the financial issues related to this as well as committing to review the out of area registration arrangement.*

*We welcome the recommitment to a state backed indemnity scheme, to begin in April 2019, and the commitment to implement the premises review. There is also a clear commitment to move away from the NHS Act's competition.*

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## GP Partnership Review

The GP Partnership Review, commissioned by the Chief Executive of the NHS and Secretary of State for Health and Social Care, was published on 15 January 2019 as an independent review into the partnership model of general practice.

The aim of the review was to produce recommendations that would revitalise and transform the model, to benefit all those who currently work in general practice, patients and the NHS.

It looks at the challenges facing GP partners today and makes a number of recommendations in areas such as reducing risk, recruitment and training. The report, along with a Case studies: Business Models document, can be accessed via:

<https://www.gov.uk/government/publications/gp-partnership-review-final-report>

The response from Dr Richard Vautrey, Chair of GPC can be viewed via:

[https://www.bma.org.uk/news/medi-a-centre/press-releases/2019/january/partnership-review-shows-clear-backing-for-model-as-best-way-of-delivering-what-patients-want](https://www.bma.org.uk/news/media-centre/press-releases/2019/january/partnership-review-shows-clear-backing-for-model-as-best-way-of-delivering-what-patients-want)

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## South Yorkshire & Bassetlaw Integrated Care System GP Leadership Posts

Ben Jackson, Chair SYB Primary Care Workforce Hub, writes:-

I am pleased to be able to share the opportunity for up to four GPs interested in joining the South Yorkshire and Bassetlaw Primary Workforce Hub team. We are looking for GPs interested in developing their leadership skills to support education and training activity that help to address the workforce challenges across the region.

The posts are available for GPs that currently have substantive clinical roles but we can also link potential applicants with practices from those areas most challenged in providing access to good general practice.

Further details are attached. Please direct any enquiries to Alan Shirley, Clinical Director for the Hub.

Applications are also by CV to Alan at the following address [alanshirley@nhs.net](mailto:alanshirley@nhs.net)

Closing Date February 21st.

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### **Pension Total Rewards Statement (TRS) Update**

Pension TRSs were updated on Thursday 13 December 2018. The records should be updated to 31 March 2017.

The GPC has been informed that in order for the TRS statement to be updated, the records need to be sequential. Thus, if a previous year's records are missing, TRS cannot be updated beyond that.

However, a TRS not being up-to-date does not mean that the pension record is not. There are a number of reasons why a TRS may not be up-to-date and the independent pension expert currently contracted to look into Primary Care Support England (PCSE) processes, PriceWaterCoopers (PwC), is carrying out an investigation to determine where gaps lie in members' records. They will contact members if these are incomplete, which will hopefully help resolve them.

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### **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> February 2019

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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