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Basket LES

The LMC have been looking at the Quality Contract and next year's proposed basket LES is in place, but this of course will require the continued agreement of at least 75% of practices for each LES. The LMC are also concerned that a situation will arise whereby all the LESs are just transferred to a PCN footprint without a review of the 75% principle.

Practices who would prefer not to sign up to a particular LES are invited to contact the LMC so that we can co-ordinate a response to the ICB.

Please respond to Greg at Rotherhamlmc@hotmail.com by 28th February. A simple one-line response will suffice, and we will then collate replies and take up with the ICB.

Warfarin LES

At recent LMC meetings, members wondered whether the numbers were falling to a level where it was becoming impractical, and if so, ask the ICB whether it would be beneficial to wrap some form of NOAC monitoring into the anti-coagulation LES; noting that other areas in the country have a DOAC LES or include DOAC's within their anticoagulation LES's.

The LMC wish to ask practices whether they still wish to carry on with the anti-coagulation LES, or whether they want it to stop. We appreciate this may be more problematic in smaller practices because of the economics associated with fewer patients. There is a possible problem if some practices pull out there may be pressure on other practices within a PCN to take over, which may not be cost effective with the current costings of the LES.

Please respond to Greg at Rotherhamlmc@hotmail.com by 28th February. A simple one-line response will suffice, and we will then collate replies and take up with the ICB.

Orthopaedics Clinical Thresholds

From discussions at LMC we are clear that GPs should not delay referral to secondary care due to obesity / smoking. GPs should refer patients with osteoarthritis to secondary care as per NICE guidelines (updated october2022);

<https://www.nice.org.uk/guidance/ng226>

LMC Meetings

GP constituents are always welcome to attend meetings of the LMC as observers. Meetings are currently held online via Microsoft Teams until further notice. Please contact the LMC office if you wish to attend

NEXT LMC MEETING:

13th March 2023

From 7.30 PM

LMC Officers

*Chairman,
Dr Andrew Davies
ajldavies@hotmail.com*

*Vice Chairman,
Dr Julie Eversden
julie.eversden@nhs.net*

*Medical Secretary
Dr Neil Thorman
Neil.thorman@gmail.com*

LMC Office

*Greg Pacey
rotherhamlmc@hotmail.com
www.rotherhamlmc.org*

Disclaimer

The content of this newsletter is confidential and intended solely for GPs and Practice Managers in Rotherham.

Do not delay (by referral to GHR for weight loss/ smoking cessation 1st, waiting 6 months as per the clinical threshold form) BUT refer to secondary care when clinically appropriate AND offer support for weight loss/stopping smoking via GHR concurrently.

Year-end monies

The ICB are proposing that they allocate £150k of unspent monies to practices on a list size basis for spending on energy saving schemes for estates based on the principles of the Greener NHS i.e. insulation, low energy lighting etc. Practices would be asked to submit invoices on the spend by the end of April.

LMC Members thought it reasonable to allow practices to spend their money allocation on anything connected with green initiatives or estates, including helping with energy bills, double glazing, new doors, insulation, electric chargers and improving recycling. The LMC note that any improvement wouldn't be able to attract additional rent reimbursement. We will negotiate and inform Practices of any final decisions on spending criteria in due course.

Community Pharmacy Independent Prescribing Pathfinder Programme

All pharmacists now being trained will be able to prescribe by 2026. This programme outlines a plan of how to achieve this. The LMC feel there is little additional benefit, suggesting the community pharmacists are currently not even covering the basics.

The LMC are concerned about potential conflicts of interest in prescribing, additional training costs, current capacity issues and the potential for creating increased workload for GPs. Doncaster, LMC member Dr Dean Eggit, on behalf of SYLMC will work with Claire Thomas (Community Pharmacy Lead for the ICB) to work on how this might be implemented safely & helpfully.

GPC ADVICE

Update on the Digital Firearms Flag

The digital firearms flag was recently relaunched on SystmOne (TPP) and EMIS Web (EMIS) systems.

There will be no further changes with SystmOne as this has been operating with the flag. The digital marker and flag have been tested and brought before the Joint GP IT Committee since being taken down in July 2022. GPs should add the appropriate SNOMED code to a patient's record when they receive notification of a firearms certificate application or when a certificate is granted, and this will automatically add a marker to the patient's record. If a potentially relevant condition of concern is added to their medical record during the application process or after a certificate has been issued, an alert will pop up. Further information is on the [BMA website](#)

Health Education England Education Contract

We have had some queries regarding the HEE (Health Education England) education contract that some practices have been asked to sign. Following discussions with HEE we continue to advise that practices do not need to sign this contract if they are not happy to do so. The contract was introduced in some locations to formalise the payment mechanism for practices to be paid for training and supervision, however the contract was not general practice specific and included much which applied to hospitals.

We will now be working with HEE and NHS England towards a more suitable contract for general practices and will update you when there are any developments.

Communication between DWP and GP practices

To support the NHS move away from use of fax as a method of communication and in response to the removal of fax machines from GP surgeries, the Department for Work and Pensions (DWP) has been working with Centre for Health and Disability Assessments (CHDA), to respond to this change.

From 30 January 2023 CHDA will be using email in place of existing fax processes for some communications with GP surgeries across England.

The email from CHDA will be in the format firstname.lastname@chda.dwp.gov.uk or location.furtherevidence@chda.dwp.gov.uk. GPs should reply to the indicated location.furtherevidence@chda.dwp.gov.uk email address.

DWP has confirmed that this process meets information governance standards and is covered by existing data sharing agreements. Please note, as per the current arrangement, for all urgent information CHDA will call the GP surgery by telephone. For further information, please contact hdas.digitalchange@dwp.gov.uk

Your Wellbeing

As we continue to face overwhelming pressures in general practice, we encourage practices to focus on their own team's wellbeing.

A range of wellbeing and support services are available to doctors, from our 24/7 confidential [counselling and peer support services](#) to networking groups and wellbeing hubs with peers, as well as the [NHS practitioner health service](#) and non-medical support services such as [Samaritans](#).

The organisation [Doctors in Distress](#) also provides mental health support for health workers in the UK, providing confidential peer support group sessions.

See our [poster with 10 tips to help maintain and support the wellbeing](#) of you and your colleagues. Please visit the BMA's dedicated [wellbeing support services page](#) for further information.