

Newsletter – October 2015

LMC Meeting 14th October 2015

At our last LMC meeting we discussed a range of issues, some noted in this newsletter.

At a very lively LMC on Monday a considerable amount of time was dedicated to PMS reviews, LES organisation and negotiation, the use of freed-up PMS monies for reinvestment, secondary to primary care transfer and capacity in general practice. All, as you can understand, interlinked.

The LMC has prided itself on having an excellent relationship with the current executive members of the CCG and its predecessor the PCT. We have worked, generally in harmony, for the betterment of general practice and the care given to Rotherham residents. This past year has been very busy with discussions around PMS reviews and how practices may be affected and how primary care can continue to provide a first class service with dwindling resources.

A primary principle agreed with the CCG (following delegated responsibility for primary care) was the reinvestment of PMS monies into primary care to support the current levels of service. We have had negotiations around Phlebotomy, minor surgery and joint injections and pessary insertion/change

which have been difficult but productive. Our negotiations involving other LES's have not been so successful. In fact LMC officers have been disappointed by the lack of engagement.

Currently there remain several LESs that we feel have had insufficient discussion and we are unable to recommend to practices. This does not preclude any practice from involvement in a particular LES if they feel confident in signing up to it. We are hopeful that a slightly different approach to these processes may be more fruitful in the future.

Confidence around reinvestment of PMS monies in 2015/16 remains high, although there are concerns as to the 2016/17 financial year. The current agreed LESs will be revisited early next year. The LMC is adamant that for inclusion in the over-arching agreement there must be agreement between both the CCG and LMC. We, as in other areas, are struggling to recruit and this directly reflects on the capacity to accept more secondary to primary transfer. We all aim for an improved service for patients, but it may well be that further transfer into primary care is not the way forward.

Patient Online

It is a contractual requirement from this year to provide online access to "all information from the patient's medicals which is held in coded form". The only 'get out clause' at present is that compliance is only required when there is a GPSoC accredited system.

It seems that despite acknowledging that switching on further levels of patient record access results in, quote, "a spike of work", the plan is to press on regardless. The LMC are concerned this extends to access to investigation results as they are generally all coded - good luck explaining the countless (thousands!) of minor 'abnormals' etc etc.

As of writing only EMIS Web has the functionality required; other system users will be able to exempt themselves if the functionality is not available, but if it is, it will have to be turned on as of April, no matter that you'll have had no time to prepare. There is currently an option to switch on access but only 'as of the date of request' (or even a future date). This would at least mean that historic notes don't have to be read and redacted before allowing access.

Further info. available from:-
taz.aldawoud@nhs.net

Maternity and sickness reimbursement policy – England

The GPC executive team has spent considerable time this summer reviewing NHS England's draft policy for maternity and sickness reimbursement. This only operationalises what is in the SFE, though it also makes clear the 26 week limit for maternity reimbursement (rather than the 20 weeks mentioned in contract guidance earlier this year).

Unfortunately, despite making detailed comments on several drafts of the document they have had to write to NHS England to let them know that the policy document still needs work to improve clarity. While they work on a new version of the policy document we have asked again that NHSE makes it clear to local teams that the maternity reimbursement period is 26 weeks. We are aware this situation is frustrating for some doctors who need clarity on the arrangements.

Seniority and global sum changes - England

For this year only, changes will be made to the Statement of Financial Entitlements mid-year, on 1 October, to implement the agreed annual transfer of funding from seniority payments to core funding. The seniority pay scales will be adjusted and the global sum amount will increase accordingly.

A new Focus On document explaining these changes in detail has been prepared and will be published once GPC are able to share the new

payscale details, hopefully within the next week or so.

Disability Living Allowance claimants

The DWP is writing to all Disability Living Allowance (DLA) claimants aged 16 to 64 on 8 April 2013, to tell them that their DLA is ending. This includes people on lifetime or long term DLA awards. The letter gives information to help people decide whether to claim a Personal Independence Payment (PIP). People will be asked to contact DWP with their decision. If people do not take any action their DLA will stop.

The first letters were sent out in July to a small number of people within a limited number of postcodes in the North-West and the Midlands. Volumes and areas will gradually increase, until all eligible DLA claimants have been contacted by September 2017. If someone decides to claim PIP then their DLA will remain in payment, providing they comply with the process, for example attending an assessment if asked to do so. DLA will continue to be paid until they have received a decision on PIP entitlement.

GPs may be asked to provide Further Medical Evidence in the normal way for DLA claimants who decide to claim PIP and may receive enquiries from patients currently on DLA who have received a letter or heard that DLA is ending. If the patient has not received a letter yet, they don't need to do anything. Their DLA will continue to be paid as normal. If they have received a letter, then they need to contact

DWP with their decision about claiming PIP.

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 (except August) in the Board Room at Rotherham General Hospital

**NEXT
LMC MEETING
9th NOVEMBER
COMMENCING
At 7.30 PM**

OFFICERS OF THE LMC

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

**CONTACT US AT THE LMC
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More information on the work of the LMC can be found on our website at:

www.rotherham.lmc.org