

Newsletter – June 2016

LMC Meeting 13th June 2016

At our last LMC meeting we discussed a range of issues, including Quality Contract, Lloyd George Notes, Better Care KPIs, GORD pathway, and medicines management.

Transfer of Medical Records / Ordering of Supplies.

This issue is still not resolved by Capita despite being escalated to a national level. It was recognised at CCG that this poses a significant risk to patient safety and has been added to their Risk Register.

If the late transfer of medical records has affected the requirements of the Care Home LES, the practice should make Dawn Anderson aware of this

Firearms Certificates

Changes to Firearms regulation have caused considerable concern at GPC/BMA nationally. The chair of the BMA's Professional Fees Committee has given the following advice. **The key thing to note is that at least a holding letter should be sent as a reply to the police within 21 days.**

“The response to the Police’s letter indicating whether there are any concerns and that a code on the patient’s medical record has been added is not part of a GP’s contract. It is therefore up to the GP to assess how best to proceed taking on board the following factors and guidance:

- 1. The work involved in responding to the letter is minimal and therefore can be undertaken easily without delay and without a fee.*
- 2. The work involved in responding to the letter requires time and resources from the practice that necessitate a fee to be charged to the patient (the Police should not be charged). We would advise GPs to seek confirmation from the patient that they are in agreement to pay a fee before undertaking the work so not to cause additional confusion or delay. If there is a delay owing to this and you are unable to respond to the letter within the 21 days, please notify the police of this.*
- 3. No one in the practice is available (e.g. on holiday or off sick) to complete the work within 21 days. Please notify the police without delay.*
- 4. The practice does not have the capacity to undertake the work within the 21 days. Please notify the police without delay.*
- 5. That the GP has a conscientious objection to gun ownership and no other GP in the practice is available*

or able to undertake the work. Please notify the police without delay”.

In regard to fees, practices must set their own level taking into account the full cost associated with providing the service. In regard to the practicability of raising a fee the following further observation is made.

“Our view is usually that the requester should pay, however the police have made it clear that they will only pay if they are seeking a specific factual report, this leaves an initial flag "I have a concern" with no direct funding and would therefore need to be paid for by the patient, who is unlikely to receive a licence/certificate in its absence.

However, as such notifications will usually lead to a formal report being requested, and as contacting the patient to seek a fee adds to practice workload, practices may wish to ensure that the initial work is paid for through the expected subsequent report”.

For practices which feel they have a conscientious objection, a model letter that may be useful is available on request from Rotherham LMC. Full details are here:

<https://www.bma.org.uk/advice/employment/ethics/ethics-a-to-z/firearms>

Managing Workload

The BMA have launched a 'Quality First' web portal as a single place for a range of practical ways in which manage workload to deliver safe care, with 'how to' and real examples of effective practice.

https://www.bma.org.uk/qualityfirst?utm_source=The%20British%20Medical%20Association&utm_medium=email&utm_campaign=7228263_NEWSLETTER%20partners%20160616&dm_t=0,0,0,0

They have included the template letters which the LMC recently circulated to help practices to push back on inappropriate workload demands, such as specialist prescribing requests or unresourced non-core workload transfer. These are now ready to be exported into practice systems with ease (via SystmOne, EMIS and Vision), to automate the process.

Practices are encouraged to use the templates provided in the following link and copy LMC and the CGG (Arnand Barmade) into the replies so that we can review and share examples of unresourced work.

<https://www.bma.org.uk/advice/employment/gp-practices/quality-first/manage-inappropriate-workload>

Recent examples discussed at LMC have included letters to a practice from secondary care asking for blood pressure readings from a GP practice and to let them know the results, and also a case of CT with possible sinus findings possibly relevant to sleep apnoea referred to a practice, which should have been referred directly to ENT.

Gender Dysphoria

At our last LMC Meeting, members referred to the recent NHSE document titled 'Primary Care responsibilities in prescribing and monitoring hormone therapy for transgender and non-binary adults'. Mr Lakin, Head of Medicines Management, commented that, locally, there was a 70 week waiting list for treatment due to a massive increase in referrals coupled with clinics not discharging patients.

It was agreed that the local shared-care protocol was not fit for purpose and it is proposed that the protocol would be reviewed. This would mean GPs taking on prescribing outside of the licence. However, a fee would be attached as it's a transfer of work from secondary care. Discussions on this are ongoing.

Understanding changes to your practice's funding

The 2016/17 general medical services contract agreement saw significant investment in general practice. Taken together with the ongoing recycling of seniority and correction factor payments, as well as recent funding commitments and developments, there are significant changes, now and in the near future, to how general practice is funded. The BMA have published a guide which provides a summary of the funding changes and highlights some further developments that will impact on general practice funding. Available here:-

<https://www.bma.org.uk/advice/employment/gp-practices/gp-funding-changes>

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

1st AUGUST 2016

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

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