



Newsletter

Website: www.sslmc.co.uk

E-mail: enquiry@sslmc.co.uk

Contents

Page

Annual LMC Meeting	1
Patient online access	1
Contract variation	2
NHSPS health centre charges	2
Consultant responsibility to provide sickness certification	2
Medical evidence for school children	3
Datix	3
ADHD	3
Inclisiran	3
Occupational health	4
Help and support for GPs	4
LMC Members	4
Dr V Spleen	4

Welcome to the first LMC newsletter since we entered the new world of ICS/ICB.

Over time we all have seen significant changes from the Health Authority to Primary Care Trusts, Clinical Commissioning Groups and now Integrated Care Systems and Integrated Care Boards. Nevertheless, as GPs we have been able to adapt to all these changes thrown at us so far and no doubt, we will continue to do so. Reassuringly, for over 110 years, local LMCs have remained as the only body that has a statutory duty to represent you at a local level. This statutory duty was first enshrined in Law in 1911 and has been included in the various NHS acts over the recent past and is also included in the Health and Social Care Act.

Whilst recognised by statute and having statutory functions, LMCs are NOT themselves statutory bodies, but independent. It is this unique status as independent representative bodies recognised by statute that allows us to be so effective in standing up for you and supporting our GPs. The Health and Social Care Act reinforces the requirement for NHS bodies to consult with us on issues that relate to General Practice. However, it is important to understand that the LMC is not a trade union and cannot act as such. This is the role of the British Medical Association (BMA). We are the voice of

General Practice at a local level and as such are working for you. With this in mind and given the recent transformation from a membership organisation (CCG) to Integrated Care Board and System, South Staffordshire LMC has created and facilitated a new GP Collaborative Meeting consisting of GP leaders across the whole of Staffordshire and Stoke on Trent in order to proactively engage with the new system. The group consists of LMC representatives of North and South Staffordshire, PCN directors and GPs employed by system. In this forum we are discussing issues specifically relevant to General Practice rather than to Primary Care as a whole with the idea that colleagues can take the consensus back to their various groups and meetings.

We also actively invite system leaders for discussions whenever this is felt necessary. Please feedback any issues you want us to discuss as usual to your LMCs and PCN directors.

ANNUAL LMC MEETING WITH DR FARAH JAMEEL

On Wednesday 13th July our annual LMC meeting took place again at Swinfen Hall. Many of you attended and took the opportunity to listen to our new GPC leader and to ask her your burning questions about our future. It was good after two years of the pandemic, to finally get together again in person, to listen to the debate and to exchange our views. According to the feedback received, an enjoyable evening also helped by the lovely buffet provided.

PATIENT ONLINE ACCESS

Immediate action is required by practices to ensure that you are ready for the planned change on 1st November 2022, and your clinical system is updated to allow prospective (future) record access to patients. Please [read the letter to General Practice staff](#) from Dr Ursula Montgomery, Interim Director of Primary Care and Dr Nikita Kanani MBE, Medical Director for Primary Care offering patients access to their future health information:

Patients whose GP practices use the TPP or EMIS

system will see new entries in their GP record. Patients with an online account will have access to their future, or prospective, full GP health records including free text, letters and documents. Be aware and mindful that patients will be able to see new records after the change. Know how to manage this as a change to your workflow. Ensure sensitive information is redacted (make invisible from patient view) as it is entered onto the clinical system, or in rare circumstances know when it may be inappropriate to give a patient access to their record.

Patients will see new information once it is entered, or filed, onto their record in the clinical system. This change will not give new access to historic, or past, health record information unless this is individually authorised by their GP practice. Patients will not have access to view administrative tasks or communications between practice staff

We discussed this again at our last LMC committee meeting and are expecting a toolkit to be circulated to practices ahead of this. We have also asked the IT lead to provide any further support that is available to practices. GPC has remained in discussions to ensure the rollout is neither burdensome nor disruptive to practices. NHSE will be in touch with practices directly to explain the changes taking place and how GPs can support the rollout.

CONTRACT VARIATION

Many of you have recently received requests to sign your contract variation form. Your LMC has argued that the requirement to declare GP earnings should be removed, but the local team was unable to do this given their national directive.

Whilst we hope that our negotiators will be able to remove this clause in the future, we are now stuck with the current contract variation. However, whilst signing the contract variation, one suggestion could be to add a sentence "that this excludes the future declaration of earnings, beyond 20/21 and that you reserve the right to withdraw from the contract, if further unknown adversarial changes are being imposed".

NHSPS HEALTH CENTRE CHARGES

Dr Adrian Parkes as the LMC Lead on Estates has recently communicated to and engaged with our practices occupying NHSPS Health Centres. As I am sure you are aware, the BMA has been supporting five practices in the High Court in their cases against NHSPS concerning charges and service provision.

Though NHSPS conceded that they were not able to impose costs on existing tenants without their agreement, where a lease was currently in existence or not, the court examined specific costs contested by the five practices involved and basically ruled in favour of NHSPS. The court felt that the whole matter was so complex that the trial was split into two parts, the

published ruling dealing with specific matters raised by the practices concerned, and a second trial which will decide what NHSPS can charge for, and what would be a reasonable charge. There is currently no timescale for this second ruling.

A significant direction from the first trial was that practices should take a constructive approach to negotiating with NHSPS to settle outstanding charges. This can only be determined by practices on a case-by-case basis and requires due diligence in terms of challenging costs and an understanding of what is recoverable.

It is inevitable that practices will be liable for some costs. Many have been paid long term such as utility bills and cleaning costs. Some practices have not been paying these costs due to disputes as to the accuracy of the billing process. However, costs for maintenance, repairs, management and service charges have been widely disputed as inappropriate for practices to pay.

We are very fortunate in South Staffordshire as we have an arrangement agreed between the LMC, NHSPS and NHSEI in 2016 which covered a lot of the charges raised by NHSPS and disputed by practices. The national GPC estates lead has recommended that practices in our area should continue to use this agreement for now.

The LMC wants to use the information collected from you, to help us offer you further support and advice, in the hope that outstanding charges can finally be agreed and settled. This will also help the national team to fight our cause. Ultimately it remains the decision of your practice, what charges currently requested by NHSPS are appropriate and justified. Please be aware that the LMC cannot offer legal advice to practices.

CONSULTANT RESPONSIBILITY TO PROVIDE SICKNESS CERTIFICATION

As your LMC we are eager to stop unnecessary workload coming to you from secondary care and are encouraging colleagues to push back whenever possible in order to achieve a change in behaviour.

Many of our precious appointments are taken up with patients requesting sick notes/ongoing sick notes when these could have more appropriately been provided by their hospital consultant. The 2010 DWP [Statement of fitness for work guide: a guide for hospital doctors](#) - GOV.UK which was updated in April 2022 contains the following statements:

"The role of hospital doctors in issuing the Statement of Fitness for Work:
Hospital doctors may need to provide all certification for social security and Statutory Sick Pay purposes for patients who are either incapable of work or who may be fit for work with support from their employer. The duty to provide a Med 3 rests with the doctor who at

the time has clinical responsibility for the patient.

Hospital in-patients:

Form Med 10 should continue to be issued to cover any period that a patient is in hospital. On discharge from hospital the doctor who has clinical responsibility for the patient should provide them, if appropriate, with a Med 3 to cover a forward period. This is to avoid unnecessary referrals to GPs solely for the purpose of sickness certification.

Many hospital doctors are still unaware that they should, if appropriate, issue Med 3 forms to patients in their care. Not issuing Med 3s denies patients the best care and leads to unnecessary duplication and extra work for GPs. In many cases it is the hospital doctor who is best placed to give advice on the impact of a patient's health condition on their fitness for work".

Please see our website for the [template letter](#).

MEDICAL EVIDENCE FOR SCHOOL CHILDREN

Your LMC has recently responded to a communication received in the Staffordshire County Council August newsletter: "COMMS to Health – Children unable to attend school for health reasons:

"Staffordshire County Council's Education Welfare Service are committed to supporting children to access education that are unable to attend school for health or medical needs. We value working in partnership with GP's, CAHMS and other health services to ensure we receive the right information so we can support appropriately".

Whilst South Staffordshire LMC understands that schools are under pressure to reduce non-attendance and for that reason may make contact with parents/guardians to get medical information from their doctor, for the parents/guardians to turn up asking for a letter, we fear may avoid the dialogue which may be in the child's best interest and how the school could accommodate the child in spite of possible on-going health needs or problems

And unless there is a safeguarding issue where GP input would indeed be helpful and needed (is the parent keeping the child home to act as a carer or other role, for example?), we would not normally expect GPs to be asked to be involved in providing information regarding children being unable to attend school for health reasons.

Should the child have an enduring health problem that would be helped by involvement of the education authorities (every child has a right to an education), such report would best be provided by the responsible specialist rather than from a generalist.

However, should a GP agree to provide the school with information about long or short term absences of children, the GP is entitled to request a fee under the NHS General Medical Services Statutory Instrument, Regulation 25 a, as it is not part of our core GMS

work.

Please see our website for the [template letter](#).

DATIX

Reporting problems and difficulties you are experiencing on Datix has been frustrating for many of us. The lack of feedback on our efforts has been debated again at our committee meeting. As a result our LMC IT Lead Dr Faisal Yunas has been in discussions with William Hill, ICB Primary Care Digital Project Lead who has provided us with a update and some reassurance, which we recently circulated to our practices.

We would like to encourage you again to provide any lack of feedback within the Datix process to your LMC so that we can take this forward on your behalf.

ADHD

Following on from MPFT not accepting any more adult ADHD assessments and your LMC lobbying extensively on your patients behalf, we were finally able to circulate the latest update from Staffordshire and Stoke on Trent Integrated Care Board regarding adult ADHD services.

The new contract was put in place with Dr J & Co on 1st July 2022 as the contract with MPFT is temporarily paused. A communication was sent out to all practices to request co-operation with the ESCA that has been put in place. However, as the ESCA is not mandatory your practice is not obliged to undertake joint care.

We have recently been made aware that GPs are being asked to arrange physical health checks on these patients, including blood pressure, pulse rate prior to commencing medication, as the service provided is virtual. Whilst this will probably only affect a few of your patients, we have been told that the provider would indeed fulfil his obligation to carry out these checks himself, but that they would need to travel and rent clinic space presumably at our practices in order to hold a consultation with your patient – costs for this will be charged back to the ICB. The LMC is going to discuss this further with the ICB.

INCLISIRAN

The ICB Medicines Optimisation Team is looking for views regarding the administration of Inclisiran in General Practice. Given the current workload pressures, your LMC has argued that it must be the individual doctor's decision if you want to take on this work. On 1st September 2021, NICE published a positive final appraisal document (FAD) for Inclisiran, which recommends its use within the NHS under certain conditions. This places a responsibility on commissioners to commission its use and explore possible delivery models locally. Inclisiran was originally not considered clinically/cost effective until a confidential discount was agreed between NHSEI and

the drug company. Under current circumstances and without new resources, as your LMC we argue that it must remain your individual choice, if you want to prescribe and administer this medication. However, we are not determining how you prioritise your clinical workload. Individual GPs remain free to accept or decline requests to prescribe or deliver this medication as they feel appropriate.

OCCUPATIONAL HEALTH SERVICE

The LMC has been contacted by practices about the lack of local occupational health service facilities and we have made representation on your behalf. We have now been informed that whilst the service has closed at the Fenton site, a replacement has now been opened in Barlaston:

Barlaston Health Centre
Old Road
Barlaston
Stoke-on-Trent
ST12 9EP

We have also been promised a further communication from NHSE. We will continue to lobby for facilities close to our practices.

HELP AND SUPPORT FOR GPs

At this time of increased stress and pressure due to the Coronavirus pandemic the LMC would like to remind colleagues of the support schemes available to GPs through the [South Staffordshire Support Scheme](#), and the [Staffordshire GP Coaching and Mentoring Programme](#).

Dr Tilo Scheel LMC Secretary

The following is a list of current members of the South Staffs LMC

Dr T Scheel (Secretary)	01543 897272
Dr M Agrawal (Chairman)	01785 251134
Dr S Manickam (Treasurer)	01543 870580
Dr P Needham (Urgent Care & OOH Lead)	01283 565200
Dr F Yunas (IT Lead)	01827 281000
Dr A Parkes (Estates lead)	01543 897272
Dr S Adams	01922 701280
Dr O Barron	01889 562145
Dr U Agarwal	01922 701280
Dr M Bermingham	01785 822220
Dr R Daniel	01785 850226
Dr A Gupta	01902 755224
Dr G Huisman	01543 412980
Dr M Kumar	01283 511387
Dr N Mann	01827 219843
Dr H McKee	01283 563451
Dr A Mir	01543 504477
Dr S Saha	01543 440819

DR V SPLEEN

Dear Therese

So glad to hear of your promotion to Health Secretary and deputy prime minister to boot! Seems a long way from our days at Somerville college in Cambridge. What a shame that frightful mare from Oxford gets the top spot!

Remember those great parties? Of course neither of us inhaled — me because medical students would get expelled and you as you realised it would be difficult if/when you became a politician and were forced to 'do a Gove' when asked about past impropriety. Of course that didn't prevent us hitting the booze and fags did it?

However, with me as a doctor and you as Secretary of Health we'd probably best keep the smoking and drinking out of the public gaze — lets hope the press never get any of those pics of you with a cigar and glass in hand.

I'm glad you are continuing to look after our old friends who now work in the tobacco and alcohol industries. As you know we need the taxes they raise to pay for things, like a pay rise for GPs, I wouldn't worry about junior doctors — they need to work hard like I did - character building, and they'll never strike. Although I suppose you, like me will have to advise against it in public.

I imagine you can just shelve the last lot's plans to slap restrictions on ciggies and alcohol. And by the way I am sure like me you still enjoy a flutter on the horses so for God's sake please don't hamstring the gambling industry.

Oh, and remember how we loved the 2 for 1 offers when shopping on a student budget? I was so glad to hear you are scrapping the plans to ban BOGOF deals in supermarkets. Why should a nanny state stop hardworking families from getting 2 packs of frozen chips for the price of one — I know Mrs Spleen finds it handy when we're having a family party, and why shouldn't the proles be able to save a few pennies here and there — I can always stick them on Xenical later!

Anyway I've got a surgery to go to and no doubt you have a cabinet meeting. Hope there aren't too many fights but I know you'll watch Liz's back and not let the rebels stab her in it!

Lots of love

VENTURE

P.S. We're having a Karaoke party on Saturday – please come along and do your usual

The views expressed in this column are those of the author and not necessarily those of the LMC.