



Newsletter

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Contents

Page

Staffordshire & Stoke on Trent GP Collaborative event	1
LMC Annual Meeting	1
Recovery plan	2
Estates	2
ADHD	2
Patient online access	2
LMC UK Conference	2
Asylum seekers	2
Help and support for GPs	3
LMC Members	3
Dr V Spleen	3

Welcome to another LMC newsletter. For over 110 years, local LMCs have remained 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 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 transformation from a membership organisation (CCG) to Integrated Care Board and System, South Staffordshire LMC has been a vital part in creating and facilitating 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 ICB. The group consists of LMC representatives from South and North Staffordshire, PCN directors and GPs employed by

the system. In this forum we are discussing issues specifically relevant to General Practice rather than to Primary Care as a whole.

STAFFORDSHIRE & STOKE ON TRENT GP COLLABORATIVE EVENT

To keep you all informed and involved in this process Staffordshire and Stoke on Trent GP Collaborative will be holding an event on the evening of Thursday 29th June at 5.30 pm at Beaconside Conference & Events Centre, Stafford.

The purpose of the event is to invite stakeholders to join in a general discussion around how trusts, ICB, General Practice and local authorities can work collaboratively together. We are inviting CEOs and Medical Directors from the University Hospital of North Midlands, Derby and Burton and the Royal Wolverhampton Trusts, ICB, MPFT and Combined Healthcare.

PCN CDs and business managers, together with GPs and Practice Managers from each practice have been invited. Places will be limited due to the size of the venue and a link to register via Eventbrite can be found on our website.

SOUTH STAFFORDSHIRE LMC ANNUAL MEETING WITH DR KIERAN SHARROCK ACTING GPC CHAIR

On Thursday 4th of May our annual LMC meeting took place again at Swinfen Hall. This time we were fortunate again to have the Acting GPC Chair, Dr Kieran Sharrock to speak to us. Kieran covered the recent contract impositions, new access requirements and potential options for industrial action in response. Thank you for everyone who attended and joined in the lively debate. Despite all the frustrations Kieran provided us with a very positive talk that gave us hope for the future. It is up to us to stand up for our profession and your LMC will continue to be your voice.

RECOVERY PLAN

A Recovery Plan response by the BMA is now live on the BMA website and includes letters which practices can utilise to support improving the primary secondary care interface. These deal with the common issues of workload dumping onto General Practice. Please make use of this so that things can change for the better.

ESTATES

Just a reminder that your LMC is supporting our practices with regards to issues surrounding Estates. Dr Adrian Parkes is our lead executive officer, who has done a lot of work with practices already. We will continue to raise concerns in our meetings with the ICB.

ADHD

We continue to receive questions regarding referral for adult ADHD assessments. From Saturday 1st July, Midlands Partnership University NHS Foundation Trust's (MPFT) new adult ADHD pathway will be providing specialist assessment and diagnosis across South Staffordshire.

South Staffordshire primary care colleagues will be requested to refer patients to MPFT's Mental Health and Social Inclusion Hub, where they will undertake a triage assessment. The Hub can be accessed via email at mhsi.staffordshire@mpft.nhs.uk and by calling 0808 196 3002. Please note MPFT will be unable to accept any referrals prior to 1st July.

Despite this, it has been confirmed to us that you will be able to also keep referring to other providers, who hold an NHS contract, like Psychiatry UK. With this in mind we would like to remind you that any request to join into a shared care agreement remains entirely voluntary and this should be made clear to the patient and the provider.

PATIENT ONLINE ACCESS

The current contractual obligation is to provide prospective record access to coded information (including results), documents and free text for all patients by 31st October 2023 at the latest. The only exception is when a patient has expressly requested that access not be given. The contract also states prospective access must be given to new patients on registration unless they decline that access.

However, we have been informed that GPCE is considering a legal challenge over this imposed contractual requirement and we will keep you informed. Despite this the BMA has prepared [guidance](#) 'to address common questions, key deadlines and practical considerations to extending online access'.

In principle GPCE continues to support the policy of

extending access to patients' online records but any risk to patient safety or practice stability is unacceptable and must be mitigated as far as is reasonably possible'.

We are not obliged to roll this out to all patients at the present time and we would ask you to consider a slower process in the coming months. Also, practices should 'ensure that you are recording information in a way that a patient can readily understand and which does not cause offence'.

LMC UK CONFERENCE

The annual LMC UK Conference took place in London on 18th and 19th May. GP leaders came together to discuss the future of General Practice and to pass motions, which then requests GPC to negotiate their implementation. Our Secretary spoke on a motion that we submitted that asked for GPs to be able to offer services to patients (including our own) on a private basis, if these are not available on the NHS or if there was a long wait; something open to our consultant colleagues and GPs in other countries. This motion was passed. Hopefully this will be negotiated into any new contract and would allow us to at least have a "plan B", should conditions in the NHS not improve. We are also pleased to announce that our Chair Dr Manu Agrawal was voted back onto GPC via conference.

ASYLUM SEEKERS

Colleagues have raised concerns with the LMC about the increasing numbers of asylum seekers placed in hotels in our area. Your LMC has made representation on your behalf with local MPs and the ICB asking to limit the influx to safe levels, the appropriate involvement of Public Health and for adequate funding attached to deal with this special cohort of patients. We believe that this would not just help practices, but also be in the interest of these unfortunate human beings. In all of this we have taken the view that this unusual and additional burden can't just be expected to be shouldered by one practice alone and in the interest of stability, numbers should be shared amongst practices; a view also shared by the ICB:

Under the NHS GMS Contracts Regulations 2015, Schedule 3, Part 4 paragraph 38 - 40 Assignment of patients to lists, the ICB with delegated authority can assign a new patient to a practice with an open list (para 39) taking into account distance (40b) and other such matters as the board considers relevant (40f). As detailed above the ICB took the approach to share the patient assignment to support the sustainability of practices and ensure access to GMS services for all patients. NHSE has confirmed the ICB's interpretation of the GMS contract regulations in relation to the assignment of the asylum contingency accommodation.

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 South Staffordshire Support Scheme, details of which can be found on the website under resources.

Dr Tilo Scheel LMC Secretary

The following is a list of current members of the South Staffordshire 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 A Parkes (Estates)	01543 897272
Dr F Yunas (IT Lead)	01827 281000
Dr S Adams	01922 701280
Dr O Barron	01889 562145
Dr U Agarwal	01922 701280
Dr R Daniel	01785 850226
Dr G Huisman	01543 412980
Dr M Kumar	01283 511387
Dr H McKee	01283 563451
Dr A Mir	01543 504477
Dr S Saha	01543 440819

DR V SPLEEN

Dear reader

In these challenging times the Health Secretary Steven Barclay has asked if he can take over my column in order to make some important announcements, he was unable to tell me about so over to you Steve....

Hello SSLMC and thanks to Venture for allowing me to use his column as a conduit of communication to you and your colleagues. As you know the Covid pandemic and the war in Ukraine (NOT Brexit!!) have caused a number of problems for the UK so I'd like to make a few clarifications and redefinitions around a few of our policies and promises.

£350 million/week for the NHS - we can't remember how we worked this out - perhaps someone put to many zeros on the side of that bus, sorry!
40 new hospitals by 2030 - by 'new' we did not mean 'new' but refurbished old hospitals, and they might not all be finished in time. Anyway, it was Boris that promised this and even we don't believe most of what he said any more.
5000 more GPs - by 'more' we meant less and by 'GPs' we meant anyone who could speak to a patient.
CQC - we have realised that we don't really care for the NHS and quality is impossible to achieve in the current climate. We will of course continue to allow the CQC to ritually humiliate doctors in order to reduce the public's respect for medics.
Health visitors – despite their name we have realised these professionals are nothing to do with 'health' and so have farmed them out to the county council where their main duty will be to fill in statutory forms and refer anything remotely medical such as feeding problems to their GPs.
NICE - clinical excellence has of course become impossible in a cash starved NHS with too few doctors and nurses so 'NICE' will now just look at things it would be 'nice' to have if only we could afford them.
Care in the community - that annoying word 'care' again. Scrap it.
Waiting times in A&E - unlike GP numbers we have managed to massively increase these -well done us!
GP access - I am sad to say because of your phone systems (and your laziness) this is poor, so I am going to buy all practices a new phone (but sadly no more staff).

Oh, and remember if you think we are bad, just think what the other lot might do to General Practice if they get in.....

VENTURE

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