

## WELCOME TO OUR FIRST NEWSLETTER OF 2023!

Sent to LLR GPs and Practice Managers



Since the new LMC board formed in October 2022, Dr Ingrams the newly appointed LMC Executive Chair has been providing useful and informative updates to constituents on key areas we discuss at board meetings. However, there is a lot more that goes on behind the scenes and we want to use this as a platform to update our constituents accordingly.

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## SENSE CHECK SURVEY

The LMC received over 100 responses from our members following the LMC Sense Check survey which focused on the PCFM and TCS. It was very clear from our members that our constituents remained unclear on the PCFM and what is expected from practices. We shared the results and our concerns with the ICB, which they called for an LMC/ICB roundtable discussion to address the two areas.

We have summarised the key elements from the meeting, which we will work with the ICB and task and finish group to address these areas fully.

The first part of the meeting, we discussed the Primary Care Funding Model and the three different components (Levelling up, Basket of Services (BOS) and Harmonisation):

1. Levelling up - it is clear that the proposal which was originally presented to the LMC, and our members has now changed from its inception and that model is different. It was originally designed and communicated as a “no strings attached” funding, to create a more level-playing field, ameliorating the deficiencies of the Carr Hill formula which have not been rectified nationally. This worthy aim has been rightly recognised in the Fuller Stocktake. The challenge has come as there are now services included within the levelling up component. The LMC’s view is that no activity should be included in the levelling up part, and that those currently included should be moved to harmonisation.
2. Basket of Services (BOS) and other services e.g. phlebotomy - we discussed using the Primary Care Commissioning Framework to look at some bottom up costings next year to see how it compares. We discussed having a task and finish group involving the LMC to look at this.
3. If practices decide they are unable to provide any of the services, what is the process for the commissioners to provide an alternative commissioner.

The second part of the meeting focussed on Primary and Secondary Care Interface, it is clear from the LMC survey results that members feel TCS is not fit for purpose, which led to a conversation on what is an alternative, and how we

can implement change, when there is a perception that there is little or no desire for change from the Trusts. The LMC noted the significant costs to general practice which leads to the ICB paying for these services twice and reducing capacity within general practice thereby affecting access.

We picked out some key themes (Fit Notes) were a specific example during the session but we know there is much more and how we could take this as a live example to implant change, which one suggestion was an interface manager (clinical/non-clinical) that would be based within UHL and has the autonomy to directly resolve matters.

We want to thank everyone that completed the survey and express their views on these topics, and we will be sure to keep our members informed.

### COMMUNITY PAEDIATRICS ACCEPTANCE LETTER

It was brought to our attention that the wording on the community paediatrics acceptance letter stated, 'In an emergency, please contact your GP, or the emergency services'. As we know, General Practice is not an emergency service and we raised this directly with Helen Thompson, Director of FYPC and LD Services LPT, who have confirmed that this wording has now been amended and we are satisfied with the change.

If you come across other examples like this, please highlight them to the LMC office.

### ACCELERATED ACCESS TO RECORDS

The position in relation to Accelerated Access to Records is that there is no contractual requirement for practices to participate in this scheme. If practices feel they provide the support or otherwise any concerns any the process they can write to their system supplier by 27 January 2023 and their practice will not be included in the systemwide turn on.

Practices are contractually required to provide patients with access to their detailed record if they ask for it. If, for any reason, a practice is asked to provide any other information or take any additional action we recommend that they contact the LMC.

### INFLUENZA OUTBREAK WITHIN THE LOCALISED COMMUNITY SETTING

We have attached the [specification for Influenza Outbreak within a localised Community Setting](#) which has been commissioned by the ICB.

### MCCD

We have received several queries recently in relation to the completion of MCCD, we want to highlight to practices that the covid legislation has now suppressed, so we wanted to remind practices of the guidance - [LLR LMC: UPDATED 25TH MARCH 2022: Completion of Medical Certificates of Cause of Death \(MCCD\) and Verification of Death \(VoD\)](#)

The number of excess deaths in LLR is the highest it has been in 10 years, and the number of referrals to the coroner at a 5 year high. The number of deaths during December equalled the number during the first wave of the pandemic. There has been an increasing number of MCCDs which have had to be rejected as they have not been completed correctly. This is creating additional workload for registrars, the coroner, and for practices

We know that individual GPs do not complete these forms very often, so we would recommend that practices download and keep a copy of the following short guides in their MCCD book:

- [Short Guide to completing MCCD and Form Crem 4](#), and
- [Flow chart to whether you can complete an MCCD](#)

Please remember you can contact the LMC office if you have any questions or need any support with this process or with any individual case.

## EMAS AND REPORTING DEATHS

Dr Ingrams (LMC Chair) referred to this change in his last newsletter. The LMC was advised that formal communication would also be circulated, but this did not happen.

In essence if EMAS are called to a non-suspicious death, where it appears the patient died of natural causes, including expected deaths, there is a new process. Instead of reporting these deaths to the coroner, practices will now be notified. Practices will then need to arrange to issue the MCCD, but if they are not able to do so, then the practice will need to report to the coroner using the online portal.

The coroner decided to start the process earlier than agreed due to the excessive death rate in December. Although Dr Ingrams was advised, unfortunately he was on leave so could not pass this message onto practices, and we apologise for this.

Due to confusion caused by this change the LMC has agreed with EMAS that in future their letters will clearly indicate whether the death has been reported to the coroner or not. Initially this is likely to be free text, but ongoing they advise this will be added as an additional 'tick box' at the top of the form. Please let the LMC office know if you have any problems with this process.

## LMC/CD ENGAGEMENT

The LMC has started meeting with the Clinical Directors on a monthly basis to discuss topical issues that affect General Practice with the aim this develops a stronger voice for General Practice. Whilst this is early days the feedback has been positive, and people are engaging positively – we will continue to keep our members updated on key topical matters.

## CQC UPDATE

Practices will be aware that CQC is changing the way in which it inspects going forward. Due to internal CQC delays, the local CQC team are not currently able to provide much more information than the national updates and what this means in reality for General Practice at this stage. They have agreed to deliver a webinar for our constituents when the process and requirements are clear.

The key points from the recent meeting which practices may find useful:

- Refer to Nigel's mythbusters and ensure they can evidence the requirements detailed in each of those
- Review some recently published evidence tables and look at the breakdown of each of the areas in the key questions and read some of the narrative below – this should give practices a better understanding of what evidence is needed to mark them as complaint in each section.
- Practices to evidence there has been oversight of non-medical prescribers, long-term locums and PCN ARRS staff (lots of practices say they do this, but they require it to be evidenced)
- Keeping CQC registration details up to date.

Sharing good practice: The local CQC team has highlighted a couple of recent examples of good practice which we will be able to share with constituents shortly.

They have also shared the themes from recent inspections [LLR LMC: Jan 23 CQC themes](#)

We regularly meet with the CQC team, so if practices have any issues or questions in relation to CQC, please contact LMC office or Dr Rastogi – [amit.rastogi@llrlmc.co.uk](mailto:amit.rastogi@llrlmc.co.uk)

## "TELL ME, WHAT IS IT YOU PLAN TO DO WITH YOUR ONE, WILD AND PRECIOUS LIFE?"

*Leicester, Leicestershire and Rutland Local Medical Committee Annual General Meeting - Wednesday 8<sup>th</sup> February*

All LLR GPs and Practice Managers are cordially invited to our Annual General Meeting on the evening of Wednesday 8<sup>th</sup> February 2023 at Hilton Hotel, Leicester.

We are excited that the renowned Rachel Morris will be help us to once again become masters of our own destinies, and to craft our jobs and careers so that we can thrive even in the most difficult of situations. More information about Rachel and her work can be found at [You Are Not A Frog](#).

As we all know, Professionals in General Practice are experiencing overwhelming workloads, and the pressure on our services is increasing. But it is just not possible to cram yet more into an already overscheduled day. The only answer is to prioritise what is really important, set boundaries and say no.

During the evening, Rachel will help us to learn how to focus on what we can control, explore how embracing our limits as a human can actually help us to prioritise and set boundaries, and then learn some strategies to deal with the inevitable yet uncomfortable pushback that can cause our boundaries to crumble.

## AGENDA

6.30 -7.00pm: Arrival, Dinner & Networking

7.00 – 7.10pm: Opening remarks and questions from members on annual report from Dr Grant Ingrams, LLR LMC Executive Chair

7.15 – 8.30pm: Rachel Morris - *How to prioritise powerfully, say no, set boundaries and deal with pushback*

8.30 – 9.00pm: Next steps for LLR LMC

## DETAILS

DATE: Wednesday 8<sup>th</sup> February 2023

VENUE: The Hilton Leicester, Junction 21 approach, Leicester, LE19 1WQ

## RESERVE YOUR SPACE

All LLR GPs and Practice Managers are welcome to attend the LLR LMC Annual General Meeting and there is no cost, we just ask you confirm you are attending by emailing [enquiries@llrlmc.co.uk](mailto:enquiries@llrlmc.co.uk) in advanced of the session.

## UPCOMING EVENTS AND WEBINARS

### Bricks & Mortar webinar

The LLR LMC is pleased to announce that GP Surveyors will be delivering a webinar that covers all property management related matters to our LLR LMC members.

### Contents

- Partnership agreements
- Property valuations
- Succession planning options:
  - Leases – the key considerations
  - Sale and Leasebacks
  - Sale and transfer
- Notional Rent
  - Premises Cost Directions
  - How Notional Rent is calculated
  - CMR1 forms

- Checking and challenging
- Improving property and abatements

#### Details:

- Date - Wednesday 19th April 2023
- Time - 12.30 – 2.00pm
- A virtual link will be sent to all registered delegates ahead of the webinar.
- This webinar will be recorded

If you would like to attend this webinar or have any question which you would like to present in advance, please email us at [enquiries@llrlmc.co.uk](mailto:enquiries@llrlmc.co.uk)

We are looking at variety of different comms and engagements webinars/events which we will be offering members of General Practice during 2023, some are still in the pipeline but include:

- Simple guide to the new CQC process webinar
- Finance, VAT and pensions event
- Safe working webinar with GPC
- Special Allocation Scheme and rules/regulations for removing a violent patient from practice list

#### POST-REFERRAL REJECTIONS (ERS-REJECTED / TRIAGE RESPONSE)

In the recent 'GPIT Newsletter & Supporting pack' that was sent out from the ICB, we have noticed the article that relates to ERS-Rejected/Triage response. We want to draw this to the attention of practices and are keen to hear whether this has been an issue for practices, and if so, we would like to hear some examples and evidence from practices as we are keen that this does not create any additional work for General Practice.

#### WE CAN FIX IT

In our December update, Dr Ingrams explained about our new initiative 'can we fix it', this will look at specific areas that impact general practice. The LMC board agreed the first area we would focus on would be midwife bloods coming into General Practice. We have since met with Dr Hanna Robins (ICB Maternity Clinical lead) and Mina Bhavsar (ICB Maternity Transformation Programme Manager), who understood our concerns around responsibility around filing of midwifery blood results and general midwife related matters including name of Midwife, space within the surgery to host community midwives. They have kindly connected us with the UHL Director of Midwifery and a meeting is scheduled early February to take this further.

#### UPDATING AND MAINTAINING CONTACTS

As we know keeping contacts up to date is no easy task, so we are asking for your help to keep us updated of any changes of GPs and Practice Managers within the practice, so we can keep you informed.

#### HOW TO CONTACT US:

PHONE: 0116 2962950

EMAIL: [enquiries@llrlmc.co.uk](mailto:enquiries@llrlmc.co.uk)