



Newsletter

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Welcome to our 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.

Dr Tilo Scheel
LMC Secretary

NEW CONTRACT

Your LMC has supported the BMA campaign for a referendum on the new contract offer. We trust that your vote will give our leadership the support to fight on our behalf for a better contract and the continuation of the partnership model that has been crucial for the success of the NHS.

Given the frustration that colleagues have voiced over the new contract with unlimited access to our practices despite finite resources, the threat of having our right to refer our patients when we have identified such a need limited by an advice and guidance mandate, and the need to deal with all "urgent" patients on the day, at the last LMC committee meeting your representatives voted to temporarily withhold our contribution to the General Practitioners' Defence Fund until we are satisfied that real progress is being made towards a better contract offer.

It could also be helpful to have new members on the GPC Committee and as your Secretary, I have put my name forward for the current regional GPC election. Should I be successful, I will make sure that your voice is heard at a national level.

GPC Election

Voting is now open for your GPC Local Representative! I have put my name forward on your behalf and would be most grateful if you could spare the time to vote for me.

Please log onto your BMA account, go to elections and then go to voting. The closing date is 7th April.

You will need a BMA web account to access the election. You may already have one if you have registered for the LMC conference or if you have previously been a BMA member. If you think you have an account but are not sure please email elections@bma.org.uk with your GMC number and the team can check for you. If you do have an account

the team will be able to grant you access, if you do not have an account the team can request that one is set up for you and you will be assigned an BMA ID number, please email elections@bma.org.uk with this number and details of the election you wish to participate in. The team can then grant you access to the election.

QIF AND LES UPDATE

Thank you to those that attended the QIF and LES update arranged by the LMC with Mel Mahon from the ICB. We hope that you found it useful.

As an LMC we are pleased that this year we have managed to negotiate an uplift on the LES agreements despite the tight financial situation the ICB is finding itself in.

Also, the planned introduction of a hub for transgender prescribing and monitoring after years of us lobbying is a real positive achievement locally. We are still pushing for an Inclisiran LES and our advice still stands that this is not core GMS work.

OPTUM DSA AGREEMENT

Many practices have contacted the LMC regarding an email received from Optum regarding a new data sharing agreement. I have asked Andy Hadley for clarification, which you should have received already. In case you missed it:

You may have recently received an email from Optum (Emis) around a new data sharing agreement.

The ICB would like to clarify that this communication should have only gone to an ICB lead, who actioned for all practices in regards Optum Pathfinder product. However, this message was also sent to practices to keep data controllers well informed on the formal business names they are sharing data with only, there is no need for practices to action anything.

CHIS GP DATA AUTO EXTRACTION

Many practices have asked for an update regarding this. Unfortunately, nothing has changed and the potential concerns have not been addressed. Nevertheless, we are aware that many practices have now signed up for the ease of administration, which is understandable.

ADVICE AND GUIDANCE

Planned changes have been discussed at our committee and your Secretary is making strong representations on your behalf at our interface meeting. A&G is not yet mandatory, although funding has been rolled into core. There is agreement that any

pathway redesign does have to go through the LMC. GPs still have the right to refer and hospitals should not be sending any work around A&G back to GPs. Please remember that under Jess's rule GPs should be able to insist on their referral for all patients who have had three appointments without a diagnosis.

CAMHS

Your LMC has questioned the need to use the new CAMHS referral form that has recently been distributed to practices and I have been reassured that GPs can still refer by traditional letter, if we prefer. In further discussions MPFT have confirmed that referrals to CAMHS, for ADHD and for autism should ideally be made by someone, who knows the child best, which usually would be a person at school familiar with the child. Parents and young people are also able to self-refer via CaFSPA through the following routes:

Telephone: 0808 178 0611

Email: CaFSPA@mpft.nhs.uk

Self-referral for mental health support: Midlands Partnership University NHS Foundation Trust

Referral to CAMHS is now available via e referral, which — like many other services — includes a referral template within the system. However, GPs can still refer using a standard letter. Referrals to CAMHS do not need to come via Primary Care. The most appropriate referrer is the professional who knows the child or young person best, which is often their school or another professional involved in their day-to-day care. Parents and young people are also able to self-refer via CaFSPA through the following routes:

Telephone: 0808 178 0611

Email: CaFSPA@mpft.nhs.uk

Self-referral for mental health support: Midlands Partnership University NHS Foundation Trust

These routes are deliberately designed to reduce the administrative burden on Primary Care and to allow families to receive timely advice and guidance directly from CAMHS clinicians.

For neurodevelopmental referrals, the website guidance is clear that referrals should be made by the professional who has the most detailed understanding of the child or young person, usually within their educational setting. Where referrals are made by another professional, comprehensive information from education is still required, which understandably can be difficult for GPs to obtain.

How to make a referral: Midlands Partnership University NHS Foundation Trust. We advise that the professional that knows the child or young person the best makes the referral together with their parent/ carer. This professional would usually be from a child/ young person's educational setting. If this is not the case and the referral is being made by another professionals, please be aware that detailed information from the child/young person's education

setting will be required to be added to the form before sending it in to us. Due to this level of information that we require, we do not recommend that referrals are made by a GP as their knowledge of a child/young person is usually more limited than other professionals. The best referral route would be to discuss your concerns with your child's school.

ESTATES

You may have seen that Foundation Trusts have been asked to submit applications by the end of March 2026 for taking over premises from NHSPS. This will be for premises where the lease is coming to an end and debts have been settled. This was discussed at our committee meeting and concerns have been expressed over whether trusts will eventually be able to take over everything to do with General Practice. However, whilst it was felt that this development constitutes a massive threat, there may also be an opportunity here with regard to historic debt settlement. Practices have tenants' rights if they are in lease negotiations and there may be central pressure for NHSPS to get on with debt settlement. Dr Adrian Parkes is our Estates Lead.

NHS 111

As many of you will know and worry about, NHS 111 are still able to insert patients onto our residual CCAS lists with dispositions like 'must speak to primary care in 1 hr, 2 hrs, or 4 hrs' etc.

As the SSLMC member with an interest in urgent care, Dr Needham has been sent many examples by colleagues where the disposition is both unsafe and unreasonable e.g., patients with chest pain or children with a pyrexia above 39 degrees where a 999/A&E disposition would seem more logical.

I have tried to discuss many of these with Dr Tarun Sharma, the medical director of DHU who runs the local NHS 111 service and whilst he says they do not tell the patients that they will definitely speak to or see a doctor in this time frame that is often the patient's perception, resulting in unreasonable expectations from primary care.

Dr Sharma often cannot answer the queries specifically as colleagues usually anonymise the examples they send for obvious reasons.

Please use the [NHS 111 Urgent Care Service Health Professional Feedback Form](#), which allows you to safely send specific examples, including patient details, for consideration.

Please send any such examples you have, and kindly copy me in on p.needham@nhs.net so I can keep an overview of incidences and the responses. Thanks, in anticipation of your help.

HELP AND SUPPORT FOR GPs

At this time of increased stress and pressure 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 Lead)	01543 897272
Dr F Yunas (IT Lead)	01827 281000

Dr S Adams	01922 701280
Dr U Agarwal	01922 701280
Dr O Barron	01889 562145
Dr P Choudhary	01543 440819
Dr M Holmes	01889 881206
Dr G Huisman	01543 412980
Dr P Jeyakumar	01283 845555
Dr M Kumar	01283 511387
Dr H McKee	01827 219843
Dr A Mir	01543 504477
Dr O Omotoso	01902 892209
Dr Z Rehman	01283 845555
Dr S Saha	01543 440819

DR V SPLEEN

Dear reader

As many of you know Dr Spleen is nearing retirement, but you may also know he has always been at the forefront of medical advances, so he has asked us to share with you his vision for AI in Primary Care and a real life example of how it can help the hard pressed GP from needless patient exposure.

Patient - Hello this is Mrs Smith, I feel like I am dying can I see a GP?

AI Assistant Emily - I am your AI receptionist, and will help you to get the help you need. Are you actually dying or do you just feel like you are?

Mrs Smith - How would I know. I have a severe headache and fever

Emily - That sounds like the flu which a pharmacist can help you with, so I will put you through.

Pharmacist - Hello Mrs Smith, this is the pharmacist.

It sounds like you may have the flu or you may be dying, so to be on the safe side please call 999

999 call handler - Hello Mrs Smith, are you conscious and breathing?

Mrs Smith – Yes, I think so

999 call handler – OK, we will send an ambulance but as we are experiencing a high volume of calls this will take over 4 hrs, so we suggest you go directly to A&E

8hrs later

A&E FY2 Dr - Well Mrs Smith, I have done every test I can think of and you are not dying, at least not today! Of course I still do not know what is actually wrong with you so I suggest you arrange a review with your GP

Mrs Smith - Hello, A&E say I need to see a GP urgently

Emily - I am afraid all the GPs have reached capacity, please speak to our care coordinator

AI Care Coordinator Mike - Thanks for your call, as we are fully booked for today, I suggest you call 111

Mrs Smith - I feel like I am dying

111 call handler - After 101 questions my algorithm says you need to speak to primary care in 1 hr, goodbye

Mrs Smith - Look here Emily, I am not being funny but please, please, PLEASE can I see a bloody GP

Emily - Dr Spleen's surgery is a zero-tolerance organisation so in view of your abusive foul language I am terminating your call, goodbye

Mrs Smith - AAAAGGGGHHHH!!!'

So, not a great outcome but thanks to Dr Spleen AI you never had to speak to her!

VENTURE

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