



Chair's Bulletin - December 2023

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1) Local Quality Contract (LQC) Hints & Tips - Quarter 3

December marks the end of quarter 3 of the fiscal year. Please remember to submit your LQC quarter 3 claim form before the end of January. The value of the Winter Pressures part 2 scheme has been increased to £1 per patient & South Sefton practices are also able to use this to cover the costs of actioning Targeted Lung Health Check incidental findings. Please check you are on top of your invitations to the NHS Diabetes Prevention Programme for patients with impaired glucose regulation (LQC 13). We would recommend sending your bowel cancer screening messages to patients who have their 54th birthday during 2023-24 (LQC 15) & completing your work to promote cervical screening in low uptake groups (LQC 16). You are required to confirm that you have implemented any changes to rectify anomalies in the primary care dataset at the end of quarter 3 (LQC 18). Finally, please check you are up to date with your quarterly MMT meetings with your allocated pharmacist.

2) Outpatient Prescribing Initiative

In last month's bulletin, we discussed the outpatient prescribing optimisation feedback form process in detail. We have spotted an issue with this:

When you complete step 4 (informing the commissioners), using an Accumail

template email to send a copy of the form to the ICB with the patient details redacted, remember to remove any patient identifiers from the email itself (Accumail adds these to the message by default).

Also, when you attach the redacted form from EMIS, the file name contains some patient identifiers by default. Therefore, we would advise exporting the redacted form to the desktop, renaming the file & attaching it to the template email from there instead.

3) Overseas/ Private Bariatric Surgery

Previously, we advised that the Association of Cheshire & Merseyside LMCs was drafting a letter for practices to provide to patients who have had or are considering bariatric surgery abroad or in the private sector. We can confirm that having sought legal advice, the ICB is set to approve the use of this letter by practices & Sefton LMC will be circulating this imminently. It explains that the aftercare for bariatric surgery is of a specialist nature so for NHS patients, it is provided by our local weight loss surgery service for the first two years. Our ICB does not fund a specialist service to provide aftercare for patients who have had weight loss surgery in the private sector or abroad. This means GP practices should not be asked to provide aftercare for bariatric surgery & they are unable to refer patients for this. Therefore, patients are advised to arrange any aftercare themselves in the private sector & if they wish to discuss the matter further, they should contact the ICB's patient experience team.

4) Clinical Advice to Paramedics

We have received some enquires about the role of GP practices in providing clinical advice to paramedics. NWAS have a clinical support hub that should be the first port of call if a paramedic requires clinical advice. Also, Sefton Place have informed us that PC24 is commissioned to provide in-hours & out-of-hours medical support to paramedics if they require it. Therefore, we would recommend that if a paramedic contacts your practice for clinical advice, the default response should be to recommend that they contact their clinical hub or PC24. We are conscious that there may be some occasions where it is more appropriate for a paramedic to contact the patient's GP practice - e.g. to share

information, to request information that might assist with their assessment, to request follow-up for a vulnerable patient who is incapable of arranging it, or for a patient receiving palliative care. However, we would recommend caution when giving clinical advice to paramedics as practices are not commissioned to provide a clinical supervisor service to NWS & in doing so, practices would be accepting a degree of clinical responsibility for the paramedic's assessment.

5) Teledermatology Pilot

We remain keen to receive feedback from the Southport & Formby practices who have volunteered to be early adopters of the teledermatology pilot. Alongside the pilot, patients from all practices can still be referred to the 2-week rule service at Ormskirk – however, soon, such patients will be invited for a dermatoscopic photograph at a community diagnostic centre in Ainsdale first (facilitated by Vita Health Group). The image will be assessed by a consultant dermatologist at the Trust, who will decide whether further action is needed. We have been advised that practices will still be able to refer a patient for a face-to-face appointment if they feel the patient is unsuitable for photography.

6) Medical Examiner Rollout

The medical examiner (ME) system for reviewing non-coronial deaths becomes a statutory requirement in April. We would recommend that practices engage with the voluntary rollout prior to that date. LUHFT's ME Office is providing bi-weekly engagement sessions for South Sefton practices, & the S&O ME Office is visiting practices to explain their process. Each of the Offices is working in a slightly different way but both their processes appear to be working well so far.

Dr David Smith, Chair, Sefton LMC, seftonlmc@seftonlmc.co.uk

This bulletin is circulated monthly to GP Principals & Practice Managers (or equivalents) at all constituent practices of Sefton Local Medical Committee.

Please feel free to forward it to other members of your team, & help us to keep our mailing list up to date by informing us if there are any changes.

If you have any questions about the content of this bulletin or if you have any feedback that would help to improve it, please email the address above.
