



## Newham LMC News Update – December 2020

**Chair: Dr Tamara Hibbert    Vice Chair: Anil Shah**

We wanted to get in touch to update you on Newham LMC changes as well as changes at Newham Health Collaborative. We also had a recent session on Shared Care Guidelines and clarification to our questions are included. We hope you find them useful.

### 1. Welcome to Dr Tamara Hibbert, Newham LMC Chair

It is with great pleasure that I inform you of my appointment as the new Chair of Newham LMC. I would like to thank Dr Ambady Gopinathan for his support and leadership as our previous Chair and wish him well in his new endeavours.

My journey to becoming a GP was not via the traditional VTS route and I worked extensively in acute hospital care in London and the South East before becoming a GP registrar. I have experience in many specialities and believe I have developed transposable skills that I use as a clinical leader and GP.

I first started working in Newham in January 2008 covering a maternity locum at Claremont Clinic; I enjoyed working in Newham so much I decided to stay!

I joined Market Street Health Group in 2010 as a salaried GP and in 2011 I become a Partner there. I have been a Newham LMC committee member since 2018 and simultaneously was appointed Newham CCG diabetes GP Clinical Lead. More recently, I have become the NEL low-calorie diet Clinical Lead and one of the Diabetes UK Clinical Champions for 2020.

I believe I have a good understanding of our local community needs and I foster collaborative working with the local council, community, voluntary and secondary care sectors. As a Newham Change Maker, I am supportive of the borough's health and wellbeing strategy.

As a local GP I am keen to support practices through the changes and challenges ahead; to form strong relationships with our Clinical Directors and PCNs along with our federation, NHC and the CCG. I hope together we will form a strong voice for Newham Primary Care, bringing our knowledge and expertise to our borough-based partnership. Along with our Newham LMC committee members, I feel confident that we can support and guide practices with any issues that

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### Newham LMC members

Dr Tamara Hibbert (Chair)  
Dr Anil Shah (Vice Chair)  
Dr Sadek Ahmed  
Dr Asha Ashokan  
Dr Rehana Aslam  
Dr Farzana Hussain  
Dr James Lawrie  
Dr Annie Mackela  
Dr Chandrakant Patel  
Dr Saidur Rahman  
Dahlia Gardner (Practice Manager)  
Saadet Sangha (Practice Manager)

To get in touch with your representative or to raise any matters with the LMC contact Wendy Walker ([wendy.walker@lmc.org.uk](mailto:wendy.walker@lmc.org.uk)) or telephone 020 3818 6262.

### GP Support

The GP Support Team are here to provide advice and support to any practice or individual GP.

To raise any confidential matters regarding your practice contact [GPSupport@lmc.org.uk](mailto:GPSupport@lmc.org.uk) or visit their page on our [website](#) for further contact details.

may affect them. That access to support goes beyond Newham, as we meet with NEL and Londonwide LMC colleagues on a regular basis to discuss local and national issues.

As Newham LMC we are here to support you, please do not hesitate to contact us if you need to. Along with my committee members, who include salaried, sessional and trainee GPs, we hope to be a strong representative voice for Newham GP practices.

## 2. Thanks to Dr Ambady Gopinathan

We would like to thank Dr Ambady Gopinathan for his hard work and dedication during his time as an LMC member from 2011 and then being elected as Chair from 2018 to 2020. Thank you for your valuable contributions and support.

## 3. Shared Care Guidelines – Mental Health

We have recently discussed Shared Care Guidelines relating to Mental Health patients and we would like to share the responses with you:

### Shared care for ADHD

*LMC: Concerns raised about workload implications in primary care e.g. ADHD drugs being prescribed in primary care when GPs do not have any knowledge of diagnostic criteria and when GPs asked to monitor response, which should sit with specialist.*

The Shared Care Guideline states that hospital responsibilities are as follows:

- Initiate treatment and prescribe until is stable, usually 1month or longer if appropriate.
- Once patient is stabilised on therapy, requested shared care with GP.

Dr Dougall responded: “Initiation and monitoring of side effects and response is expected to happen under the supervision of a psychiatrist. GPs are not expected to do this. Once a service user is stable GPs would be expected to take over prescribing”. This is in line with the shared care guideline.

### Blood tests and monitoring for antipsychotics

*LMC: Mental Health Trusts not doing some of the basic tests, and sometimes, GPs end up doing them, and have to compare results done in both secondary and primary care – with duplication of work. Sometimes, it is not clear whose responsibility it is to conduct the monitoring. One of the GPs from LMC asked me to raise with ELFT on who (i.e. team) within the Trust does the tests and how this is done.*

## LEAD Events

Londonwide Enterprise Ltd (LEL) was set up to provide affordable, high quality training and educational events for practice teams.

The Learning Education and Development (LEAD) team is always keen to hear what training is really needed on the ground – get in touch with any ideas by emailing [lead@lmc.org.uk](mailto:lead@lmc.org.uk)

### Upcoming Events:

#### *Contraception update*

09:15am - 1:30pm Tuesday 12 January 2021

#### *Practice Support – Hot topics*

9:30am– 12:30 pm Wednesday 20 January 2021

#### *Effective medical chaperoning -*

10:00 am – 12:00 noon

Thursday 25 February 2021

Dr Dougall responded, "This is a shared responsibility, and will depend on the circumstances. e.g. for a new referral from a GP into a community mental health team the GP is requested to have completed a baseline physical screen to exclude potential organic causes. For an existing patient if additional bloods or an ECG are needed the psychiatrist can request these directly and would be expected to notify the GP that they have requested these – this would be in the clinic letter. Alternatively, the psychiatrist may request the GP to investigate if they have identified a physical health concern that is more appropriately followed-up by the GP. For inpatients, a summary of physical health investigations is in the discharge notification."

Blood tests have been challenging during Covid-19, and specific guidance was developed e.g. Lithium, depot antipsychotics. Any concerns around monitoring of patients during Covid-19 should be reported to the CCG Medicines Optimisation Team

*LMC: Mental Health Trusts request GPs to prescribe antipsychotics either when they have just recently been started or ask GPs to initiate Example shared, where GP had been asked to initiate Quetiapine. Further, the GP commented that ECG and blood tests were done in ABT and could not access the results.*

Dr Dougall responded: "If the psychiatrist has requested bloods and ECG as a baseline screen before starting a psychotropic, it would be expected for the psychiatrist to follow-up on the results. However, in the current context, ELFT do not have electronic prescribing so it can be difficult when patient has been seen remotely and arranging FP10 can be difficult".

This was further discussed with Jennifer Melville, Chief Pharmacist for ELFT. We discussed the position of Quetiapine in the formulary and confirmed this is specialist initiation with no shared care. Antipsychotics should normally be initiated by specialist after completing necessary baseline tests. Where there has been an impact due to Covid-19, where patients are seen virtually, there may be changes to standard monitoring practice, and should conform to the additional guidance developed to support clinicians. Any queries in relation to interface can be directed to Primary Care Liaison Team, which has a community psychiatrist. GPs can also contact Medicines Optimisation Team, to be made aware of the interface issues.

*LMC: ELFT commonly advise GPs to do annual ECG check, and routine blood tests for patients on antipsychotics. The GPs reported that this cohort of patients are very difficult to engage with, and opinion was expressed that monitoring should be done within Mental Health Trusts as patients engage with their services better than in primary care, particularly in situations when patients are not engaging with GPs.*

## **England LMC Conference – Friday 27 November**

Here is a sample of resolutions from the recent England LMC Conference:

### **Covid-19**

That conference, in respect of the response of general practice to the COVID-19 pandemic, commends practices for stepping up to the unique challenges, and:

- i. congratulates GPs and clinicians for developing and using alternative consulting methods during the pandemic
- ii. believes that finding our way through the COVID-19 pandemic has been and continues to be a driver for modernisation and positive developments
- iii. believes general practice has demonstrated that the GP partnership model works and expects the government to remain committed to this model of primary care
- iv. instructs GPC England to inform the government that GPs will not accept the return to the previous conditions of micro management and central control once the pandemic is over
- v. mandates GPC England to use this to insist on investment in the core contract rather than the flawed PCN model.

Proposed by Jackie Applebee, Tower Hamlets  
Carried

### **Core Funding**

That conference strongly believes that the current GP funding formula is both seriously flawed and outdated and demands that GPC England:

- i. urgently calls for NHSEI to review the GP funding formula
- ii. ensures that any future formula provides fair and full remuneration which recognises GP workload
- iii. ensures that a revised funding formula appropriately and proportionately accounts for differences in patient demographics, deprivation and health-seeking behaviour at individual practice level
- iv. ensures that any revision does not result in practices losing out.

Proposed by Michal Grenville, Waltham Forest  
Carried

Dr Dougall responded: "This is a real challenge. We do follow-up annual health checks with care coordinated patients. We plan to recruit two health care assistants to support with annual health checks across the system. Our aim is to support service users in primary care. If there was a specific mental health need, we would take over their care (this will look different in the transformation).

This was further discussed with Jennifer Melville. It was acknowledged that mental health patients can be a difficult cohort to engage with, and any issues should be discussed with the Primary Care Liaison Team. GPs conduct annual physical health checks, and some of these patients may also have other long-term diseases. Any issues around management or engagement should be raised with the Mental Health Trust, particularly during Covid, when this may have been challenging.

*LMC: Where ECG has been organised by Mental Health Trusts, results are not on Sonar, so GPs don't know the results.*

Dr Dougall responded: "not familiar with Sonar. Broomwell and the Foxglove suite for community patients are used. For inpatients the results should be in the discharge notification.

ELFT Mental Health Transformation programme, which is looking at how investigation results can be shared seamlessly across the interface, and work is underway with stakeholders. Further information will follow as the work stream progresses further.

#### 4. Changes at Newham Health Collaborative

We would also like to welcome Dr Nadeem Faruq, Chair and Karen Livingstone, Chief Executive of Newham Health Collaborative. Both Nadeem and Karen join us at LMC meetings and we look forward to working you in our continued support to GPs in Newham.

We send our belated thanks to Steve Gilvin who held the role of Interim Chief Executive since 2012. I know you will join us in wishing him all the very best for the future.

#### NHS 111

That conference is concerned by recent moves to increase the number of GP appointments available to NHS 111 for direct booking and demands that GPC England ensures that the number of directly bookable GP appointments allocated to NHS 111 are not increased beyond what was agreed in the 2019 / 2020 GMS Contract.

Proposed by Vinay Patel, City and Hackney  
Carried

#### ARRS

That conference instructs GPC England to negotiate for the Additional Roles Reimbursement Scheme element of the Network Contract to allow funding for:

- i. additional GPs including locums
- ii. practice nurses
- iii. advanced nurse practitioners
- iv. non-clinical staff / supportive staff outside the prescribed national roles.

Proposed by Aneela Sattar, Hertfordshire  
Carried

#### PCN Funding

That conference, in respect of the Core PCN Funding Payment (£1.50 / registered patient / year):

- i. believes this is woefully inadequate to fund all the schemes it has been allocated to cover and additional workforce it is anticipated to employ and manage
- ii. insists that this payment must be uplifted annually to reflect the expanding workforce and responsibility, as a minimum in line with core GMS contract uplifts
- iii. demands that this payment is renegotiated for 2021 / 2022, to accurately reflect the workload that it is supposed to support.

Proposed by Girish Chawla, Cleveland  
Carried

#### Contact us

Newham Local Medical Committee, Londonwide LMCs, Tavistock House, Tavistock Square, LONDON WC1H, 9HX. [www.lmc.org.uk](http://www.lmc.org.uk)

The next LMC meeting takes place on Thursday 14 January 2021.

#### Newham LMC Team

Dr Tamara Hibbert – Newham LMC, Chair

Dr Anil Shah – Newham LMC, Vice Chair

[Dr Elliott Singer](#) - Medical Director

[Greg Cairns](#) - Director of Primary Care Strategy

[Shabnam Quraishi](#) – Associate Medical Director

[Wendy Walker](#) - Committee Liaison Executive

#### Dates of Future 2021

##### Meetings:

Thursday 28 January

Thursday 11 February

Thursday 25 February

Thursday 11 March

*Disclaimer: This publication is written for healthcare professionals in Newham and information may not be appropriate for use elsewhere. Editorial comments do not necessarily represent the views of the LMC.*