

# Newsletter

## February 2019

Sheffield  
LMC



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### **LMC NEWSFLASH: GENERAL PRACTITIONERS COMMITTEE (GPC) CONTRACT ROADSHOWS**

Details of the GP Contract agreement 2019/20 can be found at:

<https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-england/gp-contract-agreement-england>

The GPC Contract Roadshows are a valuable opportunity to hear about the agreement from GPC Executive Team members and to ask questions. Details of all Roadshows can be found at:

<https://www.bma.org.uk/-/media/files/pdfs/collective%20voice/committees/gpc/gpc%20england/gpc%20contract%20roadshow-jan2019.pdf?la=en>

The Sheffield event will be led by Dr Krishna Kasaraneni on Thursday 14 March 2019. Further details, including *how to reserve a place* can be found in the Newsflash emailed to all represented Sheffield GPs and Practice Managers on Friday 1 February 2019:

<http://www.sheffield-lmc.org.uk/website/IGP217/files/NEWSFLASH%20-%20GPC%20Contract%20Roadshow%20Mar19.pdf>

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### **CLINICAL NEGLIGENCE SCHEME FOR GENERAL PRACTICE (CNSGP): GPC UPDATE**

Following the update issued as part of the GP Contract 2019/20 agreement, the General Practitioners Committee (GPC) has received numerous queries, particularly around the costs associated with the CNSGP (state-backed indemnity scheme).

The GPC has had discussions with the Medical Defence Organisations (MDOs) regarding the likely indemnity costs for members after April and recently issued the following update:

- The MDOs are in the later stages of pricing the post-April product and we expect them to announce this soon.
- We advise all GPs to remain members of one of the MDOs to ensure they have cover for GMC, criminal / coroner cases, private reports etc.
- There will be a competitive market for this cover after April and this is likely to influence pricing decisions.

- In the meantime all indications suggest the market rate for this cover is likely to be broadly in range with our expectations.
- Renewals falling due before April 1st are likely to be in line with current costs.
- All GP Trainees will be covered for clinical negligence under the CNSGP.

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### ***PARTNERSHIP AGREEMENTS***

Following several recent disputes that have involved conciliation by the LMC Executive, we would like to stress the importance of practices having a Partnership Agreement and keeping it up-to-date.

*We strongly recommend that GPs in partnership enter into a written Partnership Agreement, seek legal and accountancy advice in doing so, and ensure that it is reviewed regularly and kept up-to-date.*

Without a written agreement it is likely that a practice will be deemed to be operating as a partnership at will, which will be governed by the provisions of the Partnership Act 1890 (“the Act”). Although the Act addresses some of the ground required in setting up and running a partnership, it is outdated, can have unwanted or unintended consequences, is not robust enough to cover all aspects of modern partnerships and is not industry specific. Further risks include:

- Mutual assessment periods: The Act does not provide for probationary periods.
- Equality: There will automatically be deemed to be equality in the share of profits, losses and capital of all partners.
- Authority of partners: There are no effective limits on the authority of a partner to enter into arrangements which bind the partnership.
- Assets: The Act does not adequately provide for assets which may be held by the partners individually as opposed to the partnership. It also provides limited assistance in identifying how partnership assets are to be valued and paid should a partner leave.
- Automatic dissolution: The partnership will automatically dissolve on the happening of a variety of events such as the bankruptcy of a partner.
- Determination: Any partner can serve notice to end the partnership at any time.
- Expulsion: No partner can be expelled from the partnership by the other partners irrespective of whether there are sound reasons to do so.
- Retirement: There are no provisions within the Act enabling a partner to retire without bringing the partnership to an end.
- Leave and locum costs: The Act does not cover these issues.
- Restrictions and duties: Those provisions within the Act dealing with these points are non-specific and sparse.

BMA guidance on Partnership Agreements is available via:

[http://www.sheffield-lmc.org.uk/website/IGP217/files/85%20Partnership Agreements.pdf](http://www.sheffield-lmc.org.uk/website/IGP217/files/85%20Partnership%20Agreements.pdf).

If any Sheffield GP practices are operating without a Partnership Agreement and are experiencing difficulties putting one in place, please contact the LMC for help and support via [manager@sheffieldlmc.org.uk](mailto:manager@sheffieldlmc.org.uk).

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### ***SHEFFIELD LMC CHAIR’S UPDATE FOR SHEFFIELD GPs AND PRACTICES***

Alastair Bradley, LMC Chair, has produced an Update for Sheffield GPs and Practices, which we hope offers a helpful and interesting insight into some key areas such as:

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| • LMC Executive / Membership changes;                   | • Sheffield Primary Care Commissioning Issues; |
| • GP Partnership Review;                                | • Care Quality Commission (CQC) Inspections;   |
| • The NHS Long Term Plan;                               | • Core Hours Activity;                         |
| • Indemnity;  | • Locally Commissioned Services;               |
| • Seasonal Flu Programme;                               | • Mental Health Services;                      |
| • South Yorkshire and Bassetlaw Integrated Care System; | • National GP Contract;                        |
| • Sheffield Accountable Care Partnership;               | • GP-S Mentoring Service.                      |

A copy of the update can be accessed via:

<http://www.sheffield-lmc.org.uk/website/IGP217/files/SLMC%20Chairs%20Update%20Feb19.pdf>

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## ***FALSIFIED MEDICINES DIRECTIVE (FMD)***

Further to the article in the January 2019 edition of the LMC newsletter linking to General Practitioners Committee (GPC) "Focus on ...." guidance, British Medical Association (BMA) guidance has been issued which can be accessed via:  
[https://www.sheffield-lmc.org.uk/website/IGP217/files/Falsified%20Medicines%20Directive%20\(BMA%20Jan19\).pdf](https://www.sheffield-lmc.org.uk/website/IGP217/files/Falsified%20Medicines%20Directive%20(BMA%20Jan19).pdf)

The GPC has confirmed that they expect there to be a long lead in time and that full implementation will not happen for at least 12 months, although this is still to be confirmed. As you will see from the BMA guidance, "the key message is there is no need to panic".

NHS England (NHSE) has written to all Heads of Primary Care in England. The letter states that:

- in the event of a No Deal for Brexit the FMD requirements would be removed from law.
- work has been progressing with system suppliers to provide an FMD solution as part of their package to practices - thereby signalling that practices do not need to take immediate action.
- dispensing doctors would need to make their own provision as part of dispensing - the GPC has serious concerns about this and will be meeting with NHSE and the Dispensing Doctors Association to discuss this as soon as possible.

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## ***CAPITA AND THE NHS PENSION FIASCO: WHAT IS GOING ON? PART 10***

On 9 February 2019 Krishan Aggarwal, Deputy Chair, Sessional Subcommittee, General Practitioners Committee (GPC) UK, issued the latest instalment in his series of Pension Blogs, which can be accessed via:  
[https://www.bma.org.uk/connecting-doctors/the\\_practice/b/weblog/posts/capita-and-the-nhs-pension-fiasco-what-is-going-on-part-9](https://www.bma.org.uk/connecting-doctors/the_practice/b/weblog/posts/capita-and-the-nhs-pension-fiasco-what-is-going-on-part-9)

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## ***SHEFFIELD MEMORY CLINIC: URGENT MEDICATION CHANGES***

Concerns were raised with the LMC regarding letters being faxed to GP practices asking GPs to immediately amend a patient's repeat medication list with a new drug or dose. The communication only contains information about the new drug or dose and it is, therefore, often confusing and potentially dangerous, for example when it is not clear whether the new drug replaces the old one or is an addition. We entered into negotiations with Dr Peter Bowie at Sheffield Health and Social Care Trust, and agreed a new template which will ensure safe amendments to patients' repeat medication lists, and also save time for GP practices and Memory Clinic staff (by minimising calls to confirm previous medication / doses).

In addition, concerns have been raised that a significant minority of GP practices still want fax communications rather than email. The LMC supports the process of all practices developing a secure practice email system following the introduction of the General Data Protection Regulations.

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## ***INTEGRATED CARE PROVIDER (ICP) CONTRACT***

The General Practitioners Committee (GPC) has serious concerns about the risks related to NHS England's ICP contract (previously the multispecialty community provider contract), which has been proposed as a way of integrating services. Practices entering in to such an arrangement would be required to give up their existing General Medical Services (GMS) or Primary Medical Services (PMS) contract in part or altogether. With the new GP contractual focus on primary care networks (Neighbourhoods in Sheffield), which build on the existing core GP contract, the GPC does not believe the use of the ICP contract is necessary.

The British Medical Association (BMA) has produced some briefing materials on the ICP contract and its potential impact on the NHS, and for general practice. These provide a brief overview of what GPs and patients need to know about ICPs, the BMA's concerns about them, and the alternative options available for achieving integration of NHS services. The briefings can be accessed via:

<https://www.bma.org.uk/collective-voice/policy-and-research/nhs-structure-and-delivery/nhs-structures-and-integration/aco-accountable-care-organisations>

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**VACCINES FOR 2019/20**  
**SEASONAL FLU VACCINATION PROGRAMME**

NHS England (NHSE) has published an update on vaccines for the 2019/20 seasonal flu vaccination programme:  
<https://www.england.nhs.uk/wp-content/uploads/2019/01/vaccines-for-19-20-seasonal-flu-vaccination-programme.pdf>

As stated previously, QIVe (18 to 64-year olds in clinical at-risk groups and other eligible groups, including frontline health and social care workers) and aTIV (65 years and over) remain recommended. In addition, QIVc (Flucelvax® Tetra), is now licensed for patients from the age of 9 and considered to be suitable for all patients eligible for QIVe and aTIV, meaning one vaccine instead of two. The high-dose trivalent vaccine (TIV-HD) has also been licensed **but will not be reimbursed by NHSE due to its high cost.**

The General Practitioners Committee (GPC) is recommending that practices should order the licensed vaccines (aTIV, QIVe and QIVc) for the 2019/20 season.

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**GP PRACTICE SUPPORT**  
**SERVICES CAMPAIGN**

The British Medical Association (BMA) recently launched this campaign aimed at GP partners and Practice Managers. A letter sent to GP partner BMA members can be accessed via: <https://bma-mail.org.uk/t/JVX-62ZMC-1BJCJOU46E/cr.aspx>.

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**IMPLEMENTATION OF THE**  
**MEDICAL EXAMINER SYSTEM**

From April 2019 a new medical examiner led system will begin to be rolled out within hospitals in England and Wales. The non-statutory system will introduce a new level of scrutiny whereby all deaths will be subject to either a medical examiner's scrutiny or a coroner's investigation. The government envisage that once the service is established within a Trust, the system will then look to be extended to include deaths within the community. Further information can be found on the British Medical Association (BMA) website: <https://www.bma.org.uk/advice/employment/ethics/implementation-of-the-medical-examiner-system>

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**SESSIONAL GPs E-NEWSLETTERS:**  
**JANUARY / FEBRUARY 2019**

Sessional GPs e-newsletters are now being produced fortnightly. Editions published since the last LMC newsletter can be found on the British Medical Association (BMA) website at: <https://bma-mail.org.uk/t/JVX-62R1D-1BJCJOU46E/cr.aspx>

The main articles include:

- NHS long-term plan.
- GP partnership review: read the final report.
- How will the new GMS contract affect sessional GPs in Scotland?
- HEE looking for volunteers who have re-trained as a GP in England to share their experience.
- The BMA's submission to the DDRB.
- Working and living as a GP in Scotland.
- How we're connecting sessional GPs across Wales.

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**Please forward any articles for inclusion in the LMC newsletter to**  
[manager@sheffieldlmc.org.uk](mailto:manager@sheffieldlmc.org.uk)

**Articles for the March edition to be received by Friday 8 March**

**Submission deadlines can be found at**  
<http://www.sheffieldlmc.org.uk/website/IGP217/files/Newsletter%20&%20VB%20Deadlines%202019.pdf>