

# SHEFFIELD LOCAL MEDICAL COMMITTEE

# Newsletter

# January 2017

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## ***LMC TERM OF OFFICE 2016-2020: UPDATE***

The first LMC meeting of the 2016-2020 Term of Office took place on Monday 12 December 2016. The new committee comprises of:

- 19 Elected Members
- 1 Co-opted to Elected Member vacancy
- 3 Co-opted GP Trainees
- 2 Co-opted Secondary Care Representatives
- 1 Co-opted Public Health Representative

The LMC Executive was elected as follows:

- Mark Durling, Chair
- Alastair Bradley, Vice Chair
- David Savage, Secretary
- Duncan Couch, Executive Officer

We would like to take this opportunity to thank Trish Edney for undertaking the role of Returning Officer on behalf of the LMC, thus ensuring an independent and transparent election process.

Any represented Sheffield GPs who would be interested in attending an LMC meeting as an observer, in order to learn more about the work and role of the LMC would be very welcome to do so. Please contact the LMC office via [manager@sheffieldlmc.org.uk](mailto:manager@sheffieldlmc.org.uk) to arrange attendance.

Further information about the work of the LMC can be found at:

<http://www.sheffield-lmc.org.uk/website/IGP217/files/LocalMedicalCommittee-Nov16.pdf>

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## **CHARGING NHS PATIENTS FOR VACCINATIONS**

It has come to the LMC's attention that there is some confusion amongst practices regarding which vaccinations they can charge patients for. Of particular concern is any suggestion that practices can charge their registered NHS patients for flu vaccinations.

Private practice is still significantly restricted under the General Medical Services (GMS) contract and there are very limited circumstances under which practices can charge their own registered NHS patients. The contract states that practices can charge for treatment consisting of an immunisation for which no remuneration is payable (ie a vaccination not provided anywhere under the NHS for public health reasons) and which is requested in connection with travel abroad.

The British Medical Association (BMA) has produced a variety of guidance documents to help practices understand their contractual obligations, what work can be refused/charged for etc:

- Focus on Private Practice: [http://www.sheffield-lmc.org.uk/website/IGP217/files/99%20Focus\\_on\\_private\\_practice.pdf](http://www.sheffield-lmc.org.uk/website/IGP217/files/99%20Focus_on_private_practice.pdf)
- Why GPs sometimes charge fees: <https://www.bma.org.uk/advice/employment/fees/why-gps-charge-fees>
- What to charge your patients: <https://www.bma.org.uk/advice/employment/fees/fee-finder-what-to-charge-your-patients>
- Fee finder: <https://www.bma.org.uk/advice/employment/fees/fee-finder>

Any practice that is currently charging their NHS patients and is in any doubt as to whether or not this is permitted under their NHS contract can contact the LMC for advice via [manager@sheffieldlmc.org.uk](mailto:manager@sheffieldlmc.org.uk).

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## **SESSIONAL GP PENSION PAYMENTS**

*Update from Dr Zoe Norris, Yorkshire Sessional GP Representative, Chair of the Sessional Subcommittee, GPC UK*

The main issue from a sessional perspective is the loss of pension payments from locum work. Capita have not answered emails, provided confirmation of pension payments or provided any updates on payments. As such, Sessional GPs are very concerned that substantial amounts of money for their pensions are missing, or will not reach the NHS pensions agency within the 10 week deadline. BACS payment of pension contributions (which should be more reliable) is not yet available in Yorkshire. The timescale for BACS going live for Yorkshire is March 2017. For now, the advice remains the same, arduous though it is:

- Photograph and keep a record of all your pension A&B forms, and the accompanying cheques.
- Post them to Capita via recorded delivery.
- Request an email acknowledgement of receipt as well, or include a SAE.

NHS England and Capita have been asked to:

- Issue up to date pension statements free of charge to all sessional doctors affected, both immediately and every 6 months until this situation is resolved.
- Work with the NHS pensions agency to remove the 10 week limit on any payments which have been delayed through Capita's mishandling.
- Financially compensate doctors where pension payments have been lost and are not recovered.

Please **keep track of your pension payments** so you can be appropriately compensated when this is eventually sorted out.

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## **MEDICINE ADMINISTRATION RECORD (MAR) CHARTS**

Concerns have been raised with us regarding a statement from Community Pharmacy Sheffield (formerly Sheffield Local Pharmaceutical Committee) advising pharmacies not to issue MAR Charts from January 2017. We raised this with Dr Peter Magirr, Quality & Strategy Lead for Medicines Management (MMT) at Sheffield Clinical Commissioning Group (CCG), and received the following helpful update:

*The MMT has proposed that a task and finish group from the CCG, the Local Authority and Community Pharmacy Sheffield attempt to find a way forward. This group will meet in early January and explore realistic options. In the meantime, the following statement has been issued by Community Pharmacy Sheffield:*

*“Community Pharmacy Sheffield is currently in discussions with local Commissioners and Stakeholders regarding a way forward in supporting patients but reducing risks regarding MAR Chart provision. In order to allow all relevant bodies to be involved in these discussions, it was agreed at our Committee meeting yesterday (29 November), to suggest to contractors to allow a further period of time to **1 April 2017** before ceasing to provide MAR charts to patients”.*

We have asked Dr Magirr to involve us in the discussions and we will, of course, keep practices informed. In the meantime, if any practices have any difficulties relating to the provision of MAR charts, it would be appreciated if we could be notified via [manager@sheffieldlmc.org.uk](mailto:manager@sheffieldlmc.org.uk).

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## **WEEKLY PRESCRIPTIONS**

A number of practices have contacted the LMC recently regarding requests from pharmacies to issue weekly prescriptions.

As many of you will be aware, this issue has been discussed a number of times over the years, with the LMC's guidance in relation to Monitored Dosage Systems last being updated in May 2014:

<http://www.sheffield-lmc.org.uk/website/IGP217/files/20%20Monitored%20Dosage%20Systems.pdf>

It has been suggested that the cost implications of more frequent prescribing for prescribers and commissioners is no longer an issue. However, there are workload implications in generating more frequent prescriptions. Therefore, the LMC's stance, which is in line with the General Practitioners Committee's (GPC) view, is that GPs should issue prescriptions at clinically appropriate intervals.

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### **PERFORMERS LIST APPLICATION PROCESS: GP TRAINEES**

All performers who wish to practice in the NHS need to be added to the National Performers List. NHS England (NHSE) and Health Education England (HEE) are seeking an amendment to legislation that will change the way GP Trainees are included on the performers list from August 2017. In the meantime, Trainees commencing their registrar placements between February and July 2017 (inclusive) will not need to complete and submit an application form (NPL1) or undertake a face to face identity check. HEE will supply NHSE with details of all GP Trainees who will need to be added to the list in February. NHSE will confirm their inclusion to Primary Care Support England (PCSE), who will then add these Trainees to the Performers List and notify each Trainee once this has happened.

It is vital that Trainees ensure that their Deanery holds an up-to-date email address for them.

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### **GENERAL MEDICAL COUNCIL (GMC) REGIONAL LIAISON SERVICE**

All Sheffield GP Practice Managers should have received an email from the LMC noting that one of the functions of the GMC Regional Liaison Service is the provision of free interactive sessions to the profession that explain the GMC's work. These sessions also provide teaching to doctors on aspects of GMC guidance and medical ethics such as confidentiality, consent, professional use of social media and maintaining boundaries.

In order to gauge the level of interest and availability of suitable venues, the LMC is asking Practice Managers to:

- Discuss this with the doctors in the practice and confirm whether or not a training session is of interest;
- Offer any views on the preferred duration of a session (1 to 3 hours);
- Confirm if the practice has a suitable space to host a session (up to 20 participants).

We would like to thank those Practice Managers who have already responded. For those who have yet to respond, if you would prefer to discuss this further prior to responding or require further information, please ring Margaret Wicks, LMC Manager on (0114) 2588755. Otherwise, responses to [manager@sheffieldlmc.org.uk](mailto:manager@sheffieldlmc.org.uk) would be very much appreciated.

Thank you.

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### **DISCLOSURE OF PERSONAL INFORMATION TO THE POLICE**

The LMC has recently received requests for advice on what information can be released to the police and in what circumstances.

Having sought an update on this issue, we would advise practices to familiarise themselves with Information Governance Alliance guidance available via:

<https://www.igt.hscic.gov.uk/Resources/Disclosure%20of%20Personal%20Information%20to%20the%20Police.pdf>

This guidance is provided to assist health and care organisations to determine whether or not to share information with the police for crime related purposes, and covers areas such as:

- Managing requests from the police;
- Legal duty to disclose;
- Disclosure in the absence of a legal duty;
- Data Protection Act requirements;
- Common Law Duty of Confidentiality
- Transfer of information/data to the police.

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## **DENTAL PROBLEMS: GP RESPONSIBILITIES**

The GPC recently issued guidance on emergency dental services, acute dental conditions, oral health and prescribing. As such, the LMC's guidance has been updated and can be accessed via:

[http://www.sheffield-lmc.org.uk/website/IGP217/files/Dental%20Problems%20\(revised%20Jan17\).pdf](http://www.sheffield-lmc.org.uk/website/IGP217/files/Dental%20Problems%20(revised%20Jan17).pdf)

As ever, if practices experience any difficulties with patients presenting inappropriately, it would be appreciated if details could be forwarded to [manager@sheffieldlmc.org.uk](mailto:manager@sheffieldlmc.org.uk).

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## **DEATH IN SERVICE BENEFITS FOR LOCUM GPs**

*Article Submitted by Dr Zoe Norris, Yorkshire Sessional GP Representative, Chair of the Sessional Subcommittee, GPC UK*

In order to answer the criteria for locum doctors who pay into the NHS pension receiving death in service benefits once and for all, a test case is being sought. The GPC is looking for a locum GP on a short term contract (less than 6 months) with a practice who is prepared to share their details with the GPC. Someone covering a fixed absence of maternity locum, and ideally not working every day would be ideal. They must be paying into the NHS pension scheme, but can be any age or gender otherwise.

If you would be willing to assist with this piece of work, please email [MLasham@bma.org.uk](mailto:MLasham@bma.org.uk). Once a test case has been found, the GPC will have support from the BMA legal team in pursuing clarity over death in service benefits for locums, so that GPs can be advised on where they stand.

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## **VIOLENT PATIENT REMOVAL SCHEME**

The GPC has been discussing with NHSE the current violent patient removal process and has reflected their concerns that it is not being applied correctly or consistently across the country. NHSE is developing a national policy, which it is hoped will provide clear guidance on what provisions there are for patients who are known to be violent, but who are either not yet registered with the practice, or where the violence has been perpetrated outside the practice. In some areas of the country NHSE has acknowledged the failings of the current policy, which potentially does not comply with parliamentary regulations and which is delivered through incompetent processes.

It is the GPC's view that any national guidance must reflect the regulatory position and must not place any additional burdens on practices. This means that those administering the scheme must accept a telephone call to remove a patient and also that a pro forma is not required. The other key point accepted by NHSE is that a police number is not required, only that the practice must report the incident to the police, in line with the regulations. GPC would encourage practices to obtain one as soon as possible, but set out some exceptional circumstances where this is not always possible.

It is obvious that those administering the scheme cannot follow different processes in different parts of the country and require a national policy. Unfortunately, due to the internal processes of NHSE this may take some time to achieve. Therefore the GPC is urging practices to report any instances where the regulations are not being followed and where this causes difficulty. The GPC will take these examples up with NHSE in a bid to expedite national guidance in line with the regulations. It would be appreciated if practices could forward examples to [manager@sheffieldlmc.org.uk](mailto:manager@sheffieldlmc.org.uk).

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## **LMC SECRETARIES CONFERENCE**

David Savage, LMC Secretary and Margaret Wicks, LMC Manager attended the 2016 LMC Secretaries Conference in London. The day included:

- An address by Dr Chaand Nagpaul, GPC Chair
- Introduction to the GPC England Executive
- Presentation by Zoe Norris, Chair of the GPC Sessional Sub-committee and Sessional Doctors Regional Representative for Yorkshire
- Presentation by Ros Roughton, Director of NHS Commissioning, NHSE
- Workshops
- Q&A session with the GPC Executive

A report of the main points of note can be accessed via:

<http://www.sheffield-lmc.org.uk/website/IGP217/files/LMC%20Secretaries%20Conference%202016.pdf>

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## **MULTISPECIALTY COMMUNITY PROVIDER (MCP) CONTRACT UPDATE**

As many of you will be aware, NHSE has published the draft version of the MCP contract and associated documents. Comments on the draft documents are invited until 20 January:

<https://www.england.nhs.uk/ourwork/new-care-models/vanguards/care-models/community-sites/>

Following this initial consultation period a revised version of the contract will be released, followed by a formal consultation.

The GPC' *Focus on MCP Contract Framework* issued in July 2016 has recently been updated and can be accessed via: <http://www.sheffield-lmc.org.uk/website/IGP217/files/Focus-on-MCP-Contract-jan2017.pdf>

Further detailed guidance on MCPs and the draft contract is expected imminently.

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### **QUALITY FIRST RESOURCE WEBPAGE**

Last year a Quality First resource webpage was created: [www.bma.org.uk/qualityfirst](http://www.bma.org.uk/qualityfirst).

This resource is aimed at practices and individual GPs, as a single portal for the range of practical ways in which workload can be managed to deliver safe care, with examples of positive change. It continues to be updated on a regular basis, covering areas such as:

- Managing inappropriate workload;
- Quality first templates;
- Assess and negotiate your workload;
- Working at scale;
- How to employ shared staff;
- Locality hub model;
- Patient empowerment;
- Technology;
- Quality first case studies.

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### **PHYSICIAN ASSOCIATES**

Due to a lack of central coordination or formal national programme of introduction of Physician Associates (PAs) into the NHS, there is local variation in their roles and how they are managed. Consequently, a considerable amount of concern has been generated among the medical profession as to what PAs mean for the future of the role of doctors, and also about the way their introduction is already impacting on day to day life in the NHS.

The BMA has published a new briefing paper on (PAs) to provide doctors with useful information about the role of PAs and the concerns that have been raised about them, as well as looking at how the BMA will be influencing the roles of PAs and the ways they are introduced into the service.

A copy of the briefing paper can be accessed via: <http://www.sheffield-lmc.org.uk/website/IGP217/files/Physician-Associates-in-the-UK-2016.pdf>

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### **ADVANCED TRAINING PRACTICE (ATP) SCHEME**

*Article submitted by Sanni Khan, ATP Lead/Administrator, Foundry Medical Group*

Health Education Yorkshire and the Humber set up the ATP Scheme to ease workforce pressure. The scheme focuses on creating high-quality, undergraduate nurse placements in GP practices to promote the recruitment of practice nurses. 5 Key Points:

1. A shortage of practice nurses is adding to the current workforce crisis in general practice;
2. The lack of a clear training route to give student nurses general practice experience means few see it as a first career option;
3. Advanced training can provide high quality placements in GP practices to encourage student nurses to consider a career in this area;
4. A network of accredited GP practices can provide clinical placements;
5. The ATP Scheme can be extended to support newly qualified practice nurses and has the potential to support Return to Practice Nurses.

In order to meet demand for placements we are currently seeking to increase the number of practices participating in the ATP Scheme. Funding is provided to support practices in accommodating and mentoring students. If you wish to learn more about ATP placements in a primary care setting or have any related queries, please contact: Miss Sanni Khan, ATP Lead - Foundry Medical Group, 0114 274 3996, [sanni.khan@nhs.net](mailto:sanni.khan@nhs.net)

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## **HEALTHCARE ASSISTANT APPRENTICESHIPS**

Article submitted by Sanni Khan, ATP Lead/Administrator, Foundry Medical Group

HEE working across Yorkshire and the Humber is running a third cohort of the successful Clinical Healthcare Apprenticeships Scheme for General Practice.

- Receive a grant of £6800 to help you recruit and support an apprentice;
- Apprentices will study a level 3 qualification in clinical healthcare support plus some additional clinical skills;
- Benefit from coordination and support from your local ATP Hub plus advice from your local further education provider;
- Recruitment in 2017, exact dates TBC;
- All apprentices must be employed, have a contract of employment and receive a minimum wage set by the scheme.

To register your interest and to find out more and receive an information and application pack, please contact: Miss Sanni Khan, Foundry Medical Group – Sheffield ATP Hub, [sanni.khan@nhs.net](mailto:sanni.khan@nhs.net) 0114 274 3996.

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## **LEARNING DISABILITY RESOURCES**

The GMC has brought together a range of resources to support doctors treating patients with learning disabilities: [http://www.gmc-uk.org/learningdisabilities/?dm\\_i=2SYE,CYH2,1D0QU2,1AF3W,1](http://www.gmc-uk.org/learningdisabilities/?dm_i=2SYE,CYH2,1D0QU2,1AF3W,1). The Learning Disabilities pages on the GMC website include case studies and specialist clinicians. The resources are intended to help doctors:

- develop their communication skills;
- think about ways to maximise a patient's capacity;
- consider perspectives of their patients;
- increase their confidence in applying capacity legislation.

In addition, the GMC answered ten questions about caring for people with a learning disability, to explore issues of capacity and consent, reasonable adjustments and best practice for communication:

[http://www.gmc-uk.org/guidance/29804.asp?dm\\_i=2SYE,CYH2,1D0QU2,1AF3W,1](http://www.gmc-uk.org/guidance/29804.asp?dm_i=2SYE,CYH2,1D0QU2,1AF3W,1)

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## **JUNIOR MEMBERS FORUM (JMF) 2017**

The JMF is a 2-day residential conference, which takes place in informal surroundings over a weekend. In 2017 the conference will be held on Saturday 25 and Sunday 26 February at the DoubleTree by Hilton Hotel Nottingham – Gateway, and the theme will be 'Healthcare access: quality and equity in uncertain times'.

The conference is free and open to BMA members from all parts of the profession, who are within 12 years of provisional registration or 11 years of full registration. A number of places are also available for medical students. Reasonable travel expenses will be met by the BMA and accommodation will be provided.

The content of the agenda will be shaped by the issues important to those attending and the output can go on to become BMA policy and guide future work. Further information is available via: [https://www.bma.org.uk/events/2017/february/junior-members-forum?utm\\_source=The%20British%20Medical%20Association&utm\\_medium=email&utm\\_campaign=7801703\\_JMF%20%28junior%20members%20forum%29%202017%20Nottingham&dm\\_t=0,0,0,0](https://www.bma.org.uk/events/2017/february/junior-members-forum?utm_source=The%20British%20Medical%20Association&utm_medium=email&utm_campaign=7801703_JMF%20%28junior%20members%20forum%29%202017%20Nottingham&dm_t=0,0,0,0)

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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 February edition to be received by Friday 10 February

Submission deadlines can be found at

[http://www.sheffield-lmc.org.uk/website/IGP217/files/VB\\_and\\_Newsletter\\_Deadlines.pdf](http://www.sheffield-lmc.org.uk/website/IGP217/files/VB_and_Newsletter_Deadlines.pdf)