

SHEFFIELD LOCAL MEDICAL COMMITTEE

Newsletter

July 2016

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LMC EXECUTIVE OFFICER RECRUITMENT

Further to the article in the May LMC Newsletter, we are pleased to announce that on 1 July 2016 Alastair Bradley (GP, Tramways Medical Centre) and Duncan Couch (GP, Heeley Green Surgery) joined the LMC Executive as Executive Officers.

Initially Alastair and Duncan will accompany other members of the LMC Executive at a variety of meetings, prior to taking on a portfolio of work.

The *Contact Us* section of the LMC website will be updated with further details in due course:

http://www.sheffield-lmc.org.uk/lmc_executive.htm

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QRISK2 MISCALCULATIONS

As you will be aware, concerns have been raised about calls for GPs to review urgently the care of patients whose risk calculation may have been incorrect, and management plan may have been affected. The concern is that, by prioritising this work, patients' overall primary health care

may be harmed by diverting clinical time away from those with higher needs.

The following update was recently issued by Dr Andrew Green, Chair, General Practitioners Committee (GPC) Clinical & Prescribing Subcommittee:

- It is important to appreciate that the prescription or otherwise of a statin, which is the likely drug intervention under consideration, is only one part of the management of these patients. Whatever the calculation the most important part of care, the lifestyle advice, will not have been affected. Also the benefits, such as they are, of statin therapy apply to all patients no matter what their initial risk level, and the NICE cut-offs are based on economic not clinical grounds.
- The precise QRISK2 figure (within reasonable limits) is rarely the ultimate determinant of whether a patient chooses to take a statin or not, which is far more likely to be based on patient factors such as attitude to risk, and the willingness to take medication to mitigate that risk.
- Patients who are taking a statin without problems, but where one

is not recommended according to NICE, will be highly unlikely to be harmed by the continuing prescription although it may not be as cost-effective. With the acquisition cost of the recommended statins being low it could be argued that providing expensive GP time to provide an earlier review than previously planned simply compounds the situation.

- For those patients whose recalculated risk would lead to a discussion of possible benefits of prescribing, a review is indicated. However, as any benefits that might result from drug therapy for primary prevention would come to fruition in the long and not short term this review must not disrupt the care of other patients.
- In dealing with any unexpected situation it is up to GPs to clinically prioritise the demands on their time to ensure maximum overall health benefit.

The GPC is working with NHS England on its audit of a number of practices to assess the time required for this work with a view to getting it properly reimbursed.

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PRIMARY CARE SUPPORT ENGLAND (PCSE) RECORDS TRANSFER AND SUPPLIES

The British Medical Association (BMA) and NHS England met recently to discuss the current issues with PCSE's records transfer and supplies services. Included at the end of this newsletter is an update from Daniel Hodgson, Senior Policy Advisor, BMA.

As NHS England anticipates that all systems (medical records and supplies) should be running as standard by mid-July, LMCs have been asked to provide feedback on the following:

1. Any new issues arising between 1 & 18 July;
2. Any new issues arising between 18 July & 1 August and any issues that have not been resolved during July.

Therefore, it would be appreciated if practices could forward details of any **new** issues occurring between 1 July & 1 August and details of any issues that remain unresolved on 1 August to the LMC office via:
manager@sheffieldlmc.org.uk

In addition, it has been brought to the LMC's attention that some practices have taken the stance that they will not transfer records from their branch surgery to their main surgery for collection and/or will not release any records until the bar coding system is in place.

It is regrettable that the new service does not include collection from branch surgeries, but this has been flagged up by the GPC. For the time being, practices will need to organise this themselves and ensure that records are released appropriately. Similarly, the bar code system is part of the pilot and, as noted in the BMA's update, it is not expected that the pilot will end for several months. Therefore, practices should not retain records in anticipation of the bar code system being implemented, as this is causing significant problems for other practices.

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QUALITY FIRST RESOURCE WEBPAGE

As part of the GPC's workforce engagement work, a Quality First resource webpage has been created, which is now live on the BMA website at:
www.bma.org.uk/qualityfirst.

This resource is aimed at LMCs, 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. The resource covers areas such as:

- Managing inappropriate workload;
- Establishing or joining a GP network or federation;
- Collaboration and working at scale;
- Technology – new ways of working;
- Patient empowerment;
- Assessing and negotiating workload.

This initial work has been completed in a very short space of time and is not a final product; it is hoped that it will continue to be added to and will evolve as feedback and new examples are received.

The original template pack has been updated and converted in to Word. The GPC has also sourced SystemOne, EMIS and Vision web templates ready to be exported into practice systems with ease. This should enable automated letters to push back on inappropriate workload, and should ideally be via coordinated local strategies involving LMCs and CCGs.

The GPC's aim is for this to become a dynamic noticeboard of LMC and practice views and ideas - part of creating a sense of empowerment and resilience for GPs and practices at a local and national level. Therefore, the GPC is requesting examples of effective workload management via:
GPworkload@bma.org.uk.

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RESPONDING TO LMC CONFERENCE RESOLUTIONS

The GPC has discussed next steps in taking forward the resolutions from the Special Conference in January and the Annual Conference of LMCs in May relating to a rescue package and ballot of GPs.

The resolutions from the Annual Conference can be accessed via:

<https://www.bma.org.uk/-/media/files/pdfs/working%20for%20change/negotiating%20for%20the%20profession/general%20practitioner%20news-10-lmc-conference-may-2016%20final.pdf>

The May resolution (S20) requires that the government agrees to accept the Urgent Prescription by 20 August 2016, and in the event of not doing so, for the GPC to ask the BMA to ballot the profession on its willingness to sign undated resignations and take industrial action.

The GPC has formally written to NHS England, pressing for their acceptance of the Urgent Prescription. GPC has also commenced dialogue with NHS England regarding identifying those proposals in the Urgent Prescription 'Responsive, safe and sustainable' that are not covered in the GP Forward View (GPFV), and which will form the basis of further negotiation. There is recognition by NHS England of the timescale required by the resolution.

Work is also underway in responding to resolution S12 on the GPFV, instructing the GPC to continue to press for further dedicated resources to support GPs. The GPC is working to influence the detail and implementation of the GPFV, and to hold the government to account to deliver on the positive elements. It is vital that resources and schemes within the GPFV are developed and delivered to the frontline as quickly as possible to address core pressures in general practice. The GPC is represented on the GPFV oversight board, is contributing to a workstream on the practice resilience programme, and the reference group of regional LMCs is being developed to feed into the GPC's national work.

In addition, the GPC is setting up a roundtable with the LMC reference group and NHS England to discuss implementation of the GPFV, and the key role of LMCs in monitoring and supporting delivery.

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BMA ANNUAL REPRESENTATIVE MEETING (ARM) 2016

The BMA ARM 2016 was held in Belfast in June. This is an annual 4 day conference, which brings together doctors from across the UK and from all specialties and grades to discuss and debate the issues facing the profession, and to formulate BMA policy to tackle those issues.

The ARM passed resolutions:

- for the BMA to undertake a workload analysis that can define safe limits of working in general practice;
- to demand that certification of fitness to work should also be able to be completed by other health professionals, and that there should be an extension of self-certification for illness from 7 to 14 days.

The ARM also resoundingly resolved that, should general practice fail, then so too will the NHS fail and there was a valuable debate on 7 day services and the so called 'weekend effect' relating to suggested increased mortality in hospitals on weekends.

Details of the speeches made and resolutions passed, as well as webcasts of the event can be found at:

<https://www.bma.org.uk/collective-voice/committees/arm-2016>

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GENERAL MEDICAL COUNCIL (GMC) MEDICAL REGISTER CONSULTATION

The GMC has published a paper on the suggested changes to its register list items that could be added voluntarily, including:

- higher qualifications;
- scope of practice;
- declaration of competing professional interests;
- languages spoken;
- practice location;
- a photograph.

The revision of the register aims to meet patients' expectations about information they 'wish to know' and demand for greater 'openness' about health professionals.

The paper suggests two categories of information would be made public online:

1. Details that the register already requires by law, such as registrants' name, qualifications, gender and the status of their medical licence;
2. A second 'tier' of information voluntarily supplied.

A consultation is being held, with respondents being invited to say whether various types of information should be included and, if so, whether they should be in the first or second tier.

The consultation, which closes on 7 October 2016, can be accessed via:

<http://www.gmc-uk.org/doctors/LRMPconsultation.aspx>

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CELEBRATING GENERAL PRACTICE EVENT Saturday 15 October 2016

*Article submitted by Janet Hall,
Chair & Amar Rughani, Provost,
South Yorkshire North Trent
RCGP Faculty*

Come and join us for a celebration!

We are GPs who have been working in Sheffield for many years and we also represent the Royal College of General Practitioners (RCGP) in our region.

Like everyone else, we have been struggling with increasing workload and declining morale. However, we feel passionately about general practice and the fantastic work that

our teams do for the community. This is why we have got together with Sheffield Clinical Commissioning Group (CCG) to organise an evening of entertainment, fun, laughter, good food and dancing on Saturday 15 October 2016, to bring practice teams together and celebrate what is good about general practice.

There's been a lot of interest in the event and we would love your practice team to join us. Husbands/wives/partners are also welcome if they wish.

It's going to be a really memorable evening and great fun, so don't miss out and book a table for your team now before places run out.

Booking is really easy, all you have to do is click on the link below and

JOIN US FOR THE

**CELEBRATING GENERAL
PRACTICE EVENT 15 OCTOBER**
<http://www.rcgp.org.uk/learning/north-england/south-yorkshire-north-trent-faculty/celebrating-general-practice.aspx>

We look forward to sharing the evening with you and 100s of representatives from practices from across Sheffield.

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Please forward any articles, comments etc for inclusion in the LMC newsletter to the LMC office via:

manager@sheffieldlmc.org.uk

**Articles for the August edition to
be received by Friday 5 August**

**Submission deadlines can be found
at: http://www.sheffieldlmc.org.uk/Newsletters14/VB_and_Newsletter_Deadlines.pdf**

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PRIMARY CARE SUPPORT ENGLAND (PCSE) RECORDS TRANSFER AND SUPPLIES

*Update from Daniel Hodgson, Senior Policy Advisor,
Terms and Conditions (Independent Contractor Doctors), Policy Directorate, BMA*

We continue to highlight the significant issues that have been raised with us through LMCs. NHS England is aware of most of them already and is dealing with them as quickly as possible. We also highlighted the fact that the situation was and is unacceptable; the planning and preparations by Capita and NHS England should have been robust enough to deal with any issues without major inconvenience to practices or the public. We have emphasised that the underestimation on Capita's part is clearly unacceptable, and we understand that Capita will be held to account by NHS England (via KPIs). Capita has confirmed that it will continue to improve systems during this transition period until it is at an acceptable level, which they anticipate to be by mid-July.

As a result of our continued feedback as stakeholders, regular meeting and our published letter to NHS England, both NHS England has confirmed that it and Capita are very aware of the issues which have been reported and have put considerable resource in to deal with the reasons for these. NHS England's National Director for Transformation and Corporate Operations has stated her commitment to ensure tighter governance and oversight, as well as more robust testing and checking. We do have influence at this level and it is presently a high priority to continue regular dialogue. It is however for Capita to implement improvements and to that end Capita has appointed a new Transformation Director who is performing a full review of the Capita plan, as well as another Director who is reviewing operational logistics and planning. It has also increased the staffing capacity of the customer support centre by 300% and have increased the staffing and shift patterns for staff working in the medical records processing centre. These are positive moves, and we would expect considerable improvement in the coming weeks but it will still be valuable to hear feedback via LMCs to inform our ongoing discussions. As the overall chaos settles it will become more important to identify individual problems and highlight any new developments.

The statistics it is receiving show that broadly England-wide, there is improvement in the areas of medical records and supplies. We are also keeping an eye on the UK wide picture and how it impacts on cross border practices and the devolved administrations. It is aware of localised issues where local hubs and depots are not performing as they should (e.g. Manchester, Norwich), as well as some issues for particular types of practice (ie university practices and those with higher than average turnover) and it is dealing with these on a case by case basis. For example it is increasing the capacity of CitySprint vans, altering delivery routes, and also working with the NHS supply chain. NHS England is working with, and monitoring, Capita closely in dealing with these issues and they have asked that issues continue to be raised via the customer service centre so that they can be dealt with appropriately, and they can analyse where the affected areas are.

With regard to supplies, the twice-weekly data they receive from CitySprint suggests that approx. 80% of orders are delivered in full on the designated date. There are some issues with individual hubs and these issues are being drilled down to find the source, but overall management and storage of supplies is improving.

With regard to records, there appear to be a few locales where there are particular issues, and the reasons behind the issues are being investigated and resolved. 30,000 records are being processed per day which means that there should be no backlog by mid-July and systems should be running to a high standard. The system in place for dealing with urgent records has improved and so urgent requests should be received appropriately. The notes contingency will run until NHS England is satisfied that Capita can deliver notes consistently within the contractually stipulated margin, but we do not expect them to exit the pilot for several months. There has also been trade press interest in information governance breaches around the transportation of notes. We are assured that NHS England are reporting any breaches to the ICO and will publish details within their normal reporting timescales but we understand any serious breaches are in single figures. NHS England are involving the ICO in plans for the future system, but also looking at the historic arrangements which with scrutiny have shortcomings, hence an imperative to change.

The GPC needs to maintain pressure and be aware of improvements and deficits while the situation is stabilised. We have been meeting every couple of weeks and are in regular contact with the senior management team.

NHS England anticipates that all systems (medical records and supplies) should be running as standard by mid-July, so with that in mind, we ask that

1. each LMC provide feedback on 18 July on any new issues arising between 1 July and the 18 July; and
2. each LMC provide feedback on 1 August on any new issues arising between the 18 July and 1 August, and any issues that have not been resolved from the last period.

This should allow us to assess whether the systems are running to an acceptable standard, and whether improvements are being realised on the ground.

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