SHEFFIELD LOCAL MEDICAL COMMITTEE Newsletter June 2016

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ANNUAL CONFERENCE OF LMCS 2016

General Practitioners Committee (GPC) and LMC representatives meet at the Annual Conference of LMCs. Proposals from individual LMCs across the country are debated, alongside those from the GPC. The outcome of the debate determines the framework for the profession's negotiations.

The 2016 Conference was held in London on Thursday 19 and Friday 20 May. The structure of the Conference had been changed to allow more discussion rather than purely voting on motions. Therefore, there were themed debates and discussion groups, as well as the motions submitted by LMCs and a keynote speech from by Dr Chaand Nagpaul, Chair of the GPC.

Sheffield LMC's report on the main items of note can be accessed via: http://www.sheffield-lmc.org.uk/Reports/AnnualConference_ofLMCs2016.pdf

More detailed information, such as links to webcasts and Dr Nagpaul's speech can be accessed via: https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/lmc-conference

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GENDER DYSPHORIA

Practices may be aware that the General Medical Council (GMC) issued guidance for doctors treating transgender patients, which outlined responsibilities in relation to prescribing/continued monitoring, which can be accessed via: http://www.gmc-uk.org/guidance/ethical_guidance/28859.asp

This guidance is at variance with guidance previously issued by the GPC which stated:

"*GPC believes that treatment for gender dysphoria requires specialist input, is outside GMS and therefore needs separate commissioning. We would therefore recommend that LMCs approach their Area Teams to insist that this service is properly commissioned and funded so that patients with gender dysphoria receive the specialist service they require*".

Furthermore, some elements of the GMC guidance do not appear to be consistent with previous GMC guidance on prescribing unlicensed medications and GPs prescribing within their level of expertise. The GPC's Clinical & Prescribing Subcommittee is in the process of issuing guidance for GPs and the BMA has written to the GMC to raise concerns: http://www.sheffield-lmc.org.uk/Facts/BMA_letter_toGMC-specialist_prescribing-May2016.PDF

The GMC has recently responded to the BMA stating that they will "review the wording to make sure it's clear to doctors that it's only in exceptional circumstances that a

bridging prescription should be considered".

We will keep practices updated as soon as the BMA issues their guidance. In the meantime, we have been asked to remind practices that if they are approached with a request to prescribe treatments used in gender dysphoria, Sheffield guidelines are available via: http://shsc.nhs.uk/service/gender-identity-service/

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FIREARMS LICENSING

Further to the guidance noted in the April LMC Newsletter, and a number of concerns being raised nationally, the BMA has issued a further update to LMCs.

The BMA has confirmed that the current position is not one which they proposed or see as desirable. However, the position prior to the latest changes were unacceptable, confusing and considered by many as less safe for GPs and the wider public than the current scheme. In addition, the current scheme is less concerning and onerous than that proposed by HM Inspector of Constabulary in its report into this area in 2015 and it brings consistency throughout Great Britain.

The BMA proposed a funded scheme to the Home Office minister 3 years ago which included a 'fail safe' and clear funding pathway. This was not supported by shooters or ministers.

The main areas of concern to the BMA are:

Workload: It was made clear to the Home Office, police and shooters that there is a workload problem and that GPs may choose not to undertake non-contracted activity, but if they do so they must ensure that they inform the police and return the request to the police quickly, as retaining it can be construed as accepting a contract.

Fees: This is not NHS contracted work (there was a proposal to make it a required certificate which was resisted) and fees may be charged. The BMA's view is usually that the requestor should pay, however, the police have made it clear that they will only pay if they are seeking a specific factual report. This leaves an initial flag "I have a concern" with no direct funding and would therefore need to be paid for by the patient, who is unlikely to receive a licence/certificate in its absence. However, as such notifications will usually lead to a formal report being requested, and as contacting the patient to seek a fee adds to practice workload, practices may wish to manage their fees in a way to ensure that the initial work is paid for through the expected subsequent report.

Flagging & Consent: The BMA initially opposed this, with the support of the Information Commissioner's Office (ICO). However, the ICO view changed and a number of local schemes were established with GP support. The applicant does give consent as part of the application form, this is clearly indicated as for the duration of any certificate/licence. If a GP is concerned about a patient with a license, there are broadly 2 possibilities:

1. Immediate concern where informing the patient would be a risk to the patient or others, in such case the GMC is clear that no consent is required to take action by informing the police but that the patient should be informed if it is safe to do so.

2. If the concern is more gradual the patient's consent should be sought, although, as with driving, if the patient does not act, GPs may need to act unilaterally. Any GP who is uncertain what to do should discuss it with an experienced colleague, Defence Organisation, BMA Ethics Advisor, LMC etc.

Having received the above guidance, Sheffield LMC raised concerns that this did not address the circumstances where a practice undertakes a significant amount of work, but does not find a cause for concern and, therefore, will not have the opportunity to "manage their fees in a way to ensure that the initial work is paid for through the expected subsequent report". There was a clear steer against inaction, as this may be construed as accepting the work and not doing it, as well as silence indicating no concerns, which may lead to GMS or Coronial questions. Instead 3 options were suggested:

1. Do the work and either accept it as lower the risk of a requirement to attend HM Coroner's Court or potentially recoup it in the hourly rate use for those who need a fuller report by adjusting the fee. Shooters were advised this may happen.

2. Decline the work by reporting to the police that you do not have the capacity for such unfunded work. To do this you must return the request quickly (certainly within 5 days) stating that you are not able to respond.

3. Ask the patient/applicant to pay; this must be reported to the police quickly (ideally by return) informing them you will respond when the patient has paid – you must also write to the patient within a reasonable period seeking your fee.

A number of LMCs have raised concerns with the BMA regarding the firearms licensing process and we will, of course, keep practices updated as and when further guidance is issued.

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NHS PROPERTY SERVICES (NHSPS) STANDARD LEASE

The GPC recently requested that LMCs share the following information with GP practices:

You will know that for over a year we have been negotiating with NHSPS to improve conditions for GPs occupying NHSPS-owned premises. These negotiations have come to an end and we are pleased to let you know that we have agreed a template lease.

The full template lease, the guidance and other resources are available on the BMA webpage:

http://www.bma.org.uk/support-at-work/gp-practices/premises/gp-premises-leases

This template will, following local agreement between each practice and NHSPS on any specific premises or personal issues and/or requirements that are unique to them, form the basis upon which a formal and final lease agreement can be agreed.

We have secured a number of agreements within and outwith the lease that should benefit practices, for example:

- a clause allowing the tenant to break the lease if notice has been served on their core contract (by the NHS or by the tenant).
- a mechanism built into the lease which ensures that reviewed/revised rents match what a practice was entitled to in terms of reimbursement.
- service charges must be reasonably and properly incurred and a dispute resolution provision (which involves independent surveyors) is included if the charges are deemed unreasonable.
- agreement with NHS England to provide transitional funding (for up to two years) for practices who have historically been supported in connection with their service charge payments.
- very favourable assignment clauses which enable a practice to freely assign the lease to different partners or NHS allowed entities.
- NHS England will cover stamp duty land tax (SDLT) and legal costs (up to a set level) where practices enter into a lease within 18 months of this announcement.

A few things to watch out for/remember:

- NHSPS have indicated that they will seek to start discussions with any practice who is in occupation of one of their premises on an unwritten basis or uncertain basis. This will start with written communication and the provision of a set of heads of terms which reflect the points agreed in the template.
- Certain concessions, such as the payment of SDLT and legal costs, are open for an 18 month grace period which will end mid-October 2017
- All rents (including shared area rents) need the prior approval of NHS England before the lease is entered into.
- NHSPS are seeking to move to a position of full recovery service charges and although certain comfort provisions have, as mentioned above, been agreed there is the possibility for service charges to increase notwithstanding the efficiencies which NHSPS are seeking to drive through. Practices need to have visibility of what their exposure could be and agree limits and/or additional funding if these are deemed unreasonable.
- NHSPS is keen to make efficiencies through economies of scale, therefore they will be appointing a facilities management provider who they hope practices will use. The use of such providers is not compulsory albeit there is a reasonable endeavours requirement to enter into negotiations over a separate FM contract that will facilitate the same.
- As part of the negotiations over the ability to break the lease where core contracts end (to mitigate the impact of a 'last man standing' situation occurring) the lease has been negotiated outside of statutory protection which would ordinarily give a practice a statutory right to renew at the end of a lease term. Whether this is appropriate for each practice is dependent on their circumstances but we have sought to mitigate this issue by agreeing that the lease term can be up to 30 years and that it is capable of being contractually renewed.
- You should still negotiate the specifics of the template lease and should ensure you seek legal advice before signing.

For any queries related to the new template lease, please email: info.gpc@bma.org.uk.

If you are being contacted by NHSPS in connection with the creation of a new lease and are looking for sector-specific legal support, BMA Law's commercial property specialist lawyers can help. They can be contacted via: property@bmalaw.co.uk or 020 7383 6119.

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SERVICE CHARGE RECOVERY

Last month an article appeared in the Financial Times in connection with NHSPS' desire to move towards full cost recovery when it comes to service charge recovery from their tenants (including GP practice tenants) and the attempts to recover backdated demands.

The GPC has re-circulated their guidance *Focus on Service Charges*, which was first issued in November 2015: http://www.sheffield-lmc.org.uk/OG15/FocusonServiceCharges.pdf

This provides guidance on the costs that can and cannot be recovered by any landlord, including NHSPS, through service charge demands. The ultimate position is that any landlord attempting to charge service charges (whether those charges are backdated or current) must have regard to the specific circumstances relating to the tenant from whom they are seeking recovery. In particular they must have regard to the lease agreement that is in place (if any).

If practices are being issued demands for service charges which bear no resemblance to what has been agreed (whether in writing or otherwise), then practices should query the basis upon which it is being claimed. If a blanket approach towards recovery of service charges is being taken it is highly probable that practice/tenant specific arrangements are being overlooked. In circumstances where

there are ongoing concerns about the treatment of a practice in relation to service charge demands, professional advice should be sought to ascertain the legal position in connection with paying the demands.

A committee is being formed between representatives of NHSPS, the Department of Health and the BMA, and the GPC has asked to be kept informed of any concerns so that they can be reported to this committee. Therefore, it would be appreciated if any practices that find themselves in the circumstances described above, who are happy for information to be shared with the GPC, could copy their communications with NHSPS to manager@sheffieldlmc.org.uk.

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GP Funding Changes

The BMA has just released guidance *Focus on GP Funding Changes*, which can be accessed via: https://www.bma.org.uk/advice/employment/gp-practices/focus-on-gp-funding-changes

The main areas covered are:

- 2016/17 agreement;
- Seniority payments and correction factor recycling;
- PMS reviews;
- HSCIC figures on GP funding;
- Future developments.

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General Practice Forward View (GPFV)

Further to the article in the May LMC Newsletter, the BMA Policy Directorate has produced guidance *Focus on the GP Forward view*.

The GPFV is a lengthy document with a multiplicity of tentative proposals with additional earmarked funding for general practice. The *Focus on* highlights areas in the GPFV which match the GPC's proposals in *Responsive, safe and sustainable: our urgent prescription for general practice* and which we have directly influenced NHS England through our lobbying since January.

The GPC's strategy remains that they will argue for the breadth of measures that are required to rescue general practice from its current plight, rather than be limited by proposals in the GPFV. As part of this, they want to ensure that the positive elements and resources in the GPFV are realised in the interests of GPs, whilst pushing for wider areas which the GPFV has not addressed, or where it has not gone far enough.

A copy of the *Focus on* guidance, along with the appendices can be downloaded via:

Focus on the NHS England General Practice Forward View
http://www.bma.org.uk/-/media/files/pdfs/practical%20advice%20at%20work/doctors%20as%20managers/focus-on-general-practice-forward-view-may-2016.pdf

Annex 1 Funding Analysis
http://www.bma.org.uk/-/media/files/pdfs/practical%20advice%20at%20work/doctors%20as%20managers/focus-on-general-practice-forward-view-may-2016-annex-1.pdf

Annex 2 Outstanding items from 'Responsive, Safe and Sustainable'
http://www.bma.org.uk/-/media/files/pdfs/practical%20advice%20at%20work/doctors%20as%20managers/focus-on-general-practice-forward-view-may-2016-annex-2.pdf

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Needlestick Injuries and Consent

The BMA recently issued guidance designed to protect doctors' safety and patients' rights following needlestick injuries.

The guidance provides information on the legal and ethical requirements faced by doctors wishing to test patients who are unable to give their consent for blood-borne diseases following a needlestick injury. It also sets out the process that must be followed to reach a lawful decision about testing.

A copy of the guidance can be downloaded from the LMC website via:
http://www.sheffield-lmc.org.uk/OG16/Needlestick-Injuries-Guidance-May2016.pdf

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Annual Report: GPC Representative for South Yorkshire

Dr Dean Eggitt, GPC Representative for South Yorkshire has recently issued his annual report, which can be accessed via:
http://www.doncasterlmc.co.uk/gpc_update_2016.html

Dr Eggitt has now been in the role for 2 years and we are grateful to him for the work he does on our behalf, representing our views at a national level and keeping LMCs updated on national negotiations as much as he is able.

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Managing Common Infections

Public Health England has updated its guidance *Managing common infections: guidance for consultation and adaption*, along with *Summary tables: infections in primary care*.

The guidance, which aims to help GPs and healthcare staff treat infections and use antibiotics responsibly, can be accessed via:
https://www.gov.uk/government/publications/managing-common-infections-guidance-for-primary-care

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Physician Associates

The South Yorkshire & Bassetlaw Primary Care Workforce Group has recently issued a bulletin on Physician Associates (PAs), which can be accessed via:

https://sybwg.files.wordpress.com/2016/05/focus-on-physician-associates1.pdf

The main topics covered are:

- What is a PA?
- What can PA's do in General Practice?
- What a PA can't do.
- Evidence on how effective PAs are in General Practice.
- The training and accreditation of PAs.
- Professional indemnity insurance.
- How might practices go about employing a PA?

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SESSIONAL GPS E-NEWSLETTER: JUNE 2016

The June edition of the Sessional GPs e-newsletter is available on the BMA website at: http://bma-mail.org.uk/t/JVX-4ACJR-1BJCJOU46E/cr.aspx

The main articles include:

- Maximum indicative pay plan challenged;
- Top tips for timekeeping;
- Rising indemnity costs: What you need to know;
- GP leaders at Westminster;
- Your guide to pre-employment checks;
- New T&Cs for junior doctors in England;
- Privatisation in the NHS.

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UNDERGRADUATE MEDICAL TEACHING: NEW PRACTICES NEEDED

Article submitted by Peggy Haughton, Teaching Administrator, Academic Unit of Primary Medical Care, The Medical School, University of Sheffield

Did you know that teaching in General Practice occupies over 20% of the Sheffield medical school curriculum? In order to deliver this excellent service we have a register of over a hundred practices, which needs to be continuously updated as tutors come and go in the course of their professional lives.

We would like to recruit more Practices to teach in Phases 3a and 3b. The teaching is in modules of 7 weeks which run throughout the year, and the students are with you for 5-6 sessions per week. Teaching is a great way to keep up to date and enthusiastic! If interested, please contact us on p.haughton@sheffield.ac.uk .

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SHEFFIELD DIABETES WHATSAPP GROUP

Article submitted by Dominic Shirt, GP, Sloan Medical Centre

I have just started a Sheffield diabetes WhatsApp group - to discuss problems and topics around the subject of diabetes and health promotion.

If you would like to join, or want more information, email Dom Shirt on dominic.shirt@nhs.net

To join I need your mobile number and the WhatsApp app needs to be installed on your phone.

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SKYDIVE FOR ROUNDABOUT!

Article submitted by Ruth Gage, Fundraising Co-ordinator, Roundabout

Would you like to have the experience of a lifetime and raise funds for Roundabout at the same time? Tandem parachuting allows you to experience the thrill of freefall skydiving without any extensive training and is Skydive Hibaldstow's most popular UK skydiving course.

After a short tandem briefing, you will jump harnessed to the front of a fully qualified parachuting instructor from 15,000ft. From this height, you will enjoy one whole adrenaline-fuelled minute of freefall reaching terminal velocity at 120mph.

Our next Skydive event takes place on Sunday 7th August. To take part in the skydive all we ask is that you aim to raise a minimum of £400 in sponsorship which covers the cost of the jump.

To register for the skydive, or for more information:
email fundraising@roundaboutltd.org or call 0114 253 6753.

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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 July edition to be received by Friday 8 July

Submission deadlines can be found at: http://www.sheffield-lmc.org.uk/Newsletters14/VB_and_Newsletter_Deadlines.pdf