SHEFFIELD LOCAL MEDICAL COMMITTEE MS AIG November 2017

INSIDE THIS ISSUE:

GENERAL PRACTICE FORWARD VIEW (GPFV): NEW CONTRACTUAL MODELS & EXAMPLES OF WORKING AT SCALE

LMC SECRETARIES CONFERENCE 2017

URGENT CARE PROPOSALS

SAVING GENERAL PRACTICE

TACKLING PRIMARY CARE SUPPORT **ENGLAND (PCSE)**

FREEDOM OF INFORMATION REQUESTS TO NHS PROPERTY SERVICES (NHSPS) AND **COMMUNITY HEALTH PARTNERSHIPS (CHP)**

GP PRACTICE OPENING HOURS

POLICE REQUESTS FOR MEDICAL RECORDS

SCHOOL ABSENCE

SCHOOL REOUESTS FOR GPS TO PRESCRIBE **MEDICATION**

STATE BACKED INDEMNITY SCHEME FOR **GENERAL PRACTICE** -000- -000- -000- -000- -000- -000- -000- -000- -000- -000- -000**GP REGISTRAR PAYMENT EVENTS**

GENERAL PRACTICE (SPECIALTY) TRAINEE PAYMENT FORM (3) GPR MEDICAL DEFENCE ORGANISATION (MDO)

ITEMS WHICH SHOULD NOT BE ROUTINELY PRESCRIBED IN PRIMARY CARE

GENERAL DATA PROTECTION REGULATION (GDPR)

GUIDE FOR OVERSEAS DOCTORS (UK)

EMPLOYMENT ADVISORY SERVICES

MOVE TO SNOMED CT

SESSIONAL GPS E-NEWSLETTER: OCTOBER 2017

FACILITATING CORPORATE TAX EVASION AND THE CRIMINAL FINANCES ACT 2017

REVALIDATION SURVEY

CAMERON FUND CHRISTMAS APPEAL 2017

OFFICE SPACE AND MEETING ROOMS AVAILABLE: BIRLEY HEALTH CENTRE

-000- -000- -000 -000- -000- -000- -000- -000- -000- -000- -000- -000- -000- -000- -000- -000- -000- -000- -000-

GENERAL PRACTICE FORWARD VIEW (GPFV): NEW CONTRACTUAL MODELS & EXAMPLES OF WORKING AT SCALE

We were encouraged to see such an excellent attendance from Sheffield GPs and Practice Managers at the above event on Thursday 26 October 2017. It was great to welcome back such an eminent speaker as Richard Vautrey, Chair of General Practitioners Committee (GPC) UK and GPC England, and we thank him for his continued support of Sheffield LMC.

We are grateful to all of the speakers for enlightening us as to some of the models of at-scale working developing across the region, and the hard work and engagement that is required to make them work. We are not going to comment on the different models presented; it is for Practices and Neighbourhoods to consider, although we are always available for individual questions, and we have summarised the main points raised in a report available via:

http://www.sheffield-lmc.org.uk/website/IGP217/files/GPFV%20Citywide%20Meeting%20Oct17.pdf

We hope the event has given GPs, Practices and Neighbourhoods some ideas on how they might wish to progress their integrated models and engage with Sheffield Clinical Commissioning Group in the next round of workshops (further details to follow).

We would also like to thank attendees for their generosity in donating to the LMC's chosen charity. Roundabout is Sheffield's youth homeless charity providing shelter, support and life skills to young people aged 16-24 who are homeless or at risk of homelessness. Further information about the work of Roundabout can be found at: <u>http://www.roundabouthomeless.org/</u>.

Overall we hope attendees enjoyed the evening and that it has galvanised GPs and Practice Managers to think about the future developments within their Neighbourhood. As David Savage, LMC Secretary, noted on the night, Sheffield LMC will continue to challenge and work on your behalf to promote the best possible outcomes for General Practice and Primary Care.

-000-

LMC SECRETARIES CONFERENCE 2017

David Savage, LMC Secretary and Margaret Wicks, LMC Manager attended the 2017 LMC Secretaries Conference in London.

The day included a number of presentations by:

- Richard Vautrey, Chair, General Practitioners Committee (GPC) UK and GPC England;
- Rachel McMahon, Deputy Chair of LMC England Conference;
- Zoe Norris, Chair of GPC Sessional Sub-committee;
- Arvind Madan, Director of Primary Care and Deputy Medical Director, NHS England.

In addition, there were a number of workshops and a 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%20Oct17.pdf

-000-

URGENT CARE PROPOSALS

Kate Gleave, Deputy Director of Strategy & Integration at Sheffield Clinical Commissioning Group (CCG) attended the October LMC meeting to update us on the CCG's urgent care proposals. We have subsequently had sight of the CCG's public consultation document *Making Urgent Care Better in Sheffield*. The document covers:

- What is urgent care?
- Why do we need to change?
- What have people told us so far?
- How we developed our options
- Our options
- How might things look in the future?

The proposals include:

- Changing the way patients get urgent GP appointments (Groups of GP practices working together to offer urgent appointments within 24 hours. Patients being assessed to decide if they need to be seen at their own practice for continuity of care or if they can be seen at a different GP practice in their local area).
- Changing where patients go for minor illness and injuries (The walk-in centre on Broad Lane and minor injuries unit at the Royal Hallamshire Hospital would be replaced with urgent treatment centres at the Northern General Hospital and Sheffield Children's Hospital, which would offer booked appointments as well as walk-in appointments).
- Changing where patients go for urgent eye care (urgent appointments would be offered at locations across the city).
- Introducing a system where patients can contact their GP practice or 111 and be assessed over the phone.

It is important that practices are fully appraised of the proposals and have the opportunity to influence the direction of travel. Sheffield CCG recently circulated a Briefing Pack for GPs (further copies available via the CCG GP e-bulletin dated 14 November 2017). We would urge any practices that have not already done so, to review the Briefing Pack and the information available via: http://www.sheffieldccg.nhs.uk/get-involved/consultation-resources.htm

The consultation closes on *Monday 18 December*.

-000-

SAVING GENERAL PRACTICE

Last week saw the publication of the new General Practitioners Committee (GPC) England report *Saving General Practice*. The report focuses on the need for urgent action to address the funding deficit impacting general practice, the requirement for a sustainable expansion of the workforce, the importance of a strategy for reducing workload pressures, the need to remove the burden of the current indemnity system, to deliver IT and premises solutions fit for modern healthcare and to build this on the foundation of the national General Medical Services (GMS) contract.

A copy of the report and additional information can be found at: <u>https://www.bma.org.uk/collective-voice/influence/key-negotiations/training-and-workforce/saving-general-practice</u>

-000-

TACKLING PRIMARY CARE SUPPORT ENGLAND (PCSE)

Dr Richard Vautrey, Chair of General Practitioners Committee (GPC) UK and GPC England, recently wrote to Simon Stevens, Chief Executive of NHS England (NHSE) to highlight the continued failure of PCSE, run by Capita and commissioned by NHSE: https://www.bma.org.uk/-/media/files/pdfs/collective%20voice/committees/gpc/letter-re-outstanding-issues-pcse.pdf?la=en.

Persistent and unacceptable issues were highlighted, which are increasing risk and distress to patients and placing further strain on overstretched GP practices. The letter was based on feedback received from LMCs. This led to a number of reports, including:

- a front page story in The Guardian, which in turn led to support from Norman Lamb MP: <a href="https://www.theguardian.com/society/2017/nov/02/hundreds-of-trainee-gps-facing-hardship-as-outsourcing-firm-capita-fails-to-pay?utm_source=The%20British%20Medical%20Association&utm_medium=email&utm_campaign=8849541_NEW26A1%2 OGP%20ENEWSLETTER%20031117&utm_content=guardian&dm_i=JVX,59OCL,36IQY5,KB3WF,1
- A BMA news story: https://www.bma.org.uk/news/2017/november/demand-to-rectify-gp-back-officesupport?utm source=The%20British%20Medical%20Association&utm medium=email&utm campaign=8849541 NEW26A 1%20GP%20ENEWSLETTER%20031117&utm_content=bma%20news&dm_i=JVX,59OCL,36IQY5,KB3MA,1
- A follow-up article in The Guardian and a report in The Independent that Labour is demanding an enquiry into the situation: https://www.theguardian.com/society/2017/nov/03/labour-demands-inquiry-into-delayed-payments-to-trainee-gps https://www.independent.co.uk/news/health/labour-nhs-contract-failing-inquiry-outsourced-jonathan-ashworth-bma-jeremyhunt-a8040636.html
- A GP Online report that the BMA had called for urgent action to be taken to address the situation: http://www.gponline.com/gps-unable-work-trainees-unpaid-patients-risk-capita-problems-continue-says-bma/article/1449192

On 10 November 2017, the GPC met the NHSE team to discuss the ongoing issues. The GPC made it very clear that the deadline to resolve all the pending issues is the end of December 2017. They also met with the legal department to progress alternative options if the issues are not resolved by the above deadline.

-000-

FREEDOM OF INFORMATION REQUESTS TO NHS PROPERTY SERVICES (NHSPS) AND COMMUNITY HEALTH PARTNERSHIPS (CHP)

The British Medical Association (BMA) has been attempting to work constructively and positively with NHSPS and CHP in order to resolve the escalating number of complaints from GP practices about excessive and erratic rises in service charges. The BMA is concerned that unfair or incorrect rises could divert funding from frontline care and that this is having a destabilising effect on practices. Unfortunately, despite repeated requests, the BMA has had no clear reassurance from NHSPS or CHP which explains why these issues have emerged or a commitment to resolve them.

The BMA has reached the stage where issuing freedom of information requests is necessary for full transparency. Consideration is also being given to other proportionate and appropriate action to protect GP services and patient care.

Further details can be found at:

https://www.bma.org.uk/advice/employment/gp-practices/premises/support-with-chp-and-nhsps-issues/foi-requests

-000-

Page 3 of 8

GP PRACTICE OPENING HOURS

As you will be aware, there has been much debate in recent months about the definition of "open" in relation to GP practices, and the implications of being "closed" during core hours. We understand that some debate continues within practices regarding this.

We would like to draw your attention to the Care Quality Commission (CQC) myth buster on Opening Hours available via: <u>http://cqc.org.uk/guidance-providers/gp-services/nigels-surgery-55-opening-hours</u>.

We feel that this is helpful in clarifying some of the points that are being debated.

-000-

POLICE REQUESTS FOR MEDICAL RECORDS

Further to the article in the July LMC newsletter, noting the availability of British Medical Association (BMA) guidance regarding the obligations that GPs have with respect to copying and/or release of the GP record when requested to do so by the Police, and a pro-forma for practices to use, the pro-forma has recently been updated.

The BMA has written to each police and crime commissioner in the country to explain the guidance and pro forma, asking them to disseminate the information to their constituent police forces. Following discussions with the National Police Chief's Council (NPCC) regarding signing off, it has been agreed that the level of police seniority that is recommend to GPs to obtain before considering releasing medical records is lowered from Superintendent to Inspector. This is the only change to the pro-forma, which can be accessed via:

http://www.sheffield-lmc.org.uk/website/IGP217/files/Pro%20forma%20for%20practices%20November%202017.docx

The BMA has restated to the NPCC that requests from the police for medical records must only be made when absolutely necessary.

-000-

SCHOOL ABSENCE

Concerns have been raised with us regarding requests from parents or schools for medical evidence to support school absence. Therefore, we would like to remind practices of the agreed procedure, which is detailed in LMC guidance available via: http://www.sheffield-lmc.org.uk/website/IGP217/files/25%20School%20Absence.pdf

As you will see from the guidance, requests from parents for letters to excuse children from school are inappropriate. Requests for more information in relation to *persistent* absence should come from Multi-Agency Support Team (MAST) workers or the school attendance officers.

-000-

SCHOOL REQUESTS FOR GPS TO PRESCRIBE MEDICATION

Despite guidance to the contrary, a number of schools continue to insist that parents ask GPs to prescribe medication in order that an appropriate label is on the medication to be administered at school.

This is not a contractual obligation and, indeed, non-prescription medication could be given in school with parental consent with appropriate instructions.

LMC guidance, which links to more detailed guidance on *Managing Children and Young People's Identified Health Needs* can be found at:

http://www.sheffield-

Imc.org.uk/website/IGP217/files/Managing%20Childrens%20Identified%20Health%20Needs%20(revised%20Nov16).pdf

-000-

STATE BACKED INDEMNITY SCHEME FOR GENERAL PRACTICE

As you will be aware, during his speech to this year's Royal College of General Practitioners (RCGP) Conference, Jeremy Hunt, Secretary of State for Health, announced that the Department of Health is planning the development of a state backed indemnity scheme for general practice in England: <u>https://www.youtube.com/watch?v=3iMln7aAY8s</u>.

The announcement was accompanied by a ministerial written statement to the House of Commons: http://www.parliament.uk/business/publications/written-questions-answers-statements/written-statement/Commons/2017-10-12/HCWS159/.

This announcement comes after sustained lobbying and engagement by the General Practitioners Committee (GPC) over many months following the previous announcement in March this year by the Lord Chancellor to revise the personal injury discount rate from 2.5% to -0.75%.

After the announcement, and during a live Q&A session, Richard Vautrey, GPC Chair, pressed the Secretary of State to confirm that the state backed scheme would include all GPs - partners, salaried and locums and practice staff, and both in and out of hours NHS work.

The Medical Defence Union (MDU) advised that membership benefits for GPs working under an NHS England contract who renew/join after 1 November 2017 will change to 'Transitional Benefits' intended to provide the indemnity until a state-backed scheme is introduced, the Department of Health revised their indemnity factsheet (produced in conjunction with the GPC) and the MDU responded. The updated factsheet, which contains the current assumptions on key areas, including scope and expected timelines can be accessed via:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/651227/GP_indemnity_factsheet.pdf.

BMA commentary on the announcement is available on the BMA website: https://www.bma.org.uk/news/2017/october/call-for-more-detail-on-indemnity-scheme.

In addition, an article *Indemnity – Your Questions Answered*, written by Dr Krishan Aggarwal, Deputy Chair of the GPC's Sessional GP Subcommittee has been re-posted at the following link: https://www.bma.org.uk/connecting-doctors/the_practice/b/weblog/posts/indemnity-your-questions-answered

The Department of Health is to set up a stakeholder group, and arrange a first meeting with GPC and RCGP representatives. Although many tough discussions and negotiations will lie ahead, the announcement of a state-backed scheme is an important step towards the help that LMCs and GPC has been demanding.

In the meantime, LMCs have been asked to remind GPs of the requirement to *maintain full indemnity cover* before any change to a state-backed scheme.

-000-

GP REGISTRAR PAYMENT EVENTS

All Sheffield training practices should have recently received notification of the following information produced by Jane Docherty, Senior Programme Lead, Intensive Expert Management Team, Primary Care Support Services:

In response to feedback, and in conjunction with Primary Care Support England (PCSE) and Health Education England (HEE), NHS England is holding a series of events for practice managers and all other parties involved in the payment of GPs in training (GP Registrars). The events will provide an opportunity for practices to:

- Hear about the new processes for claiming reimbursements and importantly the process for GP Registrars starting primary care placements from February 2018. This will cover how they will join the performers list and the process for practices to follow in order to claim timely and accurate reimbursements.
- Meet the PCSE payments team, in addition to key contacts at NHS England for future working.

Events will run from 10.30 am 3.30 pm as follows:

- Wednesday 29 November: York
- Friday 1 December: Leeds
- Thursday 7 December: Sheffield

In order to gauge interest in these events and to aid planning (appropriate venue size etc), Practice Managers are being asked to email their contact details to <u>jane.docherty1@nhs.net</u> noting which event they are interested in and the number of attendees expected from their practice.

Details of venues and how to book will be sent out as soon as the details have been finalised.

-000-

GENERAL PRACTICE (SPECIALTY) TRAINEE PAYMENT FORM (3) GPR MEDICAL DEFENCE ORGANISATION (MDO)

We have recently been informed that the GPR MDO form has been updated. All claims already with Primary Care Support England (PCSE) will be processed on any old forms. However, all new claims should now be made using the form available at the link below:

https://pcse.england.nhs.uk/media/1199/mdo-claim-form-oct-2017.doc.

All forms and further information relating to GP payments and pensions can be found at the link below: <u>https://pcse.england.nhs.uk/services/gp-payments-and-pensions/</u>

Any queries or suggestions about the new MDO form should be directed to Jane Docherty, Senior Programme Lead, Intensive Expert Management Team, PCSE via: <u>Jane.docherty1@nhs.net</u>.

-000-

ITEMS WHICH SHOULD NOT BE ROUTINELY PRESCRIBED IN PRIMARY CARE

The British Medical Association has responded to this consultation on low value medicines, trying to balance the need to encourage self-care and ensure NHS resources are spent wisely with the need to protect vulnerable patients and ensure that GPs are not encouraged to breach their contractual requirements.

The General Practitioners Committee Prescribing Policy Group led on the response which covered 18 products that have been identified as being of low clinical value and/or comparatively expensive, including herbal treatment and homeopathy preparations.

The main concerns raised in the response were the:

- need for national legislation for such an important change;
- need for protection of vulnerable groups;
- potential widening of health inequalities;
- need for any changes to be within the General Medical Services regulations;
- need for respect for the decisions of the Advisory Committee on Borderline Substances;
- potential for increases in prescribing of less-suitable medicines;
- need for unsafe or ineffective over-the-counter substances to be placed on the blacklist;
- need for the Medicines and Healthcare products Regulatory Agency to change criteria for licensing drugs.

The full consultation response can be viewed via:

https://www.bma.org.uk/-/media/files/pdfs/collective%20voice/influence/uk%20governments/items-which-should-not-routinelybe-prescribed-bma-consultation-response-october-2017.pdf?la=en

-000-

GENERAL DATA PROTECTION REGULATION (GDPR)

The GDPR comes into force on 25 May 2018. The General Practitioners Committee (GPC) GP IT team is in discussions with NHS England (NHSE) and awaiting guidance that is being created for GPs. The BMA Ethics Team will also be producing guidance for GPs. As soon as these documents become available we will update practices.

In the meantime, the BMA's existing guidance on the Data Protection Act will help practices be prepared for GDPR, as many of the core principles are the same. The guidance can be accessed via: <u>http://www.sheffield-lmc.org.uk/website/IGP217/files/GPs%20as%20data%20controllers.pdf</u>

In addition, the IG Portal contains a GDPR folder where you will find a variety of documents such as a GDPR Action Plan, the GDPR Overview and 12 steps to take to prepare:

https://portal.yhcs.org.uk/web/information-governance-portal/gp-igt-

guidance? 20 folderId=12147008& 20 displayStyle=descriptive& 20 viewEntries=1& 20 viewFolders=1& 20 struts action= %2Fdocument_library%2Fview&p_p_id=20&p_p_lifecycle=0&_20_entryStart=0&_20_entryEnd=20&_20_folderStart=0&_20_f olderEnd=20&_20_action=browseFolder

-000-

GUIDE FOR OVERSEAS DOCTORS (UK)

Led by the Royal College of General Practitioners (RCGP), partner organisations including the British Medical Association (BMA) have been working together to produce a new guide for international GPs and doctors from the UK that have trained abroad, who are considering moving to the UK to live and work in NHS General Practice.

The guide contains information on life in the four UK nations, the cost of living, housing, education, childcare, opening a bank account etc, as well as details about the NHS, becoming an NHS GP, types of GP role, salary/pay and the various routes you can take to become an NHS GP.

It is an online resource, which will be updated periodically to ensure it remains current: http://www.rcgp.org.uk/training-exams/becoming-a-gp/overseas-doctors-guide.aspx

-000-

EMPLOYMENT ADVISORY SERVICES

When we are contacted with employment related queries that fall outside of our remit, we advise practices to contact an alternative source of help and advice, such as the Advisory, Conciliation and Arbitration Service (ACAS), the British Medical Association (BMA) Employer Advisory Service or BMA Law.

Some confusion has arisen regarding the BMA services in terms of who can access them (ie employees) and which services are free. LMC guidance on these services can be accessed via: http://www.sheffield-lmc.org.uk/website/IGP217/files/BMA%20Employment%20Services%20(revised%20Nov16).pdf

-000-

MOVE TO SNOMED CT

The Co-Chairs of the British Medical Association (BMA) / Royal College of General Practitioners (RCGP) Joint GP IT Committee recently issued a letter regarding the move to SNOMED CT from Read and CTV3 codes, which will take place in April 2018.

The letter, which can be accessed via the link below, aims to answer questions that practices may have about the switch and also directs to further advice and guidance:

http://www.sheffield-lmc.org.uk/website/IGP217/files/SNOMED%20CT%20Letter%20Oct17.pdf

-000-

SESSIONAL GPS E-NEWSLETTER: OCTOBER 2017

The October edition of the Sessional GPs e-newsletter is available on the BMA website at: http://bma-mail.org.uk/t/JVX-57VT3-1BJCJOU46E/cr.aspx

The main articles include:

- Indemnity: the devil is in the detail.
- Extended access hubs: key questions to ask.
- Doctors' notes a new podcast from the BMA.
- Annualisation and your pension.

- The latest on Capita and NHS Pensions.
- Help challenge death in service injustice.
- E-consulting: what do you want to know?
- Are you on the right contract?

-000-

FACILITATING CORPORATE TAX EVASION AND THE CRIMINAL FINANCES ACT 2017

The General Practitioners Defence Fund has drawn attention to an extract from the Institute of Chartered Accountants of Scotland newsletter, and permission has been sought to share this with LMCs.

As the legislation applies to partnerships it has been suggested that LMCs may wish to share this with their GP practices: http://www.sheffield-lmc.org.uk/website/IGP217/files/Facilitating%20Corporate%20Tax%20Evasion%20(ICAS%202017).docx

0	0	0-	
~	-		

REVALIDATION SURVEY

The Royal College of General Practitioners (RCGP) has launched a revalidation survey for 2017, aimed at establishing how GPs feel about appraisal and revalidation now, and what the RCGP can do to support them in the future.

Since its last appraisal and revalidation survey in 2015 the RCGP has produced a number of resources and worked closely with stakeholders across the UK, including the British Medical Association, to reduce the burden of regulation and increase the value of appraisal and revalidation for GPs. They would like to hear from as many GPs as possible to find out how much progress has been made and what they could be doing better.

The 2017 survey can be accessed via: https://r1.dotmailer-surveys.com/b649lxf0-d42mlw43.

-000-

CAMERON FUND CHRISTMAS APPEAL 2017

The Cameron Fund provides help and support solely to GPs, including those who are retired, and their dependants. It aims to meet needs that vary considerably, from the elderly in nursing homes to young, chronically sick doctors and their families, and those suffering from unexpected and unpredictable problems such as relationship breakdown or financial difficulties following the actions of professional regulatory bodies. A greater number of applications are now from GPs who are encountering difficulties in returning to work following illness or professional difficulties. As Christmas approaches the Cameron Fund is asking LMCs and constituent GPs to consider giving generously to the Fund's Christmas Appeal. As many of you will be aware, Sheffield LMC makes an annual donation to the Cameron Fund in response to their Christmas Appeal.

If you know of colleagues who may be in need of help from the Cameron Fund please encourage them to contact the Fund.

More information on how to contact the Cameron Fund, the support they can offer and how to make a donation can be found at: www.cameronfund.org.uk.

-000-

OFFICE SPACE AND MEETING ROOMS AVAILABLE: BIRLEY HEALTH CENTRE www.birleyhealthcentre.co.uk

Recently refurbished office space available from 1 December 2017. Previously used by a community service, 6 desk points, IT/telephone connections, separate access away from main surgery entrance, large car park, 2 minutes' walk from tram stop.

Also large meeting room with reception service if needed. Holds up to 25 delegates.

Please contact Kiz Haigh, Practice Manager via sheccg.birleyhc@nhs.net, (0114) 235 8038 for further details.

-000-

Please forward any articles for inclusion in the LMC newsletter to manager@sheffieldlmc.org.uk

Articles for the December edition to be received by Friday 8 December

Submission deadlines can be found at http://www.sheffield-lmc.org.uk/page1.aspx?p=16&t=1