

SHEFFIELD LOCAL MEDICAL COMMITTEE

Newsletter

September 2016

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SHEFFIELD LMC ELECTIONS 2016-2020

Further to the article in the August LMC newsletter, all GPs represented by Sheffield LMC should have recently received a letter from Dr Trish Edney, Returning Officer, regarding the LMC Elections 2016-2020.

A nomination form was enclosed with the letter. Any GPs wishing to stand for election to the LMC must complete the form and return it to Trish **by Friday 7 October**.

We hope to encourage both new members and the re-election of existing members in order to ensure the continuation of our current strong negotiating position and extensive support and representation of Sheffield practices. In addition, we wish to be as representative a body as possible and to encourage a breadth of opinion and experience.

If any GPs would like further information prior to returning their nomination form, please do not hesitate to contact:

- David Savage, LMC Secretary secretary@sheffieldlmc.org.uk or
- Margaret Wicks, LMC Manager manager@sheffieldlmc.org.uk.

Further copies of the letter and nomination form can be downloaded from the LMC website at:

<http://www.sheffield-lmc.org.uk/Facts/2016-2020-ElectionCoveringLetter.pdf>

http://www.sheffield-lmc.org.uk/Facts/2016-2020_ElectionNominationForm.doc

We would like to take this opportunity to thank the Practice Managers who kindly responded to our request for details of the doctors currently working in Sheffield practices – so far, we have had updates from 73 practices, which has proved extremely helpful in updating our records and ensuring that election papers are sent to all eligible GPs.

It would be greatly appreciated if the remaining Practice Managers could respond to the emails sent out by Emma Birtles, LMC Admin Assistant (w/c 8 August and 5 September) at their earliest convenience. We realise that this is adding to already busy workloads, but this has proved to be necessary in the absence of any updates from Primary Care Support England (PCSE) since May 2016.

PRIMARY CARE SUPPORT ENGLAND (PCSE): UPDATE

Further to the articles in the July and August LMC newsletters, the LMC continues to receive updates on the unacceptable problems practices are experiencing with services provided by PCSE.

Medical Records Movement

Branch practices that request a separate service should now be added to the weekly collection routes.

The previously reported average movement of records of between 8 and 12 weeks (with regional variation) is now being reported as being within 3 to 6 weeks, with further work being done to bring all areas to 3 weeks. It would be appreciated if practices could keep the LMC informed via manager@sheffieldlmc.org.uk if the majority of records are still taking more than 6 weeks to arrive.

We are aware of reports that not all records ready for collection are being collected, due to insufficient space on CitySprint vans. We are endeavouring to assist in resolving this and await an acknowledgement of the concerns from PCSE.

GMS3 Forms (Temporary Residents)

Based on feedback from practices it has been agreed that forms can be posted to PCSE Temporary Residence Forms (GMS3), PO Box 349, Darlington, DL1 9QL.

Personal Prescription Pads

Delivery of personalised prescription pads is 3 weeks minimum.

Performers List Applications

As mentioned in relation to the LMC elections, updates as to doctors joining and leaving the Performers List are no longer being shared with the LMC, despite a number of reassurances that this information would be provided on a monthly basis. Therefore, we would encourage all GPs and Practice Managers to update the LMC on any changes that could affect their LMC representation, such as email address for communications, practice details, contractual status etc.

We are aware of difficulties some GPs are experiencing, particularly Trainees, in getting their status changed on the Performers List. It would appear that conflicting information is being issued regarding where documentation needs to be sent to. This has been further complicated by the closure of PCSE's Leeds office and the NPL3 forms referring to GPs needing to inform NHS England (when the process is for GPs to inform PCSE, who inform NHS England). This has been raised with the Performers List lead at PCSE. Further information on the current processes can be found at <http://pcse.england.nhs.uk/performer-list/>

The British Medical Association (BMA) has been made aware of delays in processing GP Trainee applications beyond the 3 month window for applications to be processed. This has serious implications for Trainees and practices and the BMA has sought legal advice on this issue. GP Trainees are not lawfully allowed to perform primary medical services past the 3 month mark (ie 3 months after the start of their GP specialty training programme, **not** 3 months after the start of the first GP placement) if the Trainee has not been added to the Performers List. Trainees should inform their employer in a timely manner if there is a delay in an application being progressed. If the application is approaching 3 months after the start of the GP specialty training programme, the Trainee should contact their NHS England local area team personally to ask for their intervention. They could intervene urgently to consider the application, irrespective of whether Capita considers it to be complete, and to see whether it can be progressed to allow continued working. In the event that the necessary documentation has not been provided by the deadline, the NHS England local area team will be notified and will decide if the application should progress or further information is required.

If BMA members have any concerns about how the above will affect them or their practice and would like further advice, they can call BMA employment advisors on 0300 123 1233 (8.30 am to 6 pm Monday to Friday).

GP Registrar Reimbursements

There has been some confusion regarding the different elements of the payment processes and the responsibilities of Health Education England and PCSE, which has resulted in some delays in payments of salaries and/or training grants. The LMC is aware of a number of such cases in Sheffield and is in contact with NHS England with a view to escalating these concerns. PCSE is looking to standardise their part of the process and an update should be communicated to all parties involved. In addition, a new set of registrar claim forms are being developed.

Collection of LMC Levies

Problems have been encountered with the information provided by PCSE which allows timely and accurate collection of LMC levies from GMS practices. Therefore, practices might see the levies being deducted on different dates and slight adjustments being made as accurate patient population figures are made available. We are working with Sheffield Clinical Commissioning Group (CCG) in their attempts to obtain the information they need from PCSE and will keep practices updated.

Emailing the Customer Support Centre

It has been requested that when emailing PCSE's Customer Support Centre via PCSE.enquiries@nhs.net practices include details of the service PCSE are being contacted about in the subject line.

General Practitioners Committee (GPC) Action

In view of the continued concerns relating to services provided by PCSE, the GPC has written to Karen Wheeler, National Director: Transformation and Corporate Operations, NHS England. A copy of the letter can be viewed at: <http://www.sheffield-lmc.org.uk/Facts/GPCLettertoCapitaAug16.pdf>

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NHS ENGLAND STANDARD HOSPITAL CONTRACT BREACHES

Practices should have recently received an update from Dr Chaand Nagpaul, GPC Chair, noting that the GPC has recently launched new standard hospital contract template letters. These can be adapted for practice use and embedded into GP clinical systems so that letters to hospitals are pre-populated with patient details. The update can be viewed at: <http://bma-mail.org.uk/t/JVX-4H9V6-1BJCJOU46E/cr.aspx>

The template letters, along with detailed information on each standard can be found at:

<https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-current-issues/nhs-england-standard-hospital-contract-guidance>

In summary, the areas for which templates have been produced are:

Local access policies

Situations where Trusts are adopting blanket policies to discharge patients from their service back to their GPs for re-referral when they do not attend outpatient clinics.

Discharge summaries

A failure of a Trust to send discharge summaries by direct electronic or email transmission for inpatient, day-case or emergency care within 24 hours.

Clinic letters

A failure of a Trust to communicate within 14 days after an outpatient clinical attendance appointment.

Onward referral of patients

Situations where a Trust is not undertaking onward referral to other specialties internally, but is referring back to the GP for re-referral.

Medication on discharge

A failure of a Trust to provide medications following discharge from inpatient or day-case care, where medication must be supplied for the period established in local practice or protocols.

Results and treatments

A failure of a Trust to notify patients in a timely manner of the results of tests or investigations, or where they ask the GP to chase up the result.

The LMC continues to discuss these standards with Sheffield CCG and Sheffield Teaching Hospitals NHS Foundation Trust (STHFT), particularly local access policies and the onward referral of patients, to ensure that any local agreements are in keeping with the terms of the standard contract. We are due to meet with Sheffield CCG this month and STHFT representatives next month, following which we will update practices on our understanding of compliance with the standards and any local variations.

In the meantime, as you will see from the GPC update, practices are being asked to:

- Develop a practice policy on how to push back on inappropriate hospital requests that breach the standard contract.
- Ensure all GPs in the practice are made aware of these new standards, and use the GPC templates (or practice templates) on each occasion that a Trust has failed to meet these new standards.
- Ensure the CCG is notified of the breach using the CCG template.
- Keep a practice record of all breaches and the nature of the breach, and feed back the numbers to the LMC on a monthly basis.

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INDUSTRIAL ACTION AND UNDATED RESIGNATIONS

Following a similar resolution being passed at the Special Conference of LMCs in January 2016, the following resolution was passed at the Annual Conference of LMCs in May 2016: *That conference instructs GPC that should negotiations with government for a rescue package for general practice not be concluded successfully within 6 months of the end of this conference:*

- (i) *actions that GPs can undertake without breaching their contracts must be identified to the profession;*
- (ii) *a ballot of GPs should be considered regarding what work/services must cease to reduce the workload to ensure safe and sustainable care for patients;*
- (iii) *the GPC should canvass GPs on their willingness to submit undated resignations.*

Using the leverage of the resolutions the GPC had several meetings with NHS England, following which the GPC received written confirmation from NHS England that it accepts all of the BMA's *Urgent Prescription* as a good basis to take forward work on supporting general practice pressures.

In view of the above and other related strands of work, as well as taking in to consideration feedback from GPs and LMCs, the GPC will not be balloting GPs on their willingness for undated resignations and industrial action. However, the GPC has considered the legal, practical and political implications involved in resignations and industrial action in order to keep options open for future consideration if necessary. As a result, guidance has been compiled by the BMA's legal team which highlights the complexities of undated resignations, with an explanation of the logistic and financial consequences, which would need to be fully understood should such action ever be considered. The guidance also outlines action that can be taken which would not breach contracts. A copy of the guidance can be accessed via the LMC website at:

<http://www.sheffield-lmc.org.uk/OG16/FocusonIAandUndatedResignations.pdf>

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GP RETURNERS: INDEMNITY ISSUES

Information submitted by David Harris, Chief Executive, The Cameron Fund

We receive frequent requests from GPs who are trying their utmost to return to general practice, following a long enforced absence or serious illness. However, most recently we have seen many more requests for help with medical indemnity costs, which is required to be in place before a GP can accept the offer of a supervised placement, return to the Performers List and then be judged fit to return to work in NHS General Practice.

The main medical benevolent charities in the UK are finding that, increasingly, the major Mutual Insurers are not accepting these doctors and, therefore, the doctors are having to resort to commercial providers at huge cost. Figures have been quoted in the region of £25K.

The Cameron Fund, Royal Medical Benevolent Fund and Royal Medical Foundation have written a joint letter to NHS England expressing their concerns:

<http://www.cameronfund.org.uk/sites/default/files/Letter%20to%20Sir%20Bruce%20Keogh%20and%20Dr%20David%20Geddes%20NHS%20England.pdf>

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MEFLOQUINE SINGLE POINT OF CONTACT

On 5 September 2016 the Ministry of Defence launched the Mefloquine Single Point of Contact, which is for current and former service personnel who have concerns about their experience of Mefloquine (commercially known as Lariam). NHS England should be forwarding details to all practices. In the meantime, guidance for GPs and current and former service personnel can be accessed via:

<https://www.gov.uk/government/publications/mefloquine-advice-service-for-former-and-serving-personnel/mefloquine-advice-service-for-former-and-serving-personnel>

The main topics covered are:

- What should I do if I have concerns about my experience of Mefloquine?
- How do I find out if I have taken Mefloquine?
- I am a NHS GP, how do I access the military medical records of my patient?
- Am I entitled to compensation?
- What is Mefloquine?
- What happens if a member of the UK armed forces has an adverse reaction to Mefloquine?
- What is the Yellow Card Scheme? Who runs it?

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SAFE WORKING IN GENERAL PRACTICE

In April 2016 the BMA published *Responsive, safe and sustainable: our urgent prescription for general practice*, which aimed to quantify the needs of the service both operationally and strategically.

The report called for a number of actions to address workload, including the development of 'locality hubs to which practices can refer urgent patients when they have reached the capacity threshold for safe care on any given day'. NHS England's *GP Forward view* also committed to developing a form of the locality hub model.

The BMA recently published *Safe working in general practice*, which develops the locality hub proposal in more depth as one way to provide sustainable support for GPs within practices to work safely. However, as the hubs develop they would likely serve a range of other useful functions, providing a foundation for new models of care in the community and offering clear benefits for patients.

The paper, which proposes a model that could be adapted to suit local conditions across the UK, has been produced to stimulate discussion. It is not intended as a solution to the crisis in general practice, but offers a pragmatic approach to address the unsustainable increase in workload. It offers one evidence-based method for measuring safe working levels, arguing that a GP-led locality hub model could be commissioned in areas where demand outstrips capacity. It demonstrates this concept within the context of current service pressures and policy priorities through a number of examples where a hub model is already being trialled.

The report can be downloaded via the LMC website: <http://www.sheffield-lmc.org.uk/OG16/SafeWorkinginGeneralPractice.pdf>

The GPC will continue to work with NHS England to develop other approaches.

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SUSTAINABILITY AND TRANSFORMATION PLANS (STPs)

The BMA has published a briefing *Sustainability and Transformation Plans (STPs)*, which explains what STPs are and what to expect from them in terms of content, funding, workforce and engagement. It covers what the implications for doctors might be from STPs and how they fit in with BMA policy.

A copy of the briefing can be downloaded from the LMC website via:

<http://www.sheffield-lmc.org.uk/OG16/SustainabilityandTransformationPlansBriefing.pdf>

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SESSIONAL GPs E-NEWSLETTER: AUGUST 2016

The August edition of the Sessional GPs e-newsletter is available on the BMA website at: <http://bma-mail.org.uk/t/JVX-4F7ZS-1BJCJOU46E/cr.aspx>

The main articles include:

- Lend your voice on indemnity.
- GP retainer scheme launched.
- Struggling GPs to receive £16m boost.
- What sick pay are you entitled to?
- Connecting sessional GPs.
- Update from Europe.
- How are you adapting to the pressures of general practice?

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CELEBRATING GENERAL PRACTICE EVENT

Details submitted by Amar Rughani, Provost, South Yorkshire North Trent RCGP Faculty

This event, jointly organised by the RCGP Faculty and Sheffield CCG, takes place on **Saturday 15 October 2016** at the Mercure St Pauls Hotel, and will bring together the primary care community to celebrate the work we do to improve patient care in our region.

We invite you to join us for an evening of dining, dancing and entertainment.

The evening will include drinks on arrival, followed by a three course meal.

A new award will be a highlight of the event. The Practice of the Year Award recognises the outstanding work of Practice Teams in the RCGP South Yorkshire North Trent Faculty region.

For further information and to book tickets please see <http://www.rcgp.org.uk/learning/north-england/south-yorkshire-north-trent-faculty/celebrating-general-practice.aspx>

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SLEEP OUT FOR ROUNDABOUT

Information submitted by Ruth Gage, Fundraising Co-ordinator

Do you think you could 'rough it' for one night only to prevent this becoming a reality for young people in Sheffield?

We hold at least one Sleep Out event each year. Our November Sleep Out is part of our End Youth Homelessness partnership, where various national youth housing charities all hold their own event on the same night and we also hold our own Sleep Out event earlier in the year.

The fantastic Cads Works is our venue and we provide food, drinks and entertainment in preparation for the challenge of sleeping outside. We ask participants to get sponsored to brave the cold night to help us raise money to provide a safe place to stay for young homeless people. There is no minimum sponsorship, but we recommend aiming for a target of £150.

To register to take part, please contact the fundraising team on:

- (0114) 253 6753 or
- fundraising@roundaboutltd.org.

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MUSICIANS AGAINST HOMELESSNESS

Information submitted by Caitlin Hodgkinson, Roundabout

Sheffield has been confirmed as one of the cities that will be hosting gigs in support of the Musicians Against Homelessness initiative. The shows, which are organised independently all over the country, will be raising funds for homeless charity 'Crisis', and in Sheffield they will also be supporting Roundabout.

The Sheffield gig will be taking place on **Saturday 8 October 2016** at The RS Bar, 156 St Mary's Road, Sheffield S2 4AX.

Tickets are £5, available from the The RS Bar.

For more information on the Musicians Against Homelessness events, please visit <https://www.facebook.com/mahgigs/>

To learn more about Roundabout and what they do, please visit www.roundabouthomeless.org

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

Articles for the October edition to be received by Friday 7 October.

Submission deadlines can be found at <http://www.sheffield-lmc.org.uk/Newsletters14/VB> and [Newsletter Deadlines.pdf](#)