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| NewsletterSeptember 2020 | cid:FA46BD5B-4C03-4415-BE14-DEBCA4941DB9 |

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***LMC Elections***

***2020-2024***

Further to the article in the August LMC newsletter, all GPs represented by Sheffield LMC on 1 September 2020 were sent a letter from Dr Trish Edney, Returning Officer, regarding the LMC Elections 2020-2024. A nomination form was enclosed with the letter. Any GPs wishing to stand for election to the LMC need to complete the form and return it to Trish **by Friday 9 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

The letter distributed on 1 September can be accessed [here](https://www.sheffield-lmc.org.uk/website/IGP217/files/LMC%20Elections%20Covering%20Letter%20%28Sep20%29.pdf). Further copies of the nomination form can be accessed [here](https://www.sheffield-lmc.org.uk/website/IGP217/files/LMC%20Elections%20Nomination%20Form%20Sept20.pdf).

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***Third Phase of NHS Response***

***to COVID-19***

Following the NHS England (NHSE) [letter](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/07/Phase-3-letter-July-31-2020.pdf) announcing the third phase of NHS response to COVID-19, the British Medical Association (BMA) has produced an [analysis](https://www.bma.org.uk/advice-and-support/covid-19/bma-asks/covid-19-phase-three-of-the-response), which outlines what this means for doctors and for the health service.

The BMA’s report [Trust GPs to Lead](https://www.bma.org.uk/advice-and-support/covid-19/bma-asks/trust-gps-to-lead-learning-from-the-response-to-covid-19-within-general-practice-in-england) set out a range of principles and solutions that will enable GPs and practices to manage the ongoing demands of responding to COVID-19.

Elements of the phase three announcement reflect this, such as the requirement for Clinical Commissioning Groups (CCGs) to increase the range of services available for self-referral in order to free up clinical time, and the recognition of the importance of in-person appointments within general practice, alongside the use of remote consultations. Significant reform was also secured to the annual appraisal process, which should benefit all GPs. However, it remains important that NHSE acknowledges the ongoing pressure on primary care services.

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***Flu Specifications 2020/21***

NHS England (NHSE) has published the updated [flu specification for 2020/21](https://www.england.nhs.uk/wp-content/uploads/2020/03/B0130_SFL-and-pneumococcal.pdf) and the updated [Directed Enhanced Service (DES) Directions](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/914724/the-primary-medical-services-directed-enhanced-services-no-2-directions-2020.pdf).

The updated specification makes a number of changes to the previously published version, expanding the eligible groups, with potential further expansion later in the year. In addition, when offering vaccination to eligible patients practices are encouraged to request that the patient advises the practice of their ethnicity status if they have not previously provided this information to the practice. Where provided by the patient or their carer, the practice must record the ethnicity information in the patient record. This is in order to improve data recording to support the response to the COVID-19 pandemic and any potential immunisation programme.

Additional British Medical Association (BMA) guidance and NHSE FAQs will be published shortly.

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***General Medical Services (GMS) and Personal Medical Services (PMS) Regulations:***

***Changes from October 2020***

The [amendments to GMS and PMS regulations](https://www.legislation.gov.uk/uksi/2020/911/contents/made) to commence from October have now been laid before Parliament and published. These mainly bring into force elements of the GP contract agreement from earlier this year. The amendments include:

* Requirement for monthly data submissions to the NHS Digital Workforce Collection.
* Requirement to participate in the existing GP appointments data collection.
* Requirement for practices to ensure patient registration data is regularly updated.
* Removal of patients who move outside of the practice catchment area: the practice is responsible for the patient’s care for up to 30 days (unless and until the patient registers at another practice), but is not responsible for home visits or out of hours services during that period.
* A modification to make sure that patients who have previously been removed from a practice list and been put onto a violent patient scheme cannot be permanently refused readmission to a practice list if they have been correctly discharged from that scheme.
* Patient assignment to any practice within the patient’s local CCG, rather than within the practice area.
* Patient assignment as part of a list dispersal.
* An exemption to the ban on subcontracting a subcontract in order to allow Primary Care Networks (PCNs) greater flexibility to deliver the Directed Enhanced Service (DES).
* Final cancellation of Care Quality Commission (CQC) registration is a ground for termination of a GMS contract.
* Other minor amendments to wording without significant change to the meaning.

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***Quality and Outcomes Framework (QOF):***

***Revised Guidance***

NHS England has published revised QOF guidance which details the requirements for 2020/21. This includes detail of the following:

* The points and payment changes for the 4 flu vaccination and 2 cervical screening indicators;
* The indicators which will continue to be paid on a conditional basis;
* The refocused requirements for the Quality Improvement domain to support the restoration of key services to people with a learning disability and early cancer diagnosis;
* The indicators which will be subject to income protection arrangements and the conditions upon this income protection.

This guidance is effective immediately and the Statement of Financial Entitlement will be amended shortly to reflect this. Full details can be accessed [here](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0713-202021-General-Medical-Services-GMS-contract-Quality-and-Outcomes-Framework-QOF-Guidance.pdf).

The British Medical Association (BMA) has produced [QOF 2020/21 Refocus: Summary of Changes](https://www.sheffield-lmc.org.uk/website/IGP217/files/QOF%202020-21%20Refocus%20%28BMA%20Sept20%29.pdf).

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***Signing Remote Fit Notes***

The Department for Work and Pensions (DWP) is receiving a significant number of unsigned fit notes, which they cannot accept, and this results in inconvenience for both patients and GPs. The DWP has asked that GPs are reminded of the agreed guidance on signing remote fit notes.

The British Medical Association (BMA) and the DWP have agreed that until further notice, fit notes may be issued remotely and sent to patients electronically. A properly signed and scanned fit note sent via email to the patient will be regarded as ‘other evidence’ and will be accepted by the DWP for benefit purposes. The scanned document should be sent to the patient, who can then share with either their employer or DWP. The original hard copy does not need to be retained if there is an electronic copy of the fit note in the medical record. If the patient is unable to receive their fit note electronically then they will be required to collect a hard copy from the practice or it will need to be posted to them, at the practice’s discretion. This advice has also been given to employers, who should also be accepting signed, scanned and emailed fit notes.

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***GP Appraisal 2020***

Following the suspension of appraisals at the end of March due to the COVID-19 pandemic, a rebalanced approach has been agreed by NHS England and NHS Improvement (NHSE/I), the Academy of Medical Royal Colleges, the General Medical Council (GMC) and the British Medical Association (BMA). The focus will be on the doctor’s professional development and wellbeing, and simplifies expectations around supporting information and pre-appraisal paperwork.

NHSE/I has [written](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/09/C0757-restarting-appraisals-letter-2-sep-2020.pdf) to Responsible Officers asking them to take a flexible approach, aiming to begin reinstating appraisals by 1 October, with a view to resuming normal levels of activity by 1 April 2021. The BMA has been in discussion with NHSE/I to ensure the planned restart is not overly disruptive for practices, while allowing public confidence to be maintained, and have been encouraged by the significant simplification of the requirements and the reduction in paperwork, which allows both appraisers and appraisees to focus on treating patients rather than bureaucracy.

Further information can be found on the Academy of Medical Royal Colleges’ [website](https://www.aomrc.org.uk/revalidation-cpd/appraisal-revalidation-during-covid-19/), as well as in a [statement](https://www.bma.org.uk/bma-media-centre/new-appraisal-system-should-allow-doctors-to-focus-on-treating-patients-rather-than-bureaucracy) from the BMA.

It is our understanding that in Yorkshire and Humber appraisals are due to recommence from 1 November 2020.

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***General Practice Appointment Data***

[Joint guidance](https://www.england.nhs.uk/wp-content/uploads/2020/08/gpad-guidance.pdf) has been published by NHS England and the British Medical Association (BMA) on creating more accurate general practice appointment data. The guidance introduces an agreed definition of an appointment and asks general practice to start applying this now and systematically, as an important first step to improve data quality. This is to ensure all appointments are being recorded in general practice appointment systems, and to fully capture the scale of work and workload in general practice.

Further technical system specific advice and guidance will be issued to support practices with configuring appointment books and applying a set of new, standardised national categories for appointment types.

More information can be found [here](https://www.england.nhs.uk/gp/gpad/more-accurate-general-practice-appointment-data/).

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***New GP Practice Profiles***

***on the NHS Website***

NHS Digital has updated the GP practice profiles on the NHS website, which feature improved support for mobile and tablet devices.

Practice’s existing profile information will be automatically copied over to the new platform and the way practices [update their profile](https://www.nhs.uk/personalisation/login.aspx) has not changed.

Practices can use the NHS website [GP practice finder](https://www.nhs.uk/service-search/find-a-gp) to find and view their new profile. Profiles editors should have received further information from the NHS website service desk.

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***Care Quality Commission (CQC)***

***Myth Busters***

Professor Nigel Sparrow, Senior National GP Advisor at the CQC issues [guidance](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-full-list-tips-mythbusters-latest-update) to clear up some common myths about CQC inspections, as well as sharing guidance on best practice, which practices may wish to be aware of.

The following Myth Busters have been added or updated recently:

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| * [Non-medical prescribing](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-95-non-medical-prescribing)
 | * [Pharmacy professionals in general practice](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-81-pharmacy-professionals-general-practice)
 |
| * [Patient registration](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-61-patient-registration)
 | * [Emergency medicines for GP practices](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-9-emergency-medicines-gp-practices)
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| * [Verification and certification of death](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-13-verification-certification-death)
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***General Medical Council (GMC)***

***Fees and Maternity Leave***

The aim of the GMC’s [income discount scheme](https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/fees-and-funding/income-discount) is to assist doctors whose overall financial circumstances makes it more difficult for them to afford the full annual fee. However, some doctors may miss out on the discount if their period of maternity spans 2 registration years, with the result that their income does not fall below the threshold in either year.

The GMC is undertaking a review of their discount scheme, as it recognises the need to allow all women on maternity leave (irrespective of the time of year their baby is born) to access a discount if their income falls below the threshold while they are on maternity leave.

In the meantime, the GMC will offer doctors a discount if they expect their income to be below the £32,000 threshold during a 12-month period that overlaps with their period of maternity leave. This discount is available for one registration year, so doctors will need to indicate on the [income discount application form](https://www.gmc-uk.org/-/media/documents/template-form---fees---income-discount-application-and-declaration---dc1359_pdf-28027533.pdf) which year they would like the discount to be applied to.

Further information can be obtained from the GMC via email to regfees@gmc-uk.org or by phone 0161 923 6602.

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***Infection Prevention***

***and Control Guidance***

Public Health England (and the equivalent organisations in the devolved nations) have published [guidance](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/910885/COVID-19_Infection_prevention_and_control_guidance_FINAL_PDF_20082020.pdf) for the remobilisation of services within health and care settings which:

* Sets out infection prevention and control recommendations.
* Re-emphasises that where possible services should continue to utilise virtual consultations.
* Classifies general practice physical consultations as medium risk - PPE should therefore continue to be worn for all face-to-face contacts.
* Advises that for vaccination clinics, where contact with individuals is minimal, the need for single use PPE items for each encounter is not necessary.
* Staff administering vaccinations must apply hand hygiene between patients and wear a sessional facemask.

The British Medical Association (BMA) has updated its [guidance](https://www.bma.org.uk/advice-and-support/covid-19/ppe/covid-19-ppe-for-doctors) on PPE for doctors.

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***Final Pay Controls***

RSM (a provider of audit, tax and consulting services) have produced a [video](https://www.rsmuk.com/what-we-offer/by-industry/healthcare/medical-practices) on final pay controls for the NHS pension scheme.

The video explains the charge, how it is calculated and what to do to avoid it, which GPs and Practice Managers might find useful.

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***The NHS Pension Scheme***

***as a Sessional GP***

Dr Krishan Aggarwal, a General Practitioners Committee (GPC) England and Sessional GPs Committee member, and Deputy Chair of the British Medical Association (BMA) Pensions Committee, has written a [webpage](https://www.bma.org.uk/pay-and-contracts/pensions/being-a-member-of-a-pension-scheme/the-nhs-pension-scheme-as-a-sessional-gp) for sessional and locum GPs on the NHS pension scheme, which replaces his previous blogs on this issue.

The webpage covers a broad range of topics, such as:

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| • What pension tier to use; | • GP trainees; |
| • Clinical Commissioning Group (CCG) work; | • Locum A and B forms; |
| • SOLO forms; | • Type 2 forms; |
| • Amnesty form; | • Annualisation; |
| • Your Total Rewards Statement (TRS); | • Submitting forms and money; |
| • Issues with Primary Care Support England (PCSE). |  |

The webpage is going to be a live document and if there is anything you would like to be covered please send an email to Sessionalgps.gpc@bma.org.uk.

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***Sessional GPs E-Newsletter:***

***September 2020***

The latest edition of the Sessional GPs e-newsletter can be found on the British Medical Association (BMA) website [here](https://bma-mail.org.uk/t/JVX-70GSP-EC5E0CEA0D8A5317JCJOU4BA186991484320BE/cr.aspx). The main articles include:

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| * Sessional GPs pensions.
 | * Flexible working – all change?
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| * COVID-19 T&Cs for locum GPs.
 | * BMA COVID-19 guidance.
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***Sheffield Balint Group***

*Article submitted by Steve Delaney and Libby Kerr*

This multidisciplinary group has been running for 3 years and its membership includes GPs, Clinical Psychologists, Counsellors and Psychotherapists. Since the Coronavirus outbreak it has continued to meet virtually via Zoom and this will continue until at least the end of the year.

Balint groups have traditionally been used to support GPs deal with stress and the psychological impact of their work with patients and there are places available for new members to join. The group meets once a month on a Monday evening throughout the year from September to June.

Fees: £30 per session.

Further information about the group can be found [here](http://www.stevedelaney.co.uk/balint/).

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

**Submission deadlines can be found at**

[http://www.sheffield-lmc.org.uk/website/IGP217/files/Newsletter%20&%20VB%20Deadlines%202020%20.pdf](http://www.sheffield-lmc.org.uk/website/IGP217/files/Newsletter%20%26%20VB%20Deadlines%202020%20.pdf)

**Contact details for Sheffield LMC can be found at:**

**Executive Officers:** <http://www.sheffield-lmc.org.uk/page1.aspx?p=13&t=1>

**Secretariat:** <http://www.sheffield-lmc.org.uk/page1.aspx?p=13&t=2>