

Chair's Update for Sheffield GPs and Practices February 2019

Sheffield
LMC



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INTRODUCTION

As Chair of Sheffield LMC (SLMC) since September 2018, I would like to thank you for continued support of an organisation that is working hard on behalf of Sheffield GPs at individual level and as a collective. This is my first update, covering what has been another tough year for General Practice and Primary Care.

General Practice continues to be challenging, not only from a clinical perspective, but also from regulatory pressures, and developing new models of care, yet it can also be very rewarding.

LMC EXECUTIVE / MEMBERSHIP CHANGES

Before I move on to General Practice business I must first express all our gratitude to Mark Durling for his excellent Chairing of SLMC for almost 10 years, and his support and skills engaging with other organisations. Mark will continue as Vice-chair, as well as developing Sheffield's GP-S Mentoring Scheme (more later).

David Savage continues into his 23rd year on the LMC Executive, currently as Secretary and Duncan Couch sees us through with the perspective of a younger generation of GPs (and IT skills!), having joined the Executive as Executive Officer in 2016.

From the Committee we said farewell in 2018/19 to Martin France, Jennie Bowman and Helen Story, and have welcomed new members - Laura Smy, Petya Kalinova and Krishna Kasaraneni (GPC Executive member), as well as welcoming enthusiastic representation from all years of the GP Training Scheme.

We also offered a co-opted place on SLMC to Primary Care Sheffield (PCS) and Andy Hilton, Chief Executive, took up the offer in February 2018. When Andy is unable to attend our monthly committee meetings Steven Haigh, Director, deputises. I feel this has been constructive and has aided communication and joint working between the two organisations.

I would like to thank the LMC's Executive and Secretarial teams, and the Committee members who give up their evening once a month to appraise the Executive of current concerns in General Practice in Sheffield.

NATIONAL DEVELOPMENTS

GP Partnership Review

Whilst the Independent Contractor model has been under threat from initially Multi-service Community Provider (MCP) contracts, then re-named Accountable Care Organisation (ACO) contracts and now called Integrated Care Provider (ICP) contracts, it was encouraging to hear the Department of Health (as it was then) announce a review called "Revitalising the GP partnership model". SLMC produced an interim report in August and we welcomed its Chair, Nigel Watson, to Sheffield in early October to hear and respond to Sheffield GPs' concerns. This was an excellent meeting with many GPs feeding local experiences into the national review.

SLMC produced a formal response, available via:

<http://www.sheffield-lmc.org.uk/website/IGP217/files/GP%20Partnership%20Review%20Nov18.pdf>

The final report was published on 15 January 2019 and the main summary recommendations are available via:

<https://www.sheffield-lmc.org.uk/website/IGP217/files/GP%20Partnership%20Review%20-%20Summary%20of%20Recommendations%20Feb19.pdf>

Department of Health and Social Care (DoHSC) / Secretary of State for Health for Health and Social Care (Health Secretary)

We also had a new DoHSC, with a new Health Secretary, Matt Hancock. He wishes to embrace the primary care agenda as well as preventative health care and digital technology. Whilst we welcome such enthusiasm, as ever, none of this will be achievable without significant, long-term investment in staff and infrastructure in primary care. The NHS Long Term Plan was published on 7 January 2019, and a brief summary is available via:

<https://www.sheffield-lmc.org.uk/website/IGP217/files/The%20NHS%20Long%20Term%20Plan%20-%20Summary%20Feb19.pdf>

Capita / Primary Care Support England (PCSE)

After financial debacles over registrar payments and incorrect pension payments, there have been delays in receiving patient records and 48,000 women not receiving their cervical smear reminder. Once a service is affecting patient care directly, one can no longer have faith in it and the GPC have indicated as much to NHSE.

The Bawa-Garba Case

This concentrated minds on the role of the General Medical Council (GMC) and written reflection. We remind all that reflection on practice, good or bad, is an important learning process, but it is important to recognise that written reflection could be used in court. Following this case the LMC England Conference voted for a no-confidence motion in the GMC.

Indemnity

Costs continue to rise rapidly. The Health Secretary continues to re-iterate the DoHSC position that they plan to introduce a government-backed national Indemnity Scheme by April 2019. With the publication of the GP contract in January this is one step closer. Primary care staff will still need to have indemnity to cover Coroner's Inquests and professional conduct hearings. It is advisable that ALL GPs contact their Medical Defence Organisation before April 2019 to ensure they have the correct cover transferred to the new scheme.

Seasonal Flu Programme 2018/19

The ‘flu debacle in 2018 resulted in delayed and staggered vaccine deliveries to practices. NHSE has recently released updated information for 2019/20 which can be accessed via:

<https://www.england.nhs.uk/wp-content/uploads/2019/01/vaccines-for-19-20-seasonal-flu-vaccination-programme.pdf>

SOUTH YORKSHIRE AND BASSETLAW (SY&B) INTEGRATED CARE SYSTEM (ICS)

As a first wave system the SY&B ICS will become a formal organisation in April 2019 covering 1.5 million people. It is one of the largest in England. There are many organisations involved, including secondary care, community trusts, Clinical Commissioning Groups (CCGs) and local authorities.

The initial task has been to perform a hospital services review and rationalise some services across the footprint, eg hyperacute strokes. Inevitably some of these reviews will have impacts on Primary Care and we have advocated vociferously that the GP provider view needs to be adequately heard. Across SY&B we do not feel this has been addressed adequately, and I continue to press for greater primary care engagement. Engagement and collaboration go hand-in-hand and you can't have one without the other.

SHEFFIELD ACCOUNTABLE CARE PARTNERSHIP (ACP)

This is the collaboration of partnership health and social care organisations in Sheffield. The partners include: PCS, Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield Children's NHS Foundation Trust, Sheffield Health and Social Care Trust, Sheffield City Council and Sheffield CCG, with input from Public Health, voluntary organisations and SLMC. The remit is to recognise the important interaction between health and social determinants and work to integrate the two.

There are 7 working groups set up to deliver this including Long-term Conditions and Primary Care. SLMC continues to engage with the workstreams relevant to primary care. Sheffield CCG remains the commissioner of primary care services, but it remains unclear in future whether CCGs will continue in their current form or develop into joint commissioning bodies of health and social care.

SHEFFIELD PRIMARY CARE COMMISSIONING ISSUES

We continue to work with Sheffield CCG on their commissioning of primary care services. Some of this has seen the development of “At Scale” initiatives with PCS that could not have been delivered in any other way, eg Extended Access Hubs and the practice pharmacy scheme.

We continue to express concern about the pressures on general practice from a number of areas recognised both locally and nationally, such as workforce, workload, clinical risk management and indemnity. Specific issues include:

- Concerns around referral schemes intended to reduce secondary care activity increasing primary care risk;
- Continuing negotiations around Locally Commissioned Services (LCSs) to ensure maximum delivery of these services to all Sheffield patients, whilst recognising that without financial uplift practices may struggle to employ appropriate staff to fulfil all the requirements.
- The difficulties of keeping track of the use of General Practice Forward View (GPFV) money;
- Extra workload being passed to Primary Care from Secondary Care, contrary to hospital contracts;
- Premises issues, including NHS Property Services / Community Health Partnerships contracts, development of new premises / improvements and funding of current premises;
- Clarification around contractual arrangements on opening hours to meet “the reasonable needs of patients”;
- Trying to establish a city-wide Data Protection Officer.

We also work with Sheffield CCG to clarify arrangements around Neighbourhoods, the Sheffield version of PCNs. The creating of Neighbourhood footprints has been imposed upon General Practice, and whilst some work well and are keen to develop at a faster pace, others are unnatural alliances. We are concerned to ensure that a national push towards PCNs does not result in differential investment in Neighbourhoods between those that fit the remit and those providing care in a less formal manner.

Formal contracting of GP services remains through practices and the registered list. There are currently no mechanisms to contract directly with Neighbourhoods. A revised contract for integrating services at Neighbourhood or locality level has been published by NHSE (the ICP contract). We have continued to advise practices about the concerns these contracts raise:

- loss of registered list;
- loss of autonomy;
- loss of a nationally negotiated contract in perpetuity;
- despite what is said there is no way back to a General Medical Services (GMS) or Personal Medical Services (PMS) contracts.

We continue to believe that the partnership model is the most efficient and effective way to deliver general practice. It needs supporting both in rhetoric from all levels of health care commissioning and requires improved funding directly into the GMS / PMS contract to allow practices to develop the services and staffing most appropriate for their patients.

LOOKING AHEAD TO 2019/20

Care Quality Commission (CQC) Inspections

CQC inspections will be changing in future for practices rated as “Good” or “Outstanding”. Eventually much of the process will be online, but the proposal from April 2019 is that practices will be expected to fill in an annual Provider Information Collection (PIC) and then have a targeted telephone conversation follow-up. Those rated below this standard will continue to receive Quality Assurance support from Sheffield CCG, and we have worked hard with them to ensure this process is supportive and gives practices adequate time to respond.

Core Hours Activity

A further letter has been received by CCGs from NHSE around requirements for practice opening times. We are sure there will be further debate in 2019 around this topic that affects so many practices. We still maintain that practices need to meet “the reasonable needs of their patients”, the definition of which cannot be inferred unilaterally by one party to the contract.

Mental Health Services

Adult Community Mental Health Services cause much concern for Sheffield GPs, and we continue to meet with Sheffield Health & Social Care Trust representatives to push for better services for our patients. Care Trust representatives are next due to attend a committee meeting in April 2019.

National GP Contract

2019/20 contract negotiations have concluded, with details being published on 31 January 2019. The GPC’s update on the major aspects can be found at:

<https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-england/gp-contract-agreement-england>

The GPC is conducting a number of Roadshows to explain and discuss the new contract. They will be coming to Sheffield on Thursday 14 March 2019, led by our own Krishna Kasaraneni. Details about the event and how to reserve a place were circulated to all represented Sheffield GPs and Practice Managers on 1 February 2019, and can be found at:

<http://www.sheffield-lmc.org.uk/website/IGP217/files/NEWSFLASH%20-%20GPC%20Contract%20Roadshow%20Mar19.pdf>

GP-S Mentoring Service

Finally, we have been working on developing a mentoring scheme that will be available to all represented Sheffield GPs. This will be an anonymous, self-referral system to support GPs in a number of areas. The mentors are currently undergoing formal training and we will have more news on the launch of this scheme in the next few weeks. Initial funding was secured from Sheffield CCG in 2018, and I would like to note the LMC’s appreciation of the CCG’s support.

DR ALASTAIR BRADLEY

Chair