

Newsletter

August 2019

Sheffield
LMC



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PROFESSIONAL REFERENCES FOR REHOUSING SERVICES

Concerns were raised with us regarding GPs being asked to complete Professional References for Rehousing Services at Sheffield City Council (SCC). In turn we raised concerns with SCC, noting that the GP is the patient's advocate and is not there to provide a professional or personal reference about the patient's personality and housing.

On 5 August we received the following helpful update from Rachel Marston, Registration Team Manager, Rehousing Services:

The Reference requirement for anyone wishing to join Sheffield City Council's Housing Register has been in place for a number of years, ideally the reference is completed by an applicant's current or most recent Landlord. The exception to this rule is for applicants who are already Sheffield City Council tenants as we are able to complete these checks ourselves. For some customers we understand that neither of these options are available or appropriate but to ensure a fair and consistent service, we have suggested alternative options where a reference might be sought from someone in a professional capacity. Professional references are not commonly requested and when we speak to a customer we make an informed decision about whether or not discretion can be given, allowing access to the Housing Register without one. Occasionally, a GP is considered to be the best person due to the level of contact and knowledge they hold as confirmed to us by the customer. This was only ever intended to provide additional information to make sure that potential tenants are given all of the support they need to live independently in their new home.

Having considered your comments we do not want to continue negatively impacting on a GP's time or jeopardise patient confidentiality and have taken the decision to remove the GP option from our forms and guidance this morning. There may be some customers who have used the existing form and already given a GP as a reference but the requests should reduce in the next few weeks. I will confirm the change to staff today by email.

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FIREARMS LICENSING

The Government recently published its consultation paper on new proposals for statutory guidance to the police in firearms licensing. The draft guidance and the terms of the consultation can be found at:

<https://www.gov.uk/government/consultations/statutory-guidance-to-police-on-firearms-licensing>

In addition, a Memorandum of Understanding has been agreed between the British Medical Association (BMA), the Home Office and the National Police Chiefs Council (NPCC), which addresses and clarifies the long-held concerns of GPs around liability, making it clear that the legal responsibility for judging whether someone is suitable to possess a firearm or shotgun certificate rests solely with the police:

[https://www.sheffield-lmc.org.uk/website/IGP217/files/Firearms%20MoU%20\(18%20July%202019\).pdf](https://www.sheffield-lmc.org.uk/website/IGP217/files/Firearms%20MoU%20(18%20July%202019).pdf)

The most recent blog on firearms licensing by Mark Sanford-Wood, General Practitioners Committee (GPC) England Deputy Chair, outlines how the BMA are engaging with the Home Office, police chiefs, the Royal College of General Practitioners (RCGP) and others to agree a consistent, funded and transparent approach to firearms licensing across the country:

https://www.bma.org.uk/connecting-doctors/the_practice/b/weblog/posts/firearms-licensing-the-next-chapter

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GENERAL PRACTITIONERS DEFENCE FUND (GPDF) PRIMARY CARE NETWORK (PCN) RESOURCES

The GPDF has continued to work with the legal team at Pennington Manches to prepare guidance, advice and information in relation to PCNs, and specifically Clinical Directors (CDs).

A new suite of material is now available to download from the Library section of the GPDF website:

<https://www.gpdf.org.uk/gpdf-resource-library>

The latest additions are:

- CD contracts – guidance note
- Guidance note for practices employing staff for the PCN
- Template CD contracts:
 - self-employed consultant engaged by a lead practice
 - self-employed consultant engaged by a federation to which the activities of the PCN have been delegated
 - self-employed consultant engaged by all practices of a PCN
 - employed CD employed by a lead practice
 - employed CD employed by a federation
 - employed CD employed by all practices of a PCN

The GPDF will be producing an FAQ document based on initial queries received, to be updated as and when further queries are received. They have requested that any queries from practices are forwarded to them via LMCs rather than directly. Therefore, any queries should be sent to manager@sheffieldlmc.org.uk for these to be collated and forwarded to the GPDF.

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NHS ENGLAND (NHSE) PRIMARY CARE NETWORK (PCN) DATA TEMPLATES

NHSE has published a Data Sharing and a Data Processing template for PCNs, jointly agreed with the General Practitioners Committee (GPC), which are available at:

<https://www.england.nhs.uk/publication/network-contract-directed-enhanced-service-data-templates/>

Whilst the use of these templates is not mandatory, and PCNs remain free to enter into different forms of data sharing and data processing agreements, the aim of the templates is to help PCNs develop their data sharing and processing activities when delivering services under the Network Contract Directed Enhanced Service. British Medical Association (BMA) guidance on this will be available shortly.

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**POPULATION FIGURE: PRIMARY CARE NETWORK (PCN) CONTRACT
DIRECTED ENHANCED SERVICE (DES) SPECIFICATION**

NHS England (NHSE) has confirmed that, following a number of queries, the correct population figure to use for calculating payments to PCNs is that taken from NHAIS (Exeter) and not the figure published by NHS Digital (as proposed in the relevant footnotes of the PCN Contract DES Specification).

The Primary Medical Services (Directed Enhanced Services) Directions 2019 confirm that “CRP” means the Contractor Registered Population as defined in Annex A of the Statement of Financial Entitlements (SFE), with the SFE confirming that this is the number of patients as recorded in Exeter. This is the figure that should be used to determine the PCN’s collective registered population. The PCN Contract DES Specification will be corrected in 2020/21. NHSE has apologised for any inconvenience this error has caused.

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PENSIONS UPDATE

Pension scheme consultation: The government is consulting on proposals to make the NHS Pension Scheme more flexible and transparent for senior clinicians. The General Practitioners Committee (GPC), through the British Medical Association (BMA) as a whole, will be responding to this consultation and is strongly suggesting that the 50:50 option does not resolve the pension crisis which GPs are facing. The GPC is encouraging individuals and practices to also respond. The consultation, which closes on 14 October 2019, can be accessed via:

<https://www.gov.uk/government/news/changes-to-nhs-pensions-for-senior-clinicians-have-your-say>

Letter to the Conservative leadership candidates: The BMA wrote to the then Conservative leadership candidates Jeremy Hunt and Boris Johnson, setting out their position on the pension issue:

<https://www.bma.org.uk/news/media-centre/press-releases/2019/july/bma-urges-conservative-leadership-hopefuls-to-address-pension-taxation-as-nhs-crisis-deepens>

Pensions taxation charges: The BMA has published the results of its survey of GPs and hospital doctors about pension taxation charges, which showed that 34% of the GPs who responded said they plan to reduce their work commitments in the next 12 months, and that over half of respondents said that they planned on retiring early due to pension taxation charges:

<https://www.bma.org.uk/features/payingtowork/>

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**CAPITA / PRIMARY CARE SUPPORT ENGLAND (PCSE):
UNPROCESSED EMAILS**

There has been another failure by Capita / PCSE, where correspondence sent to 3 email inboxes were left unprocessed for around 2 years. In response the British Medical Association (BMA) is demanding, once again, that Capita be stripped of its contract to provide GP support services after the company admitted further administration errors. The BMA’s statement can be accessed via:

<https://www.bma.org.uk/news/media-centre/press-releases/2019/july/latest-cervical-screening-error-shows-capita-are-unfit-to-hold-contract-for-gp-services-says-bma>

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**CAPITA / PRIMARY CARE SUPPORT ENGLAND (PCSE):
DELAY IN RECORDS TRANSFER**

As reported in our June 2019 newsletter, Capita reported to NHS England (NHSE) that 160,000 patient medical records had been erroneously archived instead of sending to the subsequent GP practices. These records will need to be sent to the practices that currently have the patients registered, and NHSE expects those practices to undertake an assessment of harm for each patient affected.

The General Practitioners Committee (GPC) highlighted to NHSE the impact this would have on practices (as well as them not being to blame for the issue) and their patients, in an attempt to negotiate to ensure practices receive support to compensate for this, not only for the inconvenience caused by Capita’s error, but to ensure that GPs and other practice staff are not taken away from direct patient facing provision. Unfortunately, NHSE is not prepared to provide the necessary funding that the GPC believes is necessary to cover GP and practice staff time to do this assessment properly and the GPC is not prepared to accept a substandard settlement for practices to compensate for the problems created by Capita. The GPC has instead instructed their legal team to pursue alternative actions available to them and will keep practices up to date on developments as they arise.

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**NATIONAL FRAMEWORK FOR HEALTHCARE
PROFESSIONAL AMBULANCE RESPONSES**

The above framework has recently been published and can be accessed via:

<https://www.england.nhs.uk/wp-content/uploads/2019/07/aace-national-framework-for-healthcare-professional.pdf>

The final draft was shared with the General Practitioners Committee (GPC) in June, following which the GPC engaged to revise what they considered to be obviously unworkable elements of the proposals. An area of significant concern was the requirement to provide a National Early Warning Score (NEWS2) in all situations. The GPC raised the point that the scoring had not been fully validated for assessing response priority in the community. However, recognising that the project group saw this as the best available measure of risk, and was disinclined to change, it was agreed that NEWS2 scoring should be provided *only where available*, especially given that GPs visiting patients at home will often not have access to pulse oximetry. It was also agreed that the original requirement that the requesting healthcare professional *must* make the phone call should be revised to encouragement that the HCP *should* make the call. This was for reasons obvious to people working in practices with small teams where the imperative is often to deliver life-saving patient care whilst asking supporting staff to make the emergency call.

Notwithstanding these adjustments this framework is welcomed as a national set of standards against which GPs and their staff can expect delivery in situations of stress and need.

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**ESA65B: ISSUING FIT NOTES FOR PATIENTS
APPEALING THEIR WORK CAPABILITY ASSESSMENT (WCA)**

Further to the article in our May 2019 newsletter, the Department of Work and Pensions (DWP) has now revised the ESA65B letter template, which is sent to GPs once an Employment and Support Allowance (ESA) claimant has been found fit for work following a WCA, to inform the GP of the WCA outcome and advise them that fit notes are no longer required for ESA purposes. The ESA65B was revised to further emphasise the clinical discretion of GPs to continue issuing fit notes in appropriate circumstances such as when an appeal against a DWP decision is being undertaken.

A sample of the revised ESA65B letter is included in the guide on the benefits system for GPs which can be accessed via:

[http://www.sheffield-lmc.org.uk/website/IGP217/files/the-benefits-system-a-short-guide-for-gps%20\(1\).pdf](http://www.sheffield-lmc.org.uk/website/IGP217/files/the-benefits-system-a-short-guide-for-gps%20(1).pdf)

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NEW MACMILLAN GP FOR SHEFFIELD

*Article submitted by Dr Sarah Mitchell, Macmillan GP
and Clinical Lead for Children and Young People, Sheffield Clinical Commissioning Group (CCG)*

I would like to introduce myself as the new Macmillan GP for Sheffield, Sarah Mitchell.

I graduated from Sheffield in 2001, and completed my GP training here in 2007. I have lived and worked in Birmingham for the past 9 years but have always missed Sheffield and moved back with my family last summer. While in Birmingham, I worked hard to represent GPs and primary care teams in palliative care as a Macmillan GP, CCG Clinical Lead, and most recently Clinical Director for Generalist Palliative and End of Life Care for NHS England in the West Midlands. I am also studying for my PhD, which is in children's palliative care, and represent GPs on the Association of Paediatric Palliative Medicine.

I would like to use my Macmillan role to support GPs and community teams, who play a key role in providing palliative and end of life care to patients. I am well aware of the many time and resource challenges that now exist in this aspect of our work. The timing for this Sheffield Macmillan GP role coincides with a significant change in QOF for end of life care, from 3 points to 37 points, and I am keen to support practices to achieve these and improve palliative and end of life care for patients and families.

I have collected a list of GP practice palliative care leads from over 75% of Sheffield practices, have supported several practices with visits and advice, and am providing support to 2 GP networks so far. I will send a survey of learning needs of GPs out soon, in partnership with St Lukes Hospice, to inform the development of relevant training resources for primary care in the future.

If you would like support for your practice or network, please feel free to email me at S.Mitchell6@nhs.net (or via Twitter @MacGPSarah).

I would also be interested to hear from any GPs who would like to develop a professional interest in primary palliative care, including research.

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NHS CAMPAIGNS

As part of the contract agreement in England, practices will be required to put up and display in their premises, 6 campaign display materials within 12 months. The 6 campaigns the General Practitioners Committee (GPC) has agreed with NHS England (NHSE) are:

1. NHS 111: a winter pressures campaign aimed at reducing pressure on urgent care and GP services by directing patients to the most appropriate local service.
2. GP Access: to increase patient awareness of evening and weekend GP appointments to enable better use of these.
3. Pharmacy advice: aimed at reducing unnecessary appointments with GPs, that can be effectively managed with advice from a community pharmacist.
4. NHS App: aimed at increasing the usage of the app.
5. Keep antibiotics working: to reduce patient expectation that they will be prescribed antibiotics and therefore reducing demand for them.
6. Vaccinations: to decrease the number of parents not getting their children vaccinated.

Practices will be sent a range of materials which they can choose to use. Suggested materials included posters, text for websites and social media, slides for waiting room screens, leaflets and email banners. NHSE will produce the campaign materials and will share with each practice for them to display. The GPC has asked that a range of resources are provided to practices initially so that in future they can choose to tailor the materials they are sent to suit their practice.

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DDRB UPLIFT FOR GP TRAINERS GRANT AND APPRAISERS' FEE

The DDRB report and the pay uplifts for England were announced on Monday 22 July:

<https://www.gov.uk/government/publications/review-body-on-doctors-and-dentists-remuneration-47th-report-2019>

This year, the Government accepted the DDRB's recommendation to increase the value of the GP trainers grant and the GP appraisers' grant by 2.5%, from the beginning of the year and backdated as necessary in the event of late implementation.

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QUALITY AND OUTCOMES FRAMEWORK (QOF) BUSINESS RULES

The General Practitioners Committee (GPC) has received a number of queries about QOF business rules in recent weeks. To clarify the position, NHS England (NSHE) and NHS Digital have confirmed that business rules for QOF 2019 were shared with system suppliers in March this year. These versions of the business rules contained the small number of new codes which had been requested as part of the April 2019 clinical code release, which was delayed to June 2019. These codes will become available for use as system suppliers respond to this code release.

As the business rules released in March had already been updated to include the codes NHSE had requested, it was agreed to not issue a further update to the business rules following the June 2019 code release. As usually happens there will be a full business rule update following the October 2019 code release.

System suppliers are currently involved in the certification and testing of their returns with NHS Digital. These should be in systems on desktops during August and completed ready for the first CQRS extraction at the end of August 2019 as usual.

It is understood that many system suppliers have yet to update their local QOF monitoring tools, which is causing frustration for practices. However, there is no change from any other year to the timetable in which practices will see the business rules implemented in their systems. While waiting for system suppliers to update their products, the GPC is strongly advising practices to refer to the QOF guidance which includes full details of the indicators for 2019/20.

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ACTIVE PRACTICE CHARTER

Sport England and the Royal College of General Practitioners (RCGP) have launched the Active Practice Charter, which is a new toolkit that aims to help GPs encourage physical activity and reduce sedentary behaviour in their patients and staff. Further information and links can be found at:

<https://www.sportengland.org/news-and-features/news/2019/august/01/rcgp-launch-active-practice-charter/>

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HEPATITIS RESOURCES

Public Health England has produced some resources to raise awareness of hepatitis B and C, and to encourage GPs to refer infected patients for life-saving treatments.

Eliminate hepatitis B and C resource summary, which can be accessed via the link below, contains links to videos, posters, and banners in multiple languages:

<https://publichealthengland-immunisati.app.box.com/s/iptxtlziu57evyejw8zgvhimh0pjwa05>

The General Practitioners Committee's Focus on hepatitis B immunisations can be accessed via:

<http://www.sheffield-lmc.org.uk/website/IGP217/files/Focus-on-hepatitis-B-immunisations-updated-Sept-2018.pdf>

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YORKSHIRE AND THE HUMBER MEDICAL APPRAISAL AND REVALIDATION WEBSITE

We have recently been sent a link to the Yorkshire and Humber Medical Appraisal and Revalidation website, with a suggestion that this is circulated to GPs:

<https://portal.yhcs.org.uk/web/gp-appraisal/home>

The website includes links to numerous guidance documents and resources on topics such as:

- The appraisal process step-by-step
- Personal development plan (PDP)
- Significant event analysis (SEA)
- Recommendation outcomes
- Choosing an appraisal toolkit
- Continuous professional development (CPD)
- 360 multi-source feedback
- Guidance on working abroad

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SESSIONAL GPs E-NEWSLETTER: AUGUST 2019

Sessional GP e-newsletters published since the last LMC newsletter can be found on the British Medical Association (BMA) website at:

<https://bma-mail.org.uk/t/JVX-6DYVX-1BJCJOU46E/cr.aspx>

<https://bma-mail.org.uk/t/JVX-6ESX0-1BJCJOU46E/cr.aspx?>

The main articles include:

- It's time for us to be properly recognised.
- Inquiry into sexual harassment allegations.
- Safeguarding children and vulnerable adults.
- Are you covered by the state-backed indemnity scheme?
- Fair and equal parental rights for GPs.
- Making general practice a great place to work.
- Pension tax charges and you.
- Are online providers a safe space for GPs to work in?

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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%202019.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>