

# SHEFFIELD LOCAL MEDICAL COMMITTEE

# Newsletter

# December 2016

## INSIDE THIS ISSUE:

**LMC OFFICE CHRISTMAS/NEW YEAR  
OPENING 2016/17**

**METHOTREXATE TABLETS**

**PRIMARY CARE LONG ACTING REVERSIBLE  
CONTRACEPTION (LARC) SERVICES:  
TRAINING AND RE-CERTIFICATION**

**LIST MANAGEMENT**

**FIREARMS LICENSING PROCESS**

**NHS PROPERTY SERVICES (NHSPS)  
STANDARD LEASE**

**PRACTICE MANAGER DEVELOPMENT  
PROGRAMME**

**BUREAUCRACY IN GENERAL PRACTICE  
SURVEY**

**SUSTAINABILITY AND TRANSFORMATION  
PLANS (STPS): BMA HUB**

**GP WORKLOAD AND FUTURE ASPIRATIONS  
SURVEY**

**CHARGING MIGRANTS FOR PRIMARY CARE:  
SURVEY**

**CARE QUALITY COMMISSION (CQC)  
PROPOSED FEE INCREASE**

**FREEDOM TO SPEAK UP IN PRIMARY CARE**

**TRANSITION TO SNOMED CT**

**SESSIONAL GPs E-NEWSLETTER: DECEMBER  
2016**

**GROWING OLD IN THE UK**

**FACULTY OF SPORT AND EXERCISE  
MEDICINE (FSEM) UK UPDATES**

**CLINICAL ACADEMIC TRAINEES  
CONFERENCE**

## **LMC OFFICE CHRISTMAS/NEW YEAR OPENING 2016/17**

Please note the changes to the times when the LMC office telephones will be manned over the Christmas/New Year period:

Friday 23 December	0900-1700 hrs
Monday 26 December	Office closed
Tuesday 27 December	Office closed
Wednesday 28 December	1000-1600 hrs
Thursday 29 December	1000-1600 hrs
Friday 30 December	1000-1500 hrs
Monday 2 January	Office closed
Tuesday 3 January	Normal cover resumes - see <a href="http://www.sheffield-lmc.org.uk/page1.aspx?p=13&amp;t=2">http://www.sheffield-lmc.org.uk/page1.aspx?p=13&amp;t=2</a> for details

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## **METHOTREXATE TABLETS**

There have been a number of National Patient Safety Agency (NPSA) alerts regarding Methotrexate tablets, as 2.5mg tablets and 10mg tablets are very similar in appearance and there is a risk of dosing errors. Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) only stocks 2.5mg tablets. Despite the NPSA alerts and advice from the Sheffield Area Prescribing Group (APG), a number of Sheffield GPs are still prescribing Methotrexate 10mg tablets.

Sheffield LMC supports the APG's view, namely that we *strongly recommend that Methotrexate is prescribed as 2.5 mg tablets only* to avoid dosing errors.

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## **PRIMARY CARE LONG ACTING REVERSIBLE CONTRACEPTION (LARC) SERVICES: TRAINING AND RE-CERTIFICATION**

*Article submitted by Amy Buddery, Health Improvement Principal - Sexual Health, Sheffield City Council*

The Yorkshire and Humber Sexual Health Commissioners Network, supported by Public Health England, is currently developing a regional LARC training guide for certification and declaration of competency for practitioners working within Enhanced Primary Care Contracts. Although not yet confirmed, it is likely to recommend that all LARC fitters should go through the Faculty of Sexual and Reproductive Health (FSRH) training route for both new fitter and re-certification for existing fitters.

Public Health, Primary Care, Sheffield Clinical Commissioning Group (CCG) and The Sexual Health Sheffield Service are working together to ensure that fitters in Sheffield are well supported and will aim to offer a range of options for existing fitters to be able to demonstrate that FSRH standards are being met. Where possible we will continue to provide a local offer through our Faculty Trainers working in the Sexual Health Service.

Public Health will shortly be sending a LARC audit questionnaire to current providers to collect information to support this work. Please complete and return the form as soon as possible.

In the meantime until the guidance is finalised **fitters should continue to provide services if their accreditation is still current** (within 5 years since certification or previous re-certification from either the FSRH or under a local letter of competency).

If accreditation has lapsed, you have any queries about your current contract or provision, or you would like further information about the LARC Services please contact Amy Buddery, Health Improvement Principal, Public Health via (0114) 273 5482 or 07791 320636 or [amy.buddery@sheffield.gcsx.gov.uk](mailto:amy.buddery@sheffield.gcsx.gov.uk).

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### ***LIST MANAGEMENT***

LMCs have been asked to highlight the British Medical Association (BMA) guidance on list management, which can be accessed via: <https://www.bma.org.uk/advice/employment/gp-practices/quality-first/manage-inappropriate-workload/list-management>. This guidance provides practices with information on formal list closure and informal temporary suspension of patient registration.

The BMA is aware that NHS England is sending guidance on temporary suspension of patient registration to commissioners, which can be accessed via: <https://www.england.nhs.uk/wp-content/uploads/2016/12/suspend-pat-reg-respns-guid.pdf>.

Some of the information in NHS England's guidance contradicts the BMA's guidance. However, the BMA is keen to assure practices that they believe their guidance is within the regulations.

Having taken legal advice, the General Practitioners Committee (GPC) has confirmed that there is no such thing as an informal list closure. However, practices can temporarily suspend patient registration. We would urge practices to familiarise themselves with the BMA's view on being able to do this. We will be meeting with area team representatives shortly and will discuss these guidance documents and offer an update in due course. In the meantime, if practices encounter any difficulties, please inform the LMC office via [manager@sheffieldlmc.org.uk](mailto:manager@sheffieldlmc.org.uk).

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### ***FIREARMS LICENSING PROCESS***

As many of you will be aware, the BMA issued revised Firearms Licensing Process guidance, which has caused a great deal of debate and concern: <https://www.bma.org.uk/-/media/files/pdfs/employment%20advice/ethics/firearms-licencing-process-nov-2016.pdf?la=en>

This was discussed at a General Practitioners Committee England (GPCE) meeting, where it was felt very strongly that the current system whereby GPs are obliged to respond to firearm application requests is potentially not fit for purpose. With that in mind, GPCE passed the following resolution:

GPCE believes:

- a) That the interpretation of medical evidence to assist the Chief Constable in their decision regarding the grant or renewal of a firearms or shotgun certificate should be undertaken by an appropriately qualified medical practitioner who is not the patient's General Practitioner.
- b) That the role of the GP is to continue to provide access to the applicant's full medical record, in line with statutory legislation.

And:

- GPCE mandates the GPCE Executive to negotiate arrangements to reflect the above, in collaboration with the BMA's Professional Fees Committee.

- GPCE directed the setting up of a Task & Finish Group to progress this resolution, which is in line with LMC Conference policy, as a matter of urgency on a UK wide basis.

GPCE is aware that there are questions that require further legal opinion. The advice around conscientious objection and appropriate referral is a restatement of the General Medical Council (GMC) position, and will be the subject of further work to clarify the position for single-handed GPs and those situations where all GPs within a practice hold a conscientious objection. GPCE wrote to the Home Office on 24 November to express concerns regarding the safety and robustness of the process.

Further advice and guidance will be issued in due course. In the meantime it has been confirmed that GPs **must** engage with the process and must reply to the police. That reply may be to demand a fee for the completion of the report. If the police refuse to pay that fee then the GP may withhold his/her report. It does not, therefore, equate to providing the police with free reports. FAQs have recently been issued, which can be accessed via:

<https://www.bma.org.uk/-/media/files/pdfs/employment%20advice/ethics/firearms-licensing-process-faqs.pdf?la=en>

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### ***NHS PROPERTY SERVICES (NHSPS) STANDARD LEASE***

Further to the article in the June LMC newsletter, queries have been received in the LMC office regarding the timescale for entering in to a lease. The BMA has produced guidance, which can be accessed via:

<https://www.bma.org.uk/advice/employment/gp-practices/premises/gp-premises-leases/template-premises-lease-at-a-glance>

In summary, in order to encourage GP practices to engage with NHSPS with a view to entering into a lease, NHS England and NHSPS have made certain commitments, which GP practices will be able to take advantage of if they enter into a lease before 30 November 2017 (the so called 'grace period'). These commitments cover:

- Reimbursing a contractor's full Stamp Duty Land Tax (SDLT) liability and reasonable legal costs (up to £1000 + VAT) when they enter into a lease within this 'grace period';
- Meeting any additional sums payable on top of the rent where the landlord elects to charge VAT;
- Providing transitional funding to support practices who were historically subsidised;
- Maintaining reimbursements during any period between a contractor serving notice to break a lease (or them receiving such a notice) and the date that the lease finally ends.

The BMA guidance contains a number of practical points to be taken in to consideration. In addition, it is important to note that the agreed lease is a template only. All GP practices must seek their own legal and professional advice to ensure that the terms are right for them and, crucially, that the template is adapted to suit their specific requirements and needs.

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### ***PRACTICE MANAGER DEVELOPMENT PROGRAMME***

As Part of the General Practice Forward View (GPFV) NHS England is running a Practice Manager Development Programme, which aims to support networking between managers at a local and national level, in order to share successful ways of managing workload and provide peer to peer encouragement and support. As part of that work, NHS England has produced a survey to understand what Practice Managers' development needs are. It is important that Practice Managers complete the survey to ensure that the GPFV budget allocation for this programme (£6m) is spent in areas that will have the greatest impact on the profession.

The survey can be accessed via: <https://www.engage.england.nhs.uk/survey/3d761bd2/>. The **closing date for completion is Friday 23 December.**

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### ***BUREAUCRACY IN GENERAL PRACTICE SURVEY***

Last year the Primary Care Foundation (PCF) ran a survey, the culmination of which was the Making Time for General Practice report. This year PCF has been commissioned by NHS England to run another survey to look at bureaucracy in General Practice. The survey will be looking to assess:

- Has the level of bureaucracy in general practice improved over the last year or got worse?
- What changes does NHS England need to make to reduce the burden on your practice?

The GPC has welcomed the opportunity for practices to make known the realities of bureaucracy affecting General Practice, and to ascertain whether NHS England driven changes over the past year have made a noticeable difference to practice workload. The survey can be accessed via: <https://www.cfepsurveys.co.uk/Questionnaire/XWAPHR-199358-Reducing-Bureaucracy>.

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## **SUSTAINABILITY AND TRANSFORMATION PLANS (STPs): BMA HUB**

The BMA's STP hub is regularly updated: <https://www.bma.org.uk/collective-voice/policy-and-research/nhs-structure-and-delivery/sustainability-and-transformation-plans>

The hub contains information and links on a wide variety of issues such as:

- Webinar about STPs and what to expect from them;
- Key facts about STPs;
- BMA briefing paper and FAQs;
- The BMA's 5 key asks;
- STP footprint future deficits.

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### **GP WORKLOAD AND FUTURE ASPIRATIONS SURVEY**

Following the recent national survey of English GPs conducted by GPCE, the results are being released over a 4 week period as follows:

- Monday 28 November – workload;
- Monday 5 December – workforce;
- Monday 12 December – practice finance;
- Monday 19 December – working at scale.

The GP survey results page will be updated each week as more results are added: <https://www.bma.org.uk/collective-voice/influence/key-negotiations/training-and-workforce/urgent-prescription-for-general-practice/key-issues-survey>

In addition, the Urgent Prescription for General Practice webpages have been updated with a video of Chaand Nagpaul, GPC Chair, speaking about the survey and the results: <https://www.bma.org.uk/collective-voice/influence/key-negotiations/training-and-workforce/urgent-prescription-for-general-practice>

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### **CHARGING MIGRANTS FOR PRIMARY CARE: SURVEY**

Doctors of the World are working with the Royal College of General Practitioner (RCGP) Junior International Committee on a short survey regarding GP attitudes towards charging migrants for primary care. The aim of the survey is to gain a broad view of attitudes of GPs across the country in light of the Government's consultation on extending charges into primary care. Often the opinions of frontline staff are discussed in the media and by the Department of Health but, as far as the GPC is aware, there has been no research on this.

More information about Doctors of the World can be found at: <https://www.doctorsoftheworld.org.uk/>

The survey can be accessed via: <https://www.surveymonkey.co.uk/r/H5LZB5N>

**The deadline for completing the survey is 21 December.**

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### **CARE QUALITY COMMISSION (CQC) PROPOSED FEE INCREASE**

The GPC has called for CQC's scandalous proposed fee increase to be halted, and will do so again as part of the formal consultation process. GPs and LMCs are understandably furious at the high costs of regulating the GP sector in England. The GPC has vigorously argued that the cost of regulating GP practices should, in fact, reduce as a result of CQC's own proposals to diminish the frequency and bureaucracy of GP inspections.

It is important to note that the cost of regulating the GP sector, and the overall fees that CQC seeks to receive from its consultation proposals, is not increasing. CQC's proposals are a result of government policy to cease central funding or any subsidy, and for all fee-setting regulators like the CQC to fully recover their costs through the fees they charge providers. This would see the costs recovered from GP practices rise from 56% of total recoverable costs this year (£21.3M) to 100% of recoverable costs next year (£37.5M).

Following pressure by the GPC, the value of the CQC fee rise for 2016/17 was fully reimbursed by NHS England through an increase to core practice funding. The GPC will be holding NHS England to its commitment in the GPFV that practices are appropriately compensated against further rises.

The GPC is now in active discussions to secure this additional new funding to fully cover the projected rise next year. However, this still remains unsatisfactory, in that overstretched NHS funds are being diverted from frontline patient services to prop up a system of regulation and inspection in which the majority of GPs have little confidence.

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### ***FREEDOM TO SPEAK UP IN PRIMARY CARE***

Sir Robert Francis recommended that the principles outlined in his Freedom to Speak Up report (published in February 2015) be adapted for primary care, where smaller work settings can present challenges around anonymity and conflicts with employers. In April 2016 NHS England became a 'prescribed person', meaning primary care service staff working at GP surgeries, opticians, pharmacies and dental practices can raise concerns about inappropriate activity directly with NHS England.

Following a 5-week consultation period, NHS England issued *Freedom to speak up in primary care: Guidance to primary care providers on supporting whistleblowing in the NHS*, a copy of which can be accessed via: <https://www.england.nhs.uk/wp-content/uploads/2016/11/whistleblowing-guidance.pdf>.

The guidance sets out who can raise a concern, the process for raising a concern, how the concern will be investigated and what will be done with the findings of the investigation.

The LMC recommends that all practices have a comprehensive whistleblowing policy in place. If any practice does not have a policy in place, or is in any doubt about the adequacy of their policy, Annex A of NHS England's guidance contains a draft whistleblowing policy for NHS primary care.

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### ***TRANSITION TO SNOMED CT***

NHS Digital is working with the GP Principal Suppliers on the transition to using SNOMED CT instead of Read codes. All suppliers need to have transitioned to SNOMED CT before 1 April 2018.

A SNOMED expert reference group (of the Joint GP IT Committee) are providing oversight and guidance to the programme. Further work is being done on mapping tables which will enable a SNOMED CT code to be recorded automatically alongside a Read code. This will ensure historic data can still be retrieved when the system has transitioned to SNOMED CT.

Technology has moved on substantially since the Read codes were designed in the 1980s. Read v2 has run out of codes in some places, has outdated terms and duplicates, as well as other anomalies that can make reporting difficult. SNOMED resolves these.

Personalised Health and Care 2020 sets out SNOMED CT as the single terminology for use across the NHS. When all of healthcare use the same vocabulary, electronic documents will be able to be sent and used across systems. This should save time and effort for all practices, and remove transcription errors.

Live webinars on SNOMED CT are available free of charge every month. Further details can be found on the NHS Digital website: <http://systems.digital.nhs.uk/data/uktc/training/sctwebinars>. Pre-recorded versions are also available on the UKTC Education and Resources website: <https://isd.hscic.gov.uk/trud3/user/guest/group/1/pack/14>. A new webinar specifically designed for GP Practices will be available in 2017.

Updates on the move to SNOMED CT can be obtained by subscribing to the GPSoc bulletin – email a request to [enquiries@nhsdigital.nhs.uk](mailto:enquiries@nhsdigital.nhs.uk).

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### ***SESSIONAL GPs E-NEWSLETTER: DECEMBER 2016***

The December edition of the Sessional GPs e-newsletter is available on the BMA website at: <http://bma-mail.org.uk/t/JVX-4NDO7-1BJCJOU46E/cr.aspx>

The main articles include:

- Dispelling myths about locum GPs
- Workload motivates career choice
- How to define your workload
- Guide to GP locum induction and support
- Sessional GPs and LMCs
- Five things to check before signing with a locum agency

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## **GROWING OLD IN THE UK**

The BMA Board of Science has published a series of briefing papers, which explore a range of topics relevant to supporting and improving people's health and well-being as they grow older in the UK:

[https://www.bma.org.uk/collective-voice/policy-and-research/public-and-population-health/healthy-ageing?utm\\_source=The%20British%20Medical%20Association&utm\\_medium=email&utm\\_campaign=7798356\\_Copy%20of%20NEW12A1%20GP%20NEWSLETTER%20partners&dm\\_t=0.0.0.0](https://www.bma.org.uk/collective-voice/policy-and-research/public-and-population-health/healthy-ageing?utm_source=The%20British%20Medical%20Association&utm_medium=email&utm_campaign=7798356_Copy%20of%20NEW12A1%20GP%20NEWSLETTER%20partners&dm_t=0.0.0.0)

The briefings reflect on the substantial pressures facing underfunded health services across the UK, which are in part owing to the complexity of supporting the health of a population that contains a greater proportion of older people more likely to suffer from multiple long-term conditions.

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### ***FACULTY OF SPORT AND EXERCISE MEDICINE (FSEM) UK UPDATES***

FSEM UK has launched a new version of its Professional Code, which can be accessed via: <http://www.fsem.ac.uk/members-fellows/professional-code.aspx>

Designed for use by Fellows and Members of the FSEM, this guide is also relevant to any doctor working in Sport and Exercise Medicine (SEM) or looking after a sports team at any level. The code:

- informs the public and athletes that the best interest of the individual athlete will always be paramount should they receive medical care from a Fellow or Member of the Faculty of Sport and Exercise Medicine UK;
- maps the duties and responsibilities of a doctor working in SEM, particularly in team care, with the general duties and responsibilities of a doctor in the General Medical Council (GMC) Good Medical Practice;
- covers areas of practice relevant to the treatment of sportsmen and sportswomen, particularly elite athletes; such as the provision of indemnity, a code of practice when accompanying teams abroad, media coverage, dual responsibility to sportspersons and clubs and anti-doping.

FSEM UK has also updated its statement on performance enhancing drugs in sport, which can be accessed via: <http://www.fsem.ac.uk/news/position-statements/p/performance-enhancing-drugs-in-sport.aspx>

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### ***CLINICAL ACADEMIC TRAINEES CONFERENCE***

The next BMA Clinical Academic Trainees Conference will take place on Saturday 4 February 2017 at BMA House, Tavistock Square, London.

Through a programme informed by the views of academic trainees from across the UK, this one-day conference will provide a national forum in which to network, learn how to make the most of academic training and developing careers. Attendees will be able to gain practical advice from experts and colleagues in the field, and personalise the programme to meet needs with a choice of workshops and parallel sessions geared to the different stages in an academic trainee's career. One of the key note speakers will be Professor Azeem Majeed, Professor of Primary Care and Head of the Department of Primary Care and Public Health at Imperial College London and a GP Principal in Clapham. Professor Majeed has been asked to reflect on his career and the helps and hindrances on the way.

To register your interest please email [confunit@bma.org.uk](mailto:confunit@bma.org.uk) and you will be notified when registration opens.

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**Please forward any articles for inclusion in the LMC newsletter to  
[manager@sheffieldlmc.org.uk](mailto:manager@sheffieldlmc.org.uk)**

**Articles for the January edition to be received by Friday 6 January**

**Submission deadlines can be found at  
[http://www.sheffield-lmc.org.uk/website/IGP217/files/VB\\_and\\_Newsletter\\_Deadlines.pdf](http://www.sheffield-lmc.org.uk/website/IGP217/files/VB_and_Newsletter_Deadlines.pdf)**