Newsletter
June 2021

Sheffield LMC

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ONLINE CONSULTATIONS: CONTRACTUAL OBLIGATIONS

On 25 May 2021 we emailed all represented Sheffield GPs and Practice Managers with an update on contractual obligations in relation to online consultations. This followed numerous local and national enquiries and clarification issued by the General Practitioners Committee (GPC). For ease of reference the content of the email can be found here.

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EU SETTLEMENT SCHEME (EUSS) DEADLINE

The deadline for applications to be made to the EUSS is 30 June 2021. If you are a doctor currently in the UK and arrived before 31 December 2020, you must apply before that date. It is free of charge, and by applying and being granted pre-settled or settled status, you will secure your rights to continue living and working in the UK. In addition, an application must be made for every eligible child within your family. If you and your family members have lived in the UK for many years, have a permanent residence document or EEA biometric residence card, you still need to apply to the EUSS (or apply for British citizenship) by 30 June to secure your existing rights in the UK.

You can check your immigration status here.

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GP DATA FOR PLANNING AND RESEARCH (GPDPR)

As you will be aware, concerns were raised regarding a new NHS Digital initiative to extract information from GP records for research and other purposes, particularly in relation to the tight timescale for processing Type 1 data opt outs.

In view of the deadline and workload involved, on Monday 7 June we circulated an LMC Newsflash to all represented Sheffield GPs and Practice Managers.

Following extensive engagement by the British Medical Association (BMA) and the Royal College of General Practitioners (RCGP) with NHS Digital, and a direct meeting with the health minister calling on NHS Digital and the Government to delay the introduction of their new data programme until patients and the public have had time to be aware of and understand the programme and choose to opt-out if they wish, it was announced in the Parliamentary health questions last week that the planned roll-out of the GPDPR would be delayed by 2 months, from 1 July to ***1 September 2021***.

It has since been clarified that the Type 1 data opt out window has been delayed from 23 June to ***25 August 2021***.

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STANDARD OPERATING PROCEDURE (SOP) FOR GENERAL PRACTICE IN THE CONTEXT OF CORONAVIRUS (COVID-19)

As you will be aware, on 13 May 2021 NHS England and NHS Improvement (NHSE/I) issued a letter to GP practices regarding the SOP to support restoration of General Practice Services, stating that GPs must all ensure they are offering face-to-face appointments and seeing walk-in patients, whilst the Government's guidelines still recommend social distancing in healthcare settings, and at the same time asking for 2nd doses of COVID vaccinations to be brought forward. This caused some considerable disquiet amongst practices, LMCs and the General Practitioners Committee (GPC). Dr Richard Vautrey, GPC Chair issued a statement which we circulated via an LMC Newsflash.

The media headlines that followed and the updated SOP issued on 20 May 2021 understandably left many GPs and practice teams demoralised, angry and feeling that the immense workload pressures that practices are currently experiencing is not recognised or appreciated. The GPC has since confirmed that ***this is guidance and not contractual***. It is for practices, as independent contractors, to determine how they meet the reasonable needs of their patients, and how they organise their appointment and access arrangements, including online consultations and triage, in the best way they can utilising their available capacity and expert knowledge of their local community.

A recent GPC England meeting passed an Emergency Motion of no confidence in the leadership of NHSE/I following its "tone deaf" letter to practices and longer-term failure to support, or recognise the efforts of the profession. As a result, the GPC has ceased all formal meetings with NHSE/I and this will continue until sufficient steps have been taken to give the GPC confidence to justify a resumption in such meetings. They are calling for an end to the management-by-directive approach which is not appropriate at this stage of the pandemic.

The GPC has also expressed their very deep concern to NHSE/I about the contents of their letter, and have been candid about how it has been received by the profession. They have written to the Secretary of State for Health, Matt Hancock MP, calling for the Government to provide urgent support to general practice and clarity to practices and patients about the expectation to deliver more face-to-face appointments and enable walk-in patients whilst also maintaining safe waiting and reception areas, and asked for an urgent meeting to discuss this. The GPC has since reported that a robust but positive meeting was held, where the GPC outlined a number of concerns and suggestions including:

- The workload pressure in general practice and the reasons for that, and the need to support the profession rather than criticise and micromanage it through directives.
- The need to educate the public about the reality of the current situation.
- Setting of arbitrary targets for access arrangements.
- Retaining and building on telephone / remote ways of working as practices want to do, but allow practices to do this in the best way for their population.
- Ensuring secondary care deliver on work rather than shifting it to practices, and also for them to keep patients informed about waiting times rather than expecting practices to do this for them.
- Use of the Covid Clinical Assessment Service (CCAS) workforce and other sessional GPs to a greater extent.
- Investment in IT.
- Supporting flexible working.
- Revoking the emergency legislation which has led to a command and control-style of working.

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MASK EXEMPTIONS FOR AIRLINE PASSENGERS IN RELATION TO COVID-19

Reports have been received of some airlines asking for medical evidence to support mask exemptions for passengers. The General Practitioners Committee (GPC) has responded, noting that Government guidance clearly states that there is no requirement to have written evidence for an exemption for face covering rules, and that people do not need to ask for proof from a doctor. They have stated in response to such queries that this is exactly the kind of activity that hardworking staff should not be distracted by while doing their utmost to care for ill patients, and practices are not obliged to undertake it.

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DEATH CERTIFICATION AND MUSLIM BURIALS

Following a recent incident where a Sheffield GP was being inappropriately contacted out of hours, we would like to remind all GPs of the arrangements we have in place after discussions with the Sheffield Muslim Burials Forum, Sheffield GP Collaborative and the Coroner in 2010. Our guidance covering the arrangements can be accessed here.

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INDIVIDUAL HEALTH CARE PLANS (IHCPS) FOR CHILDREN WITH ASTHMA

As a result of negotiations between the LMC and Sheffield Clinical Commissioning Group (CCG), agreement has been reached on the current approach to provision of IHCPs for children with asthma. Subsequently, practices should have recently received the following information issued by Sapphire Johnson, Head of Commissioning – Children, Young People & Maternity Portfolio at Sheffield CCG:

Sheffield CCG and Sheffield City Council are currently undertaking a number of projects with schools, colleges and nurseries in the city to help identify and support the management of health needs in educational settings. As part of this work, we are aiming to put in place IHCPs for certain children, in line with the 'Supporting pupils with medical conditions at school' (2014) national guidance. These IHCPs help education providers to safely deliver clinical interventions and administration of medications. IHCPs are drawn up in partnership between education, parent/carer and the relevant health professional involved in the child's care, who can advise on the particular needs of the child. An IHCP can be particularly helpful as part of ongoing management of a long term condition such as asthma and we would like to work with schools and primary care to start putting these in place for children with asthma.

We recognise that primary care is already incredibly busy and we do not wish to generate any additional work. Having discussed this with the LMC and sought their advice, we have agreed that the most appropriate way to implement the IHCPs for asthma would be to complete them as part of the child's annual review. The IHCP will already be loaded onto the electronic system and pre-populated with as much information as possible. The healthcare professional will just need to countersign, print their name and stamp to indicate they agree with the plan. Parents then sign the care plan and will share this with their child's education provider.

We understand this is in no way contractual but hope that practices can see the value of having these plans in place and, if completed as part of the child's annual asthma review, they would constitute a personalised written asthma plan for the purposes of QOF. We hope that ultimately this will help to reduce demand on primary care if these children's symptoms are better controlled and managed at school.

If a child's review is not due within the next 6 months, providing a printout of the child's summary and medication to a parent/carer may be helpful in this instance in order to ensure they have an up to date plan in place.

If you have any questions or comments on this, please contact: Carlyanne Whyman, Clinical Educator and Project Lead Nurse carly-anne.whyman@nhs.net or Alison Chapell, Clinical Educator and Project Lead Nurse alison.chapell@nhs.net.

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FIT TESTS: REQUESTS AND AVAILABILITY

Concerns have been raised with the LMC regarding secondary care requests for GPs to arrange FIT tests on their behalf. Following negotiations between the LMC, Sheffield Clinical Commissioning Group (CCG) and representatives from Sheffield Teaching Hospitals NHS Foundation Trust (STHFT), confirmation has been received that secondary care clinicians cannot request FIT tests.

FIT tests are considered a screening test prior to referral and, therefore, should not be requested by secondary care. GPs are entitled to decline any requests, but to continue to use them according to the colon cancer screening pathway.

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STRUCTURED MEDICATION REVIEWS (SMRS): PRIMARY CARE PHARMACY EDUCATIONAL PATHWAY (PCPEP)

Concerns have been raised following publication of the NHS England and NHS Improvement (NHSE/I) document Structured medication reviews and medicines optimisation: guidance in March 2021 and the training requirements – PCPEP – for pharmacists working in primary care as part of the Network Contract Directed Enhanced Service (DES).

We have recently received the following clarification from Heidi Taylor, Clinical Effectiveness Lead Pharmacist, Sheffield Clinical Commissioning Group (CCG):

The guidance, which is part of the Network Contract Directed Enhanced Service (DES) states "*Specifically, pharmacists must have completed - or at least be enrolled on - the Primary Care Pharmacy Educational Pathway (PCPEP) or a similar training programme that includes independent prescribing. However, we recognise that there are a number of clinical pharmacists who have the necessary skills and experience to undertake SMRs but have not completed or enrolled on an approved training pathway (e.g. PCPEP). The Centre for Pharmacy Postgraduate Education (CPPE) is expected to offer a process by the 30th April 2021 to such primary care clinical pharmacists to enable their experience and training to be recognised, and such clinical pharmacists should only undertake SMRs having completed that recognition process".*

The CPPE has a Structured medication Review e-Learning course. Those pharmacists who have worked in practice / primary care a long time, where the full Primary Care Education Pathway is perhaps unnecessary, can opt to complete this course. Alternatively, if pharmacists have been working in primary care for a long time and have other experience or training, they can apply for an exemption for the PCPEP.

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INAPPROPRIATE TRANSFER OF WORK FROM SECONDARY CARE TO PRIMARY CARE

For the next stage of monitoring workload transfer from Secondary to Primary Care, Sheffield LMC will be conducting a 3 day survey at the end of June. We will be requesting GPs to collect numbers only of inappropriate requests (received on any 3 days between 28 June and 2 July) on a simple form.

Please look out for more information over the next 2 weeks, and help us to quantify the size of the problem to further discuss with Sheffield Teaching Hospitals and Sheffield CCG.

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NHS STANDARD CONTRACT 2021/22: NEW "INTERFACE" PROVISION

Following reports from GPs regarding inconsistent implementation of NHS Standard Contract requirements on secondary care providers relating to the interface with local primary care teams, the British Medical Association (BMA) has worked with NHS England and NHS Improvement (NHSE/I) on the introduction of a new provision in the contract to improve collaboration between clinical teams.

The new provision requires that secondary care providers work with their local commissioners to assess by the end of September, and annually thereafter, their compliance to the interface requirements of the contract. The commissioners and providers will have to agree an action plan to address any deficiencies identified by their assessment and ensure that this action plan is informed by discussion with and feedback from the relevant LMCs, and they also need to ensure that the action plan is adopted in public by their Governing Bodies, and that progress on its implementation is shared with the relevant LMCs.

In addition to previous changes, this year there is an additional requirement which is set out in Sections 3.17 and 3.18 of the NHS Standard Contract Service Conditions:

3.17 The Co-ordinating Commissioner (in consultation with the other Commissioners) and the Provider must jointly assess, by no later than 30 September 2021 (and annually thereafter), the effectiveness of their arrangements for managing the interface between the Services and local primary medical services, including the Provider's compliance with SC6.7, SC8.2-5, SC11.5-7, SC11.9-10, SC11.12 and SC12.2 of this Contract.

3.18 Following the assessment undertaken under SC3.17, the Co-ordinating Commissioner and the Provider must then:

- *3.18.1 agree, at the earliest opportunity, an action plan to address any deficiencies their assessment identifies, ensuring that this action plan is informed by discussion with and feedback from the relevant Local Medical Committees;*
- *3.18.2 arrange for the action plan to be approved in public by each of their Governing Bodies and to be shared with the relevant Local Medical Committees; and*
- *3.18.3 in conjunction with the relevant Commissioners, implement the action plan diligently, keeping the relevant Local Medical Committees informed of progress with its implementation."*

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LMC UK Conference 2021

The 2021 Conference of UK LMCs was held on 11 and 12 May 2021 as a virtual event. Proposals from individual LMCs were debated. The outcome of the debate determines the framework for the profession's negotiations. Documentation and recordings from the Conference can be accessed as follows:

- Speech by Richard Vautrey, Chair, General Practitioners Committee (GPC).
- Recordings of the 4 Conference sessions.
- Conference News - details of carried motions, lost motions and election results.

3 of the 4 sessions of Conference were "attended" by Sheffield LMC Executive members, and a report on the main items of note can be accessed here.

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LMC Buying Group: Vacancy Advertising

REMINDER: LMC Buying Group members can post any vacancy (clinical and non-clinical roles) for free on the Buying Group recruitment page. All job postings are highlighted at least once across all of the social media platforms (Twitter, Facebook and LinkedIn). A 'Featured Job' option has also been introduced for those practices that want to draw more attention to their advert. The featured job will appear at the top of the Jobs page in a bright colour, be highlighted on social media channels each week and Google AdWords will be used to drive more traffic to the advert for a month. This service costs £50+VAT. An invoice will be generated once the advert has been posted online.

To place an advert, log in to the Jobs page and upload your vacancy using the application form template.

Various templates are also available, such as job advert, job description, person specification and application form, as well as a shortlisting matrix.

Further information is available by emailing the Buying Group team. If you have not registered to use the LMC Buying Group, the registration form can be accessed here.

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Primary Care Support England (PCSE) GP Pay and Pensions Portal

Ahead of the 1 June launch of the new GP pay and pensions system, many GPs received automated emails from PCSE informing them that they had been given full access to the system. The emails gave access rights based on the recipient being a GP principal, a salaried GP, a locum and a portfolio GP. Unsurprisingly this created a lot of unnecessary confusion. PCSE later sent an email to those recipients explaining that the allocation to all roles was to ensure that GPs can access all aspects of the new service, including historic pensions data. They added that the receipt of these emails did not mean that their status on the performers list had been changed.

It also became apparent that not all GPs received these emails. PCSE confirmed that those GPs should now have received a single email, in place of the 4. However, the General Practitioners Committee (GPC) has been made aware post-launch that PCSE does not have contact details for approximately 6,000 GPs. The GPC has advised any GP who has not received one or more emails from PCSE since 30 May giving access to the system to contact pcse.user-registration@nhs.net in the first instance.

Pension data must be correct and complete and, as such, GPs are being encouraged to log on, confirm they have access to the system and check the available data. The new system should give access to data that many GPs have not seen before. Navigating the system and becoming familiar with terminology is a challenge and some areas of the portal will only be relevant to certain types of GP. User guides and other resources for the new system are available here.

Any issues with access or data gaps should be raised with PCSE at the earliest opportunity.

The British Medical Association (BMA) will be monitoring both the pension and practice payment aspects very closely.

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Primary Care System Development Funding (SDF) and GPIT Funding Guidance

NHS England and NHS Improvement (NHSE/I) has published Primary care SDF and GPIT funding guidance for 2021/22.

In summary, at national level the funding available this year includes:

- £746m for Additional Roles Reimbursement Scheme (ARRS) - £415m included in the CCG baseline and £331m held centrally.
- £55m (at least) for GP fellowships.
- £8.1m for mentor scheme.
- £120k per Integrated Care System (ICS) for flexible staffing pools and digital staffing platforms.
- £12m for local GP retention fund.
- £12m (at least) for training hubs - separate to Health Education England (HEE) funds for training hubs.
- £5m for international GP recruitment.
- £65m for digital first support - additional £3m to fund staff for NHSE/I regional teams.
- £16m for online consultation software systems.
- £246.5m for GPIT systems and support in CCG baselines.
- £13m for technology upgrades.
- £80m GPIT Business as Usual (BAU) capital.
- £105m for GPIT futures framework.
- £10m for Access improvement programme - 3 streams of £5m, £2m and £3m).
- £29.2m for Primary Care Network (PCN) development.
- £8.5m for General Practice Resilience Programme.
- £40m for Estates and Technology Transformation Fund (ETTF).

We have corresponded with Sheffield CCG and requested a meeting to discuss the implications and spend locally.

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CARE QUALITY COMMISSION (CQC) MYTHBUSTERS

Professor Nigel Sparrow, Senior National GP Advisor at the CQC issues guidance 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 Mythbusters have been added or updated recently:

- GP mythbuster 71: Prioritising home visits;
- GP mythbuster 1: Resuscitation in GP surgeries.
- GP mythbuster 97: Responding to coronavirus (COVID-19);

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GP REGISTRATION FOR UN / UNDER-DOCUMENTED MIGRANTS

The General Practitioners Committee (GPC) is encouraging practices to use the Safe Surgeries Toolkit developed by Doctors of the World (DOTW). The toolkit - endorsed by the Royal College of General Practitioners (RCGP) and the Royal College of Nursing (RCN) - is an accessible presentation of existing Department of Health and Social Care (DHSC) and NHS England and NHS Improvement (NHSE/I) guidance. It supports clinical and non-clinical NHS staff to promote inclusive care through GP registration. Notably, it aims to address specific barriers to primary care faced by vulnerable, un / under-documented migrants by ensuring that GP practices are aware of all relevant guidance and rules. This includes, for example, that patients should not be turned away if they lack a proof of ID, address, or immigration status.

DOTW also offer free training to clinical and non-clinical NHS staff that aims to improve awareness of migrant entitlements to NHS care and enables staff to better advocate for their patients.

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EXTENDING MEDICAL EXAMINER SCRUTINY TO NON-ACUTE SETTINGS

The National Medical Examiner (NME) and other parties this week published a letter announcing the extension of the medical examiner (ME) scrutiny to non-acute settings. The new ME system is likely to be enabled through primary legislation (the Coroners and Justice Act 2009) and is due to be implemented across England and Wales through statutory instrument.

Due to the multinational aspect of the roll-out, the Professional Fees Committee (PFC) of the British Medical Association (BMA), which retains negotiations in all 4 nations, has been involved in the discussions on how to best implement the new arrangements, with the aim of minimising both the financial and operational impacts upon GPs and their practices. There have been 2 small trials of the ME system in primary care in Gloucestershire and the results are not yet published.

The letter presents a significant shift in the pace of implementation in primary care. The BMA is looking to analyse any secondary legislation which may underpin the new ME system. The PFC has contacted the NME to clarify the plans and exact legal status of his letter, and will continue to issue updates.

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British Medical Association (BMA) Health Inequalities Toolkit

The BMA is producing a toolkit for frontline clinicians, including those in general practice, who feel frustrated by the health inequalities they see in their work, and who wish to do something about it. The initiative is part of a project by BMA president Sir Harry Burns, who is making inequalities the focus of his one-year term in office. The BMA also published a paper in March recommending actions UK governments could take to mitigate the effect of the pandemic on health inequalities and the social determinants of health.

The BMA would like to hear from those who have seen or participated in schemes to address health inequalities in their local area, and hope the final published toolkit will support clinicians to tackle health inequalities, either through direct action on behalf of their patients, through joint working with other local organisations, or indirectly through lobbying local, regional or national government.

Please submit any examples of projects or initiatives to reduce health inequalities you are aware of or involved in via this webform.

If you have any general feedback on what you would find useful in a toolkit, as a GP, please email Liv Clark via oclark@bma.org.uk.

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The Use of Locum Doctors in the NHS

Manchester University, funded by the Institute for Health Policy and Organisation, is conducting a research project which is examining how temporary or locum doctors work in the NHS, what they do, how their work is organised, and what effects that might have on the quality and safety of healthcare for patients. Their aim is to help find ways to improve the working arrangements for locum doctors and the quality and safety of patient care they provide.

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Sessional GPs E-Newsletter

The latest edition of the Sessional GPs e-newsletter can be found on the British Medical Association (BMA) website here. The main articles include:

- LMC UK conference 2021;
- Inspiring the female GP leaders of tomorrow;
- Member query of the month: remuneration and underpayments of salary.
- Fairness for the frontline campaign;
- Face-to-face consultations;

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The Cameron Fund: 10 Top Tips for Financial Wellbeing

Article submitted by Mary Barton, Cases & Promotion Officer, The Cameron Fund

One of the objects of the Cameron Fund is the prevention of hardship and we thought you may be interested in our new initiative to target newly qualified GPs.

Being aware of the financial pitfalls that can cause so much worry and stress to those who ask the Fund for help, we have produced: 10 Top Tips for Financial Wellbeing, which may be of interest to those already working, as well as newly-qualified GPs.

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

Submission deadlines can be found here.

Contact details for Sheffield LMC Executive can be found here.
Contact details for Sheffield LMC Secretariat can be found here.