

Newsletter

March 2019

Sheffield
LMC



INSIDE THIS ISSUE:

ELECTED MEMBER VACANCY ON SHEFFIELD LMC

SHEFFIELD GP-S MENTORING SERVICE

PRIMARY CARE NETWORKS (PCNS) AND WORKFORCE EXPANSION

GP CONTRACT AGREEMENT FUNDING FIGURES AND FAQs

INDEMNITY SETTLEMENT 2018/19

FUNDING FOR INCREASED EMPLOYER SUPERANNUATION COSTS

RECLASSIFICATION OF GABAPENTIN AND PREGABALIN AS SCHEDULE 3 CONTROLLED DRUGS

DISABLED PERSON'S CAR PARKING BADGES (BLUE BADGES)

FIREARMS LICENSING

CARE QUALITY COMMISSION (CQC): ANNUAL REGULATORY REVIEW & FOCUSED INSPECTIONS

ROUTINE PRESCRIBING OF OVER THE COUNTER (OTC) MEDICINES

PHYSICIAN ASSOCIATES IN GENERAL PRACTICE

END-OF-LIFE CARE: NEW STANDARDS FOR GP SURGERIES

INCREASING PATIENT ACCESS TO DIGITAL SERVICES

GP PREMISES SURVEY RESULTS

MIS-SELLING OF FIXED RATE LOANS & INTEREST RATE SWAPS

SHORTAGE OF DOCTORS PUTS PATIENT SAFETY AT RISK

SESSIONAL GPs E-NEWSLETTERS: FEBRUARY / MARCH 2019

ELECTED MEMBER VACANCY ON SHEFFIELD LMC

The LMC's primary function is to represent Sheffield GPs and, therefore, it is extremely important that local GPs have a means of debating the important topical issues and influencing or making policy in order to represent the breadth of general practice in Sheffield. We are also a useful forum for keeping up-to-date with all that is happening in Primary Care, as well as providing an opportunity to meet colleagues with differing views and experience across the city. Further details of the work of the LMC can be found in *A Guide to Your Local Medical Committee*, which is available via:

[https://www.sheffield-lmc.org.uk/website/IGP217/files/A%20Guide%20to%20Your%20Local%20Medical%20Committee%20\(revised%20May17\).pdf](https://www.sheffield-lmc.org.uk/website/IGP217/files/A%20Guide%20to%20Your%20Local%20Medical%20Committee%20(revised%20May17).pdf)

We are always keen to welcome new LMC members, whether co-opted to an elected member vacancy or as an observer for an initial period. Membership is open to all GPs (Partners, Salaried, Locum etc) who contribute to our levies and are on the National Medical Performers List. Details of current LMC members can be found at:

<https://www.sheffield-lmc.org.uk/website/IGP217/files/Membership%202016-2020.pdf>

Meetings of the full LMC are usually held on the second Monday of the month at 7.45 pm in the Lecture Theatre at Tapton Hall. In addition, members are encouraged to represent the LMC on other committees and this additional meeting attendance is funded by the organisers of the committees or the LMC.

If you are interested in joining the LMC, would like more information about what being a committee member involves, or are interested in attending a number of meetings as an observer initially, please do not hesitate to contact Margaret Wicks, LMC Manager via manager@sheffieldlmc.org.uk or (0114) 2588755.

-000-

**SHEFFIELD GP-S
MENTORING SERVICE**

We are delighted to launch the GP-S Mentoring Service, which is free to all LMC represented Sheffield GPs.

We have recruited and trained a team of 8 mentors to deliver the service, and we are very hopeful this will provide much needed support to GPs currently working in Sheffield general practice. It is supported by Nottinghamshire LMC, who started the GP-S service in their area. The results in other areas have been very promising, indicating that it is providing support for general practice in improving resilience and retention for the doctors who have undertaken the process.

The following literature was recently posted to all Sheffield GP Practice Managers:

- A poster for displaying in a suitable staff area in the practice;
- A supply of leaflets regarding the service on offer and how to access it;
- A supply of business cards detailing how to access the service.

Further copies of the poster can be downloaded from:

<http://www.sheffield-lmc.org.uk/website/IGP217/files/SLMC%20GP-S%20Mentoring%20Poster.pdf>

If you would like additional leaflets or business cards, please email Emma Birtles, LMC Admin Assistant via: adminassistant@sheffieldlmc.org.uk.

-000-

**PRIMARY CARE NETWORKS (PCNs)
AND WORKFORCE EXPANSION**

General Practitioners Committee (GPC) England executive team member Krishna Kasaraneni's fourth blog on PCNs focuses on how the new workforce expansion will support GPs and practices. Krishna sets out GPC perspectives and addresses some of the issues raised during the GP contract roadshows:

https://www.bma.org.uk/connecting-doctors/the_practice/b/weblog/posts/primary-care-networks-pcns-and-workforce-expansion

-000-

**GP CONTRACT AGREEMENT
FUNDING FIGURES AND FAQs**

The new values of global sum, Quality and Outcomes Framework (QOF), out-of-hours adjustment and the new practice participation payment have now been published, and can be accessed via the Practice funding and pay tab of the GP contract webpage:

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

The 1.4% additional investment to the practice contract includes a 1% uplift to global sum and a Statement of Financial Entitlement (SFE) payment, linked to practice participation in primary care networks, of £1.76 per weighted patient. This delivers an extra £2.68 per weighted patient in to practice budgets for 2019/20. In addition, specific vaccination item of service fees have increased, including seasonal influenza. Together with the removal of indemnity expenses this means practices will be able to deliver a 2% uplift to practice staff pay.

An FAQs has been published which includes questions about funding, primary care networks, digital access, indemnity and QOF:

<https://www.bma.org.uk/-/media/files/pdfs/collective%20voice/committees/gpc/gpc%20england/contract-agreement-gp-2019-faqs.pdf?la=en>

-000-

**INDEMNITY SETTLEMENT
2018/19**

General Practitioners Committee (GPC) England and NHS England have agreed the amount to cover the increased cost of indemnity for 2018/19. This will again be £60m and be paid on a per-patient basis equivalent to £1.005 per patient. Practices and individual GPs will need to discuss how this funding is distributed, in line with previous years.

This is the third year that the GPC has secured payment to cover the previous annual rise in indemnity costs. It now completes discussions related to the current indemnity scheme and represents a fair and final settlement. This is in addition to the state-backed indemnity scheme which begins next month.

-000-

**FUNDING FOR INCREASED
EMPLOYER SUPERANNUATION COSTS**

Following the recently concluded GP contract negotiations, the General Practitioners Committee (GPC) agreed that additional funding would be provided to fund the expected rise in employer superannuation costs.

The Department for Health and Social Care (DHSC) has now published its response following recent public consultation. They have confirmed that for 2019/20 an employer rate of 20.6% (20.68% inclusive of the administration charge) will apply from 1 April 2019. However, the NHS Business Service Authority will only collect 14.38% from employers such as practices. Central payments will be made by NHS England and the DHSC for their respective proportions of the outstanding 6.3%. This will also apply to locum GPs. The full consultation response can be accessed via:

<https://bma-mail.org.uk/t/JVX-65XW1-JCJOU4-3I7KLG-1/c.aspx>

-000-

**RECLASSIFICATION OF GABAPENTIN AND PREGABALIN
AS SCHEDULE 3 CONTROLLED DRUGS**

On 12 February 2019 NHS England (NHSE) issued a Briefing Note, which was circulated to practices by NHSE's Primary Care Team at Oak House, noting the reclassification of Gabapentin and Pregabalin as Schedule 3 controlled drugs from 1 April 2019.

Of particular note was:

1. Additional information that must be provided on prescriptions for Schedule 3 drugs;
2. Maximum quantity recommendations;
3. Emergency supply not being permitted;
4. Repeat dispensing not being permitted.

NHSE issued a more detailed letter on 18 February, copies of which can be accessed via:

<https://www.england.nhs.uk/wp-content/uploads/2019/02/handling-pregabalin-and-gabapentin.pdf>

-000-

**DISABLED PERSON'S CAR PARKING BADGES
(BLUE BADGES)**

Last year concerns were raised with the LMC that GP involvement was being requested in the assessment process for Blue Badge eligibility. This was contrary to the agreement reached in 2008 with Sheffield City Council (SCC) and Sheffield Primary Care Trust representatives - that a physiotherapist assessment service would be implemented that would not involve GPs.

SCC representatives confirmed that the physiotherapist assessment service was to be withdrawn and in November we met to discuss the alternative services they were considering.

We have now received confirmation that, for the time being, SCC will carry out telephone conversations with applicants and, if necessary, request attendance at a face to face interview. They have access to information showing whether or not an applicant is in receipt of any care or adaptations and, therefore, they do not involve GPs in this process.

A number of alternatives are still being explored, none of which involve GPs.

Any patients taking it upon themselves to request supporting letters / reports from their GP should be directed to Customer Services at SCC via (0114) 2734567 or to the information available on SCC's website:

<https://www.sheffield.gov.uk/content/sheffield/home/parking/apply-for-blue-badge.html>

For ease of future reference, this guidance can be found at:

[https://www.sheffield-lmc.org.uk/website/IGP217/files/Blue%20Badges%20\(revised%20Mar19\).pdf](https://www.sheffield-lmc.org.uk/website/IGP217/files/Blue%20Badges%20(revised%20Mar19).pdf)

-000-

FIREARMS LICENSING

As a result of continued communications with a variety of organisations, such as the Home Office, MPs and the Countryside Alliance, and QC advice on British Medical Association (BMA) guidance, assurances have been received that the BMA's guidance on firearms licensing complies with legal frameworks and ethical considerations, with two minor suggestions with the aim of improving the guidance. These relate to the BMA's reservations around flagging medical records and the statement on Conscientious Objection.

The BMA's guidance on flagging records has changed to:

While the BMA supports the principle of flagging in this way and reminds doctors of their duty of care to the public to raise concerns where they are apparent, we must also make doctors aware that due to the imprecise nature of flags, the lack of clear protocols for their appropriate removal and the absence of reliable software to facilitate the surveillance and cross-referencing of flags with diagnoses of concern, that we continue to have concerns about the flagging process and will continue to work with the Home Office to resolve this pressing question.

The BMA's guidance on Conscientious Objection has changed to:

In our view conscientious objectors are not required to arrange for alternative provision of such a report. Where access to a firearm is a professional requirement – such as for gamekeepers and farmers – we would nonetheless encourage doctors to assist applicants in identifying a suitable colleague willing to engage in the firearms certification process.

The BMA's revised guidance can be accessed via:

<https://www.bma.org.uk/advice/employment/ethics/ethics-a-to-z/firearms>

In addition, Mark Sanford-Wood, GPC England Executive Team member has written a blog about medical involvement in firearms, which can be accessed via:

https://www.bma.org.uk/connecting-doctors/the_practice/b/weblog/posts/towards-firearms-licensing-unity

-000-

CARE QUALITY COMMISSION (CQC): ANNUAL REGULATORY REVIEW & FOCUSED INSPECTIONS

All practices should have recently received a letter from CQC noting the changes that will be introduced from 1 April 2019, ie practices rated good or outstanding will no longer be routinely inspected every 2 years. Inspections for those practices will change to a maximum interval of 5 years, with annual regulatory reviews being undertaken, including the outcome of a provider information collection (PIC). This will take the form of an annual phone call to the practice, as a satisfactory IT solution for the PIC has yet to be developed. Further copies of the letter can be accessed via:

<https://content.govdelivery.com/accounts/UKCQC/bulletins/2324656>

The letter links to updated guidance on CQC's website:

How we monitor GP practices:

<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Questions that we'll ask on the calls:

<https://www.cqc.org.uk/guidance-providers/gp-services/monitoring-gp-practices-questions-provider-information-collection>

-000-

ROUTINE PRESCRIBING OF OVER THE COUNTER (OTC) MEDICINES

Following publication of NHS England (NHSE) guidance *Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs*, many GP practices were unclear about whether they should follow this guidance, and some practices raised concerns about whether they would be in breach of the terms of their contract if they followed it.

On 31 January 2019 Professor Stephen Powis, National Medical Director, NHSE, wrote to CCGs to provide assurance that practices would not be at risk of breaching their contract when following the guidance.

A copy of the letter can be accessed via:

<https://www.england.nhs.uk/wp-content/uploads/2019/01/otc-gms-gp-practice-letter.pdf>

Please note that the British Medical Association (BMA) has confirmed that this does not remove a GP's professional responsibility to prescribe medications where they are deemed necessary.

-000-

PHYSICIAN ASSOCIATES IN GENERAL PRACTICE

As part of the GP contract agreement in England, there is going to be a significant push to expand the workforce to support practices via Primary Care Networks (Neighbourhoods in Sheffield).

To help practices prepare, the British Medical Association (BMA) has compiled a list of considerations for practices to understand the role of a Physician Associate (PA) better. This resource also includes a series of case studies which outline the experiences of practices already working with and employing PAs. The guidance can be accessed via:

<https://www.bma.org.uk/advice/employment/gp-practices/general-practice-forward-view/workforce/employing-physician-associates-in-general-practice>

-000-

END-OF-LIFE CARE: NEW STANDARDS FOR GP SURGERIES

The Royal College of General Practitioners (RCGP) and Marie Curie have published new standards called the “Daffodil Standards”, which are designed to support primary care teams in making improvements in delivering care to patients at the end of life. The standards can be accessed via:

<https://www.rcgp.org.uk/daffodilstandards>

The British Medical Association (BMA) work on end-of-life care from 2015 identified the crucial role primary care teams can play in providing high quality care at the end of life, but highlighted the challenges facing GPs in doing so:

<https://www.bma.org.uk/collective-voice/policy-and-research/ethics/end-of-life-care>

-000-

INCREASING PATIENT ACCESS TO DIGITAL SERVICES

Farah Jameel, General Practitioners Committee (GPC) England Executive Team member and IT lead has written a blog about the digital aspects of the recent GP contract announcement, to explain what this means for practices.

The main intention is to enable practices to offer greater digital access to patients and help manage workload, which is predicated on appropriate and functional infrastructure being in place.

The blog can be accessed via:

https://www.bma.org.uk/connecting-doctors/the_practice/b/weblog/posts/increasing-patient-access-to-digital-services

-000-

GP PREMISES SURVEY RESULTS

The British Medical Association (BMA) undertook a premises survey to highlight the scale of the problem with GP premises. Over 1,000 practices took part and the findings help to build a fuller picture of the current landscape for GP premises and feed into the GP premises review which is led by NHS England and the Department of Health and Social Care.

Key findings include:

- Only half of practices said their premises were suitable for present needs.
- 8 in 10 practices said their practices were not suitable for future needs or anticipated population growth.
- GP premises are on average 35 years old, having been first built or converted in 1984.
- 7 in 10 practices are in purpose-built premises.

Further information can be found at:

Full survey results:

<https://www.bma.org.uk/advice/employment/gp-practices/premises/bma-gp-premises-survey-results-2018>

Press statement:

<https://www.bma.org.uk/news/media-centre/press-releases/2019/february/half-of-gp-practice-buildings-not-fit-for-purpose-bma-survey-reveals>

Ian Hume’s blog:

https://www.bma.org.uk/connecting-doctors/the_practice/b/weblog/posts/unfit-for-purpose

-000-

**MIS-SELLING OF FIXED RATE LOANS
& INTEREST RATE SWAPS**

The General Practitioners Defence Fund (GPDF) has commissioned an Information Note from its legal advisers, which can be accessed via:

[https://www.sheffield-lmc.org.uk/website/IGP217/files/Mis-selling%20Loans%20&%20Interest%20Rate%20Swaps%20\(GPDF%20Feb19\).pdf](https://www.sheffield-lmc.org.uk/website/IGP217/files/Mis-selling%20Loans%20&%20Interest%20Rate%20Swaps%20(GPDF%20Feb19).pdf)

The note covers the following issues:

- What are fixed rate loans and interest rate swaps?
- Have I been mis-sold a fixed rate loan / interest rate swap?
- Why is this relevant to GP practices?
- What should I do next?

The GPDF has noted that other legal advisers are available, and appropriate professional advice should always be taken.

-000-

**SHORTAGE OF DOCTORS
PUTS PATIENT SAFETY AT RISK**

British Medical Association (BMA) Council Deputy Chair and General Practitioners Committee (GPC) member David Wrigley highlights the ongoing recruitment and retention crisis in the NHS and describes fears that patients' health is at risk, in his latest blog:

<https://www.bma.org.uk/connecting-doctors/b/the-bma-blog/posts/patient-safety-is-at-risk-because-there-are-not-enough-doctors-to-provide-safe-services-help-us-make-the-case-for-change>

-000-

**SESSIONAL GPs E-NEWSLETTERS:
FEBRUARY / MARCH 2019**

Sessional GPs 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-63LM6-1BJCJOU46E/cr.aspx>
- <https://bma-mail.org.uk/t/JVX-65AZ2-1BJCJOU46E/cr.aspx>

The main articles include:

- Indemnity cover: key information and guidance
- Access guidance
- Non-therapeutic male circumcision of children
- How many emotions do you feel in a working day?
- Capita and NHS pensions
- The BMA Foundation for Medical Research
- GP contract roadshows
- A GP (working) behind bars

-000-

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

Articles for the April edition to be received by Friday 5 April

Submission deadlines can be found at

<https://www.sheffield-lmc.org.uk/website/IGP217/files/Newsletter%20&%20VB%20Deadlines%202019%20-%20New%20Logo.pdf>