

Newsletter

March 2021

Sheffield
LMC



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FEBRUARY 2021**

GP CONTRACT AGREEMENT ENGLAND 2021/22

As noted in the February LMC newsletter, following the initial announcements about the GP Contract Agreement for 2021/22, the General Practitioners Committee (GPC) has now issued further information.

Contract values have been confirmed as follows:

- Global sum will increase by £3.82 (4.1%) to £97.28;
- Quality and Outcomes Framework (QOF) point value will increase by £6.33 (3.3%) to £201.16;
- Out of hours adjustment will increase by £0.14 (3.0%) to £4.59.

The Department of Health and Social Care has published the [amended QOF SFE for 2020/21](#). Further QOF guidance will be published shortly.

The [slides from recent contract update webinars](#) give further information on:

- QOF overview;
- Enhanced service on obesity and weight management;
- PCN Directed Enhanced Service (DES) ballot;
- PCN DES: Paramedics;
- Vaccinations and Immunisations;
- Primary Care Network (PCN) fact sheet;
- PCN DES funding;
- PCN DES: Advanced Practitioners;

- PCN DES: Mental Health Practitioners;
- PCN DES – Services;
- PCN DES – combining and simplifying access schemes;
- Supporting pandemic response and COVID vaccination programme;
- PCN DES: Clinical Pharmacists;
- PCN DES – Investment and Impact Fund;
- GP workforce terms and conditions;
- GP practice core digital requirements.

The [recordings of the webinars](#) are now available, including question and answer sessions.

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**GENERAL PRACTITIONERS COMMITTEE (GPC) UK REGIONAL ELECTIONS:
CANDIDATE PERSONAL STATEMENTS**

On Tuesday 2 March 2021 we emailed all represented GPs confirming that voting had opened for the Barnsley / Doncaster / Rotherham / Sheffield seat on GPC UK, and shared candidate personal statements as follows:

- [Dr Clare Bannon](#) (Barnsley GP and Medical Secretary, Barnsley LMC)
- [Dr Liddy Mawer](#) (Sheffield GP)
- [Dr Neil Thorman](#) (Rotherham GP and Medical Secretary, Rotherham LMC)

This is an important role in ensuring that the voice of South Yorkshire GPs is heard at a national level. If you have not already done so, we would encourage you to read the personal statements and take the opportunity to vote in the election.

To place your vote please visit <https://elections.bma.org.uk/>. The deadline for voting is **12 noon on Friday 12 March**.

If you are a BMA member you should be included on the system and have access to voting. If this is not the case please email elections@bma.org.uk with your BMA number and the team will be able to assist.

The election is open to non-members, but you must have a BMA web account. If you do not have one, click [here](#) and follow the link to request a temporary non-member account. Once a temporary membership number has been created, you can then request the team add this number to the election by emailing elections@bma.org.uk.

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**COVID-19:
RETIRED DOCTORS RETURNING TO WORK**

Given the intensity of current workload pressures and the mounting backlog of care exacerbated by COVID-19 in the NHS, the British Medical Association (BMA) has recently updated its [guidance](#) for doctors considering or wishing to return to clinical practice in the short, medium or long term, and for those wishing to specifically [support the vaccination programme](#). This follows consultation with NHS England and NHS Improvement (NHSE/I) and NHS Professionals.

The NHS is still seeking registered healthcare workers and clinical supervisors for the programme. Doctors can either return to work through the national routes, eg NHS Professionals vaccination programme recruitment drive or the GP refresher scheme, or they can approach local employers, eg GP practices, Primary Care Networks or their local Integrated Care System (ICS) lead.

[The BMA would be glad to hear from and support members](#) who know of application issues or delays, as they can work with stakeholders to overcome them as swiftly as possible.

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NATIONAL POOL OF STEWARD VOLUNTEERS

A national pool of Steward Volunteers is available to support non-clinical tasks at COVID vaccination sites, including Primary Care Network (PCN) and community pharmacy sites. These are ready-to-use, unpaid volunteers who are managed, trained and paid expenses by the NHS volunteer responders programme.

Steward Volunteers can undertake any tasks which support the smooth running of vaccination sites, and would not normally be filled by paid staff. These include managing queues, greeting and directing people, monitoring numbers and overseeing social distancing measures.

Primary care sites can access these volunteers by request via their lead employer and volunteers will be provided free of charge to local sites. The maximum shift length is six hours.

Further information can be found [here](#).

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VACCINE HESITANCY

Surveys have shown stark differences by ethnic group in attitudes to COVID vaccines, and a quarter of younger women fear it would affect fertility. The British Medical Association (BMA) has published [guidance and resources](#) on how to communicate with different groups about the vaccine.

The British Fertility Society and Association of Reproductive and Clinical Scientists has also published some [COVID-19 Vaccines FAQs](#) to help address some of the vaccine hesitancy relating to fertility.

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ASSESSMENTS CARRIED OUT FOR DETENTION UNDER THE MENTAL HEALTH ACT

Following a [ruling in case](#) brought by Devon Partnership NHS Trust against the Secretary of State, NHS England and NHS Improvement (NHSE/I) has issued [directions](#) to all mental health providers not to carry out any assessments for the purposes of determining whether or not an individual should be detained under the Act remotely (by any medium).

This applies to all members of a medical team involved in the decision, and should be considered as the overriding guidance until further notice.

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REMOTE FIT NOTES: SIGNATURE REQUIRED

Further to the article in the February 2021 LMC newsletter, noting that remote fit notes can be issued, concerns have been raised regarding the significant number of unsigned fit notes the Department for Work and Pensions (DWP) is receiving.

The DWP will accept fit notes that are printed, signed, scanned and have been emailed to patients. This advice has also been given to employers, who should also be accepting signed, scanned and emailed fit notes. However, issuing unsigned fit notes is causing inconvenience for patients and GPs.

Further information can be found in the Service Provision section of the [COVID-19 toolkit for practices](#).

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FIT NOTE SURVEY

The Department for Work and Pensions (DWP) is currently developing and improving the Fit Note uploading system for patients. They would like to give GPs the opportunity to have their say on what they like and do not like in terms of the whole Fit Note process. This will then allow the DWP to make some changes before the system goes live at the end of March 2021.

Once the system goes live it will be difficult to implement further changes down the line. Hence, now is the time to speak out. The survey, which should only take about 10 minutes to complete can be accessed [here](#).

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PRACTICE RATES REDUCTIONS

We have had a number of queries raised by practices regarding rates reductions from Sheffield City Council and reimbursement processes. On raising a query with NHS England and NHS Improvement (NHSE/I), we received the following update:

“This is the process that G L Hearn were leading on behalf of NHSE/I. Practices are reimbursed based upon the bill they submit for reimbursement each year. I think the issue is that councils then reissue another bill later in the year (there is another exercise that has started this year and there were 2 prior to that, one was 2017 and I think was 2013). Where an updated invoice is submitted from a practice and the reduction relates to the current year, we (finance) can amend the payments to practices but if there are prior year adjustments the practice will have either been issued with a cheque that should then be paid into the G L Hearn bank account, or (and a more complicated issue) have the retrospective adjustments built into the current year bill. G L Hearn issued an email out to all practices with a form that the practice complete giving G L Hearn permission to liaise with the council on their behalf to sort out where the council hadn't issued any refund to a practice”.

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**CONFIRMATION OF CAUSE OF DEATH:
ALLIED HEALTH PROFESSIONALS (AHPs)**

HM Coroner, Mr David Urpeth, recently informed Sheffield Clinical Commissioning Group (CCG) of the difficulty his Officers had been experiencing in managing to speak directly to GPs to discuss causes of death and MCCDs - often speaking to AHPs instead. Mr Urpeth is of the opinion that, even if the AHP was involved in the care of the patient, only doctors have the authority to complete MCCDs.

We have sought clarification from the General Practitioners Committee (GPC) as to whether AHPs can discuss cause of death with Coroner's Officers. We have been advised that, whilst there is no reason why an AHP cannot speak to the Coroner's Officer, if the purpose of the Coroner's Officer contacting a GP Practice is to determine a cause of death, or confirm that the GP is able to issue a MCCD, this discussion would need to be undertaken by a doctor.

We are raising the difficulty that GPs sometimes have in contacting the Coroner's Officers with the Coroner.

We hope this provides some clarification to the issue, and would like to thank you all for your continued efforts throughout the pandemic.

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**GOOD PRACTICE IN PRESCRIBING AND
MANAGING MEDICINES AND DEVICES**

The General Medical Council (GMC) recently published [updated guidance](#) on prescribing, to support doctors who are increasingly seeing patients via remote and virtual consultations. The guidance, which comes into effect on 5 April 2021, contains a number of key updates:

- New advice for doctors not to prescribe controlled drugs unless they have access to patient records, except in emergencies.
- Stronger advice on information sharing, making it clear that if a patient refuses consent to share information with other relevant health professionals it may be unsafe to prescribe.
- Alignment with the GMC's updated [Decision making and consent guidance](#), highlighting the importance of good two-way dialogue between patients and doctors in all settings.

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NHS DISCHARGE MEDICINES SERVICE (DMS)

The NHS DMS launched recently and is available in all community pharmacies in England. The service has been established to ensure better communication of changes to a patient's medication following discharge, with NHS Trusts referring appropriate patients. It is hoped that this will improve outcomes, prevent harm and reduce readmissions.

NHS England and NHS Improvement (NHSE/I) has published some [resources for the DMS](#), including guidance, a cross sector toolkit and training and assessment materials to support clinical teams across community pharmacies, Primary Care Networks (PCNs) and hospitals to deliver the service.

The DMS does not replace the role of general practice in managing patients' medicines on discharge. The cross sector toolkit includes a checklist for general practices and PCN pharmacy teams, which sets out how to work collaboratively, and provides examples of where the community pharmacy may require information, support and clinical expertise from practices.

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**GOVERNMENT WHITE PAPER
ON NHS REFORM AND INTEGRATED CARE SYSTEMS (ICSS)**

The Government has now published [Integration and Innovation: working together to improve health and social care for all](#) - its white paper on new plans to reform the NHS, including proposals to make ICSSs statutory and make major changes to the way services are procured.

Chaand Nagpaul, Chair of British Medical Association (BMA) Council, has released a [statement](#) on the white paper, stressing the need for clinicians to be at the heart of any changes. The BMA has produced a [member briefing](#), which provides a summary of those changes, the BMA's initial analysis of them, and outlines how the BMA is working to influence the proposed legislation on behalf of members.

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**BRIEF UPDATE ON PENSIONS
FROM THE BRITISH MEDICAL ASSOCIATION (BMA)**

Following a BMA webinar on Tuesday 23 February 2021, Alastair Bradley, LMC Chair has written a [Brief Update on Pensions](#).

The update provides a summary of the 3 pension schemes (1995, 2008 and 2015), Lifetime Tax Allowance and Annual Tax Allowance.

As noted in the update, we provide representation, guidance and support for GPs and practices in Sheffield, but cannot provide individual legal or financial advice. We would always recommend that independent pension advice is sought.

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**CARE QUALITY COMMISSION (CQC)
MYTH BUSTERS**

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 Myth Busters have been added or updated recently:

- [Nigel's surgery 89: Immunising people with an underlying medical condition](#)
- [Nigel's surgery 37: Immunisation of healthcare staff](#)
- [Nigel's surgery 66: Advanced Nurse Practitioners \(ANPs\) in primary care](#)

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**NEW TO PARTNERSHIP PAYMENT SCHEME:
PHYSICIAN ASSOCIATES**

As of 1 March 2021, the [New to Partnership Payment Scheme](#) was expanded to include Physician Associates. Although there is currently a delay in launching the regulation of this profession, the additional scheme criteria in place are the same as for those on the [Physician Associate Voluntary Register](#) at the time of application. Registration with their professional body will be required at a later date once this is in place. In line with the current eligible professions, applications to the scheme can be made via the [online portal](#).

The [guidance](#) has been updated, and more information including FAQs is available on the [Future NHS platform \(GP career support hub\)](#).

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**INSPIRING THE FEMALE GP LEADERS
OF TOMORROW WEBINAR**

In celebration of International Women's Day on Monday 8 March 2021, the British Medical Association (BMA) will be holding a [webinar](#) on Thursday 25 March, 7 to 8.30 pm, where senior female GP leaders will be talking about their leadership and career journeys.

There will be advice, insights and inspirational stories shared to help guide and motivate the future leaders of tomorrow of all genders, as well as an opportunity to submit questions as part of the Q&A panel discussion. Speakers include:

- Dr Samira Anane (GPC Education, Training & Workforce Policy Lead)
- Dr Nikki Kanani (Medical Director for Primary Care, NHS England and NHS Improvement)
- Dr Helena McKeown (Chair of the Representative Body of the BMA)
- Dr Farah Jameel (GPC England Executive Team, GPC Negotiator and Chair, Camden LMC)
- Dr Margaret Ikpoh (RCGP Council, Associate Director of Primary Care, Hull Medical School)
- Dr Katie Bramall-Stainer (CEO, Cambridgeshire LMCs, BMA Deputy Chair UK LMC Conference, BMA Council member).

Click [here](#) to sign up. Advance questions should be submitted to Cscott@bma.org.uk.

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GP RETENTION SCHEME WEBINAR

Further to the article in the February LMC newsletter, a recording of the GP Retention Scheme webinar held on Thursday 25 February can be accessed [here](#).

The webinar covered how the Scheme works for employees and employers, and tackles some common misconceptions about the scheme.

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LUNG CANCER CAMPAIGN LAUNCH

Public Health England (PHE) has launched the next phase of the 'Help Us, Help You' campaign, urging people to come forward and seek advice if they are worried about possible symptoms.

This new stage of the campaign focuses on lung cancer, with the aim of raising awareness about its key symptom - a cough that lasts for 3 weeks or more. It is hoped that this will encourage those most likely to get lung cancer and who have this symptom, but do not have COVID-19, to contact their GP practice, reminding the public that cancer remains a priority and that the NHS is here to see them safely.

"A cough for 3 weeks or more that isn't COVID-19 could be a sign of cancer. Contact your GP practice. However, if you've got a new, continuous cough, contact Test & Trace. #HelpUsHelpYou"

A campaign toolkit and posters are available free of charge on the PHE [Campaign Resource Centre](#).

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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:

- Pensions;
- COVID Vaccination for Healthcare Workers;
- Parental Leave;
- The Use of Locum Doctors in the NHS: Understanding and Improving the Safety and Quality of Care.
- Member Relations – Query of the Month;
- NHSmail for Locum GPs;
- Mobile Salaried Posts;

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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](#).**