SHEFFIELD LOCAL MEDICAL COMMITTEE NG MAS I CTTC May 2017

INSIDE THIS ISSUE:

LMC NEWSFLASH: GENERAL PRACTICE FORWARD VIEW (GPFV)

ATTENDANCE AT ANNUAL CONFERENCE OF LMCS

LMC VACANCY BULLETIN DISTRIBUTION

FACEBOOK AND TWITTER: SHEFFIELD LMC

ENHANCED SERVICE: QRISK2 MAPPING ERROR

QUALITY AND OUTCOMES FRAMEWORK (QOF) ACHIEVEMENT AND ASPIRATION CALCULATION ISSUES

GENERAL PRACTICE FORWARD VIEW (GPFV) REFERENCE GROUP

PRIMARY CARE SUPPORT ENGLAND (PCSE) CLAIMS GUIDANCE

BRINGING A CLAIM TO THE SMALL CLAIMS COURT

NHS PROPERTY SERVICES (NHSPS)
INCREASED RENTAL COSTS

CHANGES TO INTERMEDIARIES LEGISLATION AFFECTING GP LOCUMS AND PRACTICES (IR35)

OCCUPATIONAL HEALTH SERVICES FOR GPS

DEPARTMENT FOR WORK AND PENSIONS (DWP) PAYROLL SYSTEM UPDATE

MANAGING WORKLOAD: SUCCESS STORIES

VITAL SIGNS FOR MEDICAL STUDENTS

LMC Newsflash: General Practice Forward View (GPFV)

Since the last LMC Newsletter, all represented Sheffield GPs and Practice Managers should have received an LMC Newsflash regarding the following event:

General Practice Forward View (GPFV)
Supporting Sheffield GPs: National & Local Updates
Thursday 8 June 2017
7 pm prompt
(light refreshments from 6.15 pm)
The Megacentre

Further copies of the Newsflash can be found at: http://www.sheffield-lmc.org.uk/website/IGP217/files/GPFV%208Jun17.pdf

We hope that all Sheffield GP practices will ensure that they are represented at this event, which will be an important opportunity to:

- receive national and local updates on the broad range of topics covered by the GPFV, such as investment in general practice, workforce, workload, practice infrastructure and care redesign;
- discuss the implications for general practice in Sheffield;
- question a panel of national and local representatives;
- influence the direction of travel;
- influence the content and focus of subsequent events we organise.

As noted in the Newsflash, places are limited. Therefore, it is essential that you **register to attend**. To register please email the LMC via <u>administrator@sheffieldlmc.org.uk</u> confirming your full name and practice address (if applicable). If you are registering on behalf of others, please ensure that you supply each attendee's details.

Further information about the event will be circulated shortly.

ATTENDANCE AT ANNUAL CONFERENCE OF LMCs

This year's Annual Conference of LMCs will be held in Edinburgh next week (Thursday 18 and Friday 19 May) and will be attended by David Savage, Mark Durling and Alastair Bradley (LMC representatives), and Margaret Wicks and Claire Clough (observers).

From Wednesday afternoon (17 May) the LMC office will be manned by Emma Birtles, Administrative Assistant, who will monitor all email traffic. Duncan Couch, Executive Officer will be on hand to assist with any clinical queries.

As it is only possible to contact Executive members and the Secretariat at certain times during Conference, your patience and understanding would be appreciated should you wish to make contact with a specific member of the Executive or Secretariat during this time.

Thank you.

-000-

LMC VACANCY BULLETIN DISTRIBUTION

As many of you will be aware, the LMC's Vacancy Bulletin is currently emailed to all represented Sheffield GPs and Practice Managers.

A decision was taken some years ago that it would not be included on our website or distributed more widely, partly because it was seen as a benefit for represented GPs and Practice Managers, and partly because GP locums available for work frequently included their home/personal contact details.

In view of the current recruitment/retention difficulties practices are experiencing, it has been suggested that limiting the distribution of the Vacancy Bulletin in this manner means that recruitment is generally only possible from within Sheffield practices, and that a wider distribution giving access to GPs and Practice staff from outside of Sheffield would be beneficial.

Therefore, it is proposed that with effect from the June edition, the Vacancy Bulletin will be hosted on our website and Facebook page, and will be made available to doctors out of area upon request. However, if any practices have any concerns in this regard, please do not hesitate to contact Margaret Wicks, LMC Manager via manager@sheffieldlmc.org.uk by Friday 2 June 2017.

-000-

FACEBOOK AND TWITTER: SHEFFIELD LMC

We have recently started using Facebook and Twitter to expand and modernise our methods of communication.

To access information we post on Facebook, search for Sheffield Local Medical Committee and "like" our Page.

To receive information via Twitter you can request to "follow" us by searching @SheffieldLMC.

The General Medical Council (GMC) and most Defence Organisations have guidance about the use of social media. It is important to ensure your privacy and security settings are up-to-date when using social media.

Please do not use Facebook and Twitter as a means of contacting the LMC – we will be using them as a means of disseminating information only. Up-to-date contact information can be found via the links below:

LMC Executive: http://www.sheffield-lmc.org.uk/page1.aspx?p=13&t=1
LMC Secretariat: http://www.sheffield-lmc.org.uk/page1.aspx?p=13&t=2

-000-

ENHANCED SERVICE: ORISK2 MAPPING ERROR

All practices should be aware of the update below from NHS England (NHSE). Please note that the deadline to make a claim is **31** May **2017**.

A new temporary Enhanced Service was introduced in February 2017 to recognise work caused by historic issues with code mapping errors in the QRISK2 calculator in SystmOne. Practices have been provided with lists of patients potentially affected and clinical recommendations for identifying patients for call/recall and support reviews. Practices need to identify patients who may have been affected by the QRISK2 code mapping error and offer an up to date cardiovascular assessment where clinically appropriate. Where clinically indicated, patients should be invited for a consultation and offered appropriate follow up clinical interventions. Practices can claim £6.50 per affected patient.

Page 2 of 5 Z:Newsletters/NLMay17

Full details of the Enhanced Service and more background on the QRISK error are available via: https://www.england.nhs.uk/wp-content/uploads/2017/03/enhanced-service-spec-tpp-qrisk2.pdf.

Claims need to be made by 31 May 2017 and payments will be made by Monday 31 July 2017. All claims are on the basis that the follow up work set out in the Enhanced Service is carried out by 31 September 2017.

-000-

QUALITY AND OUTCOMES FRAMEWORK (QOF) ACHIEVEMENT AND ASPIRATION CALCULATION ISSUES

NHS England (NHSE) and NHS Digital have advised the General Practitioners Committee (GPC) that the recent issues affecting QOF achievement and aspiration calculations for GP Practices have now been resolved. The QOF calculations have been re-run and the payment calculation has been amended.

It follows a number of reports to NHSE that QOF payments were significantly lower for the 2016/17 financial year than they were for 2015/16, despite comparable performance and patient numbers.

An investigation identified that while the correct formula and calculations were used, there was a problem where a practice split was incorrectly reported to the Exeter system in January. In addition, there were a small number of practices that had significant changes in practice registration numbers and patient disease registers, which impacted on the national prevalence adjustments. This resulted in an incorrect adjustment to GP practice achievement. As such, affected practices will have seen an achievement figure in CQRS that was lower than expected.

The issue was identified before the majority of practices were physically paid. Just over 100 practices received an actual incorrect payment and work is ongoing to reconcile this based on the amended calculation.

NHSE and NHS Digital have provided an assurance to the GPC that they will be putting additional measures in place to mitigate against this happening again and have apologised for any inconvenience caused.

-000-

GENERAL PRACTICE FORWARD VIEW (GPFV) REFERENCE GROUP

Dr Dean Eggitt, General Practitioners Committee (GPC) Representative for this region attended a meeting of the above Group on Wednesday 29 March 2017. Dean has kindly provided summary notes, which can be accessed via: http://www.sheffield-lmc.org.uk/website/IGP217/files/NOTES%20-%20GPFV%20LMC%20reference%20group%20(29.03.17).docx.

If you have any comments regarding the summary notes that you feel Sheffield LMC and/or Dean should be aware of, please email these to Margaret Wicks, LMC Manager via manager@sheffieldlmc.org.uk.

-000-

PRIMARY CARE SUPPORT ENGLAND (PCSE) CLAIMS GUIDANCE

In recognition of the additional administrative burden many practices have experienced due to issues with primary care support services in England, a goodwill payment of £250 per practice is being made by NHS England, which should be paid to practices by 30 June 2017. Practices or individuals who can provide evidence of the financial loss they have incurred as a result of Capita's failures can contact NHS England to make a claim.

Further information can be found in recently issued General Practitioners Committee (GPC) guidance, available via: https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-current-issues/capita-service-failure

-000-

BRINGING A CLAIM TO THE SMALL CLAIMS COURT

Low value claims are dealt with in the small claims track of the civil courts, and are commonly referred to as being in the 'small claims court' Cases in which the claim is worth £10k or less (or £1k or less for personal injury claim or against landlords for repairs) are usually allocated to the small claims track.

The General Practitioners Committee (GPC) has recently produced guidance on bringing a claim to the small claims court which can be accessed via: https://www.bma.org.uk/advice/employment/gp-practices/small-claims-court

-000-

Page 3 of 5 Z:Newsletters/NLMay17

NHS PROPERTY SERVICES (NHSPS) INCREASED RENTAL COSTS

The General Practitioners Committee (GPC) has been made aware that NHS England (NHSE) and NHSPS have sent out a joint communication to tenant practices whereby NHSE has indicated that it will temporarily reimburse increased rental costs that NHSPS are seeking to charge, despite the fact that a formal assessment has not yet been carried out by the district valuer (or such other valuer acting on behalf of NHSE).

The GPC has serious concerns about this proposal, given that NHSE and NHSPS are two separate legal bodies. As such, the relationship between a practice and NHSE, as the commissioner or funder, and the relationship between a practice and NHSPS, as the landlord, should be considered as being separate from one another.

With this in mind, all practices occupying NHSPS premises should be careful to avoid agreeing to any temporary measure put forward by NHSE unless NHSPS has provided categorical written confirmation that its ability to charge such increased sums, and indeed the obligation on practices to meet such increased rental costs, is conditional on the practice receiving funding to cover the same.

Furthermore, NHSPS should formally recognise and acknowledge that if a practice makes such payments it is without prejudice to the practice's position and is not in any way to be taken as an acceptance of the increased rents indefinitely.

Ultimately, temporary measures should be avoided. As such, the GPC has been meeting with NHSPS to seek permanent solutions to the issues facing their GP tenants. Crucially, this includes issues surrounding service charges. The GPC is looking to reach a negotiated resolution so that a fair, consistent and reasonable process for calculating charges will be implemented, that has due regard to historical arrangements, does not expose practices to unreasonable levels of un-reimbursable costs, and offers value for practices and the health service. In the meantime, if a practice is considering agreeing to a temporary arrangement concerning reimbursements and charges, the GPC's advice is to ensure that, once the temporary measure ends in respect of reimbursements, they do not inadvertently find themselves continuing to be liable for the increased cost.

-000-

CHANGES TO INTERMEDIARIES LEGISLATION AFFECTING GP LOCUMS AND PRACTICES (IR35)

The General Practitioners Committee (GPC) continues to be aware of concerns about the application of IR35 and interpretation of locum employment status, including some employers applying a blanket approach to all locums that they engage, without assessing individuals' contracting arrangements.

As noted in the April 2017 edition of the LMC Newsletter, the British Medical Association (BMA) has published guidance on IR35, including a statement which can be used in circumstances where a locum doctor is told by the provider it is engaged by that IR35 will apply without assessment of their circumstances.

The BMA has now issued an update, which addresses reports received regarding inappropriate threats of referral to the General Medical Council (GMC). The BMA's update can be accessed via: http://www.sheffield-lmc.org.uk/website/IGP217/files/IR35%20-%20update.pdf.

-000-

OCCUPATIONAL HEALTH SERVICES FOR GPS

As many of you will be aware, there have been various reports of occupational health services for GPs changing or ceasing to be provided or funded centrally over the last few years. Various dates have been suggested for when changes might take place and in 2015 the LMC sought an update from the NHS England (NHSE) Yorkshire and Humber Area Team. The Area Team confirmed that changes had not yet been made to service provision, but that funding streams were being reviewed and a national specification was being worked on.

A national Occupational Health Service specification was published in 2016 on the understanding that NHSE Directors of Commissioning and Operations (DCOs) would commission services in line with the specification across the locality. NHSE – North (Yorkshire & the Humber) has commissioned North East Commissioning Support (NECS) to support them with the procurement and they are working collaboratively with the other DCOs in the Northern Region to undertake one region-wide procurement.

To ensure there is a continuation of services across the region and to allow sufficient time to complete the procurement, current Occupational Health Services have been extended until March 2018.

-000-

Page 4 of 5 Z:Newsletters/NLMay17

DEPARTMENT FOR WORK AND PENSIONS (DWP) PAYROLL SYSTEM UPDATE

On 30 May 2017 the DWP's system for payroll, finance, HR and making payments will be replaced by a Single Operating Platform (SOP) system.

All forms that were submitted by practices for payment (including the DS1500 and DBD36 forms) before 5.30 pm on Friday 5 May will be processed and paid in the usual way. Forms submitted after 5.30 pm on Friday 5 May will be stockpiled and processed following the introduction of the new system.

Practices do not need to do anything differently from the normal process. Forms should continue to be submitted as normal, including throughout the down period of 5-30 May.

The British Medical Association (BMA) has received confirmation that there will be no delay for patients in getting benefits they are entitled to during this transition.

PIP GPFRs are not affected and will be paid as normal.

-000-

MANAGING WORKLOAD: SUCCESS STORIES

The General Practitioners Committee (GPC) is looking for examples of where a practice, neighbourhood or federation has implemented a positive change to manage workload. Details can be forwarded to the GPC via their case studies template: https://www.bma.org.uk/-/media/files/word%20files/employment%20advice/gp%20practices/quality%20first/quality-first-case-study-template.docx

The summary of each case should explain the practicalities involved of implementing the change and any benefits and learning from it. Examples can then be featured (with practice permission) on the Quality First interactive web portal, providing GPs with practical support to manage their daily work. Case studies can inspire others to adopt some of these successful approaches.

Examples of other case studies and further information on the work of Quality First can be found at: <a href="https://www.bma.org.uk/advice/employment/gp-practices/quality-first/quality-first-case-studies?utm_source=The%20British%20Medical%20Association&utm_medium=email&utm_campaign=8256454_NEW12A1%20GP%20ENEWSLETTER%20030517&dm t=0,0,0,0

-000-

VITAL SIGNS FOR MEDICAL STUDENTS

Updated guidelines and information on managing the emotional pressures of studying and how to seek financial support have been published by the Royal Medical Benevolent Fund (RMBF).

The Vital Signs for Medical Students:

- outlines when and why students are likely to encounter issues such as stress and anxiety;
- incorporates a number of personal case studies;
- explains how students can identify problems and seek to manage this and where they can turn for additional support;
- can be downloaded via http://www.rmbf.org/about/our-campaigns/support-for-medical-students-2017/

-000-

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

Articles for the June edition to be received by Friday 9 June

Submission deadlines can be found at http://www.sheffield-lmc.org.uk/website/IGP217/files/VB and Newsletter Deadlines.pdf

Page 5 of 5 Z:Newsletters/NLMay17