

Newsletter

November 2020

Sheffield
LMC



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LMC NEWSFLASH: COVID-19 – GUIDANCE ON SHIELDING AND PROTECTING PEOPLE DEFINED ON MEDICAL GROUNDS AS EXTREMELY VULNERABLE

We have received a number of queries from practices, questioning what action is to be taken by practices regarding the latest government guidance on shielding and protecting people defined on medical grounds as extremely vulnerable (including adults with Down's syndrome and adults with stage 5 Chronic Kidney Disease).

As a result, on Friday 6 November 2020, we emailed an LMC Newsflash to all represented Sheffield GPs and Practice Managers. Further copies of the Newsflash can be accessed [here](#).

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COVID-19 VACCINATION

Recent media reports have highlighted the possibility of a COVID-19 vaccination being available by December. The government has been planning for this, but it depends on a number of fundamental issues, such as the effectiveness of the early vaccines once trials have completed, the quantity that can be produced, supply logistics and the licencing arrangements. The JCVI has published their [interim recommendations](#) outlining the priority for vaccination.

The General Practitioners Committee (GPC) and NHS England and NHS Improvement (NHSE/I) recently agreed a Directed Enhanced Service (DES) for general practice to lead the delivery of the COVID-19 vaccination programme.

The nature of the first vaccinations that are likely to be available will require significantly different arrangements to the flu campaign, but the GPC believes that GPs and their teams are uniquely placed to deliver this vitally important programme to ensure that their communities are properly protected. Not only is this a complex vaccine, for example it needs special storage conditions, a campaign of this magnitude will be a huge undertaking for practices already struggling to cope with the impact of the pandemic, as well as supporting the large number of patients with other healthcare concerns. The GPC has, therefore, made it clear that significant support from many others, including community nursing teams, Clinical Commissioning Groups (CCGs) and NHSE/I will be vital.

Practices will be able to choose to take part in the programme and, if they do, they will need to work together in their local area, initially with vaccinations taking place at one site - most likely a nominated practice.

On Monday 9 November the British Medical Association (BMA) issued [guidance](#) and NHSE/I released a series of Urgent Preparing for General Practice to Contribute to a Potential COVID-19 Vaccination Programme documents:

- [Letter from Dr Nikki Kanani, Emily Lawson and Ed Waller](#)
- [Indicative Enhanced Service Specification: COVID-19 Vaccination Programme 2020/21](#)
- [General Practice Site Designation Process](#)
- [General Practice Site Designation Process Form](#)
- [Additional £150 Million of Funding - Letter from Ed Waller, Ian Dodge, Dr Nikki Kanani](#)

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PCR COVID TESTING

NHS England and NHS Improvement (NHSE/I) announced in a recent [primary care bulletin](#) that NHS Test and Trace is making PCR COVID testing available on a voluntary basis for self-administration, following a number of pilots in practices over recent weeks. This will be a supplementary option for practices *and does not replace any of the existing routes to access testing*. Members of the public will continue to be directed to regional testing centres or home testing kits in the first instance. The tests will be part of the Pillar 2 process and can be offered to patients who attend a practice when the GP feels that a test would be appropriate and there would be difficulties for them to access the standard routes for testing. The tests can also be used for GP staff and symptomatic household members. More information about the service and how to opt in is being emailed directly to practices.

Concerns have been raised with NHSE/I that this could lead to patients contacting practices for tests inappropriately, rather than using the current drive in or postal routes and, as a result, there will be no media launch of this initiative.

Further information is available [here](#).

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WORKLOAD PRIORITISATION DURING COVID-19 PANDEMIC

In response to the COVID-19 pandemic, and rising workload pressures, the British Medical Association (BMA) has prepared joint [guidance](#) with the Royal College of General Practitioners (RCGP) to help practices prioritise the clinical and non-clinical workload in general practice.

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COMPLAINTS (KO41B FORM) DATA COLLECTION FOR 2019/20

As you will be aware, the General Practitioners Committee (GPC) has been lobbying for a reduction in bureaucracy impacting practices, particularly in light of the current pressures that general practice face in responding to COVID-19. As a result, NHS Digital has confirmed that the annual complaints (KO41b Form) data collection relating to 2019/20 will not be collected as usual. Practices are instead encouraged to continue to use the information collected locally for local service improvement purposes. Further information can be found [here](#).

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ROYAL COLLEGE OF GENERAL PRACTITIONERS (RCGP) CAMPAIGN: GENERAL PRACTICE IS OPEN

The RCGP has launched a [campaign](#) to make it clear to patients that general practice is open and that general practice services are available, albeit being delivered differently than usual in many cases. The RCGP is urging patients, if sick, to continue accessing general practice - and other NHS care - throughout the second national lockdown. They have produced a downloadable resource to support GPs to get the message out to patients about general practice being open, and how they can expect care to be delivered. These can be shared on practice websites, social media or any other channels.

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MEDICINES HOME DELIVERY SERVICE

The Community Pharmacy Home Delivery Service and the Dispensing Doctor Home Delivery Service have been commissioned for those identified as clinically extremely vulnerable on the shielded patient list for the national lockdown period in England. This means that all pharmacies and dispensing doctors in England will again be required to ensure patients on the Shielded Patient List receive their medicines at home. Further information can be found in a [letter to pharmacies and dispensing doctors](#) and in the [service specifications](#).

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TEMPORARY APPROVAL TO SUSPEND THE NEED FOR SIGNATURES ON PRESCRIPTIONS

The Secretary of State for Health and Social Care has approved a temporary measure in England to help limit the transmission of coronavirus by suspending the need for patients to sign prescriptions until 31 March 2021, to avoid cross contamination and help minimise the handling of paperwork when collecting medicines. Patients are still required to either pay the relevant charge or prove their eligibility for an exemption from charges. Where patients are exempt from charges, the dispensing contractor will mark the form on the patient's behalf to confirm the patient's entitlement to exemption and, where applicable, to confirm that the patient's evidence of eligibility has not been seen.

Further information is available [here](#).

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THANK YOU TO GPs AND GENERAL PRACTICE STAFF

Jo Churchill, Health Minister in England with responsibility for primary care, recently asked the General Practitioners Committee (GPC) to share her [letter of thanks](#) with LMCs, for wider distribution to GPs and practice staff.

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PARTNERSHIP AGREEMENTS

Developments in general practice over the last few years have led to more collaborative working patterns between surgeries on individual and Primary Care Network (PCN) projects, as well as moves towards mergers for resilience. To protect both the partners within a practice and other partnerships that they are collaborating with, it is imperative that all practices have up-to-date Partnership Agreements that reflect their new ways of working. This cannot be achieved solely through external agreements.

In February 2019 we reminded practices of the importance of practices having a Partnership Agreement and keeping it up-to-date. We continue to encounter situations that are made more complex for all parties due to the absence of an up-to-date Partnership Agreement. As such, ***we strongly recommend that GPs in partnership enter into a written Partnership Agreement and get legal and accountancy advice in doing so.***

Without a written agreement it is likely that a practice will be deemed to be operating as a partnership at will, which will be governed by the provisions of the Partnership Act 1890 ("the Act"). Although the Act addresses some of the ground required in setting up and running a partnership, it is outdated, can have unwanted or unintended consequences, is not robust enough to cover all aspects of modern partnerships and is not industry specific. Further risks include:

- Mutual assessment periods: The Act does not provide for probationary periods.
- Equality: There will automatically be deemed to be equality in the share of profits, losses and capital of all partners.
- Authority of partners: There are no effective limits on the authority of a partner to enter into arrangements which bind the partnership.
- Assets: The Act does not adequately provide for assets which may be held by the partners individually as opposed to the partnership. It also provides limited assistance in identifying how partnership assets are to be valued and paid should a partner leave.
- Automatic dissolution: The partnership will automatically dissolve on the happening of a variety of events such as the bankruptcy of a partner.
- Determination: Any partner can serve notice to end the partnership at any time.
- Expulsion: No partner can be expelled from the partnership by the other partners irrespective of whether there are sound reasons to do so.
- Retirement: There are no provisions within the Act enabling a partner to retire without bringing the partnership to an end.
- Leave and locum costs: The Act does not cover these issues.
- Restrictions and duties: Those provisions within the Act dealing with these points are non-specific and sparse.

The BMA has produced [guidance](#) on Partnership Agreements.

In addition, in February 2020 we issued [guidance](#) regarding documentation to change and processes towards a successful change in partnership.

If any Sheffield GP practices are operating without a Partnership Agreement and are experiencing difficulties putting one in place, or difficulties updating an existing Partnership Agreement, please contact the LMC for help and support via: manager@sheffieldlmc.org.uk.

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FLU IMMUNISATION FAQS

NHS England and NHS Improvement (NHSE/I) has produced a set of [FAQs](#) relating to the flu immunisation programme. They have also issued [guidance](#) on how practices and CCGs can make use of the [additional £15.4m](#) made available to local systems and primary care providers to cover reasonable additional costs (over and above the usual fee structures) associated with this year's extended flu programme.

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FLU VACCINE OFFERS 2021-22

The LMC Buying Group's negotiations with their flu vaccine suppliers have concluded for the 2021-22 flu season. Their recommendations can be found [here](#).

If you are not sure whether or not your practice has joined the LMC Buying Group, or would like more information about the offers available, further information can be found [here](#).

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NEW TO GP PARTNERSHIP SCHEME GUIDE

The British Medical Association (BMA) has published a new [guide](#) to applying for the GP partnership scheme, designed to help GPs and practices navigate what can be a complicated application process. The scheme, which was launched on 1 July, supports clinicians who are interested in becoming a practice partner. More information can be found in a [blog](#) by Krishna Kasaraneni.

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A GUIDE FOR GPs: MATERNITY AND OTHER TYPES OF PARENTAL LEAVE

The General Practitioners Committee (GPC) Education, training and workforce policy group recently launched a [guide](#) for GPs on maternity and other types of parental leave. A [webinar and online workshop](#) open to all GPs have also been scheduled as follows:

- 2 December, 12.30 pm to 2 pm: Webinar - GP Maternity and Parental leave Guide: launch and introduction to the guide.
- 9 December, 12.30 pm to 2.30 pm – Online Workshop - GP Maternity, an in depth run through everything you need to consider before, during and after your maternity leave, including advice on leave and pay entitlements, notifying your practice, appraisals, CPD and preparations for return to work.

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DDRB PAY AWARD: SALARIED GPs

The General Practitioners Committee (GPC) has received reports that some salaried GPs are struggling to get their 2.8% pay uplift, as recommended by DDRB and approved by the government. The GPC is encouraging all practices to apply the uplift across all of their employed GPs, regardless of individual contractual requirements. However, it is worth noting that there is a contractual requirement to implement this pay increase for salaried GPs employed on the model contract.

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SESSIONAL GPs E-NEWSLETTER: NOVEMBER 2020

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: an update for sessional GPs;
- Join the sessional GPs committee;
- DDRB pay award and template letter;
- Equality champion;
- Medical Aid Films COVID-19 animation;
- Representation of sessional GPs;
- NHS 111 COVID CAS;
- COVID-19 life assurance scheme;
- NHS England strengthens mental health support for staff;
- Our national BAME member forum.

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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 40: GP Fit Note](#);
- [Nigel's surgery 20: Making information accessible](#);
- [Nigel's surgery 18: Registration and partnerships](#);
- [Nigel's surgery 15: Chaperones](#);

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CARE QUALITY COMMISSION (CQC) FEES

The CQC fees scheme will not change in 2021/22. This means that, for most providers, their fees will remain the same as in 2019/20 and 2020/21, providing their registration or size does not change. The fees for General Practice remain fully reimbursable. The fees scheme guidance and calculator can be access via: www.cqc.org.uk/fees

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GENERAL PRACTICE GREEN FUND

The General Practitioners Committee (GPC) recently wrote to Jo Churchill MP, Parliamentary Under-Secretary of State for Prevention, Public Health and Primary Care to request support for primary care to meet net zero carbon emissions. The GPC has called on the Minister to back their recommendation for a general practice Green Fund to enable GPs to put in place more sustainable and environmentally friendly practices. They have also called for an extension of arrangements in place during the pandemic, such as promoting use of technology, labelling medicines to allow for carbon footprint tracking and continuing the ability to make use of previously prescribed but unused medicines to reduce waste.

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GENERAL PRACTICE WORKFORCE INITIATIVES

The British Medical Association (BMA) has published [a guide](#) to inform GPs, Primary Care Networks (PCNs) and LMCs about the range of workforce initiatives and schemes in England. The guide includes information about what is on offer in each of the schemes and how to apply for them.

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CQRS SYSTEM SUPPLIER CHANGE

NHS England and NHS Improvement (NHSE/I) is overseeing a programme to ensure the CQRS system supports efficient GP incentive-based payments. As part of this work NHSE/I is working with NHS CSUs to bring the running and development of the CQRS system in-house from November 2020 and to introduce a new centrally funded system (CQRS Local) to support locally commissioned schemes by April 2021. These changes aim to streamline processes and reduce the administrative errors in GP payments. A structured transition from the existing supplier is in place to ensure the continued provision of the CQRS system from November with minimal interruption for end users. How users access and use the CQRS system is not changing and no action is required from practices or commissioners.

The email address for the CQRS service desk remains support@cqrs.co.uk. The new number is 0330 124 4039.

While the system itself will look and feel the same a new [CQRS welcome page](#) is now live, providing direct links to the CQRS system and online training modules, guidance and news updates.

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SPECIALTY TRAINING APPLICATIONS

Applications for Round 1 of 2021 GP specialty training opened on 2 November, and remain open until 1 December. Anyone wishing to be kept up-to-date with news and views can 'like' and follow the #Choose GP [Facebook page](#).

The GP National Recruitment Office (GPNRO) [website](#) is the place to go for more information, or there are a number of GPs and trainees who are able to help with local or general enquiries. Email Daryl at gprecruitment@hee.nhs.uk to be put in touch.

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PENSIONS NEWSLETTER

The Pension Committee of the British Medical Association (BMA) has recently issued a [Pensions Newsletter](#), which provides an update on what actions the Committee is taking on a range of issues, and also provides access to educational resources, blogs and information on how to access BMA support regarding your pension.

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PRIMARY CARE NETWORK (PCN) CLINICAL DIRECTOR (CD) SURVEY

The British Medical Association (BMA) has launched the second edition of its [annual surveys](#) of PCN CDs. In order to understand the situation on the frontline, the BMA is asking PCN CDs for their unique insights into the recruitment of the new workforce, the delivery of services throughout the pandemic and the future of PCNs. The responses to the survey will contribute to supporting the long-term development of PCNs and help inform the BMA for its annual negotiations with NHS England.

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CAMERON FUND CHRISTMAS APPEAL 2020

The Cameron Fund provides help and support solely to GPs, including those who are retired, and their dependants. It aims to meet needs that vary considerably, from the elderly in nursing homes to young, chronically sick doctors and their families, and those suffering from unexpected and unpredictable problems such as relationship breakdown or financial difficulties following the actions of professional regulatory bodies. Careful consideration is given to the help most needed, which could be money advice, a grant or a loan.

The COVID pandemic has markedly increased the number of GPs facing financial difficulties and needing help from the Fund.

If you know of colleagues who may need help from the Cameron Fund please encourage them to contact the Fund.

The Fund depends on LMCs and individual GPs for 50% of their income. As Christmas approaches the Fund is asking LMCs and constituent GPs to consider giving generously to the Fund's Christmas Appeal. As many of you will be aware, Sheffield LMC makes an annual donation to the Cameron Fund in response to their Christmas Appeal.

More information on how to contact the Cameron Fund, the support they can offer and how to make a donation can be found at: www.cameronfund.org.uk.

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

Submission deadlines can be found at
<http://www.sheffield-lmc.org.uk/website/IGP217/files/Newsletter%20&%20VB%20Deadlines%202020%20.pdf>

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