

Newsletter

September 2021

Sheffield
LMC



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COVID-19 PANDEMIC RECOVERY WORKLOAD PRIORITISATION GUIDANCE

As the COVID-19 restrictions are easing across the UK, and despite the success of the vaccination programme, the workload pressures caused by the pandemic remain at record levels. In light of these workload pressures, the General Practitioners Committee (GPC) and Royal College of General Practitioners (RCGP) have updated their joint [COVID-19 Pandemic Recovery Workload Prioritisation Guidance](#) for GP practices.

Commissioners are being urged to understand that there is significant variation in local capacity in general practice - subject to local circumstances, COVID-19 prevalence, and staffing levels - and that *it is for practices to determine how they meet the reasonable needs of their patients*.

Clinicians should continue to review and reprioritise workload, using clinical judgement and reflecting both patient need and local circumstances (eg staffing levels, local disease prevalence and patient demographics). Commissioners should also continue to limit or suspend additional expectations of practices, such as local enhanced services. However, with the withdrawal of the national Standard Operating Procedure (SOP) for general practice, the GPC and RCGP have amended their national guidance and will keep the situation under close scrutiny as the winter approaches.

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

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INAPPROPRIATE TRANSFER OF WORK FROM SECONDARY CARE TO PRIMARY CARE

Thank you to those who managed to complete the LMC's Workload Survey. We appreciate the extra effort during very busy times. We received returns from 19 practices and the results can be found [here](#).

We will use this information to support our discussions with all the Trusts involved and Sheffield Clinical Commissioning Group (CCG) to manage closer adherence to contractual guidelines.

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BRITISH MEDICAL ASSOCIATION (BMA)
INFECTION CONTROL GUIDANCE

The BMA has updated its guidance [Reducing infection risk in healthcare settings](#), following the easing of restrictions on 19 July, to reflect the fact that COVID-19 is still circulating in the community, and the need to continue to reduce the risk of infection in healthcare settings. The report sets out a number of measures that need to be taken by employers and government to reduce the risk of infection in all healthcare settings, including adequate workplace and individual staff risk assessments, providing staff facilities that support infection control, a greater focus on ventilation in healthcare environments, the provision of safe and sufficient PPE, and reporting and investigation of COVID-19 cases suspected to have arisen from work.

The government's [COVID-19: infection prevention and control \(IPC\)](#) still applies following the lifting of the restrictions and, [as confirmed by the government](#), healthcare settings should maintain face coverings among other IPC measures.

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FITNESS TO DRIVE
ASSESSMENTS BACKLOG

The British Medical Association (BMA) estimates the total number of patients requiring medical assessments for licence applications to be over 200,000 – rising by thousands each month. Currently, standard driving licence holders are advised to request fitness to drive assessments from their GP, but there is also the option of going to any registered medical practitioners. However, they will not have access to the full lifelong medical history of a patient. Because of these concerns, the BMA has written to the Department of Transport calling for the government to guarantee a ‘safety-first’ approach for plans to manage the backlog, expressing “concerns about the potential impact on road safety that this process of bypassing individual’s own GP practices may have. The full statement is available [here](#).

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EXPERIENCES OF USING PRIMARY CARE SUPPORT ENGLAND (PCSE)
PAYMENTS AND PENSIONS PORTAL IN AUGUST

The General Practitioners Committee (GPC) continues to challenge PCSE to ensure that their pay and pensions portal in England is fit for use by both GPs and practices. The portal has now been in use for 3 months, and the GPC is looking to gauge how effective the various ‘fixes’ have been which PCSE put in place to correct what they described as ‘teething issues’. To this end, the GPC recently launched a [joint survey](#) with the Institute of General Practice Management, for practices and practice managers, in order to learn of their experiences of using the system during August specifically. The GPC is also keen to know about experiences of contacting PCSE for support with issues raised around the portal since it came into use on 1 June.

It is appreciated how incredibly busy practices are, but completing the survey should take no longer than 10 minutes and will be invaluable in helping the GPC to hold PCSE and NHSE England and NHS Improvement (NHSE/I) accountable for the portal’s performance. The survey will remain open until Friday 17 September.

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PRIMARY CARE NETWORKS
PLANS FOR 2021/22 AND 2022/23

Following the recent [letter](#) from NHS England and NHS Improvement (NHSE/I) to the General Practitioners Committee (GPC) acknowledging the pressures facing the profession, NHSE/I has published [Primary Care Networks – plans for 2021/22 and 2022/23](#), outlining the changes to, and support for, practices working in Primary Care Networks (PCNs) as part of the wider GP contract agreement. The key points are:

- £43m new funding for PCN leadership and management in 2021/22.
- PCNs to decide how their Investment and Impact Fund (IIF) achieved money is spent.
- While Cardiovascular Disease (CVD) and Tackling Neighbourhood Health Inequalities services will commence from October 2021, these will be much reduced, allowing practices and PCNs to focus on managing pressures over the winter period.
- The anticipatory care or personalised care, which was due to be implemented from April 2020, has now been deferred again until April 2022 - allowing practices and PCNs to focus on managing pressures over the winter period.
- Significantly reduced requirements for all 4 service specifications from April 2022.
- PCNs will deliver a single, combined extended access offer funded through the Network Contract Directed Enhanced Service (DES) from April 2022.
- [Full details of the IIF indicators for 2021/22 and 2022/23](#), providing advanced information for PCNs and practices to be able to prepare.

Practices will be auto enrolled into the revised PCN DES, but with an option to opt-out for 1 month from 1 October.

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HYPERTENSION CASE-FINDING SERVICE

As part of the [2021/22 Community Pharmacy Contractual Framework](#) it is expected that in October 2021, or as soon as possible thereafter, a Hypertension Case-Finding Service will be introduced to support the NHS Long Term Plan ambitions for prevention of cardiovascular disease. This service will have 2 stages:

1. Identifying people at risk of hypertension and offering them blood pressure monitoring (clinic check).
2. Where clinically indicated, offering ambulatory blood pressure monitoring (ABPM). The blood pressure test results will then be shared with the patient's GP to then inform a potential diagnosis of hypertension.

This scheme, therefore, links, to the [Primary Care Networks – plans for 2021/22 and 2022/23](#).

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GP SURVEY: HELP US TO HELP YOU

The British Medical Association (BMA) has launched a major [survey](#), as they want to hear about the experiences of working as a GP. The survey:

- Is requesting information about the issues most affecting GPs, including workload, recruitment and career plans.
- Is primarily aimed at fully qualified GPs who are currently working (a separate survey for GP trainees will be launched later in the year).
- Will take around 10-15 minutes to complete.
- Closes on 20 September 2021.
- Will support the BMA's negotiations and lobbying and is a key part of the [#Support Your Surgery](#) campaign and the results will help to support this.
- Will help the BMA better understand the issues affecting GPs and ensure they are representing the profession effectively.

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SUPPORT YOUR SURGERY CAMPAIGN

The British Medical Association (BMA) recently launched their [Support Your Surgery](#) campaign, having highlighted the importance of patients understanding the reality that everyone is facing and the underlying reasons for this, and that, despite the easing of lockdown, the pressures experienced by general practice and the rest of the NHS are unlikely to ease soon. The BMA has developed this campaign with insight from GPs, but also patient representatives and the wider public.

The BMA is aware of the unfair criticism being levelled at general practice in the news and across social media due to the necessary restrictions that COVID-19 has brought about, and the subsequent abuse that GPs have received, which the BMA has been highlighting through features in [The Doctor](#) magazine and evidenced in their latest [survey results](#). To counter these perceptions and to force the Government to act to do more to support general practice, the BMA's Support Your Surgery campaign provides GP practices with tools such as a poster and social media graphics, to manage expectations and to provide patients with the reality of issues facing general practice. Physical posters have been dispatched to more than 5,800 practices in England.

Alongside this, the BMA has launched a [petition](#) asking GPs and the public to support their call on Government to provide the resourcing needed to increase the number of GPs in England. For those who would prefer it, there is now a downloadable version of the petition for use in practices. Once completed, these can be emailed to info.gpc@bma.org.uk. QR codes have also been added to email signature graphics and a Twibbon is available for use on social media (this has to be downloaded from the third-party site; the link is on the campaign page).

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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 95: Non-medical prescribing](#)
- [GP mythbuster 83: Spirometry in general practice](#)
- [GP mythbuster 12: Accessing medical records during inspections](#)

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INTERESTED IN BECOMING A GP TRAINER?

The Sheffield & Barnsley GP Training scheme is hoping to expand - and we're looking for new trainers and training practices. You are no longer required to complete a postgraduate certificate and the pathway to becoming a trainer is much simpler.

Training is rewarding, interesting and fun. It helps keep you up-to-date and can bring new life into a practice. You also become part of an active, innovative community of educators.

If you are interested in finding out more about becoming a training practice, please contact Sarah Cuckson, GP VTS Coordinator sarah.cuckson@nhs.net or one of the Training Programme Directors - Dr Jackie Burton jackie.burton@hee.nhs.uk, Dr Jodie Lockwood, jodie.lockwood@hee.nhs.uk, Dr Dave Greenstreet David.greenstreet@hee.nhs.uk.

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**SESSIONAL GPs E-NEWSLETTER:
SEPTEMBER 2021**

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

- Supporting general practice – letter from NHSE/I;
- New locum banks and platforms guidance;
- NHS COVID-19 app updated to notify fewer contacts to isolate;
- Earnings and expenses report;
- COVID dashboard;
- Vaccines for 16 and 17-year-olds.

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GREENER PRACTICE UPDATE

Article submitted by Dr Frances Cundill, Sheffield GP / Greener Practice

Are you aware of your carbon footprint? Have you made steps to search for greener energy suppliers / use the car less / buy more seasonal food in a bid to reduce your carbon footprint? Did you know that at work you could make a much bigger impact? 20% of the entire NHS carbon footprint comes from medications. Their manufacturing, supply, dispensing and disposal all have environmental impacts, made even worse when they go to waste and are thrown away, unused, into landfill! In primary care the 2 biggest impact areas are inhalers and MDS / nomads. Inhaler prescribing makes up a whopping 25% of the carbon footprint of prescribing in primary care. But where do we start, and how do we remember this at medication reviews? Sheffield CCG have produced fantastic guides to help guide decision making and prescribing, available on the CCG's intranet (login required) <https://www.intranet.sheffieldccg.nhs.uk/>:

- Greener inhaler guide - see the Prescribing Guidelines tab in the Medicines & Prescribing section.
- MDS / Nomads - see the Community Pharmacy Resources tab in the Medicines & Prescribing section.

If you are feeling inspired to make some changes at work to reduce your impact on the environment and improve health for patients, staff and the public, a [fantastic leaflet](#) and [collection of resources](#) have been produced as a succinct guide to help educate, inspire and support GPs. It offers advice on how to start taking action, in both your professional and personal lives, plus lots of resources for further information. If you are still thinking 'what can we do in our practice?' a fantastic place to start is the [green impact for health toolkit](#). It has been designed to help GP practices improve their sustainability, reduce their harmful impact on the planet and reduce practice expenses. There are 14 themed areas with ideas within each of actions you can take. You can achieve pioneer / bronze / silver / gold carbon awards depending on how many of the actions you achieve. As it says on the website 'we don't want a few people doing every impossible thing, we need most of us doing every possible thing we can'.

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GP TEACHING OPPORTUNITIES AT THE UNIVERSITY OF SHEFFIELD

Information provided by Dr Davinder Singh, Undergraduate Primary Care Teaching Lead

The Medical School at the University of Sheffield are currently recruiting sessional GP tutors for the Early Years GP placements. The commitment involves 12 half day sessions throughout the year which will be on Tuesday afternoons, Thursday mornings, Thursday afternoons or Friday mornings. No prior teaching experience or teaching qualifications are required in order to join the teaching team. Further information can be found [here](#).

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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](#).