

# Chair's Update for Sheffield GPs and Practices

Sheffield  
LMC



**February 2020**

## WHO ARE WE?

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## WHAT DO WE DO?

More details can be found on our website: <https://sheffield-lmc.org.uk/>

We represent all GPs working in Sheffield, whether partners, salaried, locum or registrar. This may be at practice level in terms of clinical, management, partnership or employment issues. We also express the views of general practice in Sheffield during local negotiations with organisations such as Sheffield Clinical Commissioning Group (CCG), Sheffield City Council, Secondary Care Trusts, Sheffield Accountable Care Partnership (ACP) and the South Yorkshire and Bassetlaw (SY&B) Integrated Care System (ICS). We work alongside Primary Care Sheffield (PCS) on at-scale developments affecting Sheffield. We also work with LMCs in Barnsley, Doncaster, Rotherham and Bassetlaw on wider system issues.

## PRIMARY CARE NETWORKS (PCNs)

We have all had another busy year in primary care, continuing to deliver high-quality general practice through our core contracts and locally commissioned services. However, last year was dominated by one theme, PCNs, which commenced in July.

Many of us have lamented the loss of contact with Allied Health Care Professionals in the primary care team, with good communications and collaboration leading to improved patient care. With the publication of the NHS long term plan and the previous year's review of workload and workforce issues in General Practice by Nigel Watson, there was much enthusiasm for new models of working.

PCNs have been encouraged to employ new staff with 70-100% re-imburement for these roles and Sheffield CCG has encouraged development through their "further, faster" programme. PCS was also successful in bidding for National Mental Health funds to work with PCNs in developing primary care mental health services.

There has also been great enthusiasm for the newly created Clinical Director (CD) roles, with a number of colleagues (GPs and Nurses) leading their PCNs into the landscape of working at scale. These posts have brought CDs into contact with the developing models of Sheffield ACP and SY&B ICS, trying to establish how PCNs could be at the centre of the NHS Long Term Plan.

Despite all of this there have always been some concerns raised around the initial reasoning for PCNs, namely:

- will they reduce workload?
- will they increase primary care workforce?
- will they increase investment into general practice?
- will they encourage recruitment of GPs?

At the National LMC conference in November it was considered PCNs would deliver none of these. There were also the concerns of increased workload that was unsustainable when PCNs would be liable for delivering extended access in April 2021. The conference did not go as far as demanding a completely different contract, but dissent was not far away!

This all changed on 23 December when NHS England and NHS Improvement (NHSE/I) published their draft specifications for 2020/21. It is not often that publications bring general practice together as one voice, but this document has surpassed all others. There has been universal condemnation of the workload implications and the fact that practices will be expected to pay (£100k pa by some analysis) for the privilege. LMCs across the country have submitted their reviews to NHSE/I and encouraged others to do so.

The General Practitioners Committee (GPC) negotiating team met on 16 January and rejected all aspects of the new contract. Negotiations are ongoing but CDs across the country have resigned, partners have threatened to resign if their practice signs up to the new DES and many practices have already stated their view that the contract was negotiated in bad faith and will not engage with PCNs in future.

A GPC / LMC / CDs conference is taking place in February to discuss these developments with NHSE/I and an emergency LMC conference has been called to discuss next steps for the DES from April 2020. Unprecedented steps for something that is supposedly a voluntary contract.

## **GP MENTORING SCHEME**

The last 12 months has seen the successful introduction of our GP mentoring scheme. This is a free, confidential support scheme for all GPs in Sheffield. The scheme is led by Mark Durling (Vice-chair) with 7 other GPs across the city trained to support our colleagues. The service has received interest from surrounding regions. We are grateful to Sheffield CCG for their continued support of this valuable service.

If you consider this may be a service that could benefit you, more information can be found at:

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

## **RETIREMENT / RETENTION SCHEMES**

The number of qualified GPs working across the NHS continues to fall and puts more pressure on those GPs remaining.

1. Qualified permanent GPs (excludes registrars and locums)  
26,958 Full-time equivalent (1.8% (489) less than September 2018)
2. Fully qualified GPs (excludes registrars)  
28,315 Full-time equivalent (1.2% (340) less than September 2018)
3. All GPs  
34,862 Full-time equivalent (0.9% (328) more than September 2018)

(Source NHS Digital)

There has been a welcome increase in the number of registrars entering general practice training, but this will take some time to improve the qualified workforce situation. In the meantime we would support any scheme that aims to retain the current general practice workforce. The National Retainer scheme supports GPs considering retirement to stay in practice for a maximum of 4 sessions per week for up to 5 years. It requires approval of the GP and practice by Health Education England (HEE).

We have been approached by a number of GPs looking to continue working under this scheme but funding has been declined by Sheffield CCG. We would encourage any GP considering this scheme to go through the approval process and, if turned down for funding by Sheffield CCG to contact our office.

We fully support the National Scheme, it is included in the Statement of Financial Entitlements (SFE), so should be fully funded by CCGs. In the absence of any local schemes we will continue to pressurise Sheffield CCG to support GP retention through the National Scheme.

## **PACKAGE OF SUPPORT FOR PRACTICES**

There have been well-recognised pressures on general practice over a number of years. Pulse Magazine reported (Jan 2020) that 1 in 6 practices have either closed or merged since NHSE's inception. Sheffield has been no exception, so we are working with Sheffield CCG and PCS to develop a catalogue of support measures that each organisation could offer to practices that might experience a range of difficulties over the coming years. Once we have finalised this offer we will advertise it further.

## **CLINICAL NEGLIGENCE SCHEME FOR GENERAL PRACTICE (CNSGP)**

The introduction of this scheme saw a welcome relief to the year-on-year above inflation rises in indemnity costs. After some confusion over run-off costs the schemes seem to have settled down. Whilst the CNSGP covers NHS clinical related negligence claims, it does not cover General Medical Council (GMC) or Coroner's Court appearances. All GPs, whether partner, salaried or locum need to ensure they continue to have sufficient indemnity cover, over and above the CNSGP. This is generally based on the amount of private income generated.

## **PENSIONS**

Over recent years The Treasury has targeted tax relief on pensions with reduced Lifetime allowances (£1.05m), reduced annual allowances (£40k) and tapering relief over annual earnings of £110k. This is in combination with the fact that Primary Care Support England (PCSE) has failed to deliver 2017/18 pension statements to three quarters of GPs (The Times 18/01/2020). This makes it impossible for many GPs to determine whether they face hefty tax bills, and reduces the willingness of some to work extra shifts. Although NHSE announced in November a "scheme-pays" solution this year which would be repaid when the doctor retires, it is not clear how this would work in reality for self-employed GPs. The British Medical Association (BMA) continues to press for the removal of tapering relief and continuing uncertainty continues to affect GP recruitment into Out of Hours schemes.

## **SHEFFIELD LMC DEVELOPMENTS**

Our Committee meets on the second Monday of every month at Tapton Hall at 7.45 pm. If you would like to find out more about what the Committee does, or get involved in representative work for the LMC, we are planning to make our May meeting (Monday 11 May) an open meeting. Any represented Sheffield GP is welcome to attend, but will need to let the office know as we have limited space. Please email [administrator@sheffieldlmc.org.uk](mailto:administrator@sheffieldlmc.org.uk) to confirm arrangements.

On 30 November 2020 the Term of Office of current LMC members ends. In September nominations will be invited for the 2020 to 2024 Term of Office. All eligible GPs (on the national medical performers list and contributing to the LMC's levies) are eligible to stand for election to the LMC. The first meeting of the new Committee will take place in December 2020, when elections will take place to the roles of Chair, Vice Chair, Secretary and Executive Officer(s). 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 contact the office via [manager@sheffieldlmc.org.uk](mailto:manager@sheffieldlmc.org.uk).

**DR ALASTAIR BRADLEY**

**Chair**