Chair's Update for Sheffield GPs and Practices: February 2021

Sheffield LMC

Introduction

It seems hard to believe that only a year ago we were challenging the micromanagement proposals of NHS England and NHS Improvement (NHSE/I) towards the updated Primary Care Network (PCN) contract, and advising you about the requirements of Sheffield Clinical Commissioning Group (CCG) to commission complex wound dressings from the appropriate services.

We have all been overtaken by the coronavirus pandemic, many of us having lost colleagues, friends, patients and family along the way. We pay our respects to everyone who has worked tirelessly (and returned to work) to support delivery of COVID services whilst maintaining "routine" general practice.

Committee and Executive

The Committee and Executive continue to support all general practitioners and trainees, whatever their employment status in Sheffield practices. We all serve a 4 year term, and 2020 saw the election of a new Committee.

During 2020 we said goodbye to Duncan Couch (Executive Officer) and Committee members Gurjit Barn, Tim Hooson, Karen O'Connor and Maria Read. We thank them all for the work they have done over the years supporting the LMC and ultimately general practice in Sheffield.

We also welcomed new members to the Committee - Richard Dachtler, Francis Davis, Jon Keel, Gareth McCrea and Honey Smith. In addition, we were pleased to co-opt Elizabeth Allsopp to the Committee as PCN Clinical Director (CD) representative.

At the first meeting of the new Committee in December 2020, two new Executive members were elected, so we welcome a mix of experience and youth to carry the LMC forward:

- Alastair Bradley, Chair
- David Savage, Secretary
- Danielle McSeveney, Executive Officer
- Mark Durling, Vice Chair
- Gareth McCrea, Executive Officer

We would like to thank the LMC Executive and LMC Secretariat for their continued hard work in managing challenging workloads, and their ability to adapt to new ways of working to ensure that the LMC provides the same level of service to general practice despite the pandemic.

Sheffield GP-S Mentoring Scheme

The Mentoring scheme has proved very popular, and we thank Mark Durling, GP-S Mentor Lead, and the mentors for their ongoing delivery of this service to support all GPs in Sheffield.

Transfer of Workload

Before we move on to the main theme of the last 12 months, I would like to thank Dr Jennifer Hill, Medical Director (Operations) at Sheffield Teaching Hospitals NHS Foundation Trust (STHFT), for supporting our efforts to highlight the relentless transfer of inappropriate work into general practice.

Despite the pandemic we have pushed this issue as a long-term problem adding extra pressure to under resourced general practice workload. Many of you have submitted examples that have allowed us to negotiate with STHFT, culminating in the letter Dr Hill wrote to her consultant colleagues.

We recognise the ongoing nature of the problem, so whilst we continue to receive examples at the office we will continue to highlight these with STHFT and now Sheffield Health and Social Care Trust as well. I have just written the 6th such letter of examples.

PCN Development in 2020

The added value of PCNs to general practice has continued through 2020, with increased collaboration and opportunities to employ more staff under the Additional Roles Reimbursement Scheme (ARRS). Availability of suitably qualified staff and recruitment remain an issue that may lead to co-employment contracts of future staff, such as paramedics and mental health workers.

The main introduction to the PCN DES this year has been the Enhanced Health in Care Homes element that was brought forward due to problems seen in the first wave of the pandemic. We have managed to negotiate an increase in value for this contract over the National DES, with an accompanying Locally Commissioned Service (LCS).

We still have serious concerns over the commitment of other organisations to support general practice in discharging obligations under this contract, and continue to work with Sheffield CCG, PCN CDs, Social Services and the Community Services Directorate to commission and develop support services. We have been informed there is no funding in the system to support commissioning of wrap-around services, and consider this a serious omission from the information supplied to PCNs when signing up to this agreement.

The Pandemic

It does not surprise us that the flexibility of general practice, permitted through its independent contractor status within the NHS, has allowed us to adapt rapidly to new challenges and new ways of working. We have taken on remote consultations using telephones, video and photography to allow patients to continue accessing our services during lockdowns, social distancing and incorrect accusations in the media that "General Practice is closed".

Not only have we adjusted to the changed primary care environment of COVID but, through practices and PCNs, we have continued to develop more focused services for our communities. Our PCN CDs have been caught in the eye of this storm with "The System" looking to them for leadership, both in the care of patients and managing the vaccination programme. The fact that Sheffield has generally fared better than other Northern Cities, and we are forging ahead with the vaccination programme, is credit to their organisational skills.

Primary Care Sheffield has also developed and managed the shift to "Hot" and "Cold" hubs, with transport solutions to help the patients of Sheffield and flex capacity when demand alters or, inevitably, some practices struggle due to outbreaks of coronavirus in their staff.

During the first phase of the pandemic much of our routine activity was protected and, after a brief restart to monitoring during the autumn, most activity has returned to block contract, protected status at present. Sheffield CCG has issued a helpful letter to highlight activities that still need monitoring and the BMA/RCGP have produced a supporting document. We continue to raise concerns that the re-introduction of monitoring occurred when coronavirus activity in the country reduced. This time around we have the added, enormous task of, as Matt Hancock keeps stating, the biggest vaccination programme in the history of the NHS. We are pushing to ensure that the "block contract" arrangement continues whilst we are engaged in this programme. There has been some recognition of this in the new contract arrangements for 2021-22 with only minimal changes.

THE COVID VACCINATION PROGRAMME

We are all well into this programme now and refining our service deliveries to maximise uptake in cohorts 1-4 and beyond. Sheffield has done incredibly well in delivering the vaccines, with PCN groupings delivering the vast majority. Now the mass vaccination site has opened at Sheffield Arena we need to co-ordinate efforts as we move into a phase of second vaccinations for those already vaccinated, and the huge cohorts of patients still awaiting their first jab.

Whilst there has been some encouraging evidence with the AZ vaccine reducing transmission and being more effective given 12 weeks apart, there are many months to go before we cover sufficient population to effectively reduce the spread.

We raised concerns in the early stages of the vaccine programme about the unnecessary restrictions on AZ vaccine transport between practice sites. GPs are well versed in vaccine storage and delivery, and it is welcome that NHSE/I agreed to vaccine transport between practice sites in their letter of 7 January. Their more recent communication noted that vaccines can now be stored in practice fridges pending vaccination in the "following days". This should support practices and PCN groupings with the logistics of such a large programme.

SOUTH YORKSHIRE AND BASSETLAW (SY&B) INTEGRATED CARE SYSTEM (ICS)

NHSE/I circulated a consultation document in November regarding placing ICSs on a statutory footing from April 2022, which we responded to.

The two main proposals will have significant impact, particularly on commissioning of services in Sheffield. The proposals are either for a single CCG across SY&B or these functions to be subsumed directly into the ICS. Our concerns particularly focus on the need for local, Sheffield voices in shaping the delivery of health and social care services in future, and the distinct lack of reference to general practice or individual practices.

Whilst there is clearly a move from NHSE/I towards larger scale provision of care to reduce unwarranted variation and improve resilience, there is a lack of recognition that the vast majority of work we do is at practice level. We consider that these proposals pose a threat to the independent contractor status of general practice. We recognise the benefits of collaborating in larger groups on certain projects (eg PCN DES) and having leadership in these provisions (PCN CDs), but have serious concerns about the "integration" agenda.

We will continue to engage in discussions locally and at ICS level on the future development of these proposals.

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We would like to thank all GPs across the city for stepping up and delivering amazing levels of health care to the population of Sheffield during such stressful times. Amongst all of this we have put up with negative media portrayals, and sometimes patient abuse when they do not fully understand the changed circumstances and strict directives we sometimes have to work under.

Please continue all your hard work.

DR ALASTAIR BRADLEY
Chair