SHEFFIELD LOCAL MEDICAL COMMITTEE

Newsletter

August 2016

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SHEFFIELD LMC ELECTIONS 2016-2020

The current LMC's term of office ends on 30 November 2016, with a new committee being convened in December. The elections for the new committee will commence in September and we are pleased to announce that Dr Trish Edney has agreed to be the LMC's Returning Officer.

All levy paying GPs on the national medical performers list at the time of the election will be eligible to join the LMC. We hope to encourage both new members and the re-election of existing members in order to ensure the continuation of our current strong negotiating position and extensive support and representation of Sheffield practices. In addition, we wish to be as representative a body as possible and to encourage a breadth of opinion and experience.

The committee meets on a monthly basis, currently at 7.45 pm at Tapton Hall on the 2nd Monday of the month. Members are also encouraged to participate in various meetings and negotiations which shape health policy and direction in the city.

The LMC deals with an enormous range of issues relating to primary care in Sheffield. General information about the work of the LMC can be found at: http://www.sheffield-lmc.org.uk/Downloads/LMC%20Guide.pdf

If any GPs are interested in standing for election or would like further information prior to the ballot papers being distributed in September, please do not hesitate to contact:

David Savage
secretary@sheffieldlmc.org.uk or

Margaret Wicks
manager@sheffieldlmc.org.uk

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PRIMARY CARE SUPPORT ENGLAND (PCSE)/CAPITA: GPC UPDATE

Further to the article in the July LMC newsletter, the LMC has received a further update from the General Practitioners Committee (GPC) on their discussions with PCSE/Capita.

The GPC passed a motion of no confidence in Capita, following the months of concerns highlighted by practices about the failures in patient record transfer, delivery of supplies and payment problems since NHS England handed over responsibility to Capita, as well as the very real concerns highlighted in NHS England's plans to remove patients from practice lists. The press release is available at: https://www.bma.org.uk/news/media-centre/press-releases/2016/july/gpc-pass-motion-of-no-confidence-in-capita

Dr Chaand Nagpaul, GPC Chair, had written to NHS England highlighting the significant concerns of the committee and the wider GP population. Capita has dramatically failed the NHS in England, disrupted general practice, and more seriously is still putting patients at risk of harm in their disastrous handling of the Primary Care Support contract. GPC representatives will be meeting with NHS England shortly to discuss the situation.

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URGENT REMOVAL OF PATIENTS FROM PRACTICE LISTS

The LMC has been made aware of cases where urgent requests for removal of patients from practice lists have not been actioned by PCSE within a satisfactory timescale. This is despite incidents being reported to the police and all relevant information being provided to PCSE, including the police incidence/report number.

PCSE recently clarified the procedure to be followed:

If you need to request the immediate removal of a patient from your practice list, we've set up a new dedicated email address: pcse.immediateremovals@nhs.net so we can action your request more quickly.

Requests will be processed within 24 hours of receipt. Please note that this email address should only be used for patients that require immediate removal from your practice list, where police involvement has been recorded and referenced.

For all other patient removals, please email: PCSE.enquiries@nhs.net

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GENDER DYSPHORIA: SPECIALIST PRESCRIBING

Further to the article in the June LMC Newsletter, and the General Medical Council's (GMC) response to the GPC, the GPC is arranging to meet with the GMC to discuss this issue further.

In addition, the GPC has written to NHS England regarding the failure to commission adequate local specialist services, and to the 3 main Medical Defence Organisations for their advice on any indemnity implications for GPs prescribing such specialist prescriptions which fall outside their competence.

We will keep practices updated on these negotiations as and when updates are issued by the GPC.

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FIREARMS LICENSING

In response to GPs' concerns over the new firearms licensing process introduced in April this year, new policy was passed at this year's Annual Conference of LMCs and the British Medical Association (BMA) Annual Representatives Meeting seeking further action and changes.

In light of these events, the BMA has revised their position and guidance.

The Home Office has been kept informed and the BMA will continue to engage with them on seeking improvements to the current process.

In summary, the new process for GPs to share information with the police on a firearms licence application involves work that is not a condition of the GP contract and, therefore, a fee can be charged. However, the British Association for Shooting and Conservation (BASC) are advising their members to refuse payment to GPs for responding to the initial police letter which asks to check and place a marker on the medical record.

The BMA is now advising GPs to return the letter to the police **without delay** explaining they are unable to undertake the work due to a lack of funding or for a conscientious objection to gun ownership. It is **not** acceptable to:

- disregard the letter;
- not inform the police;
- delay a reply.

Where there is a reasonable belief that an individual either applying for a firearm or shotgun license or already holding one, may represent a danger to themselves or others, the BMA strongly advises doctors to encourage the applicant to reconsider or revoke their application. If the applicant refuses, the GP should consider breaching normal confidentiality by informing the police firearms licensing department as a matter of urgency.

This advice only relates to the initial letter asking GPs to add a marker to the patient record. Applicants are still being advised by BASC to pay their GP for any full medical report being requested by the police as part of their application.

More detailed guidance can be found on the BMA website at: https://www.bma.org.uk/advice/employment/ethics/ethics-a-to-z/firearms

Further clarification has been requested from the BMA, as there still appears to be some confusion as to the involvement GPs should have, and the view has been expressed that GPs should not be involved in the process at all.

We will, of course, update practices as negotiations progress and more information is issued.

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Contemporaneous Labelling and Blood Samples

Concerns have been raised with the LMC regarding blood samples being rejected because the time on the blood sample and the time on the ICE label do not match.

This is a particular problem for home visits, when the blood sample cannot be taken at the same time as the ICE label is printed.

Following negotiations with Sheffield Teaching Hospitals NHS Foundation Trust (STHFT), in order to reduce the risk of patient/sample misidentification and possible sample mismatches, agreement has been reached that:

- When obtaining ANY sample for laboratory testing if you are not next to an ICE label printer it is critical that the patient's full details are written in pen on the label of the sample container in the patient's presence.

- If an ICE label has been printed at the surgery, eg when going out on a home visit, it is important to change the time on the label to make sure that this is contemporaneous with the sample being taken. This is in line with STHFT's *Patient Identification Policy*.

- The laboratory may not be able to accept samples where there is a reason to suspect a sample was unlabelled at the time of leaving the patient's presence.

- In exceptional circumstances blood samples can still be supplied in the correctly labelled green or blue bags.

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Preventing Telephone Fraud

The GPC has been made aware that telephone systems used by practices may be vulnerable to fraudsters hacking into them and making premium rate calls. In one instance £2500-£5000 of calls were placed over one weekend.

This is known as PBX/dial-through fraud, which occurs when hackers target Private Branch Exchanges (PBX) from the outside and use them to make a high volume of calls to premium rate or overseas numbers.

The victims are usually small to medium-sized businesses, but the National Fraud Intelligence Bureau has also noticed a number of schools, charities and medical/dental practices being targeted where fraudsters are taking advantage of flaws in security systems.

This type of fraud is most likely to occur when organisations are most vulnerable, ie during times when businesses are closed but their telephone systems are not, for example in the early hours of the morning or over a weekend or public holiday.

There are commercial organisations that will install software to prevent this and practices should consider whether this is a cost effective solution. However, a simpler alternative might be to place a block on international calls with the telephone system supplier.

This raises an issue of where, for example, a patient is hospitalised abroad and clinician to clinician communication is required, but the advice of GPC would be to ensure that an alternative mechanism for making and receiving such a call was in place, such as the mobile of one of the practice staff. Any cost to the individual could then be reimbursed.

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Sheffield LMC Buying Group: Update

As many of you will be aware, the LMC's Buying Group was launched in January 2011. Since then 72 Sheffield GP practices have signed up to the Buying Group and we hope that those practices have been able to take advantage of the deals and savings on offer.

Current suppliers cover a broad range of supplies and services, such as:

- Asbestos and environmental surveys;
- Confidential waste shredding;
- DBS checks processing service;
- Digital dictation software;
- Emergency oxygen;
- Insurance brokerage;
- Magazine subscription packages;
- Medical consumables and equipment;
- Medical record digital reproduction;
- Online training;
- Staff uniforms;
- Stationery and office equipment;
- Telecoms;
- Utilities brokerage (gas and electricity);
- Waste management (trade / feminine hygiene)
- Website design.

Membership of the Buying Group:

- is entirely free;

- puts no obligation on practices to buy from any of the approved suppliers;

- is easily cancelled by email to the LMC office: administrator@sheffieldlmc.org.uk

If any practices are unclear as to whether or not they are part of the Buying Group, or of how to access the savings on offer, please do not hesitate to contact the LMC office via: administrator@sheffieldlmc.org.uk.

Any practice wishing to join the Buying Group can do so by completing the proforma available at: http://www.sheffield-lmc.org.uk/Downloads/RequesttoJoinBuyingGroupProforma.doc

The information provided on the proforma is forwarded to the Federation of LMC Buying Groups, who then pass details to approved

suppliers, in order for the suppliers to contact practices directly.

Once practices have joined the Buying Group they will receive a welcome pack containing details of the suppliers and other relevant information, such as a user name and password giving access to the Federation of LMC Buying Groups website and other benefits.

Further information on the Buying Group can be found at: http://www.sheffield-lmc.org.uk/buying_group.htm

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ASBESTOS & ENVIRONMENTAL SURVEYS

It has been brought to the LMC's attention that a company called Legionella Scotland has called a number of GP practices stating that they have taken over ASI Environmental and could do future surveys for them.

There is no truth in this claim; ASI Environmental is the LMC Buying Group provider for asbestos and environmental services. Legionella Scotland has been contacted with a request that they stop making these claims.

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QRISK2 MISCALCULATIONS

Further to the article in the July LMC newsletter, the GPC has issued an update on this issue:

- NHS England has raised concerns with the GPC that approximately half of practices affected by this issue have not accessed the lists of affected patients generated by TPP, in order to ascertain how many patients have been affected and by how much those patients' calculations are inaccurate, and hence whether the clinical decisions made are still correct.

- The GPC stance is that practices should be aware of who these patients are, and that it would be difficult to defend a practice that had not accessed their list. However, once the list is accessed and the information is obtained, it is up to GPs to prioritise this work in accordance with their other clinical duties.

- NHS England will be sending out 3 letters: one to practices that have accessed the lists, one to those that have not and one to non-TPP practices (who should have been contacted by HSCIC and informed of the affected patients).

- NHS England will be encouraging practices to complete a workload survey, which will be used in negotiations with TPP to try to secure recompense for the work involved.

In summary, the GPC is advising that:

- Practices access the data so they know the extent of their problem.

- If they have given patients advise that is proven to be inaccurate, on the basis of faulty IT information, practices need to put this right, with a degree of urgency commensurate with the significance of the error, and taking in to account other patients' needs.

- Practices complete the survey to allow an accurate assessment of the reimbursement to press for.

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INDEMNITY COVER: RENEWAL REFUSALS AND PREMIUMS

The LMC was recently contacted by the Medical Insurance Advisory Bureau (MIAB), as they are experiencing an increased number of requests from GPs to help them obtain indemnity cover, having had their Medical Defence Organisation (MDO) refuse to renew their membership.

There is also anecdotal evidence of GPs working for out of hours organisations being asked to pay significantly higher premiums than previously.

In order to ascertain the scale of the problem locally, it would be appreciated if any Sheffield GPs experiencing difficulties with their indemnity renewal or significant cost increases could make the LMC aware of this via: manager@sheffieldlmc.org.uk.

Following a General Practice Indemnity Review NHS England has announced a new GP indemnity support scheme starting in 2016/17, to provide a payment to practices to offset average indemnity inflation.

The scheme will initially run for 2 years before being reviewed. The details of the scheme have yet to be developed, but details of NHS England's announcement can be found at: https://www.england.nhs.uk/ourwork/gpfv/gp-indemnity/

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GENERAL PRACTICE RESILIENCE PROGRAMME

NHS England's £40M General Practice Resilience Programme is designed to help struggling practices by delivering local resources, which may include local resilience teams or pools of experienced GPs and other practice staff, to help with practice management, recruitment issues, and capacity.

The first £16M has now been allocated to local Area Teams, who will identify practices using the same national criteria applied in the Vulnerable Practice Programme.

Support to practices will be conditional on matched commitment from practices, evidenced through an agreed action plan, but practices will not be required to match-fund the support. NHS England guidance, which contains details of the allocations for each local team, can be accessed via: https://www.england.nhs.uk/wp-content/uploads/2016/07/gp-resilience-prog.pdf

The LMC will be liaising with NHS England regarding local implementation.

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THE GENERAL PRACTICE DEVELOPMENT PROGRAMME

The General Practice Forward View (GPFV) announced actions at national level to reduce pressure and increase resources in general practice. It also announced a 3-year £30M national development programme linked with additional investment of £96M:

- £45M to support the training of reception and clerical staff to play a greater role in navigation of patients and handling clinical paperwork to free up GP time;
- £6M practice manager development;
- £45M to support the uptake of online consultation systems.

NHS England recently published more information on the programme: https://www.england.nhs.uk/ourwork/gpfv/gpdp/

The aim of the programme is to support practices to manage their workload differently and to help practices implement proven innovations – 10 High Impact Actions:

1. Active signposting,
2. New consultation types,
3. Reduce DNAs,
4. Develop the team,
5. Productive work flows,
6. Personal productivity,
7. Partnership working,
8. Social Prescribing,
9. Support self-care,
10. Develop QI expertise.

The menu of support from this programme has been summarised as follows:

Releasing time for care
National resources and expertise will help groups of practices plan their own Time for Care programme.
https://www.england.nhs.uk/ourwork/gpfv/gpdp/releasing-time/

Building capability for improvement
Free training and coaching will be provided for clinicians and managers to grow confidence and skills in using improvement science and leading change.
https://www.england.nhs.uk/ourwork/gpfv/gpdp/capability/

Training for reception and clerical staff
The programme is providing funding via CCGs towards training for receptionists to play a greater role in active signposting and for clerical staff to manage more incoming correspondence.
https://www.england.nhs.uk/ourwork/gpfv/gpdp/reception-clerical/

Practice manager development
Working with practice manager leaders, the programme will support networking between managers at a local and national level, to share successful ways of managing workload and provide peer-to-peer encouragement and support.
https://www.england.nhs.uk/ourwork/gpfv/gpdp/manager-dev/

Online consultation systems
From April 2017 the programme will provide funding via CCGs towards the cost for practices to install an online consultation system.
https://www.england.nhs.uk/ourwork/gpfv/gpdp/consultation-systems/

The LMC will be liaising with NHS England regarding local implementation.

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RETAINED DOCTOR SCHEME 2016

The Retained Doctor Scheme is a package of support which includes financial incentives and development support to help GPs who might otherwise leave the profession to remain in clinical general practice.

From 1 July 2016, NHS England is increasing the money for practices employing a retained GP (RGP) and the annual payment towards professional expenses for GPs on the scheme. The additional resource is part of an on-going commitment to retain more doctors in general practice as set out in the GPFV.

Practices employing a GP in this scheme will now receive £76.92 per session per week (previously £59.18).

The annual payment towards professional expenses for GPs on the retained scheme will increase to between £1,000 and £4,000 depending on the number of weekly sessions worked.

The additional resource will be available for up to 36 months from 1 July 2016 until 30 June 2019.

A broader review of the best approaches to retaining doctors is also being undertaken by NHS England, Health Education England (HEE), the GPC and the Royal College of General Practitioners (RCGP).

More information on the scheme can be found at:
https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/07/retained-doctrs-scheme-guid-2016.pdf

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MULTISPECIALTY COMMUNITY PROVIDER (MCP) EMERGING CARE MODEL AND CONTRACT FRAMEWORK

In October 2015 the Prime Minister announced the intention to create a new 'voluntary' contract for GPs in England that would provide 'at scale' general practice.

Over the last 6 months this has been developed by NHS England via the MCP Contract Development Group, resulting in the publication of the *MCP Emerging Care Model and Contract Framework*:
https://www.england.nhs.uk/wp-content/uploads/2016/07/mcp-care-model-frmwrk.pdf

It is expected that the draft contract will follow at the end of September.

The GPC has produced guidance *Focus on MCP Contract Framework*, which summarises the main contractual elements contained in the MCP contract framework, the key concerns about the contract and the GPCs proposed alternative:

http://www.sheffield-lmc.org.uk/OG16/Focus_onMCP_ContractFrameworkFINAL.PDF

The main areas covered in the GPC guidance are:

- Contractual Form: virtual, partially integrated & fully integrated MCPs;
- Service Specification;
- Funding;
- Procurement;
- Right of return;
- Employment models & conditions;
- Regulation;
- Indemnity;
- Pensions;
- GPC view;
- GPC's proposed approach.

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GPC Campaigns: Request for Information

Richard Pursand has recently taken over as GPC Liaison Officer, acting as the liaison between the GPC, its Executive, LMCs and BMA staff.

Richard is responsible for supporting all of GPC's agreed campaigns, and as part of that is particularly interested in hearing from LMCs regarding details of any practices closing, as well as any specific examples of the pressures and issues facing General Practice which GPC can use as part of their media and campaigns work.

Richard is also interested in hearing about any practices that have implemented new technologies as a way of reducing their workload safely, or more broadly whether there are any practices that have successfully implemented parts of the BMA's safer working document.

If you have information that falls in to one of the above categories, which you would be happy for the LMC to share with the GPC, it would be appreciated if you could forward details to the LMC office via manager@sheffieldlmc.org.uk.

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SY&B Primary Care Workforce Group: First 6 Months Summary

Article submitted by Dr Ben Jackson, Chair, SY&B Primary Care Workforce Group

Reconfigured just over 6 months ago, the South Yorkshire and Bassetlaw (SY&B) Primary Care Workforce Group identified some 'quick wins' and we have tried to deliver these as well as possible. I think we have been 'partially successful' in achieving these.

There is still work to do engaging with the CCG workforce leads in some areas - due to time rather than lack of will - and we have had some input to the Sustainability and Transformation Plan (STP) via our submission to them.

What has been most positive is the energy that has remained within the group at our meetings and it has been clear that everyone there from LMC, Local Pharmaceutical Committee (LPC), CCG, Health Education England (HEE) and wherever are jointly committed to helping create a primary medical care service that can meet needs and is as resilient as is possible against the massive challenges economically and politically.

We were very pleased at our last meeting to welcome Kevan Taylor, Workforce Lead for the STP and hear that he had community and primary care services high on his agenda. We also welcomed his invitation for the group to become a more integral part of the STP with respect to Primary Care Workforce. Thank you Kevan.

Below is a link to the report from the first 6 months - hopefully this will be a start in a longer term process where we can help influence changes in a way that support our health care professionals and most importantly our service to the public: https://sybwg.files.wordpress.com/2016/07/the-sybwg-interim-report-july-2016.pdf

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Large Scale General Practice

The Nuffield Trust recently published a report on general practice entitled *Is bigger better? Lessons for large-scale general practice.*

The report, which looks at pooling GP resources and the impact that this will have, can be accessed via: http://www.nuffieldtrust.org.uk/sites/files/nuffield/publication/large_scale_general_practice_web.pdf

The GPC Public Health and Healthcare team has produced a summary of the report, which can be accessed via: http://www.sheffield-lmc.org.uk/OG16/Summary-NuffieldTrust.pdf

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Cardiopulmonary Resuscitation (CPR) Guidance

The latest version of the British Medical Association (BMA), Resuscitation Council and Royal College of Nursing guidance on CPR has recently been issued and can be accessed via: http://www.sheffield-lmc.org.uk/OG16/Decisions-Relating-to-CPR-2016.pdf

This latest revision is in response to public and professional debate about CPR decisions, and to recent statutory changes in legal judgements.

The key ethical and legal principles that should inform all CPR decisions remain, but greater emphasis has been placed on ensuring high quality timely communication, decision making and recording in relation to decisions about CPR.

Some of the key sections are:

- Advance care planning;
- Non-discrimination;
- Human Rights Act;
- Circumstances when a CPR decision may not be followed;
- Refusals of CPR by adults with capacity;

- Adults who lack capacity;
- Children and young people under 18 years of age;
- Confidentiality;
- Recording decisions;
- Communicating decisions to other healthcare providers;
- Reviewing decisions.

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SHEFFIELD ADVANCED TRAINING PRACTICE (ATP) SCHEME

Article submitted by Sanni Khan, ATP Lead/Administrator, Foundry Medical Group

The ATP Scheme is a regional programme run in conjunction with Health Education England (HEE).

The Foundry Medical Group has been the acting Hub for Sheffield since January 2016.

The aims of the ATP scheme include:

- To provide much needed placements for undergraduate student nurses in General Practice, particularly those with a teaching and learning ethos.
- Broaden the scope of practice training to include nurses and other clinical disciplines, capitalising on areas of training that overlap, so as to make better use of available resources and creating opportunities for Interprofessional Learning (IPL).
- To begin to address an anticipated need for future practice nurses when the current workforce retires.

Benefits for the student nurse:

- A real insight into a differing side of nursing.
- Identify a potential career path that may have not been explored.
- Experience a different nursing environment from acute care.
- Offered hands-on learning opportunities whilst mentored by experienced practice nurses.
- Experience timely IPL sessions.

Benefits for the GP Practice:

- A weekly funding fee per student.
- Stimulations for current practice nurses.
- Learners making a real contribution and bringing enthusiasm and ideas to the practice.
- Keeps processes up to date in terms of professional practices.
- Widening learning scope and introducing aspects of interprofessional dialogue.
- An opportunity for practices to meet future colleagues.
- An opportunity for practice nurses to meet some of their revalidation criteria.

In order to meet demand for placements we are currently seeking to increase the number of practices participating in the ATP Scheme.

Funding is provided to support practices in accommodating and mentoring students. We currently have money to support the study days involved in acquiring a mentorship qualification.

If you would wish to learn more about ATP placements in a primary care setting or have any related queries, please contact:

Miss Sanni Khan
ATP Lead/Administrator
Foundry Medical Group
sanni.khan@nhs.net
(0114) 274 3996.

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SESSIONAL GPS E-NEWSLETTER: JULY 2016

The July edition of the Sessional GPs e-newsletter is available on the BMA website at:

http://bma-mail.org.uk/t/JVX-4DGLH-1BJCJOU46E/cr.aspx

The main articles include:

- Introducing your new sub-committee chair;
- Salaried GPs: Your contract is so important;
- How locums offer hope for general practice;
- Should you join locum chambers;
- Report urges rethink on seven-day service;
- Shared parental leave.

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Please forward any articles, comments etc for inclusion in the LMC newsletter to the LMC via: manager@sheffieldlmc.org.uk

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

Submission deadlines can be found at: http://www.sheffield-lmc.org.uk/Newsletters14/VB_and_Newsletter_Deadlines.pdf