

SHEFFIELD LOCAL MEDICAL COMMITTEE

Newsletter

August 2018

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CHANGES TO SHEFFIELD LMC EXECUTIVE

As you will be aware, Alastair Bradley was elected to the post of LMC Vice Chair and Duncan Couch to the post of LMC Executive Officer in December 2016. At that time, Mark Durling agreed to remain as LMC Chair for a third term, to provide support to the new members and until such time as it was agreed that Alastair would become Chair.

A proposal was taken to the July LMC meeting, and committee members were given until the August LMC meeting to note their approval or raise concerns. It has subsequently been confirmed that Alastair will become LMC Chair on 1 September 2018. Mark will take on the role of Vice Chair whilst a further review and succession planning is undertaken, in time for the next elections, which are due to take place in 2020.

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ANNUAL PAY REVIEW FOR DOCTORS IN ENGLAND

As you will be aware, the Government recently announced its pay deal for doctors in England - a consolidated 2% pay increase for GPs backdated to April 2018, with an additional 1% potentially available from April 2019 subject to contract reform. In doing so, the Government ignored recommendations from the Review Body on Doctors' and Dentists' Remuneration (its own independent pay review body), ie a 4% uplift on pay and expenses.

The General Practitioners Committee (GPC) Executive has been in direct contact with the Secretary of State for Health and Social Care and NHS England to express very clearly the anger of the profession.

The British Medical Association (BMA) has also responded to the announcement with a statement expressing the profession's astonishment and Chaand Nagpaul, BMA Chair of Council, wrote to the Secretary of State for Health and Social Care requesting an urgent meeting to discuss what can be done to address the profession's anger.

A letter has been issued outlining the impact of the pay award announcement on the GP contract agreement for 2018/19, which can be accessed via:

<https://www.bma.org.uk/-/media/files/pdfs/collective%20voice/committees/gpc/gpc%20england/gpc-post-pay-announcement-update.pdf?la=en>.

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FLU VACCINATION SERVICE 2018/19

As you are aware, NHS England (NHSE) has advised the use of adjuvanted trivalent flu vaccine (aTIV) for those aged 65 years and over in the coming flu season. As the only licensed aTIV in the UK is manufactured by Seqirus (Fluad®), to manage supply of the vaccine, and to help ensure that there is equal access for patients and that all vaccination providers are treated fairly, GPs and community pharmacies will all receive:

- 40% of their aTIV order in September;
- 20% in October;
- 40% in November.

Any evidence of this being deviated from should be flagged up immediately with the General Practitioners Committee (GPC) via info.gpc@bma.org.uk so that the GPC can raise this with NHSE.

NHSE guidance on providing the 2018/19 flu vaccination service was recently circulated to GP practices with an accompanying joint letter from NHSE, the British Medical Association and the Pharmaceutical Services Negotiating Committee (PSNC). Further copies of the letter and guidance can be accessed via:

<https://www.england.nhs.uk/wp-content/uploads/2018/08/flu-vaccs-2018-planning-letter.pdf>.

<https://www.england.nhs.uk/wp-content/uploads/2018/08/flu-programme-delivery-guidance-2018-19.pdf>.

Please note that the staged deliveries are for aTIV only and will not affect supplies of the quadrivalent and live attenuated influenza vaccines.

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GENERAL PRACTICE PREMISES POLICY REVIEW: CALL FOR SOLUTIONS

NHS England (NHSE), with the Department of Health and Social Care, is working collaboratively with the General Practitioners Committee (GPC), Royal College of General Practitioners and other stakeholders to undertake a review of the General Practice Premises Policy.

The review will seek to identify how to ensure that general practice premises are fit for purpose, both now and in the future. The review will seek to identify how it can be ensured that general practice premises are fit for purpose, both now and in the future. A range of barriers have been raised so far in the review, including:

- the liabilities for GP partners associated with estate ownership or lease-holding (also known as 'last partner standing');
- a perception that estate ownership is unattractive and may be putting off prospective GP Partners from entering into partnerships;
- sub-optimal utilisation of estate;
- mixed use, particularly of new builds, can be difficult to achieve due to balance of liability across the different parties involved;
- revenue implications of estate preventing developments.

Further information on the review is available via:

<https://www.engage.england.nhs.uk/survey/gp-practice-premises-policy-review/>.

Within the scope of the review NHSE is holding a 4 week open call for solutions via which it is inviting submissions from interested stakeholders. The GPC is encouraging practices and individual GPs to submit (potential) solutions that address both individual issues and systematic issues. A range of proposals are welcomed, from those designed to address specific issues to those which would require a more significant system reconfiguration.

A call for solutions pack has been produced, which sets out further information about what the review is considering, how to submit a response and the format that any proposals should take. It is suggested that practices / GPs read the pack before submitting a response:

https://www.engage.england.nhs.uk/survey/gp-practice-premises-policy-review/user_uploads/gp-call-for-solutions-pack.pdf.

The open call runs until **5 September 2018**.

In addition, the GPC will shortly be issuing a survey for practices on premises, which we would encourage practices / GPs to look out for. This is a GPC survey which will be used to feed in to the premises review.

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CLINICAL PHARMACISTS AND INDEMNITY

Guidance agreed by the Yorkshire Office Medical Director of NHS England (NHSE) has been produced to support GP practices employing clinical pharmacists through the General Practice Forward View (GPFV) scheme, to ensure that practices have appropriately considered their professional and service indemnity. In addition, a number of practices have independently secured a pharmacist to support their skill mix and delivery of practices services.

A copy of the guidance can be accessed via:

<http://www.sheffield-lmc.org.uk/website/IGP217/files/Clinical%20Pharmacists%20and%20Indemnity.pdf>.

The LMC sought confirmation from Primary Care Sheffield (PCS) regarding indemnity cover for Clinical Pharmacists employed by PCS and received the following update:

- The individual pharmacists have their own personal indemnity to cover their role and PCS runs a pre-employment check holding evidence on each individual's staff file.
- PCS holds a corporate indemnity policy through the Medical Defence Union (MDU) and the pharmacists and the work they do in Sheffield GP practices under their PCS employment is covered on this policy.

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CARE QUALITY COMMISSION (CQC) FACTUAL ACCURACY PROCESS REVIEW

The CQC has asked the British Medical Association (BMA) to share the following information, to give GP practices an opportunity to submit their views on its factual accuracy process:

"Feedback from providers and inspectors shows that our [factual accuracy](#) process needs to be improved. We want to improve the efficiency, clarity and effectiveness of the process, and we need your help to do this. Providers and inspectors have told us that the factual accuracy process is frustrating because:

- *The guidance does not give providers the information they need to understand the purpose and scope of the factual accuracy process, so submissions made sometimes overlap with other processes such as complaints.*
- *Providers can make more than one submission and submit large amounts of information, often not using the CQC Template provided. This is very time consuming for providers, and the information provided is not always relevant to the factual accuracy process.*
- *This increases processing time for inspectors, results in inconsistent responses, and delays to report publication.*

We want to improve the factual accuracy process to help providers make submissions that are appropriate, effective and concise. This will help improve the timeliness of report publication, saving providers and CQC time and resources and ensure a better service for the public.

We are at the beginning of making these improvements and want your views on what the key issues we need to address are, and what we could change to improve the process. Please visit the online community for more information and to share your views:

<https://communities.cqc.org.uk/provider/document-for-review/help-us-improve-our-factual-accuracy-process>.

If relevant, please feel free to share this with colleagues in your organisation. They will need to be registered with the community to share feedback and can sign up here: <https://communities.cqc.org.uk/provider/user/register>.

The deadline for responses is Friday 31 August”.

Please note that in addition to submitting comments through CQC’s online community (as set out above), feedback can also be sent directly to edward.foster@cqc.org.uk.

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GENERAL MEDICAL SERVICES (GMS) AND PERSONAL MEDICAL SERVICES (PMS) REGULATIONS AMENDMENTS

Following agreement in the last round of negotiations, the amendments to the GMS and PMS regulations in England have now been agreed and laid before Parliament. These are available via the link below, but **do not come into force until 1 October 2018**: <http://www.legislation.gov.uk/uksi/2018/844/contents/made>.

Violent Patients:

One of the main changes is to the section around removing a patient who is violent; these changes have been made following the General Practitioners Committee (GPC) raising concerns that some practices were left vulnerable when patients with a recent history of violence registered with a new practice without the practice being aware of the situation. Such patients should instead be provided general practice services by a specially commissioned service.

It was agreed that a patient having a violent patient flag on their record is reasonable grounds for a practice to refuse to register that patient (using paragraph 21 of part 2 of the regulations ‘refusal of applications for inclusion in the list’).

A new addition to the regulations was also agreed that if a practice registered someone with a violent patient flag on their record, they may remove them immediately by giving notice to NHS England.

While the latter will come into effect in October, the former is an agreement around interpretation of the regulations and so can be implemented immediately. The GPC has noted the hope that commissioners would recognise the change coming in October and so may provide some scope for this to be implemented right away.

Having raised this with our Local Area Team we have received confirmation that these processes are already in operation, as part of the wider changes to the Special Allocation Service (SAS), formerly referred to as the Violent Patient Scheme. A flag is placed on the patient record by Primary Care Services England (PCSE) at the point that the patient is included on the scheme. This is to highlight the status of the patient to a practice, should the patient try to register with a practice whilst included on the SAS, so that the practice can refuse the registration. The flag should be removed at the point that the patient is removed from the SAS.

If practices find that the above is not taking place or experience in problems in relation to this, it would be appreciated if details could be forwarded to the LMC office via manager@sheffieldlmc.org.uk.

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SUPPORTING DOCTORS WHO UNDERTAKE A LOW VOLUME OF NHS GENERAL PRACTICE CLINICAL WORK

NHS England has launched new guidance on supporting doctors who undertake a low volume of NHS general practice clinical work, which can be accessed via:

<http://www.sheffieldlmc.org.uk/website/IGP217/files/Supporting%20doctors%20who%20undertake%20a%20low%20volume%20of%20NHS%20General%20Practice%20clinical%20work.pdf>.

Mark Sanford-Wood, GPC England Deputy Chair, has also written a blog about the new guidance, which can be accessed via: https://www.bma.org.uk/connecting-doctors/the_practice/b/weblog/posts/new-revalidation-guidance-clarity-for-gps.

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NEW CLINICAL ROLES

A guide to new clinical roles has been published on the British Medical Association (BMA) website. It has been designed to provide members with a broad outline of the new clinical roles that are emerging across the NHS, ie:

- Advanced Clinical Practitioners;
- Clinical Pharmacists;
- First Contact Practitioners for musculoskeletal services;
- General Practice Assistants;
- Medical Associate Professions;
- Advanced Critical Care Practitioners;
- Physician Associates;
- Physicians Assistants (anaesthesia);
- Surgical Care Practitioners;
- Mental Health Therapists;
- Nursing Associates.

A copy of the guidance can be accessed via:

<https://www.bma.org.uk/collective-voice/policy-and-research/education-training-and-workforce/new-clinical-roles>.

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POTENTIALLY AVOIDABLE APPOINTMENT AUDIT TOOL

NHS England has launched a fully automated Potentially Avoidable Appointment Audit Tool, which is free for all practices in England and is intended to assist practices in reviewing their workload and exploring how things might be managed differently in the future. So far, more than 1,000 GPs across 400 practices have audited their appointments. Practices can register for the audit by going to <https://pcfaudit.co.uk/login>. To find out more about why practices are using the audit, results so far, changes they have made, and case studies, see:

<http://www.primarycarefoundation.co.uk/overview-of-the-audit.html>.

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MIGRANT HEALTH WEBSITE

The website <https://migrant.health/> has been developed by Doctors of the World UK (DotW UK), the University of Sheffield and Yoomee, with funding from the Health Foundation. It is an online tool for people working in primary care who want to learn about and discuss how to provide high quality care for migrant patients, particularly those who might be in more vulnerable circumstances. Launched in July 2018, it is a prototype which hopes to grow in the breadth of the subjects covered. There are a number of resources already available such as:

- Practice guidance about how to deal with specific problems;
- Factsheets covering specific topic areas, with key facts;
- How-tos – practical guides on issues facing primary care staff;
- Bright ideas – highlighting local innovative and good practice;
- Tools and information – nationwide organisations, templates and signposting;
- Country A-Z, from Public Health England's Migrant Health Guide.

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BENEFITS OF A CAREER IN PRIMARY CARE

Health Education England (HEE) is asking for case studies to raise awareness of the benefits of a career in primary care. As the next round of recruitment for GP training applications will open 7 - 29 November 2018, HEE is keen to feature some accounts from GPs and GP trainees who are willing to help describe how they feel about treating their patients and what they have achieved or the outcome / benefit. As doctors spend a majority of their training and working life in hospitals, the aim is to better show what can be achieved by working in primary care:

- the skill of the primary care clinician in triaging, determining a diagnosis or treatment with multiple undifferentiated presentations;
- challenge and stimulation of using the range of your medical training, dealing with conditions not limited to one body part or system;
- ability to influence, educate and help prevent illness;
- satisfaction of a good outcome for the patient.

The case studies on the GP National Recruitment Office website are regularly viewed, providing an easy to digest, peer to peer account that describes the ability to incorporate special interests into general practice and the flexibility to tailor a portfolio career.

With this in mind, HEE are inviting reflective 500 (or so) word accounts of a particular patient or group of patients within clinical practice, special interest or portfolio experience as a GP:

- made an initial diagnosis and continued to treat over a period of time;
- describes the challenges or difficulties encountered - this could include clinical or non-clinical / social obstacles or surprises;
- worked with a practice team or wider social and community care colleagues or school / police;
- describes the patient outcome / benefit and any potential future plans.

If you are interested please email GP Recruitment gprecruitment@hee.nhs.uk for more information.

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APPRENTICESHIPS IN ENGLAND

The British Medical Association (BMA) has produced guidance covering issues such as:

- What is an apprenticeship?
- Apprenticeship standards / frameworks and training providers.
- How the apprenticeship levy works.
- Apprenticeships in primary care booklet;
- Co-investment for GP practices / smaller employers.

The guidance can be accessed via: <https://www.bma.org.uk/advice/employment/gp-practices/gps-and-staff/apprenticeships-in-england>.

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SESSIONAL GPs E-NEWSLETTER: JULY 2018

The July edition of the Sessional GPs e-newsletter is available on the British Medical Association website at: <https://bma-mail.org.uk/t/JVX-5QY7R-1BJCJOU46E/cr.aspx>.

The main articles include:

- General practice in Europe.
- Advice for working parents.
- Maintain your employability.
- Free contract checking.
- Robots taking over?
- New clinical roles within the NHS.
- Adult safeguarding ethics toolkit.
- Sessional GPs guidance hub.
- How to ace our appraisal.

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SESSIONAL GPs E-NEWSLETTER: AUGUST 2018

The August edition of the Sessional GPs e-newsletter is available on the British Medical Association website at: <https://bma-mail.org.uk/JVX-5SSS9-D83MCLZ17D/cr.aspx>.

The main articles include:

- Government's pay deal falls short.
- NHS told to revamp outsourcing after making a 'complete mess' of Capita contract.
- Capita and the NHS pension fiasco – what is going on?
- GP retention scheme step-by-step guide.
- Addressing unmet needs in women's health in the UK and globally.

Of particular importance is the survey on Annualisation within the 2015 NHS Pension Scheme, which can be accessed directly via: <https://bma-mail.org.uk/JVX-5SNCC-D83MCLZ17D/cr.aspx>.

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

Articles for the September edition to be received by Friday 7 September

Submission deadlines can be found at

<http://www.sheffieldlmc.org.uk/website/IGP217/files/Newsletter%20&%20VB%20Deadlines%202018.pdf>