

Chair's Update for Sheffield GPs and Practices: February 2024

Sheffield
LMC



INTRODUCTION

Welcome to another year of General Practice provision in Sheffield, where much has happened and there are many changes. We continue to see the gaslighting of General Practice in the press, micromanagement and underfunding of our services (down to 7% of the total NHS budget, a drop of £350m per year since the pandemic). It is credit to all GPs that we continue to provide generally excellent services to our patients. I thank all of you who have gone over and above in delivering care for your patients under the most challenging of circumstances. I reiterate that this can only occur with the flexibility provided by the independent contractor status that allows us to continue to innovate and provide care for our patients in our communities. However, General Practice as we know it cannot continue to survive on such meagre offerings and change is needed.

GP RETENTION

Sheffield LMC has advocated locally and nationally that trying to improve recruitment is only part of the battle in maintaining staffing levels and continuity of care in General Practice. It is equally important to retain those GPs who would otherwise retire early, look for alternative employment in the UK or, indeed, consider emigrating to other countries such as Canada. Therefore, it is disheartening to see the Department of Health and Social Care (DHSC) not commit to funding for two such schemes; The Fellowship Programme, open to all newly qualified GPs, and the NHS England (NHSE) Supporting Mentors Scheme. The lack of commitment to such supportive funding appears short-sighted, as we are well aware of the falling number of full time equivalent (FTE) GPs.

Sheffield LMC still runs its own Mentorship Scheme, funded by Commissioners and managed by Mark Durling. If anyone is interested in accessing this confidential service, more information can be found [here](#).

The NHS continues to focus on data-driven outcomes, whilst ignoring the welfare of its employees. The General Practitioners Committee (GPC) and the Royal College of General Practitioners (RCGP) have advocated a "safe number" of GP contacts per day at 25. This is not just for patient safety, but the integrity of the GP as well. Decision-making is becoming far more complex, involving multiple agencies, yet the number of patients per FTE GP continues to rise.

COMMUNITY PHLEBOTOMY AND SPIROMETRY

I wrote last year about these services, and how we were disappointed at the lack of progress on either front. You can imagine our immense frustration that I can offer no update on either count.

As described last year, Sheffield LMC had agreed with Sheffield Place commissioners that Personal Medical Services (PMS) / General Medical Services (GMS) equalisation funding should be spent on supporting a community phlebotomy service. Nearly 2 years on from this agreement we have yet to see any tangible service provision. I have, therefore, written to the Sheffield Place Finance Officer requesting an urgent update on where the funds have been spent, and when we might see a service.

Equally with spirometry, we have been promised Respiratory Hubs and a centralised Spirometry Service for 2 years. Progress has been slowed by the insistence by the Care Quality Commission (CQC) that:

“Those performing or interpreting diagnostic spirometry in General Practice must be able to demonstrate their competency. Being on the Association of Respiratory Technology & Physiology (ARTP) national register is one way to evidence quality and consistency.”

The proposal has been for GPs to request tests centrally, but to interpret them themselves. This would still require every interpreter to be on the ARTP register, and the work would be unfunded in General Practice, as it is not part of core activity.

Sheffield is a post-industrial city with a significant amount of undiagnosed respiratory illness that can lead to years of chronic disability. We are aware that some Practices and Primary Care Networks (PCNs) are using funding to commence this work themselves. The criteria above remain, but we fully support any rapid reintroduction of spirometry services in a safe and effective way.

WORKLOAD

This continues to be a significant problem for General Practice “supported” by the NHSE initiative Primary Care Access Recovery Plan (PCARP)! I wonder aloud what lack of access we are supposed to be recovering from. Activity certainly reduced during the pandemic, but General Practice provided 1.56m appointments per day in October 2023 and 1.43m appointments per day in November 2023 - far higher than pre-pandemic levels. The reporting framework for payments under Local Capacity and Access Improvement Payments (LCAIP) is extensive, and does not necessarily relate to Access recovery. Equally, it adds to bureaucracy which Integrated Care Boards (ICBs) are contractually obliged to reduce under PCARP. We have yet to see as extensive a reporting system for ICBs to complete to show where bureaucracy has reduced. This is on a backdrop of a shift of the workload from Secondary Care to General Practice in terms of requests for onward referrals, blood tests, chasing results and asking GPs to complete sick notes.

We are noticing an even greater challenge to workload transfer in terms of reclassifying medicines so that General Practice can initiate drugs that Secondary Care say they do not have the capacity to deliver, eg Inclisiran (no outcome data it works, no evidence it is safe to deliver in Secondary Care, let alone Primary Care), and Dapagliflozin for heart failure (a drug GPs are familiar with in diabetes, but not in the complex multi-drug monitoring situation of chronic heart failure).

There are an increasing number of proposals for drugs to be prescribed under Shared Care Protocols (SCPs) with no additional funding added to the “Over and Above” Locally Commissioned Service (LCS) to account for this extra workload. Equally, we are all aware of the “expectation” that GPs will take on this workload from Secondary Care, regardless. We have asked Sheffield Place to analyse the workload associated with each SCP and number of SCPs, so that we can challenge the funding envelope for this transferred work. We also note that SCPs are voluntary undertakings, and GPs should assess requests on a case-by-case basis before they consider accepting a patient under an SCP.

OLIVER MCGOWAN TRAINING

We are all well aware of the tragic circumstances leading to the introduction of this training. However, the impact of the recommendations has not been considered on the wider provision of General Practice services. The online training is helpful, and can be done at a time suitable to the GP (hopefully with some protected learning time). The face-to-face element requiring a full day away from the practice for every member of staff is impractical and will affect service provision. The current model only allows 30 people per session, so cannot be delivered in two parts at PLI events for the city. The idea is excellent, the implementation is impractical. The GPC is in close discussions with NHSE about how this can be improved.

MEDICAL EXAMINER

The Medical Examiner service is due to finally become a reality for all in April 2024.

We are still seeking discussions with the Medical Examiner's Office to try and ensure that data requests and transfers have minimal impact on the GP's working day. We are also aware that some parts of the country may not be up to speed with the new changes and a further delay in implementation may happen.

MENTAL HEALTH TRANSFORMATION

The Mental Health Transformation programme continues with gradual introduction of new elements of the scheme, including remote booking with the Primary Care Mental Health (PCMH) Team and soon bookable slots to discuss complex patients with psychiatrists or extended role GPs. This is a nationally mandated transition and will take some bedding in for all of us. Practices are understandably concerned about the new processes where care seems to be introduced piecemeal dependent on whether suitable clinical supervision can be recruited.

We continue to meet with those involved in developing the transformation to ensure it is fit for General Practice purposes.

CONTRACT NEGOTIATIONS

2024 sees the end of the 5-year deal that saw the introduction of the PCN Directed Enhanced Service (DES). I note the GPC Chair recently commenting that the DES was "sold" to GPs on falsehoods. The PCN DES has proved divisive, with elements allowing greater population health management, but then many of the metrics being used to monitor practice-level reporting. The Additional Roles Reimbursement Scheme (ARRS) has also created winners and losers. Some may see the centrally funded staff as a boost to the GP workforce, but it has become clear that this has come at the loss of salaried and locum GP workforce. Those that remain are spending more of their time supervising than seeing patients themselves - one notable local GP commenting that because of sickness of his partners they had an increased workload, whilst their 3 Physicians Associates (PAs) had to stay at home as there was no supervision for them.

The 2024/25 contract is likely to be a 1-year deal due to political circumstances, and the PCN DES will "roll on" for this year. Negotiations for future multi-year deals will require negotiation with the next government. The GPC has offered a "referendum" to GPs on the new contract when it is published, but is aware that, like the last two years, NHSE may just impose further contract restraints.

GENERAL PRACTICE LEADERSHIP GROUP

Following a series of successful events hosted by Primary Care Sheffield (PCS) last year, we received an offer from Emma Latimer, Executive Place Director Sheffield, NHS South Yorkshire ICB, to consider discussions on funding some of the health developments most important to Sheffield GPs. In light of this the LMC has been in discussion with others about how this group could form, with the agreement of Sheffield GPs, and how it might function. This group would need to bring greater strength to the GP voice in Sheffield than any of the organisations can do alone, whilst maintaining their own defined roles.

We hope this group can develop the GP voice beyond the current offer from Sheffield Place, and become an important vehicle to hear GP provider voices and escalate to those who need to listen. We will keep you all updated on progress.

BIRLEY HEALTH CENTRE

I would like to send my personal congratulations to Birley Health Centre as winner of the Nursing Team of the Year at the General Practice Awards. Not only did they deliver excellent care, but went the extra mile to provide support for lonely and vulnerable patients, as well as singing groups.

INVITATION: TUESDAY 12 MARCH 2024

I recognise that General Practice is struggling with workload and workforce issues, as well as needing to understand contract negotiations outcomes for 2024. To this end, we have worked closely with Barnsley and Rotherham LMCs to host an event on the evening of 12 March 2024. This event is open to all GPs and will be at the Mercure Parkway from 7-9 pm. It will include:

- A presentation to "Beat burnout and work happier" based on the "You are not a frog" podcast by Rachel Morris.
- An update on 2024/25 contract negotiations from GPC England Executive Officer, David Wrigley.
- Presentations from the local LMCs on how we can support GPs to push back on workload requests and NHSE's continuous micromanagement programme.

Please keep the date in your diary and look out for further information being distributed via our newsletters.

Sheffield LMC Team

I am very lucky to have an excellent and varied Executive team to support all the work we do. We have a huge depth of experience from David Savage, who has been on the team since 1989 and Krishna Kasaraneni, with his history of national representation, including one of the 4 GPC Executives under Richard Vautry. Danielle McSeveney, our Vice Chair, also has a national role on the GPC. It is very encouraging to see younger doctors getting involved in our work, with Gareth McCrea as an Executive Officer, and Laura Smy doing some excellent work with Sheffield Area Prescribing Group.

The LMC would not run smoothly without our consistently amazing Manager, Margaret Wicks, and senior Secretariat member, Claire Clough. We also welcome Amy Watson to the team, who has fitted in perfectly.

CONTACT

This can only be a brief synopsis of what we do locally and nationally on your behalf. GPs are welcome to contact the [LMC Secretariat](#) or the [LMC Executive](#) about work-related issues in Sheffield or ICB issues across South Yorkshire.

The GP-S Mentoring scheme can be contacted via 0115 979 6910 / contact@gp-s.org.

I wish you all the best for 2024.

DR ALASTAIR BRADLEY
Chair