

Newsletter

April 2021

Sheffield
LMC



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COVID-19 VACCINATION PROGRAMME GUIDANCE

The British Medical Association (BMA) continues to update its [COVID-19 vaccination programme guidance](#). The latest changes include the delivery of second doses, added funding and the support available to practices.

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COVID-19 THERAPEUTIC ALERT: INHALED BUDESONIDE FOR ADULTS (50 YEARS AND OVER) WITH COVID-19

The General Practitioners Committee (GPC) has asked LMCs to assist with circulating the following information from NHS England and NHS Improvement (NHSE/I).

You may have seen the [Therapeutic Alert](#) issued through the Central Alerting System (CAS) on 12 April that states:

'Inhaled budesonide is **not** currently being recommended as standard of care but can be considered (off-label) on a case-by-case basis for:

- symptomatic COVID-19 positive patients
- aged 65 and over OR
- aged 50 or over with co-morbidities, in line with the published [Interim Position Statement](#)'.

This Interim Position Statement clarifies that this includes co-morbidities that are 'consistent with a long-term health condition from the flu list.'

What is the background to this new Therapeutic Alert? The PRINCIPLE trial [reported](#) a 3-day median benefit in self-reported recovery for patients with COVID-19 in the community setting who received inhaled budesonide. The impact on hospitalisation rates or mortality has not been established, but the evaluation is ongoing, so recommendations may change as more data become available. The current Therapeutic Alert is based on a decision by the Chief Medical Officer after consideration of the evidence.

What does this mean in practical terms? There is no expectation that inhaled budesonide will be routinely prescribed for patients in the eligible cohorts with COVID-19. Advice to patients on the management of COVID-19 has not changed. However, as stated in the Therapeutic Alert, prescribers may *consider* prescribing it to reduce symptoms in eligible cohorts who are being managed in the community. This would be on a case-by-case basis using a shared decision making approach. Where a decision is made to prescribe, please ensure that the patient understands how to use the inhaler properly. As patients will be self-isolating, this may be via video link (see below). Patients will need to ask a friend or relative to collect the inhaler. If this is not possible, they can access the [NHS Volunteer Responders](#) service. They will also be eligible for free delivery if other routes are not possible.

For pharmacists and dispensing doctors: Additional supplies of the Pulmicort 400 Turbohaler (AstraZeneca UK Ltd) are now available to be ordered as needed through business as usual routes from wholesalers.

Information for patients: Information for patients can be found [here](#), including a link to videos explaining correct inhaler technique from Asthma UK.

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CHANGES TO THE GP CONTRACT UNDER THE PANDEMIC REGULATIONS

NHS England and NHS Improvement (NHSE/I) has confirmed that the temporary changes to the GP contract under the pandemic regulations, which were due to lapse at the end of March, have now been extended until 30 June 2021. As previously, this means:

- A continued suspension of the Friends and Family Test requirement.
- A continued suspension of the requirement for individual patient consent for electronic repeat dispensing (eRD).
- A continuation of the amendment to NHS 111 direct booking - sufficient slots available for NHS 111 to refer into a triage list; for most practices offering 1 per 3000 is likely to be sufficient but this can increase to 1 per 500 if demand requires.

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MITIGATING THE IMPACT OF COVID-19 ON HEALTH INEQUALITIES

The British Medical Association (BMA) has launched a [report](#) outlining a range of measures for Governments across the UK to ensure that those who have been most impacted by COVID-19 are protected in the immediate and longer term. The report highlights concerns that the unacceptable inequalities that existed before the pandemic will only worsen for families who have been pushed into poverty, and disadvantaged communities that face further hardship due to job losses and COVID-19's socio-economic impact.

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COMMUNITY PHARMACY PANDEMIC DELIVERY SERVICE

There has been a recent addition to the [community pharmacy pandemic delivery service](#) which allows pharmacy contractors and dispensing doctors to support the delivery of prescriptions to people who have been told to self-isolate by NHS Test and Trace.

Pharmacy contractors have reported that some people told to self-isolate, particularly the household contacts of COVID-19 positive patients, do not seem to be following the guidance and consequently are still presenting in pharmacies. It is suggested all primary care providers flag the option to have prescriptions delivered when prescribing for COVID-19 positive patients, to try to ensure they stay away from all primary care premises.

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**STATEMENT OF FINANCIAL ENTITLEMENTS (SFE)
AND GLOBAL SUM CALCULATION**

An official consolidated version of the [SFE](#) has been published for 2021. This updates the SFE from the last fully consolidated version (2013) and includes the amendments made up to the current 2021/22 contract year.

The global sum figure has now been finalised for 2021/22 (£96.78) and takes into account the full impact of the final Minimum Practice Income Guarantee (MPIG) correction factor recycling. The global sum out-of-hours deduction will be 4.75% (£4.59).

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**IMPLEMENTING THE 2021/22 GP CONTRACT CHANGES TO PERSONAL MEDICAL SERVICES (PMS)
AND ALTERNATIVE PROVIDER MEDICAL SERVICES (APMS) CONTRACTS**

NHS England and NHS Improvement (NHSE/I) has published a [document](#) which sets out the approach to the funding changes that will be applied to PMS and APMS contracts. Commissioners should update PMS and APMS contracts, applying the funding changes with effect from 1 April 2021.

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**QUALITY AND OUTCOMES FRAMEWORK (QOF)
PAYMENTS GUIDANCE**

Further to the article in the March LMC newsletter noting that the amended QOF Statement of Financial Entitlements (SFE) for 2020/21 has been published, the General Practitioners Committee (GPC) has published [guidance](#) about QOF payments for 2020/21.

Due to the pandemic, these payments will be calculated differently to normal. Some indicators are based on achievement, some are awarded in full and some will be income protected.

Income protection is based on achievement in previous years, but uprated for the 2020/21 QOF point value, prevalence and list size adjustment. Therefore, practices will not have a floor for payments equal to payments in previous years - it will be a different calculation.

Details are also available in an NHS England and NHS Improvement (NHSE/I) [letter](#).

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**GENERAL MEDICAL SERVICES (GMS)
READY RECKONER 2021/22**

The General Practitioners Committee (GPC) has been working with NHS England and NHS Improvement (NHSE/I) on the production of a [ready reckoner](#), which has now been published and is intended to provide an indication of the changes in income streams that may affect a GMS practice and Primary Care Network (PCN) in 2021/22.

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**NETWORK CONTRACT DIRECTED ENHANCED SERVICE (DES) 2021/22
SUPPORTING DOCUMENTATION**

NHS England and NHS Improvement (NHSE/I) recently published [a suite of documents](#) to support the updated Network Contract DES from April 2021. These documents implement the changes set out in the [21 January 2021 letter](#) and include a cover note outlining the key changes, the updated Network Contract DES Specification and guidance, and a number of supporting guidance documents, including a set of FAQs.

Network Contract DES - Standardised GP Appointment Categories 2021/22: NHSE/I has published [guidance](#) for practices on standard national general practice appointment categories to support the mapping of local appointment slots to the new categories. This follows joint NHSE/I and General Practitioners Committee (GPC) guidance published in August 2020, which introduced an agreed definition of a general practice appointment. Practices are required to record all appointments in their clinical systems in line with this definition. Practices should refer to [new system specific guidance](#), published by NHS Digital, which provides tips on how to improve data quality recording.

The final piece of [guidance](#) is for Primary Care Networks (PCNs) implementing the Investment and Impact Fund for their practices as per the requirements set out in the Network Contract DES.

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VACCINATION AND IMMUNISATION GUIDANCE

NHS England and NHS Improvement (NHSE/I) published a [letter](#) confirming the changes to the provision of routine vaccination and immunisation (V&I) in general practice from 1 April 2021, which includes:

- The provision of V&I services becoming an essential service for all routine NHS-funded vaccinations, with the exception of childhood and adult seasonal influenza and COVID-19 vaccinations.
- The introduction of 5 core contractual standards to underpin the delivery of immunisation services.
- A single item of service fee for all doses delivered in vaccination programmes funded through the General Medical Services (GMS) contract, including where additional doses are required to meet clinical need and where children are vaccinated outside the routine schedule.
- The Childhood Immunisation Target Directed Enhanced Service (DES) was retired on 31 March 2021 and a new V&I domain in the Quality and Outcomes Framework (QOF) introduced for 2021/22.

The British Medical Association (BMA) has updated their [Vaccinations fees and arrangements guidance](#) accordingly.

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SCHOOL ABSENCE NOTE REQUESTS

The Department for Education (DfE) has published [operational guidance for reopening schools](#), reminding schools they should not encourage parents to request unnecessary medical evidence, ie doctors' notes from their GP when their child is absent from school due to illness.

Parents can use other evidence such as prescriptions, appointment cards, text / email appointment confirmations, and input from GPs should only be sought for complex health needs or persistent absence issues.

The guidance also confirms the procedure for clinically extremely vulnerable children, and for those absent from school due to COVID-19 and self-isolation.

Our School Absence guidance can be found [here](#).

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LOCUM INCOME SUPPORT

The recent budget announcement included an extension of the Self-Employment Income Support Scheme (SEISS) to provide self-employed individuals with a grant (up to a total of £7,500) to cover lost earnings due to COVID-19 through February, March and April of this year. If you have been operating as a locum during this time and have seen your income impacted by the pandemic, you may be eligible for this grant.

Eligibility checks, the full list of criteria and details on how to apply can be found [here](#).

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DISCHARGE MEDICINE SERVICE (DMS)

Article submitted by Claire Thomas, Chief Officer, Community Pharmacy Sheffield

The DMS became a new Essential Service within the Community Pharmacy Contractual Framework (CPCF) on 15 February 2021.

The service augments but does not replace the important work general practices undertake to manage patients' medicines on discharge (eg reconciling medicines with the general practice clinical system) - it is an additional layer of patient safety.

In Sheffield there has been an informal process in place for a number of years where Sheffield Teaching Hospitals (STH) have been sending discharge information via NHS mail to community pharmacies for patients on monitored dosage systems (MDS).

Work is ongoing locally to explore options for an integrated referral solution into the Hospital electronic patient record (EPR) system to make the referral process easier and open the service up to other high risk patient groups in addition to MDS patients. A cross sector working group is exploring how we can maximise benefits of the service going forward and ensure effective communication by all involved.

Whilst this work progresses STH will continue to send patient discharge information to community pharmacies via NHS mail. As this is a secure method of transfer of information, under the new [NHS Regulations](#) Community Pharmacies are now **contractually obliged** to act on this information when it is sent to them and to carry out the stages of the DMS. Therefore practices may be contacted by community pharmacies with queries regarding a patient's medication post discharge, they may even mention the DMS service.

These queries are no different to queries they would have raised previously with the practice when a discrepancy was identified by the pharmacy following receipt of the discharge information. It should not cause increased workload for practices but it may be useful if practices agree a local process for dealing with such queries for example; should the pharmacy contact the practice via email / backdoor phone number / direct contact with the practice pharmacist etc.

The Community Pharmacy Primary Care Network (PCN) lead can help to support these local arrangements and ensure all pharmacies within a PCN are aware of a particular practices wishes / processes. To find out who your Community Pharmacy PCN lead Pharmacist is see [here](#).

Further information about this service can be found [here](#) and guidance on the NHS regulations [here](#).

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***MESSAGE FROM DR CLARE BANNON,
GENERAL PRACTITIONERS COMMITTEE (GPC) REGIONAL REPRESENTATIVE***

As some of you may be aware, I have now been elected to represent Barnsley, Doncaster, Rotherham and Sheffield on the GPC of the British Medical Association (BMA).

I would like to thank you for this opportunity to represent you over the next 2 years. For those of you that don't know me, I am Dr Clare Bannon, and I am a 6 session GP in Barnsley, where I have been a partner for the last 11 years. I have been Medical Secretary for Barnsley LMC and I was previously a governing body member of Barnsley CCG. Regionally I am part of South Yorkshire LMC liaison group and attend meetings with the South Yorkshire and Bassetlaw (SY&B) Integrated Care System (ICS).

Over the next couple of months I will be attending an LMC meeting in each area of South Yorkshire to get a better understanding of the range of issues you face, and hear any concerns that need escalating to the GPC.

As the pandemic ends, and with the significant NHS restructuring plans, I look forward to listening to your concerns and representing the voice of GPs from South Yorkshire. I am happy to be contacted by individual GPs via clare.bannon@nhs.net.

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***CARE QUALITY COMMISSION (CQC)
MYTH BUSTERS***

Professor Nigel Sparrow, Senior National GP Advisor at the CQC issues [guidance](#) to clear up some common myths about CQC inspections, as well as sharing guidance on best practice, which practices may wish to be aware of.

The following Myth Busters have been added or updated recently:

- [Nigel's surgery 34: Maintenance of medical equipment](#)
- [Nigel's surgery 52: Portable appliance testing and calibrating medical equipment](#)
- [Nigel's surgery 102: Pulse oximetry and monitoring vital signs outside the GP practice setting](#)

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***DOMESTIC ABUSE BILL
AMENDMENTS***

The British Medical Association (BMA) has briefed peers ahead of 2 amendments at committee stage of the Domestic Abuse Bill. The amendments, if voted for, will prevent GP practices from charging for template forms used by victims to access legal aid.

While the BMA's [guidance](#) currently advises against charging for these forms, they do not believe that these amendments address the root cause of the problem. The BMA has called on peers to empower victims of domestic abuse by removing the need for medical evidence when applying for legal aid entirely. Moreover, if evidence from a third party to obtain legal aid is required, this should be obtained from others who may be better placed to provide this rather than GP practices.

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**NHS DIGITAL RESEARCH SESSION REQUEST:
NATIONAL WORKFORCE REPORTING SYSTEM (NWRS)**

NHS Digital is currently carrying out research focused on improving the NWRS and wishes to engage with users to understand current experiences and potential opportunities.

The workforce data GP practices and Primary Care Networks (PCNs) share via the NWRS is essential to ensuring there is an accurate national primary care workforce picture, prudent workforce planning can take place and General Practice can ultimately recruit sufficient and safe levels of staffing. NHS Digital staff would like to speak to people who use NWRS in both practices and PCNs.

Participants would be asked to join a Microsoft Teams meeting for 30-60 minutes and tell NHS Digital colleagues about their job, work practices and what that entails in relation to NWRS. They would also find screen sharing helpful, in order to talk them through how NWRS is used and comment on some design ideas they have.

There will be two NHS Digital staff on the call - a User Researcher and a Designer. Anyone interested in taking part in the research should contact NHS Digital via Katherine.tyte@nhs.net.

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SESSIONAL GPs E-NEWSLETTER

The latest edition of the Sessional GPs e-newsletter can be found on the British Medical Association (BMA) website [here](#). The main articles include:

- Extension of the Self-Employed Income Support Scheme;
- Office 365, locums, and licensing problems;
- Flexible working explained – Member Query of the month.
- Government evidence to DDRB;
- Spotlight – The GP retention scheme;

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**SHEFFIELD CLINICAL COMMISSIONING GROUP (CCG)
HR WORKSHOPS**

*Information submitted by Michelle Greville,
Programme Management Officer, Sheffield CCG*

Sheffield CCG has teamed up with PCC to offer a series of training sessions for Practice Managers and Administrative Staff. Each session runs from 1215 to 1345 hrs (90 mins) and can hold a maximum of 15 delegates.

Health and wellbeing in the workplace - 15 April, 29 April, 6 May, 20 May. Further information, an agenda and details of how to book can be accessed [here](#).

Influencing skills - 13 May. Managing change - 10 June. Delegation skills - 7 July. Difficult conversations - 28 July. Further information and details of how to book can be accessed [here](#).

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**NATIONAL E-REFERRAL SERVICE (E-RS)
ADVICE & GUIDANCE (A&G) WEBINAR**

To support mobilisation of [A&G Services](#) as per the [2021/22 operational planning guidance](#), the NHS England and NHS Improvement (NHSE/I) Elective Care Recovery & Transformation Programme is hosting a webinar for clinicians and system leaders on Tuesday 20 April 2021, 4 pm to 5.30 pm.

The session will include an overview from NHS Digital on recent improvements that have been made to the NHS e-RS A&G function, and will also share experience and learnings from clinicians working in primary and secondary care who have successfully implemented an A&G service, focusing on Cardiology, Gastroenterology and Urology.

If you would like to attend, please register [here](#).

If you have any feedback with regard to the e-RS, generally speaking or regarding the A&G function specifically, please let the British Medical Association (BMA) Workforce and Innovation Team know via info.wi@bma.org.uk.

Elected BMA representatives from both primary and secondary sit on the monthly e-RS Optimisation & Improvement Clinical Council. Therefore, they can feed examples of good and bad practice into this group and seek resolutions to local and national issues and concerns.

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SUPPORTING MENTORS SCHEME

*Article submitted by South Yorkshire and Bassetlaw (SY&B) Primary Care Team,
NHS England & NHS Improvement (NHSE/I)*

The Supporting Mentors Scheme is aimed at experienced GPs who wish to deliver mentorship skills.

The scheme offers GPs the opportunity to access mentoring training, connect to mentees and reimbursement for mentors for their mentorship sessions.

National funds mean we are now in a position to recruit mentors to support the growing number of new to practice GPs locally who would like to access the mentoring aspect of the GP fellowship programme. We have commissioned GP-S to deliver the supporting mentors scheme in SY&B, GP-S are working to have the first of the GP mentor training sessions to be available in June 2021.

To be eligible to participate in the scheme, the prospective GP mentor must:

- Be an experienced GP, either a partner or in a salaried post, working in general practice who holds full registration and a licence to practise with the General Medical Council (GMC) and still working at least three clinical sessions a week.
- Meet the requirements for remaining on the NHS England GP Performers List and report to NHS England any concerns that might affect their status on the National Medical Performers List.
- Not be subject to interim suspension under section 41A of the Medical Act 1983.
- Commit to deliver one session of mentoring every week.

GPs who have experience in leadership roles, medical education, or have experience of being a GP partner are particularly encouraged to participate.

Participants are able to access two aspects of this scheme: a) mentorship training b) a financial payment of £289 for the weekly session utilised for delivery of mentorship activities.

For more information and an application form, please contact GP-S at contact@gp-s.org. For planning training purposes it would be helpful to have GP expressions of interest in April 2021.

Please note that Sheffield LMC's GP-S Mentoring scheme is a separate, locally funded and provided scheme. Details on how to access Sheffield GP-S can be found [here](#).

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

Submission deadlines can be found [here](#).

**Contact details for Sheffield LMC Executive can be found [here](#).
Contact details for Sheffield LMC Secretariat can be found [here](#).**