

Newsletter

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Sheffield
LMC



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LMC CITYWIDE MEETING: GP REPRESENTATION ON THE PRIMARY CARE PROVIDER COLLABORATIVE (PCPC)

Further to the email to represented Sheffield GPs on 31 January 2022 noting the date of our citywide meeting, we are now able to provide further information.

All represented Sheffield GPs are invited to a meeting scheduled for Thursday 24 February 2022 at 7.30 pm, which will be held via Zoom (a link will be circulated nearer the time). The meeting should last approximately one hour.

The purpose of this meeting is to update GPs on South Yorkshire Integrated Care System (ICS) developments relevant to general practice. In particular, you will hear about the establishment of the Primary Care Provider Collaborative (PCPC) and the need to have a GP sitting on the PCPC representative of primary care in Sheffield.

We welcome Jackie Pederson, Chief Officer, Doncaster Clinical Commissioning Group (CCG) and Andy Hilton, Chief Executive Officer, Primary Care Sheffield (PCS), who are both involved in ICS primary care services development. In addition, Alastair Bradley, Chair, Sheffield LMC, will explain the process for electing a Sheffield GP.

Alongside this we will also be discussing how primary care leaders in Sheffield can support this individual to engage with GPs, practices, Primary Care Networks (PCNs), PCS and wider primary care leaders to ensure that the local viewpoint can be heard at ICS level.

Please note: If you are a *Sheffield GP* and this newsletter was emailed directly to you, you are on our database and will be eligible to vote in the election of the Sheffield PCPC GP. If you know of a GP working in your practice who has not received this newsletter directly, please ask them to contact Emma Birtles, LMC Administrative Assistant via adminassistant@sheffieldlmc.org.uk, who can check and update our records accordingly.

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VACCINATION AS A CONDITION OF DEPLOYMENT (VCOD)

As you will be aware, the Secretary of State for Health, Sajid Javid, [recently announced](#) that healthcare workers will not require COVID vaccination as a condition of deployment.

Communications recently issued by the General Practitioners Committee (GPC) note that there is still a professional responsibility for health and social care staff to be vaccinated. It is also a requirement for employers to ensure that employees are protected from infection. Non-vaccinated staff should, therefore, be identified and their role should be risk assessed to identify whether or not they should be redeployed into a non-patient-facing role.

Each case will be different depending on the level of risk, other potential mitigations, the reasons for not getting vaccinated, and the practice set-up. Further information on this can be found in the British Medical Association (BMA) [guidance on risk assessments](#), in particular the sections 'After the risk assessment' and 'The approach in primary and secondary care'.

The BMA's guidance [COVID-19: mandatory vaccinations for staff in GP practices](#), which includes a flowchart for practices dealing with vaccine hesitant staff is on hold following the announcement, and further guidance will be available once the latest regulations are confirmed.

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EXTENSION OF FREE PPE TO THE HEALTH AND CARE SECTOR

The government has extended the central, [free provision of all items of COVID-19 PPE to the health and care sector](#), including primary care, by up to one year to March 2023 or until the infection prevention and control (IPC) guidance on PPE usage for COVID-19 is either withdrawn or significantly amended.

The recently updated [UK Health Security Agency guidance on infection control](#) states that "an FFP3 respirator (or equivalent), must be worn by staff when caring for patients with a suspected or confirmed infection spread by the airborne route (during the infectious period)".

The Department of Health and Social Care (DHSC) has advised in its [response to the consultation on provision of PPE to the health and social care sector](#), that practices can use the [DHSC PPE portal](#) to access PPE free of charge. NHS England and NHS Improvement (NHSE/I) has confirmed that this includes FFP3 respirators, and that Clinical Commissioning Groups (CCGs) have been informed that where risk assessments have shown it to be necessary that fit-testing should also be provided by the CCG.

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FACE COVERINGS IN PRACTICE PREMISES

On 19 January, the Prime Minister announced that face masks will no longer be mandated, though people are still advised to wear coverings in enclosed or crowded spaces and when meeting strangers.

[Infection Prevention and Control \(IPC\) guidance for health and care settings](#) has not changed and states "Universal masking with face coverings or surgical masks (Type II or IIR) to prevent the transmission of SARS-CoV-2 and other respiratory infectious agents in health and care settings, as a source control measure, should continue to be applied for all staff, patients, and visitors". Furthermore, [practices should carry out risk assessments](#) of their environments and assess what level of respiratory protective equipment should be worn by different groups in various settings.

If challenged by patients not wanting to wear a mask it is advised that practices inform patients of the IPC guidance, the practice's risk assessments and that "the law imposes on me the duty to expect you to wear a mask, and on you the duty to wear one in these premises."

The British Medical Association (BMA) has produced a poster which can be downloaded [here](#). Access to all of the BMA's patient resources for practices can be found on their [Support Your Surgery](#) page.

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NATIONAL STANDARDS OF HEALTHCARE CLEANLINESS

Queries have been raised with the General Practitioners Committee (GPC) as to whether the implementation of the [National Standard of Healthcare Cleanliness](#) is mandatory in Primary Care. NHS England and NHS Improvement (NHSE/I) has confirmed that, while contractors must have regard to NHSE/I guidance, it is not a mandatory requirement.

The Care Quality Commission (CQC) acknowledge in their advice on [Infection prevention and control in General Practice](#) that it will continue to regulate in line with its own regulations and the existing Code of Practice.

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**ACCELERATED ACCESS TO RECORDS PROGRAMME:
PATIENT ACCESS TO ONLINE RECORDS**

From April 2022 (delayed from April 2019), patients with online accounts, such as through the NHS App, will be able to read new entries in their health record. This applies to patients whose practices use TPP and EMIS systems. The GPIT system configuration is being changed so that existing online users have access to their future, or prospective, health information entered after this change is made. New online users set up after this date will also receive this level of access by default. General practice will be able to customise or remove access for individuals if having access to future, or prospective, GP health information is inappropriate.

Concerns have been raised locally and nationally regarding the implications of these changes, particularly in relation to prospective access. Essex LMC has pulled together a helpful [document](#) which links to relevant policy documents, toolkits and guidance, as well as training opportunities.

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SERVICE IMPROVEMENT “WISH LIST”

Article submitted by Dr Clare Bannon, Medical Secretary, Barnsley LMC

In the next few months, we will see Clinical Commissioning Groups (CCGs) come to an end, and South Yorkshire Integrated Care System (ICS) become the commissioner of services across Barnsley, Doncaster, Rotherham and Sheffield.

South Yorkshire LMCs meet regularly together, and have identified some areas that we feel would benefit from being commissioned (and improved) across the region. In particular, we have discussed Transgender services / prescribing, Adult Autism Referrals and Spirometry. We would like to hear from as many GPs as possible about which services you feel we should be focusing on. As the new ICS takes over commissioning there are likely to be many changes, and we would value your input in creating a ‘Wish List’ of improvements to ensure services that impact on General Practice are prioritised.

Please email any ideas to sheffieldccg.SYLMC@nhs.net.

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GP PRACTICE SPONSORSHIP PROCESS

The British Medical Association (BMA) has partnered with legal firm Magrath Sheldrick, who oversee their [immigration advice service](#), to develop a [webinar on navigating the GP sponsorship process](#).

The webinar is aimed at GP employers, and offers practical tips on how to navigate the current sponsorship process to recruit non-UK nationals, as well as addressing frequently asked questions on the process itself.

If you have any questions, or would like to share your experiences of navigating the sponsorship process, please contact Caroline Strickland, Senior Policy Advisor, International Affairs via cstrickland@bma.org.uk.

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MEDICINES SUPPLY TOOL

The Department of Health and Social Care (DHSC) and NHS England and NHS Improvement (NHSE/I) have launched an online [Medicines Supply Tool](#), which provides up to date information about medicine supply issues.

To access the Medicines Supply Tool you will need to [register with the Specialist Pharmacy Service](#) (SPS).

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NEW TO PARTNERSHIP PAYMENT SCHEME EVALUATION

NHS England and NHS Improvement (NHSE/I) is evaluating the structure and impact of the [New to Partnership Payment Scheme](#) to understand better how it is viewed by GPs, and whether it has made a positive impact, either for GPs as new partners or in recruiting new partners to practices.

If you have received this grant payment and would be willing to share your experience and feedback, please get in touch by emailing england.newtopartnershipenquiries@nhs.net.

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**CARE QUALITY COMMISSION (CQC)
MYTHBUSTERS**

CQC National Clinical Advisors and Policy Team issue [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 mythbuster has been added or updated recently - [GP mythbuster 106: Primary care first contact practitioners \(FCPs\)](#).

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RESEARCH TO IMPROVE GP WELL-BEING

*Article submitted by Dr Phillip Oliver, Clinical Lecturer and GP,
Academic Unit of Primary Medical Care, University of Sheffield*

GPs in Sheffield have risen to the unprecedented challenges of COVID-19, maintaining high quality care for their patients whilst adapting rapidly to deliver the vaccination programme and other changes to their services during the pandemic. This however has come at a cost to personal wellbeing for many.

Researchers at the University of Sheffield are conducting a research study looking at roles and work-setting factors associated with symptoms of occupational burnout in Sheffield GPs.

It is hoped that by doing this research we will be able to move beyond the focus on personal factors such as resilience and develop interventions which incorporate a more holistic view of working in general practice.

All practice managers in Sheffield practices are being sent an email inviting their GPs to complete a brief online questionnaire taking no more than 10 mins to complete. If you would like to take part or read more about the study, practice managers will have received a survey link and further information, or contact Finlay Anderson via fanderson2@sheffield.ac.uk.

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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](#)**