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***Sickness Certification***

Our guidance on sickness certification has been updated and reissued to take into account the new guidance on students and medical certification, signposting to guidance on School Absence and Court Requests for Medical Certification and updating links to sources of information for employers.

The revised guidance can be accessed via:

<https://www.sheffield-lmc.org.uk/website/IGP217/files/Sickness%20Certification%20(revised%20Jul19).pdf>

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***Student Sickness***

***and Medical Certification***

Following a number of concerns raised by Sheffield GPs about the increasing work generated by students or Universities requesting medical certificates or letters of support, we met with representatives from both student practices and the Universities.

The following information was noted during the meeting:

* University Health Service provides this service to their students free of charge.
* Porter Brook Medical Centre provides study-related reports free of charge.
* Both Universities do as much as they can to encourage students to register with them.
* The growing student population undoubtedly means that registrations will occur in other practices around the city.
* Sheffield Hallam University has a contract with Porter Brook Medical Centre to provide payments for services including medical reports, but this does not include a contract to pay other practices.
* It is the LMC’s view that provision of medical certificates or letters of support for students is not contractual NHS work and, therefore, GPs are entitled to decline to provide a report. If a GP does provide a report they are entitled to charge the same fee as they would charge any other patient at the practice who requested a non-contractual report or letter.
* Although the Universities did state that they would accept fit notes, we clarified this situation with the Department for Work and Pensions (DWP). The DWP have confirmed that fit notes should be issued for Statutory Sick Pay (SSP) and benefit purposes only. They are not intended for evidence of student illness or the impact of the illness on studies, and it would be inappropriate for fit notes to be used in this way.

For ease of future reference, this guidance can be found at:

<https://www.sheffield-lmc.org.uk/website/IGP217/files/Student%20Sickness%20&%20Medical%20Certification%20(Jul19).pdf>

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***Indemnity:***

***Paid for Travel Vaccinations***

The Department of Health and Social Care (DHSC) and NHS Resolution (NHSR) have confirmed a change in cover provided by the Clinical Negligence Scheme for General Practice (CNSGP), with the supply and administration of paid for travel vaccinations no longer included: <https://resolution.nhs.uk/wp-content/uploads/2019/07/CNSGP-Scheme-scope-table.pdf>. Previously the published scope of CNSGP included the supply and administration of vaccinations where patients are directly charged. The DHSC and NHS England (NHSE) have stated that this information was not correct and have apologised for this error.

The DHSC and NHSE have committed to ensure that any general practice staff who were administering travel vaccinations and immunisations (where patients were charged a fee) and who understood themselves to be covered under the CNSGP for such activities, are not financially at a disadvantage as a result of any claim, or potential claim, against them as a consequence of relying on the incorrect information. In order to mitigate any risk to the health of patients, NHSR will provide assistance in relation to any claim for clinical negligence for the supply and administration of privately funded travel vaccinations for the period between 1 April and 31 July 2019.

General practice staff should contact NHSR to access support for such claims. Claims relating to the supply and administration of any travel vaccinations or immunisations (where the patient is required to pay) provided outside of this period should be reported to the medical defence organisation or indemnity provider.

Commenting on the change of scope, Mark Sanford-Wood, General Practitioners Committee (GPC) England deputy chair, said “We are concerned that this decision has been made so early in the evolution of the new GP indemnity scheme. It will have clear implications for practices, who may face little choice but to decide to stop providing non-NHS funded travel vaccinations as a result. We have raised this concern with DHSC and highlighted the potential public health risk that may result. It was very unhelpful that this change was announced on the NHSR website without consultation or the profession being notified, and this has been fed back very clearly to DHSC and NHSR. We welcome the decision to confirm that all travel vaccinations will be covered under CNSGP until the end of July, and would urge practices to consider carefully the services they deliver after that date and ensure all of their staff are fully indemnified for all services which they continue to provide.”

The Medical Defence Union (MDU) issued a statement which can be accessed via:

<https://www.themdu.com/guidance-and-advice/latest-updates-and-advice/paid-for-travel-vaccinations-not-covered-by-gp-state-indemnity>

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***Infected Blood Inquiry (IBI)***

***Leaflets***

Public Health England have published leaflets for GPs and patients to help answer questions about the IBI, which is examining the circumstances in which patients treated by the NHS in the 1970s and 1980s may have received blood and / or blood products infected by HIV or Hepatitis C.

There is no responsibility for GPs apart from authorising a blood test for people who are concerned they may be at risk, and onward referral if necessary. The records regarding who has had blood transfusions will be scanty so, in general, the General Practitioners Committee (GPC) advice is that if the patient is concerned, then test. The leaflets can be accessed via:

<https://www.gov.uk/government/publications/infected-blood-inquiry-information-for-gps-and-patients>

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***Registration onto Medicines and Healthcare Products Regulatory Agency (MHRA)***

***Central Alerting System (CAS)***

MHRA recently sent notification to GP practices about the new way of registering with the MHRA so they can receive CAS alerts directly. From 1 October 2019, MHRA will send CAS alerts directly to GP practices taking over existing local patient safety CAS alert email cascade mechanisms currently in place. Practices will need to complete registration no later than 13 September. Practices are being asked to register a mobile phone (or up to three) to allow a CAS alert to be sent as a text as an alternative to an email, which would allow the system to operate in the event of a Malware attack that knocked out access to IT systems and emails.

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***Proposed New Contract Deal***

***for Junior Doctors***

Negotiations to introduce a number of improvements to the 2016 junior doctor contract in England have now concluded. The deal which the British Medical Association (BMA) has agreed with NHS Employers and the Department of Health and Social Care brings a £90 million investment for junior doctors over the next 4 years, and includes increases to weekend and shift pay, £1,000 a year extra for all less than full time trainees, and a guaranteed annual pay uplift of 2% each year for the next 4 years.

For GP trainees specifically, the terms and conditions of service will reflect the longstanding principle contained in the previous contractual arrangements for GP trainees prior to 2016, that trainees in general practice settings are supernumerary to the workforce of the practice.

Full details of the agreement can be accessed via:

<https://www.bma.org.uk/collective-voice/influence/key-negotiations/terms-and-conditions/junior-doctor-contract-negotiations/proposed-new-contract-deal-for-junior-doctors>

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***Registering Patients***

***Prior to Release from Prison***

The NHS England Standard GMS Contract 2017/18 set out information for GPs on registering individuals prior to their release from prison (Page 64):

<https://www.england.nhs.uk/wp-content/uploads/2018/01/17-18-gms-contract.pdf>

This has now been implemented and is intended to help these individuals maintain continuity of care, avoid unplanned emergency admissions to hospital, and support their rehabilitation. Such individuals can be initially reluctant to register with their GP practice post-release. To support with registering patients prior to leaving prison, practices are asked to update their procedures and follow this improved process by autumn 2019.

A flow chart detailing the registration process and transfer of clinical information can be found at:

<https://www.england.nhs.uk/wp-content/uploads/2019/06/process-registering-patients-prior-to-release-prison.pdf>

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***Retention of GP Pension Documentation***

NHS England recently drafted an advice note about retention of GP pension documentation, which is relevant to GPs being asked to provide pensions records which have already been submitted.

A copy of the guidance note can be accessed via:

<https://www.sheffield-lmc.org.uk/website/IGP217/files/Retention%20of%20GP%20Pension%20Documentation%20(NHSE%20Jun19).pdf>

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***NHS Property Services (NHSPS)***

***Service Charges***

The British Medical Association (BMA) wrote to NHSPS asking it to urgently respond to concerns over the worrying rise in service charges faced by GP practices or legal action will be taken. Now, in a letter of claim, BMA lawyers have set out in detail the reasons why it believes NHSPS is acting unlawfully. If no satisfactory response is received, the BMA intends to take NHSPS to court. This comes as the National Audit Office publish their report which finds that NHSPS lacks the power it needs to make tenants sign leases and pay their rent / charges: <https://www.nao.org.uk/report/investigation-into-nhs-property-services-limited/>.

BMA guidance is clear that practices should engage with NHSPS, identify areas where there is a dispute and pay undisputed amounts. Agreements between NHSPS and practices need to be reached which are affordable and include any commitments from previous commissioners. Practices should not be forced into any agreement which places the viability of the practice at risk and solutions must be sustainable.

Further information can be found at:

<https://www.bma.org.uk/news/media-centre/press-releases/2019/june/address-astronomical-service-fees-for-gp-practices-or-face-legal-action>

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***British Medical Association (BMA)***

***Annual Representatives Meeting (ARM) Update***

The BMA’s ARM took place in Belfast at the end of June. Details of the resolutions and speeches can be found at:

<https://www.bma.org.uk/collective-voice/committees/arm-2019/arm-week>

The main items of note were:

* BMA to actively lobby the Treasury to act decisively to improve the NHS pension scheme.
* Calling for the policy of charging migrants for NHS care to be abandoned.
* BMA to poll its members on whether the BMA should adopt a neutral position with respect to a change in the law on assisted dying.
* BMA to lobby the Government to implement standards for social media to prevent the spread of false or misleading information about vaccinations.
* Calling for a review of prescription charges and challenging the lack of NHS action to resolve shortages of drugs.
* The motion calling for the immediate withdrawal of the GP contract in England was overwhelmingly voted down by delegates.

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***Social Prescribing:***

***Making it Work for GPs and Patients***

The General Practitioners Committee (GPC) agreed plans with NHS England to fund social prescribing link workers for Primary Care Networks in England, as part of the English GP contract agreement. Social Prescribing schemes are targeted at patients who visit their GPs but do not necessarily immediately require clinical treatment. These schemes aim to address the wider determinants of health problems with supported access to community groups and voluntary organisations. The GPC has drafted guidance to help GPs harness the benefits of social prescribing schemes through close collaboration with link workers who will, from 1 July 2019, join their extended primary care teams:

<https://www.sheffield-lmc.org.uk/website/IGP217/files/Social%20Prescribing%20Guidance.pdf>

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***General Practice Premises***

***Policy Review***

The long-awaited Premises Review was published on 27 June: <https://www.england.nhs.uk/publication/general-practice-premises-policy-review/>

Despite the urgent need for investment in GP premises, highlighted by British Medical Association (BMA) research findings that half of surgery buildings are not fit for purpose and even fewer are fit for the future, delays in the Treasury Spending Review mean this report offers no commitment to funding. Although some elements of the report are moving in the right direction, such as the issue of last partner standing scenarios, there is still a long way to go. NHS England must now urgently secure funding from the Treasury to address the problems facing GP premises and support a clearer vision for practices and the development of Primary Care Networks.

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***General Practice:***

***What is Your View of the Future***

***Information provided by Dr Nigel Watson, Independent Chair, GP Partnership Review***

There are many changes happening within General Practice at the moment and we are keen to evaluate the impact of these for individual GPs across England in this nationally distributed survey.

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| ***A brief summary of the key documents of 2019 and their focus on general practice:*** |

***NHS Long-Term Plan:***

States that the NHS will boost out of hospital care and dissolve the historic divide between primary and community care with an additional £4.5bn per year (increased from the original £3.5bn) by 2024. This investment guarantee will fund an expanded workforce, start to address the demand pressure and develop new services to meet relevant goals set out in the long term plan. It details how Primary Care Networks will be established as the vehicle to expand the workforce, significantly increase investment and address workload in general practice. The plan also details the requirement of community nursing and mental health teams configured on PCN footprints.

***GP Partnership Review:***

An independently led review on the current partnership model of general practice. The key recommendations focused on addressing workforce and workload issues and also reducing the financial risk for GP partners to encourage and retain GPs in substantive roles.

***GP Contract:***

Key changes are the **introduction of state backed indemnity scheme,** reform **of QoF** and formation of **Primary Care Networks (PCNs)**. The PCN DES funds a significant e**xpansion of the non-GP workforce** over the next 5 years. A focus on quality of care with QOF changes and increased access to IT and digital resources for practices.

We would value your input and invite you to complete the short survey that will only take 5 minutes of your time. It has been designed to collate your current feelings and thoughts on the future of General Practice. Please follow this link: [click here](https://www.surveymonkey.co.uk/r/N8YXKM2)

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***Digital-First***

***Primary Care Policy Consultation***

On 27 June NHS England (NHSE) published Digital-First Primary Care Policy: consultation on patient registration, funding and contracting rules:

<https://www.england.nhs.uk/publication/digital-first-primary-care-policy-consultation-on-patient-registration-funding-and-contracting-rules/>

This is NHSE’s response to the development of digital-first providers and the review of out of area registration arrangements. The proposals within the consultation are significant and could impact all areas of the country. The General Practitioners Committee (GPC) will be responding to the consultation and is encouraging GPs to consider the plans carefully and respond by the deadline of 23 August.

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***Sessional GPs E-Newsletters:***

***June / July 2019***

Sessional GPs e-newsletters published since the last LMC newsletter can be found on the British Medical Association (BMA) website at:

<https://bma-mail.org.uk/t/JVX-6CC95-1BJCJOU46E/cr.aspx>

The main articles include:

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| * Final words from your committee chair, Zoe Norris. | * The pension’s paradox: why are GPs paying to work? |
| * How will the proposed changes to the 2016 junior doctor contract affect GP trainees? | * Undue investigations: the GPs targeted by NHS England. |
| * Tackling anti-GP rhetoric. |  |

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***GP Trainee E-Newsletter:***

***June 2019***

The June edition of the GP Trainee e-newsletter is available on the British Medical Association (BMA) website at:

<https://bma-mail.org.uk/t/JVX-6BRBT-1BJCJOU46E/cr.aspx>

The main articles include:

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| * Translators: a help or a hindrance? | * Lessons from Bawa-Garba. |
| * Study leave: do you know your rights? | * GP workforce data: the same old story? |
| * Junior doctor contract review: how are you affected? | * If you notice something’s not right, would you speak up? |

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***Cameron Fund Newsletter:***

***Spring / Summer 2019***

The Cameron Fund is the GPs’ own charity, supporting GPs and their dependants in times of financial need, whether through ill-health, disability, death or loss of employment. Sheffield LMC makes an annual donation to the Fund. The Spring / Summer 2019 edition of the Cameron Fund newsletter is available via:

<https://www.cameronfund.org.uk/media/1277/cameron-fund-news-ss19.pdf>

The main articles include:

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| * Welcome to our new CEO, Jill Rowlinson; | * Encouraging doctors to seek help; |
| * Growing network of support for GPs; | * Fund’s Final Figures for 2018. |

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**Please forward any articles for inclusion in the LMC newsletter to** [manager@sheffieldlmc.org.uk](mailto:manager@sheffieldlmc.org.uk)

**Submission deadlines can be found at**

<http://www.sheffield-lmc.org.uk/website/IGP217/files/Newsletter%20&%20VB%20Deadlines%202019.pdf>

**Contact details for Sheffield LMC can be found at:**

**Executive Officers:** <http://www.sheffield-lmc.org.uk/page1.aspx?p=13&t=1>

**Secretariat:** <http://www.sheffield-lmc.org.uk/page1.aspx?p=13&t=2>