

SHEFFIELD LOCAL MEDICAL COMMITTEE

Newsletter

March 2016

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GENERAL PRACTICE IN CRISIS?

As you will be aware, the LMC held a citywide meeting to discuss the current workload and workforce problems in General Practice. We hope that attendees found the event informative; we were pleased to see such a good turn out and are grateful for GPs' and Practice Managers' time and support.

We were particularly pleased to be able to secure a national update from Dr Richard Vautrey, Deputy Chair of the General Practitioners Committee (GPC). As ever, Richard's presentation was clear and detailed, offering important updates on national agreements and ongoing negotiations, as well as giving plenty of pointers to useful sources of information and help. Copies of the presentation can be accessed via:

<http://www.sheffield-lmc.org.uk/Facts/PresentationRichardVautrey-March16.pdf>

Mark Durling, LMC Chair presented the local challenges faced by Sheffield practices and stressed the importance of keeping the LMC

informed of ongoing issues and concerns. As Sheffield GPs' elected representative body we ask that you give us your views so that we can better represent you. Your thoughts, observations, questions and concerns help us to gauge the scale of a problem, the level of interest or concern in an issue, the direction of travel our negotiations should take etc. Up-to-date contact details for the LMC Executive and Secretariat can be found at the following links:

http://www.sheffield-lmc.org.uk/lmc_executive.htm

<http://www.sheffield-lmc.org.uk/secretariat.htm>

Tim Moorhead, Chair of Sheffield Clinical Commissioning Group (CCG) and Maddy Ruff, Accountable Officer, Sheffield CCG gave updates on the CCG's finances, strategy work and desire to work closely with and support member practices.

Perhaps the most important part of the evening was the Q&A session that followed the presentations. As well as the above speakers, we

**PRIMARY CARE SUPPORT ENGLAND (PCSE)
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'THE ALLIANCE OF THE WILLING'

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GENERAL PRACTITIONERS (RCGP)**

ROUNABOUT QUIZ NIGHT

welcomed Julie Endacott, Chair of Primary Care Sheffield (PCS) and Dean Eggitt, Regional GPC Representative, and we thank them for taking the time to attend and join the panel. This was Sheffield GPs' and Practice Managers' opportunity to raise their concerns and question their local and national representative bodies. A number of actions came out of this and the LMC Executive will be issuing a detailed update to practices shortly. In the meantime, if any attendees have any further comments or reflections about the meeting and the issues raised, these would be gratefully received via: manager@sheffieldlmc.org.uk.

We would also like to thank attendees for their generosity in helping to raise funds for Roundabout (the LMC's chosen charity). £237.54 was raised on the night, which was donated to Roundabout's *No 11 Campaign*. More information about the campaign can be found at:

<http://www.roundabouthomeless.org/news/campaign>

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GP CONTRACT 2016/17

All GPs should have received a communication from Dr Chaand Nagpaul, Chair of the GPC, regarding the 2016/17 contract negotiations.

The accepted changes are far fewer than in previous years and are in keeping with 2 key resolutions passed at the Special Conference of LMCs in January:

1. To minimise the disruption of annual contract changes to practices;
2. Reimbursement of GP expenses must be properly funded.

However, the GPC is keen to stress that this agreement in no way detracts from the GPC's mandate from the Special Conference to hold the government to account with an ultimatum to deliver a rescue package for general practice.

The 2016/17 contract agreement provides for increased core resources and reimbursement of expenses to an extent not achieved in recent years, and should help support practice financial pressures. The headline agreed changes are:

- A £220m investment of new funding in the contract (more than double last year and 7 times greater than in 2014/15).
- Recognition of GP expenses, which for the first time has taken account of individual components that include rises in Care Quality Commission (CQC) fees, indemnity costs, national insurance contributions, super-annuation and increased utility and other charges.
- An intended 1% net pay uplift.
- A 28% increase in vaccination and immunisation fees from £7.64 to £9.80.
- Ending of the imposed dementia enhanced service, therefore, reducing the workload and bureaucracy of this flawed scheme, and with resources going into global sum.
- No new clinical workload requirements.

- No changes to Quality and Outcomes Framework (QOF) indicators or thresholds.
- A commitment from NHS England to explore a national strategy to manage demand through self-care and appropriate signposting of patients to services.
- A commitment to explore ending QOF and the Avoiding Unplanned Admissions enhanced service in 2017/18.

Over the last few years, changes have been made through the GP contract aimed at increasing the uptake of patient online services. For this year, a number of *non-contractual* changes have been agreed.

Practices will be supported by NHS England and the GPC to make increased use of IT systems. The GPC expects uptake to be encouraged at a pace that suits individual practices and their patients.

Further information is available via:

GPC:

<http://www.bma.org.uk/working-for-change/negotiating-for-the-profession/bma-general-practitioners-committee/gp-contract-negotiations/contract-agreement-england>

NHS Employers:

<http://www.nhsemployers.org/GMS201617>

NHS England:

<https://www.england.nhs.uk/commissioning/gp-contract/>

These pages are being updated with details of the implementation guidance, links to supporting legislation and standard contract documentation.

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GLOBAL SUM 2016/17

It was recently confirmed that the global sum figure for 2016/17 is £80.59. This works out as an increase of 5.9%, which can be explained as follows:

In 2015/16 there were two global sum figures, to accommodate a reduction in seniority payments with simultaneous reinvestment into

global sum. This was carried out mid-year in October 2015. Therefore, the value of global sum for the first half of 2015/16 was £75.77, and for the second half of 2015/16 was £76.51. In order to most accurately demonstrate the increase for the *whole year* 2015/16 to 2016/17, NHS England has used the mean average of those two figures, £76.14, to represent 2015/16 global sum.

NHS England will be publishing an FAQ to explain the above.

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JUNIOR DOCTORS INDUSTRIAL ACTION: PAY DEDUCTIONS

The GPC has received reports that some junior doctors working less than full-time have been deducted a full day's pay for taking industrial action, regardless of the actual hours the doctor was scheduled to undertake.

The legal advice the GPC has received is clear that making such a deduction is incorrect and unlawful. If a junior doctor is only scheduled to work a half day, then if they fail to work this half day due to taking industrial action, their employer is only permitted to make deductions commensurate to this period.

Employers had been making the unlawful deductions based on advice they had received from NHS Shared Business Services (NHS SBS). The GPC has written to NHS SBS to ensure that their advice to employers is changed immediately.

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PUBLICATION OF MEAN GP NET EARNINGS

REMINDER

It is a contractual requirement for General Medical Services (GMS) practices to publish on their practice websites by 31 March 2016 the mean net earnings of the partners, salaried GPs and any locum who has worked in the practice for over 6 months.

This includes income from NHS England, CCGs and local authorities for the provision of GP services that relate to the contract, or which have

been nationally determined. All earnings to be reported are pre-tax, National Insurance and employee pension contributions. For contractors the figures are net of practice expenses incurred. This does not include income and costs related to premises. Alongside the mean figure, practices will be required to publish the number of full and part time GPs in the practice.

The information **must** be published on practice websites before the end of the financial year following the financial year to which that information relates.

Practices must also make available the information in hard copy on request, recognising that not all patients will be able to access the website.

Detailed information can be found at: <https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2014/06/GMS-Guidance.pdf>

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DENTAL PROBLEMS: GP RESPONSIBILITIES

Sheffield CCG recently issued guidance *Oral Health – A brief guide for General Practitioners and other primary care clinicians* via their e-bulletin. A statement from the LMC on prescribing fluoride based toothpastes was also included.

As a result of the above, the LMC's guidance *Dental Problems: GP Responsibilities* has been updated to link to these 2 pieces of guidance. A copy of the LMC guidance can be accessed via:

<http://www.sheffield-lmc.org.uk/lmc%20guidance/Dental%20Problems%20-%20GP%20Responsibilities.pdf>

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SCHOOL ABSENCE: REQUESTS FOR MEDICAL CONFIRMATION

As many of you will be aware, the LMC produced guidance for Sheffield GPs who had been asked to provide medical evidence regarding children who had been absent from

school, either for a prolonged period or repeatedly.

As this guidance had not been updated since April 2012, the LMC met with Local Authority representatives recently to review the agreement, and to look at increasing School Nurse input in to the process, thus keeping GP involvement to a minimum.

As a result of recent negotiations, the process has been further streamlined, School Nurse input has been included and the circumstances when a GP might be contacted clarified and kept to a minimum.

A copy of the revised LMC guidance can be accessed via: <http://www.sheffield-lmc.org.uk/lmc%20guidance/School%20Absence.pdf>

As ever, if any practices experience difficulties with this process, or find that the agreement is not being adhered to, it would be appreciated if this could be brought to the LMC's attention via:

manager@sheffieldlmc.org.uk.

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ZIKA VIRUS GUIDANCE

Further to the article in the February LMC Newsletter, *Zika virus infection: guidance for primary care* has been updated to reflect the new wording for travel recommendations for pregnant women and clarification of advice on sexual transmission.

The changes include:

- Updated travel advice for pregnant women;
- Clarification of advice on preventing sexual transmission to pregnant women and women planning pregnancy and their male partners;
- Clarification of symptoms associated with typical Zika virus infection;
- Further clarification on obtaining diagnostic samples and completing RIPL request forms;
- Links to new advice on Zika and immunocompromised patients, and the Guillain-Barre syndrome;

- New section on minor procedures in the primary care setting, including dentistry.

The updated guidance can be found at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/504277/Zika_virus_guidance_for_primary_care_01_March_2016_v3.0.pdf

Further information can also be found at:

<https://www.gov.uk/government/news/zika-virus-updated-travel-advice-for-pregnant-women>

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PRIMARY CARE SUPPORT ENGLAND (PCSE) ONLINE PORTAL AND RECORDS TRANSFER

Online Portal

All Practice Managers should have received a communication from PCSE noting that they will be launching an online portal. The portal will be the way that practices will order and track supplies from PCSE, including prescription pads, NHS stationery, pre-printed forms, needles and syringes.

The portal will be available to practices from 29 March 2016 and will replace the current contacts and channels used to order supplies. **Please note that practices need to pre-register on the portal.** Practices should have received information on what needs to be done to register. Any practice that has not received this information, please email PCSE.enquiries@nhs.net.

If any practices experience difficulties with the pre-registration process, further information and assistance can be obtained via:

- Julie Powdrell, South Yorkshire and Humber Training Manager - j.powdrell@nhs.net (or leave a message on 07736 492808).
- <http://pcse.england.nhs.uk/help/>.

A summary of the 4 steps to ordering supplies can be found at: <http://pcse.england.nhs.uk/howtoorder>

Records Transfer

All practices should have also received a communication about the system that is due to be implemented for the transfer of medical records, as well as participating in a dummy run.

A summary of the 5 steps to moving patient records can be found at:

<http://pcse.england.nhs.uk/howtomoverecords/>

Further information about what can and cannot be transported via the new system is due to be emailed to practices w/c 21 March 2016. In the meantime, the following clarification has been received:

- 'Not our patient' letters – should be returned to sender and not sent to PCSE.
- Misfiled clinical notes for an unknown patient or patient that has left the list (records already returned) – an exception label should be requested via the Online Portal and the notes placed into an individual shipping bag for collection by the courier.
- GMS3 (Temporary Resident Forms) may be emailed (PCSE.enquiries@nhs.net), faxed (0113 2776912) or posted (PCSE Enquiries, PO Box 350, Darlington, DL1 9QN) to PCSE. Alternatively, a GMS3 label can be requested via the Online Portal. Multiple GMS3 forms can be put in to a shipping bag for collection by the courier.
- Any mail/forms intended for PCSE can be emailed, faxed or posted.

A number of concerns have been flagged up with the LMC in advance of the changes and these have been brought to PCSE's attention on practices' behalf. Once, the changes are in place, it would be appreciated if practices could update the LMC on any issues or concerns with the new processes via:

manager@sheffieldlmc.org.uk.

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PATIENT ONLINE ACCESS REQUESTS: RESPONSE TIMESCALES

Dr Taz Aldawoud, Digital Clinical Champion, NHS England attended the February LMC meeting to update

the committee on the requirements of Patient Online Access. Concerns were raised at the workload involved in this initiative, and the response time for checking the records and granting or declining access was queried. Dr Aldawoud subsequently updated the LMC as follows:

'There is currently no contractual obligation to respond within a particular timeframe, however, it should be without undue delay. Subject to this being formalised, NHS England's view would take this to mean no longer than 21 calendar days from the date of the patient requesting Online Access to this being granted by the practice. We recognise that there may be mitigating factors why it may need to be delayed slightly (eg practice CQC inspection), but expect that any patients affected by this would be appropriately informed.'

If practices find that they are regularly unable to respond to requests within 21 days or are having difficulties with other aspects of this initiative, it would be appreciated if this could be brought to the LMC's attention via:

manager@sheffieldlmc.org.uk.

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FIREARMS LICENSING

A new system for firearms licensing is being introduced in April 2016 to improve information sharing between GPs and the police and to reduce the risk that a medically unfit person may have a firearm or shotgun certificate.

At present, the police usually only contact an individual's GP before the issue of the certificate if the applicant has declared a relevant medical condition. After the certificate is granted there is no reminder system to inform the GP that the patient they are seeing is a gun owner.

From 1 April 2016:

- Police will ask every firearm applicant's GP if the patient suffers from specific health issues, such as depression or dementia.
- GPs will be asked to place a firearm reminder code on the

patient's record. This means the GP will know the person is a gun owner, and they can inform the police licensing department if the patient's health deteriorates after the gun licence is issued.

- New guidance will be published to help GPs and police operate the new system. Responsibility for deciding if a person is suitable to hold a firearm certificate remains with the police.

The new system was developed after the British Medical Association (BMA) raised concerns about weaknesses in the current process with the Home Office. It has been developed by the BMA, Royal College of General Practitioners (RCGP) and the police, in conjunction with shooting associations and the Information Commissioners Office.

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SENIORITY FIGURES FOR GPs 2012-13

The final seniority figures for 2012/2013 have recently been published by the Health and Social Care Information Centre (HSCIC).

The figure for England is £91,050.

Further information can be found at: <http://www.nhsemployers.org/news/2016/02/final-seniority-factor-for-2012-13>

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SESSIONAL GPs E- NEWSLETTER: FEBRUARY 2016

The February edition of the Sessional GPs e-newsletter is available on the BMA website at:

<http://bma-mail.org.uk/t/JVX-421D9-1BJCJOU46E/cr.aspx>

The main articles include:

- Urgent prescription for general practice.
- A new deputy in town...
- Working in new models of care.
- Do you want to make a difference to the lives of sessional GPs?

- Managing clinical risk for GP locums.
- Zika virus guidelines issued to GPs.
- Junior doctors' contract imposition – 'a total failure'.
- Call to reform Care Quality Commission.
- Top tips on appraisal and revalidation.

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'THE ALLIANCE OF THE WILLING'

Article submitted by Lynda Liddament, Sheffield CCG

GPs and Voluntary Organisations in some of Sheffield's most deprived communities have come together in a new collaboration 'The Alliance of the Willing' to raise the profile of the needs of the communities they serve and the services they need. The collaboration focuses on two areas:

1. Identifying good practice that has already been developed in Sheffield and sharing this more widely;
2. Bringing experts to the city who have a track record of tackling health inequalities at a neighbourhood level to share their ideas.

There is a series of three Round Table Discussions to give GPs an opportunity to share the challenges and potential solutions which can help influence how primary care across the city could develop. The discussions will be written up into a short briefing paper to be used to influence future work.

The first Round Table Event will be held on **Tuesday 12 April**, 7.00 p.m. to 9.00 p.m. at the Holiday Inn Royal Victoria. (Registration will be from 6.30 p.m. to 7.00 p.m. with food).

The first guest will be Professor Graham Watt who has played a leading role in establishing the Glasgow Deep End Group. This is a collaboration of GPs working in the most disadvantaged areas of Glasgow. For more information about the Glasgow Deep End see:

<http://www.gla.ac.uk/researchinstitutes/healthwellbeing/research/generalpractice/deepend/>

Please contact Lynda Liddament to reserve your place on (0114) 3051179 or lynda.liddament@nhs.net

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FELLOWSHIP OF THE ROYAL COLLEGE OF GENERAL PRACTITIONERS (RCGP)

Article submitted by Amar Rughani, Member of the Local Faculty of the RCGP

Fellowship is the highest honour that the RCGP can give, and is awarded to those GPs who have given something back to the community by not only having good clinical skills, but by contributing to the advancement of our profession through areas such as patient-centred care, teaching, research, innovation or leadership.

Some people believe the award to be elitist, but in fact the award is earned, not just given, and the process is based on the evidence attested by peers. We know from those who achieve Fellowship that it means a great deal to them for their work to be recognised. Almost more importantly, we know how much the award means to the doctor's family, those silent heroes without whom no professional would survive let alone prosper.

In our local Faculty we have responsibility for encouraging Sheffield GPs to put themselves forward, and we feel passionately that too few grass roots 'jobbing' GPs are recognised for the remarkable work they do in a vocation that has never been more demanding or less appreciated.

We particularly wanted to reward those doctors who work in the areas of service development and medical politics, whose contribution to change is vital but is less recognised or appreciated.

Further information, including eligibility criteria (must have been a Member of the College in good standing for at least 5 continuous years at the date of nomination), can be found at:

<http://www.rcgp.org.uk/fellowship>

Further details and support can be requested via: sheffield@rcgp.org.uk.

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ROUNDABOUT QUIZ NIGHT

Thursday 7 April 2016

The Frog & Parrot, 94 Division Street, Sheffield, S1 4GF

Article submitted by Ruth Gage, Fundraising & Communications Manager, Roundabout

Roundabout challenge you to come and test your knowledge of Yorkshire at our Quiz Night!

Hosted by Nick Banks from Sheffield band 'Pulp', the quiz will begin at 8 pm (doors open at 7 pm) and there will be prizes too!

Tickets are £8 per person (plus a booking fee) and can be bought through Eventbrite:

<https://www.eventbrite.co.uk/e/roundabout-pub-quiz-night-tickets-23037675307>

A meal of Pie & Peas is included - please do let us know if you have any dietary requirements. The pie will be a traditional meat pie unless an alternative is requested. Vegetarian or other dietary needs can be met.

If you have any questions, please contact the fundraising team on:

- 0114 253 6753
- fundraising@roundaboutltd.org.

We look forward to seeing you there!

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Please forward any articles, comments etc for inclusion in the LMC newsletter to the LMC office via manager@sheffieldlmc.org.uk

Articles for the April edition to be received by Friday 8 April

Submission deadlines can be found at: http://www.sheffieldlmc.org.uk/Newsletters14/VB_and_Newsletter_Deadlines.pdf