

Newsletter

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Sheffield
LMC



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LIFTING COVID RESTRICTIONS AND INFECTION CONTROL

As you will be aware, on 24 February, as part of the Government's '[Living with COVID-19](#)' plan, the COVID restrictions were lifted in England, including the requirement to isolate after testing positive.

The [BMA has voiced concerns](#) that living with COVID does not mean ignoring its continued harm to many, and that scrapping all restrictions and allowing the infection to spread in an unmonitored and unfettered manner would be damaging to the health of millions. The BMA is also concerned that removing the protections in healthcare settings that currently exist, such as mask wearing, would be wrong and have raised this with NHS England and NHS Improvement (NHSE/I), who has confirmed that the [Infection Prevention Control](#) (IPC) guidance for healthcare workers will not be changing and still advises that face masks should continue to be worn by staff and patients in health care settings.

NHSE/I has published a [letter](#) to healthcare providers to update in light of the Living with COVID plan, which confirms that there are no changes to IPC measures, and which also advises that healthcare staff who have tested positive or have symptoms of COVID-19 should not attend work until they have had two negative LFD test results taken 24 hours apart, no earlier than day 5 after their initial positive test.

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THREATENING LETTERS FROM SOLICITORS: COVID-19 EXEMPTION

A number of solicitors have been threatening doctors with legal action if the doctor does not provide COVID-19 exemption for the solicitor's clients.

The Medico Legal Committee (MLC) of the British Medical Association (BMA) wrote to the Solicitors Regulation Authority (SRA), and has been assured that solicitors should not be “writing in offensive, threatening or intimidatory ways. And we also do not expect solicitors to pursue matters which they know have no legal merit.”

If doctors receive intimidating letters they are advised to inform their Medical Defence Organisation, as well as forwarding a copy to info.gpc@bma.org.uk so that the MLC may pursue further via the SRA.

The General Practitioners Committee (GPC) and the MLC met with the COVID-19 Exemptions Team at the Department of Health and Social Care (DHSC). It is the GPC’s understanding that further guidance on COVID-19 exemptions will be published, and this will clarify the role of doctors in providing exemption certificates, make it clear what conditions do and do not warrant an exemption, and reiterate that there is no appeal. The GPC has asked for departmental support that any legal action is against the policy, and thus the DHSC, and not the GP / surgery.

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GP CONTRACT NEGOTIATIONS AND FUTURE OF GENERAL PRACTICE

Please see below an update from the British Medical Association (BMA):

As you will probably be aware, despite negotiations between GPC England and NHS England about amendments to the five year contract deal agreed in 2019, [NHS England](#) announced last week that the contract amendments will come into effect from 1 April, without an agreement or endorsement by the BMA.

We are bitterly disappointed with these changes to the GP contract, which fail to help patients and support practices at this critical time.

The negotiations reached a stalemate in mid-February when it became clear that NHS England would not be offering an update that would impact meaningfully on patient care, nor provide the support desperately required for general practice as it faces unprecedented pressures and pandemic recovery, despite GPC England suggesting a number of solutions to address some of these pressures, enabling practices to support patients.

Read the full BMA statement [here](#) and our [response to misleading comments](#) about our involvement in the contract changes.

Read our [guidance about the contract changes](#) to support practices in their decision making and next steps.

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PATIENT ACCESS TO MEDICAL RECORDS PROGRAMME

As you will be aware from our recent communications, as a result of significant concerns being raised nationally and locally regarding the Patient Access to Medical Records Programme, which was due to be launched in April, we invited represented Sheffield GPs and Practice Managers to attend our March committee meeting for an update. Hilary Gerrans, Implementation Lead, Citizen Experience, Transformation Directorate at NHS England and NHS Improvement (NHSE/I) gave a [presentation](#) on the proposals, which links to further guidance for practices and details of webinars being held this month. This was followed by a Q&A, and Hilary agreed to feed back issues raised by attendees. Further queries can be emailed to england.nhsimplementation@nhs.net.

On Tuesday 15 March, the General Practitioners Committee (GPC) IT Policy Lead informed LMCs that the programme ***will NOT be launched in April***, having been delayed until July. We will continue to update practices as and when we receive further information from the GPC.

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GP REPRESENTATIVE OF SHEFFIELD PRIMARY CARE ON THE PRIMARY CARE PROVIDER COLLABORATIVE (PCPC)

As noted in our recent email to all represented Sheffield GPs and Practice Managers, we received [1 nomination](#) for the post of GP representative of Sheffield Primary Care on the PCPC. As such, we do not feel the need to pursue an election process.

We are pleased to announce that Tom Holdsworth, Clinical Director, Townships 1 Primary Care Network (PCN) has been appointed to the role. We have passed on our congratulations, and look forward to working with and supporting Tom in this important role.

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**REACHING YOUR GOALS FOR 2022
WITH SHEFFIELD LMC'S GP-S MENTORING SERVICE**

As many of you will be aware, we host a free mentoring service available to all GPs who are represented by us.

Following the recruitment of 6 new Mentors, our offer to GPs has been expanded and diversified. Mentoring through our service is a structured process over 4 flexible sessions, enabling practitioners to explore and navigate professional and personal dilemmas and challenges. It is confidential and feedback about the process is anonymous and encouraged. A choice of Mentors is offered subject to availability - all are experienced in current challenges in the workplace, and most are practising GPs.

Posters containing further information about GP-S and how to access the service can be found [here](#). We would encourage any practices that have not already done so to download and display copies in their staff room and / or circulate amongst the GPs in the practice. A limited number of hard copy posters, leaflets and business cards are available by contacting Emma Birtles, LMC Administrative Assistant via adminassistant@sheffieldlmc.org.uk.

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**SEASONAL FLU VACCINATION PROGRAMME
2022/23 GUIDANCE**

NHS England and NHS Improvement (NHSE/I) has published [guidance on the recommended vaccines and eligible cohorts for the 2022/23 seasonal flu vaccination programme](#).

The guidance highlights that in 2022/23, the NHS flu vaccination programme will only be offered to patient groups eligible in line with pre-pandemic recommendations. This means that 50-64 year olds and frontline health and social care workers will not be included in the national programme for the coming year. Therefore, practices will need to revert to their previous occupational health arrangements for the vaccination of practice staff.

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PNEUMOCOCCAL VACCINE CLAIMS

As practices may be aware, from April 2022 it will no longer be possible to submit claims to the NHS Business Services Authority for reimbursement of locally procured PPV23 vaccines administered, and practices should only be using centrally procured PPV23 vaccine for immunising their eligible population.

From 1 April 2022, the pneumococcal vaccines (both the PPV23 and Pneumococcal polysaccharide conjugated vaccine) will be removed from the bulk vaccine list, for which claims are made via the FP34PD/D appendix form, and practices will need to submit pneumococcal vaccine reimbursement claims via a prescription form (FP10) for each administration instead.

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**ORDERING DEPARTMENT FOR WORK
AND PENSIONS (DWP) LEAFLETS**

A new contract for Managed Print Services with HH Global Associates LTD (HHG) started on 21 February 2022, which provides the supply of items to DWP's external customers / partners, such as the MATB1 maternity certificate, Med 3s and Med 10s for health care professionals.

Further information can be found [here](#).

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SMOKING CESSATION SERVICE

On 10 March 2022 an NHS [Smoking Cessation Service \(SCS\)](#) was introduced, to be commissioned from community pharmacies as an Advanced Service within the Community Pharmacy Contractual Framework. The service allows NHS Trusts to refer patients to a community pharmacy of their choice to continue smoking cessation treatment which was initiated during an inpatient stay in hospital (the Ottawa Model for Smoking Cessation).

This is not a service that general practices can refer into.

A requirement of the service is to notify a patient's GP of the outcome of the service provision. Therefore, as the service gradually rolls out over the next 2 years (with both NHS Trusts and pharmacies opting in to provision of the service), practices may receive these notifications as and when their patients access the service.

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DATA ON THE PRESSURES FACING GENERAL PRACTICE

Pressures on general practice such as workforce shortages are still as severe as ever, and is evident in the latest data from [NHS Digital for the GP workforce](#) in January, which shows that there is now the equivalent of 1,608 fewer fully qualified full time GPs than in 2015. This is in addition to the average number of patients each GP is responsible for having increased by around 300 since 2015.

The Institute for Government has produced a [performance tracker for general practice](#) for 2021, which draws together data from various sources on the state of general practice and the challenges facing it in the context of the pandemic. It also addresses some of the challenges to recovery and provides estimates for projected demand, concluding that the largest concern for general practice is the need to increase staff numbers.

The Health Foundation's webpage on [understanding activity in general practice](#) has more up to date figures and, in particular, provides detailed explanations of the scope, quality and detail of GP appointments data, to show what appointment data can or cannot tell us.

The British Medical Association (BMA) webpage on [pressures in general practice data analysis](#) includes key figures on workforce and appointments that are updated each month, alongside what the BMA has been calling for, for general practice.

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ADDITIONAL ROLES REIMBURSEMENT SCHEME (ARRS): KING'S FUND REPORT

The King's Fund has published a major [report on the ARRS](#), which focuses on 4 roles:

- social prescribing link workers;
- first contact physiotherapists;
- paramedics;
- pharmacists.

The report examines the issues related to the implementation of these roles, the experiences of working in these roles and of the people managing them. It found a lack of shared understanding about the purpose or potential contribution of the roles, combined with an overall ambiguity about what multidisciplinary working would mean for GPs. It also found that successful implementation of the scheme requires extensive cultural, organisational and leadership development skills that are not easily accessible to Primary Care Networks (PCNs).

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FULLER STOCKTAKE

Professor Claire Fuller has been asked to lead a wide-ranging national stocktake of how primary care can best be supported within the emergent Integrated Care Systems (ICSs) to meet the health needs of people in their local areas.

The General Practitioners Committee (GPC) is encouraging GP practices to take the opportunity to input into this review by adding comments and ideas to the [Stocktake Crowdicity page](#).

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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 Mythbusters have been added or updated recently:

- [GP mythbuster 26: Practice Nurses](#)
- [GP mythbuster 24: Recording patient safety events with the Learn from patient safety events \(LFPSE\) service](#)
- [GP mythbuster 9: Emergency medicines for GP practices](#)

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**SESSIONAL GPs E-NEWSLETTER:
FEBRUARY 2022**

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

- Roll out of Digital Locum Banks;
- Pensions forms;
- Sessional GPs Committee elections 2022-25;
- Sexism and surgery;
- NHS IT and estates: last chance to tell us what you think;
- Can locums discuss their locum fees?;
- Type 2 form submission deadline is 7 March;
- Survey on sexual orientation and gender identity in medicine;
- Bring back the white coat?;
- Could you be a doctor supporter?;

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**SESSIONAL GPs COMMITTEE
REGIONAL ELECTIONS**

The [Sessional GPs committee](#) of the General Practitioners Committee (GPC) is seeking regional representatives to join its committee, which has 16 elected members. Election counting rules will be applied to ensure that a candidate will be elected from each of the 13 regions, and that there are at least 2 salaried GPs and 2 freelance / locum GPs on the committee.

If elected, candidates will take up their seats on the committee in July 2022 and will serve for 3 BMA sessions, from 2022-2025. *You must be a BMA member to nominate in this election.*

To submit your nomination please visit <https://elections.bma.org.uk/>. The deadline is *noon Tuesday 29 March 2022*.

If you have any questions about the elections please email elections@bma.org.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](#)