

SHEFFIELD LOCAL MEDICAL COMMITTEE

Newsletter

May 2016

INSIDE THIS ISSUE:

LMC NEWSFLASH: RECRUITMENT OF LMC EXECUTIVE OFFICERS

PMS REVIEWS AND TRANSITION TO GMS

DETENTION UNDER THE MENTAL HEALTH ACT (MHA): MEDICAL RECOMMENDATIONS

GENERAL PRACTICE FORWARD VIEW

RESPONSIVE, SAFE AND SUSTAINABLE: OUR URGENT PRESCRIPTION FOR GENERAL PRACTICE

LIMITED LIABILITY PARTNERSHIP (LLP): BENEFITS & NEGATIVES

ASSESSING FITNESS TO DRIVE

GENERAL MEDICAL COUNCIL (GMC) GUIDANCE: ACCESS ON THE GO

PRIVATE PRESCRIPTIONS

PROVIDING HEALTHCARE FOR OVERSEAS VISITORS FROM THE EUROPEAN ECONOMIC AREA (EEA)

MEDICAL INDEMNITY

COSMETIC INTERVENTIONS

SESSIONAL GPS E-NEWSLETTER: APRIL 2016

LMC NEWSFLASH: RECRUITMENT OF LMC EXECUTIVE OFFICERS

Since the last LMC Newsletter, all represented GPs should have received an LMC Newsflash regarding the recruitment of LMC Executive Officers.

The LMC's current Term of Office is due to end on 30 November 2016. As you will be aware, General Practice is facing significant workload and capacity challenges and it is essential, for the LMC to survive and continue to adequately represent and support Sheffield GPs, that we future proof the Executive and the Committee.

We currently fund 8 Executive sessions per week, whereas in 2010 we funded 11.5 sessions per week. In view of this reduction and the end of the current Term of Office, we are

looking to recruit new Executive members.

Whilst the work of the Executive is at times challenging, more often it is educational, interesting and enjoyable. We also believe that it is an ideal opportunity for doctors to network with their colleagues in Primary Care, Secondary Care and other organisations.

Any GP that is contributing to the LMC's levies (via a Sheffield practice or directly) is eligible to stand for election to the Committee and subsequently take up an Executive post. Some experience of medical politics is desirable, but not essential. More important is a desire to become involved in medical politics and the work of Sheffield LMC.

Further information about the LMC and the recruitment opportunities

were contained in the Newsflash, which can be accessed via:

http://www.sheffield-lmc.org.uk/Newsflash/SLMC_ExecRecruitment-May16.pdf

If you would like to discuss this opportunity with a member of the Executive or require further information, please do not hesitate to contact the LMC Secretariat to arrange this via:

- manager@sheffieldlmc.org.uk
- (0114) 2588755.

If you would like to express an interest in joining the LMC Executive, it would be appreciated if you could confirm this in writing to secretary@sheffieldlmc.org.uk.

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PMS REVIEWS AND TRANSITION TO GMS

As you will be aware, following an NHS England national directive, regional teams have reviewed local Personal Medical Services (PMS) agreements to bring PMS spending in line with General Medical Services (GMS) contracts.

The General Practitioners Committee (GPC) issued guidance *PMS Reviews and Transition to GMS* in June 2015.

This has recently been updated to reflect legal advice on the backdating of PMS agreements by NHS England (page 7).

A copy of the updated guidance can be accessed via:

http://www.sheffield-lmc.org.uk/OG15/gpcontract_pms_transition_gms_contracts.pdf

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DETENTION UNDER THE MENTAL HEALTH ACT (MHA): MEDICAL RECOMMENDATIONS

As many of you will be aware, negotiations took place between Sheffield LMC and Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) representatives some years ago, as a result of concerns having been reported to the LMC in relation to GP involvement in medical recommendations.

The agreement reached at the time has recently been revisited and the LMC's guidance updated.

A copy of the guidance can be accessed via:

[http://www.sheffield-lmc.org.uk/lmc%20guidance/Detention%20under%20the%20MHA%20\(Revised%20Apr16\).pdf](http://www.sheffield-lmc.org.uk/lmc%20guidance/Detention%20under%20the%20MHA%20(Revised%20Apr16).pdf)

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GENERAL PRACTICE FORWARD VIEW

NHS England's General Practice Forward View sets out a programme

of support for primary care over the next 5 years. The strategy follows strong lobbying and calls for action from the GPC, outlining the urgent actions needed to alleviate the current significant pressures.

The GPC has worked closely with NHS England to represent the views of the profession and influence their final strategy. A large number of the GPC's proposals have been accepted by NHS England and included in their roadmap for the future.

Whilst the Forward View represents a comprehensive package of support to general practice, both in the immediate and longer term, the GPC is clear there are a number of areas requiring more clarity and work on the detail of implementation before their significance can be fully understood.

The GPC agreed that they should continue to push NHS England to respond to the remaining areas outlined in their Urgent Prescription which they have yet to address, as the GPC believes implementation of these are vital to help resolve both the current crisis facing general practice and to provide sustainability for the future.

The GPC will sit on the Advisory Oversight Group, which will steer and drive implementation of the measures; it is vital that this programme of support is delivered rapidly so that practices receive the support so urgently needed.

In the meantime, the GPC has written to all GPs highlighting the document and the GPC's initial response.

The Forward View can be accessed via:

<https://www.england.nhs.uk/ourwork/gpfv/>

Further copies of the GPC's letter to the profession can be accessed via:

<http://www.bma.org.uk/working-for-change/negotiating-for-the-profession/bma-general-practitioners-committee/gpc-members/chair-newsletter>

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RESPONSIVE, SAFE AND SUSTAINABLE: OUR URGENT PRESCRIPTION FOR GENERAL PRACTICE

As part of the *Urgent Prescription for General Practice* campaign, the British Medical Association (BMA) recently published a paper outlining the actions that are required to provide a sustainable, viable and vibrant future for general practice.

The list of actions is not exhaustive, but is intended as a good starting point for beginning to address the challenges facing general practice.

The key areas listed that must be addressed are:

- *Fair and sustainable funding* and resources to reach a minimum of 11% of NHS spend to cover the work of general practice and to resolve the funding deficit of around £2.5bn.
- *Reducing workload* to ensure delivery of safe and high quality care with a national standard for a maximum number of patients that GPs, nurses and other primary care professionals can reasonably deal with within a working day, and greater clarity about what work is appropriate to be delivered by practices.
- *An expanded workforce*, both within and around the practice.
- *Reducing the regulatory burden of the Care Quality Commission (CQC)* to prevent time and resource being taken away from service provision.
- *Reducing bureaucracy and duplication to empower professionals* and to give more time to meet the needs of patients.
- *Empowering patients* to give them confidence to manage their care and to free up GPs' time for those who need it most.
- *Infrastructure and technology to deliver practice and system resilience* to ensure practices are able to deliver the services needed.

A copy of the paper can be downloaded from the LMC website via:

<http://www.sheffield-lmc.org.uk/OG16/20160280%20Responsive%20Safe%20and%20Sustainable%20Our%20UPGPFINAL.pdf>

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LIMITED LIABILITY PARTNERSHIP (LLP): BENEFITS & NEGATIVES

LLPs were created by the Limited Liability Partnerships Act 2000 (LLPA 2000). They represent a vehicle for two or more persons intending to carry on a lawful business with a view to making a profit.

Following a request for legal advice on the benefits and negatives of LLPs, the GPC recently issued a note which can be accessed via:

http://www.sheffield-lmc.org.uk/OG16/LimitedLiabilityPartnership-Benefits_andNegatives.pdf

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ASSESSING FITNESS TO DRIVE

The drivers' medical section within the Driver & Vehicle Licensing Agency (DVLA) deals with all aspects of driver licensing when there are medical conditions that impact, or potentially impact, on safe control of a vehicle.

The DVLA's guidance *Assessing fitness to drive: a guide for medical professionals* summarises the national medical guidelines on fitness to drive. It is intended to assist doctors and other healthcare professionals in advising their patients:

- whether or not the DVLA requires notification of a medical condition;
- what the licensing outcome from the DVLA's medical enquiries is likely to be.

The guidance, which has recently been updated, can be accessed via:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/506898/Assessing_fitness_to_drive_-_a_guide_for_medical_professionals_-_MIS828_100316_Interactive.pdf

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GENERAL MEDICAL COUNCIL (GMC) GUIDANCE: ACCESS ON THE GO

The GMC has issued details of how to view/download their guidance "on the go" via smartphones, Kindle, tablets and other e-readers and PCs.

A copy of the guidance can be accessed via:

http://www.gmc-uk.org/guidance/25323.asp?dm_i=2S YE.7A5L1D0QU2.MZHR.1#

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PRIVATE PRESCRIPTIONS

The GPC's Contracts and Regulations Subcommittee has recently issued clarification on the issue of whether GPs can issue private prescription forms at the same time as FP10s, in circumstances where this is a cheaper option for the patient than paying the NHS prescription charge.

The subcommittee was asked to consider whether this could be either a breach of the Regulations or collusion to defraud the NHS, who would otherwise recoup the prescription charge.

The legal advice the GPC received is clear that in cases of treatment under the primary care contract, GPs may not issue private prescriptions alongside and as an alternative to FP10s. In any case where a GP is obliged to issue an FP10 the concurrent issue of a private prescription will be a breach of obligation. In any case where a GP is obliged or entitled to issue an FP10 the concurrent issue of a private prescription will be conduct

calculated to deprive the NHS of a small amount of money and will on that account also be wrongful.

The advice is therefore that GPs do not issue private prescriptions under these circumstances.

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PROVIDING HEALTHCARE FOR OVERSEAS VISITORS FROM THE EUROPEAN ECONOMIC AREA (EEA)

The Department of Health has recently updated its guidance for primary care staff providing healthcare to overseas visitors from the EEA.

The guidance details what primary care staff should do if a patient has one of the following documents used by EEA visitors when they access the NHS:

- European Health Insurance Card (EHIC);
- Provisional Replacement Certificate (PRC) in the absence of an EHIC;
- S1 form;
- S2 form.

A copy of the revised guidance can be accessed via:

<https://www.gov.uk/government/publications/help-for-nhs-to-recover-costs-of-care-from-visitors-and-migrants/information-for-nhs-staff-providing-healthcare-for-overseas-visitors-from-the-european-economic-area>

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MEDICAL INDEMNITY

The BMA has worked with the medical defence organisations to produce guidance which outlines what indemnity is, what options are available to GPs and why the cost of premiums is rocketing, as well as considering possible solutions.

The main topics covered are:

- What is medical indemnity?
- Who are the medical indemnity organisations?
- What is mutuality?
- Alternatives to the Medical Defence Organisations.
- Why is the cost of medical indemnity increasing?
- Factors that affect indemnity subscriptions.
- Vicarious liability.
- Possible solutions to the increasing costs of indemnity.

In addition, there is a Frequently Asked Questions section.

The guidance can be accessed via:

<http://www.bma.org.uk/support-at-work/gp-practices/medical-indemnity-for-gps>

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COSMETIC INTERVENTIONS

Cosmetic practice is a challenging area of medicine that deals with patients who can be extremely vulnerable, but reviews of the cosmetic industry have highlighted the lack of regulation and associated risks to patient safety.

To help drive up standards and make sure all patients are given the care, treatment and support they need, the GMC has produced new guidance for any doctor providing cosmetic interventions, which comes into force on Wednesday 1 June 2016.

In summary, if you offer cosmetic interventions, you must:

- seek your patient's consent to the procedure yourself rather than delegate;
- make sure patients are given enough time and information

before they decide whether to have an intervention;

- consider your patients' psychological needs and whether referral to another experienced professional colleague is appropriate;
- recognise and work within the limits of your competence, seeking advice when necessary;
- make sure patients have the information they want or need, including written information that supports continuity of care and includes relevant information about the medicines or devices used;
- take particular care when considering requests for interventions on children and young people;
- market your services responsibly, without making unjustifiable claims about interventions, trivialising the risks involved, or using promotional tactics that might encourage people to make ill-considered decisions.

A copy of the full guidance can be accessed via:

http://www.gmc-uk.org/static/documents/content/Guidance_for_doctors_who_offer_cosmetic_interventions_080416.pdf

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SESSIONAL GPs E-NEWSLETTER: APRIL 2016

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

<http://bma-mail.org.uk/t/JVX-46095-1BJCJOU46E/cr.aspx>

The main articles include:

- Workload challenges.
- Appraisals made easy.
- Clinical champion GPs get physical.

- GPC elections – make a difference to sessional GPs' working lives.
- The latest on the junior contract dispute.
- Responsive, safe and sustainable – solving the GP workload crisis.
- Revalidation system under review.
- Time to regain control of your workload?

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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 June edition to be received by Friday 10 June

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