

Newsletter

November 2022

Sheffield
LMC



INSIDE THIS ISSUE:

**NEW MAILBOX FOR PRIMARY CARE TO
SECONDARY CARE COMMUNICATIONS**

COMPLEX WOUND CARE

**LETTER FROM GP FOR TRAVEL WITH
MEDICATION**

**SHEFFIELD WALK-IN CENTRE (WIC)
SERVICES UPDATE**

TRUST REGISTRATION REQUIREMENTS

**NHS PROPERTY SERVICES (NHSPS)
SETTLEMENT LETTERS**

PUNITIVE PENSIONS TAX RULES

**NETWORK CONTRACT DIRECTED ENHANCED
SERVICE (DES) PAY CODES**

CAMERON FUND CHRISTMAS APPEAL 2022

**CARE QUALITY COMMISSION (CQC)
MYTHBUSTERS**

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

**BMA LAW WEBINAR: PARTNERSHIPS AND
THE IMPORTANCE OF PARTNERSHIP
AGREEMENTS**

**THE FUTURE OF GENERAL PRACTICE:
SNAPSHOT SURVEY**

NEW MAILBOX FOR PRIMARY CARE TO SECONDARY CARE COMMUNICATIONS

*Article submitted by Sarah Jenkins, Deputy Medical Director,
Sheffield Teaching Hospitals NHS Foundation Trust (STHFT)*

STHFT is piloting a generic email address for Sheffield GP practices to use to direct constructive feedback and highlight opportunities for learning and improvement - sth.lmpagsheffield@nhs.net.

The inbox will be:

1. Monitored by senior clinicians who will respond or forward the email to relevant STHFT teams as appropriate.
2. Monitored on a weekly basis, so cannot be used for time sensitive requests, including clinically urgent or active patient pathway information, which should continue to be directed to the appropriate STHFT teams.
3. Piloted for 4 months, following which it will be evaluated.

The hope is that by providing a simpler, more timely and direct route for feedback and ideas to be shared, we can use this information to make improvements for patients and colleagues.

When sharing feedback via the LMC, patient identifiable data (PID) had to be redacted due to the non NHS emails used. This will not be an issue as long as primary care colleagues **email from an nhs.net address**. Any PID shared will be treated with appropriate confidentiality and respect. Examples of issues that might be shared include:

- Ideas for new or improved collaboration across primary and secondary care services.
- Primary care feedback on the appropriateness of STHFT requests for patient care interventions.
- Positive feedback to STHFT teams to highlight helpful or successful actions, particularly if learning can be extrapolated to other areas to have a positive impact.

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COMPLEX WOUND CARE

The LMC has recently received an increase in the number of concerns from constituents relating to complex wound care and the lack of capacity in the community clinics to provide appropriate wound care. The default in these situations is that patients are often inappropriately directed to their GP. The LMC's understanding is that a service specification was agreed which offers a clear distinction between Level 1 Wound Care (simple wounds) and Level 2 Wound Care (complex wounds), as follows:

Level 1: Commissioned through the “Over and Above” Locally Commissioned Service (LCS):

- Surgical – suture / clip removal
- Grazes
- Skin tears
- Varicose veins - removal of clips
- Pin sites
- Cavity dressings – cavity wounds that could be dealt with within the competencies and training of practice nurses
- Lower leg wounds - not requiring compression dressings or where compression is not indicated
- Simple burns

Level 2: Not commissioned in primary care:

- Wounds not healing after 4 weeks following appropriate wound management intervention or those wounds showing signs of obvious deterioration
- Adult lower leg wounds
- Any patient with a high risk of complexity, eg underlying co-morbidity
- Post-operative vascular wounds.
- Diabetic foot wounds - should be referred urgently to the diabetic foot clinic.
- Non-healing post-operative wounds - should be referred back to the surgeon.

With regard to practices being asked to undertake Level 2 wound care, the LMC’s view is that convenience for the patient should not come ahead of safe and appropriately sourced / funded clinical care. Where a request is beyond the experience and remit of the healthcare professional, they are within their rights to push back on this work.

In 2020 the LMC sent an email to all practices stating: *“We recommend all practices cease to deliver complex wound dressings to their patients, unless their staff have been specifically trained. We are aware of the impact this may have on patient care, but must remind all practices of their duty of care to patients and not to work beyond their skillset and experience.”*

Conversations are ongoing with NHS South Yorkshire Integrated Care Board (ICB) and Sheffield Teaching Hospitals NHS Foundation Trust (STHFT). We will, of course, update practices as negotiations progress.

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LETTER FROM GP FOR TRAVEL WITH MEDICATION

It has been brought to the attention of the General Practitioners Committee (GPC) that some airlines are advising that travellers bringing medication in their luggage should bring a letter from their medical practitioner confirming the type of medication and what it is for.

This issue has been raised with the airline, who advised that if a passenger packs their medication in their hold luggage, they do not require any medical information. However, if a passenger seeks to carry their essential medication in their cabin luggage, and the form of the medication contravenes aviation regulations, eg the use of sharps, liquids more than 100 ml or oxygen cylinders, they require the passenger to produce confirmation from their healthcare practitioner that the medication is necessary to be carried as it may be required on board. However, as the [advice on their website](#) is not clear on this point (as it advises passengers to take their medication in their hand luggage, and it does not specify which sort of medication requires a letter), the GPC has written to the airline again asking for their webpage to be updated on this point.

Practices may choose to do this private work, but are not obliged to do so. Practices should advise patients that they can print off their medical record from the NHS app or practices are able to charge for travel-related requests for information.

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SHEFFIELD WALK-IN CENTRE (WIC) SERVICES UPDATE

A number of concerns have been raised with the LMC regarding service provision at the Sheffield WIC, particularly in relation to prescriptions and dressings. As a result, we met with Caroline Mabbott, Contracts Director, Sheffield Teaching Hospitals NHS Foundation Trust. Caroline helpfully shared details of the services that the WIC can and cannot provide, which we have used to produce [guidance for practices](#).

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**TRUST REGISTRATION
REQUIREMENTS**

Further to the interim advice received from the General Practitioners Committee (GPC) in August 2022, which we circulated to all represented Sheffield GPs and Practice Managers, the General Practitioners Defence Fund (GPDF) has published a [guidance note](#) on primary care related trust registration requirements. This issue has come about as a result of the Fifth Anti-Money Laundering Directive. The guidance outlines a process by which practitioners can determine whether their trust may benefit from one of the exemptions, or whether they are required to register as a trust. The deadline for registering non-exempt trusts created before 3 June 2022 passed on 1 September 2022. Trusts created after 3 June 2022 must be registered within 90 days.

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**NHS PROPERTY SERVICES (NHSPS)
SETTLEMENT LETTERS**

Many NHSPS practices across England have recently received 'invitation to settle' letters, ostensibly from credit controllers seeking to encourage NHSPS practices to settle disputed historical debt with respect to non-reimbursable service charges. Understandably, some partners may read these letters with alarm, especially as they involve a common pressure tactic of requiring a response within a tight timeframe. The British Medical Association (BMA) has advised that practices engaging with NHSPS on this issue should do their own due diligence. BMA guidance for practices in dispute with NHSPS is available [here](#).

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PUNITIVE PENSIONS TAX RULES

The British Medical Association (BMA) Pensions Committee recently circulated a [newsletter](#), which provides an update on their continued lobbying of Government to fix punitive pension tax rules. Other topics covered include:

- Secretary of State for Health & Social Care pension announcements
- PCSE update
- McCloud update
- Webinar recording: A guide to pensions for junior doctors
- Pension contribution rate changes
- Cost cap Judicial review

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**NETWORK CONTRACT DIRECTED ENHANCED SERVICE (DES)
PAY CODES**

When NHS England published the October variation to the Network Contract DES and associated guidance, there were a number of placeholders in the payments section of the guidance while they waited for new pay codes to be produced. This reflected the transition from Calculating Quality Reporting Service (CQRS) and manual payments to automated payments via Primary Care Support England (PCSE) Online, as well as the short notice introduction of the new Primary Care Network Capacity and Access Payment. The new automated pay codes are now in place and ready for use, in the updated [guidance](#).

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**CAMERON FUND
CHRISTMAS APPEAL 2022**

Message from Dr Ian Winterton, Cameron Fund Treasurer

In 2022 we have seen a substantial increase in GPs and GP trainees needing our help and anticipate our grant awards will reach their highest ever level. There are many reasons why our colleagues need help including ill health, relationship breakdown and professional difficulties. This year we have also assisted colleagues who have been affected by Covid, including those no longer able to work. When making your Christmas plans, please remember our colleagues in financial hardship and consider a donation to help us support them. We are dependent on Local Medical Committees, other medical organisations and individual GPs for about half of our income and, as always, I would like to thank all of you who continue to support the Cameron Fund. Your generous support really makes a difference to our colleagues in need.

We gladly [accept donations](#) made directly into the Fund's Account (CAF Bank Sort Code 40 52 40, Account Number 00015215) or by cheque if you prefer. Thank you.

Wishing you, and your family, a happy Christmas and healthy New Year.

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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 87: Freedom to Speak Up](#) (3 November 2022)

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**SESSIONAL GPs E-NEWSLETTER:
NOVEMBER 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:

- Pension contributions are changing - what you need to know
- Beware the flexible staff pool
- Sessional GPs committee regional elections
- The latest on IR35 regulations
- Wellbeing through the lens of a salaried GP
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**BMA LAW WEBINAR:
PARTNERSHIPS AND THE IMPORTANCE OF PARTNERSHIP AGREEMENTS**

Thursday 24 November 2022
13:00 - 14:00

In this 45-minute, free webinar aimed at GPs, GP partners and Practice Managers, Philip Jones, expert partnership dispute lawyer, will provide insight into partnerships. He will explain the importance of having and maintaining a partnership agreement, including some key provisions to consider, including:

- What is a partnership?
- The importance of partnership agreements and the role of the Partnership Act 1890.
- What should a partnership agreement include?
- Why should a partnership agreement be reviewed regularly and updated if necessary?
- Making sure the partnership agreement is signed and agreed.

The webinar will be recorded and sent to all registered attendees after the event.

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**THE FUTURE OF GENERAL PRACTICE:
SNAPSHOT SURVEY**

The Health and Social Care Select Committee (HSCSC) issued a report [The Future of General Practice](#). A snapshot survey has been created, asking for a response to the following: What are your views on the HSCSC report on the future of general practice?

- Support all the recommendations
- Support about half of the recommendations
- Do not support any of the recommendations
- Support most of the recommendations
- Support less than half of the recommendations
- I haven't read the report

The HSCSC survey can be accessed [here](#).

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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](#)