

Newsletter

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Sheffield
LMC



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INTERPRETING SERVICE: DA LANGUAGES

We have been made aware of wide-ranging issues experienced by Sheffield GPs since the new interpreting service started on 1 July. These have included pre-booked face-to-face interpreters not turning up, and poor availability of on-demand telephone interpreters, with the service offering entirely different languages to the request.

We have made NHS South Yorkshire Integrated Care Board (ICB) commissioners aware of this, who noted that they are engaging actively with DA Languages. It is their view that once teething problems are eradicated, the new contract will offer better functionality to practices. In the meantime, they have requested that practices forward any examples of unacceptable service provision to complaint@dalanguages.co.uk. Please provide your practice details, date and time of the call / appointment and details of the issue, so that this can be recorded and investigated.

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TRANSGENDER PRESCRIBING AND SPECIALIST ADVICE FOR GPs

Sheffield LMC has been in discussion with NHS South Yorkshire Integrated Care Board (ICB) Sheffield Place with regards to prescribing guidelines to support hormone prescribing for transgender patients. These have now been approved, with a view to applying for funding for a Locally Commissioned Service (LCS), to align Sheffield with other areas in the South Yorkshire ICB.

In developing the prescribing guidelines, details that covered factors to consider when requests are received for prescribing from non-NHS sources were removed, as it was not considered appropriate to this specific guidance, which covers ongoing support for patients under the local NHS England (NHSE) commissioned transgender clinic (Porterbrook). However, links to national information around supporting non-NHS patient prescribing requests have been included.

The guidelines are hosted on Sheffield Health and Social Care's website. For ease of reference the direct links to the guidelines are below:

- [Trans woman guidance](#)
- [Trans man guidance](#)

With regard to any requests to prescribe hormone treatment from non-NHS specialists / patients, Porterbrook clinic has agreed to the following wording, which states that they will offer general advice rather than patient specific advice:

The Gender Identity Clinic staff can only give general advice and guidance in these circumstances, which will not be specific to a particular patient or constitute a recommendation. Such advice and guidance might relate to factors to consider in assessment and potential strategies but we cannot confirm a diagnosis, formulate a treatment plan for the patient or take any shared responsibility for interventions delivered in primary care in this way. These approaches lie outside specialist pathways and the treatment decisions lie entirely with the prescribing GP.

The Gender Identity Clinic contact details are porterbrook@shsc.nhs.uk / 0114 2716671.

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CONTRACTUAL STATUS OF SALARIED GP PAY UPLIFT RECOMMENDATIONS

Following queries from practices regarding the contractual status of the latest Salaried GP pay uplift recommendation from the Doctors' and Dentists' Review Body (DDRB), the General Practitioners Committee (GPC) has issued guidance as follows:

- *It is not the DDRB recommendations that are contractual, it is what the government of the day does with those recommendations. On this occasion they have adopted the 4.5% recommendation.*
- *From a General Medical Services (GMS) and Personal Medical Services (PMS) contractual perspective, independent contractors are obliged to provide the 4.5% uplift. This is set out in the regulations for both contracts, this being the GMS version:*

49. The contractor may only offer employment to a general medical practitioner on terms which are no less favourable than those contained in the document entitled "Model terms and conditions of service for a salaried general practitioner employed by a GMS practice" published by the British Medical Association and the NHS Confederation as item 1.2 of the supplementary documents to the GMS contract 2003.

The [Salaried GP contract](#) states:

6. Your starting salary will be [£xx] per annum paid monthly in arrears by credit transfer, normally on the last day of each month. Your salary will be increased [insert 1 below].

Insert 1: 'by annual increments on [incremental date] each year and in accordance with the Government's decision on the pay of general practitioners following the recommendation of the Doctors' and Dentists' Review Body.'

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DATA QUALITY CHECKS ON GP PRACTICE PATIENT LISTS

NHS England (NHSE) asked Primary Care Support England (PCSE) to recommence data quality checks on GP practice patients lists. This includes a reconciliation of practice patients lists. This work was paused during the pandemic, but started again on Monday 1 August 2022, as a 3-year rolling cycle for all GP practices. PCSE plans to start a new 12-month cycle, meaning a third of practices will be contacted over the next 12 months, that have not previously had a reconciliation request.

Copies of the communications circulated to practices can be found here: [Patient list reconciliation](#) and [Patient list maintenance](#).

The General Practitioners Committee (GPC) has raised concerns with NHSE that this is a bureaucratic burden for practices which will detract from practices' capacity to provide patient care, and asked for the process to be further delayed. Whilst NHSE have acknowledged and considered the points raised, they have declined the request, stating that the process will only affect a small proportion of practices nationally, and that there will never be an ideal time to restart the process.

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PAY TRANSPARENCY UPDATE

In April 2022, amendments to the GP contract regulations were made that removed the requirement for individuals within scope of the general practice pay transparency provisions to make a self-declaration of their 2020/2021 NHS earnings by 30 April 2022. Individuals within scope of the pay transparency provisions are not required to take any action in relation to their 2020/21 NHS earnings at this stage.

Pay transparency remains part of the current regulations, however the Department of Health and Social Care (DHSC) has confirmed that commissioners should not enforce the requirement at this time.

Currently, the individuals in scope of the regulations introduced in October 2021 will need to make a declaration of their 2021/2022 earnings in April 2023, as the provision remains in the GP contract. NHS England's latest position on Pay Transparency is available on their website [here](#).

The General Practitioners Committee (GPC) continues to request further suspension of the requirement to declare earnings, as they believe this to be harmful to the morale of the profession, and could lead colleagues to reduce their working commitments or to retire. It is also thought to be inequitable to single out general practice for this requirement.

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PRIMARY CARE NETWORKS (PCNs): CLARIFICATION ON CARE QUALITY COMMISSION (CQC) REGISTRATION

Following concerns and some confusion at local level regarding PCNs and CQC registration, the General Practitioners Committee (GPC) has circulated the following clarification, provided by CQC:

It is important to remember that only legal entities can register with CQC. If a provider is a collaborative, such as a PCN, and is not a legal entity then it cannot carry out regulated activities and therefore it cannot be registered with CQC. In a situation where a PCN is not a legal entity, and the constituent members are already registered with CQC for the delivery of regulated activities they provide as part of the network (including extended access) they will not need to register separately from the constituent practices, however it is advised that providers amend their statement of purpose to accurately reflect the additional roles they will assume as a participant member of a PCN.

In a situation where a new or currently unregistered provider organisation is formed as a legal entity AND the organisation will have ongoing direction and control of the delivery of regulated activities it would be required to register with CQC. If a PCN becomes a legal entity but does not directly control and deliver regulated activities (for example by supplying staff to assist constituent practices to deliver their regulated activities) there is no need to register with CQC. Please note that new applications for registration can take up to 10 weeks to process. The exact timeframe will depend upon the complexity of the application and the availability of key information requested by the registration inspector.

In addition to this statement, GPC officers and staff will be working with CQC to develop and publish responses to a range of FAQs addressing PCNs and registration.

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SECTION 49 REPORT GUIDANCE

Under section 49 of the *Mental Capacity Act 2005* (the "MCA"), the Court of Protection (the "CoP") may require NHS health bodies and local authorities to arrange for a report to be made for the purpose of considering any question relating to someone who may lack capacity. Producing a report is a complex process involving assessing the patient, reviewing notes, discussing with relevant professionals and compiling information. The amount of time required to review a long and complex set of medical records presented can be significant.

The definition of 'NHS body' does not include GP practices, even if their contractors are. Therefore, practices cannot be directly ordered by the CoP to produce a report under section 49.

Although it is possible for an NHS body (eg an NHS Trust) that had been ordered to arrange for a report to be made to request that someone else produce a report (under section 49(3)), eg a GP - in doing so, the Trust *cannot compel a GP as an independent practitioner to do the work* and if the GP agrees to do the work, he / she is entitled to be paid a rate agreeable to the GP.

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

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INFLATION AND GP PRACTICES

GPs across England are grappling with increasing levels of inflation, sky high fuel costs and the impact it is having on practice costs. The British Medical Association (BMA) is interested in learning more about how individual practices are experiencing inflationary cost pressures (ie gas and other utilities, staffing costs), and would value an opportunity to speak to practices about this. Contributions will better enable the BMA to advocate to and pressure NHS England (NHSE), the Department of Health and Social Care (DHSC) and the government to seek solutions.

To share your experiences and help bolster the BMA's evidence-based lobbying and influencing case for urgent General Practice support, please get in touch with Rachel McGuire, BMA Senior Research Advisor in the Independent Contractor Doctors Team via icdqueries@bma.org.uk.

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***UNDERSTANDING MORE ABOUT THE EXPERIENCE
OF INTERNATIONAL MEDICAL GRADUATE (IMG) GPs***

NHS England (NHSE) is working with Ipsos UK to explore the experience of IMG GPs who are in training or have completed training in England, to provide insight into the support needed for IMGs through their training and employment journey.

If you know an IMG who did GP training in England but is not working in general practice, please encourage them to talk to Ipsos UK, who are keen to understand their experiences. They want to speak to doctors who trained, but are not working as GPs, for example, working in a hospital or elsewhere in England, or those working outside of England.

Participants will be offered a £120 incentive to thank them for their time and should email UK-NHS-IMG-research@ipsos.com.

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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 66: Advanced Nurse Practitioners \(ANPs\) in Primary Care](#) (25 August 2022)

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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](#)