

SHEFFIELD LOCAL MEDICAL COMMITTEE

Newsletter

April 2017

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ELECTED MEMBER VACANCY ON SHEFFIELD LMC

It was with regret that last month we accepted Dr Jenny Stephenson's resignation from the LMC. Jenny has been a committee member since 1996, and has attended numerous meetings on behalf of the LMC Executive over the years. Jenny's resignation is a huge loss to the LMC, but we wish her every success in all her future endeavours and thank her for her significant and valuable input.

As a result of this, there is an opportunity for Sheffield GPs to consider being co-opted to an elected member vacancy on the LMC. The co-option will run for the remainder of the current electoral term, ie until 30 November 2020. All eligible GPs (on the Medical Performers List and contributing to the LMC's levies) are encouraged to consider joining the LMC.

Meetings of the full LMC are usually held on the second Monday of the month at 7.45 pm in the Lecture Theatre at Tapton Hall (occasionally dates are changed to avoid bank holidays, staff leave etc). In addition, members are encouraged to represent the LMC on other committees and this additional meeting attendance is funded by the organisers of the committees or the LMC.

The LMC's primary function is to represent Sheffield GPs and, therefore, it is extremely important that local GPs have a means of debating the important topical issues and influencing or making policy in order to represent the breadth of general practice in Sheffield. The LMC is also a very useful forum for keeping up-to-date with all that is happening in Primary Care and a chance to meet colleagues with differing views and experience across the city. Further details of the work of the LMC can be found in *A Guide to Your Local Medical Committee*, which is available via:

<http://www.sheffield-lmc.org.uk/website/IGP217/files/LocalMedicalCommittee-Nov16.pdf>

If you are interested in joining the LMC, or would like more information about what being a committee member involves, please do not hesitate to contact Margaret Wicks, LMC Manager manager@sheffieldlmc.org.uk (0114) 2588755.

Alternatively, if you would be interested in attending a number of meetings as an observer prior to making a decision as to whether or not to join the committee, you would be very welcome to do so.

GMS CONTRACT 2017/18 UPDATE

On 1 April 2017 an e-newsletter was distributed to all GPs on the British Medical Association (BMA) database, summarising the main changes resulting from the 2017/18 GMS contract changes, along with the accompanying action which practices will now need to take. Updates are included on:

- Avoiding Unplanned Admissions (AUA) DES;
- Indemnity costs;
- Maternity cover reimbursement;
- Expenses and pay uplift;
- Quality and Outcomes (QOF) Framework;
- Access to healthcare;
- Data collection;
- Vaccinations and immunisations
- Care Quality Commission (CQC) fees;
- Sickness cover reimbursement for GPs;
- Learning Disabilities DES;
- Workforce census;
- Core opening hours and Extended Hours DES;
- National diabetes audit (NDA);
- Registration of prisoners;
- GP retention scheme.

Further copies of the e-newsletter can be accessed via: <http://bma-mail.org.uk/t/JVX-4USVF-1BJCJOU46E/cr.aspx>.

In addition, a summary document has been produced, which LMCs have been asked to circulate to practices. A copy can be downloaded from the LMC website at: <http://www.sheffield-lmc.org.uk/website/IGP217/files/Actions%20to%20be%20taken%20following%20introduction%20of%202017-18%20GMS%20Contract.pdf>

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GENERAL PRACTICE FORWARD VIEW (GPFV): BMA HUB PAGE

The BMA website has been updated with a specific hub page for the GPFV: <https://www.bma.org.uk/advice/employment/gp-practices/general-practice-forward-view>.

The page currently contains links to an overview of the GPFV as well as covering specific issues such as investment, workforce, workload, infrastructure and care redesign. All new updates and guidance specific to the GPFV will be linked through this central page.

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TPP SYSTEM ONE: SHARING PATIENT RECORDS

If sharing of patient records (functionality known as eDSM) is turned on in TPP SystemOne (TSO), these records can be accessed from all other TSO sites. The practice cannot selectively control this accessibility - it is all or nothing. When new sites join they too can access all other sites. Accessibility relies on adding a patient's name, date of birth and other demographic details to the system, which then allows, with recording of the patient's consent, the ability to access a patient's record at any other TSO site.

The BMA has concerns that this consent requirement can be overridden and, therefore, could result in unauthorised access from sites or individuals not related to providing direct care to the patient. Therefore, the BMA has produced some FAQs which can be accessed via: <http://www.sheffield-lmc.org.uk/website/IGP217/files/TPP-SystemOne-FAQs-GP-practices-Mar2017.pdf>

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CONFIDENTIALITY: GOOD PRACTICE IN HANDLING PATIENT INFORMATION

As reported in the February LMC Newsletter, the General Medical Council (GMC) revised guidance on confidentiality for all doctors practising in the UK comes into effect *from 25 April 2017*. The guidance aims to help doctors better understand their responsibilities when handling patient information in their everyday practice.

It is important that all GPs familiarise themselves with the revised guidance, the decision-making flowchart and explanatory notes: <http://www.gmc-uk.org/news/29299.asp>.

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GP RETENTION SCHEME

The GP Retention Scheme was launched on 1 April 2017, which the General Practitioners Committee (GPC) helped to negotiate through the 2017/18 GMS contract negotiations, as well as it being a commitment in the GPFV.

The Scheme (formerly the Retained Doctor Scheme):

- is a package of support and resources aimed at GPs who may be considering leaving the profession, to remain in clinical practice providing between 1 and 4 sessions per week.
- includes protected time for continuing professional development with educational support.
- supports both the GP who is being retained and the practice employing them by offering financial support in recognition of the fact that this role is different to a 'regular' part-time, salaried GP post.

The GPC has produced step-by-step guidance which can be accessed via:

<https://www.bma.org.uk/advice/employment/gp-practices/general-practice-forward-view/workforce/retained-doctor-scheme>

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GP INDUCTION & REFRESHER (I&R) SCHEME

NHS England (NHSE) has launched a new website <http://www.gpreturner.nhs.uk/> to help promote the Return to Practice Programme. The site provides information about the I&R Scheme for those looking at the possibility of returning to work in the NHS as a GP.

The BMA has been working with NHSE and Health Education England (HEE) to improve the I&R Scheme to make the process less onerous and to increase the number of doctors signing up. Alongside the new website, NHSE will be running a series of adverts to help raise awareness.

Further information on the scheme can be accessed via the:

- HEE website:
<https://gprecruitment.hee.nhs.uk/Induction-Refresher>
- BMA website:
<https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-current-issues/workforce-10-point-plan/gp-induction-and-refresher-programme>

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HANDING BACK A GMS/PMS CONTRACT

The BMA has recently published *Guidance on Handing Back a GMS/PMS Contract*, which covers issues such as:

- Alternatives to handing back a contract;
- Premises;
- Staff;
- Terminating the contract;
- Checking your exposure;
- Leases;
- Extraordinary costs/obligations;
- Notifying patients.

A copy of the guidance can be downloaded from the LMC website:

<http://www.sheffield-lmc.org.uk/website/IGP217/files/Guidance-on-handing-back-GMSPMS-contract.pdf>

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LAST PARTNER STANDING

The BMA has recently published *Focus on Last Partner Standing*, which covers areas such as:

- What the issue is and how it arises;
- How to avoid being the 'last partner'.
- Liabilities of a partnership (joint and several liability);

A copy of the guidance can be downloaded from the LMC website:

<http://www.sheffield-lmc.org.uk/website/IGP217/files/Focus-on-last-partner-standing.pdf>

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SHEFFIELD CLINICAL COMMISSIONING GROUP (CCG) FEEDBACK EMAIL

Some concerns have been raised with the LMC as a result of confusion as to the intended use of Sheffield CCG's feedback email sheffieldccg.gpfeedback@nhs.net.

Some practices were under the impression that it was for information gathering purposes only, whilst others thought they could send specific examples of their concerns for the CCG to resolve on their behalf.

Clarification has now kindly been provided by Maggie Sherlock, Quality Manager at the CCG as follows:

The GP feedback in box was set up to capture the trends and themes of concerns and complaints that practices may have regarding services. The intention is that this information will be used by the CCG to review services or pathways, enforce contract breaches with other providers and have a greater understanding of the problems faced by practices. It is **not** intended to be used by practices for the CCG to solve and respond to individual problems. However, it is important that practices send their concerns in to the GP feedback email, as it will enable the CCG to identify trends and themes on what otherwise may appear to be an isolated incident, thus providing strength and validity when the CCG raises concerns with providers. Please ensure that patient identifiable information is **not** included in any communications.

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CHANGES TO INTERMEDIARIES LEGISLATION AFFECTING GP LOCUMS AND PRACTICES (IR35)

The BMA has produced guidance on the impact of the changes to intermediaries' legislation (IR35) affecting GP locums and practices:

[http://www.sheffield-lmc.org.uk/website/IGP217/files/Intermediaries%20Legislation%20IR35%20\(BMA%20Mar17\).pdf](http://www.sheffield-lmc.org.uk/website/IGP217/files/Intermediaries%20Legislation%20IR35%20(BMA%20Mar17).pdf)

IR35 is an anti-tax avoidance measure introduced by the Government in April 2000. It is also known as the *intermediaries legislation*. It targets individuals who attempt to avoid paying employee income tax and national insurance contributions (NIC) by supplying their services through an intermediary, usually a personal service company (PSC) and paying themselves dividends.

The IR35 regime investigates the nature of the relationship between the worker and the end-user to determine whether, were it not for using a PSC, that individual would be considered as an employee or office holder (for example, a director) of the client, and has important implications for both GP locums and practices.

Please note that this guidance has been prepared by BMA Law for the BMA, and is intended as a general overview of the law. It is recommended that specific legal advice is sought in individual cases.

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COURT OF PROTECTION (COP) REPORTS

The BMA Professional Fees Committee is looking at the issue of CoP reports where GP practices have received a demand from a judge to produce a report.

If you have been put in this position, it would be appreciated if you could provide the LMC office with as much detail as possible, such as how the request was received, the timescale for completion, fees paid (if any) etc via manager@sheffieldlmc.org.uk.

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GENERAL PRACTICE NURSING PLAN - RECOGNISE, RETHINK, REFORM

The HEE general practice nursing workforce development plan *Recognise, Rethink, Reform* puts forward a range of recommendations to support and develop the workforce for the future and to help nurses make effective career choices.

Members representing HEE, NHSE, the Queen's Nursing Institute, the Royal College of Nursing and the Royal College of General Practitioners formed a task and finish group chaired by GP, Dr Peter Lane, to look at four key areas:

1. entry into general practice - raising the profile as a first career choice and increasing the availability of training placements for students;
2. establishing the role of the general practice nurse - ensuring appropriate training and support is available for new general practice nurses;
3. enhancing the role with professional development and career progression;

4. expanding the healthcare support workforce with standardised training and career paths.

The plan can be accessed via the HEE website:

<https://www.hee.nhs.uk/sites/default/files/documents/3018%20HEE%20GPN%20plan%20WEB.pdf>

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MEDICAL CHARITIES' PORTAL

With support from NHS England, 5 medical charities that all offer financial assistance to doctors (as well as dependant members of their family) have worked together to launch the 'Help me, I'm a Doctor' Portal: <https://www.doctorshelp.org.uk/>.

The portal acts as a single access point for doctors searching for financial help. It will also be a useful sign-posting tool for colleagues and organisations who may be trying to help a doctor access support. By completing a very simple questionnaire on the Portal, the result will highlight which of the charities may be able to offer financial help. The Portal will also signpost doctors to other confidential support, including the new GP Health Service.

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SPRING BUDGET 2017: BRIEFING FOR BMA MEMBERS

The BMA has compiled a briefing on the Spring Budget 2017, which BMA members can access via:

<https://www.bma.org.uk/collective-voice/influence/key-negotiations/nhs-funding/budget-2017/what-does-it-mean-for-bma-members>

The briefing provides information on key statistics on health spending, as well as announcements relevant to members, the healthcare system and wider health issues in the following areas:

- education, employment and pay;
- indemnity and insurance;
- promoting and protecting health;
- health and social care funding and integration;
- business finances;
- research.

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Please forward any articles for inclusion in the LMC newsletter to
manager@sheffieldlmc.org.uk

Articles for the May edition to be received by Friday 5 May

Submission deadlines can be found at
http://www.sheffieldlmc.org.uk/website/IGP217/files/VB_and_Newsletter_Deadlines.pdf