

SHEFFIELD LOCAL MEDICAL COMMITTEE

Newsletter

May 2018

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LMC NEWSFLASH: GP MENTORING SCHEME

The above Newsflash was emailed to all represented Sheffield GPs on Tuesday 8 May 2018. Further copies of the Newsflash can be accessed via:

<http://www.sheffield-lmc.org.uk/website/IGP217/files/GP%20Mentoring%20Scheme%20May18.pdf>.

As a reminder for those who have not yet had an opportunity to complete our survey, we have received funding from Sheffield Clinical Commissioning Group (CCG) to set up a confidential GP mentoring scheme. GP Mentors will be recruited and given specific training to allow them to support working GPs in Sheffield.

To help us to set up and tailor this beneficial service to the needs of Sheffield GPs, we are asking represented GPs to complete our short survey via the link below. It should only take a few minutes and all responses will be anonymous.

<https://www.surveymonkey.co.uk/r/SLMCMentorSurvey>

If you have any comments or concerns, require any further information prior to completing the survey or did not receive the Newsflash, please do not hesitate to contact Margaret Wicks, LMC Manager via manager@sheffieldlmc.org.uk or (0114) 2588755.

Thank you.

**GENERAL DATA PROTECTION REGULATION (GDPR):
DROPBOX**

As noted in the April LMC newsletter, the General Practitioners Committee has created a GDPR Dropbox containing numerous guidance documents and regulatory documents, as well as a series of blogs.

Some of the documents have been updated since the Dropbox was created and more documents have been added, as queries are raised and more information becomes available, ie Blog 7 Subject Access Requests (SARs) was updated on 1 May, SARs Part Two was added on 8 May and SARs Part Three was added on 15 May. The documents can be viewed as a list, which then shows the date they were added / last updated. We would urge all practices to ensure they are aware of the latest versions.

The GDPR Dropbox can be accessed via:

https://www.dropbox.com/sh/h22kak6pxlt8ily/AAB4gAuHKib_MZ44Xi3AbAf4a?dl=0.

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**GENERAL DATA PROTECTION REGULATION (GDPR):
HUB PAGE**

In addition to the GDPR Dopbox, a hub page has now been launched on the British Medical Association website:

<https://www.bma.org.uk/advice/employment/ethics/confidentiality-and-health-records/general-data-protection-regulation-gdpr>.

The hub page hosts a suite of resources and blogs and will be updated regularly as new guidance is published and more GP focussed information and resources become available.

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**DISABLED PERSON'S TRAVEL PERMIT (BUS, TRAIN, TRAM):
GUIDANCE FOR SHEFFIELD GPs**

As many of you will be aware, Sheffield LMC and Sheffield City Council (SCC) reached agreement some years ago regarding GP involvement in the Disabled Person's Travel Permit process. The latest guidance was updated in June 2017 and can be accessed via:

[http://www.sheffield-lmc.org.uk/website/IGP217/files/Travel%20Permits%20\(revised%20Jun17\).pdf](http://www.sheffield-lmc.org.uk/website/IGP217/files/Travel%20Permits%20(revised%20Jun17).pdf).

It has since come to light that the system for practices and SCC to communicate via secure email was not implemented. This has now been addressed. The following update was emailed to all Sheffield GP Practice Managers in April, as well as appearing in the 1 May edition of the Sheffield Clinical Commissioning Group (CCG) e-bulletin:

"Sheffield City Council (SCC) is currently looking at improving the Travel Permit process, especially regarding obtaining details from GP surgeries in the event that further medical information is required. This is usually for mental health/epilepsy applications where, as a last resort, SCC will request a GP's authorisation that the person meets the criterion. Currently, the predominant method of obtaining this information is via fax. However, from the feedback received at SCC, this is proving problematic for both GP surgeries and SCC. Therefore, SCC has proposed that a secure email is used to share personal information on the eligibility of patients. The LMC has agreed with this suggestion and practices' secure SHECCG email addresses have been shared by Sheffield CCG".

The process started on 1 May 2018. If you have any queries please contact Rebecca Reeve, Tracey Reid or Linda Lawson on (0114) 2734011.

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**PRIMARY CARE SUPPORT ENGLAND (PCSE):
BRIEFING**

The General Practitioners Committee (GPC) has recently updated its PCSE webpage to include a briefing which covers:

- Background;
- Service lines and steps you can take;
- PCSE claims process;
- Ongoing issues;
- What GPC have been doing – the timeline;
- Who is involved.

The briefing can be accessed via:

<https://www.bma.org.uk/-/media/files/pdfs/collective%20voice/committees/gpc/priorities/pcse-briefing-april-2018-v2.pdf?la=en>.

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**NHS PENSIONS AND CAPITA:
GUIDANCE FOR SESSIONAL GPs**

BMA guidance for Sessional GPs on the outstanding issues relating to NHS pensions and Capita has recently been updated following meetings with Capita and NHS England, and can be accessed via:

<https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/sessional-gps-subcommittee/sessional-gps-pension-guidance>.

The guidance includes updates on:

- Bank details;
- Unallocated funds;
- Total Rewards Statement (TRS);
- Type 2 annual self-assessment;
- Email forms;
- No mechanism of receipt;
- Contacting Capita;
- Annualisation.

Of particular note is the statement under Contacting Capita:

“If your query needs escalating please [contact first point of contact](#) (FPC) at the BMA. The BMA pensions team and the sessionals subcommittee have negotiated access to a specific team that is dealing with all the queries that members have asked us to resolve on their behalf. We have been successful in resolving hundreds of complicated queries”.

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**ANNUALISING OF 2015 SCHEME
PRACTITIONER CONTRIBUTIONS**

The issue of ‘annualising’ income earned by GPs was introduced into the Career Average Revalued Earnings (CARE) NHS Pension Scheme Regulations in April 2015. The British Medical Association (BMA) has never agreed to annualisation and the current interpretation of the regulations has not been discussed with the BMA.

The Department of Health and Social Care (DHSC) has agreed that they did not undertake the required consultations on this particular aspect of the scheme changes and are now suggesting that this issue goes back to the NHS Pension Scheme Technical Advisory Group for review. The original consultation never included an Equality Impact Assessment. According to the DHSC, annualising is intended to bring GPs in the 2015 scheme in line with all other scheme members and currently do not concede that the principle as a whole should be withdrawn.

The BMA has withdrawn its guidance while they seek further clarification from the DHSC and the NHS Business Services Authority (NHSBSA), as well as seeking their own legal opinion.

More information can be found in a blog by Krishan Aggarwal, Deputy Chair of the Sessional Subcommittee:

https://www.bma.org.uk/connecting-doctors/the_practice/b/weblog/posts/pensions-where-are-we?utm_source=The%20British%20Medical%20Association&utm_medium=email&utm_campaign=9367826_NEW16A1%20SESSIONALS%20NEWSLETTER%2012.04.18&utm_content=Krishan%27s%20blog%20heading&dm_t=0,0,0,0.

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**DEATH IN SERVICE:
GP LOCUMS**

In 2015 we were made aware of a GP locum’s family not qualifying for death in service benefits and the potential financial hardship that might result from this. As such, we produced guidance for Sheffield GPs, which we are now updating in view of updated British Medical Association (BMA) guidance.

In summary, if a GP works exclusively as a GP locum, they will only be covered for death in service benefits if they die whilst contributing to the scheme:

- If, for example, the GP is scheduled to locum for a practice for 4 weeks and was to die on a Sunday during those 4 weeks, their spouse or nominated person or estate would receive payment of twice their average dynamised earnings.
- If, for example, the GP is scheduled to locum for a practice for 5 days Monday to Friday for 1 week and was to die on the Friday evening, after the scheduled work had ended, no death in service payment would be payable. Where death in service is not payable, the NHS pension scheme provides another type of cover.

We would urge all GPs, particularly GP Locums, to ensure they are aware of the rules around this aspect of the NHS Pension scheme.

BMA *Death in Service – pension FAQs* updated in June 2017 can be accessed via:
<http://bma.org.uk/practical-support-at-work/pensions/faq-death-in-service>.

BMA guidance *Locum GPs – Common Pension Queries* updated in March 2018 can be accessed via:
<http://bma.org.uk/practical-support-at-work/pensions/faq-locum-gps>.

For ease of reference the LMC's guidance can be found at:
[http://www.sheffield-lmc.org.uk/website/IGP217/files/Death%20in%20Service%20-%20GP%20Locums%20\(revised%20May18\).pdf](http://www.sheffield-lmc.org.uk/website/IGP217/files/Death%20in%20Service%20-%20GP%20Locums%20(revised%20May18).pdf).

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GROSS NEGLIGENCE MANSLAUGHTER (GNM) REVIEW

A rapid policy review into the issues pertaining to Gross Negligence Manslaughter (GNM) was commissioned by Jeremy Hunt, Health and Social Care Secretary in the aftermath of the Dr Bawa-Garba ruling.

The British Medical Association (BMA) has provided a written response to the review making a number of recommendations, including that:

- any GNM cases in healthcare are referred only after consultation with the Chief Coroner;
- a national police unit is established to investigate GNM cases in healthcare;
- only experts who are in active clinical practice and hold a licence to practise are instructed in GNM cases.

The BMA's response can be accessed via:
<https://www.bma.org.uk/collective-voice/committees/medico-legal-committee/medical-manslaughter/bma-response-to-norman-williams-review>.

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REFLECTIVE PRACTICE

As noted in our report of the UK Conference of LMCs 2018 (circulated via our April LMC newsletter), as a result of the Dr Bawa-Garba case there was a call for GPs to disengage from written reflections until adequate safeguards are in place. As a result, the British Medical Association (BMA) has been lobbying the General Medical Council (GMC) and other bodies on this and called for legal protection to be provided to reflections in all education and training documents, such as e-portfolios and all annual appraisals and training forms.

The General Practitioners Committee (GPC) has updated their guidance in response to the LMC Conference motion to make it clear how doctors should limit their reflective practise. They will also be contributing to new GMC guidance on reflection to be published this summer to highlight what changes need to be made for the profession to regain confidence in the process.

The GPC's guidance can be accessed via:
<https://www.bma.org.uk/collective-voice/influence/key-negotiations/training-and-workforce/the-case-of-dr-bawa-garba/reflective-practice>.

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PRESCRIBING IN GENERAL PRACTICE

The General Practitioners Committee (GPC) Prescribing Policy Group has updated this guidance to include a link to the template letters relating to the new requirements on hospitals to reduce inappropriate bureaucratic workload shift (see Q&A section *Can my GP refuse to give me a prescription that my consultant asked them to provide?* - page 9).

Some amendments have also been made to the prescribing numbers, independent prescriber and private prescriptions sections.

The guidance can be accessed via the LMC website at:
<http://www.sheffield-lmc.org.uk/website/IGP217/files/Prescribing-in-general-practice-April-2018.pdf>.

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LOW VALUE MEDICINE GUIDANCE

Following two consultations on items that should not be routinely prescribed in primary care, and on conditions for which over the counter (OTC) items should not be routinely prescribed in primary care, NHS England published revised commissioning guidance for Clinical Commissioning Groups (CCGs) on reducing prescribing of OTC medicines for minor, short-term health concerns.

The General Practitioners Committee (GPC) responded to both consultations, supporting the efforts to educate patients about self-care of minor ailments, and encouraging the appropriate use of effective medicines that are available from community pharmacies or other retail outlets.

It is of note, however, that in the absence of changes to the General Medical Services (GMS) regulations that govern GP prescribing, the GPC highlighted that GPs will be at risk of complaint from patients, and that the NHS England guidance cannot be used by CCGs to ban all such treatments.

The GPC has now published guidance on the contractual requirements for practices in prescribing OTC medicines for minor, short-term health concerns, which is available via:

<http://www.sheffield-lmc.org.uk/website/IGP217/files/Low-value-medicine-guidance-May-2018.pdf>.

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GENDER INCONGRUENCE IN PRIMARY CARE

The General Practitioners Committee (GPC) recently updated their guidance to incorporate advice on prescribing given in the recently published NHS England guidance *Responsibility for prescribing between primary and secondary/tertiary care* (noted in April 2018 LMC newsletter).

The NHS England guidance expresses clearly that when clinical responsibility for prescribing for gender incongruent patients is transferred to general practice, it is important that the GP is confident to prescribe the necessary medicines, and that any transfers involving medicines with which GPs would not normally be familiar should not take place without a local shared care agreement.

The GPC's updated guidance is available via:

<http://www.sheffield-lmc.org.uk/website/IGP217/files/Focus-on-gender-incongruence-in-primary-care.pdf>.

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NHS COMPLAINTS DATA RETURN: KO41B

Practices will have been invited to submit the 2017/18 NHS complaints data return between Tuesday 8 May and Friday 8 June.

The British Medical Association (BMA) has previously advised that practices are under no legal obligation to complete and submit the current KO41b return; instead the default obligation is for practices to comply with the 2009 complaints regulations. This view remains.

Following confirmation of the BMA's position last year NHS Digital asked the Department of Health and Social Care (DHSC) to publish a new legal Direction that would provide the necessary legal obligation to complete the KO41b return.

The DHSC recently advised NHS Digital that the legal Direction is now with Ministers for formal sign off. Once signed off it will be sent to NHS Digital and published on its website. Following publication practices will be required to complete the return as requested by NHS England.

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SPIROMETRY IN PRIMARY CARE

Following a number of concerns being raised regarding differing commissioning arrangements for spirometry and whether there are mandatory requirements for performing spirometry, the General Practitioners Committee has published a statement to provide clarity for practices.

The statement can be accessed via:

<https://www.bma.org.uk/advice/employment/gp-practices/service-provision/prescribing/spirometry-in-primary-care-gpc-statement>.

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GENERAL PRACTITIONERS COMMITTEE (GPC) POLICY GROUP WORKPLANS

The GPC Policy Groups are:

- Clinical and prescribing;
- Dispensing and pharmacy;
- General Practice Forward View;
- Working at scale;
- Information, management, technology and information governance;
- Contracts and regulation;
- Premises and practice finance;
- Education, training and workforce;
- Representation;
- Workload management.

Their Workplans have recently been published and can be accessed via:

<https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-policy-groups>.

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PHYSICIAN ASSOCIATES, A WORKING SOLUTION IN PRIMARY CARE

A copy of this booklet has been posted to GP practices. The aim is to raise awareness and provide a better understanding of how the physician associate (PA) role can work as the number of PAs working in primary care increases, with a Health Education England target of 1000 by 2020. Further copies can be downloaded via:

<http://www.fparcp.co.uk/about-fpa/news/fpa-launches-an-employers-guide-to-physician-associates/>.

Further information can be accessed via:

<http://www.fparcp.co.uk/employers/pas-in-general-practice>.

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SESSIONAL GPs E-NEWSLETTER: APRIL 2018

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

<https://bma-mail.org.uk/t/JVX-5KS9E-1BJCJOU46E/cr.aspx>.

The main articles include:

- How we are tackling the workforce crisis.
- Indemnity payments: what you need to know.
- Head versus heart podcast.
- Alternatives for your portfolio: emergency department GP.
- Pensions: where are we?
- Deportation of GP trainee 'defies belief'.
- Lumps, bumps and sarcomas;

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CAMERON FUND NEWSLETTER – SPRING 2018

The Cameron Fund is the GPs' own charity, supporting GPs and their dependants in times of financial need, whether through ill-health, disability, death or loss of employment. Sheffield LMC makes an annual donation to the Fund. The Spring 2018 edition of the Cameron Fund newsletter is available via:

http://www.cameronfund.org.uk/sites/default/files/Spring%202018%20Newsletter_FINAL.pdf

The main articles include:

- Charitable Activities 2017;
- Improving GPs' Mental Health;
- Update on Joint Medical Charities Portal;
- The Benefits of our Money Advice.

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

Articles for the June edition to be received by Friday 8 June

Submission deadlines can be found at

<http://www.sheffieldlmc.org.uk/website/IGP217/files/Newsletter%20&%20VB%20Deadlines%202018.pdf>