

Newsletter

August 2021

Sheffield
LMC



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COVID-19 VACCINE DASHBOARD

NHS Digital has developed the GP COVID-19 vaccine dashboard to enable general practices and PCN-led local vaccination services to view the uptake of COVID vaccines of their registered patients. This dashboard is now live and can be [accessed via NHS Futures](#).

The platform aims to enable staff at GP practices to view and understand uptake for all patients registered to practices. Access is controlled by NHS smartcard and is subject to an organisation and role code B0360 being available for relevant organisations on a user's smart card.

The dashboard provides contact information for registered patients who are eligible for the vaccine and have not received their first dose, and those whose second dose is pending or overdue.

It is an optional tool to help practices to support patients in the vaccination rollout in local communities.

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COVID-19 VACCINES AND UNDOCUMENTED MIGRANTS

The General Practitioners Committee (GPC) has highlighted the fact that the Bureau of Investigative Journalism conducted some research on access to COVID-19 vaccines for those who are not registered with a GP practice - namely undocumented migrants. Their findings were fairly damning, with many practices refusing to register patients with unclear immigration status / no documents / no fixed address. This is being picked up by various sections of the media. It seems that despite the requirement on GP surgeries to register all patients (if the lists are open to new patients), less than a quarter of all surgeries (24%) in their investigations registered an undocumented patient.

LMCs have been asked to encourage practices to use the Safe Surgeries toolkit developed by Doctors of the World (DoTW).

The toolkit is an accessible presentation of existing guidance and supports clinical and non-clinical NHS staff to promote inclusive care through GP registration. Notably, it aims to address specific barriers to primary care faced by vulnerable, undocumented / under-documented migrants by ensuring that GP practices are aware of all relevant guidance and rules. This includes, for example, that patients should not be turned away if they lack a proof of ID, address, or immigration status.

The GPC continues to work with DoTW to encourage GPs and practices to consider and adopt the recommendations set out in the toolkit, particularly as it is now more important than ever that patients are registered with a GP. GP registration will likely mitigate the effects of the pandemic on health inequalities by improving equitable access to care and ensuring that marginalised and excluded communities are not missed in the COVID-19 vaccine roll-out.

DoTW also offer free [training](#) to clinical and non-clinical NHS staff that aims to improve awareness of migrant entitlements to NHS care and enables staff to better advocate for their patients.

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EASING OF COVID RESTRICTIONS AND INFECTION CONTROL

As you are aware, on 19 July 2021 the [COVID-19 restrictions in England were eased](#) in line with the government's roadmap.

Following this announcement, NHS England and NHS Improvement (NHSE/I) published a [letter](#) confirming the existing COVID-19 [Infection Protection and Control \(IPC\) guidance](#) continues to apply in healthcare settings, and that contractors will continue to have NHSE/I's support in enforcing the IPC guidance.

The following provisions will continue under the [Pandemic Regulations](#) until 30 September 2021:

- A suspension of the requirement for practices to report about the Friends and Family Tests.
- A temporary suspension of the requirement for individual patient consent in certain circumstances, to encourage increased use of electronic repeat dispensing (eRD).
- A continuation of the temporary increase in the number of appointment slots that practices make available for direct booking by 111, up to one slot per 500 patients per day, although the General Practitioners Committee (GPC) believes that for most practices 1 per 3000 in line with the core contract should be sufficient.

Importantly, and something the GPC had been calling for, including in their letter to the Secretary of State for Health and Social Care, NHSE/I also confirmed that the [Standard Operating Procedure for general practice](#) that has been in place since March 2020, was withdrawn from 19 July 2021. It is for practices to determine how they manage their working arrangements, access and consultation delivery and each practice will know what works best for them.

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PRIMARY CARE PROVIDER COLLABORATIVE (PCPC): CITY-WIDE MEETING

An exciting opportunity has arisen for a Sheffield GP to work with the South Yorkshire Integrated Care System (ICS) at their Primary Care Provider Collaborative (PCPC). This development follows on from the recent White Paper making ICSs statutory bodies from April 2022. The post will be a non-clinical, part-time role funded by the South Yorkshire ICS, and is suitable for a senior GP with skills and an interest in working with GPs from the 3 other "Places" (Barnsley, Doncaster and Rotherham), NHS England and NHS Improvement (NHSE/I) and Clinical Commissioning Group (CCG) staff, as well as primary care colleagues representing dentistry, optometry and pharmacy.

The role is expected to commence in shadow form from the end of quarter 3 2021/22. Whilst we do not have full details yet, we are going to hold a virtual, city-wide meeting for all GPs in Sheffield on **Thursday 9 September 2021 at 19.30 hrs** to provide more information. The event will provide further information from Sheffield CCG, Primary Care Sheffield and Sheffield LMC.

We have agreed with these organisations that Sheffield LMC, as a neutral party, will host an election to give all Sheffield GPs the ability to vote for any GP candidate who nominates themselves. It is expected that the nominations and election will occur during September / early October with the result announced in mid-October.

Further information about the city-wide meeting will be provided during August, and details of the election process will be provided at the event.

We look forward to seeing you on 9 September.

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**NIGHTINGALE:
A SHARED STAFF BANK FOR GP LOCUMS & PRACTICES**

Article submitted by Scott Davies, Founder & CEO, Nightingale

Nightingale has been chosen to provide the digital solution for the South Yorkshire & Bassetlaw (SY&B) staff bank; the set up of which has been funded by the SY&B Integrated Care System (ICS) and NHS England and NHS Improvement (NHSE/I).

We are actually already working with a number of Primary Care Networks (PCNs) and Practices across Sheffield, Rotherham and Doncaster.

The Nightingale Aim:

1. Support all SY&B GP Practices in finding Locums - quickly and easily - across all staffing groups, avoiding expensive agencies and increasing workforce resilience; and
2. Provide GP Locums (and all other General Practice roles) with quick and easy access to the widest range of Locum sessions across SY&B.

Nightingale GPs are earning on average 5% - 10% more per hour by ditching their agencies and joining Nightingale, whilst also receiving priority access to shifts and sessions. Sheffield Practices are saving in excess of 50% in fees vs the cost of using agencies.

More Information:

As a GP Locum or PCN / Practice you can find out more information about Nightingale and watch our short animated explainers [for GP Locums](#) and [for PCNs and Practices](#).

Alternatively, you can register with Nightingale quickly and easily [here](#) or by emailing us at hello@nightingaleapp.co.uk.

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SHEFFIELD MATERNITY VOICES PARTNERSHIP (MVP)

Article submitted by Dr Rosie Knowles, Sheffield GP

GPs are welcome to join the Sheffield MVP and can sign up to the mailing list. What is the MVP?

An MVP is an NHS working group: a team of women and birthing people and their families, commissioners and providers (midwives and doctors) working together to review and contribute to the development of local maternity care. We gather feedback on services and act as a point of contact between service users and service providers. We use co-production methods to help improve local maternity services so it best meets local needs.

Other health care professionals are finding it quite a useful avenue to feed back to Jessop Wing management about themes in care they are hearing from the people they come across who have been using maternity services.

Further information can be found [here](#) or by emailing sheffieldmvpchair@gmail.com.

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**CARE QUALITY COMMISSION (CQC)
MYTHBUSTERS**

Professor Nigel Sparrow, Senior National GP Advisor at the CQC issues [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 Mythbusters have been added or updated recently:

- [GP mythbuster 12: Accessing medical records during inspections](#)
- [GP mythbuster 21: Statutory notifications to CQC](#)
- [GP mythbuster 105: Do not attempt cardiopulmonary resuscitation \(DNACPR\)](#)
- [GP mythbuster 83: Spirometry in general practice](#)
- [GP mythbuster 104: Cervical screening](#)
- [GP mythbuster 99: Infection prevention and control in General Practice](#)

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**CARE QUALITY COMMISSION (CQC) INSPECTIONS:
EFFECT ON ETHNIC MINORITY GPs**

The British Association of Physicians of Indian Origin (BAPIO) GP forum is [seeking views](#) of GPs and GP Practices affected by CQC inspections, particularly from ethnic minority GPs or practices owned and / or led by ethnic minority GPs.

The information gathered via the survey will help inform the discussions with CQC on issues facing ethnic minority GPs and the practices they work in.

If you have any questions, please contact Kalindi Tumurugoti via Kalindi.Tumurugoti@nhs.net).

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WORKFORCE CRISIS

The British Medical Association (BMA) recently published [Medical staffing in England: a defining moment for doctors and patients](#).

The report indicates that there are 1,307 (4.4%) fewer fully qualified FTE GPs than in September 2015, whilst the number of patients per GP practice is 22% higher than it was in 2015, so the GP workforce has not expanded with this rise in patient need. As a result of this, there are now just 0.46 fully qualified GPs per 1,000 patients in England - down from 0.52 in 2015.

There is an urgent retention issue, with GP partner numbers continuing to fall. It is clear that workload pressures are having a material impact as, based on the data trends, fully qualified GPs generally want to better control their workload and work-life balance.

There is also a clear trend towards salaried and sessional GP roles and more portfolio and less than full-time working, which is the case for GP trainees as well.

The Government is clearly failing to get anywhere near its 2020 commitment of an additional 6000 doctors in general practice by 2024, with the BMA anticipating getting around 3,380 additional fully qualified FTE GPs (not factoring in any existing GPs reducing their hours or leaving the profession in that time). This also still falls short of the [Centre for Workforce Intelligence's 2014 prediction model](#) of the worst-case scenario for the GP workforce in 2024.

To tackle the workforce crisis [the BMA is calling for urgent and sustained action](#).

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**HEALTH AND CARE BILL BRIEFING
FOR GENERAL PRACTICE**

Following the introduction of the Government's [Health and Care Bill](#) to the House of Commons recently, the General Practitioners Committee (GPC) and the British Medical Association (BMA) produced a [briefing](#) outlining the key implications and potential impacts of the new legislation on GPs and General Practice. This covers key changes, including the transfer of powers from Clinical Commissioning Groups (CCGs) to Integrated Care Systems (ICSs), GP voice within ICSs and changes to funding flows.

Ahead of the Bill's Second Reading BMA Council also this Wednesday, BMA Council also voted to express the [BMA's opposition](#) to the Bill as presented to Parliament, arguing that it is the wrong time to be reorganising the NHS, fails to address chronic workforce shortages or to protect the NHS from further outsourcing and encroachment of large corporate companies in healthcare, and significantly dilutes public accountability. The BMA is also concerned about the wide-ranging excessive powers the Bill would confer on the Health Secretary.

Further information on the Bill and the BMA's work related to this is available on a [dedicated webpage](#).

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**CAMERON FUND NEWSLETTER:
SUMMER 2021**

The Cameron Fund provides help and support solely to GPs, including those who are retired, and their dependants. It aims to meet needs that vary considerably, from the elderly in nursing homes to young, chronically sick doctors and their families, and those suffering from unexpected and unpredictable problems such as relationship breakdown or financial difficulties following the actions of professional regulatory bodies. Careful consideration is given to the help most needed, which could be money advice, a grant or a loan.

The Fund's [Summer 2021 newsletter](#) covers a number of topics such as:

- A message from the Fund's Chairman, Dr Gary Calver
- LMC Conference 2021 – we were pleased to have an opportunity to address colleagues
- Our money management tips are key to financial wellbeing
- A chance to meet our Trustees: Dr Tony Grewal

If you know of colleagues who may need help from the Cameron Fund please encourage them to contact the Fund. More information on how to contact the Cameron Fund, the support they can offer and how to donate can be found at: www.cameronfund.org.uk.

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ENSURING NO CHILD IS HUNGRY THIS SUMMER

Article submitted by Jo Herberg, Director, Communications and Partnerships, Food Works Sheffield

Sheffield LMC's charity partner [Food Works](#) is offering free meals for children up to 16 years from their hubs and participating partner hubs during the summer holidays.

Food Works uses surplus and grown ingredients to create tasty meals in the Sharrow kitchen 5 days a week. These meals are frozen on site and available to anyone in Sheffield across [several locations](#) for a minimum of £1.00 plus a pay-as-you-feel contribution normally.

Full information about the scheme can be found [here](#).

Since the Covid-19 pandemic began the Food Works team has offered these meals free to children during school holidays. If you are able to support Food Works to continue offering these meals during all school holidays you can help by making a donation [here](#).

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INSTITUTE OF GENERAL PRACTICE MANAGEMENT (IGPM) WEBINARS

Information provided by Blake Foster, Regional Representative (Yorkshire & Humber), IGPM

Please see below details of the IGPM Summer series of webinars:

- Tuesday 10th August 2021: An update from the IGPM board and Richard House from Action Potential Group talking about practice manager wellness - <https://bit.ly/2WrPMzq>
- Tuesday 17th August 2021: Will discuss creative disruption - top secrets to powering up your practice through social prescribing in COVID-19 recovery. National Association of Link Worker's CEO Christiana Melam will explore how practice managers and social prescribing link workers can work together to increase capacity and improve health outcomes for their patients in COVID-19 recovery - [sign up here for this session](#)
- Tuesday 24th August 2021: Vicki Wells, Deputy Chief Inspector from the Care Quality Commission (CQC) will join the IGPM to provide an update on the new CQC process and to take your questions - [sign up here](#)
- Tuesday 31st August 2021: Colleagues from Primary Care Support England (PCSE) will join the IGPM to answer your questions - [Sign up for this webinar here](#)
- Thursday 16th September 2021: Dr Krishna Kasaraneni from the British Medical Association (BMA) will join the IGPM for an update and to answer your questions - [Sign up 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](#).