

# Newsletter

## December 2024

Sheffield  
LMC



### INSIDE THIS ISSUE:

**SHEFFIELD LMC EXECUTIVE: 2024-2028**

**REQUEST FOR MEDICAL EVIDENCE IN SUPPORT OF DEPARTMENT FOR WORK AND PENSIONS (DWP) CLAIMS AND APPEALS**

**REVIEW OF SHEFFIELD LOCALLY COMMISSIONED SERVICES (LCSS) & QUALITY CONTRACT**

**MONITORED DOSAGE SYSTEM (MDS) PROCESS AND TEMPLATES**

**ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) RIGHT TO CHOOSE REFERRALS**

**GP FEEDBACK ON CONCERNS ABOUT SECONDARY CARE AND OTHER PROVIDERS**

**FOCUS ON DDRB PAY AWARD**

**DATA ACCESS AND USAGE BILL**

**10 YEAR HEALTH PLAN SURVEY**

**GUIDE TO THE CHANGES TO PRIMARY CARE PREMISES POLICY**

**FLU VACCINATION SURVEY**

**CAMERON FUND: WINTER NEWSLETTER**

**CARE QUALITY COMMISSION (CQC) MYTHBUSTERS**

**LMC OFFICE CHRISTMAS / NEW YEAR OPENING 2024/25**

### SHEFFIELD LMC EXECUTIVE: 2024-2028

LMC Elections concluded in October, with a new Committee being elected for the 2024-2028 Term of Office, which commenced on 1 December 2024. Details of our current membership can be found [here](#). Election of the LMC Executive took place at the first meeting of the new Committee, and we are pleased to announce that the posts were filled as follows:

- Chair: Danielle McSeveney
- Vice Chair: Gareth McCrea
- Secretary: Alastair Bradley
- Executive Officer: Krishna Kasaraneni
- Executive Officer: Laura Smy

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### REQUEST FOR MEDICAL EVIDENCE IN SUPPORT OF DEPARTMENT FOR WORK AND PENSIONS (DWP) CLAIMS AND APPEALS

The LMC's guidance on this issue has recently been updated and reissued as follows:

This guidance relates to:

- Employment and Support Allowance (ESA)
- Personal Independence Payment (PIP)
- Attendance Allowance (AA)
- Universal Credit (UC)
- Disability Living Allowance (DLA)

For ESA and UC, GPs have a statutory obligation to provide statements of incapacity to patients on their list (Fit Note / Med3) and certain information to healthcare professionals working for the Health Assessment Advisory Service [Maximus](#). The DWP does not require patients to request information direct from their GP. If the DWP or their providers consider that further medical evidence is necessary, they will seek it.

Further information about Maximus aimed at GPs and other health professionals can be found [here](#). In addition, [DWP Medical \(factual\) reports: A guide to completion](#) offers background information on each form and clarification on specific questions, in order to make the processes as effective as possible. Please note paragraph 3.2.7 *Delegation of completion of reports*, which states:

*It is acceptable for GPs to delegate completion of the ESA113, FRR2, PIP or DLA/AA factual report to your practice nurse.*

*No fee is payable to NHS doctors working in hospital for completion of PIP or DLA/AA factual reports.*

*MacMillan nurses, Nurse Specialists and practice nurses can complete the DS1500 and SR1, but only GPs and GMC registered consultants may claim a fee.*

There is no contractual requirement for GPs to provide reports, letters of support or offer an opinion in relation to benefit claims direct to patients or anyone else, such as the Citizens Advice Bureau or the Tribunal Service. However, GPs may wish to provide a report or letter of support if they think it would help their patient's case and may charge a reasonable fee for undertaking the work. When refusing to provide information directly to the patient, GPs would be advised to:

1. Inform the patient that mechanisms are in place for relevant information to be requested from GPs by a number of organisations involved in the process.
2. Make it clear that the refusal to provide medical evidence should not be taken as having any bearing on the case in question.

For ease of future reference this guidance can be found [here](#).

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### **REVIEW OF SHEFFIELD LOCALLY COMMISSIONED SERVICES (LCSS) & QUALITY CONTRACT**

All Represented Sheffield GPs and Practice Managers were recently emailed a link to LMC guidance [Review of Sheffield LCSs and Quality Contract](#). The guidance includes a link to a ready reckoner, which allows practices to enter their details in the appropriate fields, and the spreadsheet will calculate the costs incurred in delivering each service. We hope that practices find the guidance useful in understanding their position in relation to each LCS. The LMC office can be contacted via [manager@sheffieldlmc.org.uk](mailto:manager@sheffieldlmc.org.uk) with any practice queries relating to LCSs.

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### **MONITORED DOSAGE SYSTEM (MDS) PROCESS AND TEMPLATES**

The South Yorkshire Integrated Medicines Optimisation Committee (IMOC) continues to 'approve' processes that have a negative impact on General Practice without addressing the ongoing concerns expressed by the LMCs of the region. This is now standard process with IMOC, and their position is that these challenges are not within their gift to address.

The LMC would advise practices that the recently approved MDS process and templates are not a contractual obligation on practices, and that colleagues should continue to prioritise safe care of patients, and push back on inappropriate and uncommissioned work.

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### **ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) RIGHT TO CHOOSE REFERRALS**

The LMC notes that the Harrow Health ADHD Right to Choose referral form is listed on the Referrals Dashboard, and that Harrow Health state that they do not offer monitoring as part of their shared care offer.

The LMC advises practices of the need to appraise themselves of the offer of shared care prior to referral, and consider whether referral is appropriate if the shared care offer does not meet the needs of the patient.

The LMC has raised this specific case with NHS South Yorkshire Integrated Care Board (ICB) separately.

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### **GP FEEDBACK ON CONCERNS ABOUT SECONDARY CARE AND OTHER PROVIDERS**

NHS South Yorkshire Integrated Care Board (ICB) recently circulated details of a revised form for GP feedback on concerns about Secondary Care and other providers. The intention is to capture concerns from GPs and to understand the scale of the issues, which will enable informed discussions. The form can be accessed [here](#). It has also been added to the [Sheffield Primary Care Information Centre Sharepoint site](#). Any questions or feedback on the form, please contact Jinping Xie, Quality Improvement Assistant (Sheffield) at the ICB via [jinping.xie@nhs.net](mailto:jinping.xie@nhs.net).

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## FOCUS ON DDRB PAY AWARD

As part of their [Guidance on the imposed 2024/25 GP contract](#), the British Medical Association (BMA) has published [Focus on... how the 6% DDRB pay award for 2024/25 is applied to the national practice contract baseline funding – ‘Global Sum’ – and allocated to practices](#)

The main topics covered include:

- What the DDRB recommended for 2024/25
- Is it part of the DDRB’s remit to recommend pay uplifts for non-GP salaried staff?
- Will this funding be enough for all to pass on a 6% pay uplift to every member of the practice team?
- How the uplift will be funded
- Why doesn’t every practice get enough funding to pass on any pay uplifts?
- What are the possible answers?

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## DATA ACCESS AND USAGE BILL

Changes to UK data protection law have been proposed in the government’s new Data (Use and Access) Bill, which had its second reading in the House of Lords in November. The British Medical Association (BMA) [briefing](#) highlighted concerns about the potential impact on health data should there be a departure from existing high standards of data protection. The BMA is particularly concerned about the erosion of transparency standards when data is processed for research purposes and the threat to the regulatory independence of the Information Commissioner’s Office.

The Bill also addresses the technical deficit in the NHS that limits data sharing and sets out measures to address this. IT system suppliers will be forced to develop software for sale in the NHS in line with technical standards.

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## 10 YEAR HEALTH PLAN SURVEY

The Department of Health and Social Care (DHSC) and NHS England (NHSE) have launched a consultation to help inform the development of a new 10 Year Health Plan. The consultation is looking for ideas on how the NHS can improve, as well as views on 3 proposed ‘shifts’:

- Moving more care from hospitals into the community.
- Moving toward prevention and away from sickness.
- Going from analogue to digital.

Individual GPs and Practice Managers can access the survey [here](#).

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## GUIDE TO THE CHANGES TO PRIMARY CARE PREMISES POLICY

NHS England (NHSE) has recently published [Guide to changes to primary care premises policy](#). The main topics covered include:

- Premises review
- New directions
- Key changes
- Improvement grants
- Improvement grants and premises liabilities
- Other changes
- Changes to the directions
  - Part 1 - General
  - Part 2 - Premises development and improvement
  - Part 3 - Professional fees and related costs incurred in occupying new or significantly refurbished premises
  - Part 4 - Grants relating to relocation of or re-mortgaging by a contractor
  - Part 5 - Recurring Premises Costs
  - Part 6 - Miscellaneous provisions
  - Part 7 - Transitional, revocation and savings provisions

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## FLU VACCINATION SURVEY

The [NHS Vaccination Strategy](#) launched in December 2023 contained a proposal for NHS England (NHSE) to explore the impact of a move to the centralised provision of flu vaccines. As part of that exercise, NHSE has [launched a survey](#) of general practice and pharmacy providers to gather their views on both the current model of procurement, and the potential benefits and challenges of a centralised procurement model. Any such change will not be implemented for the 2025/26 seasonal flu programme. The outcome of the survey will inform any future discussion on potential changes of the procurement model that NHSE will have with General Practitioners Committee (GPC) England. As such, practices are being encouraged to make their views known. The survey closes on **17 December 2024**.

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## CAMERON FUND: WINTER NEWSLETTER

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 advice, a grant or a loan.

The Fund's [Winter 2024 newsletter](#) covers a number of topics such as:

- News from the Chair
- Dr Bob Button
- Membership
- Making a difference ...
- How to support us this Christmas

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 [here](#).

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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 mythbusters have been added or updated in recent weeks:

- [GP mythbuster 91: Patient safety alerts \(November 2024\)](#)
- [GP mythbuster 41: Smartcards \(November 2024\)](#)

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## LMC OFFICE CHRISTMAS / NEW YEAR OPENING 2024/25

Please note the times the LMC office telephones will be staffed over the Christmas / New Year holiday period:

- Monday 23 December: 8 am to 4 pm
- Tuesday 24 December: 8 am to 2 pm
- Wednesday 25 December: Office Closed
- Thursday 26 December: Office Closed
- Friday 27 December: 9 am to 4 pm
- Monday 30 December: 8 am to 4 pm
- Tuesday 31 December: 8 am to 4 pm
- Wednesday 1 January: Office Closed

Usual hours will resume on Thursday 2 January 2025 - further details can be found [here](#).

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Please forward any articles for inclusion in the LMC newsletter to  
[manager@sheffieldlmc.org.uk](mailto: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](#)



Sheffield LMC's free peer to peer mentoring, coaching and signposting for General Practice. GP-S is free and open to all represented Sheffield GPs. More information can be found [here](#).