

Newsletter

February 2024

Sheffield
LMC



INSIDE THIS ISSUE:

LMC CHAIR'S UPDATE FOR SHEFFIELD GPs AND PRACTICES: FEBRUARY 2024

GP CONTRACT 2024/25

**GENERAL PRACTICE SAFER WORKING
HOW TO SAY NO, CONTRACT UPDATE**

SESSIONAL GPs LOCUM WORK CHALLENGES

NHS VACCINATION STRATEGY

MEASLES OUTBREAK

**COVID-19 VACCINATION PROGRAMME
UPDATE**

**INCLISIRAN: REQUESTS FOR GP
PRESCRIPTION AND ADMINISTRATION**

**ACCESS TO RECORDS: DATA PROTECTION
IMPACT ASSESSMENTS (DPIAS)**

**GP END OF YEAR FORMS: SUBMISSION
DEADLINE**

GP FELLOWSHIP SCHEME CESSATION

DEATH CERTIFICATION REFORMS

**SESSIONAL GPs E-NEWSLETTER: FEBRUARY
2024**

**BRITISH MEDICAL ASSOCIATION (BMA)
WELLBEING RESOURCES**

LMC CHAIR'S UPDATE FOR SHEFFIELD GPs AND PRACTICES: FEBRUARY 2024

We hope that our [Chair's update for Sheffield GPs and Practices: February 2024](#) offers a helpful and interesting insight into some of the issues the LMC is involved in, such as:

- GP Retention
- Workload
- Medical Examiner
- Contract Negotiations
- Birley Health Centre: Nursing Team of the Year
- Community Phlebotomy and Spirometry
- Oliver McGowan Training
- Mental Health Transformation
- General Practice Leadership Group
- Event Invitation: 12 March 2024

-ooo-

GP CONTRACT 2024/25

General Practitioners Committee (GPC) England has [rejected the formal contract](#) from the Department of Health and Social Care (DHSC) and NHS England (NHSE) for the General Medical Services (GMS) contract for 2024-25.

After consideration at its meeting on 1 February 2024, the GPC unanimously voted that the current proposal, including a 1.9% uplift, is unacceptable. In order to prevent practices from reducing services or closing down altogether, a contractual uplift sufficient to keep practice finances stable for the 'stepping-stone' contract year ahead is imperative. The proposal as it presently stands ignores the compelling evidence presented by the GPC, which quantifies the attrition in the Item of Service fees for vaccinations and immunisations, the reimbursements eligible under the Statement of Financial Entitlement (SFE), and the contract value since 2019. A contractual uplift of 1.9% to the global sum would also be disastrous for the employees of practices, including salaried and locum GPs and nurses.

The GPC will now seek further discussions with the Government and NHS England. A referendum and next steps [webpage](#) has been created. Whatever is on the table on 1 March 2024 will be put to GPs in a referendum, which will enable the profession to decide if the offer sufficiently supports general practice in England for the forthcoming financial year. To be eligible to vote in the referendum, GPs need to be a member of the British Medical Association (BMA) and to ensure their details are up to date. BMA membership details can be updated on www.bma.org.uk/my-bma.

The referendum will not prevent the Government from imposing changes to the contract, but it will give the GPC vital insight into how the profession feels, and where they go next.

-ooo-

GENERAL PRACTICE SAFER WORKING HOW TO SAY NO, CONTRACT UPDATE

12 March 2024 - 7 pm to 9 pm
Mercure Hotel, Britannia Way, S60 5BD

The Association of South Yorkshire LMCs (SYLMC) has organised an event focusing on how GPs can protect themselves and hear from General Practitioners Committee (GPC) negotiators about their plans for the contract in 2024 and beyond. Further details can be found [here](#).

If you have any queries regarding the event, please contact the SYLMC Administrator, Helen Redshaw, via email to syicb-sheffield.sylmc@nhs.net.

-ooo-

SESSIONAL GPs LOCUM WORK CHALLENGES

The Sessional GPs Committee of the General Practitioners Committee (GPC) continues to hear increasing reports from constituents that they are struggling to find locum work in practices. Practice finance pressures and the need to use Additional Roles Reimbursement Scheme (ARRS) funding (which excludes GPs), has resulted in a huge reduction in available locum shifts, leaving many GPs unable to work.

Concerns have been raised with NHS England (NHSE) and the Department of Health and Social Care (DHSC).

Lobbying continues, as it is GPC England's view that it would be appropriate to include GPs as reimbursable roles within the ARRS. Had the considerable financial support associated with the ARRS over the past 5 years been directly available to GPs for use within their practices, without the constraints on recruitment associated with the Primary Care Network (PCN) Directed Enhanced Service (DES) specification, this would have created a far more flexible, responsive and sustainable solution to the workforce crisis facing General Practice. GPC England also believes this would have resulted in better value for money from ARRS funding in terms of patient care.

-ooo-

NHS VACCINATION STRATEGY

In December NHS England announced their long delayed [NHS Vaccination Strategy](#), following an initial consultation in 2022.

The strategy aims to support and boost vaccination rates in England. General Practitioners Committee (GPC) England will be discussing its approach to this and what it means for General Practice over the coming months.

-ooo-

MEASLES OUTBREAK

General Practitioners Committee (GPC) England recently [wrote to](#) NHS England (NHSE) highlighting their serious concerns around the current Measles outbreak, and the need for urgent support and resources in general practice.

The [communications from NHSE](#) and the UK Health Security Agency (UKHSA) show the lack of accompanying infrastructure, planning and resources to help address the outbreak within general practice. The GPC has explained how the increase in workload generated by patient queries, requests for vaccination history cross-checking, and unresourced catch-up vaccination clinics, seriously risks impacting upon practice service delivery. They reiterated the request for lowering the thresholds for vaccination Quality and Outcomes (QOF) payments, which would enable greater coverage, rather than the current financially punitive approach that is in place.

The GPC has requested an NHSE-mandated urgent rollout of time-limited packages of support for Integrated Care Boards (ICBs), and a Measles Vaccination Enhanced Service. The enhanced service would also cover the inherent costs to set-up and staff necessary clinics to limit the impact on normal day-to-day care.

The letter was also shared in a meeting with the parliamentary under-secretary for primary care, Andrea Leadsom.

-ooo-

COVID-19 VACCINATION PROGRAMME UPDATE

NHS England (NHSE) has published an [extension to the COVID vaccination service specification](#) ahead of the proposed spring / summer booster programme.

The specification remains mostly unchanged from the current autumn / winter programme. However, following discussions with General Practitioners Committee (GPC) England, there will be an additional £2.50 payment per vaccination for vaccinations from April to August 2024, in addition to the £7.54 Item of Service fee. Whilst this move is welcome, GPC retains strong concerns about the future financial viability of the programme, and again recommends that practices and their partners make a full assessment of whether delivery of the vaccination programme remains viable for them.

-ooo-

INCLISIRAN: REQUESTS FOR GP PRESCRIPTION AND ADMINISTRATION

It has been brought to our attention that GPs are being asked to prescribe and administer Inclisiran.

We are concerned about a black triangle drug being pushed into General Practice prior to any outcome data or safety evidence from hospital administration being available. This is reflected by both the [Royal College of General Practitioners \(RCGP\)](#) and the [British Medical Association \(BMA\)](#).

As ever, the individual clinician (prescriber) needs to assure themselves that they have all the relevant information before prescribing any medication, and needs to take into account national and local guidance. Where guidance states that medication(s) can be prescribed in General Practice, it is important to note that it does not mean that it should be prescribed in General Practice.

We have been in discussions about the push for GPs to prescribe Inclisiran, and have raised a number of concerns with the Lipid Clinic at Sheffield Teaching Hospitals NHS Foundation Trust (STHFT). More detailed LMC guidance can be found [here](#). We will, of course, update practices as discussions continue.

-ooo-

ACCESS TO RECORDS: DATA PROTECTION IMPACT ASSESSMENTS (DPIAs)

Following DPIAs being submitted by many practices relating to the accelerated access to records programme, the ICO [published a response](#). The ICO is content that 'potential data protection risks have been identified, and that sufficient mitigations are in place.' Practices that have not completed a DPIA are encouraged to do so and make their commissioners aware. If practices identify particular data protection risks associated with providing online access, which they do not consider to be mitigated, they should consult and engage with the ICO and their commissioner to find a way forward.

The ICO is technically correct that, in theory, a practice could expend whatever infinite resource it wished in order to comply with the contractual requirement to give access. Because a practice could theoretically mitigate (at enormous cost) the ICO is content that the Data Protection Act will not be broken.

It is what the ICO has not said which is telling. Reading between these lines, it might be inferred that if mitigations were not in place (ie access was blanket switched-on, as may have happened in many cases) there may be questions over the legality, hence the British Medical Association (BMA) advice that practices must still construct a DPIA and keep commissioners updated.

-ooo-

GP END OF YEAR FORMS: SUBMISSION DEADLINE

All Type 1 and Type 2 practitioners must complete the relevant certificate or form and submit to Primary Care Support England (PCSE) for work in England.

The release of both the Type 1 and Type 2 forms was delayed this year and, as a result, the deadline for submitting these has been extended to **31 March 2024**.

-ooo-

GP FELLOWSHIP SCHEME CESSATION

NHS England (NHSE) has announced that the NHSE GP Fellowships and Mentor Schemes will end on 31 March 2024.

The General Practitioners Committee (GPC) is encouraging those GPs who are within 24 months of having CCT'd on 31 March, and who have not yet taken advantage of the NHS GP Fellowship Scheme, to sign up for the programme in advance of the 31 March deadline. Those successful in securing a place ahead of the deadline will have funding secured for 2 years. Details on how to register should be available via local Training Hubs. Any feedback on the programme can be sent to info.gpc@bma.org.uk.

-ooo-

DEATH CERTIFICATION REFORMS

It is expected that the [Death Certification Reforms](#) will be enacted from April 2024, including the role of the [Medical Examiner](#) (ME) becoming statutory. Once the new death certification process comes into force, all deaths in England and Wales will be independently reviewed by a medical examiner or a coroner. The main changes are:

- **NHS Trusts** hosting a [medical examiner office](#) should provide adequate support and ensure the independence of medical examiners is respected.
- **All other healthcare providers, including GP practices**, should set up processes to start referring deaths to medical examiner offices if they have not already done so. A podcast *GPs and medical examiners working together* can be accessed [here](#).
- **Integrated Care Boards (ICBs)** in England should ask all healthcare providers in their area to establish processes to refer relevant deaths to medical examiner offices for independent scrutiny as soon as possible.

-oOo-

SESSIONAL GPs E-NEWSLETTER: FEBRUARY 2024

The latest edition of the Sessional GPs e-newsletter can be found on the British Medical Association (BMA) website [here](#). The main articles include:

- GMS 24/25 contract details
- Type 1 and Type 2 end of year certificates for 2022/23
- CPD
- Sessional GP unemployment
- GP Diary – the essential work tracking tool for sessional GPs

-oOo-

BRITISH MEDICAL ASSOCIATION (BMA) WELLBEING RESOURCES

The BMA continues to encourage practices to focus on their team's wellbeing and to take time to reflect on what can be done to protect it. The BMA has produced a [poster](#) with 10 tips to help maintain and support wellbeing, as well as the document [Managing workload and taking time to reflect on wellbeing for GP practices](#), which includes some tools for improving workload and safe working.

A range of wellbeing and support services are also available to doctors, including:

- The BMA's [counselling and peer support services](#)
- [Samaritans](#)
- [NHS practitioner health service](#)
- [Doctors in Distress](#)

-oOo-

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](#)



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](#).