

# SHEFFIELD LOCAL MEDICAL COMMITTEE

# Newsletter

## July 2017

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### ***MENTAL HEALTH CARE FOR PEOPLE AFFECTED BY TERROR ATTACKS AND GRENFELL***

On 7 July 2017 Dr Arvind Madan, Director of Primary Care, NHS England (NHSE) wrote to GPs regarding mental health care for people affected by terror attacks and Grenfell. The letter links to other resources for information and advice. NHSE also issued a press release regarding the advice. LMCs have been asked to assist in raising awareness of the communications and the issues they cover. Therefore, if you have not had sight of the communications:

- NHSE's letter can be accessed via: <https://www.england.nhs.uk/publication/nhs-englands-letter-to-gps-and-healthcare-practitioners/>.
- NHSE's press release can be accessed via: <https://www.england.nhs.uk/2017/07/mental-health-care-for-people-affected-by-terror-attacks/>.

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### ***LIST CLOSURE: BALLOT OF THE PROFESSION***

At the 2017 Annual Conference of LMCs, the following resolution was passed:

*That conference believes that the GP Forward View is failing to deliver the resources necessary to sustain general practice and demands that GPC ballot GPs as to whether they would be prepared to collectively close their lists in response to this crisis.*

As a result, General Practitioners Committee (GPC) England has been asked to ballot practices as to whether GPs in England are prepared to collectively close their practice lists. The British Medical Association (BMA) commissioned the Electoral Reform Services to undertake this ballot. On Monday 10 July, the Electoral Reform Services posted to each practice in England instructions of how to vote in the online ballot. This included a unique security code for each practice. Practices will also receive a letter from the BMA explaining the reason for the ballot, as well as a set of FAQs on the contractual and legal aspects of the ballot. The BMA also emailed all GP Principals and Sessional GPs they have email addresses for to inform them of the ballot and to share with them the information which is being sent to practices. This is a highly complex area and it is vital that these FAQs are read to inform responses to the ballot.

GPC England needs a clear understanding of the views of all GP practices on this issue, and it is extremely important that all practices complete the ballot. The deadline for completion of the ballot will be **noon on Thursday 10 August 2017**.

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**NATIONAL ROLLOUT OF RECORDS MOVEMENT SERVICE:  
UPDATE FROM PRIMARY CARE SUPPORT ENGLAND (PCSE)**

All practices should be aware that the new records movement service (piloted in West Yorkshire), which involves labelling records, will be rolled out to all practices nationally in 4 phases. Sheffield is in phase 1 - week commencing 17 July 2017. An e-bulletin was distributed to practices' main registered users on the PCSE portal in June. Further copies can be accessed via: <https://pcse.england.nhs.uk/media/1127/special-records-e-bulletin-national.pdf>. This has been followed-up by regular emails. These documents contain important information on what the new service involves and what practices should do to prepare, as well as linking to a series of short videos and FAQs.

Concerns have been raised regarding the registered user information - this is not always the Practice Manager and is not always being kept up-to-date following staffing changes. Therefore, if any practices have not received information about the roll out in Sheffield, it is vital that they check that the main user contact details are up-to-date by logging on to PCSE's portal via: <https://secure.pcse.england.nhs.uk/forms/pcsssignin.aspx>.

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**PRIMARY-SECONDARY CARE INTERFACE GUIDANCE**

As you are aware, a significant burden is being placed on General Practice as a result of inappropriate and unnecessary work being transferred from secondary care settings. It is estimated that 15 million unnecessary appointments are made with GPs to deal with this burden when they could easily be dealt with in other parts of the NHS. As a result of the above, the General Practitioners Committee (GPC):

- produced the Urgent Prescription for General Practice: <https://www.bma.org.uk/collective-voice/influence/key-negotiations/training-and-workforce/urgent-prescription-for-general-practice>
- provided practices with template letters to push back on breaches and report these to both the provider and their Clinical Commissioning Group (CCG): <https://www.bma.org.uk/advice/employment/gp-practices/quality-first/quality-first-templates>
- has produced resources through the Quality First web pages to help GPs manage inappropriate workload: <https://www.bma.org.uk/advice/employment/gp-practices/quality-first>

Following the GPC working closely with a number of organisations, guidance was issued last week which clearly lays out the national requirements that NHS managers and clinicians should follow to reduce inappropriate workload and, by doing so, deliver a better service to patients. As a direct result of the GPC's Urgent Prescription for General Practice, this latest guidance builds on the contractual changes secured from NHS England (NHSE), which for the first time introduced contractual levers to specifically stem inappropriate workload transfer into general practice. These requirements are set out in the new NHS Standard Contract for 2017-19, under which CCGs commission health services from providers, and which came into effect on 1 April 2017. The guidance also includes the measures previously introduced from April 2016. A copy of the latest guidance can be accessed via: [http://www.sheffield-lmc.org.uk/website/IGP217/files/Primary-secondary-care-interface-key-messages-for-clinicians-jul2017\(1\).pdf](http://www.sheffield-lmc.org.uk/website/IGP217/files/Primary-secondary-care-interface-key-messages-for-clinicians-jul2017(1).pdf).

The GPC is working with NHSE and The National Association of Patient Participation on a similar document for patients so they know what they can expect when they are referred to see a specialist and/or discharged from hospital.

In addition, a joint letter from NHSE and NHS Improvement was recently issued to all CCG Accountable Officers and Chief Executives of NHS Trusts and NHS Foundation Trusts, urging them to take the measures outlined in the guidance forward as an important priority at local level. A copy of the letter can be accessed via: <http://www.sheffield-lmc.org.uk/website/IGP217/files/joint-letter-with-nhs-improvement.pdf>.

We recently forwarded the above guidance and NHSE letter to Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield Children's NHS Foundation Trust and Sheffield Health and Social Care Trust, along with a covering communication on behalf of South Yorkshire LMCs.

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**REQUESTS FOR MEDICAL EVIDENCE IN SUPPORT OF BENEFIT CLAIMS AND APPEALS**

Following negotiations with Dr Mark Allerton, Strategic Health & Science Directorate, Department for Work and Pensions (DWP), LMC and DWP guidance has been updated to reflect the agreements reached. We are grateful to Dr Allerton for his assistance in resolving a number of issues that were causing workload pressures for practices, such as clarifying the use of FRR2 reports in relation to patients receiving treatment for cancer and patient requests for supporting information.

The LMC's revised guidance (with links to DWP guidance) can be accessed via: [http://www.sheffield-lmc.org.uk/website/IGP217/files/Benefit%20Claims%20&%20Appeals%20\(revised%20Jun17\).pdf](http://www.sheffield-lmc.org.uk/website/IGP217/files/Benefit%20Claims%20&%20Appeals%20(revised%20Jun17).pdf).

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## ***POLICE REQUESTS FOR MEDICAL RECORDS***

The British Medical Association (BMA) has recently issued guidance regarding the obligations that GPs have with respect to copying and/or release of the GP record when requested to do so by the Police, which can be accessed via: <https://www.bma.org.uk/advice/employment/fees/medical-records>.

In addition, a pro forma has been produced for practices to use when they are not in possession of all the information and reassurances required to be able to release information. The pro forma can be accessed via: [http://www.sheffield-lmc.org.uk/website/IGP217/files/Police%20Requests%20for%20Medical%20Records%20Pro%20forma%20\(BMA%20Jun17\).docx](http://www.sheffield-lmc.org.uk/website/IGP217/files/Police%20Requests%20for%20Medical%20Records%20Pro%20forma%20(BMA%20Jun17).docx)

The BMA has written to each police and crime commissioner in the country to explain the guidance and pro forma, asking them to disseminate the information to their constituent police forces.

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## ***GENERAL PRACTICE FORWARD VIEW (GPFV): FUNDING AND SUPPORT***

The British Medical Association has recently updated its GPFV funding and support guidance to reflect changes to some of the 2017 timelines for implementation. This revised guidance gives some background information on the main elements of the GPFV, the funding available nationally and the timescales involved. The areas covered are:

- Clinical pharmacists in general practice;
- NHS GP health service;
- The GP retention scheme;
- General Practice resilience programme;
- Practice transformational support;
- Estates and technology transformation fund and premises;
- New models of care funding and support.
- GP access fund;
- Practice Manager development;
- Training for reception and clerical staff;
- Time for care;
- Online consultation systems;
- General practice improvement leader programme;

A copy of the guidance can be accessed via:

<http://www.sheffield-lmc.org.uk/website/IGP217/files/Funding%20and%20Support%20in%20General%20Practice.pdf>.

The GPFV hub page has also been updated and can be accessed via:

<https://www.bma.org.uk/advice/employment/gp-practices/general-practice-forward-view/gpfv-one-year-on>.

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## ***SEEKING CONSENT: DELEGATION AND RESPONSIBILITY***

Following concerns being expressed that junior doctors are frequently asked to gain consent from patients for procedures that they are not able themselves to perform, or for procedures of which they have limited knowledge, the British Medical Association's (BMA) Medical Ethics Committee produced guidance clarifying the clinical, legal and professional responsibilities of those who carry out medical procedures and those who are asked to seek consent for them, which can be accessed via: [http://www.sheffield-lmc.org.uk/website/IGP217/files/Seeking%20Consent%20-%20Delegation%20and%20Responsibility%20\(BMA%20Jun17\).pdf](http://www.sheffield-lmc.org.uk/website/IGP217/files/Seeking%20Consent%20-%20Delegation%20and%20Responsibility%20(BMA%20Jun17).pdf).

The guidance focuses on delegation and responsibility alone and should be read in conjunction with the BMA's existing, more general, guidance on consent, which can be found at: <https://www.bma.org.uk/advice/employment/ethics/consent>.

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## ***CARECERT CYBER SECURITY THREAT ADVICE AND GUIDANCE***

NHS Digital was commissioned by the Department of Health to develop a Care Computer Emergency Response Team (CareCERT). CareCERT offers advice and guidance to support health and social care organisations to respond effectively and safely to cyber security threats. Organisations are informed about cyber security vulnerabilities, mitigating risks, and reacting to cyber security threats and attacks. It is recommended that every practice has one or two people with different email accounts registered with CareCERT to receive emails.

If practices have not already done so, they can sign up to security threat bulletins and emergency updates by emailing [carecert@nhsdigital.nhs.uk](mailto:carecert@nhsdigital.nhs.uk) with *Sign me up to the security threat bulletin and emergency updates* in the subject box and a brief explanatory note in the message box. You do not have to use an NHS mail address to sign up.

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## **WORKFORCE MINIMUM DATA SET (WMDS)**

Following a number of requests for clarity on the level of detail required and the number of annual extractions made from online practice workforce data, guidance has been issued which can be accessed via:

<http://www.sheffield-lmc.org.uk/website/IGP217/files/Workforce%20Minimum%20Data%20Set.pdf>.

To clarify, the Health and Social Care Act 2012 made it a legal obligation for practices to submit workforce data (this is explained in the above guidance). It will also become a contractual obligation in October 2017 following agreement of the 2017/18 GMS contract by the British Medical Association, General Practitioners Committee (GPC), NHS Employers and NHS England. In exchange, the GPC negotiated new investment of £1.5m into the GMS global sum to contribute to the resource required to keep practice workforce data up-to-date.

In terms of the number of data extractions to the WMDS that occur throughout the year, although this initially happened twice a year, NHS Digital conducts these on a quarterly basis and publishes the results on its website. The latest figures can be found at:

<http://content.digital.nhs.uk/searchcatalogue?productid=25118&q=%22general+and+personal+Medical+Services%2c+England%22&topics=1%2fWorkforce%2fStaff+numbers&sort=Relevance&size=10&page=1#top>.

The GPC was content for NHS Digital to move to this arrangement, as it is imperative that GP and practice workforce data is as accurate as possible to measure the progress of the various regional and national workforce training, returner and retention initiatives, including those within the General Practice Forward View. These, and others under development, have and are being introduced to tackle the current workforce and workload crisis in general practice. The GPC needs to be able to see progress via this data to be able to hold responsible organisations to account against workforce and workload commitments.

Continual improvements are also being made to the online web tools available to practices to ensure that the capture of staff headcount and full time equivalent numbers is as accurate as possible. NHS Digital appreciates that there must be minimum burden on practices. The GPC is in regular dialogue with NHS Digital and they are jointly seeking to make the inputting of data as easy for practices as possible.

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## **ANNUAL CONFERENCE OF LMCs 2017**

General Practitioners Committee (GPC) and LMC representatives meet at the Annual Conference of LMCs. Proposals from individual LMCs across the country are debated, alongside those from the GPC. The outcome of the debate determines the framework for the profession's negotiations.

The 2017 Conference was held in Edinburgh on Thursday 18 and Friday 19 May. The structure of the Conference allows for Q&A sessions and themed debates, as well as voting on motions submitted by LMCs.

Sheffield LMC's report on the main items of note can be accessed via:

<http://www.sheffield-lmc.org.uk/website/IGP217/files/Annual%20Conference%20of%20LMCs%202017.pdf>.

More detailed information, such as links to webcasts and Dr Chaand Nagpaul's opening speech can be accessed via:

<https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/lmc-conference>

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## **JUNIOR DOCTORS' CONTRACT 2016 GUIDANCE**

In August 2016 new terms and conditions of service for junior doctors were introduced. In October 2016 the first group of trainees were moved onto this contract.

As you will be aware, the 2016 contract was rejected by the British Medical Association (BMA), and the BMA remains opposed to the imposition of this contract. Whilst GP practices that employ trainees directly are not obligated to offer these terms and conditions, there are non-negotiable contractual requirements that practices need to have in place before offering the new contract to trainees if they choose to do so. These terms and conditions will apply to both GP trainees employed directly by the practice, or under a lead employer arrangement. It is important that practices understand the contractual requirements that they must adhere to.

The BMA has produced guidance which can be accessed via:

<https://www.bma.org.uk/advice/employment/gp-practices/gps-and-staff/guidance-for-gp-practices-on-the-2016-junior-doctors-contract>

The main topics covered are:

- Work scheduling;
- Work schedule review;
- Hourly limits.
- Exception reporting;
- Guardian of safe working;

It is expected that this new guidance may raise new questions and the General Practitioners Committee's intention is to work through the challenges that training practices will face in the coming months and provide regular updates about how they can address them.

In addition, BMA members can access *Junior doctor contract 2016 information booklet*, which links to handbooks for both the 2002 and 2016 contracts via: <https://www.bma.org.uk/advice/employment/contracts/junior-doctor-contract-2016/junior-doctor-contract-2016-information-booklet>.

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### **GP PATIENT SURVEY 2017**

NHS England recently released the results of the GP Patient Survey 2017. The survey assesses patients' experience of healthcare services provided by GP surgeries, including experience of access to GP surgeries, making appointments, GP surgery waiting times, quality of care received from GPs and practice nurses, satisfaction with opening hours, use of written care plans and experience of NHS out-of-hours services when GP surgeries are closed. The survey also captures information about patients with long term medical conditions and captures more general information about patients' state of health. Data is published at practice, Clinical Commissioning Group and national level.

A summary of findings is available via: <https://www.england.nhs.uk/statistics/2017/07/06/gp-patient-survey-2017/>.

More detailed information can be accessed via: <https://www.england.nhs.uk/statistics/statistical-work-areas/gp-patient-survey/>.

The British Medical Association's Healthcare Team has issued the following analysis: [http://www.sheffield-lmc.org.uk/website/IGP217/files/Analysis%20of%20GP%20Patient%20Survey%202017%20\(BMA%20Jul17\).pdf](http://www.sheffield-lmc.org.uk/website/IGP217/files/Analysis%20of%20GP%20Patient%20Survey%202017%20(BMA%20Jul17).pdf).

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### **SESSIONAL GPs E-NEWSLETTER: JUNE 2017**

The June edition of the Sessional GPs e-newsletter is available on the British Medical Association website at: <http://bma-mail.org.uk/t/JVX-4ZVUH-1BJCJOU46E/cr.aspx>. The main articles include:

- The general election: a dim ray of hope;
- Capita and NHS pension fiasco;
- Updated sessional GP handbooks.
- Survey to reverse negative stereotypes;
- LMC Conference 2017 roundup;

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### **BRITISH MEDICAL ASSOCIATION (BMA) ANNUAL REPRESENTATIVE MEETING (ARM)**

The ARM is the BMA's main policy-making body. Around 500 doctors from across the profession and the UK gather to consider and debate key matters of interest to the medical profession.

This year's ARM took place in Bournemouth from 25-29 June 2017. Further information including webcasts of the event and a summary of motions discussed and passed can be found at: <https://www.bma.org.uk/collective-voice/committees/arm-2017>.

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

Articles for the August edition to be received by Friday 11 August

Submission deadlines can be found at

<http://www.sheffield-lmc.org.uk/website/IGP217/files/VB%20and%20Newsletter%20Deadlines%202017.pdf>