

Newsletter

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Sheffield
LMC



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INAPPROPRIATE TRANSFER OF WORK FROM SECONDARY CARE TO PRIMARY CARE

Further to our recent emails and newsletter article, we would like to take the opportunity to thank those practices who collected data for 3 days and returned their findings to the LMC office.

If any practices have collected data but not yet submitted this to the office, it would be appreciated if they could do so via administrator@sheffieldlmc.org.uk.

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WORKLOAD CONTROL IN GENERAL PRACTICE

To help GPs to push back against the unmanageable and inappropriate workload demands they faced, the General Practitioners Committee (GPC) previously published [Workload Control in General Practice: Ensuring Patient Safety Through Demand Management](#).

The availability of the guidance has recently been highlighted by the GPC in the hope that implementation of the strategy will:

- Arm Practice Managers and GP partners with a range of practical tools to reduce their practice's workload.
- Help to define what unacceptable and dangerous workload looks like.
- Improve GP morale and wellbeing.
- Help to agree quantitative limits to individual safe practice for GPs.

Clearly, appropriate limits on workload will depend on the unique circumstances of each practice and the preferences of each individual GP, as well as the complexity of care being provided. There will also be variation in the amount of spinoff work, depending on the complexity of the case mix and also on the contractual status of the doctor.

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**HOME DELIVERY OF MEDICINES AND APPLIANCES
DURING THE COVID-19 OUTBREAK**

The Medicines Delivery Service for self-isolating patients was commissioned from community pharmacies and dispensing doctors in March 2020 and commissioned until 30 June 2021. The Department of Health and Social Care (DHSC) has announced that the service has been extended until 30 September 2021.

Further information can be found in recent NHS England and NHS Improvement (NHSE/I) communications available [here](#).

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**PRIMARY CARE SUPPORT ENGLAND (PCSE)
PAY AND PENSION SYSTEM UPDATE**

The General Practitioners Committee (GPC) continues to challenge the considerable shortcomings of the new portal. They are aware of the many unacceptable issues being faced by practices and GPs, but it is of critical importance that users log these with [PCSE](#) to ensure that the GPC can hold them accountable. Many of these interactions between practices / GPs and PCSE are causing frustration and the GPC is applying pressure for improvements and greater transparency around their customer service work. The GPC is advising practices to keep a record of the issues they are raising with PCSE and the length of time taken to get resolutions.

Regular meetings between PCSE and the GPC have led to a considerable number of ‘fixes’ to the system, but there are many more outstanding.

The British Medical Association (BMA) Pensions committee will soon be sending out a survey to GPs, to capture their experiences of using the new system.

In the meantime, all GPs who have not already done so, are being urged to log on to the system to check the accuracy of their records.

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**REVIEW OF THE ENGLAND
MEDICAL PERFORMERS LIST REGULATIONS**

NHS England and NHS Improvement (NHSE/I) has been commissioned to review the England Medical Performers List Regulations in the context of the wider regulatory landscape in operation across England. This review has the potential to identify where regulatory requirements can be streamlined and simplified, while maintaining high professional standards that ensure patient safety.

NHSE/I has published an [online survey](#) which aims to gather information from stakeholders about their views of the existing regulatory landscape for GPs in England, and thoughts on how this might be transformed. The feedback will contribute to the content of a series of focus group discussions and inform an options appraisal that will be shared with the Department of Health and Social Care (DHSC) during autumn 2021.

The survey closes on 2 August 2021.

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PRIMARY CARE NETWORK (PCN) HANDBOOK

The British Medical Association (BMA) recently published a [PCN handbook for 2021/22](#).

The handbook has been updated to include the changes agreed as part of the [2021/22 GP contract](#), including new Additional Roles Reimbursement Scheme (ARRS) workforce and new PCN service specifications, as well as other operational aspects. The full service specification setting out the requirements of the PCN DES for 2021/22, as well as further guidance, is also available from [NHS England](#).

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SHARED DECISION MAKING GUIDELINE

The National Institute for Health and Care Excellence (NICE) has published a [shared decision making guideline](#), which aims to help people using healthcare services feel more confident in discussing care and treatment options with their healthcare teams.

NICE has collaborated with NHS England and NHS Improvement (NHSE/I) to develop a [standards framework](#) to determine whether the quality of shared decision-making support tools, including patient decision aids, is sufficient. In addition to this, as part of a package of resources to accompany the shared decision making guideline, NICE has worked with Keele University to develop a [learning package](#), aimed at healthcare professionals, to help with implementing these recommendations.

You can find out more about the guideline, standards framework and learning package [here](#).

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PROPOSED CHANGES TO ANNUAL COMPLAINTS COLLECTION (KO41b FORM)

NHS Digital (NHSD) has [published a response](#) to their consultation on the proposed changes to the annual complaints collection (KO41b) and the plan for its reintroduction. These changes were initiated by the GP bureaucracy review. NHSD paused the collection of the 2019/20 KO41b form from general and dental practices, but have now confirmed that *collections will resume from 9 August* to capture complaints recorded in 2020/21. The NHSD response sets out:

- A range of simplifying changes that will be introduced - some will commence at the next collection whilst others will commence at future collections.
- There will be an extended 12 week collection window for the next collection.
- Improvements to the portal to address specific technical issues that previously occurred, which should make the experience of uploading the return easier.

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NATIONAL WORKFORCE REPORTING SERVICE (NWRS) IMPROVEMENTS

NHS Digital (NHSD) has [improved the way they collect primary care workforce data](#) and replaced the former NWRS tool, which was decommissioned on 1 July.

The new NWRS is easier to use and has been designed with direct feedback from users. The aim is to make the task as simple and efficient as possible to help minimise the burden placed upon practices and Primary Care Networks (PCNs).

New service - new access: From July users should access the new NWRS via the [Strategic Data Collection Service \(SDCS\)](#) - using the same login used to complete other data collections. Please visit the [SDCS Data Submission site](#) to check that you have access to the new system. If you have never used SDCS, [you will need to register for an account](#).

Why is workforce information so important?: Understanding staff capacity in the health service is more important than ever before. It is this information that helps shape the General Practitioners Committee (GPC) negotiating strategy and how investment, training and resource is directed across the primary care workforce. Therefore, it is critical that the information submitted to NHSD about staff is accurate and complete. Provision of workforce data is also a contractual requirement for practices and PCNs, as it is crucial for understanding changing capacity across the primary care workforce.

Join a webinar to find out more: To find out more about the changes to the NWRS, Practice and PCN Managers can [join one of NHSD's webinars](#).

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ENHANCED SHARED PARENTAL LEAVE SYSTEM: SALARIED GPs

The new [enhanced shared parental leave system](#) for salaried GPs has been launched across the UK and will allow for up to 50 weeks of the 52 weeks maternity leave to be shared between the parents. Eligible parents are also able to share up to 37 weeks of statutory shared parental pay (equivalent of statutory maternity pay).

The system will be offered by employers at GMS and some PMS practices. Employees may request for this new form of leave to be included in their contracts, in line with provisions for junior doctors and Agenda for Change staff.

Find out more about enhanced shared parental leave entitlements [here](#).

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GP SPONSORSHIP LICENCES

In order to learn about the application process and any barriers encountered, the British Medical Association (BMA) is keen to hear from GPs who hold a sponsorship licence or are considering getting one to employ non-UK nationals.

The Home Office introduced a new sponsorship system in October 2020 in preparation for the introduction of the new immigration system, which came into force in January 2021. The new system is designed to alleviate many of the complexities of the old system, and it is hoped the new application process will support employers to apply for a sponsorship licence with relative ease. As detailed in the updated [guidance](#), employers can now apply [online](#).

The Home Office wish to survey small businesses, including GP practices to get a sense as to any barriers in the system. If you have any insights into the sponsorship process that you wish to share, please [email Caroline Strickland](#), Senior Policy Advisor in the BMA's International Affairs.

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HEALTH AND CARE BILL

Last week the Government published its [Health and Care Bill](#) which, if enacted, will see dramatic changes for the NHS in England, including establishing Integrated Care Systems in statute, abolishing Clinical Commissioning Groups (CCGs) and conferring significant new powers to the Health Secretary.

The British Medical Association (BMA) has published [a member briefing](#) providing a summary of those changes, the BMA's initial analysis of them, and an outline of how the association is working to influence the legislation on behalf of members.

This sits alongside a range of other briefings, summaries, and wider materials regarding the Bill on the [BMA's dedicated webpage](#), which also hosts a short video presentation about the legislation and the BMA's approach to it.

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IMPROVING HEALTH AND CLIMATE OUTCOMES IN GENERAL PRACTICE

Article submitted by Dr Frances Cundill, Sheffield GP / Greener Practice

Climate change is happening and whilst many of us realise this and may feel motivated to make changes in our private lives, most feel overwhelmed by the thought of tackling this in our work lives. Recently, London GP Dr Tamsin Ellis discussed how we can improve health and climate outcomes in general practice in an [inspiring discussion on radio 4](#).

If this is something that has been on your mind, or you would like to know more information, please do join us at [Greener Practice](#), which is a group set up by Sheffield GPs, now with an established national network, who work with many organisations at a local and national level to raise awareness of the health benefits of climate action and to support practical action.

The [Greener Practice website](#) has a plethora of ideas, resources and support for any changes, big or small, that you want to make. The group has an email list and monthly Zoom meetings. If you are interested in joining please do [get in touch](#).

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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](#).