

# SHEFFIELD LOCAL MEDICAL COMMITTEE

# Newsletter

## June 2018

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### **LMC NEWSFLASH: ELECTRONIC REFERRAL SERVICE (ERS) EXCLUSIONS**

All represented GPs and Practice Managers should have recently received a Newsflash clarifying:

- Where the latest version of the eRS exclusions list is located;
- How to feed back if difficulties are being experienced with the eRS system;
- The need to regularly check the Workflow tab in practice systems for any notifications that a paper referral has been rejected and what action needs to be taken.

Further copies of the Newsflash can be accessed via:

<http://www.sheffield-lmc.org.uk/website/IGP217/files/eRS%20Exclusions%20List%20May18.pdf>.

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### **SHEFFIELD LMC GP MENTORING SCHEME**

#### **GP MENTORS:**

We are now at the stage of recruiting up to 4 GP Mentors. All Mentors will:

- Be working in / or have worked in General Practice;
- Undertake initial training (2 days in Nottinghamshire);
- Undertake annual update training;
- Receive ongoing support from Mark Durling, GP Mentor Lead;
- Receive administrative support from Sheffield LMC Secretariat;

Further details can be found in the LMC's June 2018 Vacancy Bulletin, which was emailed to all represented Sheffield GPs and Practice Managers. In addition, Vacancy Bulletins can be accessed via: <http://www.sheffield-lmc.org.uk/page1.aspx?p=23&t=1>.

The closing date for applications is **Friday 13 July 2018**.

If you require any further information, or would like to discuss this opportunity prior to applying, please contact Margaret Wicks or Mark Durling via (0114) 2588755.

## **SURVEY:**

Further to the Newsflash emailed to all represented Sheffield GPs on Tuesday 8 May and the article in the May LMC Newsletter, as a reminder for those who have not yet had an opportunity to complete our survey, we are in the process of setting up a confidential GP mentoring scheme.

To help us to set up and tailor this beneficial service to the needs of Sheffield GPs, we are asking represented GPs to complete our short survey - <https://www.surveymonkey.co.uk/r/SLMCMentorSurvey>. It should only take a few minutes and all responses will be anonymous. Thank you.

If you have any comments or concerns, require any further information prior to completing the survey or did not receive the Newsflash, please do not hesitate to contact Margaret Wicks, LMC Manager via [manager@sheffieldlmc.org.uk](mailto:manager@sheffieldlmc.org.uk) or (0114) 2588755.

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### ***SHEFFIELD LMC/PRIMARY CARE SHEFFIELD (PCS) MEMORANDUM OF UNDERSTANDING (MOU)***

As we have noted in the past, Sheffield LMC and Sheffield PCS are independent organisations with differing mandates and constitutions. However, the majority of GPs represented by the LMC work in practices whose practice partnerships are shareholders in PCS. As such, whilst maintaining our individual roles and remits, we continue to work closely for the benefit of Sheffield GPs and the wider health community. To this end, we have recently signed a MoU, which can be viewed at: [http://www.sheffield-lmc.org.uk/website/IGP217/files/LMC%20and%20PCS%20MoU%20\(Signed%20May18\).pdf](http://www.sheffield-lmc.org.uk/website/IGP217/files/LMC%20and%20PCS%20MoU%20(Signed%20May18).pdf).

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### ***JOB CENTRE PLUS: OVERVIEW FOR SHEFFIELD GPs***

At the March 2018 LMC meeting members received a presentation from Karen Church, Employer & Partnership Manager & Karen Goult, Disability Employment Advisor Manager, Department for Work & Pensions (DWP). There followed a Q&A session.

In view of the clarification received and GPs' continued frustrations and concerns with some elements of the medical evidence process relating to Job Centre Plus and the DWP, we subsequently liaised with Karen Goult, who has agreed to a summary of the presentation being published. The summary can be accessed via: <http://www.sheffield-lmc.org.uk/website/IGP217/files/Overview%20of%20Jobcentre%20Plus.pdf>.

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### ***SICKNESS CERTIFICATION AND UNIVERSITY STUDENTS***

LMC representatives recently met with representatives from the University of Sheffield, Sheffield Hallam University and University Health Sheffield, following concerns raised by GPs about the increasing work generated by students or universities requesting medical reports or letters of support.

We are in the process of producing detailed guidance for GPs but, in the meantime, we have received the following from the Department for Work & Pensions (DWP) in relation to the issuing of Fit Notes to students:

- *Fit notes should be issued for Statutory Sick Pay or benefits purposes only.*
- *The rules governing the issue of the fit note are laid down in the Social Security (Medical Evidence) Regulations 1976 and The Statutory Sick Pay (Medical Evidence) Regulations 1985.*
- *They are not intended for use by University students as evidence of illness or the impact of illness on their studies and it would not be appropriate for the fit note to be used in this way.*
- *An 'Extenuating Circumstances' form provided by the University is more commonly used.*
- *A private medical certificate could possibly be issued however, and adapted to include the 'fitness to return to studies' situation.*
- *It would be for the individual GP or practice to decide if they wished to charge for the issue of such a certificate.*

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## **NATIONAL AUDIT OFFICE REPORT ON PRIMARY CARE SUPPORT ENGLAND (PCSE)**

The National Audit Office has released a report on NHS England's management of the PCSE contract with Capita:

<https://www.nao.org.uk/wp-content/uploads/2018/05/NHS-Englands-management-of-the-primary-care-support-services-contract-with-Capita.pdf>.

The key findings of the report are:

- NHS England's decision to hand a contract to Capita both to run existing services and also simultaneously to transform those services, was high risk.
- Capita was incentivised through the contract to close existing services to minimise its losses.
- NHS England has made £60m in savings in the first 2 years of the contract, which is broadly in line with its targets.
- NHS England's assessment of the contract risk focused on the likelihood of it failing to achieve its financial savings target and did not adequately assess the risk of Capita being unable to provide the service to a good standard.
- NHS England has fined Capita £5.3m for poor performance, and expects to pay £3m to primary care providers in compensation.

The British Medical Association press release on the report can be accessed via:

<https://www.bma.org.uk/news/media-centre/press-releases/2018/may/nao-report-shows-scandalous-failings-in-capita-delivery-of-gp-services-says-bma>.

In addition, Krishna Kasaraneni, General Practitioners Committee (GPC) Executive Member has written a blog, which can be accessed via:

[https://www.bma.org.uk/connecting-doctors/the\\_practice/b/weblog/posts/primary-care-support-failings-validated-at-last?utm\\_source=The%20British%20Medical%20Association&utm\\_medium=email&utm\\_campaign=9489719\\_NEW26A1%20GP%20NEWSLETTER%2017%2F05%2F18&dm\\_t=0,0,0,0](https://www.bma.org.uk/connecting-doctors/the_practice/b/weblog/posts/primary-care-support-failings-validated-at-last?utm_source=The%20British%20Medical%20Association&utm_medium=email&utm_campaign=9489719_NEW26A1%20GP%20NEWSLETTER%2017%2F05%2F18&dm_t=0,0,0,0).

The GPC has launched a campaign, asking for all general practice staff members and individual GPs who have been negatively impacted by one or more of the service lines to sign a pledge via:

[https://e-activist.com/page/24587/petition/1?utm\\_source=The%20British%20Medical%20Association&utm\\_medium=email&utm\\_campaign=9489719\\_NEW26A1%20GP%20NEWSLETTER%2017%2F05%2F18&utm\\_content=support&dm\\_t=0,0,0,0](https://e-activist.com/page/24587/petition/1?utm_source=The%20British%20Medical%20Association&utm_medium=email&utm_campaign=9489719_NEW26A1%20GP%20NEWSLETTER%2017%2F05%2F18&utm_content=support&dm_t=0,0,0,0).

Despite the GPC writing to NHS England numerous times to express disappointment that the operation of the service continues to fall short of an acceptable standard and calling for action to resolve the issues, this remains a daily challenge for practices and many sessional GPs. Therefore, the campaign will be used to further demonstrate how far reaching the poor delivery of PCSE is on practice staff and show the Government the number of individuals demanding for the service level to be improved.

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### **SUBJECT ACCESS REQUESTS (SARs) AND FEES FROM 25 MAY 2018**

There appears to remain some confusion over SARs and requests for medical reports, in terms of charges that can be levied. The General Data Protection Regulations (GDPR) bring in a number of changes relating to SARs. In most cases, patients must be given access to their medical records free of charge, including when a patient authorises access by a third party, such as a solicitor. A 'reasonable fee' to cover administration costs can be charged for further requests for the same information or where the request is 'manifestly unfounded or excessive'.

The availability of detailed guidance was noted in previous editions of LMC Newsletters and can be accessed via the following links:

[https://www.dropbox.com/sh/h22kak6pxlt8ily/AAB4gAuHKib\\_MZ44Xi3AbAf4a?dl=0](https://www.dropbox.com/sh/h22kak6pxlt8ily/AAB4gAuHKib_MZ44Xi3AbAf4a?dl=0).

<https://www.bma.org.uk/advice/employment/ethics/confidentiality-and-health-records/general-data-protection-regulation-gdpr>.

Separate guidance on SARs from insurance companies to GP practices for the disclosure of the full medical records is available via:

<http://www.sheffield-lmc.org.uk/website/IGP217/files/125%20FocusSubjectAccessRequestsInsurancePurposes.pdf>.

The British Medical Association (BMA) has recently updated their guidance *Access to Health Records*, to reflect the GDPR. The revised guidance also reflects the provisions of the forthcoming Data Protection Act 2018, however, it is subject to change when the Act comes into force. The revised guidance can be accessed via:

<http://www.sheffield-lmc.org.uk/website/IGP217/files/Access-to-health-records-May2018.pdf>.

If the request is for a medical report (rather than a SAR) then this falls under the Access to Medical Reports Act (AMRA) and should be handled in the usual way. The GDPR *does not change* the AMRA.

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## **HOSPITAL CONTRACT GUIDANCE: ONWARD REFERRAL**

Changes to the hospital contract in 2016 allowed for onward referral of patients by secondary care clinicians, in certain situations, rather than having to always require referral back to the GP.

The Academy of Medical Royal Colleges recently published guidelines on the best practice on onward referrals, with clear principles for how to avoid unnecessary doubling up of referrals and helping patients move more easily through the care system.

The guidance, which can be accessed via the link below, is designed to support doctors locally in applying the change appropriately:

[http://www.sheffield-lmc.org.uk/website/IGP217/files/AOMRC-Guidance-on-onward-referral\\_210518-v3.pdf](http://www.sheffield-lmc.org.uk/website/IGP217/files/AOMRC-Guidance-on-onward-referral_210518-v3.pdf).

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## **HOMELY REMEDIES: CARE HOMES**

Following reports that some practices are receiving increasingly detailed requests from Care Homes about homely remedies, requesting a GP to sign a form for the administration of these remedies, the General Practitioners Committee (GPC) Prescribing Policy Group has issued the following advice:

*We approve of patients in residential homes or other such environments self-caring or receiving over-the-counter (OTC) medicines as all other people do, although recognise that their frailty does bring with it special problems. Many care homes are introducing these policies, sometimes with the approval of local medicines management schemes, and GPs are being asked to complete the paperwork as an alternative to receiving inappropriate prescription requests.*

*The main problem, however, is that there is no guarantee that the circumstances that were present when the form was signed still apply when the OTC medicine is to be used, and there is a real danger that these forms will not be updated when patients' circumstances change.*

*Therefore, it is safest if OTC medicines are available to care home residents after the input of a community pharmacist, where possible from the same pharmacy that supplies the patient's normal medication. This is an appropriate use of a pharmacist's skills, within their competence, and in line with the low value medicines agenda.*

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## **GENERAL PRACTICE PREMISES REVIEW**

The General Practitioners Committee (GPC) is:

- currently preparing for a premises review with NHS England and the Department of Health & Social Care;
- looking to set up an internal stakeholder group to guide the representatives on the advisory panel of the review;
- looking for a partner in a Community Health Partnership (CHP) premises and a partner in a third party premises.

It is expected that there will be an advisory meeting once a month, or once every 6 weeks, for approximately 6 months, followed by an internal planning meeting in between each external meeting. The meetings are likely to be virtual, with a face to face meeting as required.

Any practices that are interested in being involved can register their interest with the GPC via the LMC office. Please email [manager@sheffieldlmc.org.uk](mailto:manager@sheffieldlmc.org.uk).

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## **GP WORKFORCE FIGURES**

NHS Digital has produced the quarterly update on GP workforce figures, which can be accessed via:

<https://digital.nhs.uk/data-and-information/publications/statistical/general-and-personal-medical-services/final-31-december-2017-and-provisional-31-march-2018-experimental-statistics>.

In summary, there are 316 fewer full-time equivalent GPs in England since December and 1,000 fewer GPs since September 2015, despite the government pledging to recruit more GPs.

The British Medical Association press release can be accessed via:

<https://www.bma.org.uk/news/media-centre/press-releases/2018/may/gp-workforce-figures-are-damning-progress-report-on-government-pledge-to-recruit-more-doctors>.

In addition, Krishna Kasaraneni, General Practitioners Committee Executive Member has written a blog on workforce numbers, which can be accessed via:

[https://www.bma.org.uk/connecting-doctors/the\\_practice/b/weblog/posts/workforce-figures?utm\\_source=The%20British%20Medical%20Association&utm\\_medium=email&utm\\_campaign=9489719\\_NEW26A1%20GP%20NEWSLETTER%2017%2F05%2F18&dm\\_t=0.0.0.0](https://www.bma.org.uk/connecting-doctors/the_practice/b/weblog/posts/workforce-figures?utm_source=The%20British%20Medical%20Association&utm_medium=email&utm_campaign=9489719_NEW26A1%20GP%20NEWSLETTER%2017%2F05%2F18&dm_t=0.0.0.0).

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### **NEW NATIONAL DATA OPT-OUT**

NHS Digital recently announced the introduction of a new national data opt-out and conversion of type 2 objections, enabling patients to make a choice about whether their data can be used for research and planning purposes. The type 2 objection means that a patient's confidential information should not be shared for purposes beyond their individual care.

All practices should have received a communication from NHS Digital explaining the automatic conversion of patients' existing type 2 objections to the new opt-out from 25 May 2018. Every patient aged 13 or over with a type 2 objection recorded will receive a personal letter explaining the change, and a handout explaining the national data opt-out. Patients will not have to take any action and this will not affect the way that their information is used.

Practices will not be able to see the national data opt-out in the patient's electronic record, as they will be held on the NHS Spine and will not be updated in GP systems. The type 2 objection codes will still be available in GP systems after 25 May 2018, but **must not be used from the 1 October 2018**, as NHS Digital will no longer continue to process and convert them.

Some patients may also have a type 1 objection registered on their electronic record, which should continue to be respected. The type 1 objection prevents the sharing of a patient's personal confidential information held by the GP practice for purposes beyond the patient's individual care. It remains the responsibility of the practice to ensure these are applied where relevant, except for General Practice Extraction Service (GPES) collections, where the type 1 objection will be applied automatically unless instructed to the contrary by Direction.

NHS Digital will be sending practices a pack of patient communication materials to help explain the changes, and have developed a checklist of actions that practices might want to take, available via:

<https://digital.nhs.uk/services/national-data-opt-out-programme>.

Patients can be directed to [www.nhs.uk/your-nhs-data-matters](http://www.nhs.uk/your-nhs-data-matters), which will provide them with an overview, as well as explaining how to manage their own opt-out choices.

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### **SESSIONAL GPs E-NEWSLETTER: MAY 2018**

The May edition of the Sessional GPs e-newsletter is available on the British Medical Association website at:

<https://bma-mail.org.uk/t/JVX-5MQQV-1BJCJOU46E/cr.aspx>.

The main articles include:

- Sessional GPs guidance on NHS pensions and Capita.
- How do you feel when you phone in sick?
- A future vision for the NHS.
- Motivational interviewing in brief consultations.
- Visa cap restricts hiring of doctors.
- Leadership masterclass.

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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 July edition to be received by Friday 6 July**

**Submission deadlines can be found at**

<http://www.sheffield-lmc.org.uk/website/IGP217/files/Newsletter%20&%20VB%20Deadlines%202018.pdf>