

Newsletter

May 2022

Sheffield
LMC



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ARRIVALS FROM UKRAINE: ADVICE FOR PRIMARY CARE

The UK government has published guidance to help primary care professionals assess and address the health needs of patients ordinarily resident in Ukraine who have arrived in the UK. The guidance can be accessed at:

<https://www.gov.uk/government/publications/arrivals-from-ukraine-advice-for-primary-care/arrivals-from-ukraine-advice-for-primary-care>

The guidance notes that it is important to adopt a trauma-informed approach that offers clear information and choice, supporting individuals to feel in control.

Doctors of the World has produced the Safe Surgeries initiative, which has been endorsed by the British Medical Association (BMA), to tackle the barriers faced by many migrants in accessing healthcare, with GP registration being the first hurdle that this vulnerable group needs to overcome: <https://www.doctorsoftheworld.org.uk/safesurgeries/>

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EXTENDED ACCESS UPDATE

On Friday 6 May we emailed an update to all represented Sheffield GPs as follows:

We are aware of statements in the Medical Press last week that a GP is required to be onsite during the whole of Extended Access (EA) hours commencing in October 2022. This is alongside statements that the services have to be available **throughout** the whole of the EA period. The contract does allow flexibility in hours of delivery, in agreement with the commissioner.

Sheffield LMC, like other LMCs around the country, does not recognise any statement within the Primary Care Network (PCN) Directed Enhanced Service (DES) wording that states a GP has to be onsite throughout the EA period. There is also no link to any such wording in our core contract either. The PCN DES does not use the word **throughout** to describe provision of services, unlike the core contract.

We consider it is for practices to decide what is the best way to fulfil the required hours, stipulated by the PCN DES, meeting the reasonable needs of their patients. We have sought discussions with Sheffield Clinical Commissioning Group (CCG) regarding the flexibility of service delivery. They have indicated that the contract allows this and should be considered if practices / PCNs can show patient preference for certain hours outside of core, and clear clinical benefits. We think that practices and PCNs are best-placed to understand the needs of their patients and what hours would best suit service delivery.

We will keep you updated on our discussions.

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**EXPECTED DEATHS AND DEATH CERTIFICATION
OUT OF HOURS**

Representatives from Sheffield LMC, Sheffield GP Collaborative, General Practice, Medical Examiner and Muslim Faith have collaboratively updated the LMC's guidance on expected deaths and death certification out of hours. The guidance has been revised and reissued in response to recurrent issues surrounding urgent requests by Muslim families out of hours for death certificates, in cases of expected deaths. Muslim families have experienced added distress in trying to obtain the necessary legal paperwork to expedite their relative's burial. GPs have been placed in difficult professional and ethical situations.

In a situation where the registered GP is aware of an anticipated expected death / palliative situation in a Muslim patient, and if the GP is prepared to be contacted out of hours in the event of an expected death, the GP should complete an electronic GP Collaborative 'Special Notes Form' and forward it to the GP Collaborative. Where the GP has indicated that they are willing to be contacted, GP Collaborative staff will contact the GP directly and make them aware of the need for a death certificate.

Certification of an expected death out of hours is not a contractual obligation - this is a voluntary arrangement that some GPs may feel able to offer to support Muslim families.

Under no circumstances should anyone else contact or be given contact details for the GP.

This cannot apply to unexpected deaths or deaths occurring in suspicious circumstances - these must proceed through the normal Coroner's office channels.

The LMC's full guidance can be accessed [here](#).

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**SPECIAL ALLOCATION SCHEME (SAS):
REMOVAL OF VIOLENT PATIENTS**

The SAS, which aims to protect general practice against violent or aggressive behaviour, is administered through Primary Care Support England (PCSE).

The practice must have grounds to show that the individual to be removed from the practice list with immediate effect committed an act of violence, or behaved in such a way that they feared for their safety. This could be against a doctor, partner, member of staff, visitor or patient on the premises.

Of note is the fact that in order for a patient to be allocated to the SAS, incidents need to be reported to the police. However, there is no requirement to provide a police incident number or a crime number. In addition, practices are obliged to report the removal of patients to the Care Quality Commission (CQC).

The British Medical Association (BMA) guidance [Removing violent patients and the special allocation scheme](#) gives more detail and links to relevant documentation and organisations involved in the process.

Please note this is separate from the [regulations relating to removal of a patient due to an irretrievable breakdown of the relationship](#).

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**AMBULATORY WOUND CARE CLINICS:
TRANSFER OF WORK TO GENERAL PRACTICE**

The LMC has received queries regarding services provided by Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) Ambulatory Wound Care clinics, and seemingly inappropriate requests for practices to take on complex wound care.

On querying the services in place, Sheffield Clinical Commissioning Group (CCG) received the following confirmation from STHFT:

Where patients are referred into the STH Ambulatory Wound Care service, they are offered an initial assessment in the first instance. Following this initial assessment, patients may be provided with a self-management plan if this is the most appropriate course of treatment. Where patients are unable to self-manage, complex wounds will be treated by the STH Ambulatory Wound Care service through regular attendance at treatment clinics (ie compression bandaging clinics).

Occasionally, patients require support with compression garments (please note that this is different to compression bandaging), cannot travel to the clinics for regular appointments and may request that their care be delivered by the practice nurse. This happens very infrequently, and in such cases, the practice nurses would be asked to support. However, practice nurses would never be asked to provide complex treatment and dressings such as compression bandaging; practices are only asked to support simple wounds that fit within their competency levels.

If you receive a request that is not in keeping with the above, and which you feel it is inappropriate to manage in general practice, we suggest a communication back to the clinic noting the above. If requests continue, despite taking this action, please let the LMC know via manager@sheffieldlmc.org.uk. **NB: Please do not send patient identifiable information to the LMC.**

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GENERAL PRACTICE PAY TRANSPARENCY

The British Medical Association (BMA) continued to raise concerns about earnings declarations for GPs with the Department of Health and Social Care (DHSC) and, following confirmation that the implementation of general practice pay transparency would be delayed, amendments to the GP Contract Regulations have now come in to force to remove the requirement to make a self-declaration of 2020/21 NHS earnings by 30 April 2022. Therefore, individuals within scope of the pay transparency provisions do not need to take any action, and commissioners should not seek to enforce this contractual requirement.

The BMA has expressed disappointment that these amendments were made *'with the expectation that this policy will resume at a later date'*, and will lobby for this requirement to declare earnings to continue to remain suspended for 2022/23.

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GENERAL PRACTICE FACTUAL REPORT (GPFR) PILOT

A pilot is starting in May to trial a replacement to the existing [GPFR](#) - also known as DS1500 or the Personal Independence Payment (PIP) form - which GPs are asked to complete to support patients' claims.

The new form is designed to be quicker and easier for GPs to complete, whilst still capturing the information needed. The trial will run for 6 months, and the Department for Work and Pensions (DWP) hopes that GPs will engage with it and provide any helpful feedback and comments they may have on the new form. During the pilot GPs may sometimes receive the existing GPFR and may sometimes receive the version being trialled.

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YOU ARE NOT A FROG PODCASTS

Following on from a session at the LMC Secretaries Conference in March 2022, we would like to make you aware of a podcast hosted by Dr Rachel Morris which some may find beneficial.

Dr Morris is a GP who now works as an Executive Coach and Trainer. In her podcast [You Are Not A Frog](#) she tackles many issues affecting our working lives and general wellbeing. Her aim is to help colleagues thrive in the environments we find ourselves, set boundaries and make sometimes small changes which can have dramatic effects on our stress levels and wellbeing.

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SESSIONAL GPs E-NEWSLETTER: MAY 2022

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

- A new illustrative pay range for salaried GPs in England;
- Enhanced shared parental leave;
- Doctors and genocide.
- Join our campaign for fairer pay;
- Do not let gender be a barrier but a strength;

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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](#)