

# Newsletter

## May 2024

Sheffield  
LMC



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### WELCOME TO REBECCA UNWIN

As many of you will be aware, the role of LMC Administrator is vital in the efficient, smooth running of the LMC and, as such, we are very pleased to announce that Rebecca Unwin has joined us on a full time basis to fulfil this role.

Rebecca has undertaken a number of administrative roles across various sectors, and brings a wealth of experience and knowledge with her. Further information and contact details can be found [here](#).

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### GENERAL MEDICAL SERVICES (GMS) CONTRACT DISPUTE

The General Practitioners Committee (GPC) has [written to NHS England](#) (NHSE), confirming that they are in dispute regarding the 2024/25 GMS contract for general practice, and warning that steps that may ultimately lead to GP action will follow, unless urgent improvements are made to the contract. The decision by NHSE and the Government to impose the 2024/25 contract on the profession on 1 April comes despite a unanimous rejection by GPC England, and by [99.2% of over](#) 19,000 GPs and GP Registrars across England who took part in a referendum. The GPC has also [written to Integrated Care Board chairs and CEOs](#), asking them to add 'general practice' to their risk register given the ongoing crisis faced with unmanageable workloads, practices handing back contracts and many being in financial distress. This was an important step and quite rightly has raised concerns from ICB leaders and NHSE.

The GPC will be issuing digital resources to use in surgeries to explain to patients some of the problems faced, and will be sharing details of roadshows taking place across the country, both face-to-face and virtually. This will be an opportunity to be part of the wider discussion around what the next steps for the profession will be.

Read more [here](#).

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### MEDICAL EXAMINER UPDATE

As many of you will be aware, the original date for implementing the Medical Examiner (ME) system was April 2023. After many concerns were raised this was postponed until April 2024, but as this date approached it became clear that reliable arrangements to ensure all community deaths were covered by local ME Units were not in place.

The Health Minister has now announced that the statutory introduction of these changes will be delayed until 9 September 2024, to allow "time to prepare for implementation". This means the use of the ME system by GP practices will not be universal, and the current unsatisfactory hybrid process will continue.

If your practice has been “on-boarded” by the local ME Unit, you can continue to refer draft MCCDs and accompanying information about the deceased to the Unit. If your practice continues to refer all, or a proportion of deaths to local Medical Referees, then colleagues can continue to do so over the coming months. ME Units should be contacting practices not linked to their service to set up arrangements for GP referral of deaths within the community. The delay should offer an opportunity for practices to start to trial their links with ME Units in terms of IT connections, and when providing a draft MCCD for ME comment. This should help local ME Units plan their capacity and responsiveness both in terms of the numbers involved when all community deaths are reviewed, once this is a statutory process. The digital MCCD is planned to be available by September.

General Practitioners Committee (GPC) England will continue to liaise with the National ME and provide updates as they become available.

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### **GENERAL MEDICAL COUNCIL (GMC) GOOD MEDICAL PRACTICE**

The GMC’s [Good Medical Practice](#) sets out expected standards for all doctors in the UK. The 2024 version rephrases some of the guidance to achieve the following aims:

- Championing fair and inclusive leadership
- Promoting patient-centred care
- Tackling discrimination
- Creating respectful, fair and compassionate workplaces for colleagues and patients
- Supporting continuity of care and safe delegation

These aims are described in more detail at: [Key changes to Good medical practice 2024](#). There is also a side by side comparison of the 2013 guidance and the updated 2024 version, with a commentary about these changes, available [here](#).

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### **AGENDA FOR CHANGE (AFC) PAYMENT: PRACTICE NURSES**

There have been articles published in some Nursing journals regarding a ‘pay boost’ for practice nurses being funded by the Department of Health and Social Care. This relates to an initiative last year, where the Government offered staff on AfC pay scales a cash boost - information can be found [here](#). The majority of practice nurses working in general practices are not working on AfC contracts which align with AfC pay scales, terms and conditions - those practices will *not* be eligible to receive the payment.

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### **GP REFERRAL PATHWAY TO PHARMACY FIRST**

Community Pharmacy England has developed an [animation and infographic](#) to help describe the GP referral pathway into the Community Pharmacist Consultation Service (CPCS), primarily aimed at GP practice teams. The animation outlines how referrals work and what pharmacies do with those referrals, as well as NHS 111 referrals into the CPCS. Further information about Pharmacy First can be found [here](#).

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### **CARE QUALITY COMMISSION (CQC) REGISTRATION AND PORTAL**

Due to issues with CQC’s new provider portal, some providers are still unable to use it to undertake notification and registration activity. CQC is working to resolve these issues and will provide an update as soon as they are in place. Until fixes to the portal are in place, CQC is implementing a temporary process for providers who urgently need to undertake registration activity and cannot use the portal. Providers can continue to submit notifications via [email](#) if unable to use the portal. Further information is available [here](#).

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### **BRITISH MEDICAL ASSOCIATION (BMA) MEDICAL ATTRITION REPORT**

The BMA recently released [Tackling medical attrition in the UK’s health services](#), which explores the cost of medical attrition and sets out why retaining doctors needs to be an urgent priority for UK governments, health services and employers, and what should be done. The report can be read in conjunction with the BMA’s page [attrition in the medical workforce](#), which summarises which retention issues affect which group of doctors, at which point in time, and to what extent.

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## NATIONAL VISA SUPPORT SERVICE FOR GPs

As part of the closure of the NHS England (NHSE) Primary Care Workforce Team, the national Visa Support Service for GPs and GP practices currently provided by the team will also be closing. National support for practices, Integrated Care Boards (ICBs), regional teams and GPs with visa queries will end on 31 May 2024 and other responsibilities, such as funding visas and providing practice matching, will move to ICBs under the new NHSE operating model.

Individual GPs with immigration concerns can get free advice from the British Medical Association (BMA) [Immigration Advice Service](#), and the following contacts will apply after 31 May 2024:

- Visa related queries and issues should be raised directly with the dedicated NHS Visa Team at the Home Office via [UKVINHSTeam@homeoffice.gov.uk](mailto:UKVINHSTeam@homeoffice.gov.uk).
- Queries relating to the 4-month visa extension for newly qualified GPs should be raised with NHS England's Overseas Sponsorship Team via [england.sponsorship@nhs.net](mailto:england.sponsorship@nhs.net).

Please note that existing NHSE visa support for sponsored GP trainees and GP and practices participating in the International Induction Programme will continue to be provided.

BMA members with concerns about this can contact the BMA's International Team via [info.international@bma.org.uk](mailto:info.international@bma.org.uk).

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## AUTISM RESEARCH PARTICIPANTS REQUIRED

Autistic Doctors International, in partnership with Brighton and Sussex Medical Schools, are conducting [a new survey](#) which aims to assess the prevalence of autism and autistic traits in doctors within the UK. The research is intended to help to improve understanding of autism within the medical profession on a national scale, which will help impact future support and policy. The survey is anonymous and takes around 6-7 minutes to complete.

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## CARE QUALITY COMMISSION (CQC) MYTHBUSTERS

CQC National Clinical Advisors and Policy Team issue [guidance](#) to clear up some common myths about CQC inspections, as well as sharing guidance on best practice, which practices may wish to be aware of. The following mythbusters have been updated in recent weeks:

- [GP Mythbuster 33: Safeguarding Children](#) (25 April 2024)
- [GP Mythbuster 106: Staff not directly employed by a GP practice](#) (25 April 2024)

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## SURVIVE & THRIVE: WELLBEING WEBINARS

*Information provided by Dr Karen Forshaw, GP Resilience Trainer, Resilient Practice*

The South Yorkshire Workforce & Training Hub has arranged a series of evening webinars (provided by Resilient Practice) for any clinical professional working in general practice at any stage of career post early years. The webinars cover topics such as:

- How to Practise Meditation and Mindfulness
- How to Say No
- Should I Walk a Mile in Your Shoes?
- An introduction to CBT
- How to Avoid Complaints

Further information can be found [here](#).

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