

Newsletter

November 2019

Sheffield
LMC



INSIDE THIS ISSUE:

PRIMARY CARE NETWORK (PCN) SUPPORT & DEVELOPMENT

CARE QUALITY COMMISSION (CQC) MYTH BUSTERS

DEATH CERTIFICATION AND MUSLIM BURIALS

ACCESS TO MEDICAL RECORDS: SOLICITORS

TRANSFER OF CLINICAL PHARMACISTS TO THE PRIMARY CARE NETWORK (PCN) DIRECTED ENHANCED SERVICE (DES)

ESTABLISHING CLINICAL PHARMACY IN A PRIMARY CARE NETWORK (PCN)

BRITISH MEDICAL ASSOCIATION (BMA) MANIFESTO FOR HEALTH

SAFEGUARDING TRAINING UPDATE

REQUESTING EMERGENCY AMBULANCES

SEASONAL INFLUENZA VACCINATION: JOINT LETTER TO SHEFFIELD GPs AND PHARMACISTS

FLU IMMUNISATION FOR PRACTICE STAFF

EXCEPTION REPORTING DURING THE QUALITY AND OUTCOMES FRAMEWORK (QOF) YEAR

PUBLIC ACCOUNTS COMMITTEE (PAC) REPORT ON NHS PROPERTY SERVICES (NHSPS)

REMOTE PRESCRIBING HIGH LEVEL PRINCIPLES

NATIONAL ACADEMY FOR SOCIAL PRESCRIBING

ROLL-OUT OF THE ELECTRONIC PRESCRIPTION SERVICE (EPS)

RULES ON IR35

NHS PRACTITIONER HEALTH

PRIMARY CARE NETWORK (PCN) CONFERENCE 2020

SESSIONAL GPs E-NEWSLETTER: OCTOBER / NOVEMBER 2019

CAMERON FUND CHRISTMAS APPEAL 2019

PRIMARY CARE NETWORK (PCN) SUPPORT & DEVELOPMENT

On Thursday 24 October 2019 Sheffield LMC held a city-wide meeting for represented GPs and Practice Managers. In addition, there were representatives from Sheffield Clinical Commissioning Group (CCG), Primary Care Sheffield (PCS) and neighbouring LMCs. The event was well attended and heard presentations from Alastair Bradley, Chair, Sheffield LMC, Andy Hilton, Chief Executive, PCS and Krishna Kasaraneni, England Executive Team – General Practitioners Committee (GPC). Key themes emerged around workforce, workload and premises. A report of the meeting with links to the presentations can be accessed via: <https://www.sheffield-lmc.org.uk/website/IGP217/files/PCN%20Support%20&%20Development%2024Oct19.pdf>

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CARE QUALITY COMMISSION (CQC) MYTH BUSTERS

Professor Nigel Sparrow, Senior National GP Advisor at the CQC issues 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:

<https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-full-list-tips-mythbusters-latest-update>

The following Myth Buster has been updated since the October LMC Newsletter was issued:

- Who should have a disclosure and barring service (DBS) check?

<https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-2-who-should-have-disclosure-barring-service-dbs-check>

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DEATH CERTIFICATION AND MUSLIM BURIALS

Our guidance *Death Certification and Muslim Burials* has been updated to take into account new information on the Emergency Burial Service and the introduction of the Coroner's Officers on call phone service:

[https://www.sheffield-lmc.org.uk/website/IGP217/files/Death%20Certification%20and%20Muslim%20Burials%20\(revised%20Nov19\).pdf](https://www.sheffield-lmc.org.uk/website/IGP217/files/Death%20Certification%20and%20Muslim%20Burials%20(revised%20Nov19).pdf)

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ACCESS TO MEDICAL RECORDS: SOLICITORS

The General Practitioners Committee (GPC) recently highlighted a court case which considered a dispute about how medical records are made available to solicitors requesting them on behalf of patients. A summary of the case has been prepared by the solicitors acting for the GP practice: <https://www.health-and-care-update.co.uk/2019/10/an-update-requests-for-medical-records-gdpr-personal-data-data-controllers-and-processors-.html>

The GPC has considered the details of this case. The judge did not rule on issues related to the General Data Protection Regulation (GDPR) and Subject Access Requests (SARs). The court considered the question of disclosure under Civil Procedure Rules. The judge ruled in favour of the practice and did not make an order for disclosure of the records because the practice had made the records available for collection from the practice premises. It is important for practices to note, however, that this case does not alter any aspect of the law relating to GDPR. When a SAR is received from a solicitor acting for a patient practices should follow the patient's wishes and make available medical records to the solicitor if this is what the patient has authorised, unless the practice has particular concerns about the patient's authorisation.

The Information Commissioner's Office (ICO) has recently made a statement about the case which states that: 'A person should not have to take action to receive the information, such as by collecting it from the controller's premises, unless they agree to do so': <https://twitter.com/ICOnews/status/1187673703422877696>

A group of GPs has since written to the ICO expressing concern about this and the GPC will continue to monitor the situation and provide updates as necessary.

British Medical Association (BMA) guidance on Access to Health Records can be found at: <https://www.sheffield-lmc.org.uk/website/IGP217/files/Access-to-health-records-Jul-19.pdf>

BMA guidance on GDPR can be accessed via: <https://www.bma.org.uk/advice/employment/ethics/confidentiality-and-health-records/general-data-protection-regulation-gdpr>

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TRANSFER OF CLINICAL PHARMACISTS TO THE PRIMARY CARE NETWORK (PCN) DIRECTED ENHANCED SERVICE (DES)

NHS England has extended the deadline for clinical pharmacists employed under the *Clinical Pharmacist in General Practice Scheme* to transfer to working under the PCN DES until 30 November 2019. This is to allow people more time to finalise the arrangements where a transition has been or was in the process of being agreed. The eligibility criteria for transfer have not changed.

After 30 November 2019 any clinical pharmacists who have not transferred will no longer be eligible to do so. They will not be counted as an exception to the baseline, meaning that these clinical pharmacists will need to be maintained by the PCN member practices in order to claim reimbursement for PCN clinical pharmacists.

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ESTABLISHING CLINICAL PHARMACY IN A PRIMARY CARE NETWORK (PCN)

NHS England and NHS Improvement are holding regional events in partnership with the Primary Care Pharmacy Association on 11 December in London, Birmingham, Taunton and Leeds.

The focus of these events is to encourage networking support and engagement with delegates with a view to delivering resources and support to PCN pharmacy teams going forward. The events are aimed at PCN clinical directors and workforce leads, LMC members and pharmacists. Further information can be found at: <https://www.events.england.nhs.uk/events/establishing-clinical-pharmacy-in-a-pcn>

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BRITISH MEDICAL ASSOCIATION (BMA) MANIFESTO FOR HEALTH

With the general election next month the BMA recently published its Manifesto for Health: <https://www.bma.org.uk/collective-voice/influence/key-negotiations/nhs-pressures/manifesto-for-health>

The BMA has set out their priorities for any incoming government:

- Reform the punitive pension tax system for doctors;
- Legislate for safe staffing;
- Give the public the final say on any Brexit deal.
- Pay doctors fairly and address historic underpayments;
- Increase spending on the NHS by over 4%;

To accompany the manifesto launch the BMA has also published updated analysis of the pressures likely to be faced by the health service this winter, available at: www.bma.org.uk/NHSpressures

More information about the pressures practices are under has been published and is available via: <https://www.bma.org.uk/collective-voice/influence/key-negotiations/nhs-pressures/pressures-in-general-practice>

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SAFEGUARDING TRAINING UPDATE

The General Practitioners Committee (GPC) expressed concerns about the impact on practices of implementing safeguarding training guidelines. As a result, NHS England (NHSE) has confirmed that it does not set the training requirements for practice staff, and that under GP contract arrangements it is for contractors to ensure that their staff are adequately trained to a level that keeps them and the public safe.

The GPC has updated their practice training resource to reflect Care Quality Commission (CQC) and NHSE expectations on safeguarding training: <https://www.bma.org.uk/advice/employment/gp-practices/gps-and-staff/practice-staff-training-resource>

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REQUESTING EMERGENCY AMBULANCES

Practices should be aware that a new Healthcare Professional (HCP) number for accessing Yorkshire Ambulance Services (YAS) was introduced on 9 October 2019 - 0300 330 0295.

The guidance available via the links below was circulated to all practices via Sheffield CCG's e-bulletin in September:

- Important Information for General Practitioners and Other Healthcare Professionals Who Request Emergency Ambulances: [http://www.sheffield-lmc.org.uk/website/IGP217/files/Changes%20to%20requesting%20urgent%20or%20emergency%20ambulance%20transport%20for%20your%20patient%20\(YAS%20Sept19\).pdf](http://www.sheffield-lmc.org.uk/website/IGP217/files/Changes%20to%20requesting%20urgent%20or%20emergency%20ambulance%20transport%20for%20your%20patient%20(YAS%20Sept19).pdf)
- National Early Warning Score (NEWS)2: [http://www.sheffield-lmc.org.uk/website/IGP217/files/National%20Early%20Warning%20Score%20\(NHSE%20Sept19\).pdf](http://www.sheffield-lmc.org.uk/website/IGP217/files/National%20Early%20Warning%20Score%20(NHSE%20Sept19).pdf)

Part of the new policy suggests that GPs should use the NEWS2. This was designed as a secondary care tool and has not been fully evaluated in primary care for assessing ambulance admissions.

It would be appreciated if practices that have any specific examples of problems with the new system could share appropriately patient anonymised details with the LMC office via manager@sheffieldlmc.org.uk.

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SEASONAL INFLUENZA VACCINATION: JOINT LETTER TO SHEFFIELD GPs AND PHARMACISTS

As you will be aware, the flu vaccination service is an NHS Service and it is expected that GPs and Pharmacists who are commissioned to provide the service will work together to achieve the intended aims to improve vaccine uptake amongst the eligible population, whilst offering patients the choice of where to access their vaccination. Unfortunately, it appears to have led to a competitive environment where providers are fighting to vaccinate patients first.

We have worked with Community Pharmacy Sheffield (CPS) to produce a joint CPS/LMC letter to all GP Practices and Community Pharmacies in Sheffield which can be accessed via: [http://www.sheffield-lmc.org.uk/website/IGP217/files/Seasonal%20Flu%20Vaccination%20\(CPS-LMC%20Nov19\).pdf](http://www.sheffield-lmc.org.uk/website/IGP217/files/Seasonal%20Flu%20Vaccination%20(CPS-LMC%20Nov19).pdf)

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FLU IMMUNISATION FOR PRACTICE STAFF

Some confusion remains regarding flu immunisations for practice staff as the state-funded indemnity scheme for England and Wales does not cover GP practices providing flu vaccinations to their own staff. The Seasonal Influenza Directed Enhanced Service (DES) Specification makes clear that staff of GP practices / contractors and other primary care staff are the responsibility of their employer as part of occupational health arrangements. However, as noted in the October LMC Newsletter, the General Practitioners Committee (GPC) has been assured that the schemes provided by the three main Medical Defence Organisations do cover this activity.

In 2018 the Occupational Health Committee of the British Medical Association (BMA) worked with the Specialist Pharmacy Service and other key stakeholders to identify a way that organisations can offer employee seasonal flu vaccinations within the legislation. The outcome of this work has been to produce a written instruction for seasonal influenza vaccination. The template and advice on how to use it are available via:

<https://www.bma.org.uk/advice/employment/occupational-health/influenza-immunisation-for-employees>

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EXCEPTION REPORTING DURING THE QUALITY AND OUTCOMES FRAMEWORK (QOF) YEAR

Please find below an update from Anu Rao, IT Policy Lead, General Practitioners Committee (GPC):

Following a recent query about problems with patients being exception reported during QOF year, we have the following response from NHS England (NHSE). We hope that this provides clarity on the matter. In addition to the response from NHSE, we will also be writing to system suppliers to ensure that they act on the right interpretation of the business rules asap.

The business rules reflect what was agreed during contract negotiations in that, at the end of the QOF year, if a patient has not responded to two invitations then they can be removed from an indicator denominator using the personalised care adjustment rule. It is important to note that while QOF data are collected from about September onwards it is only the collection on 31 March which is used to calculate achievement and ultimately practice payment. The current issue is arising because system suppliers are linking the business rules (which are intended to produce a year end calculation and are correctly drafted to achieve this) with in year care prompts. It is this linkage which is causing the prompts to be removed from the patients' record, when from a clinical care perspective it would be better if they were to remain.

As discussed, we have asked system suppliers to reinstate the prompts where patients have not responded to invitations for care. Vision have stated that they will do this when they implement V44 of the QOF business rules, used for year end QOF 2019-20, and EMIS plan to consult with their user group. TPP have currently indicated that they will not do this as, in their view, this would require an amendment to the business rules. Whilst we are unconvinced that this is the case, we do nevertheless intend to amend the business rules for V44 to make it clear to suppliers that they should not remove system prompts from a patient record where they have not responded to two invitations for care. We have yet to receive a response from Microtest.

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PUBLIC ACCOUNTS COMMITTEE (PAC) REPORT ON NHS PROPERTY SERVICES (NHSPS)

PAC has published its report, concluding that NHSPS 'was set up to fail', and that the Department of Health and Social Care (DHSC) is not setting a course of action to address the issue but are leaving others to find a solution:

<https://publications.parliament.uk/pa/cm201920/cmselect/cmpublic/200/200.pdf>

The report finds it is unacceptable that 70% of tenants do not have leases in place and urges DHSC to move towards a more transparent and equitable charging model with adequate funding in place.

In response the British Medical Association (BMA) issued a press statement saying "The PAC report into NHS Property Services highlights what the BMA has been saying for some time - the current model is not fit for purpose and never has been. Absurd or extortionate services charges are proving an impossible barrier to many agreeing new leases with the current system actively threatening the future of GP services in some parts of the country. Ultimately, this ridiculous situation means GPs are being forced to spend far too much time and effort trying to resolve these issues instead of caring for patients and is also discouraging many young doctors from becoming GP partners." BMA guidance is clear that practices should engage with NHSPS, identify areas where there is a dispute and pay undisputed amounts. Practices cannot be forced into any agreement which places the viability of the practice at risk and solutions must be sustainable. Practices should be mindful that the BMA is proceeding with legal action to address historical charges and should ensure that in reaching any agreement independently of this they do not put themselves at risk of any future liability or compromise their future position.

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REMOTE PRESCRIBING HIGH LEVEL PRINCIPLES

The General Medical Council (GMC) recently published a set of principles which have been co-authored and agreed by a range of healthcare regulators and organisations: https://www.gmc-uk.org/ethical-guidance/learning-materials/remote-prescribing-high-level-principles?utm_source=media&utm_medium=media&utm_campaign=principles

The principles outline a set of expectations for UK healthcare professionals when prescribing remotely, whether online, over video-link or by phone. The principles encourage good practice in remote prescribing, and that health care professionals are expected to:

- Understand how to identify vulnerable patients and take appropriate steps to protect them;
- Carry out clinical assessments and medical record checks to make sure medication is safe and appropriate;
- Raise concerns when adequate patient safeguards are not in place.

The GMC's press release can be accessed via: <https://www.gmc-uk.org/news/news-archive/principles-for-good-practice-issued-to-protect-patients-online>

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NATIONAL ACADEMY FOR SOCIAL PRESCRIBING

Health and Social Care Secretary, Matt Hancock, recently announced the establishment of the National Academy for Social Prescribing: <https://www.gov.uk/government/news/social-prescribing-new-national-academy-set-up>

The independent academy will receive £5m and will be led by Professor Helen Stokes-Lampard, the outgoing Chair of the Royal College of General Practitioners (RCGP). It has been developed in partnership across government, with Sport England, Arts Council England and a range of voluntary sector partners. It is expected to:

- Standardise the quality and range of social prescribing available to patients across the country;
- Increase awareness of the benefits of social prescribing by building and promoting the evidence base;
- Develop and share best practice, as well as looking at new models and sources for funding;
- Bring together all partners from health, housing and local government with arts, culture and sporting organisations to maximise the role of social prescribing;
- Focus on developing training and accreditation across sectors.

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ROLL-OUT OF THE ELECTRONIC PRESCRIPTION SERVICE (EPS)

The Department of Health and Social Care recently announced the roll-out of EPS in England following work done in pilot areas. Phase 4 will be rolled out to all GP practices from Monday 18 November 2019, making EPS the default method for prescribing and dispensing in primary care in England: <https://digital.nhs.uk/services/electronic-prescription-service/phase-4/national-roll-out-schedule>

Further information about the implications for GP practices can be found at: <https://digital.nhs.uk/services/electronic-prescription-service/phase-4/prescriber-information>

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RULES ON IR35

Matt Mayer, Deputy Chair of the Sessional GPs Committee, has put together a blog highlighting that the rules on IR35 are changing and how locum GPs might be affected: https://www.bma.org.uk/connecting-doctors/the_practice/b/weblog/posts/ir35-and-the-impact-on-locums-blog-1. Private, as well as public sector bodies will now be responsible for determining the employment status of their workers.

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NHS PRACTITIONER HEALTH

NHS England has announced that all NHS doctors and dentists in England now have access to a mental health service 24 hours a day through a dedicated phone line and a crisis text service available through the night, which builds on the service already available to GPs in England: <https://www.gov.uk/government/news/dedicated-mental-health-support-for-all-nhs-doctors-and-dentists>

To sign up, call 0300 0303 300 or email prac.health@nhs.net (Monday to Friday 8 am to 8 pm and Saturday 8 am to 2 pm). Text NHSPH to 85258 for the out-of-hours crisis text service.

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PRIMARY CARE NETWORK (PCN) CONFERENCE 2020

The British Medical Association (BMA) has commenced planning their second annual PCN Conference. In order for this to be as informative and useful as possible, they are looking for PCNs to share their stories.

If you have an example of innovation or good practice that would benefit others (eg inventive ways of utilising the funding, success in recruitment, working well together to deliver PCN services etc), you are invited to showcase it at the Conference, which will be held in Birmingham on Saturday 8 February 2020.

Please email Dan Hodgson via dhodgson@bma.org.uk with a short description of your project / work and how it is benefitting your PCN, teams and / or patients.

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SESSIONAL GPs E-NEWSLETTER: OCTOBER / NOVEMBER 2019

Sessional GP e-newsletter(s) published since the last LMC newsletter can be found on the British Medical Association (BMA) website at:

<https://bma-mail.org.uk/t/JVX-6JPRS-1BJCJOU46E/cr.aspx>

The main articles include:

- A workaround for annualisation.
- STPs and ICSs: new guidance.
- Report reveals serious underfunding of teaching medical students in general practice.
- Flu immunisation for practice staff.
- GMC report highlights GP workload pressures.

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CAMERON FUND CHRISTMAS APPEAL 2019

The Cameron Fund provides help and support solely to GPs, including those who are retired, and their dependants. It aims to meet needs that vary considerably, from the elderly in nursing homes to young, chronically sick doctors and their families, and those suffering from unexpected and unpredictable problems such as relationship breakdown or financial difficulties following the actions of professional regulatory bodies. A greater number of applications are now from GPs who are encountering difficulties in returning to work following illness or professional difficulties.

As Christmas approaches the Cameron Fund is asking LMCs and constituent GPs to consider giving generously to the Fund's Christmas Appeal. As many of you will be aware, Sheffield LMC makes an annual donation to the Cameron Fund in response to their Christmas Appeal.

If you know of colleagues who may be in need of help from the Cameron Fund please encourage them to contact the Fund.

More information on how to contact the Cameron Fund, the support they can offer and how to make a donation can be found at: www.cameronfund.org.uk.

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Please forward any articles for inclusion in the LMC newsletter to
manager@sheffieldlmc.org.uk

Submission deadlines can be found at

<http://www.sheffield-lmc.org.uk/website/IGP217/files/Newsletter%20&%20VB%20Deadlines%202019.pdf>

<http://www.sheffield-lmc.org.uk/website/IGP217/files/Newsletter%20&%20VB%20Deadlines%202020%20.pdf>

Contact details for Sheffield LMC can be found at:

Executive Officers: <http://www.sheffield-lmc.org.uk/page1.aspx?p=13&t=1>

Secretariat: <http://www.sheffield-lmc.org.uk/page1.aspx?p=13&t=2>