

Newsletter

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Sheffield
LMC



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ACCESSING ADDITIONAL FLU VACCINE SUPPLIES

On 9 October 2020, the Department of Health and Social Care (DHSC) issued a [letter](#) outlining how practices will be able to access additional supplies of flu vaccinations; having secured an additional supply which arrive later in the season, to top up local supplies once they run low.

Practices will be provided the DHSC vaccines free of charge, but will only be able to claim an Item of Service fee for each DHSC supplied vaccine that is administered. The majority of the additional DHSC stock will arrive from November onwards, and GP practices will be able to access this only once their own local stocks are depleted.

The MHRA has granted a dispensation to allow movement of vaccines locally between practices and other NHS provider organisations. The General Practitioners Committee (GPC) is encouraging communication with regional NHS England and NHS Improvement (NHSE/I) Public Health Commissioning teams to understand what stock is available locally before accessing the national DHSC supply. The DHSC supply should only be used when there are no other alternative options to accessing more vaccines locally.

DHSC stock is available for GP practices to order from 4 different suppliers, across different products. This ensures that there are sufficient vaccine supplies to cover the extension to the flu programme and mitigate the risks to overall supply if there are serious problems with the delivery or manufacture of one of the products. Practices should follow JCVI guidance and use the recommended vaccines for each cohort as set out in the Second Annual Flu Letter.

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LOCUM DOCTORS AND FLU VACCINE

The General Practitioners Committee (GPC) has received reports of locum doctors finding it difficult to secure flu vaccinations from their registered practice.

Locum GPs are fully entitled to receive the flu vaccination from their registered GP, and practices are contractually responsible for providing the flu vaccination to locum GPs who are their registered patients.

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**PHARMACY CHANGES
TO REDUCE GP WORKLOAD**

On 11 September 2020 a [joint letter](#) was sent to Matt Hancock, Secretary of State for Health and Social Care, calling for the Government to amend medicines legislation to allow pharmacists to make changes to prescriptions and provide a different quantity, strength, formulation or generic version of the same medicine, if it is in short supply.

At a time of significant increase to GP workload and the problems with supply of medications, allowing pharmacists to make these changes so that patients can obtain their medicines in a timely manner would be helpful for both doctors and patients.

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**GENERAL MEDICAL SERVICES (GMS)
CONTRACT AMENDMENTS**

Practices should have had sight of a [letter](#) from NHS England and NHS Improvement (NHSE/I) dated 1 October 2020, outlining amendments to the contract, as agreed in the negotiations in February 2020, as well as extending / amending some of the amendments that have been made in order to assist with managing the pandemic.

The Friends & Family Test remains suspended, as does the requirement for individual patient consent for electronic repeat dispensing.

NHSE/I has listened to concerns raised by the General Practitioners Committee (GPC) and has relaxed the requirement for practices to make appointments available for NHS111 to book directly. The maximum that should be made available remains 1 per 500 patients, but practices can now only make available what is necessary to meet demand. This may, therefore, be covered by the previous arrangement of 1 per 3000 patients. Most practices do not see many of the slots available being booked into, so practices can now reduce this and only make available what they believe is required. However, practices should monitor this to ensure they are offering sufficient opportunity for direct booking.

Some of the contractual agreements made earlier this year for 2020/21 implementation have been delayed due to the pandemic, but the ones that commence from 1 October include a contractual requirement for practices to participate in the Appointments in General Practice data collection, participate in the NHS Digital Workforce Collection, new measures around list cleansing and patient removal and assignment, as well as a relaxation of subcontracting arrangements for the Primary Care Network (PCN) Directed Enhanced Service (DES).

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**NEW TO PARTNERSHIP
PAYMENT SCHEME**

The General Practitioners Committee (GPC) is encouraging all practices with partners who have joined the practice since 1 April 2020 to join the [New to Partnership Payment Scheme](#).

A potential issue came to light recently, which applies to new clinical partners from 1 April, causing a 'catch 22' situation. New partners often commence with a fixed share 'probationary' period, before moving to a full equity share. The GPC has discussed this issue with NHS England and NHS Improvement (NHSE/I) and have agreed that, in these situations, an individual will be accepted on to the scheme once they become a shareholding partner on an equity basis, as long as the probationary period commenced after 1 April 2020.

NHSE/I has also considered the barriers to individuals obtaining the evidence required to support their application to the scheme, and have identified alternative evidence that can be submitted:

- Where a Partnership Agreement is not available, a headed letter from the practice to confirm details will be accepted.
- To evidence the practice contract type NHSE/I will now check the CQC website to obtain this information for GMS and PMS contracts. They will still require a copy of any APMS contracts.

These changes are effective immediately and the [guidance documents](#) have been updated. Those who have already applied to the scheme will be contacted by NHSE/I and do not need to reapply.

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**TEMPLATE SCREENING LETTER:
PRIVATE PROVIDERS**

The Royal College of General Practitioners (RCGP) and British Medical Association (BMA) recently issued a [template letter](#) that practices can use to write to private providers offering non-approved screening tests.

Numerous private companies are offering screening that is not recommended by the UK National Screening Committee (UKNSC), and there is a lack of evidence of how results of private screenings are presented in NHS services and are of benefit to patients, which is a cause of serious concern.

This follows the RCGP / BMA [position statement](#) on screening by organisations which have not been approved by the UKNSC, which was published last year.

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CLINICAL VALIDATION OF SURGICAL WAITING LISTS: FRAMEWORK AND SUPPORT TOOLS

NHS England and NHS Improvement (NHSE/I) has published the [Clinical validation of surgical waiting lists: framework and support tools](#), designed to support systems to clinically validate their waiting lists and establish patients' wishes regarding treatment. This project is centred around making the best mutually agreed decisions with patients regarding their treatment and is not an exercise to reduce numbers on waiting lists.

The hospital will contact all patients on an admitted pathway by 23 October 2020 to establish their wishes about their preferred next steps. The patient's GP practice will then be notified of the outcomes of discussions regarding their procedure.

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PRACTICE RENTAL PAYMENTS

The issue of some tenants of GP practices either decreasing, or threatening to decrease their rents was recently raised with the General Practitioners Committee (GPC).

Tenants cannot unilaterally change the existing arrangements without due process and discussions and to do so is not acceptable. The legal principle is that subject to the lease arrangements that are in place, no one party can unilaterally change the terms of the agreement and adjust the rent without agreement and without being transparent. The GPC has met with the legal team of Well Pharmacy, one of the larger tenants, and discussed their advice to their members. Whilst appreciating the impact the pandemic on their businesses, the GPC made clear it was not helpful for them to issue letters to their landlords advising they will be paying only 75% of the usual rent for the foreseeable future, citing the current situation and a subsequent reduction in footfall.

The code of practice published by the government in June has been cited by some tenants, but the fact is that it remains voluntary and does not give pharmacies the authority to adjust their rent unilaterally. Both parties must work together for the benefit of aiding swifter economic recovery, and the entire process must centre around that collaboration, with both parties acting reasonably and responsibly in reaching any agreement.

If practices need legal support to pursue this, they are encouraged to contact BMA Law or other legal firms with expertise in this area.

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NHS PROPERTY SERVICES (NHSPS) CHARGING FOR COVID-19 ASSOCIATED COSTS

NHSPS recently [announced](#) its intention to increase service charges and facilities service charges for practices to meet costs associated with COVID-19.

The General Practitioners Committee (GPC) premises policy lead, Dr Gaurav Gupta, wrote to acting Chief Executive of NHSPS Mark Steele seeking an immediate reversal of this increase to charges. In his letter he set out the extraordinary challenges facing General Practice and the severely misjudged nature and timing of this decision taken to increase financial pressure on an already beleaguered profession.

The GPC has noted that practices have received increasingly unreasonable and inflated service charge demands from NHSPS for several years. These demands are often made without reference to contractual arrangements (or lack thereof), and practices are rarely even given an itemised list of charges. The GPC continues to advise that practices should only make payments if they agree with the legal basis on which they are due. Further guidance can be found [here](#).

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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.

The following Myth Busters have been added or updated recently:

- [Nigel's surgery 42: Caring for people with dementia](#)
- [Nigel's surgery 26: Practice Nurses](#)
- [Nigel's surgery 96: Covert administration of medicines](#)
- [Nigel's surgery 24: Reporting patient safety incidents to the National Reporting and Learning System \(NRLS\) for GP practices](#)
- [Nigel's surgery 57: Health Care Assistants in General Practice](#)
- [Nigel's surgery 91: Patient safety alerts](#)
- [Nigel's Surgery 98: Surgical plumes](#)
- [Nigel's surgery 99: Infection prevention and control in General Practice](#)

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***RESPONDING TO THE DEATH BY SUICIDE
OF A COLLEAGUE IN PRIMARY CARE***

The Louise Tebboth Foundation and the Society of Occupational Medicine have launched [a report](#) which provides a framework to support primary care organisations following the death by suicide of a colleague. The report draws on interviews with people working in practices who have personal experiences of a death by suicide within their team, and includes useful practical advice, suicide postvention guidelines and proposals to put appropriate support in place to help people and organisations recover.

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***SURVEY TO ASSESS THE IMPACT OF COVID-19
ON CHILD PROTECTION CONFERENCES***

The Nuffield Family Justice Observatory is launching a [research project](#) with Kings College London to examine how practice around child protection conferences has been affected by COVID-19. The research team is calling for parents and professionals with experience of child protection conferences during the pandemic to take part.

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***PHYSICIAN-ASSISTED DYING
SURVEY RESULTS***

The British Medical Association (BMA) has published the [results of a survey](#) of BMA members' views on physician-assisted dying. Nearly 29,000 members responded, making it one of the largest surveys of medical opinion carried out on this issue.

An update from John Chisholm, Chair of the BMA's Medical Ethics Committee can be accessed [here](#).

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***SESSIONAL GPs E-NEWSLETTER:
OCTOBER 2020***

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

- Pay scales and parental leave.
- Portfolio careers – the 'new normal'?
- Taking on 111 work as a sessional GP.
- Latest COVID-19 measures.
- A different kind of appraisal.
- ARM 2020 highlights.

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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.sheffieldlmc.org.uk/website/IGP217/files/Newsletter%20&%20VB%20Deadlines%202020%20.pdf>

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