

Chair's Update for Sheffield GPs and Practices: February 2023

Sheffield
LMC



INTRODUCTION

Every winter seems to bring us closer to the brink of the collapse of the NHS. Demand for GP services in the summer was that of most previous winters. We have now had further unprecedented levels of demand through influenza, COVID, Respiratory Syncytial Virus (RSV) and Group A Strep infections. However, like the previous asks of the COVID vaccination programme, Sheffield General Practice and primary care services have continued to deliver above and beyond the national ask.

We are a service that can come together to deliver across the city when needed, but also need the recognition and resources that we are specialists within our own communities. We also need commissioners' support in recognising the pressures we are under and developing tools to assess this, with investment in other services to offload the crisis points.

We note that when A&E services are under immense pressure, money can be found for us, as GPs, to do even more work to reduce their pressures. The winter pressures funds, access funds and visiting services are all examples. They are not investment in primary care services but asks of us to do even more to avert crises in secondary care. Sheffield LMC is continually pushing for crises in general practice to be recognised and mechanisms for averting those flash points to be adequately resourced.

CURRENT DEVELOPMENTS

PATIENT ACCESS TO RECORDS

Whilst **safe** access of patients to their medical records is an important step forwards, we must not lose sight of our duty of care under General Data Protection Regulation (GDPR) and as data controllers. Many, like my own practice, will have come under scrutiny for "104" coding, restricting access until we can be sure of the **safety** of access to the records. If NHS England (NHSE) had provided adequate redaction software so that we could be more confident of patient access to their records this would not have arisen. Having to review records individually and respond to patient queries about medical entries is time consuming and further detracts from direct patient care.

SECONDARY CARE

We meet regularly with Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) and Sheffield Health and Social Care NHS Foundation Trust (SHSC). Whilst we recognise the extreme pressures on our colleagues in secondary care, not just in the acute setting but the knock-on effect on waiting lists and routine care, we remain vigilant that they continue to have duties in managing their own workload, without passing it on to general practice. We continue to receive and monitor evidence of breaches of the hospital contract, and we circulated details of a new email address - sth.lmpagsheffield@nhs.net which can be used to highlight STHFT issues.

We are also aware of prescribing asks from secondary care which either do not comply with shared care protocols, or where no protocol exists. We address these through our presence at the Sheffield Area Prescribing Group (APG) and NHS South Yorkshire Integrated Care Board (ICB) level Integrated Medicines Optimisation Committee (IMOC).

CLINICAL NEGLIGENCE SCHEME FOR GENERAL PRACTICE (CNSGP)

The introduction of the CNSGP was welcome in 2018 as we saw our take-home pay swallowed up by spiralling indemnity costs. However, this is a very different beast from our previous indemnity cover. NHS Resolution has confirmed that CNSGP is a contract-based agreement to cover NHS services. This means that if there is a contract in place to provide the service on the NHS, eg GMS/PMS/APMS and Locally Commissioned Services (LCSs), then clinicians will be covered. If there is no contract in place, there might be cover if certain criteria are met, but this is not definite.

This is why we have had to issue updates on bariatric surgery and spirometry provision, and are currently reviewing shared care protocols and amber drugs. We hope to issue, very shortly, further guidance on weight management services, including follow-up of patients who have sourced surgery abroad and availability of NHS tier 4 services in Sheffield.

COMMUNITY PHLEBOTOMY

We agreed with Sheffield CCG, now Sheffield Place, that, following their necessary PMS/GMS equalisation process, the released funds should be spent on services available to all practices. This is an annual sum of £440k that we agreed would fund a community phlebotomy service, which the city has been demanding for years. We acknowledge the work and funding done during the pandemic to create drive through services, but recognise that access to transport and distance to travel were restricting factors. We have been requesting a more flexible scheme with home visiting options. We are, however, disappointed that this service is still not progressing rapidly and there is no prospect of the service starting any time soon.

PRIMARY CARE SHEFFIELD (PCS)

We meet regularly with PCS on a range of issues that have been raised with the office. PCS continues to support practices in a number of ways, including the flexibility of service changes in the hubs to support practices and the system. PCS works with individual practices where support is needed, as well as having a voice for general practice at Sheffield Place level and South Yorkshire ICB level.

We congratulate them on their HSJ award for Primary and Community Care Provider of the Year.

FUTURE DEVELOPMENTS

POLITICAL PARTY PROPOSALS FOR THE NHS

I do not intend to re-iterate the party lines on the NHS here, but we are all aware of the proposals for abolishing the GP partnership model, the gatekeeper role, paying to see GPs or in A&E and allowing direct referrals to secondary care. The government had originally stated their support for the partnership model. However, this is alongside a willingness to expand services provide by private organisations.

We have a meeting scheduled with Local MPs on 23 February. If there are particular topics relating to general practice that you would like us to raise please email details to the LMC office via administrator@sheffieldlmc.org.uk.

GP CONTRACTS

The England Conference of LMCs was held in November 2022, with a special conference exploring GP contract negotiations. 2023/24 is the final year of a 5-year deal for the Primary Care Network (PCN) Directed Enhanced Service (DES), but there is also recognition that the National GP contract is no longer fit for purpose. We are likely to see minimal negotiated changes this year, although there is always the risk of an imposed contract like last year.

The General Practitioners Committee (GPC) is exploring a new contract. There is a demand to maintain the Nationally negotiated contract and support the partnership model. The PCN DES has met with mixed reviews - some practices embracing the collaborative approach and focusing on population health care, whilst others have found it time consuming with management increasing, as well as sharing of Additional Roles Reimbursement Scheme (ARRS) staff training and supervision.

It is hoped that the benefits of the PCN DES model can be retained, but with more flexibility and less micromanagement. Afterall, we are the specialists for our community's health care and each community has different needs.

MEDICAL EXAMINER (ME)

We are awaiting the final passage of this Bill through parliament, but the ME post should become statutory from 1 April 2023. We have been working with the ME Office to support the smooth introduction of this service and to try and minimise the workload impact on general practice. We are asking for the majority of the template completion to be automated, with the GP involvement being around the cause of death and completion of the Medical Certification of Cause of Death (MCCD). We understand the cremation process will remain the same.

LMC EXECUTIVE & SECRETARIAT

CHANGES OF PERSONNEL

We said goodbye to Mark Durling from the LMC Executive, who has worked hard over many years both as Chair and my Vice Chair, providing significant experience and guidance. In his place we welcome Krishna Kasaraneni, who many may already know from his National GPC Executive role. Danielle McSeveney has stepped up to be Vice Chair, and Gareth McCrea and David Savage provide a blend of younger GP viewpoints and experience.

We continue to be blessed with experienced management and administrative staff of Margaret Wicks and Claire Clough, who have recently been joined by Amy Watson.

CONTACT

This can only be a brief synopsis of what we do locally and nationally on your behalf. GPs are welcome to [contact the office](#) about work-related issues in Sheffield or ICB issues across South Yorkshire.

I wish you all the best for 2023.

DR ALASTAIR BRADLEY
Chair