

Newsletter

November 2024

Sheffield
LMC



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LOCALLY COMMISSIONED SERVICES (LCSs) QUESTIONNAIRE RESULTS

As you will be aware, in light of the review of LCSs in Sheffield, we engaged with local practices to understand intentions relating to current LCS provision. Alongside this piece of work we asked what the current barriers are that might make practices consider handing back some of the contracts, and what activities and method of funding practices would like to see in future. A summary of the responses can be found [here](#).

We would like to thank all practices who completed the questionnaire. We have shared the (anonymous) results with Sheffield Place representatives, as these will form the basis for our discussions on important areas that need commissioning (or continued commissioning), and how these can be adequately funded to ensure maximum coverage.

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DISABLED PERSON'S CAR PARKING BADGES (BLUE BADGES) & TRAVEL PERMITS (BUS, TRAIN, TRAM)

Following meetings with Sheffield City Council (SCC) earlier this year, the following clarification has been received:

1. SCC carries out telephone conversations with applicants and, if necessary, requests attendance at face to face interviews.
2. Searches are made of all Department for Work and Pensions (DWP) benefits to check if applicants are on any eligible benefits. In addition, SCC has access to information showing whether or not an applicant is in receipt of any care or adaptations and, therefore, they do not involve GPs in this initial process.
3. Where the above actions do not confirm eligibility, further information is sought from sources such as hospital consultants, epilepsy nurses etc. Only if there are no other known health professionals will SCC write to the applicant's GP.
4. When writing to GPs with requests for information a signed consent form from the applicant will be attached.
5. Where an applicant chooses to appeal a decision made by SCC, it may then be necessary to obtain additional information, which may involve contacting the GP.
6. Any patients taking it upon themselves to request supporting letters / reports from their GP should be directed to Customer Services at SCC via (0114) 2734567.
7. Further information on the Blue Badge application process and criteria is available [here](#).
8. Further information on the Travel Permits application process and criteria is available [here](#).

Having spent some considerable time negotiating a satisfactory solution to avoid bureaucratic medical forms, **it would be helpful if GPs could try to accommodate these infrequent requests without charge.**

For ease of future reference this guidance can be found [here](#).

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OCCUPATIONAL HEALTH SERVICES FOR GPs & PRACTICE STAFF

The LMC has for some time been trying to establish the Occupational Health offer to Sheffield GPs and their staff and how to access services. Following a helpful and informative meeting with Rachel Henschley, Head of Occupational Health and Theresa Sharpe, Operational Manager, Sheffield Occupational Health Services, we are able to confirm the following:

SHEFFIELD OCCUPATIONAL HEALTH SERVICES

- This is an NHS organisation that covers pre-employment checks and vaccinations, blood and body fluid incidents, and general occupational health (OH) issues for all Sheffield Teaching Hospitals NHS Foundation Trust staff, Sheffield Health and Social Care staff, Sheffield Children's Hospital staff, health students studying at both Sheffield Hallam University and the University of Sheffield, Rotherham NHS Foundation Trust and Primary Care Sheffield.
- They have one consultant Dr Giri, a Specialist Registrar Dr Kröning and a team of OH specialist nurses, along with Musculoskeletal (MSK) and Mental Health Workers.
- Cority software is used for referrals and reports.
- All referrals are triaged by OH and appointments are delivered face to face or virtual dependent on clinical indication.
- All appointments are booked within 10 working days.
- Appointments are between 30-60 minutes.
- The service has a number of sites, including at the Northern General Hospital and Claremont Place.
- The reports are confidential and only available to the employee and the referrer with the client's consent within 2 working days of assessment.
- The service also manages OH issues for doctors under Professional Standards investigations and receives confidential referrals from NHS England (NHSE).
- As well as management referrals, OH can action pre-employment checks for new practice staff.

THE OFFER TO GENERAL PRACTICE

- The service is available to all GPs on the Performers List in Sheffield, all General Dental Practitioners (GDPs) and all practice staff.
- The service is accessed through a Service level Agreement (SLA) with OH. Interventions for practice staff are funded by the practice and invoices are produced on a quarterly basis.
- The SLA includes tariffs for required interventions and practices can request services on an ad-hoc basis as required.
- All GPs on the Performers List can access OH and this will be funded by NHSE.
- All needlestick injuries/Blood-Borne Virus (BBV) incidents for all GPs and practice staff are funded by NHSE.

For ease of future reference, this information can be found [here](#).

In addition, the following documentation has been shared with the LMC:

- [How to Use Cority for Occupational Health Referrals](#)
- [STH OH Pre Placement Recruitment Guidance](#)
- [STH Standard OH Services Agreement](#)

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SHEFFIELD HEALTH AND SOCIAL CARE TRUST (SHSC) ORDERING / INTERPRETING RESULTS & GP INVOLVEMENT

LMC Executive members recently met with NHS South Yorkshire Integrated Care Board (ICB) and Sheffield Health and Social Care (SHSC) representatives to discuss current and historic issues with SHSC ordering and interpreting their own investigations.

There was agreement on all sides that SHSC are responsible for undertaking their own investigations (bloods and ECGs mostly) pertaining to their episode of care, and that transferring this to General Practice is inappropriate. There would be cases when SHSC would not be expected to action incidental findings on ECGs where this fell outside their area of expertise. However, this should not mean automatically forwarding reports to GPs in all cases.

SHSC representatives noted that it would be helpful to receive information from the LMC about the scale of the problem. As such, it would be appreciated if any practices receiving such inappropriate requests could forward examples to the LMC office via manager@sheffieldlmc.org.uk. Please note that the LMC *must not* receive any patient identifiable information.

Thank you.

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**BRITISH MEDICAL ASSOCIATION (BMA) CAMPAIGN:
NATIONAL INSURANCE BLOW FOR GPs**

The BMA recently launched their National Insurance (NI) calculator, along with other resources that can be used to lobby for financial solutions to the rise in NI and national living / minimum wage from April 2025.

The calculator is accessible to BMA members only. LMCs are being asked to promote its use, as the more figures the BMA gets back the more they can lobby politicians and in the media.

All of the information is on a central hub [here](#).

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**NON-CONVEYANCE TO HOSPITAL OF PATIENTS PRESENTING WITH CHEST PAIN
OR ATYPICAL CHEST PAIN AND TROPONIN TESTING**

It has been brought to our attention that some patients being attended to appropriately by Yorkshire Ambulance Service (YAS) 999 services, with chest pain, are declining onward transfer to the Emergency Department. This puts the ambulance crews in a difficult situation, but patients with capacity are allowed self-determination, even if against medical advice. For those patients not requiring the Emergency Department, then direct referral to the Same Day Emergency Care (SDEC) Unit is an option for some cardiac issues.

The ambulance crews are recommending the patient seeks further medical advice from the GP or out of hours (OOH) services should symptoms persist or worsen. This is sensible medical practice.

We have been notified of instances whereby the patient has attended the GP surgery the following day to claim they have been advised to have a Troponin blood test. We have agreed across Sheffield that Troponin testing in this scenario is inappropriate. The patient may well have been advised to attend A&E to have the blood test which may affect the way they approach their GP, but the GP should not perform the test in the community setting.

Troponins are an acute phase investigation for suspected myocardial damage and should only be performed in the Emergency Department. Results in General Practice may not be received for several hours or even the next day. If results are equivocal further Troponin tests and ECGs are recommended within 1-3 hours and opportunities for intervention would be lost.

If patients attend surgery following such a scenario then it is good medical practice to re-assess the patient and recommend onward referral to the Emergency Department (or SDEC if appropriate), if concerns remain.

For ease of future reference, this information can be found [here](#).

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**GP CONTRACT CHANGES
AND IMPLEMENTATION**

Please see below a summary of GP contract changes:

- The Global Sum has been uplifted to £112.50 per weighted patient for GP practices to implement the DDRB uplift.
- Locum reimbursement rates have increased, along with the pay elements of workforce-related transformational funding.
- Newly qualified GPs could be recruited as part of the Additional Roles Reimbursement Scheme (ARRS), and Primary Care Networks (PCNs) can request the funding as outlined in the updated PCN Contract Directed Enhanced Service (DES).
- Other PCN funding streams have been increased to reflect the DDRB uplift: core PCN support, the Care Home premium service and the enhanced access service.
- The maximum reimbursement rates for existing ARRS staff have been uplifted to align with Agenda for Change pay scale uplifts.

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**PHASING OUT THE PHYSICIAN ASSOCIATE ROLE
IN GENERAL PRACTICE**

Following the publication of the [GPC England](#) and [RCGP guidance](#) on the role of physician associates, the General Practitioners Committee (GPC) UK met and discussed the role and safety of Physician Associates in General Practice. The committee overwhelmingly voted in favour of the motion below:

This meeting believes that the role of physician associates in general practice is fundamentally unsafe and:

1. *there should be no new appointments of physician associates in general practice*
2. *the role of physician associates in general practice should be phased out*

3. *the role of a physician associate is inadequately trained to manage undifferentiated patients, and there should be an immediate moratorium on such sessions.*

The British Medical Association (BMA) believes that those in existing Physician Associate roles should be given opportunities to retrain into more suitable NHS roles, including the appropriate undergraduate and postgraduate training in medicine. Read the full press statement [here](#).

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FLU VACCINATIONS UPDATE

The General Practitioners Committee (GPC) has recently issued the following update:

Flu vaccinations for practice staff

As in previous years, under the terms of the flu enhanced service, practices are able to provide flu vaccination to their patient-facing staff. Unfortunately, these will not be eligible for an item of service payment due to an NHS England (NHSE) decision. However, they will be covered by the Clinical Negligence Scheme for General Practice (CNSGP).

Flu vaccinations for locum GPs

Locum GPs are eligible to receive free flu vaccination under the flu enhanced service. While this may be received from their registered practice, under the terms of the enhanced service, they do not need to be a registered patient in order to receive the vaccination, and so may receive it from their substantive workplace, if applicable. Vaccinations provided to locum GPs are eligible for an item of service payment, as with other patient cohorts.

Further guidance, including how such vaccinations should be recorded, is available [here](#).

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SESSIONAL GPs E-NEWSLETTER: OCTOBER 2024

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

- Salaried GP earnings and expense report 22/23
- Update your details - new GP grades
- Sessional GP employment by integrated care boards
- GP unemployment
- GPs in ARRS
- Sessional GPs conference recap

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CAMERON FUND: CHRISTMAS APPEAL 2024

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. Careful consideration is given to the help most needed, which could be advice, a grant or a loan.

The Fund's Christmas Appeal 2024 letter from Dr Simon Parkinson, Cameron Fund Treasurer can be accessed [here](#).

If you know of colleagues who may need 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 donate can be found [here](#).

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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](#)



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](#).