

# Newsletter

## October 2024

Sheffield  
LMC



### INSIDE THIS ISSUE:

**SHEFFIELD LMC QUESTIONNAIRE: LOCALLY COMMISSIONED SERVICES (LCSS) REVIEW**

**MAILBOX FOR PRIMARY CARE TO SECONDARY CARE COMMUNICATIONS**

**SHEFFIELD LOCAL MEDICAL COMMITTEE FOR THE PERIOD 1 DECEMBER 2024 TO 30 NOVEMBER 2028**

**PRIMARY CARE MENTAL HEALTH ISSUES: FAQs FOR SHEFFIELD GPs**

**RESPIRATORY SYNCYTIAL VIRUS (RSV) VACCINATION CAMPAIGN**

**SHEFFIELD GENERAL PRACTICE PROVIDER FORUM UPDATE**

**PATIENTS FIRST: WHY GENERAL PRACTICE IS BROKEN & HOW WE CAN FIX IT**

**MAKE SAVINGS ON PRODUCTS AND SERVICES BY UTILISING THE BUYING GROUP APPROVED SUPPLIERS**

**PRACTICE FUNDING INCREASE FOR PAY UPLIFTS 2024/25: IMPLICATIONS FOR GENERAL PRACTICE**

**GP ADDITIONAL ROLES REIMBURSEMENT SCHEME (ARRS)**

**PROPOSED DISPENSING FEESCALES**

**SHEFFIELD BALINT GROUP: PLACES AVAILABLE FOR GPs TO JOIN**

**HIDDEN WORKLOAD STUDY**

**CARE QUALITY COMMISSION (CQC) MYTHBUSTERS**

### **SHEFFIELD LMC QUESTIONNAIRE: LOCALLY COMMISSIONED SERVICES (LCSS) REVIEW**

All represented Sheffield GPs and Practice Managers were emailed an LCS review questionnaire at the beginning of October.

We would like to thank those practices that have completed the questionnaire. If your practice has not already done so, it would help us enormously if we could receive [one completed questionnaire](#) per practice by **12 pm on Friday 18 October**.

Thank you.

-000-

### **MAILBOX FOR PRIMARY CARE TO SECONDARY CARE COMMUNICATIONS**

*Article submitted by Sarah Jenkins, Deputy Medical Director  
and Iolanthe Fowler GP and Clinical Director, Integrated Community Care,  
Sheffield Teaching Hospitals NHS Foundation Trust (STHFT)*

STHFT has a generic email address for Sheffield GP practices to use to direct constructive, non patient specific feedback and highlight opportunities for learning and improvement - [sth.lmpagsheffield@nhs.net](mailto:sth.lmpagsheffield@nhs.net).

By providing a simpler, direct route for feedback and ideas to be shared, information will be gathered to guide work to make improvements for patients and colleagues.

**Please do not send requests for clinical action regarding individual patients, or time sensitive requests to this inbox.**

The inbox will be monitored on a weekly basis and does not replace or negate the need for direct communication between clinicians in primary care / community and clinicians in STHFT, regarding specific patients.

The inbox exists to highlight recurrent or specific system issues, where there is potential to improve the interface experience of patients and colleagues, or to highlight good practice and build on successes, eg:

- Thematic feedback on the appropriateness of STHFT requests for patient care interventions.

- Positive feedback to STHFT teams to highlight helpful or successful actions, particularly if learning can be extrapolated to other areas.
- Ideas for new or improved collaboration across primary and secondary care services.

Individual replies may be sent from STHFT where this is warranted, but this will not happen routinely. Similarly, cases will not all routinely be individually investigated.

Please note that *when sharing feedback with the LMC, patient identifiable data (PID) must be redacted.*

*For all clinical correspondence it is advisable to email from an nhs.net address, and essential if the email contains PID.*

Given the above, Sheffield LMC would advise practices to make direct contact with secondary care staff / directorates about individual patients, copying in [sth.lmpagsheffield@nhs.net](mailto:sth.lmpagsheffield@nhs.net).

-000-

**SHEFFIELD LOCAL MEDICAL COMMITTEE  
FOR THE PERIOD 1 DECEMBER 2024 TO 30 NOVEMBER 2028**

Further to the email to all represented Sheffield GPs from Trish Edney, Returning Officer on Thursday 10 October 2024, we are pleased to confirm that the following doctors have been appointed to serve on Sheffield LMC for the period 1 December 2024 to 30 November 2028:

BRADLEY Alastair	BROGDEN Roma	KALINOVA Petya	KASARANENI Krishna
KEEL Jon	LEADBETTER Rhona	MAWER Lydia	MCCREA Gareth
MCSEVENEY Danielle	MEEK Josh	MOULSHER Peter	OKORIE Moses
RATNAPALAN Mohana	SMALL Amy	SMY Laura	WATKINSON-POWELL Anna

The first meeting of the new Committee will take place on Monday 9 December, when an Executive team will be elected.

-000-

**PRIMARY CARE MENTAL HEALTH ISSUES:  
FAQS FOR SHEFFIELD GPs**

Following receipt of numerous queries at the LMC office, we have produced the following FAQs:

**Q: Mental health services locally are asking GP practices to refer the patient elsewhere without assessing the patient. What should I do?**

**A:** This seems to be getting more frequent in recent times. There is no reason why the mental health services cannot do it themselves. The rejection back to the practice and a suggested diversion elsewhere is a choice rather than a contractual process. The practice can inform the mental health services accordingly. If they decline to do so, other options include highlighting this to [NHS South Yorkshire Integrated Care Board](#) (ICB) and to your [Member of Parliament](#).

**Q: The waiting times for assessments across the mental health service are very long. What options do I have?**

**A:** The LMC has raised concerns repeatedly with commissioners and the mental health providers locally. Whilst some of the pressures on the mental health service are national issues, we remain concerned that the services continue to be unresponsive to patient needs. Despite the transformation programme, there does not seem to be an improvement in the service provision locally. The LMC would advise that these concerns are initially flagged with the service concerned. If there is an unsatisfactory response it can be escalated to the [ICB](#) and to your [Member of Parliament](#).

**Q: The GP practice is being asked to prescribe and/or monitor medications which we do not have the expertise to do. What should we do?**

**A:** This is unsafe for the GP and outside General Medical Council (GMC) guidance on Good Medical Practice. Please return the request to the mental health provider stating that you will not be able to discharge the request as it is outside your scope/expertise, and advise them to action it themselves.

**Q: The Practice/Primary Care Network (PCN) is very unhappy with the Additional Roles Reimbursement Scheme (ARRS) Primary Care Mental Health (PCMH) worker provision, can we withdraw?**

**A:** Yes, you can. The LMC would support practices who chose to withdraw from the service if you have concerns about the quality of service. In line with duty of candour, practices/PCNs should formally express these concerns in writing to commissioners and the provider and serve notice to withdraw.

**Q: How do I express my concerns about the deficiencies in mental health provision in Sheffield?**

**A:** The LMC meets with the local MPs on a regular basis, and we flag these concerns with them directly. We would encourage practices to contact the [ICB](#) and your [Member of Parliament](#) to express your concerns. Mental health provision has been raised as a concern in the city for years, and the feedback received by the LMC indicates that the recent transformation programme has only resulted in more fragmented care, patients being passed from pillar to post, and more inappropriate work is being directed to General Practice.

For ease of reference these FAQs can be found [here](#).

-000-

**RESPIRATORY SYNCYTIAL VIRUS (RSV)  
VACCINATION CAMPAIGN**

The routine immunisation for RSV is now an essential service under the GP contract. General Practice will be expected to offer a single dose of the RSV vaccine to all adults turning 75 years old on or after 1 September 2024, alongside a one-off catch up campaign for those already aged 75-79 years old on 1 September 2024 to be undertaken at the earliest opportunity.

Pregnant women who are at least 28 weeks pregnant on 1 September 2024 will be offered a single dose of the RSV vaccine, with women who become eligible later as they reach 28 weeks gestation remaining eligible until birth. This has been commissioned to be delivered by Acute Trusts, and not primarily through General Practice. As it is now an essential service, opportunistic delivery of the RSV vaccination for pregnant women should be delivered at this point if requested. Where commissioners may want General Practice to provide this routinely, and not on an opportunistic basis, this will need commissioning locally over and above this core offer.

- The new routine programme for those turning 75 years of age from 1-9-2024 (all year around).
- The one-off catch-up campaign for older adults already aged 75 to 79 years old on 1-9-2024.
- Pregnant women 28 weeks gestation or more (on request or opportunistically).

-000-

**SHEFFIELD GENERAL PRACTICE  
PROVIDER FORUM UPDATE**

Following engagement with practices through the Locality Councils and Primary Care Network Clinical Directors and Managers, Sheffield General Practice Provider Forum has recently issued an [update](#) on their membership and work in establishing the Forum and identifying priority areas to focus on over the coming months.

-000-

**PATIENTS FIRST:  
WHY GENERAL PRACTICE IS BROKEN & HOW WE CAN FIX IT**

The recently launched [Patients First: Why General Practice is broken and how we can fix it](#) focuses on safety, stability and hope, presenting solutions for the new Government to work with General Practitioners Committee (GPC) England in rebuilding a transformed general practice for the benefit of patients and improved long-term public health. A summary document is also available [here](#). Patients First has been shared with the Secretary of State Wes Streeting, as well as with the Department for Health and Social Care and NHS England leaders.

-000-

**MAKE SAVINGS ON PRODUCTS AND SERVICES  
BY UTILISING THE BUYING GROUP APPROVED SUPPLIERS**

The LMC Buying Group has an impressive list of suppliers that cover a variety of products and services, from stationery and office equipment to medical consumables and confidential information shredding.

We regularly identify savings between 20% and 45% made on office items from our supplier, Whittaker Workplace Solutions. They can supply your practice with everything it needs to run smoothly, including stationery and office products, catering and cleaning supplies and printer cartridges. To order from them, you can phone, email, fax or order online at all times.

If you are looking for a company that can provide confidential information protection and secure document shredding, hard-drive destruction and associated recycling services, the Buying Group have the perfect supplier for you. Through Shred-it's partnership with the Buying Group, all members can access 50% off standard rates. Shred-it supplies their services to organisations of all sizes in the private, public and third sectors.

To access the discounts, you would have to sign up with the Buying Group. Membership is completely free for practices. For those of you who are already members, accessing these discounts is incredibly simple, all you have to do is visit the [suppliers page of the Buying Group's website](#) and click onto the supplier page you are interested in.

-000-

### **PRACTICE FUNDING INCREASE FOR PAY UPLIFTS 2024/25: IMPLICATIONS FOR GENERAL PRACTICE**

Further to the information circulated in the September LMC newsletter, the British Medical Association (BMA) has produced [Focus on... how the 6% DDRB pay award for 2024/25 is applied to the national practice contract baseline funding – ‘Global Sum’ – and allocated to practices](#). The main topics covered are:

- What the DDRB recommended for 2024/25.
- Will this funding be enough for *all* practices to pass on a 6% pay uplift to *every* member of the practice team?
- Why doesn't every practice get enough funding to pass on pay uplifts?
- Examples of how the uplift may affect individual practices.
- How the uplift will be funded.
- Is it part of the DDRB's remit to recommend pay uplifts for non-GP salaried staff?
- Noteworthy DDRB commentary on GP contractor / partner expenses in its 2024 report.

-000-

### **GP ADDITIONAL ROLES REIMBURSEMENT SCHEME (ARRS)**

The updated [Network Contract DES Contract specification 2024/25 – PCN requirements and entitlements](#) was published on 26 September 2024. Pay for these roles will be set at the lowest level of the DDRB recommended sessional pay range, with Primary Care Networks (PCNs) able to claim up to £92,462 (including on costs), together with London weighting if applicable.

The funding available to PCNs to fund these roles will be £1,303 multiplied by the PCN Contractor Weighted Population on 1 January 2024.

The GP ARRS allocation is separate to the pre-existing ARRS allocation, and PCNs cannot cross-subsidise between the 2 funding streams.

GPs employed via the Scheme must be within 2 years of their CCT on 1 October 2024, and PCNs will be required to provide terms no less favourable than the BMA salaried GP model contract, in line with the General Medical Services (GMS) / Personal Medical Services (PMS) contract. There are, however, no requirements on how these GPs should be utilised within the PCN. General Practitioners Committee (GPC) England and the Sessional GPs Committee will be releasing guidance for PCNs, and individuals employed under this scheme.

Whilst there is progress in acknowledging the difficulties currently faced by many GPs struggling to find jobs, GPC continues to stress to NHS England (NHSE) and the Department of Health and Social Care (DHSC) the underlying issue of GP unemployment, and how this needs to be better addressed through additional support and funding at a practice level.

-000-

### **PROPOSED DISPENSING FEESCALES**

[Proposed Dispensing Feescales for GMS Contractors, England and Wales - 2024, October release](#) was published on 1 October 2024.

Dispensing fees are intended to cover the costs of running a dispensary, including staff expenses. However, from April 2025, the average fee is set to reduce by 5.37p per item (on average) to 213.3p (compared to the October 2024 rate). This continued downward trend may prove to be a tipping point for some dispensing practices, as the cumulative impact of underfunding in rural practices takes its toll. General Practitioners Committee (GPC) England continues to work closely with the Dispensing Doctors Association; both organisations recognise and promote the value of dispensing practices to their patients and within their communities.

-000-

### **SHEFFIELD BALINT GROUP: PLACES AVAILABLE FOR GPs TO JOIN** *Article submitted by Steve Delaney and Libby Kerr*

This multidisciplinary group has been running for 6 years and has a stable membership which includes GPs, Clinical Psychologists, Counsellors and Psychotherapists. The group meets on a monthly basis and has a mixture of in-person and Zoom meetings on Monday evenings (6.30 - 8.15 pm).

Balint groups have traditionally been used to support GPs deal with stress and the psychological impact of their work with patients and there are places available for new members to join. The group meets once a month throughout the year from September to July.

Fees: £32 per session.

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

-000-

### **HIDDEN WORKLOAD STUDY**

*Article submitted by The Hidden Workload Study Team*

We want to better understand the daily workload of clinicians who work in general practice and specifically explore the large amount of work that clinicians do other than seeing patients in planned consultations. We refer to this as our “hidden” workload.

We want you to record all the work you do on a single workday using a simple form. You can also choose to take part in interviews with our team to talk more about your workload and the work involved in looking after your local community.

#### Four reasons to join The Hidden Workload Study

1. You will learn more about how you, and your practice, manage and allocate your workload.
2. You will become a co-author on any resulting publications and presentations.
3. You will receive a [bespoke PACT practice report](#), which includes benchmarked national workload study data. This can be used for quality improvement projects and practice service development.
4. You can optionally become a [PACT Champion](#) in your practice, taking on a local research leadership role for this study in a supported way.

To join The Hidden Workload Study, or to find out more, please go to [www.gppact.org/the-hidden-workload-study](http://www.gppact.org/the-hidden-workload-study).

If you have any questions, please email us at [hws@sgul.ac.uk](mailto:hws@sgul.ac.uk).

-000-

### **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 mythbuster has been added or updated in recent weeks:

- [GP mythbuster 12: Accessing medical records and carrying out clinical searches](#) (October 2024)

-000-

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](#).