

# Newsletter

## June 2024

Sheffield  
LMC



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### SAFE WORKING IN GENERAL PRACTICE

General Practitioners Committee (GPC) England has recently updated its [Safe Working in General Practice](#) guide, which aims to enable practices to prioritise safe patient care, within the present bounds of the General Medical Services (GMS) contract. Topics covered include:

- Background and context
- Unsafe working contacts
- Measurement of workload
- 'Core' general practice
- Primary Care Network (PCN) Directed Enhanced Service (DES)
- Workload prioritisation
- Managing workload as a locum GP
- Appointments
- Patient Participation Groups (PPGs)
- External un-resourced workload
- Practice list closure
- Understanding the expectations of the NHS England guidance
- Managing workload as a salaried GP

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### GP DIARY - YOUR ESSENTIAL TOOL FOR WORKLOAD MANAGEMENT

The Sessional GPs Committee of the General Practitioners Committee (GPC) has launched [GP Diary – Your essential tool for workload management](#), which is available to GPs who are British Medical Association (BMA) members. The GP diary has been created for GPs looking to take control of their workload and achieve a better work-life balance.

An introduction to the diary can be found [here](#).

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### EMPOWERING SESSIONAL GPs: SESSIONAL GP WEEK 2024

Running from 10-16 June, this event features blogs and content showcasing opportunities within the profession, with a special day focused on locum GPs. The aim is to promote professionalism, fairness and well-being within the workforce, and highlight the numerous benefits of being a sessional GP.

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

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## **ADVICE AND GUIDANCE (A&G) UPDATE**

In view of NHS England (NHSE) increasingly encouraging the use of A&G to relieve pressure on secondary care and reduce referrals into secondary care services, the General Practitioners Committee (GPC) has recently issued guidance. The guidance, which can be accessed [here](#), notes that A&G cannot be mandate instead of a referral, and advises on the course of action where this occurs.

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### **INCLISIRAN: REQUESTS FOR GP PRESCRIPTION AND ADMINISTRATION**

We have had a number of meetings with Lead Pharmacists at NHS South Yorkshire Integrated Care Board (ICB), Commissioners and Consultants from the Lipid Clinic in relation to Inclisiran as a lipid lowering therapy. We recognise that there is some evidence for Inclisiran lowering LDL-C but, as of yet, no direct evidence for outcomes benefits in patients. There is also early evidence that Inclisiran is well tolerated with minimal side effects. Inclisiran has been approved as Green (ok for GP initiation) by the South Yorkshire Integrated Medicines Optimisation Committee (IMOC), despite the fact it is a Black Triangle drug and there is no evidence for outcomes benefit. The British Medical Association (BMA) and Royal College of General Practitioners (RCGP) issued a [joint statement](#) to this effect, and a [BMJ article](#) last year questioned the push to prescribe Inclisiran in Primary Care.

#### Sheffield LMC Opinion:

Following our discussions with colleagues and our Committee we have rejected the proposal that Inclisiran should currently be initiated in Primary Care for a number of reasons:

1. There is no outcomes data from trials that Inclisiran shows any clinical benefit for patients.
2. Inclisiran has a novel mode of intracellular action and remains a Black Triangle drug.
3. Inclisiran is purchased by the practice with a small administration fee (£5) claimed on reimbursement.
4. Some other areas of the country, such as Barnsley, receive a local fee for delivery.

We consider that:

- The first two points currently make Inclisiran unsuitable for delivery in Primary Care.
- The last two points indicate that Inclisiran is not part of core general practice service delivery, and would require separate funding if the appropriate publication of evidence points to a beneficial effect.

We understand that the Lipid Clinic will still discuss Inclisiran as an option for treatment, but they are aware of our position on delivery in primary care.

We also understand that some GPs may wish to prescribe Inclisiran in the community as a Green traffic-lighted option. In this situation we would recommend GPs talk to NHS Resolution and their Medical Defence Organisation, as we do not believe this drug is currently covered for delivery by an NHS contract – core or Locally Commissioned Service (LCS) – and, therefore, raises the questions of whether this work is indemnified by the CNSGP.

Our updated guidance can be found [here](#). We will review this position as and when outcome data becomes available, and would then request an LCS to fund delivery in primary care.

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### **SHEFFIELD LMC VACANCY BULLETIN: PUBLIC ACCESS TO PRACTICE CONTACT DETAILS**

Concerns have been raised with us that contact details contained in our vacancy bulletin are available publicly, as the bulletins are hosted on our website, which does not have restricted access. The contact details in question were an NHS mail email address, which was publicly available via a number of routes and, as a result, was accessed by a patient.

Since the bulletins have been produced electronically, they have been hosted in this way. Having reviewed the implications of changing this, it has been agreed that our bulletins will continue to be available via our website. This is no different to many organisations that advertise Sheffield GP practice vacancies, such as the NHS jobs website. Restricting access to the bulletin would limit the reach of the bulletin, which we feel would be detrimental to practices.

When communicating with individual GPs who give personal contact details, we always make them aware of how our bulletin is hosted. However, we wished to remind all GPs and Practice Managers that the contact details contained in adverts submitted to us for inclusion in our bulletin are publicly available. If any practices have concerns about NHS mail addresses being available in this way, we would suggest use of the generic practice email address already available publicly.

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## LMC UK CONFERENCE 2024

The 2024 Annual Conference of UK LMC Representatives was held on Thursday 23 and Friday 24 May 2024. Sheffield LMC was represented by Alastair Bradley (Chair), Krishna Kasaraneni (Executive Officer) and Danielle McSeveney (Vice Chair). The following information / documentation has been made available:

- [Conference Agenda](#)
- [Supplementary Agenda](#)
- [News, Resolutions and Elections](#)
- [Sheffield LMC report 23 May 2024](#)
- [Sheffield LMC report 24 May 2024](#)

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### **FIT NOTE REFORM: CALL FOR EVIDENCE**

The Department for Work and Pensions (DWP) and the Department of Health and Social Care (DHSC) have published a [call for evidence](#) that will inform a programme of work announced at the autumn statement in 2023, to explore reforming the fit note process to support those with long term health conditions in accessing work and health support. The evidence will help to assess the impact of the current fit note process in aiding work and health conversations, and the exploration of enhancements that GPs and other health care professionals would require for the fit note to better support people to start and stay in work. General Practitioners Committee (GPC) England will be submitting evidence

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### **MEDICAL EXAMINER SYSTEM IN ENGLAND**

The British Medical Association (BMA) continues to engage with stakeholders on the implementation of the Medical Examiner system in England, which is currently scheduled for 9 September 2024.

The Statutory Instruments and timeline of the Medical Examiner implementation can be found [here](#) with the relevant legislation found [here](#).

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### **PREMISES COSTS DIRECTIONS**

The Department of Health and Social Care (DHSC) has published the long-anticipated update to the [Premises Costs Directions \(PCDs\)](#), which will bring changes to assist premises costs, including permission for commissioners to award improvement grants of up to 100% of the project value (up from 66%), and new powers for commissioners to better support contractors. These changes were initially agreed 5 years ago, as part of the multi-year GP contract in 2019. The full guidance will be published at a later date.

Responding to the announcement, Dr Gaurav Gupta, General Practitioners Committee (GPC) England premises lead issued a statement [BMA welcomes new Premises Costs Directions, but calls for investment to deliver more for patients](#).

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### **INFECTED BLOOD INQUIRY: HEPATITIS C TESTING**

Please note the following update from the General Practitioners Committee (GPC):

Although it is likely that the majority of people directly affected by infected blood have now been identified and started appropriate treatment, there may be people who have not yet been identified, particularly where they are living with asymptomatic Hepatitis C. People who had blood transfusions may not have considered these risks before or sought testing. Patients may decide to contact practices as they are worried following the publicity about this issue.

The [Inquiry report](#) recommends that people who received blood transfusions up until 1996 should be offered a blood test for Hepatitis C if they have not been tested before (GP practices may have noticed that previous guidance set the date as before September 1991). Patients can be directed to the online service for at-home Hepatitis C self-testing kits, which are available via [hepctest.nhs.uk](#) for anyone over the age of 18 and living in England. Any positive results from at-home testing are dealt with by local Operational Delivery Networks and passed to specialist hepatology teams, who arrange to contact the patient, notify them of their results, manage their care and treatment, and communicate this to the patient's registered GP.

Further resources for Hepatitis C care, including a Primary Care Toolkit are available [here](#).

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## DEATH IN SERVICE: GP LOCUMS

In 2015 we were made aware of a GP locum's family not qualifying for death in service benefits and the potential financial hardship that might result from this. As such, we produced guidance for Sheffield GPs, which we are now updating in view of updated British Medical Association (BMA) guidance.

In summary, if a GP works exclusively as a GP locum, they will only be covered for death in service benefits if they are in active pensionable employment on the day of death. The NHS Business Services Authority (NHSBSA) details the provision [here](#).

We would urge all GPs, particularly GP Locums, to ensure they are aware of the rules around this aspect of the NHS Pension scheme.

BMA guidance is available as follows:

- [Death in Service and your pension](#)
- [An introduction to the NHS pension scheme for locum GPs](#)

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

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## PRIMARY CARE SUPPORT ENGLAND (PCSE): LINKS FOR GP PRACTICES

Please find below links that PCSE have created to assist practices in accessing information and resources quickly by clicking on the icon:



Log in to PCSE online



Visit the dedicated GP Practice pages to find out more about services available on PCSE Online



Frequently asked questions



Resources pages for guides, videos and more



Search Assistant icon – wherever this is found on PCSE's website, click to launch a conversation

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## 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 mythbusters have been updated in recent weeks:

- [GP Mythbuster 107: Pre-travel health services](#) (15 May 2024)
- [GP Mythbuster 95: Non-medical prescribing](#) (15 May 2024)
- [GP Mythbuster 103: Complaints management](#) (15 May 2024)

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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](#).