



*'Representing and
Supporting GPs'*

**ACTIVITY UPDATE
MARCH TO MAY 2013**

INTRODUCTION

We hope that you found previous editions of this publication informative. Further copies can be downloaded from the *LMC Reports* section of our website at:

http://www.sheffield-lmc.org.uk/lmc_reports.htm

This latest update has been emailed to all represented GPs and Practice Managers. Hard copies can be requested from the LMC office via email to administrator@sheffieldlmc.org.uk or copies can be downloaded from the *LMC Reports* section of our website.

If you have any feedback, suggestions for future editions etc, we would be pleased to receive these via email to manager@sheffieldlmc.org.uk.

PRIMARY/SECONDARY CARE INTERFACE

Community Services

General Update: Following a presentation by this directorate's management at the LMC in 2012, a subsequent meeting was arranged to discuss progress made with the reorganisation of the services and to discuss areas the LMC had identified as concerns. Areas discussed included District Nursing (DN) service reorganisation, Integrated Care Teams (ICTs), communication/discussion of changes with practices, communications with Social Services and the Health and Wellbeing Board, communication with community services prior to patient discharge from Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) and urgent and out of hours (OOH) care. This was felt to be a helpful meeting and we hope to continue with regular dialogue as appropriate. Any practices who wish to have any item discussed can contact the LMC office via email to manager@sheffieldlmc.org.uk.

Core Offer: We are awaiting the opportunity to make comments on the latest version of this document, which will set out the way community teams work with GP practices (and GP Associations, as they become more established). It is anticipated that we will have an opportunity to comment prior to finalisation of this document and we are keen to ensure that it is implemented to the benefit of primary care teams.

GP Practices Charging for Rooms: We were asked to provide an opinion on practices being reimbursed for the use of their rooms by non-practice employed healthcare workers, eg IAPT practitioners, physiotherapists etc. Sheffield Clinical Commissioning Group (CCG) had questioned the appropriateness of this. However, we pointed out that, although practices may be receiving a cost or notional rent for the building, a service fee can be charged for the use of facilities, which may include things such as lighting, heating, computer costs, telephony, staff time etc. In addition to this, as not all GP premises are completely covered by notional or cost rent, practices can charge rent for a room that is not reimbursed by the NHS. We will continue to support practices who feel they are being asked to house other healthcare workers without reasonable remuneration.

Sheffield Colorectal Unit: We were copied into correspondence between a constituent and this unit, and as a result we highlighted clinical governance and safety concerns around unreasonable demands on general practice to respond to abnormal pathology. We firmly suggested that a discussion is required with STHFT to establish appropriate timescales and clinical tasks that GPs can be asked to undertake in primary care on behalf of patients who are discharged or discharged pending follow up. It is anticipated that these discussions will involve the LMC and the CCG Medical Directors.

SHEFFIELD CITY COUNCIL

We have maintained links with Sheffield City Council (SCC) in a variety of areas over the years. If there are any issues that GPs/Practice Managers feel it would be useful for the LMC to liaise with SCC about, please email the LMC office via manager@sheffieldlmc.org.uk.

Medication Steering Group: We have been given the opportunity to attend meetings of this new group, which we aim to do, initially to understand the role of the group and the relevance of LMC input.

Public Health Enhanced Services: We met with representatives of the Public Health Team to discuss future arrangements for Locally Enhanced Services (LESs) that the Public Health Department will have responsibility for, namely Health Checks for the over 40s, Intrauterine Contraceptive Devices (IUCDs) for contraception and menorrhagia and Nexplanon/Implanon insertions. We also discussed the arrangements for some other services that the Public Health Department commission, including stop smoking services and alcohol intervention, running in conjunction with the Drug and Alcohol Action Team (DAAT). This was felt to be a useful update, and more detailed information about any of these services can be requested from the LMC office.

SHEFFIELD CLINICAL COMMISSIONING GROUP (CCG) AND COMMISSIONING EXECUTIVE TEAM (CET)

LMC Executive and Secretariat representatives met with CCG and CET representatives at the LMC office in March, April and May to discuss issues of mutual interest or concern. In addition, an LMC representative now attends CET meetings on a regular basis. If there are any issues that GPs/Practice Managers feel it would be useful for the LMC to liaise with the CCG/CET about, please email the LMC office via manager@sheffieldlmc.org.uk.

Where issues require more time and consideration than is practical at the monthly meetings, more detailed negotiations take place. Our recent negotiations include:

QOF Exception Reporting for Osteoporosis: As you will be aware, we instigated negotiations with regards to the fact that some practice computer systems do not pick up Zoledronic acid, Denosumab or Ibandronic acid as recommended osteoporosis treatments. Local agreement was reached in March that the information about patients on Zoledronic Acid could be sent to the primary care team via a pro forma. We were also able to confirm that any problems with Denosumab or Ibandronic acid have been resolved at a national level.

Quality and Productivity QOF Arrangements for 2013/4: A meeting was convened to begin discussions around the production of a template for reports which it is hoped practices will adopt as the standard reporting mechanism. There are areas of pathway work that the Locality Managers wish to consult the CET on. Once this clarification is received, it is intended that we meet again with the aim of guidance being issued to practices at the very earliest opportunity.

Discharge of Non-Complex Patients from Memory Service: Patients under the Memory Service in Care Homes and Nursing Homes have already been transferred to Primary Care follow up. The CCG/CET intention is to transfer the care of patients who are living at home and are stable on their medication, from their annual follow up at the Dementia Clinic to follow up in Primary Care. We are supportive of the transfer of patients from Secondary Care to Primary Care to ensure patients receive better treatment nearer their homes but, given the current capacity issues in general practice, we confirmed that there can be no compulsion for practices to participate in this scheme as, in the present format, it constitutes extra work for a payment outside of core contract. The suggested fee of £25 was also noted to be a derisory amount in real terms. Following a meeting with the lead CCG GPs, we discussed this proposal and felt that although the work was worthy, and most GPs may want to undertake it, commissioners should be thinking of different ways for this work to be undertaken. There is a general feeling that GPs simply do not have the capacity to undertake more work, and so investing money in other services, potentially through GP Associations, may be more desirable.

Care Home LES: The first draft of the 2013/14 specification was sent to the LMC for comment. We feel this enhanced service is of great value to care home patients, as well as for the practices looking after them and, therefore, we are supportive of moves to have the contract last for three years rather than one, as this will make it easier to employ and train staff on a more permanent basis.

IT Issues: A meeting of the Local Representative Committee/NHS Sheffield (NHSS) IM&T meeting was held in March to discuss issues such as the future provision of IT, e-discharge plans and the future of these meetings. As some clarity is still required around what structures and support will be in place, it was agreed that the next meeting of this group should be scheduled for June 2013, at which point it is hoped there will be a clearer understanding of different organisations' responsibilities and what meeting structure would best serve all participants.

Practice Generic NHSmail Email Accounts: The LMC was made aware that due to the NHS organisation changes occurring as a result of the Health and Social Care Act, any NHSmail email account hosted by Sheffield Primary Care Trust (PCT), which may start 'shef-pct.', would be deleted after 31 March 2013. After lengthy discussions, the LMC sent a Newsflash to all Practice Managers on 22 March 2013 confirming the action that needed to be taken and who to contact for further advice to ensure that from 1 April 2013 every practice in the city has a generic email account. It is important that every practice has a generic email account for the receipt of confidential patient information, as well as receipt of e-discharge communications, NHS 111 communications etc.

Charging for Patients Admitted via A&E: This issue has been raised many times at LMC meetings, in order to ascertain whether two charges are being levied for patients referred to hospital as an emergency admission (eg patients accepted for admission by the Bed Bureau), who are then admitted via A&E because no beds are available. We continue to seek clarity about the circumstances in which a bed shortage interrupts the patient's journey and may result in two charges relating to the patient's admission.

Commissioning Safeguarding Adults Group: The LMC attended this group for the first time in April 2013. The meeting looks at safeguarding adult strategies, as well as considering specific cases in more detail. This was felt to be a useful meeting that we will endeavour to send a representative to when possible.

Child Case Conference Form: After many months of negotiation, the final form was circulated to all practices in May 2013. We support the use of this form, as it allows for generic information to be populated, while giving clinicians the opportunity to record any other specific concerns. It is hoped this form will allow for a GP's opinion to be considered at a Case Conference in a meaningful and appropriate way, even when the GP is unable to be present.

REGIONAL NEGOTIATIONS

South Yorkshire and Bassetlaw (SY&B) LMCs Liaison Group: We met with representatives from Barnsley, Bassetlaw, Doncaster and Rotherham LMCs in April and May to discuss issues of mutual interest, such as procurement, locum superannuation from April 2013, enhanced services, NHS111, revalidation, locum appraisal costs and closer working across the region. Outstanding issues of mutual concern from these meetings are then taken to meetings with NHS England SY&B Area Team.

SY&B LMCs Liaison Group Meetings with NHS England SY&B Area Team: We met in April to discuss issues such as interpreting services, GP performance, appraisals and revalidation, performers lists, support for practices as Any Qualified Providers (AQPs), NHS 111 and Health and Well Being Boards.

Where more detailed communications or negotiations are required, separate meetings are held or correspondence is entered in to. In the last few months, this has been necessary in order to consider the following issues:

NHS 111: We wrote to Eleri De Gilbert, Programme Director for the Regional Programme, following the announcement, at very late notice, of the delay of the 'go live' date in Sheffield. We highlighted that the delay would have a significant impact on practices who had altered their staff employment contracts, in particular to take into account the shoulder periods 8.00 to 8.30 am and 6.00 to 6.30 pm and also for those practices that used call handling in the day. As well as practice difficulties, we noted that the GP Collaborative had to make significant staff changes, including call handlers and doctor availability in preparation for the changes and then, at short notice, had to change the staff rotas again. For these and numerous other reasons, we pointed out that there has been a significant loss of confidence in the new system and we urged caution in terms of announcing a new 'go live' date that might, once again, have to be postponed.

Patient Participation Directed Enhanced Service (DES) Appeals: We were made aware that due to a desire to complete these appeals as soon as possible, two GPs from within the SY&B Cluster had been selected to oversee the reviews. We were disappointed that we were not able to have our usual role in these appeals, and made suggestions about involving other LMCs in the area to review cases in Sheffield.

To this end, we met with NHS England SY&B Area Team representatives to request full details of the appeals process. The LMC was not privy to the nature of practices' appeals, however, it was felt that a rigorous appeals process had been followed and, as a result, it was agreed that the final decision reached by the assessors could be sent to practices. Practices that remained dissatisfied with the outcome were invited to send full details through to the LMC.

Medical Performers List: The LMCs in SY&B have requested an urgent meeting with the Area Team to discuss the new arrangements with relation to medical performers, following the move to one national list. Our understanding is that the Area Team holds information split into 5 localities covering the SY&B region. However, the information they are currently sharing with LMCs is inadequate to enable us to fully represent all GPs working in Sheffield. Of particular concern is the availability of information on salaried, locum and trainee GPs. We require a mechanism, perhaps through the appraisal demographics, of understanding who is practising in each LMC area and, therefore, we continue to chase up an urgent meeting with the Area Team.

Payments to Sheffield GP Practices: A number of practices in Sheffield (and other organisations, including the LMC), have experienced significant difficulties with incorrect payments or a complete absence of payments. We raised this as an urgent and unacceptable situation with the Area Team, noting that this placed several practices in financial difficulty from the point of view of bank charges, overdrafts, cash flow etc. This has also raised concerns with regard to communications with the Area Team and Shared Business Services and how these issues are being handled. We requested urgent investigation and resolution, along with support for practices that have incurred charges as a result of delayed payments. We subsequently received confirmation that all outstanding payments should have been made and that where a practice has incurred bank charges as a result of the delay in payment, they should contact the Area Team with evidence of the charges concerned.

Payment for Locums Covering Maternity, Paternity and Adoption Leave: We were alarmed to hear of a potential delay in processing these payments, with the explanation being that they are discretionary payments and, therefore, are under review. We contacted the Area Team to point out the terms of the recently finalised Statement of Financial Entitlement (SFE), noting that the amount that is payable is discretionary, but whether or not to pay is not discretionary (provided a practice fulfils the criteria set out in the SFE). We understand that national guidance is awaited, following which there will be agreement on the level of payment across the region. In the meantime, practices' claims should continue to be paid at the level currently agreed locally.

NATIONAL NEGOTIATIONS

GP Contract 2013/14: The General Practitioners Committee (GPC) continues to send regular updates to the profession either directly or via LMCs, including 'Survival Guides' to help practises understand the new NHS landscape. We continue to highlight such guidance via newsflashes where they are too urgent or numerous to wait for the next regular newsletter. As the vast majority of communications are only distributed electronically, we implore GPs to ensure their preferred email address is made available to the LMC office. We would ask that any Sheffield GP who is not receiving such communications or is not receiving them to their preferred email address, contacts the LMC office via administrator@sheffieldlmc.org.uk.

Locum Superannuation: The GPC published guidance in April 2013 to help understand the implications of this dramatic change in the way employer contributions are paid. It is important to note that though the locum will make the payments for the employer's contributions, it is the responsibility of the practice to fund this payment. General Medical Services (GMS) practices receive reimbursement as part of their global sum for this.

Annual Conference of LMCs 2013: GPC and LMC representatives meet at this Conference to discuss motions submitted by individual LMCs. LMCs who have submitted motions on various topics are expected to debate these motions from the platform, according to Conference rules. The outcome of the debate determines the framework for the profession's negotiations. The 2013 Conference was held in London on 23 and 24 May and Sheffield LMC sent three representatives - Mark Durling, Tim Moorhead and David Savage. A full report of the Conference will be made available shortly.

MISCELLANEOUS MEETINGS/NEGOTIATIONS

Meeting with Sheffield Labour MPs: In May we met with Clive Betts MP and Steve Wilson, Parliamentary Aide to Angela Smith MP. This useful meeting provided us with an opportunity to give the MPs an update on the current state of general practice in Sheffield. Items discussed included the development of the CCG, practice engagement, the role of the LMC, the viability of the GP Collaborative, the use of 084 numbers, the impact of changes to the benefits system on GPs and the move to transfer work from secondary to primary care. The politicisation of the NHS was also mentioned and the MPs' values challenged, as each government tries to make their mark on the NHS without necessarily considering what will be best for patients. We hope to meet with Meg Munn shortly.

Under Occupancy Rule ('Bedroom Tax'): These national changes to housing benefit affect those people who live in council accommodation or other social housing who are felt to have extra bedrooms. There are specific criteria for who this will affect, and there has been no agreement that GPs will be requested to provide letters of support to their patients at any stage in the process. However, we have been made aware that some patients are requesting information from GPs in the hope of supporting an appeal. We feel that this is inappropriate and that if any medical evidence is necessary, there should be a negotiated agreement as to the circumstances in which this would be appropriate, noting that this is not part of NHS GPs' core contract. If patients continue to request such information, it would be helpful if we could be informed whether requests are coming directly from patients who are taking it upon themselves to obtain evidence (and if so who they feel needs to see this) or another organisation/agency etc.

Study Leave Guidance for GP Trainees: Following the publication of the GPC's document *Study leave guidance for GP Trainees*, we contacted the Yorkshire and Humber Deanery to clarify the arrangements for this process locally. An update was subsequently provided in the LMC Newsletter.

Changes to Legal Aid: From 1 April 2013, changes were made to the Legal Aid system reducing the cases that it can be claimed for. Those people who are victims of domestic violence are still entitled to receive legal aid, however, there are strict evidence requirements that must be met prior to legal aid being provided. We have been in negotiation with Taylor&Emmet Solicitors (who wrote to all Sheffield practices) to confirm that their proposed requests fall outside of normal NHS contractual work and GPs are entitled to refuse to complete the work or can charge a fee. GPs completing the work must also ensure that they have adequate patient consent and must carry out third party information checks. We have since been in contact with the Director of Communications at Resolution – First for Family Law, the representative body for family lawyers in England and Wales, and have written a letter to the Ministry of Justice, in conjunction with Taylor&Emmet, to highlight the difficult position GPs will be put in as a result of these changes.

In addition to the above, frequent ad hoc meetings and negotiations take place, which are too numerous to mention individually. However, the main topics we have held negotiations on recently are:

- GP Prescribing of Perampanel
- Pre-Operative MRSA Screening
- Administration of Injectables by District Nurses
- Do Not Attempt CRP Forms
- Lloyds Repeat Prescription Service
- Domestic Homicide Review (DHR) Recommendations Letter to GPs
- Post Payment Verification Visits
- Summary Care Records
- SystemOne Data Sharing Functionality
- Display Energy Certificates
- Registration of Overseas Visitors
- Excessive Prescribing
- Prescribed Medical Certificates
- Follow up of Women into Colposcopy - Non Attendance of First/Follow up Appointment
- MMR Catch up Campaign

Any GPs/Practice Managers who would like more information about concluded or on-going negotiations can request this via email to manager@sheffieldlmc.org.uk.

LMC EXECUTIVE/SECRETARIAT

Practice Manager Meetings: Margaret Wicks continues to attend Practice Manager meetings in the Hallam and South Locality (HASL) and West Locality and is appreciative of the invitation to attend. This is proving to be an invaluable way of keeping up-to-date on issues that are directly impacting on Practice Managers, as well as being an opportunity to offer LMC support and assistance, where this is requested.

Practice Manager Visits: The LMC Secretariat are continually looking at ways to engage with and improve communication with Practice Managers and, as such, we offer new Practice Managers the opportunity to be visited or visit the LMC's offices, in order to familiarise themselves with the work the LMC does to represent Sheffield GPs and support Practice Managers. If any Practice Manager would like more information about how the LMC can support them, they are encouraged to contact the LMC office via manager@sheffieldlmc.org.uk.

Mediation: The LMC Executive continues to be called upon to be involved in discussions between practices, individuals or organisations that may be in disagreement. We see our role in any meeting of this nature as one of mediation/conciliation, and we consider this to be a core role of the LMC and one of the services that all represented GPs can call on the LMC to provide. If any GP or practice would like LMC involvement in any issue of this nature, please contact the office via: manager@sheffieldlmc.org.uk.

Performance: Since April 2013, we have been representing SY&B LMCs on the Performance Screening Group (PSG), which is the initial level of performance management in the area. This group meets monthly to discuss all GPs whose performance gives rise to concern. If a case is escalated, it then goes to the Performers List Decision Panel (PLDP), which Rotherham LMC attends on behalf of SY&B LMCs. In addition, we are able to provide an independent "GP friend" service to any Sheffield GP who is either going through this process or has performance concerns they would appreciate the opportunity to discuss. Any GP who would like more information about the support the LMC can offer should contact the LMC Executive via executive@sheffieldlmc.org.uk.

Conflicts of Interest in Commissioning: At the May LMC meeting, the Committee debated a recently passed GPC motion relating to the inherent conflict of interest generated by GPs being responsible for both the commissioning and provision of services. The Committee felt the only way forward is to be honest with patients and the public about these conflicts, and for those involved in the process for deciding who will be allocated a contract to be as transparent as possible, so all GPs feel able to undertake this work without criticism. It is only through transparency of process that GPs can show if and why they would be best placed to undertake work commissioned by the CCG, and therefore avoid criticism. We understand that GPC guidance is due to be published shortly.

GP Trainee Representation: We were pleased to welcome Emily Randles to the Committee from May 2013 as our ST2 representative. Emily has also agreed to become our ST3 representative from August 2013. We hope that Emily will find attendance at our monthly LMC meetings to be interesting and informative and that the Committee will be better able to engage with and understand the issues faced by GP Trainees.

Sheffield LMC Constitution: Our constitution is in the process of being revised. As a result of the implementation of the Health and Social Care Act and the demise of PCTs, we will now be recognised by NHS England (SY&B Area Team) for the area covered by Sheffield CCG. Once the amendments have been made that should automatically be made when there is a change in government legislation, a more fundamental review will be undertaken to ensure that it remains current and relevant.