



*'Representing and
Supporting GPs'*

**ACTIVITY UPDATE
APRIL TO JULY 2012**

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

Children's Health and Wellbeing Partnership Board: We are pleased to report that following the rescheduling of these meetings, Dr Nick Hudson is now able to attend on behalf of the LMC. We hope that this will enable the views of GPs (as providers) to be considered more fully in this forum.

Seasonal Flu Programme 2012/13: A helpful meeting was held with Penny Brooks, Garry Charlesworth, Phil Kitching and Janine Thornton, exploring performance in 2011/12 and arrangements for 2012/13, in particular the co-ordination of district nursing services in relation to housebound patients.

SPA Community Nursing Referral Form: Following an apparent imposition of a new form, which we felt was not suitable for its intended purpose, we met with representatives of the community team to clarify how this came about, and to start work on a new form for these referrals that takes into account our views. The form has currently been withdrawn, and it is hoped that there will also be a reduction in the number of referral forms for the different elements of the community team.

SHEFFIELD CITY COUNCIL

Sheffield LMC Executive has 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 administrator@sheffieldlmc.org.uk. Our recent negotiations include:

School Absence Certification: We received a number of enquiries from GPs who have been asked to provide medical evidence regarding children who have been absent from school, either for a prolonged period or repeatedly. We have been in communication with SCC representatives for some considerable time and have recently agreed a consistent and manageable process for SCC to obtain the information they require from GPs. Guidance for GPs is available on our website at: <http://www.sheffield-lmc.org.uk/lmc%20guidance/School%20Absence.pdf>.

Managing Children's and Young People's Identified Health Needs in Schools and Other Settings: After lengthy negotiations guidance has been produced detailing the agreement in place to ensure that children and young people's health needs are appropriately managed, particularly in schools. The LMC will be issuing guidance shortly.

GP Involvement in Safeguarding: At a meeting with SCC safeguarding adult representatives, we agreed to raise awareness of the Vulnerable Adults Risk Management Model (VARMM). The VARMM is a multi-agency process which helps to manage high risk safeguarding adults' cases where the person makes informed choices that may put them at significant risk and can assist GPs dealing with difficult circumstances. More information can be found in LMC guidance available on our website at:

<http://www.sheffield-lmc.org.uk/lmc%20guidance/VARMM.pdf>

Private Fostering: LMC guidance was issued in January 2012. However, further clarification was requested in relation to the circumstances in which a fee would be payable to GPs providing detailed information. As such, our guidance has been amended and reissued. A copy can be downloaded from our website at:

<http://www.sheffield-lmc.org.uk/lmc%20guidance/Private%20Fostering.pdf>

NHS SHEFFIELD

LMC Executive and Secretariat representatives meet with NHS Sheffield (NHSS) representatives on a monthly basis to discuss issues of mutual interest or concern. If there are any issues that GPs/Practice Managers feel it would be useful for the LMC to liaise with NHSS about, please email the LMC office via administrator@sheffieldlmc.org.uk.

Where issues require more time and consideration than is practical at the monthly meetings, more detailed negotiations take place. In the last 4 months the following issues have warranted this:

Quality and Productivity QOF: Discussions about the process for 2011/12 led into discussions about the way forward for 2012/13. It was agreed that the first year was about engagement from practices and although this had happened in different ways across the localities, NHSS is confident that practices have engaged well. The second year will hopefully see practices undertake work that will be linked to other initiatives in the city such as Right First Time (RFT), and detailed guidance will be produced by the localities and NHSS to support this.

Recording Frontline Worker Seasonal Flu Uptake Data for GP Staff: We met with NHSS representatives to agree a reasonable process for NHSS to fulfil its obligations in reporting flu uptake for frontline workers, without burdening practices with an onerous or bureaucratic piece of work. It was noted that data can automatically be uploaded from TPP SystemOne and EMIS LV practices. EMIS PCS practices would be asked to use ImmForm, which was confirmed to be a relatively simple and quick process.

Local Representative Committees/NHS Sheffield IM&T Meetings: Clarification has been received that locum GPs on Sheffield Medical Performers List can request an NHSmail account via the IT Support Desk. The Terms of Reference of this group are being reviewed in light of changes in NHSS and the development of other IT groups. A survey of Practice Managers showed that most practices that use the service desk are satisfied with the level of service.

Future Provision of Enhanced Services: We attended a meeting with NHSS representatives and locality managers to discuss the principles around devolving enhanced services budgets to locality areas, as well as the general principles involved in trying to improve the uptake of enhanced services and the efficient use of monies by practices. We are supportive of the principle of sharing activity, eg where one practice cannot use up all of their allocated activity this could be passed on to a practice that is already providing the service. We suggested that there should be agreements in place for longer than a year as this will allow practices to make the necessary infrastructure changes, and so may encourage more practices to offer the services. Proposals are to be written and we have received reassurances that we will be consulted throughout.

NHS Health Checks LES: We were given the opportunity to comment on the draft LES prior to it being shared with practices. Unfortunately, due to problems with printing hard copy documentation, there was a delay in practices receiving the relevant paperwork. Therefore, the LMC negotiated an extension to the response deadline to ensure all practices were given ample opportunity to consider taking on this work.

PMS Reimbursement: We were consulted regarding an error in the calculation of PMS contract funding, resulting in over and underpayment to PMS practices. Our view was that the only equitable and accountable way to resolve the issue was for all money owed to practices to be paid to practices and all money overpaid to practices to be recovered. However, there should be an option for this to be staggered over a 12 month period to ensure that practices were not destabilised in the process.

PMS Contract Review: The LMC has been representing all but three PMS practices in Sheffield in the contract review negotiations. Following extended discussions with NHSS, clarification about the future of the review was conveyed to represented practices in July.

Primary Care Referral Education and Support Service: We received an update on the proposed remit and introduction of this service. We are supportive of an educational process being introduced that results in GPs being assisted with their referral decisions. However, we are clear that this should not be mandatory and should not become referral management.

Christmas and New Year 2012 Practice Opening Times: Following a request from Sheffield GP Collaborative, we met with NHSS representatives to discuss GP practice opening times/out of hours cover over Christmas and New Year. We have received confirmation that this issue is to be discussed at a cluster level and we await the outcome of those discussions.

Domestic Homicide Reviews: We were asked to comment on a communication to practices following a Serious Case Review. It was suggested to NHSS that rather than ask every practice to formulate a policy, NHSS could produce a policy for practices to implement. The subsequent communication to practices laid out the recommended actions and included a list of READ codes.

Underutilised Commissioned Services: We have been contacted on a number of occasions with requests for assistance in advertising underutilised commissioned services. As we feel that this is an issue for the commissioners, this has been raised with NHSS and it is hoped that this will result in a review of how effectively information about services is made available to GPs.

Outstanding DES Claims and QMAS sign off: A number of practices had missed the deadline for confirming their DES activity, despite an extension to the deadline. Problems were also reported to the LMC regarding practices not having completed QMAS sign off. The LMC Secretariat contacted all affected practices to offer support and to raise awareness of the deadlines and the processes to be undertaken, in an attempt to ensure that all practices would be paid for work they had carried out.

Care Homes LES: We met with NHSS representatives to discuss experience to date, a number of concerns that had been raised and proposals for next year. There was general agreement that the LES is useful and should be retained. Work is being undertaken to produce a paper containing this recommendation, along with suggestions as to how this enhanced service could be made more workable.

REGIONAL/NATIONAL NEGOTIATIONS

South Yorkshire and Bassetlaw (SY&B) LMCs: Monthly meetings of the LMCs in the South Yorkshire & Bassetlaw cluster have been held. The aim of the meetings is to discuss how LMCs in the region might co-operate, develop relationships and face the challenges brought about by the health reforms. Topics discussed include management of performers, Maintaining High Professional Standards (MHPS), administration of enhanced services across the cluster, IT support, National Commissioning Board responsibilities and relationships and Clinical Commissioning Group formation, accountability, mandate and elections.

South Yorkshire and Bassetlaw (SY&B) Cluster Executives and LMCs: These quarterly meetings are proving to be a useful way for LMCs to discuss issues of mutual interest or concern with Executives from the cluster. Topics discussed include interim structure and working arrangements of the cluster, Maintaining High Professional Standards (MHPS), appraisal, performance and revalidation, education and training (including Local Education and Training Boards), contract monitoring and QOF.

Annual Conference of LMCs 2012: Three representatives and two observers attended this year's Conference on behalf of Sheffield LMC. A full report was issued to Sheffield GPs, a copy of which can be downloaded from our website at:

<http://www.sheffield-lmc.org.uk/Reports/Annual%20Conference%202012.pdf>

MISCELLANEOUS MEETINGS/NEGOTIATIONS

Frequent ad hoc meetings and negotiations take place, which are too numerous to mention individually. However, the main topics we have held negotiations on in the last 4 months are:

- Sickness certification for students.
- DNA testing.
- Self-prescribing.
- Electronic microbiology reports.
- Provision of medical evidence for benefit appeals.
- Troubled Families Initiative - Request for Information Sharing.
- Access to Medical Records.

- Review of GP practice provider SLA 2011/12 with Sheffield Stop Smoking Service.
- NHS 111.
- Approval of paperlight practices.
- Fitness to drive.

Any GPs/Practice Managers who have concerns about any of the above issues and would like more information about concluded or on-going negotiations can request this via email to: manager@sheffieldlmc.org.uk.

SHEFFIELD SHADOW CLINICAL COMMISSIONING GROUP (CCG)

CCG GPs – Renewal of Mandate: We were supportive of the renewal of mandate process proposed by the CCG and, as such, Margaret Wicks, LMC Manager, agreed to act as Returning Officer.

NHS Sheffield CCG Senior Appointment Board/Group: We have been given the opportunity to be involved in this group, which is looking at recruitment strategy, interview process and fair remuneration.

LMC EXECUTIVE/SECRETARIAT

LMC Elections: Work is underway in preparation for the LMC elections for the electoral term December 2012 to November 2016. The provisional timetable is for election packs to be distributed in early September, with the new committee meeting for the first time in December 2012. All levy paying GPs on Sheffield Medical Performers List at the time of the election will be eligible to join the LMC. We hope to encourage both new members and the re-election of existing members in order to ensure the continuation of our current strong negotiating position and extensive support and representation of Sheffield practices. If any GPs would like more information about the election process, joining the LMC, the work of the LMC etc, in advance of the election packs being distributed, please email the office via manager@sheffieldlmc.org.uk.

LMC Executive Workload/Structure: In May 2012 Tim Moorhead resigned from the role of Vice Chair. It was subsequently agreed that Tim would remain as an Executive Officer at a reduced number of sessions per week and with a clear definition that he has a portfolio unrelated to commissioning. As a result we are in the process of reviewing the workload and structure of the Executive, with a view to recruiting additional members and agreeing a structure in time for the next electoral term.

LMC Secretariat Workload/Structure: In view of the imminent departure of Tina Smith, Administrative Assistant, we are currently reviewing the staffing levels required in the LMC office. There have been considerable changes to the way the LMC works, the workload etc, since Tina joined the LMC in 2005. Therefore, we feel that it is preferable to take the time to undertake a full review prior to making any long term appointments.

Representation of Sessional GPs: As a result of a detailed piece of work reviewing how the LMC represents sessional GPs, the criteria for representation has been changed. Previously, GPs had to work ‘regular weekly sessions’ at a levy paying practice in order for their representation to be covered. This has now changed such that GPs who work ‘regular sessions, ie a minimum of one session a week or equivalent over a twelve month period’ will be covered by the levy of the practice they are working in. It is hoped that this will prove to be more equitable, acknowledging that many GPs work regular sessions, but this might not be on a weekly basis.

Fax Communications: The LMC office transferred to an e-fax facility in April, in view of the small number of practices that still prefer to fax communications to the office. This has removed the need for a fax machine and separate line rental. It is expected that this will streamline communications and reduce costs. There is no change to the LMC’s fax number.

Office Telecommunications: A new telephone system was installed in the LMC office in May, again streamlining communications by removing the need for a separate answerphone and offering flexibilities such as additional voicemail options, pc based programming and a cordless phone.