



*'Representing and  
Supporting GPs'*

**ACTIVITY UPDATE  
JANUARY TO MARCH 2012**

## **INTRODUCTION**

We hope that you found the first edition (July to December 2011) of this publication informative. Further copies can be downloaded from the *LMC Reports* section of the LMC website at: <http://www.sheffield-lmc.org.uk/Reports/SLMC%20Activity%20Update%20Jul-Dec11.pdf>

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](mailto:administrator@sheffieldlmc.org.uk) or copies can be downloaded from the *LMC Reports* section of the LMC website at: [http://www.sheffield-lmc.org.uk/lmc\\_reports.htm](http://www.sheffield-lmc.org.uk/lmc_reports.htm)

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

## **PRIMARY/SECONDARY CARE INTERFACE**

**LMC/Medical Staff Committee Professional Advisory Group (LMPAG):** In view of the major impact the Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) based community services have on primary care, membership of this group has been extended to include Penny Brooks, Director of Primary and Community Services, with effect from March 2012. In addition, Trish Edney has been nominated to attend on behalf of the Sheffield Commissioning Executive Team (CET). David Savage, LMC Secretary and Mark Durling, LMC Chair attended the meeting on 7 March, where the main issues were Discharge Summaries, New Cardiology Posts, Trust-based Community Services, GP Assessment Unit Pilot, Low Molecular Weight Heparin Switch and Influenza Outbreak. If there are primary/secondary care interface issues that GPs/Practice Managers would like the LMC to raise, please email the LMC office via [administrator@sheffieldlmc.org.uk](mailto:administrator@sheffieldlmc.org.uk).

**Community Services:** A useful and informative meeting was held with Penny Brooks and Steven Haigh, Assistant Director of Strategy, NHS Sheffield (NHSS), on 26 January. We discussed new, closer ways of working for primary care teams and community services, including the proposal to form GP Practice Associations. We made a commitment to meet again in view of the importance of liaison between professional groups and across professional boundaries.

**Children's Health and Wellbeing Partnership Board:** Although the LMC has been keen to engage with this Board, it has not been possible to secure LMC representation due to the timings of the meetings. However, we have a volunteer if we can reach agreement on rescheduling the meetings to more GP-friendly times.

## **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](mailto:administrator@sheffieldlmc.org.uk). Our recent negotiations include:

**School Absence Certification:** As many of you will be aware, the issue of parents, guardians, schools and councils requesting certification for school absence has been inconsistent and often inappropriate. Lengthy negotiations have concluded and agreement has been reached with SCC on GP involvement. Several amendments to SCC draft guidance have been accepted. We have now received confirmation of how and where SCC's documentation on the process will be made available to relevant SCC personnel and primary care and are in the process of producing guidance for Sheffield GPs.

**Private Fostering:** Although this was not an area of significant concern, due to the limited number of cases, it was causing some disquiet and was worthy of negotiation. Agreement was reached with SCC and guidance issued in January, available via the LMC website at: <http://www.sheffield-lmc.org.uk/lmc%20guidance/Private%20Fostering.pdf>

**GP Reports for Rehousing the Homeless:** We met with SCC representatives on 29 February in an attempt to make progress with this issue, which has been on-going for several years. Agreement has been reached on the information to be requested from GPs and the format that this will take. Although the LMC cannot negotiate fees in these circumstances, it was confirmed that a fee would be payable. SCC is in the process of redrafting their communication to GPs, in light of our negotiations, and it is hoped that the new agreement will be in place shortly. Unfortunately, this agreement only relates to rehousing homeless people, but the LMC continues to negotiate for the same or similar agreement for all rehousing cases.

**Managing Children's and Young People's Identified Health Needs in Schools and Other Settings:** Prolonged negotiations have now concluded, resulting in the production of guidance to address issues relating to managing identified health needs and medication within schools and other settings. Once agreed at SCC level, the policy documentation will be submitted to their insurers for comment. Therefore, we await the conclusion of this process and hope that it will not significantly delay making guidance available to all practices.

**GP Involvement in Safeguarding:** We met with Safeguarding Adults representatives on 25 January and Safeguarding Children representatives on 16 March. These proved to be useful opportunities to discuss areas of mutual concern and to understand each other's perspectives on what information to request, from whom, within what timescale etc. A number of outcomes were agreed and we hope to bring all relevant representatives together in May, in order to reach agreement on GP involvement in all aspects of safeguarding. In addition, Tim Moorhead, LMC Vice Chair, has submitted comments on the proposed revisions to the South Yorkshire Adult Protection Procedure.

**LMC/SCC Liaison:** On 9 February LMC and SCC representatives met to discuss the impact of a number of initiatives such as the Health and Social Care Bill, the Right First Time Project, Sheffield Health and Wellbeing Board, SCC's Overview and Scrutiny Functions and the transfer of Public Health to SCC. We undertook to meet again as this proved to be a valuable way to understand our changing roles and how major reorganisation in the NHS is impacting on our respective organisations.

**Scrutiny Committee:** As a result of the above liaison meeting, we undertook to meet with the Chair and Deputy Chair of the SCC's Scrutiny Committee following their elections in May. In the meantime, Jenny Stephenson, GP and LMC member, has kindly agreed to offer any assistance she can in their Scrutiny Development Area which is reviewing diabetes in Black Minority Ethnic (BME) communities.

## **NHS SHEFFIELD**

LMC Executive and Secretariat representatives met with NHS Sheffield (NHSS) representatives at the LMC office in January, February and March to discuss issues of mutual interest or concern. In view of the demise of NHSS next year and the emerging commissioning organisations and structures, attendance at these meetings has been extended to include one CET representative (Trish Edney) and one Clinical Commissioning Group (CCG) Locality Manager (to rotate). 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](mailto: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 3 months the following issues have warranted this:

**Quality and Productivity QOF:** David Savage attended a Confirm and Challenge meeting on 1 February. The purpose of the meeting was for CCG Locality representatives to reassure NHSS that the citywide policy had been implemented consistently and fairly in each locality. This was also an opportunity to raise any concerns, share good practice and learn lessons for future QOF years. It was confirmed that the LMC would have a place in discussions about this area of QOF in 2012/13.

**DNAR Forms:** Despite previous discussions and agreements, problems continue to occur with some organisations or individuals refusing to accept DNAR forms unless they are the red-bordered originals. The LMC continues to stress that this is not practical or acceptable, with the help of Richard Oliver, CCG Joint Clinical Director.

**Enhanced Services:** The LMC raised concerns that there no longer appeared to be a consistent approach to consulting the LMC about changes to locally enhanced service (LES) provision in the city. Although an invitation was subsequently received to attend meetings of an Enhanced Services Task & Finish Group, due to the timing, location and relatively short notice it was not possible to attend the meeting in March. However, a separate and extremely productive meeting was held with Garry Charlesworth on 9 March, and the LMC Executive is reassured that NHSS is keen to ensure that the LMC is consulted appropriately.

**Medical Examiner Pilot:** The LMC made NHSS aware of anecdotal concerns with this pilot, following which we were asked to provide more detailed information. As we felt that this warranted investigation and needed to be presented in a more complete and constructive manner, we contacted all represented GPs and Practice Managers involved in the pilot (the North of the City) in January 2012 with a request for feedback. Anonymised feedback was then shared with Richard Oliver, who shared it with Alan Fletcher, Medical Examiner. A detailed response from Alan Fletcher was discussed at the March meeting of the full LMC and subsequently shared with GPs and Practice Managers in the pilot. Although concerns remain regarding this process and its wider roll out, it was of note that Sheffield's feedback will result in significant changes and improvements. A copy of the documentation can be downloaded from the *LMC Reports* section of the LMC website at: <http://www.sheffield-lmc.org.uk/Reports/Medical%20Examiner%20Pilot%20Feedback%20Report%20Mar12.pdf>

**Local Representative Committees/NHS Sheffield IM&T Meetings:** LMC representatives have met with NHSS representatives for some time to discuss IM&T issues. However, this forum has been extended to include representatives from all local representative committees and Practice Managers. Mark Durling and Tim Moorhead attended the meeting on 16 March, where the main topics of discussion were NHSmail, Transferring Patient Records, Primary Care IT Programme 2012/13, Future IT Provision, GP Managed Domain Project, Update on ICE and Medical Assessment Unit Use of Summary Care Records (SCRs).

**Root Cause Analysis of Community Cases of Clostridium Difficile:** The LMC was given the opportunity to comment on this piece of work, which NHSS will be undertaking shortly. David Savage submitted comments, requesting reasonable timescales and flexibility that would encourage GP involvement, despite this not being a contractual obligation.

## **REGIONAL/NATIONAL NEGOTIATIONS**

**NHS 111:** As the LMC has been unable to send a representative to a number of meetings across the Cluster, a meeting was arranged with Daniel Mason, 111 lead for the South Yorkshire and Bassetlaw (SY&B) Cluster and Richard Oliver, Clinical Lead for Sheffield on 21 March. 111 should be going live in April 2013 and will be the new telephone number for the public to use to access healthcare services when they need medical help fast but the situation is not life threatening. The main topics discussed were Decommissioning of NHS Direct, Core Principles, Clinical Assessment, Procurement and Local Redesign. This was a useful meeting, describing progress so far and highlighting areas that will require more work.

**LMC/GPC Negotiator Meetings:** We have the opportunity to hear from the GPC Negotiating Team representatives twice a year and have an opportunity to ask questions of the people directly involved in negotiating our national contracts. Tim Moorhead attended a meeting in Manchester on 7 March and Mark Durling attended one in Nottingham on 8 March. The main topics covered were 2013/14 Contract Negotiations, Progress of the Health and Social Care Bill, Structure of the National Commissioning Board (NCB), Commissioning Support Services, CCG Authorisation, LMC Relationships with CCGs, the Commissioning Outcomes Framework (COF) and Pensions.

**SY&B Cluster Executives and LMCs:** A meeting between LMC officers from around South Yorkshire and senior officers of the SY&B Cluster was held on 14 March. The agenda was informal, with a purpose of discussing the terms of reference of this group, current priorities in the Cluster and the way ahead in developing this forum. This will be an important forum to resolve local area issues and it was agreed to meet bi-monthly. The main topics of discussion at the March meeting were Local Approach to National Developments, Maintaining High Professional Standards, Local Education and Training Board, Enhanced Services, Choice of GP Practice Arrangements and 111 and Integration with Out of Hours.

**Yorkshire and Humber LMCs Alliance:** Tim Moorhead attended this meeting on 21 February. We were pleased to note that Trish Edney will now be eligible to attend in her role as GPC representative for our region. This is an important opportunity for LMCs to raise concerns, share good practice and to understand the impact that new structures, commissioning, emerging organisations etc are having on primary care and LMCs.

## **DRUGS/PRESCRIBING**

**Sheffield Area Prescribing Committee (APC):** David Savage continues to attend the monthly meetings of the APC, along with additional meetings that are arranged to undertake specific pieces of work, such as the recent review of the Traffic Light Drugs List. It has been agreed that the List should continue to be produced and the criteria for Red and Amber drugs have been reviewed and revised.

**Substance and Alcohol Misuse Services:** The previously reported negotiations have now concluded between NHSS, the Sheffield Drug and Alcohol Abuse Service (DAAT), David Savage and the practices providing these services. Renegotiated contracts are now in place and no further concerns have been raised.

**LMC Suggestions for Targeted Medicine Use Reviews (MURs):** The LMC's suggestions for areas suitable for MURs were discussed by the Pharmacy Joint Planning Group, with the following 3 suggestions being taken forward as useful for community pharmacy to adopt – (i) eye drops in glaucoma patients, (ii) patients on anti-psychotic drugs, (iii) anti-obesity drugs with appropriate monitoring.

## **PERFORMANCE**

**Maintaining High Professional Standards (MHPS):** The LMC Executive continues to engage with the new local and cluster-wide arrangements, although the extent of Sheffield LMC's involvement in Sheffield GP cases and the funding for LMC involvement is yet to be agreed and finalised.

**Informal Support and Advice:** In addition to the formal MHPS structures, the LMC continues to offer advice and support when requested by GPs who are experiencing work-based or personal stresses. This has involved face-to-face meetings, correspondence and consultation with other parties.

## **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 3 months are:

- Practice upload of summary care records on the spine;
- Care Homes LES;
- Homeless LES;
- Rent disputes;
- Improvement grants;
- Insurance company requests for copies of medical records;
- Pensionable profit forms;
- Patient allocations;
- HMRC requests for patient registration information;
- Dental problems – GP responsibilities;
- Provision of backdated sickness certification;
- Seniority payments;
- Patient eligibility for NHS transport;
- Provision of peri-operative medication;
- GP involvement in weight management programmes.

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](mailto:manager@sheffieldlmc.org.uk).

## **LMC SECRETARIAT**

**CCG Election Process:** NHSS requested feedback on the LMC's involvement and experience of the CCG election process in 2011, for which Margaret Wicks, LMC Manager, undertook the role of Returning Officer. As a result, in February 2012, the LMC Secretariat submitted comments to NHSS, which it is hoped will be useful in helping to shape future election processes.

**Practice Manager Visits:** Following fruitful visits to the LMC office by a number of new Practice Managers, the LMC Secretariat is happy to widen this offer to any Practice Manager who would be interested in visiting the LMC offices and meeting the Secretariat, as well as having the opportunity to discuss the role of the LMC, how we can help and support practices etc. We would encourage any Practice Manager interested in taking up this offer to contact the office via email to: [manager@sheffieldlmc.org.uk](mailto:manager@sheffieldlmc.org.uk).

**Practice Use of NHSmail:** Amy Farrow, LMC Administrator, has undertaken a detailed piece of work to address repeated delivery failures from GPs' NHSmail accounts, due to the accounts not being accessed. This raised concerns due to the vast majority of LMC communications being electronic. We are pleased to report that by working with NHSS and Practice Managers (whose input is greatly appreciated) we have significantly reduced the number of failures. As the LMC is keen to ensure that we represent all GPs equitably, and is happy to use any nominated email address, we will continue to work with Practice Managers to resolve the few remaining failures. It would be appreciated if any GPs who wish to change the email address currently held on the LMC's databases or who have concerns that the LMC may not have an up-to-date, regularly accessed email address on record could contact the LMC office via email to [administrator@sheffieldlmc.org.uk](mailto:administrator@sheffieldlmc.org.uk).

**BMA Industrial Relations:** Margaret Wicks met with Paul Bourne, BMA Industrial Relations Officer (IRO) on 23 January to discuss areas of mutual interest in Sheffield. Paul provided information on BMA employment and legal advisory services, following which guidance was published for GPs, available from the LMC website at:

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

**Introductory Process for LMC Members:** In January 2012 Margaret Wicks implemented a formal introductory process whereby new LMC members are made aware of key LMC documentation, as well as being offered the opportunity to attend an LMC Executive/Secretariat meeting, visit the LMC offices and liaise with the LMC Secretariat during the first few months of their membership. It is hoped that this will better enable new members to join in debates and discussions at the monthly meetings.

**Locum GP Representative:** As the LMC had been unable to secure a locum GP representative on the committee since August 2011, in January 2012 the LMC Secretariat contacted all represented locums directly. It is with great pleasure that we can announce that we now have two locum GP representatives – Dr Annie Shaikh and Dr Stephen Moore, who attended their first meeting in February 2012. We hope that they will find their time on the LMC informative and interesting and that we will be better able to appreciate and respond to issues affecting locum GPs as a result.

**LMC Vacancy Bulletin:** As of February 2012, the vacancy bulletin was reformatted to bring it in line with the LMC newsletter, with the aim of making it more recognisable as an LMC document and to clarify the contents on the first page. As with any LMC communications, we would welcome feedback on the new layout, and any suggestions as to further improvements via email to [administrator@sheffieldlmc.org.uk](mailto:administrator@sheffieldlmc.org.uk).

**Fax Communications:** As part of a review of telecommunications, it has been decided that the LMC will continue to have a fax number, as some practices do not yet have the ability to easily scan and email communications to the office. However, in view of its infrequent use, we will be moving to an e-fax system. This will remove the need for a fax machine and line rental, resulting in more streamlined internal communications and cost savings.