SHEFFIELD
LMC

'Representing and Supporting GPs'

ACTIVITY UPDATE
APRIL TO MAY 2014

INTRODUCTION

We hope that you found previous editions of this publication informative.

This latest update has been emailed to all represented GPs and Practice Managers. Further copies can be downloaded from the *LMC Reports* section of our website at: http://www.sheffield-lmc.org.uk/lmc_reports.htm.

Alternatively, hard copies can be requested from the LMC office via email to: administrator@sheffieldlmc.org.uk.

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

Local Medical Committee/Medical Staffs Committee Professional Advisory Group (LMPAG) Meeting: We met with colleagues from Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) and Sheffield Clinical Commissioning Group (CCG) to discuss issues of mutual interest or concern, which included e-discharge requests for investigations/follow-up, Electronic Patient Record (EPR) system, e-referral pilot, neurology appointments, transportation of ophthalmology patients, urinary pregnancy tests, community nursing services and provision of intravenous antibiotics. Where issues require more time and consideration than is practical at LMPAG meetings, more detailed negotiations take place. Our recent negotiations include:

E-Discharge Information: Following a productive meeting with the CCG, the primary care representatives at the LMPAG meeting were able to discuss the proposed idea of an 'episode of care' for which STHFT retains responsibility of the patient. As a result, requests for GPs to undertake additional clinical tests etc should not be the norm, and where it would be beneficial for GPs to do these, there should be a clear discussion and an agreement from the GP to do so, rather than the request simply being sent to GPs, often with an unrealistic timescale and little recognition of the work this will involve. In addition, it was highlighted that STHFT now employs the Community Nursing Teams and, therefore, there should be no reason why the District Nurse team could not be communicated with directly to undertake follow up investigations, particularly with housebound patients. It has now been agreed to establish a working party to discuss the first 6 months of the project, which will include an LMC representative. Generally, the tone of the debate is supportive of the concerns of primary care, with an acceptance that they need to be addressed both from a governance point of view and to improve communication between primary and secondary care. We have since sent on examples of poor discharge information to STHFT, so that we can agree a way forward. Further examples would be appreciated via email to administrator@sheffieldlmc.org.uk.

Auto-populated Referral Forms: We were made aware that the Anticoagulation clinic at STHFT was not accepting referrals made by GPs using auto-populated forms, unless they had a handwritten signature on them. We felt this was unhelpful, unnecessary and a barrier to patient care and so we took this matter up, as well as exploring the broader point about STHFT appearing to be implementing more operational changes that are affecting GPs' day-to-day business with little or no consultation. We were informed that there has been no change in the clinic's procedure. However, a signature is required when a nurse working under a Patient Group Directive is requested to treat a patient on behalf of a doctor, in this case the GP. We continue to negotiate on this issue in order to ensure that there is an efficient means by which electronic information can be transferred between organisations for the benefit of patients.

Consultant to Consultant Referrals: As noted in the May LMC Newsletter, concerns have been raised with us regarding a perceived increase in inappropriate direction back to GPs, when a consultant to consultant referral would be entirely appropriate. The full article can be found at http://www.sheffield-lmc.org.uk/Newsletters14/NLMay14.pdf. In order for this issue to be raised appropriately with secondary care representatives, it would be appreciated if specific examples could be forwarded to the LMC office via administrator@sheffieldlmc.org.uk.

Occupational Therapy Referrals: We were made aware that GPs are being asked to refer patients to the Occupational Therapy Team by Care Home staff. It would appear that these requests are becoming more frequent, and staff often call GPs to request medication changes, assessments, referrals etc, when they are visiting to assess funding for these clients. It was felt that, rather than simply agreeing to undertake the referral, GPs could contact the person who is requesting the referral to ask them to provide good clinical reasons as to why the request has been made. There may be some cases where GPs know the patients best, and so the request is legitimate, but often following a conversation with the people involved, the request is invariably dropped.

Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) Forms: We met with Dr Eleanor Smith, Consultant in Palliative Medicine, to discuss the new DNACPR policy. The new DNACPR form has been agreed by the strategic clinical networks and senate of Yorkshire & Humber (Y&H) NHS England and covers the whole of Y&H. It comes into effect on 1 July 2014 and must be used from this date onwards for all new DNACPR orders. However, it is not necessary to replace existing forms at the moment, although this will be a requirement by December 2014. Therefore, it would be sensible for practitioners to be aware that DNACPR reviews should be completed before the end of the year in order that the new form may be put in place. Dr Smith is working on a DNACPR policy for our area, which has given us an opportunity to try and smooth over some of the recurrent problems, particularly those relating to patients being admitted to hospital with a DNACPR but not having one on discharge. Several issues are still outstanding and we will continue to be updated as progress is made. More details about the launch of the new form can be found at:
http://www.sheffield-lmc.org.uk/Facts/DNACPR_Form_Launch-Jul14.pdf.

Practice Manager Access to ICE: Further to a practice query, we have now received confirmation that approval has been given by the Sheffield CCG Caldicott Guardian to enable Practice Administrator (ie Practice Manager) access to ICE. This will form part of the planning for deployment of GP Requesting into Sheffield GP Practices during June to October 2014, and we hope this will help practices with the current administrative work undertaken by GPs.

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.

Disabled Person's Travel Permit Applications: As noted in the May LMC Newsletter, following several months of negotiations, our guidance on this matter has been updated and is available at:
http://www.sheffield-lmc.org.uk/lmc%20guidance/Travel%20Permits%20(4).pdf

Emergency Department Pathway for Vulnerable Young People: We have now received an update on what information, if any, is to be shared with a patient's registered GP. The Paediatric Liaison Service (PLS) has confirmed that they are not commissioned to provide routine notifications to GPs in relation to the specific children and young people that come through their service. The notification pathway from PLS is to School Nurses and Health Visitors and Safeguarding, should the case meet a stipulated threshold. Occasionally, and on a case by case basis, the service will speak directly to the GP, but this is usually within the Safeguarding protocols of information sharing when a cause for concern has been raised. The hospital routinely notifies GPs of all A&E presentations.

Rewrite of South Yorkshire Safeguarding Adults Procedures: Despite initial consultation with the LMC, we were not given the opportunity to comment on the draft procedures in April as anticipated. We understand that the final version is due to be published in June and we hope that there will be an opportunity to review these, submit comments and raise any concerns.

Sexual Health Services Strategy in Sheffield: We continue to receive updates on the review of services provided by primary care and understand that no changes will be made to the current arrangements prior to 31 March 2015. However, during 2014/15, SCC will be undertaking a tendering exercise, with a view to inviting applications to provide the services from 1 April 2015. We have received reassurances that practices will be kept informed of developments and, as ever, any concerns or queries can be raised with us via email to manager@sheffieldlmc.org.uk.

Pharmacists Dispensing Repeat Prescriptions of the Oral Contraceptive Pill: We were approached to provide comments on a proposal for pharmacists to be actively involved in dispensing repeat prescriptions of the contraceptive pill without the need for the patient to visit the GP or the Sexual Health Service. Patients would be re-called to have a consultation with the instigating prescriber following a certain number of repeats. We requested more information about this proposal, as it was our feeling that a lot of patients are issued with a 6 month prescription anyway, and indeed some practices do issue 12 month prescriptions, either as a one off or on electronic repeat dispensing. If this scheme was to be instigated, then it would have an impact on the Quality and Outcomes Framework (QOF). In addition, there may be issues with regards to pill wastage if long repeat prescriptions were issued, particularly if patients were not happy on a particular product, wished to conceive, or if they moved within a 12 month period. We await a further update from SCC.

SHEFFIELD CCG/COMMISSIONING EXECUTIVE TEAM (CET)

LMC Executive and Secretariat representatives met with CCG and CET representatives to discuss issues of mutual interest or concern, which included e-discharge requests for investigations/follow-up, Community Nursing Services, the Quality Premium, Urgent Care, health and care integration, phasing out of the Minimum Practice Income Guarantee (MPIG), e-referrals, Better Care Fund, enhanced services basket, endometrial pipelle sampling locally commissioned service (LCS), GP Association funding, withdrawal of funding for occupational health, Quality Improvement Scheme, Everyone Counts Funding, delayed discharges, infection control and co-commissioning in Primary Care. If there are any issues that GPs/Practice Managers feel it would be useful for the LMC to liaise with CCG/CET representatives 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:

GP Provider Assembly: We have been contacted by a number of practices with questions or concerns regarding the mandate of the GP Assembly. Therefore, we are in the process of setting up a meeting as soon as practical to discuss issues such as the Assembly's role and remit and its relationship with the LMC. We will, of course, keep practices updated.

Follow up of Patients for Orthopaedics: Following the recent changes to National Institute for Health and Care Excellence (NICE) Guidelines on the Management of Arthritis, which highlights the overall futility of performing scores, such as the Oxford scores, pre-referral, we sought the thoughts of the CCG as to the current pathway work in Sheffield. NICE is now recommending that clinicians do not do this, but merely patients requiring essential arthroplasty, on the basis of pain and disability. The CCG has since confirmed that they are in the process of changing the local approach to commissioning the full range of musculoskeletal services, with the ambition of refocusing services around delivering patient outcomes rather than determining payment simply through levels of activity. As part of this process, the CCG will be reviewing the use of scoring and referral criteria. As this model is currently in the development stage, we hope to have a role in discussions as things develop.

Links Between the Avoiding Unplanned Admissions Directed Enhanced Service (DES) and Sheffield Care Planning LCS: It was acknowledged that the introduction and funding of the DES is mandatory and, as part of the payment schedule, an initial payment of 45% is paid up front for practices who sign up. It was also acknowledged that although the DES has a care planning element to it, there are many other elements, such as telephone access, practice availability to third parties, provision of an accountable lead GP and Care Coordinator and the establishment and use of a risk stratification tool. The important outstanding issue is whether the CCG should continue to commission the LCS for care planning in its current form. In addition, there was a discussion about how the DES relates to the current care homes provision. It was agreed that the DES will be offered to all practices and the current care planning LCS will continue until September 2014 as had originally been agreed under the terms of the offer to practices. We can see no compelling reason why care planning, as currently commissioned, should not continue. However, there are undoubtedly areas of duality. Therefore, the issue is to be taken to CET to discuss any proposed adjustments and there will also be further consultation with the LMC.

SOUTH YORKSHIRE AND BASSETLAW LMCS

South Yorkshire and Bassetlaw (SY&B) LMCs Liaison Group: We met with representatives from the other LMCs in SY&B to discuss issues of mutual interest and to agree topics the group wishes to raise with the SY&B Area Team. Areas covered included the bowel scope screening programme, phasing out of MPIG, Personal Medical Services (PMS) reviews, relationship with the Area Team, allocation of GP Trainees across South Yorkshire, Local Education and Training Boards (LETBs), withdrawal of occupational health funding, gender/bariatric patient monitoring, review of Call to Action event, co-commissioning by CCGs, Patient Participation DES appeals and the flu season 2014/15.

NHS ENGLAND SOUTH YORKSHIRE AND BASSETLAW AREA TEAM

SY&B LMCs Liaison Group Meetings with NHS England SY&B Area Team: We met to discuss issues of mutual interest or concern, such as delivery of the seasonal flu vaccination programme 2014/15, trade waste, use of 084 telephone numbers in general practice, update on changes to Performance Management Committees, PMS reviews, practice notification of Care Quality Commission (CQC) visits, premises issues, national primary care strategy update, Transforming Primary Care Support Services and the Better Care Fund. Where issues require more time and consideration than is practical at these meetings, more detailed negotiations take place. Our recent negotiations include:

Inclusion of Nappy and Sanitary Bins in Trade Waste Definition: Following numerous communications on this matter, we have now received confirmation from the Area Team on the national definitions as to what is considered to be offensive hygiene and waste. The Department of Health states that "*General practices will generate two different offensive hygiene waste streams. They should segregate:*

- *Domestic-type offensive hygiene waste – feminine hygiene waste from toilets, nappies from otherwise healthy children etc…;*
- *Health-care type offensive waste – used PPE that is not infectious, uncontaminated dressings, empty non-medical intravenous bags, cardboard vomit/urine bowls (unless infection suspected) etc. ;*

These directions go on to state that '*mixing is prohibited, so offensive waste must be separated from clinical waste streams'.* From these definitions, it is our understanding that feminine hygiene waste from toilets and nappies from otherwise healthy children are not considered clinical waste, much as they are not considered clinical waste in any other business or organisation. Therefore, practices need to make appropriate arrangements for their disposal. Where there is a risk of infection, for example, a baby with potentially infectious diarrhoea, then these would be considered as clinical waste, and could be disposed of in the clinical waste bags.

Phasing out of the MPIG: The phasing out of the MPIG has been modelled by the SY&B Area Team across all practices in Sheffield and, as ever with contract reform, there are some practices that are significantly disadvantaged as a result of the changes. We have had conversations with the 4 worst affected practices and continue to liaise with the Area Team and the CCG on their behalf. We met with Karen Curran, Head of Primary Care at the SY&B Area Team, to express our concern and to see what assistance, if any, might be forthcoming.

NATIONAL NEGOTIATIONS

Annual Conference of LMCs: The LMC Executive attended the 2014 Annual Conference of LMCs in York on 22 and 23 May. We submitted 8 motions, covering topics such as patient consent for health professionals to view records, regulation of GPs and practices, workload and working hours, new GP contract changes, GP premises development and the Quality Premium. As ever, a detailed report of the Conference will be made available to practices in due course.

MISCELLANEOUS MEETINGS/NEGOTIATIONS

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:

- Freedom of Information (FOI) requests and subsequent use of information
- Electronic Prescribing Service (EPS) 2
- VAT on invoices from Community Health Partnership
- Representation of women on the General Practitioners Committee (GPC)
- Medical reports for benefits appeals
- Orthopaedic Post-Operative Advice for GPs
- Fitness to work in the UK
- Pneumococcal vaccine arrangements
- Changes to the Sheffield Stop Smoking Service
- Migrant Help – Client Care Letter

LMC EXECUTIVE/SECRETARIAT

LMC Nominated Local Charity: As noted in the May LMC Newsletter, following a ballot of LMC members, the LMC's nominated charity for 2014/15 is Roundabout. The LMC Manager attended Roundabout's Annual Open Evening in May and is now in regular contact with their Fundraising Co-ordinator regarding assistance we can offer in advertising their events and raising awareness about the work they do. Information about Roundabout can be accessed via www.roundabouthomeless.org.

Farwell to Amy Lacey: Following on from previous newsletter updates, Amy has now relocated to Wiltshire following a brief handover period. We wish Amy much happiness and success in all her future endeavours. We cannot thank her enough for the tremendous contribution she has made to the LMC since 2008.

Welcome to Denise Clarke: We are very pleased to announce the appointment of Denise Clarke as LMC Administrator. Denise joined us on 1 May, having worked as a Personal Assistant or Administrator in a number of commercial organisations. Further information and contact details can be found at http://www.sheffield-lmc.org.uk/secretariat.htm.

LMC Administrative Assistant Vacancy (Maternity Cover): We also offer our congratulations to Emma Birtles, LMC Admin Assistant, on her exciting news that she is expecting twins in October. Emma will be going on maternity leave from August 2014 and, therefore, we will shortly be advertising for maternity cover. As this comes quite soon after Amy's departure and Denise's arrival, we ask for your patience and understanding as we work through a prolonged period of recruitment, induction and training and adjust to all of these changes.

LMC Office Opening Times: The LMC office opening times have been 9 am to 5 pm Monday to Friday for many years. However, this is not proving to be the best use of staff time and resources, particularly in view of the Secretariat only comprising of 2.5 wte staff, the increasing number of off-site meetings, a marked increase in electronic communications and a marked reduction in the number of telephone calls. We will monitor our staffing and workload over the coming months but, with immediate effect, we have taken the decision that the telephones will normally be manned from 9 am to 4 pm on Mondays and Tuesdays and from 9 am to 5 pm on Wednesdays, Thursdays and Fridays. In circumstances where off-site meeting attendance during these times is prioritised over manning the phones, an appropriate answerphone message will always clarify when staff will next be in the office. We will keep our website updated with regard to normal office hours – please see: http://www.sheffield-lmc.org.uk/secretariat.htm.