



*'Representing and  
Supporting GPs'*

**ACTIVITY UPDATE  
AUGUST TO SEPTEMBER 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](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](mailto: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](mailto:manager@sheffieldlmc.org.uk).

## **PRIMARY/SECONDARY CARE INTERFACE**

**Update on Community Nursing Services:** We were disappointed to note in a communication to all GPs, that the LMC had been listed as a member of the Joint Operational Management Board that has designed the new core offer for community nursing. We had been consulted on some elements of the review, but we are not members of this group. Although we may well support the ethos behind the core offer, it is incorrect to state that we were either included or have agreed to the outcomes of discussions. An urgent meeting was therefore arranged to discuss this matter and to ensure that our views could be taken into account prior to implementation across the city. This proved to be a useful meeting in obtaining an update on progress made so far, as well as future plans. We highlighted the importance of sharing information about the changes with GPs, and noted our disappointment that the community roadshows organised by Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) had only been for community staff. We requested that further events were considered in order to keep GPs informed. It was agreed that mechanisms would now be put in place to ensure that we can feed into the on-going review process.

**Single Point of Access Referral Forms:** Following seventeen months of debate, we were pleased to receive the final forms in September 2013. It is our understanding that all GPs should now be able to access these forms via Sheffield Clinical Commissioning Group's (CCG's) portal link at:

<http://www.jtpm.co.uk/nhstest9/index.php/referrals>

**Night Cover at Weston Park Hospital:** We were made aware of concerns of colleagues on the GP Specialist Training Programme (GPSTP) about the adequacy of night cover at Weston Park Hospital (WPH). This was raised with the Clinical Director of STHFT and the CCG as the commissioners of this service. STHFT have provided us with details of the current arrangements, which are due to be reviewed, and further action taken if necessary. If you are aware of any other concerns about this matter, it would be helpful if you could contact the LMC office via [manager@sheffieldlmc.org.uk](mailto:manager@sheffieldlmc.org.uk).

**Problems with Receipt of Information on New Letterheads:** We were made aware that STHFT had introduced a new letterhead for their communications, and that this was causing some difficulty to practices as some information was being rendered illegible if it is typed over the new design. We highlighted this potentially serious problem to STHFT who confirmed that these concerns would be raised with the general managers at the operational management board. It was felt that where letters are signed in hard copy it should be clear to the author that there is a problem. However, increasingly STHFT correspondence is approved electronically, when the overprinting may not be evident, and so it was agreed that secretarial staff will be advised to check for this problem with each letter as it is printed out. Therefore, we hope that this issue has been resolved. However, it would be helpful if any continued difficulties could be brought to our attention via [manager@sheffieldlmc.org.uk](mailto:manager@sheffieldlmc.org.uk).

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

**Rewrite of South Yorkshire Safeguarding Adults Procedures:** The LMC was made aware that these procedures were being rewritten to ensure they remain up to date and relevant to all the organisations that use them. We were invited to make comments on the current policy as well as to add any suggestions of the sorts of things that would be useful to GPs to be included in the new document, and to influence the content of the policy, which we believe may be a web based resource. There were a number of helpful suggestions, such as offering conference calls rather than needing to attend meetings, virtual meetings and working more electronically to ensure adequate information is provided by the relevant people in an appropriate timescale, which we are supportive of. We await sight of the new draft procedures later in 2013.

**Disabled Person's Travel Permit Applications:** We were made aware that this guidance, which has been in place for a number of years, has been changed by SCC with no negotiations with the LMC, and is once again requesting medical evidence from GPs. We stand by our guidance that this work is non-contractual and therefore GPs are under no obligation to provide information. We raised our concerns with SCC, who have now confirmed that the application form for Disabled Person's Travel Permits should not have been changed to make reference to GPs. The Business Services Manager at SCC has now assured us that the form will be amended, acknowledging that GPs should not be a part of this process.

**Medication Errors Steering Group:** We were able to send a representative to this meeting which was arranged by SCC and was attended by multidisciplinary carers, nurses, pharmacists (both NHS and private), social workers and public health. Although most organisations involved in patient care are aware of the importance of recording medical errors, it was recognised that there are a wide range of procedures and systems for recording and learning from medication errors, and various consequences in different organisations. We feel it is vital that GPs are involved in taking this work forward. A Steering Group is to be set up and we will endeavour to ensure there is GP representation.

## **SHEFFIELD CLINICAL COMMISSIONING GROUP/COMMISSIONING EXECUTIVE TEAM**

LMC Executive and Secretariat representatives met with CCG and Commissioning Executive Team (CET) representatives at the LMC office in September 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 CCG/CET representatives about, please email the LMC office via [manager@sheffieldlmc.org.uk](mailto: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:

**Clinical Commissioning Group Communications with Locum GPs:** The LMC was approached with a request from the CCG to support them in requesting Practice Managers' assistance in confirming which locum GPs are currently working at practices in Sheffield. Although we are keen to ensure there is equity in terms of information received irrespective of contract type, we do not believe that it is appropriate to place further work on Practice Managers when this information is available to other organisations. We highlighted that we have been stressing the importance of Area Teams being able to provide the relevant organisations with this information for some time, and we requested the support of the CCG in these negotiations, ensuring that the organisations that have this information can share it appropriately, rather than burdening others with seeking this information.

**Repeat Prescribing Out of Hours:** We recently discussed the agreement that had been in place with Sheffield GP Collaborative that patients requesting repeat medications out of hours (OOH) would be directed to a small number of pharmacies in the city who could provide them with a prescription that the GP would then honour. This initiative ceased with the introduction of NHS 111, but we were supportive of the recommencement of this scheme, or the introduction of something similar, for some medications. However, in order that patients do not receive the wrong message about how best to access healthcare, eg it is inappropriate to repeatedly run out of medication and request prescriptions from an OOH provider, we are encouraging the CCG to consider a limited supply of medication being made available. Through using the 'Emergency Dispensing Rules' pharmacists will be able to use their discretion to dispense up to 28 days of medication, and it is hoped that discussions with Sheffield Local Pharmaceutical Committee (LPC) will help emphasise the need to educate patients about how to access their medication appropriately.

**Health and Social Care Information Centre – Data Extraction:** This ongoing issue remains a concern and is a significant problem nationally. The CCG is engaged in relatively high level conversations with NHS England and other parties about the use of Patient Identifiable Data (PID), in order to enable CCGs to fulfil their obligations for contract management. We were informed that there should now no longer be a problem with practice level data for the purposes of Quality and Productivity (QP) Quality and Outcomes Framework (QOF), although we would welcome any examples where this is not the case via [manager@sheffieldlmc.org.uk](mailto:manager@sheffieldlmc.org.uk). We will continue to request updates from the CCG about this important matter.

**GP Association Funding:** Through discussions with the Locality Managers, the CCG has agreed to the release of two tranches of support for GP Associations (GPAs). The first will be used to support the development of managerial capacity, and the second will be used for the development of GPAs. It is hoped this will put GPAs into a position whereby they can start to be more involved with the commissioning intentions of the CCG for the next financial year. Any additional funding for GPAs in future years is likely to be aligned to any agreed expansion of the care planning work. We are aware that practices are at very different stages of development of their GPAs across the city, and this needs to be addressed in order for GPAs to succeed. To enable this, we are pushing for sustainable funding over the medium to long term to enable practices to change their ways of working and increase capacity, eg by employing additional staff.

## **NHS ENGLAND SOUTH YORKSHIRE AND BASSETLAW AREA TEAM**

**South Yorkshire and Bassetlaw LMCs Liaison Group Meetings with NHS England South Yorkshire and Bassetlaw Area Team:** We met with representatives of the Area Team in August to discuss issues such as the management of the Medical Performers List (MPL), QOF/QP non identifiable data from secondary care, process for timely and accurate payments to practices, practice opening Christmas/New Year 2013 and the volume of communications to practices. These meetings are a useful way of ensuring the Area Team is aware of the difficulties being faced across the region, as well as highlighting how widespread a problem may be.

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:

**Medical Performers List:** Despite reassurances from the General Practitioners Committee (GPC) that Area Teams should be able to break the performers list down to Area Team and CCG level, we no longer receive as detailed or consistent information as we did prior to 1 April 2013. We continue to work with our neighbouring LMCs to try to reach an approach that is manageable and sufficiently detailed and consistent for each LMC to be reassured that they are able to offer LMC representation to all eligible GPs in their area.

**Practice Opening for Christmas/New Year 2013:** We raised this issue with the Area Team, pointing out the evidence of reduced activity and capacity requirements on Christmas Eve and New Year's Eve. It was noted that there was less of a potential problem this year due to the days falling mid-week. It was noted that the Area Team would be unlikely to grant concessions to contracted hours as South Yorkshire was being specifically monitored by the Department of Health as poorly performing in acute Trust activities. However, there was general agreement that although practices would have to fulfil contracted hours, there could be flexibility with regard to staffing levels, which would have to anticipate patient need during these two afternoons.

**Collaborative Fees:** The GPC advised LMCs about a national agreement with NHS England around collaborative fees. There has been some confusion amongst practices, Local Authorities (LAs), Area Teams and CCGs as to who is responsible for what. It has now been agreed nationally that Area Teams will maintain current arrangements for collaborative fees that were previously managed by Primary Care Trusts (PCTs), and that where there is clarity that PCT funding for collaborative arrangements was included in CCG budgets, then it would be for CCGs to manage those payments. In all other cases, it is a matter for Area Teams. We have raised this matter with our Area Team, asking them to confirm the arrangements within Sheffield, in order that this important work continues to be resourced properly.

**Payment for Locums Covering Maternity, Paternity and Adoption Leave:** Following a frustrating delay in being able to establish why payments were not being processed, we eventually received reassurance from the Area Team that payments will be processed according to the terms of the current Statement of Financial Entitlements (SFE). It would be appreciated if any continuing problems could be reported to us via [manager@sheffieldlmc.org.uk](mailto:manager@sheffieldlmc.org.uk).

**Personal Medical Services Contract Reviews:** Reviews will be undertaken by NHS England and the Area Team and will involve the CCG. The outcomes of these are uncertain at the moment, as is the national climate towards future contract change and Personal Medical Services (PMS) funding. However, we have a commitment from the CCG to include the LMC in discussions and to offer an early warning about changes affecting Sheffield practices.

**Premises Development:** We received a number of queries recently with regard to the availability of premises funding and grants, particularly with regard to the development of older buildings and compliance with the Care Quality Commission (CQC). As there is still confusion as to which organisation will have responsibility for this area and, as such, we have entered into discussions with the Area Team about responsibility and availability of premises funding/grants.

## **NATIONAL NEGOTIATIONS**

**Primary Medical Care Functions Delegated to Clinical Commissioning Groups - Guidance:** At the August LMC meeting, the committee considered this new guidance which sets out how services are to be commissioned from general practice, which may include using Any Qualified Providers (AQPs). The committee considered issues such as how general practice can respond to the perceived threat of AQP, the difficulties with AQP contracts and what role the LMC might have with regards to supporting GPs to undertake work commissioned in this way. It was noted that it is most likely that there will need to be closer working of practices to ensure that funding remains in general practice, and that patients have equity in access to services. We will continue to keep abreast of developments in this area in order to ensure that we can offer appropriate support to practices.

**Annual GP Staff Census:** We were made aware that the survey for this year seems to be more onerous than in previous years. However, the GPC confirmed that the information provided is extremely useful in their negotiations and, as such, they are keen for LMCs to encourage practices to participate as fully as they feel able to. The data collected provides accurate workforce statistics and is valuable, for example, in negotiations around investment in general practice.

**Requests for Repeated MED3s for Benefit Claimants:** A number of GPs have contacted us about the additional work being generated by repeated requests for those patients who require long-term sickness certification for benefit claims. It is our understanding that Sheffield Jobcentres are requiring patients to attend their GP for a MED3 prior to their current MED3 expiring, as patients have been advised by the Jobcentre that they must submit the new certificate on the date that their previous note expires. This obviously reduces the length of time a note can be issued for by a few days every time, creating an inconvenience to patients and generating extra work for practices. We have raised this matter with the Department for Work and Pensions (DWP) on a national level and are expecting an update as to the reasoning behind this decision.

**Completion of ESA113 and FRR2 Forms:** We are increasingly being contacted by practices receiving a significant number of ESA113 and FRR2 forms, to be completed on behalf of their patients in a very short timeframe, eg either five or seven days. We highlighted this matter to the GPC, who confirmed that there is a contractual obligation for GPs to complete the forms without any charge, although the regulations state a “reasonable” timeframe for providing the information. The GPC has recently discussed the five/seven day limit with the DWP as they believe it is too short, and further news about this is awaited. Therefore, we would encourage GPs to complete these forms in a timely manner. We would suggest that any practice that is struggling to respond within the stipulated timeframe contacts the DWP to make them aware of the difficulties.

## **MISCELLANEOUS MEETINGS/NEGOTIATIONS**

**Non-Clinical Training for Primary Care:** We were made aware that the funding for this training has been passed to STHFT. We made contact with the main coordinator of the training, who confirmed that the current provision has been rolled over for a year. We continue to liaise between STHFT and Practice Managers to ensure that practices have ample opportunity to influence the training that is provided in future years.

**Introductory Days for Sheffield GP Trainees:** We welcomed an invitation to speak at one of the Introductory Days, which proved to be a useful opportunity to introduce the work of the LMC to GP Trainees, as well as highlighting their entitlement to free LMC representation for the duration of their training. Following this event we were delighted to co-opt an ST1 GP on to the LMC. We now have a co-opted member on the LMC from each year of the GPSTP.

**Volume of Communications to GPs and Practice Managers:** A number of concerns have been raised with us regarding the increased and sometimes repeated communications from a variety of organisations. We requested that the Area Team considers implementation of a weekly bulletin, with a gatekeeper role, in the way that the CCG does and NHS Sheffield used to do. If this continues to be a problem, please forward specific examples to [manager@sheffieldlmc.org.uk](mailto:manager@sheffieldlmc.org.uk).

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:

- Outpatient prescriptions
- Discharge of dementia patients
- Temporary list closure
- Sheffield Adult Mental Health Services wellbeing checks
- Three yearly rent review forms CMR1 and CMR1a
- Use of facilities for community health staff
- MRSA bacteraemia information
- Medical examiners pilot in Sheffield
- Calculating Quality Reporting Service (CQRS) update
- Power of attorney fees
- Use of Patient Group Directives (PGDs)
- Migrant access to the NHS: consultation
- 2013/14 English GP contract imposition survey
- CCG involvement in practice's Serious Event Audit (SEA)
- NHS Health Checks
- Use of patient identifiable information to support a claim.

Any GPs/Practice Managers who have concerns about any of the above issues are welcome to request more information about our concluded and on-going negotiations via [manager@sheffieldlmc.org.uk](mailto:manager@sheffieldlmc.org.uk).

## **LMC EXECUTIVE/SECRETARIAT**

**Sheffield LMC Constitution:** Following amendment of our constitution to reflect the changes brought about by the introduction of the Health and Social Care Act, the Area Team formally recognised Sheffield LMC. We are now planning to undertake a more thorough review of our constitution to ensure it best reflects the work of the LMC.

**Newsletter Distribution Review:** Following contact from a number of practices that felt they no longer needed to receive hard copy LMC Newsletters, we undertook an audit to ascertain whether GPs preferred to receive our newsletter electronically or electronically and in hard copy. As that was some years ago and many more people have a preference for electronic working, we are in the process of contacting all practices that still receive hard copy newsletters to check their preferences. Therefore, we would ask all Practice Managers who currently receive hard copy newsletters to look out for a communication from Emma Birtles, LMC Administrative Assistant on this matter. In the meantime, please be assured that we recognise that some practices value receiving hard copy newsletters which we are, of course, happy to continue to provide.