

SHEFFIELD LOCAL MEDICAL COMMITTEE

NEWSLETTER

APRIL 2012

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HMRC CONFIRMATION OF REGISTRATION

In March 2010 the LMC issued guidance in response to HM Revenue and Customs (HMRC) Child Benefit Office requests for confirmation of registration. This had raised particular concerns in relation to the release of confidential information and patient consent.

Other HMRC departments are now making similar requests, eg HMRC B&C Compliance Operations and HMRC Tax Credit Office. As a result, the LMC's guidance has been updated to clarify that the original guidance still stands and applies to these other departments.

A copy of the guidance can be downloaded from the LMC website at:

[http://www.sheffield-lmc.org.uk/lmc%20guidance/HMRC Confirmation of Registration.pdf](http://www.sheffield-lmc.org.uk/lmc%20guidance/HMRC%20Confirmation%20of%20Registration.pdf)

FIREARM/SHOTGUN LICENCES

As you will be aware, concerns have been raised regarding the system in place for the police to ask GPs for information on an applicant's suitability to hold a licence.

Following the publication of LMC guidance in December 2011, the British Medical Association (BMA) has held further discussions with the Association of Chief Police Officers (ACPO) and the Information Commissioner's Office (ICO).

The BMA and ACPO are looking for a longer and more enduring solution to the issue of obtaining information. However, owing to the current legislation governing firearms licensing it is anticipated that this will take longer than originally expected. In the interim, the BMA has issued an update for GPs. Therefore, the LMC's guidance has been revised to incorporate this latest development.

A copy of the guidance can be downloaded from the LMC website at:

[http://www.sheffield-lmc.org.uk/lmc%20guidance/Firearm-Shotgun Licences.pdf](http://www.sheffield-lmc.org.uk/lmc%20guidance/Firearm-Shotgun%20Licences.pdf)

IT SERVICEDESK: CUSTOMER SATISFACTION SURVEY

On 3 April 2012 all Sheffield GP Practice Managers should have received an email from Mike Overton, IT Manager Commissioning, NHS Sheffield, with

a request for participation in a Customer Satisfaction Survey for the IT Servicedesk Service.

The survey, which consists of 10 questions, is supported by the LMC, as it gives practices an important opportunity to comment on issues such as how well the service is currently delivered and how well it meets practices' needs. There is also the option of providing free text comments.

It is encouraging that, as of 13 April 2012, 37 practices had responded.

The LMC would encourage practices that have not yet done so, to view and complete the survey at:

<http://www.surveymonkey.com/s/RZHJTDC>

The deadline for completion is 1600 hrs on Friday 27 April 2012.

Results will be published and used to reflect on current practice and to help to provide service improvement opportunities.

If you have any questions or comments, please contact Mike Overton:

email: michael.overton@nhs.net
tel: (0114) 3051333.

REJECTION OF CERVICAL SAMPLES: WOMEN UNDER 24 YEARS AND 6 MONTHS

*Article submitted by
Dr Jenny Stephenson*

From the age of 24 years and 6 months, women receive their first smear invite. From 1 April 2012 the Cytology Laboratory will reject samples from women younger than this, unless the sample is from a woman:

- on early recall following a borderline or mildly abnormal result, or
- being followed up after treatment for dyskaryosis (guidance from the NHS Cervical Screening Programme).

If this clinical information is not on the request form, the smear taker will be notified that the sample will be rejected and destroyed, unless the Cytology Laboratory is notified within 2 weeks that the woman has a previous history of abnormality. Any samples that are rejected must be reported as a clinical incident.

If a young woman presents with symptoms please refer to *Clinical Practice Guidance for the Assessment of Young Women aged 20-24 with Abnormal Vaginal Bleeding*, which can be found on the Department of Health (DH) website at:

http://www.dh.gov.uk/en/Publicationandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113478.

If you have any questions please do not hesitate to contact the Cytology Laboratory on tel: (0114) 226 5968 or (0114) 271 3697.

‘WHAT WE KNOW SO FAR’

The BMA's Health Policy & Economic Research Unit (HPERU) has recently re-launched its 'What we know so far...' series of briefing notes on the NHS reforms.

The briefings outline what is known so far on a range of key topics related to the Government's health reforms, as well as highlighting where questions remain unanswered. The titles in the series are:

1. Health and Social Care Act at a glance (produced by the Parliamentary Unit). This paper explains the main changes that the new legislation brings about, including the duties of the secretary of state, new commissioning arrangements, public health and education, training and research.

2. The NHS Commissioning Board This paper describes the organisational structure of the new NHS Commissioning Board and what it will do, including its legislative duties, direct commissioning and oversight and performance management of new clinical commissioning groups (CCGs).

3. Local accountability This paper explains the new forms of local accountability within the NHS, including the strengthened role for local authorities, new health and wellbeing boards and local HealthWatch.

4. Choice and any qualified provider This paper examines the extension of patient choice and the introduction of the any qualified provider policy, as well as providing a brief history of patient choice in the NHS.

5. Foundation trusts This paper outlines the changes relating to foundation trusts, including the private patient income cap and failure regime, as well as the timetable for all remaining NHS trusts to achieve foundation trust status.

6. Monitor and regulation This paper explains proposals to create a joint licensing regime for NHS providers, operated by Monitor and the Care Quality Commission (CQC), and the expansion of Monitor's role, to become the system regulator for all NHS-funded services.

7. New providers This paper describes what the reforms will mean for new providers, including social enterprises, Independent Sector Treatment Centres (ISTCs) and the not-for-profit sector.

Numbers 1 and 2 are new. The remainder have been updated to reflect changes made in the last stages of the Health and Social Care

Bill becoming the Health and Social Care Act. Each briefing has an accompanying executive summary.

The briefings can be downloaded from the BMA website at:
http://www.bma.org.uk/healthcare_policy/nhs_white_paper/whatweknowofar.jsp

CHANGES TO PRACTICE BOUNDARIES

As part of the agreement negotiated between the General Practitioners Committee (GPC) and NHS Employers (NHSE) for 2012/13, changes are being made to regulations from April 2012 to allow practices to create 'outer boundaries'.

These changes have been introduced to help improve patient choice of practice and to amend the closed list regulations, but they are unrelated to the piloting of remote registration. Changes to practice boundary arrangements and the relaxing of the closed list regulations, as described below, are permanent and apply across England.

What changes are being made to practice boundaries?

The changes being made to regulations regarding practice boundaries really only formalise what many practices already do. From the end of April 2012 PCTs will be expected to work collaboratively with practices to establish new 'outer boundary' areas to help patients who move a short distance outside the current practice boundary to stay with their existing practice.

Do all practices have to create outer boundaries?

Where a GP practice already has a large boundary area it may not be appropriate to establish an outer boundary. This is recognised in the new regulations. However, the GPC would expect most practices to work with PCTs to specify an outer boundary – in some cases this may only be a matter of a few streets larger than the existing practice boundary. Practices' new outer boundaries will be specified in their GMS contract or PMS agreement and should be advertised in practice leaflets and on websites. The information will also be made

available on the NHS Choices website.

What impact will the new boundaries have on patients?

Existing patients who move into the outer boundary area of a GP practice and remain registered with that practice will be eligible for the normal range of services, including clinically necessary home visits. Practices will need to bear in mind the feasibility of home visits, and any possible impact on their patient population as a whole, when agreeing their outer boundary. Guidance will acknowledge that for patients requiring very frequent home visits, it may be in their interests to register with a practice nearer their home rather than remaining with their former practice simply because they live in its outer boundary area.

INTERIM SENIORITY FIGURES 2012/13

The NHS Information Centre has published the interim seniority figures for 2012/13 General Medical Service (GMS) contractors. For England the figure is £96,646. Further details, plus information about the methodology are available on the NHS Information Centre website at:

www.ic.nhs.uk/tsc

ETHNICITY AND FIRST LANGUAGE RECORDING GUIDANCE

The GPC published *Ethnicity and first language recording guidance* as part of the Ethnicity and first language Directed Enhanced Service (DES). This was then published separately in 2011 after the DES was withdrawn and has now been updated.

The guidance highlights the published codes for ethnicity and first language so that practices can continue to record this data. Despite the withdrawal of the DES, it is expected that practices would want to continue to record first language and ethnicity as a matter of routine in order to assess the needs of their population. However, this is a practice choice as there is no longer any contractual requirement to do so.

A copy of the updated guidance can be downloaded from the LMC website at:

<http://www.sheffield-lmc.org.uk/OG11/Ethnicity%20and%20first%20language%20recording.pdf>

DISPENSING DOCTORS FEESCALE

The GPC, the Dispensing Doctors' Association and NHSE have reached agreement around the changes for 2012/13 onwards, effective from 1 April 2012:

- An envelope of £170m for dispensing fees.
- For the 'underspend' in 2010-11 and 2011-12 England will receive a one off payment that equates to £10m.
- An updated methodology which will more accurately remunerate dispensing doctors for the medicines they dispense. The new methodology includes changes year on year to take into account increases in GP pay and changes in the volume of medicines dispensed. It also sets out an agreed way forward should there be an over or underspend.
- Dispensing doctors will receive £20 for each special they dispense.

A feescal to deliver the agreed envelope will be calculated by the Technical Steering Committee (TSC) and will be implemented on 1 October 2012. This feescal will deliver the total envelope for 2012/13. Guidance will be issued once the TSC has completed its work.

GP TRAINEES SUBCOMMITTEE NEWSLETTER

The GP Trainees Subcommittee is a subcommittee of the GPC, which provides national representation for all doctors in GP training, whether they are members of the BMA or not. The subcommittee meets 4 times a year and will be producing a newsletter following each meeting. The newsletter is intended as a useful resource covering education, training, contracts, terms & conditions of service and any other issues of importance to trainees. The main topics covered in the 1st edition (March 2012) are:

- What is the GP Trainees Subcommittee?
- Update from the previous Chairman.
- Extending GP training.
- General Medical Council (GMC) Trainees Survey.
- ePortfolio.
- Pensions and industrial action.
- Out of Hours (OOH).
- The GP Trainees Skills Day.
- Elections.
- Regional representatives.

A copy of the newsletter can be downloaded from the GPC website at:

http://www.bma.org.uk/images/gptraineesnewslettermarch2012_tcm41-212266.pdf

HUMAN PAPILLOMAVIRUS (HPV) VACCINATION CHANGES: REMINDER

From September 2012 the HPV vaccine supplied as part of the HPV immunisation programme will change from Cervarix to Gardasil. Until that time Cervarix should continue to be used, with the aim of completing all courses by April 2013. A small supply of Cervarix will be available to order after September 2012 for outstanding courses, but please note that quantities of this vaccine will be capped.

Further information can be found in a letter from the DH Director of Immunisation, which was sent to GPs in November 2011. A copy of this letter can be downloaded from the DH website at:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/document/s/digitalasset/dh_131600.pdf.

Please forward any articles, comments etc for inclusion in the LMC newsletter to the LMC office via:

Email: administrator@sheffieldlmc.org.uk

Post: Sheffield LMC, Media House, 63 Wostenholm Road, Sheffield S7 1LE

Articles for the May 2012 edition of the LMC newsletter to be received by **Friday 11 May 2012**.