SHEFFIELD LOCAL MEDICAL COMMITTEE NEWSLETTER **DECEMBER 2012**

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GP CONTRACT CHANGES: GPC UPDATES

As you will be aware from the November edition of the LMC newsletter, Laurence Buckman, Chair of the General Practitioners Committee (GPC) is in the process of producing regular updates for the profession, the majority of which are being distributed via LMCs.

To date, we have emailed the following updates to represented Sheffield GPs and Practice Managers:

- What will the QOF changes mean for your practice finances? (emailed on 29 November 2012)
- What will the contract changes mean for your workload? (emailed on 3 December 2012)

If any Sheffield GPs or Practice Managers have not received these important updates, it would be appreciated if the LMC office could informed via email be to manager@sheffieldlmc.org.uk, in

order to ensure that our databases and distribution lists are accurate and upto-date.

Further updates and more detailed guidance notes are expected, along with details of a series of GPC roadshows. Therefore, it is vital that we are able to keep all GPs and Practice Managers informed of developments.

Any GPs who have not received Laurence Buckman's letters to the profession (emailed on 25 October and 7 December), are advised to info.gpc@bma.org.uk email to ensure that the GPC has up-to-date contact details.

LEGAL AID CUTS AND VICTIMS OF DOMESTIC ABUSE

A number of practices have contacted the LMC regarding a letter from Taylor&Emmet LLP Solicitors.

It would appear that Taylor&Emmet are asking GPs to complete a medical

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> examination and short medical report on patients who are claiming to be victims of domestic violence.

> We have made Taylor&Emmet aware that their request falls outside of normal NHS contractual work. Therefore, GPs are entitled to refuse to complete the work, or, if choosing to do the work, can charge a fee. GPs completing the work must also ensure that they have adequate patient consent and must carry out third party information checks.

> We will, of course, keep practices updated on our negotiations with Taylor&Emmet.

SERVICES PROVIDED BY SOUTH YORKSHIRE PRIMARY **CARE AGENCY**

A number of practices have raised concerns with the LMC regarding services they used to receive, but no longer receive since the transfer of services to the South Yorkshire Primary Care Agency (SYPCA).

DT2:Newsletters/Dec12

These concerns were raised with NHS Sheffield (NHSS) and the following confirmation has been received:

• The Finance Department of the Primary Care Trust (PCT) based at Brincliffe House ceased to exist in July 2011.

The functions provided by the PCT were reviewed and some were transferred to the SYPCA and some retained within the PCT, dependent upon whether they were core Family Health Services (FHS) functions or wider primary care finance functions.

The systems and processes around these functions have been reviewed to enable the services to be managed with a smaller team of staff.

Core essential functions have been maintained.

Within Sheffield payments continue on behalf of practices in relation to rates (non-domestic and water) and waste. Out of hours (OOH) details are also kept on the PCT's database.

This information is no longer routinely sent to practices. However, practices that cannot source this information elsewhere can contact NHSS to confirm these amounts - davidsharpe@nhs.net

More changes are to be implemented at year end as a result of the end of the PCT and it is not yet clear how the system will work from April 2013 onwards. However, the LMC has received reassurances that practices will be informed of any further changes as integration occurs with the new NHS Commissioning Board (NHSCB) Single Operating model for primary care commissioning and support.

Any practices that continue to experience difficulties with the service they receive from the SYPCA, or the lack of service, are asked to inform the LMC office via manager@sheffieldlmc.org.uk in order for this to be investigated.

MOTIONS FOR DEBATE AT THE ANNUAL CONFERENCE OF LMCs 2013

We have recently been in receipt of correspondence from the Chairman of the Annual Conference of LMCs highlighting the importance, particularly at this extremely challenging time for general practice, of recruiting grassroots opinion from general practice for topics to be debated at the Annual Conference of LMCs in 2013.

Sheffield LMC always submits motions which come from debate at the committee and can report that we have been very successful in having these prioritised for debate, often opening the debate on a number of topics.

In order to be able to submit motions that are important to Sheffield GPs, we would ask you to discuss with colleagues, and within partnerships, the areas of priority that you wish Sheffield LMC to highlight at conference. We would be delighted to receive GPs' thoughts about issues which should be debated, preferably in the form of a motion to be tabled.

For examples of how motions are structured, please see the 2012 Conference report, available at:

http://www.sheffieldlmc.org.uk/Reports/Annual%20Conf erence%202012.pdf.

In order that we can discuss proposed motions at a meeting of the full LMC, it would be appreciated if practices could email their suggestions to the LMC office by Monday 11 February 2013 via manager@sheffieldlmc.org.uk.

GENERAL PRACTICE IT SERVICES FROM APRIL 2013

From April 2013, the NHSCB will be accountable for the delivery of primary care IT, with funding and responsibility for hardware, practice networks and support services (including training) being delegated to Clinical Commissioning Groups (CCGs).

CCGs, as commissioners, will need to own a locality informatics strategy.

The Local Service Provider contract and GP Systems of Choice programme will continue to be managed and funded at a national level.

Work is underway with PCTs to determine the current level of spending on GP IT before decisions on the funding to be devolved to CCGs in 2013-14 are finalised.

The GPC IT Subcommittee has asked LMCs to urge practices to keep an inventory of the IT systems, software and services they currently use and which are being funded and/or provided by their PCT in order to keep track of this information and lose nothing in the handover.

Although the GPC has been given reassurances by the NHSCB that PCTs will accurately identify the IT services they provide to practices, and that there will be a safe transfer of these services, keeping an inventory of the IT provisions currently provided by PCTs will help ensure this happens.

CAMERON FUND: CHRISTMAS APPEAL 2012

The Cameron Fund is Sheffield LMC's chosen charity for 2012 and a donation has been made to the Fund in response to their Christmas Appeal.

The Cameron Fund provides help and support solely to GPs, including those who are retired, and their dependants.

It aims to meet needs that vary considerably, from the elderly in nursing homes to young, chronically sick doctors and their families and those suffering from unexpected and unpredictable problems such as relationship breakdown or financial difficulties following the actions of professional regulatory bodies.

If any GPs or their dependants are in need of help or would like to make a donation to the Fund, please contact:

Jane Cope The Cameron Fund Tavistock House North **Tavistock Square** London WC1H 9HR.

Email: janecope@cameronfund.org.uk Tel: 020 7388 0796.

Further information is available at:

www.cameronfund.org.uk.

REVALIDATION UPDATE

Article submitted by Dr Andy Godden CPD Tutor for Appraisal

Revalidation legislation has been commenced and the General Medical Council (GMC) will be receiving the first revalidation recommendations about doctors in the coming weeks.

GPs will receive a letter from the GMC shortly confirming their revalidation date, and should have recently received an email from NHSS.

For Sheffield GPs it is anticipated that revalidation dates will be after 1 January 2014.

What should you do to make revalidation as simple as possible?

- Make sure you remain engaged with appraisal, as this is the route to revalidation and maintaining your licence. Your appraiser should be able to guide you.
- The documentation is changing, with the old Forms 1-4 being retired.
- To support your revalidation ready appraisal, NHSS is recommending that you make an early start (compulsory from April 2013) using:
 - 1. the MAG model appraisal form available at: http://www.revalidationsupport. nhs.uk/about the rst/rst projec ts/Implementation-Support/guidance-andtools/mag-model-appraisalform.php

OR

2. the Royal College of General Practitioners (RCGP) revalidation ePortfolio available at: http://www.rcgp.org.uk/revalid ation-and-cpd/revalidationguidance-for-gps/revalidationeportfolio-information.aspx

There is an important user guide for the former, which includes minimum system requirements and advice for Mac users. NHSS is working with the RCGP to enable support for the latter within Sheffield, but until this is finalised, the current guidance on the GP appraisal website still stands.

- If you are a Year 1 doctor and have an appraisal between January and March 2013, it would make life much easier to use the new format to prepare for it.
- If you read nothing else, look at the GMC's guidance Supporting Information for appraisal and revalidation which explains what information you need to have and is available at:

http://www.gmcuk.org/doctors/revalidation/revalid ation information.asp

- Additional guidance is available from:
 - 1. the NHS Revalidation Support Team at:

http://www.revalidationsupport. nhs.uk/about the rst/rst projec ts/Implementation-Support/guidance-andtools/mag_projects.php

2. NHSS's appraisal website at:

http://www.sheffield.nhs.uk/gp appraisal/

You will need patient and colleague feedback to be available at the appraisal preceding your revalidation recommendation. Advice regarding this was contained in the Important Guidance: Preparing Doctors for Appraisal newsletter recently emailed to GPs by Dr David Black and Dr Richard Oliver.

• Finally, as Sheffield joins other South Yorkshire and Bassetlaw PCTs in a single organisation, there are likely to be changes to the appraisal system from April 2013 – watch this space ...

If you have any queries or concerns arising from this update, please contact Dr Godden via: andyjgooden@hotmail.com

CARE QUALITY COMMISSION (CQC) REGISTRATION

The CQC has published a report on its pilots of inspection methods for primary medical services providers. It includes recommendations about how the COC will check that the providers meet essential standards once they are registered.

These recommendations include that:

- providers should be given a 48hour notice period for scheduled inspections;
- inspections should take place every 2 years.

A copy of the report can be downloaded from the CQC website at

http://www.cqc.org.uk/organisationswe-regulate/gps-and-primarymedical-services/registering-cqcinformation-gps-and-oth-4

PERTUSSIS (WHOOPING COUGH) IMMUNISATION FOR **PREGNANT WOMEN: A** LOCAL PERSPECTIVE

Article submitted by Sarah Mayfield, Health Improvement Practitioner-Childhood Immunisations/Antenatal & Neonatal Screening, Public Health, NHS Sheffield

On 27 September 2012, a Chief Medical Officer (CMO) letter announced the introduction of a temporary programme to vaccinate pregnant women against Pertussis to protect their infants.

This is due to a considerable increase in Pertussis activity in the UK starting in mid-2011.

The current national outbreak is the largest seen in the UK for over 2 decades in England and Wales.

The greatest numbers of cases are in adolescents and young adults, but the highest rates are in infants less than 3 months of age. The latter are at highest risk of complications and death and are too young to be protected through routine vaccination.

There have been 13 deaths in England up to 1 November 2012 - all in infants below the age of vaccination. The latest death was an infant from South Yorkshire.

It is highly important to continue to offer pregnant women the Pertussis vaccination as whooping cough rates are still continuing to rise, even after the implementation of the temporary Pertussis immunisation programme. Locally, 6 cases of Pertussis are being diagnosed each week.

Pregnant women lists are now available to practices via the PBC clinical dashboard and will be updated each month - go to the "STH Pregnancies" tab to see your list. It is important to check these lists with the midwife linked to your practice.

Please continue to vaccinate this important cohort of women until further notice is received from the Department of Health (DH).

The CMO's letter can be viewed at:

https://www.cas.dh.gov.uk/Viewand Acknowledgment/ViewAlert.aspx?A lertID=101844

For further information please see:

• The DH website:

http://www.dh.gov.uk/health/201 2/09/whooping-cough/

• The Health Protection Agency (HPA) website:

http://www.hpa.org.uk/Topics/Inf ectiousDiseases/InfectionsAZ/Wh oopingCough/ImmunisationForPr egnantWomen/

Or

• Contact Sarah Mayfield via Tel: (0114) 3051037 or via email: sarahmayfield@nhs.net.

EUROPEAN STUDY ON EHEALTH USAGE AMONG **GENERAL PRACTITIONERS**

The European Commission has sponsored a study on the use of information and communication technologies among GPs in all European countries.

The aim of the study is to improve understanding of the use of technology by GPs in their daily activities and how this may vary.

The study is supported by the GPC and 4,000 GPs (principals and sessional GPs) selected at random from the British Medical Association (BMA) database have been invited to complete an online questionnaire. Contact details have been disclosed on a secure and confidential basis with an appropriate confidentiality agreement in place. All information provided in the survey will also strictly confidential. remain Participation is by invitation only to ensure a randomised sample.

The GPC is encouraging all GPs who receive an invitation to complete the online questionnaire - which should take no longer than 15-20 minutes as participation will ultimately benefit both healthcare professionals and patients.

CHIEF MEDICAL OFFICER (CMO) ANNUAL REPORT

The CMO for England, Dame Sally Davies, has published the first volume of her annual report, which can be downloaded from the DH website at:

http://www.dh.gov.uk/health/2012/11 /cmo

This volume, which focuses on epidemiology and public health, brings together a number of data sources in one place for the first time.

It is designed to be used by local authorities and local health professionals as they work together to improve the health of local populations. It contains information that may be useful to GP practices.

NHS PENSIONS 2011/12 **CERTIFICATE GUIDANCE & COMPLETION NOTES**

NHS Pensions have revised their certificate guidance (Box 38b).

A copy of the revised guidance can be downloaded from the NHS Business Services Authority website at:

http://www.nhsbsa.nhs.uk/Document s/Pensions/Main Cert Notes.doc

LMC OFFICE CHRISTMAS/NEW YEAR **OPENING 2012/13**

Please note the following LMC Office opening times over the Christmas and New Year period:

Mon 24 Dec Closed Tues 25 Dec Closed Wed 26 Dec Closed Thurs 27 Dec 9.00 am – 4.00 pm Fri 28 Dec 9.00 am – 4.00 pm

Mon 31 Dec	9.00 am – 4.00 pm
Tues 1 Jan	Closed
Wed 2 Jan	9.00 am - 5.00 pm
Thurs 3 Jan	9.00 am – 5.00 pm
Fri 4 Jan	9.00 am - 5.00 pm

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

Email: manager@sheffieldlmc.org.uk

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

Articles for the January 2013 edition of the LMC newsletter to be received by Friday 11 January 2013.