SHEFFIELD LOCAL MEDICAL COMMITTEE

NEWSLETTER

FEBRUARY 2008

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GP GMS Contract Negotiations: What We Have Done So Far

As many of you are aware, the LMC Executive has been working hard to raise the profile of general practice on your behalf.

Copies of our letters to the local press (published in the Sheffield Telegraph) and to local MPs were emailed to all practices for information. The LMC Chair and the regional GPC representative have also spoken on local radio stations.

The LMC held a city-wide meeting on Thursday 31 January 2008 and we would like to thank all GPs and Practice Managers who attended for making this such a well represented, productive debate. In total approximately 185 representatives of local primary care attended, representing 73 of the 93 Sheffield practices.

A report on this meeting has been emailed to all practices and is also available on the LMC website. As stated in the report, the LMC Executive would welcome feedback on the meeting from GPs and Practice Managers, along with any other comments or concerns regarding the contract negotiations via email to:

administrator@sheffieldlmc.org.uk

The LMC is arranging local meetings with MPs and is writing to Alan Johnson (Health Secretary) with regard to his recent letter to the profession.

The LMC would like to encourage practices to also raise their individual concerns by writing to the Health Secretary, local MPs and the local press, as well as making patients aware of the issue. The GPC has produced a number of documents to assist practices with this, which can be accessed via:

http://www.bma.org.uk/ap.nsf/Content/gpcpubrelations

For ease of reference the LMC has provided links to these and other related LMC and GPC documents on the LMC website:

http://www.sheffield-lmc.org.uk/negotiations.htm

The website will be updated as and when further information is received.

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Registering Details for GPC Communications

The GPC has distributed a number of important communications to the profession in recent weeks regarding the GP GMS contract negotiations.

As the GPC does not have all GPs' email details, the LMC has also been forwarding some of these communications on to practices. However, the GPC has asked LMCs to encourage GPs to register their details to ensure that they receive future communications in a timely and appropriate manner.

Members or non-members who wish to register their email address and other details to receive GPC communications can do so by completing the registration form at:

https://registration.bma.org.uk/uvar.nsf/regfm?OpenForm

If you are already registered but would like to amend your personal membership details (for example address, contractual status), please use the change of membership form:

https://registration.bma.org.uk/coa.nsf/w1?OpenForm&Login

or email the BMA membership department at:

membership@bma.org.uk

This information is also available at the following link:

http://www.bma.org.uk/ap.nsf/Content/homepageregistration

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GP Systems of Choice (GPSoC)

Update from Sheffield PCT:

GP Systems of Choice is a new scheme through which the NHS will fund the provision of GP clinical IT systems in England.

GPSoC allows practices and PCTs to benefit from a range of quality GP clinical IT systems from existing suppliers who will now be contracted to work within the NHS National Programme for IT (NPfIT).

GPSoC provides practices with a choice of systems from GPSoC Framework suppliers, alongside choices offered by their local service provider (LSP), in line with the requirements of the GMS contract.

Under GPSoC, NHS Connecting for Health (CfH) will provide central funding for the annual software licence charges and NPfIT upgrades for existing GP clinical IT systems, which conform to a minimum (GPSoC Level 2) specification.

Some of the benefits of GPSoC for practices are:

- Standards will improve the quality of service
- Information about system and supplier performance to assist practices in making an informed choice of system
- Clarification of the roles and responsibilities of the PCT, the GPSoC Framework supplier and the practice
- National contracts with the suppliers to provide an escalation route for individual GPs and PCTs

The PCT can include all practices with a GPSoC Level 2 compliant system in Schedule A to the GPSoC call off agreement with the relevant supplier without seeking explicit consent from the practice. The onus is on the practice to contact the PCT if it does not want to be included in the GPSoC contractual arrangements. Sheffield PCT has contacted all practices for whom GPSoC is relevant and set up framework contracts with EMIS, In Practice and iSoft and, based on responses from practices, will include practices on the Schedule A agreements.

Practices may also receive a cancellation request from EMIS, In Practice or iSoft, which they should complete and return to the supplier.

The PCT-Practice Agreement has now been approved by the GPC and SHA CIOs. Sheffield PCT will develop an SLA, in conjunction with representatives from practices, which will become part of the PCT-practice agreement. This will be in place for 1 April 2008.

For further information on GPSoC:

http://www.connectingforhealth.nhs.uk/systemsandservices/gpsupport/gpsoc

Additional Information from GPC:

PCTs are being asked by CfH to include all practices in a GPSoC "call off agreement". There will be *no change to the system that the practice uses* and this is a technical exercise in order for the PCT to secure the necessary funding for GPSoC *and to continue funding their obligations for current practice IT support.* GPC considers this to be a sensible and efficient method of proceeding on the basis that GPSoC delivers what the profession asked for in the 2003 negotiations.

It could be the case that *some practices will not be signed up* because their *system* is not GPSoC Level 2 compliant. The current list of GPSoC compliant systems can be found at:

http://www.connectingforhealth.nhs.uk/systemsandservices/gpsupport/gpsoc/framework/planned

If this is the case, the practice concerned should approach its PCT to discuss its options. These would include checking whether the supplier of the practice's current system is planning to provide a GPSoC Level 2 compliant version or, potentially, to begin the process of migration to a GPSoC Level 2 compliant system.

In the event that a practice has taken a business decision not to be involved in GPSoC, ***the onus would be on the practice concerned to inform the PCT of its decision in writing***. This has been agreed with the Sheffield IM&T department. Technically, PCTs would still have a responsibility to fund those practices that decline to join up, but there will be increasing pressure to move onto GPSoC, or LSP (Local Service Provider) contracts due to financial pressures and compliance requirements. GPC cannot envisage circumstances in which a practice would take a business decision not to be involved in GPSoC, given that it delivers what the profession asked for in the 2003 negotiations.

The PCT-Practice Agreement, which was sent out for consultation recently, has now been approved by GPC, the SHAs and the GP IT system User Group chairs.

This Agreement clarifies both PCT and practice responsibilities under GPSoC and is applicable to *all* practices, whether GMS or PMS, and not just those who wish to move systems. For practices who *do not* intend to change systems, it clarifies the rights and responsibilities of the PCT and practice. For practices that *are* intending to change systems it clarifies the process to be followed. It also details the dispute resolution arrangements.

The PCT-Practice Agreement is *independent* of the practice's GMS or PMS contract.

The PCT-Practice Agreement *will have to be signed by all practices* who are signed up to GPSoC. Signing up by PCTs and practices will be undertaken *subsequent* to PCT sign up to the call off agreement and CfH have set a deadline of the *end of April 2008* for practices and PCTs to sign their agreements.

Detailed guidance on the PCT-Practice Agreement will be issued shortly.

It is important to note that *practices are still the data controller* under GPSoC.

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IM&T DES

The LMC is aware that there has been some confusion regarding achievement of the IM&T DES in 2007/08 and the process for 2008/09.

The LMC Executive is in communication with Sheffield PCT, in an attempt to obtain clarification and will issue advice to practices at the earliest opportunity.

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SURGERY SESSIONS BY LOCKHARTS SOLICITORS

LMCs throughout the country have been approached by Lockharts Solicitors, who some GPs may recognise as the firm that has performed considerable work for the BMA regarding the new GMS contract and PMS contracts.

Sheffield LMC has been offered the opportunity of a free legal surgery. The idea is that Sheffield GPs would be able to attend a surgery session at the LMC office with a Lockharts representative and discuss issues that fall within Lockharts' remit, particularly partnership deeds.

This would be in exchange for Lockharts being able to use the LMC's facilities to meet existing clients.

We would be grateful if you could let the LMC know of any expressions of interest in attending a surgery session via email to: administrator@sheffieldlmc.org.uk

Once we have a clear picture of the level of interest, we will be able to communicate with Lockharts to arrange a date.

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CORPORATE MANSLAUGHTER AND CORPORATE HOMICIDE ACT 2007

As reported in the January 2008 edition of the LMC newsletter, the LMC contacted the Defence Organisations regarding any advice they were proposing to offer their members on this issue.

The Medical Defence Union (MDU) has produced guidance which is available to MDU members via:

http://www.the-mdu.com/section_GPs_and_primary_care_professionals/index.asp

The Medical Protection Society (MPS) has not issued general advice for all MPS members as yet. It may well be that MPS members wish to contact the organisations themselves, to clarify the implications of the new legislation.

The LMC will endeavour to gain more generalised advice for the use of MPS members.

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SPECIFICATIONS AND PRICING FOR LOCAL ENHANCED SERVICES

Dr Richard Oliver, Joint PEC Chair at Sheffield PCT, has requested that the following information is included in the LMC newsletter:

The new specifications and pricing for local enhanced services for primary care were sent to practices on 24 January.

These cover:

- *administration of Zoladex*
- *insertion of IUCDs and Implanon*
- *replacement of ring pessaries*
- *monitoring of patients on anticoagulation therapy.*

These represent an increased investment in enhanced services and unify the approach across the city following different legacy systems from the four previous PCTs.

Obviously, these new agreements will need monitoring, but the LMC would be happy to discuss any concerns that practices may have, which can then be fed back to the PEC.

However, the LMC would like to emphasise that we have made great efforts to try and establish equity across the city, thus removing the situation where small groups of practices were receiving payment, whereas the majority of Sheffield practices were performing similar procedures without remuneration.

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ANGIOTENSIN CONVERTING ENZYME INHIBITORS / ANGIOTENSINOGEN RECEPTOR ANTAGONISTS AND ANAESTHESIA

Article Submitted by Dr Andy Dennis, Consultant Anaesthetist, STH

On attendance at pre operative assessment clinics at STH a number of patients for elective surgery have a high recorded blood pressure. This often settles but, as you are aware, some patients are asked to return with, or contact the clinic with, 3 blood pressure readings from primary care. Often these are normal and we know we can proceed with surgery safely.

Unfortunately, some patients' blood pressures do not settle, they are diagnosed as having hypertension and are started quite appropriately on anti hypertensives before their surgery. Assuming their blood pressure then settles to an acceptable value we do not always see them again.

It is standard practice to ask all patients to remain on their cardiovascular medication up to and including the day of surgery. This

practice provides greater cardiovascular stability during their anaesthetic.

Unfortunately, as with everything, there are exceptions to this rule and we routinely ask patients on ACEIs and ARAs for their hypertension to stop these 24 hours before surgery. For example, if surgery is on a Tuesday the last dose should be Sunday night or Monday morning depending if they take their drugs in the morning or the evening. This is because there is good evidence that these drugs interact with our anaesthetic agents to create large drops in blood pressure during anaesthesia, which is not always easy to rectify pharmacologically.

This does not normally pose a problem as patients are provided with this information at the pre operative assessment but, occasionally, they are diagnosed as hypertensive by the above process and started on one of these drugs. If their blood pressure is corrected and they have rung in with satisfactory readings we will not always see them again before the day of surgery, when it is too late and they have to have their operation postponed.

I write this just to make everyone aware of the problem and to pass on the stopping advice to patients who commence treatment on ACEIs or ARAs prior to surgery.

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MANAGING DISPUTES WITH PCOS

The GPC has recently issued the above guidance for GPs, which covers issues such as:

- Dispute resolution routes.
- Types of contract disputes.
- First steps.
- The formal process.
- By whom are NHS disputes resolved?
- The FHSAU.
- How to prepare a case.
- Other procedural matters.

A copy of the guidance can be accessed - login required - via:

- the GPC website http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFMangingdisputeswithPCOsJan2008/$FILE/MangingdisputeswithPCOsJan2008.pdf
- the 'Other Guidance' section of the LMC's website http://www.sheffield-lmc.org.uk/guidance.htm

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COLLECTION OF LMC LEVIES FROM PMS PRACTICES

It has been brought to the LMC's attention that the PCT has not collected the LMC levy correctly from PMS practices since April 2007.

We understand that practices have been deducted the shortfall in one lump sum in January 2008. This decision was made unilaterally by the PCT without consultation with the LMC.

We have sought reassurances that future levies will be collected in the normal monthly manner.

The LMC would like to apologise for any cash flow inconveniences that may have been caused by this error, which was completely out of our hands.

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FIRE HAZARD WITH PARAFFIN BASED SKIN PRODUCTS

All practices should have received an alert from the National Patients Safety Agency (NPSA) regarding prescribing, dispensing or administration of paraffin based skin products and a potential fire hazard.

Bandages, dressings and clothing in contact with paraffin based products (for example White Soft Paraffin, White Soft Paraffin plus 50% Liquid Paraffin or Emulsifying ointment) are easily ignited with a naked flame or cigarette.

The NPSA has confirmed the actions that should apply to all patients in all settings being dispensed or treated with large quantities (100g or more) of paraffin based products.

Further information and supporting materials concerning this issue are available at:

www.npsa.nhs.uk/health/alerts.

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

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administrator@sheffieldlmc.org.uk

Fax: (0114) 258 9060

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