

SHEFFIELD LOCAL MEDICAL COMMITTEE

NEWSLETTER

FEBRUARY 2010

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LMC NEWSFLASH: BUSINESS RATES REVIEW

Since the last LMC Newsletter, all represented GPs and Practice Managers should have received an LMC Newsflash regarding NHS Sheffield's business rates review.

A copy of the Newsflash can also be accessed via the LMC website on:

<http://www.sheffield-lmc.org.uk/Newsflash/Business%20Rates%20Review%20Jan10.pdf>

ENHANCED SERVICES: ARRANGEMENTS FOR VARYING ACTIVITY LEVELS

The arrangements for varying enhanced services activity levels until 31 March 2010, and the SLAs for 2010/11 were discussed at a recent meeting of LMC/PCT representatives.

The LMC Executive would urge practices to read a letter from Karen Curran and Richard Oliver dated 10 February 2010, which confirms arrangements for varying enhanced services activity until 31 March 2010.

The communication also makes reference to the importance of monthly activity submissions being accurate and encourages practices to review the figures and report any anomalies to the Primary Care Team *no later than Friday 26 February 2010*.

It is important that practices report any anomalies, as the data will form the basis of the SLAs for 2010/11.

When practices sign the SLAs, they are signing a contract which will not allow them to over perform on their activity levels (unless they wish to do so without remuneration).

H1N1 VACCINATION PROGRAMME: PAYMENTS FOR VACCINATION OF MORBIDLY OBESE PATIENTS

The LMC has received queries regarding how practices should claim for H1N1 vaccination of morbidly obese patients.

All practices should have received a letter from Michael Burke (Finance Manager, Sheffield Family Health Services) in December 2009 clarifying that for patients who are morbidly obese (BMI over 40), who do not fall into other categories already notified, claims should be dealt with as follows:

Please would you claim these manually via Form GMS 4, or on a computer generated print out. Please note the following details must be supplied when making your claim:

- a) the patient's name
- b) the patient's date of birth
- c) the patient's NHS number, where known
- d) confirmation that the patient is in a priority group
- e) the date on which the vaccine was administered

Please note an authorised signatory is required on all claims, which should be forwarded to Sheffield Family Health Services at the address above. On the top of your claim please could you put "BMI over 40".

Any practices with outstanding queries or concerns should contact Michael Burke via:

Tel: (0114) 271 1029 or email: michael.burke@sheffieldpct.nhs.uk.

LOW MOLECULAR WEIGHT HEPARIN (LMWH) USAGE REVIEW

At a recent Area Prescribing Committee (APC) meeting, Damien Child, Clinical Director of Pharmacy and Medicines Management, confirmed that Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) has agreed to prescribe Rivaroxaban as a complete course for 14 days in all patients for orthopaedic surgery.

Consequently, GPs should not be put in the position of being asked to prescribe such a course of treatment.

This may only arise in cases of patients having lost or damaged their supply.

STHFT is also looking at reviewing LMWH usage on the basis of cost and is considering only stocking one LMWH for general usage. The LMC Executive will keep GPs informed of their eventual choice.

MRSA POLICY UPDATE

The LMC Executive is pleased to update practices on STHFT's citywide MRSA policy. David Throssell, Deputy Medical Director, has confirmed that the MRSA screening and treatment pathway at

STHFT is now active through both secondary care trusts. This policy and pathway is available on the Intranet.

Therefore, practices should not be involved in MRSA screening for the hospital trusts, other than patients who drop samples off at the surgery as a matter of convenience for transport to hospital. There may also be rare examples where it is easier for a patient to have their swabs performed by primary care, for example, if they are wheelchair bound or housebound.

If practices are aware of any recent breaches of this policy, it would be appreciated if details could be emailed to the LMC via:

administrator@sheffieldlmc.org.uk.

GUIDE TO PROFESSIONAL FEE/NON-NHS SERVICES

This guide has been produced to offer information and practical guidance for medical practitioners who are providing non-NHS services. Such services include preparing reports, completing certificates and/or undertaking medical examinations outlining details of the patient/individual's medical history to verify their entitlement to certain services or economic benefits. The guide provides practical advice and support to medical practitioners involved in negotiating their own fees and covers issues such as:

- Work to be undertaken without charge under statutory law.
- Work to be undertaken without charge under contract of employment.
- Types of fee agreements.
- The impact of Competition Law.
- What to take into account when determining your own fees.
- Agreeing fees in advance with an individual/organisation.
- Financial affairs.
- Medical indemnity.
- Ethical considerations.

A copy of the guidance – **login required** - can be downloaded from the:

- GPC website at: <http://www.bma.org.uk/employmentandcontracts/fees/aguidetofeesmaster.jsp>
- LMC website at: <http://www.sheffieldlmc.org.uk/guidance.htm>

REFORMING GENERAL PRACTICE BOUNDARIES

The government has stated that it intends to remove general practice boundaries altogether. The Conservative Party has declared that patients should be able to register with the practice most convenient to them.

The GPC's view is that to remove boundaries from general practice altogether would have a number of consequences for the organisation, provision and funding of all NHS services and some aspects of social care which need to be considered.

Therefore, the GPC has produced a document entitled *Reforming General Practice Boundaries*, which explores the consequences of abolishing boundaries and suggests a solution.

A copy of the document can be downloaded from the:

- GPC website at: http://www.bma.org.uk/images/reformgpboundaries_tcm41-193919.pdf
- LMC website at: http://www.sheffieldlmc.org.uk/OG_10/Reforming%20Boundaries.pdf

DISABILITY DISCRIMINATION ACT

The GPC has recently updated its 2003 guidance *The Disability Discrimination Act: physical adjustments to GP premises required under the Act*.

The guidance explains which physical adjustments to GP premises are required under part III of the Disability Discrimination Act, which came into force on 1 October 2004. This section of the Act requires providers of goods, facilities and services (which includes GP practices) to make physical adjustments to their premises to enable disabled people to use their services. This applies not only to patients using the premises, but also to staff employed by practices.

The GPC cannot give definitive guidance on what adjustments will protect GPs against any discrimination claims under the Act. However, the general principle is that a service provider has a duty to take reasonable steps to change either the practice or procedure or physical characteristic of a building that makes it difficult for a disabled person to use the service, and this guidance explains this in more detail, covering areas such as:

- What counts as a physical feature?
- What constitutes 'reasonable steps'?
- What happens if practices do not comply with the Act?
- Checking compliance with the DDA.
- Local issues.
- Staff issues.
- Leased premises.

A copy of the guidance can be downloaded from the:

- GPC website at:
http://www.bma.org.uk/images/pracpremda_tcm41-193462.pdf
- LMC website at:
<http://www.sheffield-lmc.org.uk/OG09/Disability.pdf>

**PRIVATE HEALTH SCREENING
OFFERED THROUGH GP
PRACTICES**

The UK National Screening Committee (NSC) has recently issued guidance for GP practices

approached by companies offering private screening to their patients.

GPs should:

- ensure that they are aware of the benefits and risks of screening;
- be aware of the national evidence about screening;
- ensure that any screening offered to their patients is evidence-based and is explained with sufficient information for patients to make an informed choice;
- ensure they are acting within current guidelines of good medical practice when offering private screening for NHS patients;
- be aware of probity issues.

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

<http://www.screening.nhs.uk/getdata.php?id=9618>

**REVALIDATION
UPDATE**

The January 2010 edition of the BMA's revalidation newsletter *Revalidation Update* has recently been issued, covering topics such as:

- Workload.
- Responsible Officers.
- Remediation.
- Equality.
- IT systems.
- Pilots.
- Costs.
- What the BMA's committees are doing for you.

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

http://www.bma.org.uk/images/revalidationnewsletterjan2010_tcm41-194115.pdf

**SESSIONAL GPs
NEWSLETTER**

The aim of this newsletter is to keep sessional GPs up to date with the broad range of new and ongoing issues affecting them, and the hard work that the Sessional GPs subcommittee undertakes on their behalf.

This newsletter will be issued quarterly. The Winter Issue includes a number of topics, such as:

- What is the Sessional GPs subcommittee?
- Membership of the subcommittee.
- Interview with Vicky Weeks, Chairman of the Sessional GPs subcommittee.
- Sessional GP Representation working group.
- Revalidation.
- Prescribing numbers.
- Locum GPs - Death in service payments.
- Doctors' and Dentists' Review Body - evidence for salaried GPs.
- Advice and Support from the BMA.

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

http://www.bma.org.uk/images/sessionalnews0110_tcm41-194075.pdf

**TOPIC SUGGESTION FOR THE
2012/13 QOF**

The National Institute for Health and Clinical Excellence (NICE) recently opened the second and final phase of topic suggestion for the 2012/13 Quality and Outcomes Framework (QOF).

An online topic suggestion facility will allow stakeholders to submit suggestions for new indicators for QOF based on NICE guidance or other NHS Evidence accredited sources.

Anyone with an interest in health, including health professionals, patients, community groups and voluntary organisations are encouraged to contribute to the development of the 2012/13 framework via the NICE website:

www.nice.org.uk/aboutnice/qof/suggestion.jsp.

The second phase of topic suggestion is open until Monday 8 March, following which each suggestion will be reviewed and suitable suggestions will be presented to an independent advisory committee to consider.

In August 2011 NICE will publish a menu of potential indicators for 2012/13 together with recommendations on indicators to be considered for retirement.

KING'S FUND INQUIRY INTO THE QUALITY OF GENERAL PRACTICE

As reported in the May 2009 edition of the LMC Newsletter, on 16 April 2009 the King's Fund launched an 18 month inquiry into the quality of general practice. The aim of the inquiry is to collect and examine evidence on the quality of care and services provided by GPs and other health professionals working in general practice. It will examine a number of key areas, including patient access to care, the quality of diagnosis and referral, and how patients with long-term conditions are cared for.

As part of this process, the King's Fund has recently launched an on-line opinion survey about the quality of care in general practice. The GPC is encouraging all GPs to respond to the survey, which can be accessed via:

<https://www.surveymonkey.com/s.aspx?sm=2fyf6iuSMFyt3zld3sokltQ3d3d>

Full details of the inquiry are available at:

http://www.kingsfund.org.uk/research/projects/gp_inquiry/index.html

SESSIONAL GP SURVEY

The sessional GPs representation working group, set up by the GPC to review the representation of sessional GPs, recently sent out a survey to sessional GP BMA members.

The survey will be vital in informing the working group and helping it make recommendations on how sessional GPs will be represented at a national and local level. The results of the survey will also be used as part of next year's evidence to the Doctors and Dentists Review Body (DDRB) on the remuneration and working patterns of sessional GPs.

The GPC is encouraging sessional GPs who receive the survey to take the time to complete the questionnaire. Sessional GP members who have not received the questionnaire by the end of February, or have questions about this process should contact the BMA's research department via: info.hperu@bma.org.uk.

For further details please visit the BMA website at: http://www.bma.org.uk/employmentandcontracts/employmentcontracts/salaried_gps/gpsessionalsurvey.jsp?page=1

GP SYSTEM STAFF SURVEY

All practices should be aware that a GP system staff survey has been developed to enable NHS Connecting for Health (CfH) to gain an insight into GP/practice staff opinion on various parts of the GP IT service. The intention is that the findings will be used, where appropriate, to inform discussions with suppliers and enable service improvements in the most valuable areas.

The GPC has requested that LMC's assist in encouraging GPs and practice staff to complete the survey, which can be accessed via: <http://www.survey.connectingforhealth.nhs.uk/gpsystem>

The survey will remain open until 5pm on Friday 5 March 2010.

MAINTAINING HIGH QUALITY DATA

Article Submitted by Sarah Cooper, Team Leader – Primary Care IT, NHS Sheffield

To support patient care, medical data should be 'CARAT':-

- **Complete and Consistent** – information from *all* sources needs to be recorded.
- **Accurate** – clinicians need to spot check (audit) records regularly.
- **Relevant** – all patient information should be up to date and appropriate.
- **Accessible** – effective use of clinical system so that required information is speedily retrieved.
- **Timely** – patient information is inputted without delay.

Implementing data quality improvement and reviewing optimal clinical system usage often requires changes in processes and protocols.

Increasingly, paper light ways of working and current developments such as the Summary Care Record and detailed patient record sharing require patient records that meet the 'CARAT' standard.

Further information on data quality information is provided at: <http://www.sheffield.nhs.uk/primisplus/>

NHS Sheffield Data Quality Facilitators support practices to improve data quality: <http://www.sheffield.nhs.uk/primisplus/contacts.php>.

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

Email: administrator@sheffieldlmc.org.uk

Fax: (0114) 258 9060

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

Articles for the March 2010 edition of the LMC newsletter to be received **by Monday 8 March 2010**.