

SHEFFIELD LOCAL MEDICAL COMMITTEE

NEWSLETTER

FEBRUARY 2011

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WHITE PAPER UPDATES

GPs & The White Paper in Sheffield: How to Make it Work

Following the citywide meeting of Sheffield GPs on Thursday 13 January 2011, requests have been received for the LMC and General Practitioner Committee (GPC) presentations to be made available to practices.

Therefore, the following presentations can be downloaded from the *Facts & Information* section of the LMC website as follows:

- Dr Mark Durling, LMC Chair
<http://www.sheffield-lmc.org.uk/Facts/MED%20Presentation%20Final%2012Jan11.pdf>
- Dr Richard Vautrey, Deputy Chairman, GPC

<http://www.sheffield-lmc.org.uk/Facts/Where%20now%20for%20General%20Practice%20January%202011.pdf>

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Health and Social Care Bill

The Health and Social Care Bill was published on 19 January 2011 and will proceed through the Houses of Parliament over the coming months. The Bill 2011 includes proposals to:

- bring commissioning closer to patients by giving responsibility to GP-led groups;
- increase accountability for patients and the public by establishing HealthWatch and local health and wellbeing boards within local councils;
- liberate the NHS from political micro-management by supporting all trusts to become foundation trusts and establishing independent regulation;

- improve public health by creating Public Health England; and reduce bureaucracy by streamlining arm's-length bodies.

The Bill can be viewed at:

<http://www.publications.parliament.uk/pa/cm201011/cmbills/132/11132.i-v.html>

SHEFFIELD LMC BUYING GROUP: REMINDER

As you will be aware from the January 2011 LMC newsletter, all practices have been invited to join the Sheffield LMC Buying Group. Many thanks to the practices who have responded so promptly with their preferred contact details. Welcome packs will be issued to you shortly. We hope that this proves to be a welcome, money saving initiative.

For those practices that have not yet responded, we would encourage you to do so, in order to be able to receive details of the offers and potential savings. If, having joined the Buying Group, a practice decides that they no longer wish to be part of this initiative, they simply inform the LMC Manager via email to manager@sheffieldlmc.org.uk and contact details will be removed from the list of members.

The information originally emailed to all practice managers can be found on the LMC website as follows:

- Announcing the Launch of the Sheffield LMC Buying Group
<http://www.sheffieldlmc.org.uk/Downloads/Buying%20Group%20Launch%20Announcement.pdf>
- Q&A Factsheet
<http://www.sheffieldlmc.org.uk/Downloads/QA%20Factsheet%20Jan11.pdf>
- Request to Join Proforma
http://www.sheffieldlmc.org.uk/buying_group.htm

Please note that although the original set up deadline of 4 February 2011 has now passed, practices can join the Buying Group at any time.

MEDICAL INDEMNITY COVER

Having adequate insurance against liability arising from negligent performance of clinical services is a contractual obligation for most GPs.

The GPC has asked LMCs to inform them if any GPs are having difficulties obtaining medical indemnity cover. Therefore, it would be appreciated if the LMC could be made aware of any such concerns via email to:
administrator@sheffieldlmc.org.uk

PARTNERSHIP AGREEMENTS

Concerns continue to be raised regarding some practices not having partnership agreements. The following message was recently sent

to LMCs by the GPC, with a request that this is brought to GPs' attention:

"We strongly recommend that GPs in partnership enter into a written partnership agreement and seek legal and accountancy advice in doing so. Partnership Agreements reduce both financial and non-financial risk and provide a detailed framework on which the ongoing management and administration of the partnership can be based".

BMA guidance on Partnership Agreements can be downloaded from the *Other Guidance* section of the LMC website at:

http://www.sheffieldlmc.org.uk/OG09/Partnership_Agreements.pdf

SESSIONAL GPs NEWSLETTER

The winter 2011 newsletter contains information about new and ongoing issues affecting sessional GPs and the work of the Sessional GPs Subcommittee and GPC on their behalf.

Issues covered include:

- Representation;
- The NHS White Paper;
- Revalidation;
- Contacting the Sessional GPs Subcommittee;
- Upcoming events.

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

http://www.bma.org.uk/images/sessionalgpsnewsjan2011_v2_tcm41-203007.pdf

CHILDREN AND YOUNG PEOPLE TOOLKIT

In view of the fact that questions about children and young people are a significant area of ethical enquiry for the British Medical Association (BMA), with doctors facing ever more complex dilemmas, the BMA has produced a Children and Young People Toolkit.

The purpose of the toolkit is not to provide definitive answers for every situation but to identify the key factors that need to be taken into account when such decisions are made and signpost other key documents. The toolkit consists of a series of cards about specific areas relating to the examination and treatment of people in England who are aged under 18 years.

Separate cards have been produced identifying factors to be considered when assessing competence and determining 'best interests', and sensitive areas including child protection and access to sexual health services. All cards refer to useful guidance from bodies such as the General Medical Council (GMC), BMA and health departments, which should be used in conjunction with the cards. In addition, the medical defence bodies and many of the royal colleges produce specific advice for their members.

A copy of the toolkit can be downloaded from the *Other Guidance* section of the LMC website at:

<http://www.sheffieldlmc.org.uk/Child%20Protection%20Toolkit%20May09.pdf>

REFORM OF THE FITNESS TO PRACTISE PROCEDURES: CONSULTATION

The GMC consultation on their fitness to practise procedures commenced on 17 January 2011.

The consultation considers proposals for changes to the way the GMC deals with fitness to practise cases at the end of an investigation. A possible new approach is set out which would involve entering into discussions with doctors who are referred to the GMC in an attempt to gain their cooperation to putting the necessary patient protection in place. If adequate protection can be achieved by consent, further action by the GMC may not be required. In particular, if patients and the public can be protected, there may not be a need for a public hearing.

This consultation contains proposals for a faster mechanism for taking action in relation to doctors who

breach GMC standards than the current approach of sending the majority of cases to a public hearing. The consultation also proposes automatic suspension for doctors who refuse to cooperate with GMC investigation and considers whether certain criminal convictions are so serious (for example murder or rape) that they should carry a presumption that the doctor will be erased from the GMC's register.

Further information and a link to the online response form can be found at:

https://gmc.e-consultation.net/econsult/consultation_Dtl.aspx?consult_Id=161&status=2

The consultation closes on 11 April 2011.

CHANGES TO METHODOLOGY IN CLINICAL CHEMISTRY

*Article submitted by Dr Robert Hill,
Consultant Clinical Biochemist*

From 7 February 2011 most biochemistry methods changed as we moved to our new equipment. Below are the most noticeable changes that are likely to affect GPs' interpretation of results.

Serum Alanine Transaminase (ALT)

The upper limit of the reference range recommended by the supplier of our reagents is significantly lower (41 compared with 63 U/L).

This is likely to identify more patients with raised ALT and is a change that probably reflects the health population more accurately. Patients with high Body Mass Index tend to have higher ALT levels than healthy lean individuals and this, in turn, correlates to finding fatty liver on liver biopsy in many of these patients. Also, patients recovering from hepatitis should demonstrate ALT levels well below that seen in obese, otherwise healthy subjects.

As with any reference range change of this nature, we will keep it under review with our colleagues in hepatology.

Serum Urate

The upper limit of the male and female reference ranges are significantly lower (for males 430 compared with 518, for females 360 compared with 476). This will identify more patients with hyperuricaemia.

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Department of Clinical Biochemistry
Sheffield Teaching Hospitals NHS
Foundation Trust
Email: robert.hill@sth.nhs.uk
Tel: (0114) 226 1392 (Sec)

GP SHARED CARE SUPPORT (ALCOHOL)

*Article submitted by Jo Daykin-
Goodall*

I am writing to thank GP colleagues for all their hard work and support around the development of the GP shared care support scheme for alcohol misuse.

Unfortunately, we have not been able to get the scheme off the ground and I am writing to inform you that the Sheffield Drug and Alcohol Action Team (DAAT) no longer intends to commission a GP shared care support scheme for alcohol misuse in Sheffield.

This decision has been reached with great reluctance, but it is my continued hope that the right circumstances will present and that the scheme will be developed in Sheffield in the future.

In the meantime, as part of the proposed scheme, Sheffield DAAT commissioned a support and advice service from Primary Care Addiction Service Sheffield (PCASS), for GPs treating patients for alcohol misuse.

It is not my intention to de-commission this element of the service and this support will continue to be available to GPs. The Single Entry and Assessment Point (SEAP) is provided by Sheffield Health and Social Care Foundation Trust and GPs can continue to refer patients requiring treatment to SEAP.

RCGP PRACTICE ACCREDITATION PROGRAMME

The Royal College of General Practitioners (RCGP) launched early registration of its Practice Accreditation Award in December 2010, ahead of formal launch in April 2011.

The programme is part of the wider provision of RCGP quality schemes, where GPs and practice teams are supported to improve the quality of care and the standard of services they provide to patients.

The standards have been developed in partnership with the National Primary Care Research and Development Centre (NPCRDC) at the University of Manchester.

They reflect key aspects of primary care, particularly the organisational systems and processes that:

- ensure delivery of safe and quality care;
- facilitate ongoing team development;
- recognise the contribution to quality improvement that can be made by the whole practice team.

The Award is a 2 stage process that will run within an overall 3 year timeframe, and is comprised of 79 standards across 6 domains.

Practices working towards the Award will submit an e-portfolio of supporting information to demonstrate that their systems and processes meet the standards.

Supporting information will be assessed online and will be followed by a practice visit.

For more information on the award and to register for the programme, please visit:

www.rcgp.org.uk/practiceaccreditation

The RCGP can also be contacted via email at:

practiceaccreditation@rcgp.org.uk

**BEST PRACTICE FOR
ENSURING THE EFFICIENT
SUPPLY AND DISTRIBUTION OF
MEDICINES TO PATIENTS**

During 2010 the Department of Health (DH) convened a 'Medicine Supply Chain Forum' in response to problems being experienced, resulting in stocks of medicine being disrupted and depleted. This was happening for many reasons and it prompted organisations to join together to address these problems and ensure the integrity of the supply chain.

The forum consisted of various stakeholders on behalf of the pharmaceutical industry, healthcare organisations and healthcare authorities.

The forum has produced guidance that sets out 'best practice' for manufacturers, wholesalers, pharmacies, doctors' dispensaries and prescribers, in order to improve the efficiency of supply to patients and reduce the burden caused by current supply problems.

The guidance, which is relevant to marketing authorisation holders, manufacturers, wholesalers, dispensing doctors, pharmacists and prescribers supersedes the previous joint statement 'Trading medicines for human use: Shortages and supply chain obligations' which was published in November 2009.

A copy of the guidance can be downloaded from the *Other Guidance* section of the LMC website at:

[http://www.sheffield-lmc.org.uk/Other%20Guidance/Best practice for efficient supply&distribution of medicines.pdf](http://www.sheffield-lmc.org.uk/Other%20Guidance/Best%20practice%20for%20efficient%20supply%20&%20distribution%20of%20medicines.pdf)

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**MIGRANT HEALTH
GUIDE**

The Health Protection Agency (HPA) has launched an online resource for Primary Care practitioners – the Migrant Health Guide.

The guide contains a broad range of information to support GPs and nurses in assessing and treating migrant patients, in recognition of the

fact that these patients sometimes have health needs which are more complex than those of UK born patients. It is intended to support health care practitioners in diagnosing and managing a range of infectious and other conditions that may be relevant to migrants from different countries.

The guide has been developed by a team of clinical and public health experts, as well as primary care practitioners, in collaboration with the HPA's travel and migrant health section. It has been endorsed by both the Royal College of General Practitioners and the Royal College of Nursing.

A copy of the guide can be downloaded from the HPA website at:

<http://www.hpa.org.uk/migranthealthguide>

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**NHS LANDSCAPE
REVIEW**

The National Audit Office (NAO) has published *National Health Service Landscape Review*, which summarises the new arrangements for the NHS proposed in the Health White Paper. The review's purpose is to inform the Public Accounts Committee so that it can take stock of the proposals as they currently stand and discuss their implementation with the DH and NHS.

A copy of the review can be downloaded from the NAO website at:

http://www.nao.org.uk/publications/1011/nhs_landscape_review.aspx

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**NATIONAL FIT NOTE
EVALUATION**

*Article submitted by Ruth Hawksley,
Research Consultant, Brainbox
Research Ltd*

Brainbox Research Ltd is recruiting GPs for a national evaluation of the fit note on behalf of the Department for Work and Pensions (DWP). We would like to interview one GP from a Sheffield practice. We are

particularly interested in hearing from GPs who have a specialist interest in occupational health, mental health or orthopaedics, although GPs do not need to have a speciality to take part in the evaluation.

The evaluation aims to assess whether the fit note has been successful in improving back-to-work advice for individuals, improving communication between GPs, individuals and employers, reducing sickness absence and supporting people with health conditions to stay in work or to return more quickly. Involvement in the research is an excellent opportunity for practices and GPs to give their feedback on the changes to the medical statement and to influence key decision making around this landmark policy change.

We are selecting 45 practices across England, Scotland and Wales to take part in the research. We hope to conduct face-to-face interviews with GPs during February and March.

Participation in the research is voluntary and the data gathered will be stored securely in accordance with the Data Protection Act. All of the information GPs provide during interviews will remain anonymous in the published research report that we produce and nobody will be able to find out which GPs or practices took part.

The interviews will last 60-90 minutes, and each GP will be paid a £100 honorarium in appreciation of their input into the evaluation. The interviews can be arranged at a time and location which is most convenient for GPs, including evenings and weekends.

If you would like to take part in the research, or if you have any questions, please contact:

Brainbox Research Ltd via:

Email: beth@brainboxresearch.com
or ruth@brainboxresearch.com

Tel: 0113 238 0157.

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WORK-BASED PRACTICE NURSE INDUCTION AND PRECEPTORSHIP PROGRAMME

*Article Submitted by Anne Baird,
Nurse Practitioner, Porter Brook
Medical Centre*

Following the success of last year's programme, the School of Nursing and Midwifery at the University of Sheffield, in conjunction with the Yorkshire & Humber Deanery, is again running an innovative programme for the induction and preceptorship of nurses new to general practice.

This programme has been commissioned by the Yorkshire and Humber Strategic Health Authority following recognition of a gap in educational provision for new practice nurses. It aims to prepare practice nurses with the essential skills, knowledge and confidence required of their role through a twelve month structured programme, which is tailored to meet the individual needs of the nurse, as well as their practice and practice population.

The course format combines support in practice with formal teaching and small group learning and will be led by experienced practice nurses and nurse practitioners. The programme has been developed with the support of the Sheffield LMC.

The next course is due to start in May 2011 and new practice nurses working in South Yorkshire are encouraged to apply. Recruitment is now open.

For further information about the programme or for details of how to apply contact:

Dr Elaine Whitton, Lecturer, School of Nursing and Midwifery, The University of Sheffield, Samuel Fox House, Northern General Hospital, Herries Road, Sheffield S5 7AU
Tel: (0114) 226 9806
Email: e.whitton@sheffield.ac.uk

LMC update: Please note that due to the work based element of this programme, the course is only open to practice nurses who are currently in post.

CARE QUALITY COMMISSION (CQC) REGISTRATION UPDATE

All practices should have recently received an introductory letter (*Essential Registration Information from the Care Quality Commission*) and a briefing note (*An Introduction to Registration: Primary Medical Services*) from the CQC.

From 1 April 2012 all providers whose sole or main purpose is to provide NHS primary medical services are legally required to be registered with the CQC and to do so they must show that they meet specified standards of care. The briefing note offers information on:

- Who has to register?
- Why do we need to register?
- Do I need to register on an annual basis?
- What is a regulated activity?
- Does each GP have to register, or is it the practice?
- When will registration be open for applications?
- How can I prepare for registration?
- How does registration fit with other inspection and quality assurance systems?
- How much will it cost?
- How can I keep up to date about registration?

The GPC intends to publish its *CQC for NHS GPs* toolkit in early Spring 2011. This toolkit will contain guidance on applying and complying.

When practices apply for CQC registration from October 2011 they will be expected to declare compliance with the CQC's standards for the regulated activities that they perform, but do not have to demonstrate compliance at that point. Only practices that declare non-compliance with any of the standards should be contacted by the CQC before April 2012 about how to become compliant. Otherwise the monitoring of compliance by CQC will not commence until April 2012.

The GPC is satisfied that following the publication of their toolkit practices will have time to put themselves in a position where they can honestly declare compliance with the standards in October 2011.

FORCED MARRIAGE AND LEARNING DISABILITIES

The Foreign and Commonwealth Office (FCO) has recently published *Forced Marriage and Learning Disabilities: Multi-Agency Practice Guidelines* to help support professionals, including GPs and practice teams, who may come across cases of forced marriage involving people with learning disabilities.

The guidance covers topics such as issues surrounding capacity to consent, good practice in handling cases and ongoing support if the person cannot live with their family. A copy of the guidance can be downloaded from the FCO website at:

<http://www.fco.gov.uk/resources/en/pdf/travel-living-abroad/when-things-go-wrong/fm-disability-guidelines>

SOUTH YORKSHIRE EATING DISORDERS ASSOCIATION (SYEDA) MEDICAL REPRESENTATIVE

The SYEDA are looking to appoint a medical representative to their board.

If anyone is interested in joining the board please contact Mrs Jennifer Allen – Acting Chair, SYEDA, 26-28 Bedford Street, Neepsend, Sheffield S6 3BT. Tel: (0114) 2728822 or Ann Rushman – CEO, ann@syeda.org.uk.

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 March 2011 edition of the LMC newsletter to be received by Monday 14 March 2011.