

SHEFFIELD LOCAL MEDICAL COMMITTEE

NEWSLETTER

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GP CONTRACT 2008/09 POLL OUTCOME

The outcome of the General Practitioners Committee (GPC) poll on contractual options for 2008/09 was announced on 6 March 2008. The LMC emailed details to GPs/Practice Managers on 7 March 2008. The majority vote was for Option A. The GPC's announcement, full results, summary results, GPC guidance and a BMA press release can be accessed via:

- the GPC website at:
<http://www.bma.org.uk/ap.nsf/Content/pollresults0308>
- the LMC website at:
<http://www.sheffield-lmc.org.uk/negotiations.htm>

ACCESS DES AND BASELINE PRACTICE AUDITS

As mentioned in the above article, all practices should now be aware that the GP contract 2008/09 poll elected to accept the least damaging option A. In accepting option A the profession has given a mandate to the GPC to negotiate a new Access DES for extended hours with the Department of Health (DoH).

The LMC Executive realises that Sheffield PCT is under pressure to perform a baseline audit of GPs' availability, in order to make preparations and application forms for the new DES. However, at the full LMC meeting on Monday 10 March 2008, it was suggested that practices should refrain from taking part in this audit until the national DES negotiations have been completed. The meeting went on to give the LMC Executive a mandate to discuss the relevance of an Access LES for the mutual benefit of Sheffield PCT, practices and patients.

There would appear to be some movement centrally towards allowing local flexibility and the LMC Executive would ask practices to be patient until we have had further discussions regarding making these new proposals as locally flexible as possible.

GPC REPRESENTATIVE FOR SOUTH YORKSHIRE: RESIGNATION OF DR TREFOR ROSCOE

It is with regret that I have to inform Sheffield GPs that Trefor Roscoe has decided to stand down from his post

as GPC Representative for South Yorkshire. His term of office will end in July 2008.

The LMC Executive would like to thank Trefor on behalf of Sheffield GPs for the amount of time and energy he has spent representing our views at a national level. His enthusiasm and dedication to this role will be sadly missed.

The GPC did not receive any nominations for this post in a recent election. However, they have informed the LMC that a further election will be held shortly.

The LMC Executive would encourage interested GPs to stand for this position. As I understand it, this involves at least a monthly trip to London to attend a GPC meeting, with an honorarium for time spent (although this is barely adequate) and, ideally, regular liaison with the four LMCs in South Yorkshire (Barnsley, Doncaster, Rotherham and Sheffield).

Trefor has kindly agreed to liaise with any interested parties and mentor them through their application and responsibility.

**BARLBOROUGH NHS
TREATMENT CENTRE:
EXCLUSION/INCLUSION
CRITERIA**

The LMC Executive raised concerns with Sheffield PCT some considerable time ago, as it became apparent that the criteria used to exclude patients from treatment were not widely available to referring clinicians.

The LMC has finally been made aware of the exclusion/inclusion criteria, which are contained in Barlborough NHS Treatment Centre: A Guide for GPs. A copy of the guide can be accessed via:

- Barlborough's website at: [http://www.barlboroughtreatmentcentre.nhs.uk/site/2/GP and Referrals.html](http://www.barlboroughtreatmentcentre.nhs.uk/site/2/GP_and_Referrals.html)
- the LMC website at: <http://www.sheffield-lmc.org.uk/guidance.htm>

The LMC Executive is aware that the PCT has been charged with monitoring referrals to Barlborough and raised this at a recent LMC/PCT meeting, with a request for them to audit the appropriateness of exclusions from Barlborough surgical lists. It would be appreciated if any examples of inappropriate exclusion could be emailed to the LMC office via administrator@sheffieldlmc.org.uk.

IM&T DES UPDATE

Practices should have recently received a communication from Sheffield PCT on this issue. To reiterate, Ian Atkinson, Director of Performance, has confirmed the following:

Component 1 could be offered to those practices who withdrew from the IM&T DES, with all the necessary requirements (which includes an application to be accredited for Sheffield PCT paper light working & all the required protocols). With the likely creation of the data quality LES in 2008/09, this would allow practices to complete component 1 by March 08, and have a plan how they will prepare for component 2 before the end of March 2009. Before reaching the point where they are ready for component 2, a practice will need to

be approved as paper light - this would mean a practice has up to 12 months to reach the discussed 80% standard of electronic summarisation rather than the short timescales we have been working with alongside the IM&T DES.

Practices who withdrew from the DES would benefit from completing component 1 prior to the end of March 2008 as they can also then work towards achieving components 3 & 4, as the data quality LES is only offering components 1 & 2.

GP SMARTCARDS

NHS Connecting for Health (CfH) has informed the GPC that in spine release 2008-A, they will amend patient data in the Personal Demographic Service (PDS), such that the patient will be registered with the practice rather than a GP. This is to align the PDS with the 2004 GMS contract regulations.

In the course of preparing this spine update, CfH has identified that a number of GPs have not registered for a smartcard. Whilst this is their prerogative, it is possible that their lack of registration could lead to problems in them being identified by the Exeter Payments Agency for item of service type payments and for the maintenance of their patient lists. GPs without smartcards will be contacted with a request to consider applying for a card.

**0844 NUMBERS:
INFORMATION FOR SURGERIES**

There was a recent parliamentary debate on the charges patients are paying when ringing practice 0844 numbers, in particular, when they are using mobile phones.

The GPC has looked into this matter. It would appear that where 0844 numbers are used by practices, there should be mention of the charge for telephone calls in the practice information leaflet. There is no need, however, for a message on the actual telephone system itself. While patients' telephone providers may have a variety of charges, in any practice information the price relevant to most consumers should be stated.

**REMOTE ACCESS TO
GROUPWISE EMAILS**

A number of queries have been raised with the LMC regarding GPs being able to access their Groupwise emails away from their surgeries.

Information on how to set up access to Groupwise emails is on Sheffield PCT's intranet at:

<http://www.sheffield.nhs.uk/email/home.php>.

This contains information about the acceptable use policy and security guidance, along with information regarding how to configure an email account for remote access, plus how to access the account from the internet.

This service is provided by an interim solution which, although generally reliable, is not as robust as the PCT would like. Users should note that it is not supported out-of-hours.

There are also known problems with attachments, for which a work around is described on the website. If you do experience any problems or require further assistance please contact:

Sheffield PCT IT Service Desk on Tel: (0114) 271 1030, Mon-Fri, 0800-1800 hrs or email it.support@sheffieldpct.nhs.uk at any time.

Full instructions on how to do this are on the PCT intranet at <http://www.sheffield.nhs.uk/itsupport/logcall.php>

**AIR PRODUCTS: GUIDANCE ON
COMPLETION OF HOOF FORMS**

Following a number of concerns being raised with the LMC regarding the process set up for completion of HOOF Forms, the LMC raised these concerns with Air Products. Karen Stacey, Contracts Manager has offered the following clarification:

A new Hoof form needs to be completed if the information contained within the existing Hoof on record changes in any way. This is consistent with the NHS guidance Home Oxygen Service Manual.

