

SHEFFIELD LOCAL MEDICAL COMMITTEE

NEWSLETTER

MARCH 2011

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GP COMMISSIONING POLL

On Friday 11 March 2011 the LMC emailed all represented, levy paying Sheffield GPs, requesting completion of the LMC's GP Commissioning Poll.

The LMC feels it is fundamental to have a high level of grassroots engagement and support for the many difficult commissioning challenges and financial problems which Sheffield faces. We feel it is essential that GPs are given the opportunity to express their opinions. As such, we have made strong representations to existing consortia clinical leads and NHS Sheffield (NHSS) that grassroots GPs' opinions are of utmost importance and will be given due weight of consideration.

The poll requests name/GMC number, practice name and consortia. Any GPs preferring to remain

anonymous can, of course, do so. However, we would still request practice name and consortia details are given, in order for the results to be presented in a way that reflects local opinion and sensitivities.

We appreciate that completing this sort of poll is time consuming, but would highlight the importance of this to Sheffield GPs. The deadline for completion of the poll is **Friday 8 April 2011**. Any GPs who have queries or concerns they would like to raise prior to completing the poll are welcome to raise these via email to manager@sheffieldlmc.org.uk.

A GUIDE TO YOUR LOCAL MEDICAL COMMITTEE

The LMC has recently updated its guidance *A Guide to Your Local Medical Committee*. The main areas covered in the guide are:

- What are Local Medical Committees?
- History
- Independence
- National Representation and Negotiation
- Core Values
- Elections
- Funding
- Representation
- LMC Executive
- LMC Secretariat
- Links with Other Organisations
- Helping Individual GPs/Practices
- Communication
- Contact Details

A copy of the guide can be downloaded from the *LMC Guidance* section of the LMC website at: <http://www.sheffieldlmc.org.uk/Downloads/LMC%20Guide.pdf>

In addition, A5 bound copies can be made available to practices, should this be deemed helpful, for example, to include in staff induction packs or locum packs, for practice staff to have to hand etc.

Any practice wishing to receive a hard copy of the guide can do so by sending an email to the LMC via administrator@sheffieldlmc.org.uk stating the number of copies required and the address they are to be forwarded to.

LMC REPRESENTATION OF SESSIONAL GPs

The LMC has recently undertaken a review of its representation of sessional GPs.

As part of the review, guidance has been produced detailing:

- the benefits of LMC representation;
- sessional GP membership of the LMC;
- sources of further information about the LMC and how it represents sessional GPs.

The guidance is aimed at sessional GPs who are working, or planning to work in a Sheffield GP practice and are not yet represented by Sheffield LMC.

The guidance contains a link to a proforma that sessional GPs can complete and return to the LMC office in order for their representation to commence.

A copy of the guidance can be downloaded from the *LMC Guidance* section of the LMC website at: <http://www.sheffield-lmc.org.uk/lmc%20guidance/Sessional%20GP%20Representation.pdf>

CONTRACT AGREEMENT 2011/12

Negotiations between the General Practitioners Committee (GPC) and NHS Employers (NHSE) have now concluded and agreement has been reached with the Health Departments in England, Scotland and Wales.

On Friday 11 March 2011 all GPs in the UK were sent a letter which sets out the details of the agreement. A copy of the letter can be downloaded from the BMA website at:

http://www.bma.org.uk/employmentandcontracts/independent_contractors/general_medical_services_contract/gmscontractagreement2011.jsp

The agreement relates to the following areas of the contract:

- Practice Expenses;
- The Extended Hours DES in England;
- Certain QOF points, indicators & thresholds;
- Clinical DESs;
- A new Patient Participation DES in England;
- New Quality & Productivity Indicators in the QOF.

Practices will need to be particularly mindful of the changes to the Extended Hours DES in England, where from 1 April 2011 practices will have improved flexibilities in the delivery of extended hours, alongside reduced funding for this work.

Detailed guidance should be available on all aspects of the contract shortly. In the meantime, the following documents can be downloaded from the *Other Guidance* section of the LMC website:

- Summary of 2011/12 QOF indicator changes, points and thresholds
<http://www.sheffield-lmc.org.uk/OG09/summaryofQOFguidance.pdf>
- Clinical directed enhanced services (DESS) for GMS contract: Guidance and audit requirements for 2011/12
<http://www.sheffield-lmc.org.uk/OG09/clinicalDESSguidance.pdf>

SAFETY ALERTS IN PRIMARY CARE

Concerns have been raised with the LMC regarding the systems in place in Sheffield for dealing with safety alerts. As a result, the LMC has produced guidance for practices, detailing issues such as:

- the systems currently in place;
- the help that is available to practices;
- where more information can be obtained from.

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

<http://www.sheffield-lmc.org.uk/lmc%20guidance/Safety%20Alerts%20in%20Primary%20Care.pdf>

The LMC would encourage practices to read the guidance, access any additional help and information they require and feedback comments and concerns in time for an LMC/NHSS review later this year via email to: manager@sheffieldlmc.org.uk.

NHS SHEFFIELD (NHSS) E-BULLETIN: REVIEW

As you will be aware, NHSS's e-bulletin was introduced in 2009 in direct response to practices telling NHSS and the LMC that email traffic was becoming unmanageable.

Concerns have been raised by NHSS that some GPs do not appear to be aware of the e-bulletin, where it can be found, how it can be accessed etc and some practices are not necessarily acting on the information given.

In addition, concerns have been voiced by practices regarding the e-bulletin's content and layout.

In order to ensure that information is presented to practices in the most effective and least bureaucratic way, and that practices can easily note the contents and take the necessary actions, NHSS and the LMC will be undertaking a review of how the e-bulletin is produced and distributed.

In order for practices' opinions to be taken into account, it would greatly assist the process if GPs and Practice Managers could forward any comments, concerns or suggestions to the LMC office via email to manager@sheffieldlmc.org.uk.

The deadline for receipt of comments is **Friday 8 April 2011**.

OVERSEAS VISITORS

The GPC has recently updated its guidance *Overseas visitors accessing NHS primary medical services*.

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

<http://www.sheffield-lmc.org.uk/OG09/Overseas%20Visitors.pdf>

TRAINING REQUIREMENTS FOR FITTING CONTRACEPTIVE IMPLANTS

In December 2010 a letter was sent out by the Faculty of Sexual and Reproductive Healthcare (FSRH) of the Royal College of Obstetricians and Gynaecologists regarding the 'amnesty arrangements for medical providers of contraceptive services', which set out the training requirements of fitting contraceptive implants.

The GPC had particular concerns that the letter appeared to say that there was a requirement to have a letter of competence and a Diploma issued by the FSRH, and that there were no other alternatives. Subsequently, the Honorary Secretary of the Royal College of General Practitioners (RCGP), Professor Amanda Howe, has confirmed that FSRH Diplomas and Letters of Competence are not a current requirement for fitting of contraceptive implants, and that they are working with the FSRH to look at the current requirements and alternative routes for achieving the standards.

The GPC supports this alternative solution and will be liaising with the RCGP to keep abreast of the developments in this area.

CARE QUALITY COMMISSION: HOAX CALLS

The GPC has been made aware that the Care Quality Commission (CQC) has received reports from care homes and nursing homes that have been targeted by bogus callers requesting the names and PINs of nurses employed there, claiming to be from

the Nursing and Midwifery Council or the CQC.

Phone calls requesting personal data are not the policy of the CQC or the Nursing and Midwifery Council, and GPs and their practice staff should not volunteer any information to these scam callers. Please take as many details from the caller as you can and send the details to the GPC or take the matter to the local police.

GOOD MEDICAL PRACTICE: CONSULTATION

The General Medical Council (GMC) has launched a review of its guidance *Good Medical Practice*, which sets out the principles and values that all doctors in the UK must follow.

The aim is to ensure the guidance is up-to-date, reflects patients' wishes and is relevant to registered doctors.

In the first stage of the review, the GMC is looking for initial suggestions on areas where the guidance might be improved so it is relevant to all doctors and reflects what patients want from their doctor.

An online questionnaire on the GMC's website asks participants to give their thoughts on issues such as whether the current guidance gives enough weight to patients' needs and rights. It also asks how the guidance could be made more relevant for doctors in training and for doctors in non-clinical roles.

Further information and a link to the online response form can be found at: http://www.gmc-uk.org/guidance/news_consultation/8922.asp

The consultation closes on 8 April 2011.

THE HEALTH AND SOCIAL CARE ACT 2008 CODE OF PRACTICE ON THE PREVENTION AND CONTROL OF INFECTIONS

The Department of Health (DH) has published *The Health and Social Care Act 2008 Code of Practice on the prevention and control of*

infections and related guidance, which can be downloaded from the DH website at:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/document/digitalasset/dh_123923.pdf

The Code of Practice sets out the criteria against which a registered provider's compliance with the requirements relating to cleanliness and infection control will be assessed by the CQC.

When registering with the CQC in October 2011, practices will need to declare that they comply with the criteria and, after 1 April 2012, demonstrate that they are doing so when they are reviewed by the CQC.

To comply with the outcome practices should follow the guidance on how they can interpret and meet the registration requirements found in Appendix D of the Code of Practice document.

The relevant CQC standard is 'Outcome 8: Cleanliness and Infection Control'. The related CQC document *Guidance about compliance: Essential Standards of Quality and Safety* can be downloaded from the CQC website at:

http://www.cqc.org.uk/db/documents/Essential_standards_of_quality_and_safety_March_2010_FINAL.pdf

FINAL SENIORITY FIGURES FOR 2007/08

The Technical Steering Committee that comprises NHSE, the GPC and the health departments for England and Wales has published the final seniority figure for general medical services (GMS) contractors for 2007/08.

The final seniority figure for England is £90,375.

As with previous years' figures, there will follow an assessment of the sums to be paid to or recovered from GPs in relation to 2007/08 payments.

Further details are available on the NHS Information Centre website at www.ic.nhs.uk/tsc.

**GP PRACTICE WEBSITES:
INFORMATION GOVERNANCE**

Many GP practices opt to use third party suppliers to build and host their practice websites. Some practice websites include functionality which allows patients to order prescriptions, download forms, manage their appointments or apply to register with the practice.

As these websites are often hosted by companies outside the NHS, this may result in a third party processing information about patients, which could include name, address, date of birth and NHS number. Patients may be unaware that the website is not directly part of the GP practice. It is important that websites make it clear to patients that any data they submit are being handled by a third party, if this is the case.

It is recommended that GPs check that any company offering services that work with patient identifiable data (PID) has appropriate information governance safeguards in place. Where data is held on servers, for example when patients complete web forms, there should be an agreement, in the form of a signed contract, with the web hosting service which states that they will not retain copies of any data.

**VETTING AND BARRING
SCHEME**

The government has announced provisions to revise its vetting and barring arrangements.

Information about the reforms, and the scheme remodelling review report, can be viewed at:
<http://www.homeoffice.gov.uk/crime/vetting-barring-scheme/>

**DO NOT ATTEMPT
CARDIOPULMONARY
RESUSCITATION (DNACPR)**

*Article submitted by
Dr Richard Oliver, Joint Chair,
Clinical Executive, NHSS*

From 8 March 2011, Sheffield has adopted the use of a unified

DNACPR form. This will be accepted by primary and secondary care as well as ambulance services.

Once the form has been completed, it will follow the patient through the system.

All consortia have had training sessions and those GPs involved in care home LES activities are encouraged to make use of it when indicated for their care plans.

The form can be found on NHSS's website at:
<http://www.sheffield.nhs.uk/eolc/resources/dnacprform.pdf>

**HELICOBACTER
TESTING**

*Article submitted by
Dr Richard Oliver, Joint Chair,
Clinical Executive, NHSS*

There is a new test available now which detects the presence of helicobacter antigen in a stool sample. This is as effective as the breath test and is now the preferred test for use in Sheffield.

It requires a stool sample to be collected and sent in the usual way to the labs at Sheffield Teaching Hospitals NHS Foundation Trust (STHFT), asking for helicobacter antigen testing.

The result will be sent through path links with all other microbiology results.

If the test is positive then it indicates current infection with helicobacter, indicating the need for eradication treatment.

Practices are reminded that:

- for patients who have not previously had eradication treatment regimes the blood antigen test is deemed sufficient evidence to justify a course of eradication therapy;
- a helicobacter test will be a necessary pre-requisite to an open access gastroscopy request as per the agreed referral form.

**QMAS
UNDERPAYMENT**

As you will be aware from the NHSS e-bulletin w/e 25-2-11, an error has been identified within the Quality Management & Analysis System (QMAS) that calculates payments to GP contractors under the QOF, and which has resulted in GP contractors being underpaid for their achievement under the QOF Additional Services indicators since 2004/05.

Practices will be receiving a letter from NHSS shortly, detailing how payments will be made on 31 March 2011.

Further information is available via the GPC Frequently Asked Questions, which can be downloaded from the *Other Guidance* section of the LMC website at:
<http://www.sheffield-lmc.org.uk/OG09/QMAS%20Underpayments.pdf>

**GP ASSESSMENT
UNIT**

*Article Submitted by Idris Griffiths,
Interim Director of Performance,
NHS Sheffield*

Implementation activities for establishing the new GP Assessment Unit (GPAU) are nearing completion. Excellent facilities have been agreed on the old Firth One within NGH, from which to operate the unit.

The Clinical Commissioning Executive Team (CCET) believes the GPAU Will provide a new approach for primary care in handling patients with urgent health needs in Sheffield. The aim is to bridge the gap between primary and secondary care by offering facilities currently only available to GPs by having their patients admitted to hospital.

These facilities will include rapid access to tests such as radiology and laboratory investigations and a joined up approach with community nursing to facilitate same day release of patients home. The unit does not contain beds as patients are not expected to need an overnight stay

(although arrangements can be made if necessary).

At the appropriate time details of the opening date, and how to identify and refer appropriate patients into the GPAU, will be made available to all GPs and practices managers.

In the meantime if you have any questions or would like to be included in the rota to work on the unit please contact the Marion Sloan or Stephen Moorhead, Joint Clinical Directors via marion.sloan@nhs.net or smoorhead@me.com.

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**SUMMARY CARE RECORD -
STATEMENT FROM THE GPC,
RCGP AND BMA**

NHS Connecting for Health (CfH) guidance is now available to support practices that have already gone live, or are considering implementing Summary Care Records (SCRs).

The GPC, RCGP and British Medical Association (BMA) have been fully involved in commenting on this guidance to ensure that it aligns with professional standards. Their view is that, in the long term, changes to GP systems and new Read codes are required to ensure that GP practices have the flexibility to record all patient consent options for the SCR in patient records. In the interim, this guidance will help practices understand and work with the functionality of current systems. Their position remains that the decision whether to proceed with SCR uploads rests with the GP practice.

Since the DH review of the SCR, constructive discussions have taken place between NHS CfH, the GPC, BMA and RCGP with regard to implementing the review recommendations. This has included clarification and agreement around the scope, use and content of the SCR and agreement on the Public Information Programme materials.

One of the main recommendations was a change to the consent model with the need to seek explicit patient consent for any additional information added to the core record of medication, allergies and adverse reactions.

In the longer term, this requires a change to the functionality of GP systems as well as new Read codes.

It is expected that new Read codes will be available from 1 April 2011. These codes will enable practices to record patient consent preferences, including explicit consent for a core record and explicit consent for additional information.

GP system changes to accommodate the new Read Codes will not take place until later in the year as it will take time for GP suppliers to implement the new functionality. The GPC, BMA and RCGP have agreed with NHS CfH a Professional Requirements document, which has informed the specifications for these system changes.

Recognising that some practices have already gone live with SCRs and some practices wish to go live the GPC, BMA and RCGP have been working with NHS CfH on guidance, which sets out the functionality of current GP systems and how limitations can be handled until new functionality is introduced. The guidance will help ensure that practices that have gone live with SCRs are meeting the recommendations of the review and also to help practices who are considering going live to make an informed decision based on an understanding of current functionality of their GP system. A GP practice checklist has also been produced to assist practices in coming to a decision.

The SCR review also recommended the simplification of Public Information Programme materials. New materials have been commented on, particularly GP practice posters, which are now much more explicit about the need for patients to make a choice.

The documents can be downloaded from the CfH website as follows:

Guide for GP Practice Staff
http://www.connectingforhealth.nhs.uk/systemsandservices/scr/document/s/SCRGuideGPPractice_v1.pdf

System specific guidance - to support practices in recording consent preferences for practices that are live with SCR

EMIS LV
<http://www.connectingforhealth.nhs.uk/systemsandservices/scr/document/s/emisconsent.pdf>

TPP SystmOne
<http://www.connectingforhealth.nhs.uk/systemsandservices/scr/document/s/tppconsent.pdf>

iSoft Synergy
<http://www.connectingforhealth.nhs.uk/systemsandservices/scr/document/s/isoftconsent.pdf>

INPS Vision 3
<http://www.connectingforhealth.nhs.uk/systemsandservices/scr/document/s/inpsconsent.pdf>

GP practice checklist
<http://www.connectingforhealth.nhs.uk/systemsandservices/scr/document/s/checklist.pdf>

Revised public information programme material
<http://www.connectingforhealth.nhs.uk/systemsandservices/scr/staff/staff/aboutscr/comms/pip>

GP practice posters
http://www.connectingforhealth.nhs.uk/systemsandservices/scr/staff/aboutscr/comms/publications/index_html

Scope Document
<http://www.connectingforhealth.nhs.uk/systemsandservices/scr/document/s/scrscope.pdf>

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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

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