

# SHEFFIELD LOCAL MEDICAL COMMITTEE

# NEWSLETTER

# AUGUST 2013

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### **ACTIVITY UPDATE: JUNE TO JULY 2013**

The LMC's latest Activity Update (June to July 2013) was recently emailed to all represented Sheffield GPs and Practice Managers. Further copies can be downloaded from the *LMC Reports* section of our website at:

[http://www.sheffield-lmc.org.uk/Reports/SLMC\\_Activity\\_Update\\_Jun-Jul13.pdf](http://www.sheffield-lmc.org.uk/Reports/SLMC_Activity_Update_Jun-Jul13.pdf)

In addition, hard copies can be requested from the LMC office via email to:

[adminassistant@sheffieldlmc.org.uk](mailto:adminassistant@sheffieldlmc.org.uk)

We hope that GPs and Practice Managers find the updates interesting and helpful in knowing what role the LMC plays in local negotiations and how we can assist practices. We would, of course, be keen to receive any feedback or suggestions for future editions via email to:

[manager@sheffieldlmc.org.uk](mailto:manager@sheffieldlmc.org.uk)

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### **CONTACTING THE LMC**

Concerns have recently been highlighted regarding a lack of response, or timely response, to queries raised with the LMC Executive. On further investigation, it transpired that some GPs have attempted to contact the LMC Executive via the Executive's personal or NHS.net email address, practice or personal mobile phone number. On a number of occasions this has resulted in an issue not being dealt with at all or, at least, not in a timely manner for a variety of reasons, such as the individual concerned being on annual leave, not accessing a particular email account regularly, not being in mobile range etc.

Therefore, we would like to remind all represented GPs that unless you have been given an alternative email address or telephone number to use in relation to a specific on-going case, all contact with the LMC should be via the LMC office either by telephone to (0114) 2588755 or

email. For up-to-date email contact details please see the *Contact Us* section of the LMC website as follows:

LMC Executive (Mark Durling, David Savage, Tim Moorhead):  
[http://www.sheffield-lmc.org.uk/lmc\\_executive.htm](http://www.sheffield-lmc.org.uk/lmc_executive.htm)

LMC Secretariat (Margaret Wicks, Amy Lacey, Emma Birtles):  
<http://www.sheffield-lmc.org.uk/secretariat.htm>

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### **REGULATION 9 REQUIREMENTS**

The South Yorkshire Performance Screening Group (PSG) monitors concerns with regard to doctors working in the area of the South Yorkshire & Bassetlaw (SY&B) Area Team. The Group has recently been updated on *Regulation 9 – Requirements with which a Practitioner included in a performers list must comply*.

Of particular note is subsection (h) which states that the Practitioner must make a declaration to the Area Team if the Practitioner “is involved in any inquest as a person who falls within rule 20(2)(d) (entitlement to examine witnesses) or rule 24 (notice to person whose conduct is likely to be called into question) of the Coroners Rules 1984”.

Therefore, any GP who is the subject of a Coroner’s inquest has a duty to inform the Area Team.

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### **FUNDING OF TRADE/ COMMERCIAL WASTE**

Further to the article in the July LMC newsletter noting that we would keep practices informed of developments, we were pleased to receive confirmation that the SY&B Area Team are looking into the information they have and the analysis they can provide to practices in relation to previous trade / commercial waste costs. Once the Area Team has accurate data for the first part of 2013-14 they will collate this and distribute it to practices.

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### **DEVELOPING OUT-OF-HOURS CARE IN ENGLAND**

A draft out-of-hours position paper shared with the General Practitioners Committee (GPC) in June 2013 was revised in July 2013 to take on board comments from members and input from various external organisations that attended an out-of-hours roundtable meeting on 3 July. The final paper, which has now been published and sent to stakeholders, provides a recent history of out-of-hours care in England and sets out the GPC’s proposals for developing out-of-hours care to meet the challenges facing the NHS’s urgent care system. It is intended to provoke policy changes in the way out-of-hours care is commissioned, delivered and supported. The main topics covered include:

- Recent history of out-of-hours care;
- Case study: Derbyshire Health United;
- Case study: Devon Doctors;

- Guiding criteria for development of out-of-hours care;
- Commissioning out-of-hours care;
- Supporting out-of-hours care;
- Controlling demand.

A copy of the paper can be downloaded from the GPC website at:

<http://bma.org.uk/-/media/Files/PDFs/Working%20for%20change/Negotiating%20for%20the%20profession/General%20Practitioners/GPC%20Outofhoursposition2013.pdf>

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### **GP LOCUMS EMPLOYED THROUGH LIMITED COMPANIES**

The Times published an article on 28 June which referred to dozens of NHS Trusts in England being under investigation by HM Revenue & Customs (HMRC) over their alleged use of schemes to avoid VAT when employing locum or part-time doctors. In light of that, the GPC has issued the following:

*Please be aware of the position of GP locums employed through a limited company, often referred to as a service company. The services they provide are subject to VAT when the registration threshold for VAT has been reached. The threshold level includes all charges made by the company including but not limited to fees and the recovery of expenses. The registration threshold is currently £79,000.*

*Doctors working as locums through an agency should, if they have not already done so, take advice on the application of VAT to their work and, if registration has not been effected on time, how to mitigate any penalties and interest charges accruing for late registration by making voluntary disclosure.*

*Neither the GP Defence Fund (GPDF) nor the British Medical Association (BMA) can assist with VAT or other forms of taxation, but do encourage all doctors to seek appropriate professional advice on taxation matters.*

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### **GPC CHAIRMAN AND NEGOTIATORS ELECTIONS**

As many of you will be aware, Dr Laurence Buckman’s term of office as Chairman of the GPC ended in July 2013. Following elections for the role of Chairman and the team of negotiators, the team for 2013-2014 is as follows:

Chaand Nagpaul (Chairman)  
Peter Holden (Derbyshire GP)  
Dean Marshall (Midlothian GP)  
Beth McCarron-Nash (Cornwall GP)  
Richard Vautrey (Leeds GP)  
Charlotte Jones (GPC Wales)  
Tom Black (GPC Northern Ireland)  
Alan McDevitt (GPC Scotland).

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### **CRIMINAL INJURIES COMPENSATION AUTHORITY (CICA)**

The CICA is a government body which provides compensation to blameless victims of violent crime and relies on evidence from the medical authorities to help its work.

As a result of the Government consultation *Getting it right for Victims and Witnesses*, the Criminal Injuries Compensation Scheme (the Scheme) was revised on 27 November 2012. Information on the Scheme can be found on the Ministry of Justice website at:

<http://www.justice.gov.uk/downloads/victims-and-witnesses/cic-a/how-to-apply/cica-guide.pdf>.

Under the new provisions of the 2012 Scheme the applicant must now **obtain and pay** for the initial medical evidence up to a maximum value of £50. To ensure suitable information is requested, the CICA will send the applicant a blank medical report to take to their GP to complete (TCX1 – annex A). The applicant is expected to pay the GP for the completion of the report. The completed report should be returned direct from the GP to the CICA.

Where an applicant cannot afford to meet the cost of the initial medical report, the CICA will send the applicant a blank medical report to take to their GP to complete (TCX2 - annex B). The completed report including the payment voucher should be returned direct from the

GP to the CICA. On receipt the CICA will ensure payment is made for the report. Where an applicant cannot obtain the report due to a medical condition which prohibits them from attending their GP, the CICA will issue the TCX2 direct to the GP. The completed report including the payment voucher should be returned direct from the GP to the CICA. On receipt the CICA will ensure payment is made for the report.

Where the CICA is required to pay for the initial medical evidence, the value of the initial report will be deducted from any award of compensation given. Any follow up reports requested will be done so direct by the CICA and will continue to be processed in the normal manner.

Any queries about the above can be raised with the CICA via Email: [relationship.managers@cica.gsi.gov.uk](mailto:relationship.managers@cica.gsi.gov.uk) or Tel: 0141 3315495.

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### **VACCINATIONS AND IMMUNISATIONS INFORMATION: BMA WEBSITE**

Documentation and guidance relating to vaccinations and immunisations have been pulled together onto one page on the BMA website: <http://bma.org.uk/practical-support-at-work/doctors-as-managers/managing-your-practice/vaccination>

Recent additions include:

- Summary table of recent changes (Pertussis for pregnant women, Meningitis C, MMR catch-up programme, Rotavirus, childhood flu and Shingles catch-up);
- Link to the Department of Health (DH) poster outlining childhood vaccinations from June 2013.

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### **INFLUENZA (FLU) UPDATES**

Flu advertising campaign: Due to lack of evidence that advertising campaigns have any positive effect on seasonal flu take-up rates, Public Health England (PHE) has decided against having a national flu

campaign this year. Their research found that whilst seasonal flu advertising did raise awareness of the vaccine it did not motivate people to get vaccinated. It found the biggest positive influence on seasonal flu vaccine uptake was a recommendation from a health care practitioner, be that in person, via letter or telephone.

Vaccine stock and potential shortages  
PHE has not received any reports from the suppliers of potential flu vaccine shortages for this coming season. If there are any problems PHE will inform practices via the *Vaccination newsletter for health professionals and immunisation practitioners*, which can be viewed at: <https://www.gov.uk/government/organisations/public-health-england/series/vaccine-update>

#### Flu vaccine for children

Following some confusion about the process for ordering flu vaccine for children, NHS England has confirmed that Fluenz is the recommended vaccine for children and that this will be centrally supplied. Practices will be able to request the vaccine via IMMSFORM. Where two and three year olds are contraindicated to Fluenz, contractors will be required to make an alternative Inactivated Trivalent Influenza Vaccine (TIV) available. Inactivated TIVs which have already been ordered by GPs for two and three year olds in clinical risk groups can be utilised for the contraindicated two and three year olds. Practices will be reimbursed for this as per children in clinical risk groups. If practices experience difficulties in sourcing inactivated TIV for the contraindicated 2 and 3 year olds please contact the ImmForm helpdesk on 0844 376 0040 which will be able to assist in ordering inactivated TIV.

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### **SHINGLES VACCINE: SUPPORTING INFORMATION**

Further to the article in the July 2013 LMC Newsletter, NHS England, PHE and the DH have published a letter and FAQs explaining the introduction of the vaccine programme for people aged 70 years (routine cohort) and 79 years (catch-up cohort) to protect against shingles.

The letter and FAQs can be downloaded from the BMA website at:

<http://bma.org.uk/practical-support-at-work/doctors-as-managers/managing-your-practice/vaccination>

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### **ACTION ON HEARING LOSS**

One in six of the population has some form of hearing loss, rising to over half of people over 60 years old. This is a condition affecting a high proportion of patients, and yet they can face issues when visiting their GP, from communication problems to difficulties booking appointments, as outlined in a recent report from Action on Hearing Loss (formerly RNID) entitled *Access All Areas*.

Action on Hearing Loss has asked the GPC for assistance in distributing their guidance *Making Your Surgery Accessible*, which aims to assist GPs in making their surgeries more accessible to people with hearing loss. The guidance can be viewed at: <http://www.actiononhearingloss.org.uk/supporting-you/gp-support/making-your-surgery-accessible/making-your-surgery-accessible.aspx>

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### **THE COMMUNITY PHARMACY - A GUIDE FOR GPs AND PRACTICE STAFF**

An updated version (July 2013) of joint BMA, Pharmaceutical Services Negotiating Committee (PSNC) and NHS Employers (NHSE) guidance *The community pharmacy - a guide for GPs and practice staff* has been published. The guidance aims to support GPs and community pharmacists in developing more effective working relationships and, in turn, improve primary care services for patients, as well as providing an insight for commissioners as new ways of integrated working in primary care start to take shape. It covers key areas such as funding arrangements for pharmacies, the impact of prescribing policies and the range of clinical and administrative functions that community pharmacies currently provide.

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

<http://www.sheffield-lmc.org.uk/OG13/gpcommunitypharmacy-July2013.pdf>

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### **CHANGES IN ACCESSING RADIOLOGY SERVICES**

*Article submitted by  
Andrew Brammer, Manager for  
General Radiography, STHFT*

#### Walk-in Service Only for X-Rays

Following a successful trial period in May 2013, the x-ray service at Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) is now a walk-in only (ie no appointment) service. This has removed the need for GP patients to ring the call centre to make an appointment for x-rays and has benefited patients who attend for x-ray and patients trying to make appointments for scans and other appointment related queries. Radiology has also revised the GP Radiology request card. Please be aware that any copies of the current card may advise patients to make an appointment, this is now only necessary for all 'other' types of examination.

The x-ray service is open at the Northern General Hospital and the Royal Hallamshire Hospital Monday to Friday inclusive (excluding Public Holidays) between 8am and 6pm. Please advise patients that we are not currently open at the weekends. Patients are asked to ensure they attend with their fully completed GP request card. Instructions on how to find the departments are included on the new request card.

#### New GP Request Card & Call Centre Number

Although GPs might be aware that electronic ordering is likely in the near future; as the information on the existing GP Radiology request card is now incorrect and may prove confusing for patients, Radiology have developed a new request card in the interim, which is now available. The revised card gives the new number for the appointments call centre, which has introduced a call handling system, and gives patients

more information on how to find the departments.

To request copies of the card please contact the Xerox team on:  
Tel: (0114) 271 4179 or  
Email: [Northern.General@xerox.com](mailto:Northern.General@xerox.com) quoting the document reference number PD4465.

The new single number for all patients calling Radiology is (0114) 226 8000. Since introducing the new call handling system on 1 May, 89% of over 17,000 patients who called this number were answered within one minute, and many of the remaining calls listened to a recorded message regarding the walk-in service before hanging up. The directorate is very pleased to report that patients have found this to be a significant improvement.

#### Accessing Other Examinations

Request cards for x-rays should be given directly to the patient (please ensure that all requests are fully completed). However, Radiology politely asks referrers to either fax or post all request cards for CT, MRI, ultrasound, fluoroscopy and nuclear medicine (isotope) examinations directly to the Radiology Appointments Call Centre, as this will enable us to ensure correct bookings are made:

- Fax: (0114) 271 3766;
- Post: Radiology Appointments Call Centre, C-floor, Royal Hallamshire Hospital, Glossop Road, Sheffield S10 2JF.

More information for both patients and referrers can be found on our website (under Radiology) at [www.sth.nhs.uk/services](http://www.sth.nhs.uk/services) or for referrers on the Royal College of Radiologists' website at [www.irefer.org.uk](http://www.irefer.org.uk).

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### **GP TRAINEES SUBCOMMITTEE NEWSLETTER JULY 2013**

The July 2013 edition of the GP trainee newsletter can be downloaded from the BMA website at: <http://bma.org.uk/-/media/Files/PDFs/About%20the%20BMA/How%20we%20work/General%20Practitioners%20Committee/gptraineesnewsletter0713.pdf>

The topics covered include:

- Motions from the conference season;
- MRCGP - Differential Pass Rates;
- MRCGP - Exam Costs;
- Subcommittee activity 2012/13;
- Local Medical Committee Conference;
- How to get involved in your LMC;
- GP Trainees Subcommittee membership 2012/13.

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### **SESSIONAL GPs CONFERENCE**

**The Journey Forward  
Friday 11 October 2013  
BMA House, London**

Working as a sessional GP has its particular challenges and this one-day conference aims to offer expert advice, practical information and guidance to support all sessional GPs in making the most of their careers. Addressing the issues that matter to sessionals (inc pensions, appraisal and revalidation, negotiating skills and making successful career choices), attendees will be able to personalise the programme by selecting from a wide range of breakout groups. The conference will also give attendees the opportunity to network with their peers and discuss shared issues.

Further information, including a full programme, can be downloaded from the BMA website at:

<http://bma.org.uk/events/2013/october/sessional-gps-conference>

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

Email: [manager@sheffieldlmc.org.uk](mailto:manager@sheffieldlmc.org.uk)

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

**Articles for the September edition to be received by Friday 6 September 2013**