

# SHEFFIELD LOCAL MEDICAL COMMITTEE

# NEWSLETTER

## JANUARY 2014

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### **SECURING THE FUTURE OF GENERAL PRACTICE IN SOUTH YORKSHIRE & BASSETLAW**

*A conference organised by the South Yorkshire and Nottinghamshire LMCs with support from the NHS England South Yorkshire & Bassetlaw Area Team*

**Thursday 27 February 2014  
12.15 pm to 4.45 pm  
New York Stadium, Rotherham**

Topics include:

- General practice at a crossroads (which way forward?)
- The “Call to Action” and NHS England’s Strategic Framework for General Practice.
- Creating collaborative organisations.
- Understanding the implications of recent changes to the General Medical Services (GMS) contract.

This event is for GPs and Practice Managers represented by Barnsley, Doncaster, Nottinghamshire or Rotherham LMCs.

Lunch is included and there is no charge to attend this event, *but places are limited, so please register your interest by emailing:* [amy.bolton@nottslmc.co.uk](mailto:amy.bolton@nottslmc.co.uk).

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### **PARTNERSHIP AGREEMENTS**

At the LMC Secretaries Conference held in London in December 2013, concerns were raised at the significant problems some practices around the country had encountered as a result of not having a Partnership Agreement in place.

Over the years the General Practitioners Committee (GPC) and the LMC has urged practices to ensure that they have a written Partnership Agreement in place and that it is up-to-date and includes all

partners. It is of concern that any practices operate without such an agreement in place.

GPC guidance produced in 2006 can still be accessed via the *Other Guidance* section of the LMC website at: [http://www.sheffield-lmc.org.uk/OG09/Partnership\\_Agreements.pdf](http://www.sheffield-lmc.org.uk/OG09/Partnership_Agreements.pdf).

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### **SHEFFIELD LMC BUYING GROUP: UPDATE**

In January 2011 we announced the launch of Sheffield LMC’s buying group. Since then, 62 Sheffield GP practices have signed up to the buying group and we hope that those practices have been able to take advantage of the deals and savings on offer.

Membership is entirely free and there is no compulsion to buy from any of the approved suppliers.

We decided that the buying group should be an opt in process, rather than an opt out process. Therefore, any practice who has not already joined and wishes to do so, needs to complete and return a request to join proforma, which is available at: [http://www.sheffield-lmc.org.uk/buying\\_group.htm](http://www.sheffield-lmc.org.uk/buying_group.htm).

The information provided on the proforma will be forwarded to the Federation of LMC Buying Groups, who then passes details to approved suppliers, in order for the suppliers to contact practices directly.

Once practices have joined the buying group they will receive a welcome pack containing details of the suppliers and other relevant information, such as a user name and password giving access to the Federation of LMC Buying Groups website and other benefits.

If, having joined the buying group, a practice decides that they no longer wish to be part of this initiative, they simply need to inform the LMC Manager via: [manager@sheffieldlmc.org.uk](mailto:manager@sheffieldlmc.org.uk).

If any practice that has not yet signed up to the buying group would like more information, a Q&A factsheet is available at: <http://www.sheffield-lmc.org.uk/Downloads/QA%20Factsheet%20Jan11.pdf>.

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### **PERSONAL MEDICAL SERVICES (PMS) AGREEMENTS**

In December 2013, NHS England sent a letter to Area Teams on PMS agreements, which is available at: <http://www.england.nhs.uk/wp-content/uploads/2013/12/pms-contract-letter1.pdf>.

The letter confirms arrangements for the uplift for PMS practices relating to locum employer superannuation costs, which for those practices who have not already received it, will need to be backdated to April 2013. This confirmation comes after a long period of lobbying from the GPC for this issue to be resolved.

The letter also refers to announcing wider steps on PMS, linked to applying equitable funding to PMS practices. Again, the GPC has been pushing for resolution to this issue for some time, in order to provide more certainty to practices about their funding in the coming years. We will, of course, keep practices updated as soon as more information is received.

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### **GP CONTRACT 2014/15 FAQs**

The GPC has recently updated its FAQs on the GP Contract 2014/15, which can be viewed at: <http://bma.org.uk/working-for-change/negotiating-for-the-profession/bma-general-practitioners-committee/general-practice-contract/gp-contract-faqs>.

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### **CHARGES FOR OCCUPATIONAL HEALTH VACCINATIONS: GP TRAINEES**

The GPC has been made aware that some GP Trainees working in a general practice setting are being asked to pay for occupational health vaccinations.

Under no circumstances should GP Trainees, or any other doctors in the NHS, be required to pay for vaccinations where they are involved in direct patient care. This is outlined in the Department of Health 'Green Book' on immunisation against infectious disease (pages 83-90), which states:

*"Employers need to be able to demonstrate that an effective employee immunisation programme is in place, and they have an obligation to arrange and pay for this service."*

The Control of Substances Hazardous to Health (COSHH) Regulations also require an assessment to be made (by an employer) of a range of hazardous substances, including "biological agents", in order that suitable "control measures" can be implemented to minimise the risk.

Where a risk has been identified and where effective vaccines are available these should be used as a method of control. The employer is required to make provision of the vaccines to staff who are not already immune. Section 9 of The Health & Safety at Work Act 1974 requires that this be offered free of charge to staff.

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### **CALCULATING QUALITY REPORTING SERVICE (CQRS) UPDATES**

As subscribers to the CQRS bulletins will be aware, updates and information were issued in December regarding manual data entry.

The GPC has raised concerns with NHS England about manual data entry for Enhanced Services, and the additional burden this places on practices. The GPC suggested that only the minimum data necessary for practices to receive payment should be required to be entered manually.

NHS England has agreed with the need to minimise the effort involved in this process and agrees that the data required as part of the manual entry should be the minimum data set.

If any practices have not yet registered to receive CQRS bulletins, the LMC would urge them to do so via: <http://systems.hscic.gov.uk/cqrs/bulletin/index.html>.

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### **CARE DATA – PATIENT INFORMATION**

The GPC has recently issued an update on this issue and Dr David Black, Medical Director of the South Yorkshire & Bassetlaw Area Team wrote to all Sheffield GPs last week. The main points of note are as follows:

- During January 2014, every household in England will receive a leaflet from NHS England aimed at supporting practices with their public awareness raising activities.

- The leaflet, which was included in Dr Black's communication, describes how information in medical records is used for purposes beyond the direct care of the patient, including the care.data programme.

- Further copies of the patient leaflet can be downloaded via: [http://www.nhs.uk/NHSEngland/th/enhs/records/healthrecords/Documents/NHS\\_Door\\_drop\\_26-11-13.pdf](http://www.nhs.uk/NHSEngland/th/enhs/records/healthrecords/Documents/NHS_Door_drop_26-11-13.pdf).

- Once the leaflet has been delivered to households, patients will have a minimum of four weeks to read the leaflet and register their objection at their GP practice, if they wish to do so before the first extract begins. Extractions of GP data for care.data will begin in March 2014.

- An FAQ aimed at answering GP practice questions was also distributed with Dr Black's letter. The main topics covered in the FAQs are:

- Understanding key terms;
- The data to be extracted;
- Raising awareness;
- The extraction and linkage process;
- The Data Protection Act;
- Patient Objections;
- The Summary Care Record;
- Research;
- Disclosures of data by the Health & Social Care Information Centre (HSCIC).

- Further copies of the FAQs can be downloaded from the British Medical Association (BMA) website at:

<http://bma.org.uk/-/media/Files/PDFs/Practical%20advice%20at%20work/Ethics/Care%20data/caredataguideforgpsfaqs.pdf>.

- It is important that GP practices continue to raise awareness proactively with their patients about the ways in which patient information is used and shared beyond direct care.

- Background information and existing guidance are available on the BMA website at:

<http://bma.org.uk/practical-support-at-work/ethics/confidentiality-and-health-records/care-data>.

- If, having reviewed the information on the BMA website and Dr Black's letter, including the patient leaflet and the FAQs, practices have any questions or concerns about the process, the HSCIC Contact Centre is acting as a helpline for GPs:

- Tel: 0845 3006016

- Email: [enquiries@hscic.gov.uk](mailto:enquiries@hscic.gov.uk) (quoting *care.data* – GP in the subject line).

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### **USING SOCIAL MEDIA**

In view of the widespread use of sites such as Facebook and Twitter amongst medical students and doctors, as well as a growing number of well-established blogs and internet forums aimed specifically at medical professionals, the BMA issued guidance *Using Social Media: practical and ethical guidance for doctors and medical students*.

The guidance covers issues such as:

- Patient confidentiality;
- Appropriate discussions of patients and practice;
- Maintaining boundaries – the doctor-patient relationship;
- Privacy and personal information;
- Facebook friend requests;
- Declaring conflicts of interest;
- Medical education and employment;
- Defamation;
- Professionalism and social media.

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

[http://www.sheffield-lmc.org.uk/OG13/social\\_media\\_guidance.pdf](http://www.sheffield-lmc.org.uk/OG13/social_media_guidance.pdf).

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### **IMPLEMENTATION OF REPEAT DISPENSING**

The BMA, the Pharmaceutical Services Negotiating Committee (PSNC) and NHS Employers have issued joint guidance on the implementation of repeat dispensing.

The guidance gives a brief explanation of what repeat dispensing is, how suitable patients might be identified and the potential benefits. It also gives the top ten tips for successful implementation, which have been suggested by GPs, Practice Managers and Pharmacists.

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

<http://psnc.org.uk/wp-content/uploads/2013/07/Repeat-dispensing-guide-Dec-2013.pdf>.

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### **RECONCILING GP PAYMENTS GUIDANCE**

NHS England has been working with stakeholders, including the GPC, to tackle the issue of some GP practices experiencing difficulties receiving and reconciling payments.

NHS England has published guidance to highlight improvements made to practice statements, which is available on the HSCIC website. Please note, this guidance is only accessible to those on the NHS web via:

<http://www.hscic.gov.uk/static/hscic/imgs/favicon.ico>.

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### **PRIMARY CARE WORK STREAM PILOT**

*Article submitted by Liz Eaton,  
Clinical Manager, Sheffield GP Out  
of Hours Collaborative*

All GPs should have recently received a communication from Dr Gaynor Radley, Medical Lead Primary and Community Services, Sheffield Teaching Hospitals NHS Foundation Trust, regarding the Primary Care Work Stream Pilot in the Emergency Department of the Northern General Hospital.

GPs are currently being sought to help ensure the success of the pilot, which is to establish the provision of primary care services in Sheffield's emergency care environment, with the objective of managing those patients whose presentations can be appropriately managed by Primary Care Staff and assist in reducing the pressures on the emergency department, particularly during winter.

Initially, the pilot will run at evenings and weekends, expanding ultimately to 24 hour provision.

If you did not receive the communication from Dr Radley, or if you require more information, please contact Liz Eaton via:  
[liz.eaton@nhs.net](mailto:liz.eaton@nhs.net).

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**GP TRAINEES SUBCOMMITTEE  
NEWSLETTER DECEMBER  
2013**

The December 2013 edition of the GP trainee newsletter can be downloaded from the BMA website at:  
<http://bma.org.uk/-/media/Files/PDFs/Working%20for%20change/Negotiating%20for%20the%20profession/General%20Practitioners/GPTraineesNewsletterWinter2013.pdf>.

The topics covered include:

- Contract renegotiation;
- Shape of training review;
- Enhanced GP training (EGPT);
- MRCGP – differential pass rates;
- MRCGP – exam costs;
- Top Tips for the Applied Knowledge Test (AKT);
- Charges for occupational health vaccinations;
- Sick leave guidance for GP trainees;
- GP trainee maternity leave – to do list;
- Out-of-hours.

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**WINTER  
PRESSURES**

The BMA has launched a winter pressures initiative with ideas about how the NHS can best plan and address the inevitable increase in activity.

Posters have been produced, with an emphasis on patient self-care, which have been sent out to practices.

Further copies of the posters, a briefing paper on winter pressures and information about self-care can be found on the BMA website at:  
<http://bma.org.uk/winter-pressures>.

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**PRIME MINISTER'S  
CHALLENGE FUND**

On 1 October 2013, the Prime Minister announced that there would be a new £50M Challenge Fund to help extend access to general practice and stimulate innovative ways of providing primary care services.

The Government has asked NHS England to lead the process of inviting expressions of interest and oversee the pilots. Details on how to apply to become a pilot site, the application criteria and timescales are available on NHS England's website at:  
<http://www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/pm-ext-access/>.

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

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**Articles for the February  
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by Friday 7 February 2014.**