

SHEFFIELD LOCAL MEDICAL COMMITTEE

Newsletter

MARCH 2014

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NAMED GP FOR PATIENTS AGED 75 AND OVER

The General Practitioners Committee (GPC) has published guidance on the requirement for a named GP for patients aged 75 and over, which has been agreed as part of the GP contract changes beginning from April 2014.

The guidance, which includes information on the responsibilities of the named GP and how practices should decide on the identity of each patient's named GP, is available on the British Medical Association (BMA) website at:

<http://bma.org.uk/working-for-change/negotiating-for-the-profession/bma-general-practitioners-committee/general-practice-contract/gp-contract-faqs/gp-contract-faqs-named-gp>

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INFORMATION GOVERNANCE (IG) TOOLKIT

It has been brought to the LMC's attention that not all practices have completed the IG Toolkit.

Version 11 of the IG Toolkit for general practice went live in June 2013 and the deadline for final submission is **31 March 2014**.

The IG Toolkit encompasses 13 requirements against which general practice should self-assess. The Health and Social Care Information Centre (HSCIC) states that completion of the IG Toolkit is necessary in order for practices to ensure that their HSCIC services, such as the N3 connection, continue to be provided. This is because every practice receiving these services needs to sign up annually to an IG Statement of Compliance and the only way this can be signed or submitted is through the IG Toolkit online assessment.

One person from a practice will have been nominated as the IT lead and they will register for a user account and complete the online self-assessments on behalf of the practice.

Further information is available at: <https://www.igt.hscic.gov.uk/Home.aspx?tk=416884688182275&cb=d50e3253-c090-4d86-9b47-4c7eff940b09&Inv=7&clnav=YES>

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CARE.DATA DELAY TO ROLL-OUT

As you will be aware, NHS England has announced a six month delay in the roll-out of care.data. This follows concerns raised by the BMA and the GPC, particularly on the grounds that the public awareness campaign has not worked, with many patients still unaware of care.data and their right to object to the extraction of data from their medical record.

NHS England has allowed more time to ensure that patients are made fully aware of the implications of care.data, how their information is stored and used, and their right to object. The BMA continues to support the use of anonymised data to improve and plan NHS services, but will be seeking further assurances from NHS England around the scheme, working closely with them to ensure that the public is properly informed and that safeguards are in place before uploads begin in the autumn.

GPs should continue to enter the objection code(s) to patient records where requested by their patients.

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QOF 2013/14: GPES & CQRS

The HSCIC recently emailed a bulletin to GP practices on the Quality and Outcomes Framework (QOF) for the 2013/14 financial year.

The bulletin explains how the General Practice Extraction Service (GPES) will operate for the QOF extraction, as well as how practices should prepare for and participate in the QOF using the Calculating Quality Reporting Service (CQRS).

The GPC has emphasised to NHS England and the HSCIC the need for the necessary functionality and training to be in place so that practices can effectively use the CQRS with minimal disruption.

Further copies of the bulletin can be downloaded at:

<http://nhscqrs.createsend1.com/t/ViewEmail/r/DC3C37EBC64218B42540EF23F30FEDED>

The HSCIC has also produced a step-by-step guide for practices, which can be downloaded at:

<http://systems.hscic.gov.uk/cqrs/qof/checklist/index.html>

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DEP001 QOF BUSINESS RULES

Following a query regarding the QOF business rules of DEP001, where a practice had found that their performance on this indicator dropped following the upgrade by EMIS to v27.1 of the business rules, the GPC has received the following advice from the HSCIC:

- Originally indicator DEP001 was developed to follow the guidance which requires that the diagnosis of depression and the biopsychosocial assessment (BPA) codes are recorded on the same date to meet the requirements for this indicator and that a patient would only have one BPA recorded for each new episode of depression.
- The BPA code was a new code in April 2013, however it was found that some practices were recording the code again following diagnosis

(as well as at diagnosis), which was a use that HSCIC had not anticipated. It has since been brought to HSCIC's attention that a patient may have more than one BPA recorded in a given QOF year. This has been discussed with QOF stakeholders and as the numbers of patients affected was expected to be small any change to the indicator was to be implemented in 2014/15, however this indicator will now be retired on 1 April 2014.

- The HSCIC has considered whether a change can be made to the business rules at this stage, however, this is not possible as there will be an impact on GPES as all the suppliers would need to go through re-certification.
- If practices feel that they have been unfairly disadvantaged for 2013/14 QOF they are advised to negotiate with their Area Team. Where a patient newly diagnosed with depression in the current QOF year, has received more than one BPA in the current QOF year the Area Team would need evidence that at least one BPA had been recorded on the same day as the depression diagnosis.

Alternatively, practices could delete the second offending code, and re-enter it as free text to preserve the integrity of their record.

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CHANGES TO PENSION ARRANGEMENTS FOR GP LOCUM APPRAISERS

The NHS Pensions Authority (NHSPA) has stated that freelance GPs who carry out appraisals can now choose to pension that income.

Until now, only salaried and partner GPs appraising other doctors could do so. This move comes after continued lobbying of NHS England by the GPC Sessional GPs Subcommittee.

GP locum forms A&B will be updated by the NHSPA to reflect this change, which comes into effect from 1 April 2014.

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CHANGES TO PENSION ARRANGEMENTS FOR SALARIED GPs

The NHSPA has announced changes that mean all the practice income of salaried GPs will now be pensionable. Practice-based overtime is not currently pensionable for salaried GPs, eg if they work a Saturday morning that income is not pensionable if it is outside their contracted hours.

Now all practice income can be pensioned, even if it takes salaried GPs over their working time hours.

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ENHANCED SERVICES GUIDE 2013/14 UPDATE

All practices should have received a communication from the Primary Care Team at the South Yorkshire and Bassetlaw Area Team, noting that the enhanced services guidance for 2013/14 has been updated following the October 2013 read codes release.

The updated guidance can be downloaded from the NHS Employers website at:

http://www.nhsemployers.org/SiteCollectionDocuments/Enhanced_services_guidance_13-14_v3_ja022014.pdf

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FINAL SENIORITY FIGURES FOR 2010/2011

The final seniority figures for 2010/2011 have recently been published by the HSCIC, following agreement by the Technical Steering Committee.

The figure for England is £94,080.

A report explaining the calculations can be downloaded from the HSCIC website at:

http://www.hscic.gov.uk/media/13651/Final-Seniority-Factors-England-and-Wales-2010-11/pdf/Final_Seniority_Factors_England_and_Wales_2010-11.pdf

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GP PAYMENT PROBLEMS

As you will be aware, the GPC has been keen to collate intelligence regarding delayed GP payments and problems with remittance advice.

Feedback received from LMCs was passed on to NHS England, who agreed to feed this into the GP payment working group that was established in September 2013 to tackle the issues.

As a result of this, remittance advice should now be much improved.

In the January LMC Newsletter it was noted that 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://nww.hscic.gov.uk/static/hscic/imgs/favicon.ico>.

It was hoped that this guidance would make it much easier for practices to identify and reconcile payments. However, there are still anecdotal reports of problems with delayed or incorrect payments or unclear remittance paperwork. As a result, the GPC is keen to continue to work to resolve these issues.

It would be appreciated if specific examples of problems could be emailed to the LMC office in the first instance via:

manager@sheffieldlmc.org.uk.

As there are now a number of organisations dealing with GP payments, eg Area Teams, Local Authorities, Clinical Commissioning Groups (CCGs), it would be appreciated if as much information as is known could be included, eg which organisation generated the remittance advice, which organisation should have made the payment etc.

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NETWORKS AND FEDERATIONS SURVEY

The GPC has launched a survey of grassroots GPs to find out their views on how a model based on networks

or federations of GP practices might find solutions to the challenges facing 21st century general practice.

All GPs - whether partner, salaried or locum - are encouraged to give their views in this survey, which can be accessed via:

<http://www.research.net/s/gpc-practice-networks>

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MANAGEMENT OF GONORRHOEA PATHWAY

*Article submitted by Amy Buddery,
Health Improvement Principal –
Sexual Health, Public Health,
Sheffield City Council*

You may be aware that we have seen a recent spike in the number of gonorrhoea cases diagnosed in general practice. In response to this some work has been undertaken to review the existing pathway for management of cases.

Previously the labs sent positive results back to the practice and did not routinely inform the sexual health service.

Through discussions at the Gonorrhoea Response Group Meeting chaired by Jeremy Wight we agreed to revise the pathway to ensure that patients are followed up by the Health Advisers at the Sexual Health Service if the service does not receive a referral from the GP within one week. This will ensure swift access to treatment and enable contact tracing to be undertaken.

Details of the pathway were circulated to practices via the Sheffield CCG e-bulletin on Tuesday 11 February 2014.

In addition, the pathway can be found at:

<http://www.sheffieldccgportal.co.uk/pressv2/index.php/clinical-pathways/item/management-of-gonorrhoea-in-general-practice>

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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

**Articles for the April edition
to be received by
Friday 11 April 2014**