

SHEFFIELD LOCAL MEDICAL COMMITTEE

NEWSLETTER

OCTOBER 2013

INSIDE THIS ISSUE:

ACTIVITY UPDATE: AUGUST TO SEPTEMBER 2013

SHEFFIELD LMC AND ENGAGEMENT OF EARLY CAREER GPs

CARE.DATA

PRIMARY MEDICAL SERVICES ASSURANCE MANAGEMENT FRAMEWORK

PRESCRIPTION DIRECTION

RECORDING CERVICAL SAMPLE RESULTS WITH HPV

REVALIDATION SURVEYS

HOSPITALS' DUTY OF CARE TO PATIENTS REGARDING TEST RESULTS

DISPENSING DOCTOR FEESCALE CHANGES 2013-14

BROADENING YOUR HORIZONS - WORKING AND TRAINING IN DEVELOPING COUNTRIES

BREAKING DOWN BARRIERS - ADVICE FOR OVERSEAS DOCTORS THINKING ABOUT WORKING IN THE UK

2013/14 ENHANCED SERVICES GUIDANCE AND AUDIT REQUIREMENTS

ENHANCED SERVICES FAQs

MMR GUIDANCE AND AUDIT REQUIREMENTS

SHINGLES CATCH UP PROGRAMME FAQs

CHILDHOOD INFLUENZA CATCH-UP PROGRAMME FAQs

CONTRACT IMPOSITION SURVEY 2013/14: RESULTS

IMPROVING GENERAL PRACTICE - A CALL TO ACTION

ACTIVITY UPDATE: AUGUST TO SEPTEMBER 2013

The LMC's latest Activity Update (August to September 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/lmc_reports.htm

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

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.

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SHEFFIELD LMC AND ENGAGEMENT OF EARLY CAREER GPs

At the September LMC meeting the issue of hearing the views of early career GPs and giving them the opportunity to observe the work of the LMC was discussed.

There was general agreement about the importance of early career GPs' opinions and the mutual benefits of

their involvement in local medical politics and it was noted that the committee can invite observers to attend LMC meetings.

Therefore, it was suggested that early career doctors should be encouraged to express an interest in attending an LMC meeting. To this end, if any early career GPs would be interested in attending an LMC meeting (usually held on the second Monday of the month in the evening), please contact the LMC Secretariat via administrator@sheffieldlmc.org.uk. This is primarily to ensure adequate capacity of meeting venues, inclusion in the distribution of agenda papers, notification of any changes to time/venue etc.

In addition, any suggestions about how the LMC might engage with and seek the views of early career GPs

would be appreciated, again via email to:

administrator@sheffieldlmc.org.uk

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CARE.DATA

As you will be aware from previous LMC Newsletter articles, Care.data is a forthcoming extract of patient data commissioned by NHS England. The intention of the scheme is to make increased use of the information in medical records in order to improve the quality of care for patients. The service is one of the first initiatives to use the powers of the Health and Social Care Act 2012 (HSCA), which allows the Health and Social Care Information Centre (HSCIC), in certain circumstances, to extract confidential data from GP practices without seeking patient consent.

The British Medical Association (BMA) supports the use of data for appropriate secondary uses but also recognises the importance of confidentiality. The priority in negotiations has been information governance safeguards and allowing patients to maintain control of the data held in their medical records. The BMA therefore negotiated the right for patients to be able to object to the disclosure of their confidential information from the GP practice.

Practices will have received an email from the HSCIC including GP guidance and FAQs and a separate information pack containing patient information and materials. Further copies can be downloaded from NHS England's website at:

<http://www.england.nhs.uk/ourwork/tsd/care-data/>

Practices have been advised to undertake patient awareness raising activities, such as displaying the poster, making the leaflet available and providing information on the practice website. These activities will help ensure that patients are aware of the scheme and their right to object. The BMA and NHS England have also used this opportunity to make patients aware of the existing ways in which the health service uses information from medical records for secondary uses.

Concerns have been raised regarding the level of patient awareness, and

whether an eight week period of activity undertaken by the practice will be sufficient in informing all patients of the extract. Some practices have suggested applying the objection code to all of their patients' records and removing the code once patients have provided explicit consent. However, the BMA would strongly advise practices against doing this because the HSCA creates a statutory obligation for GP practices to disclose the data to the HSCIC. In addition, it is a patient's right to object, not that of the practice. As the law creates a legal obligation to disclose data, consent is not required. GP practices must meet their legal obligations under the HSCA, as well as their obligations under the Data Protection Act (DPA) to undertake fair processing.

NHS England will be providing further information about awareness raising activities. Practices should therefore be reassured that they will not be solely responsible for making patients aware of care.data and they will be informed before any extractions take place. The GP guidance and FAQs have outlined the steps practices should take. NHS England has been working with the Information Commissioner so that there is clarity about what GPs have to do in order to meet the fair processing component of the DPA. It has also been confirmed that data will not be extracted until the awareness raising activities have taken place.

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PRIMARY MEDICAL SERVICES ASSURANCE MANAGEMENT FRAMEWORK

The General Practitioners Committee (GPC) has received a number of queries about the extent to which there is a contractual obligation on practices to provide the information requested as part of the Primary Medical Services Assurance Management Framework. Following legal advice, the GPC has confirmed:

- There is a contractual obligation to provide the information requested in the annual practice declaration. There is a section in both the General Medical Services (GMS) and Personal Medical Services (PMS) regulations stating that

contractors shall submit an annual return to the board. The declaration is also likely to come under the classification of information that is "reasonably required" by NHS England. There is not a specific contractual obligation to submit this information in electronic format, but practices may find that it is more convenient to do so.

- The letters sent out by NHS England to practices about the framework state that practices will be required to submit their catchment area electronically. There is no specific contractual requirement to submit this information in electronic format, but practices again may find it more convenient to do so. The GPC has written to NHS England and received confirmation that practices that have problems submitting this information electronically, or choose not to do so, will be able to submit the information in a different format.

The web interface that is being shared with practices also includes data about practices based on NHS England's high level indicators and outcome standards. The information relates to every practice in England, with the intention being to allow comparisons with local practices within the Clinical Commissioning Group (CCG) or Area Team and also practices with similar demographics. The process was improved through discussions with GPC representatives and some LMC Secretaries. The GPC still has concerns about this process and validity of some of this data, including how this data might be used in the future. They are continuing to try and minimise that risk through their engagement and are happy to receive feedback from LMCs. Therefore, it would be appreciated if any issues or problems with implementation at a local level could be reported to the LMC via manager@sheffieldlmc.org.uk.

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PRESCRIPTION DIRECTION

The GPC has published a joint statement with the Pharmaceutical Services Negotiating Committee (PSNC) and Pharmacy Voice on prescription direction, which reminds

practices and pharmacies that proper prescription practices should be followed and highlights activities to avoid in order to maintain good practice. The statement can be downloaded from the GPC website at:

<http://bma.org.uk/-/media/Files/PDFs/Practical%20advice%20at%20work/Doctors%20as%20managers/prescriptiondirectionstatement.pdf>

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RECORDING CERVICAL SAMPLE RESULTS WITH HPV

*Article submitted by
Dr Jenny Stephenson*

Please note that since we have been using HPV Triage for cervical sample results, there is a recommended way of recording the result if negative on SystemOne:

- Under 'Cytology', click on 'Smear Taken'
- Right click on this to 'add result'
- Put 'smear negative', then
- Click second option at the top: 'Extra Result Information' in order to record HPV status.

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REVALIDATION SURVEYS

Following the implementation of revalidation in December 2012, the Revalidation Support Team has published four surveys to collect information on the current and expected impact of revalidation from the perspective of doctors, appraisers, responsible officers and designated bodies. The GPC has asked LMCs to pass details of this survey on to GPs. The survey, which should take around five minutes to complete, can be accessed via:

https://www.surveymonkey.com/s/RST_Revalidation_Impact_Doctors

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HOSPITALS' DUTY OF CARE TO PATIENTS REGARDING TEST RESULTS

The GPC and the BMA's Consultants Committee have published a statement confirming that

the ultimate responsibility for ensuring that hospital test results are acted upon rests with the person requesting the test and that responsibility can only be delegated to someone else if they accept that responsibility by prior agreement.

The full statement can be read on the BMA website at:

<http://bma.org.uk/practical-support-at-work/contracts/independent-contractors>

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DISPENSING DOCTOR FEESCALE CHANGES 2013-14

Agreement has been reached between the GPC, the Dispensing Doctors Association, NHS England, the Welsh Government and NHS Employers around the changes for the dispensing doctors feescale from 1 October 2013 and onwards for England and Wales.

The feescale and further information can be downloaded from the GPC website at:

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

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BROADENING YOUR HORIZONS - WORKING AND TRAINING IN DEVELOPING COUNTRIES

The BMA recently launched updated guidance *Broadening your Horizons - Working and training in developing countries*, which can be downloaded from the BMA website at:

<http://bma.org.uk/developing-your-career/career-progression/broaden-your-horizons>

The guidance supports UK doctors at all stages of their careers who are considering working or training in developing countries, and helps employers and medical educators in the NHS understand how best to assist those who choose to undertake work abroad.

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BREAKING DOWN BARRIERS – ADVICE FOR OVERSEAS DOCTORS THINKING ABOUT WORKING IN THE UK

As a part of the BMA's commitment to supporting doctors in their career progression, as well as implementing positive solutions to overcome barriers, the British Medical Journal (BMJ) has published an online e-learning module, authored by the BMA, which provides overseas doctors with advice on coming to work in the UK.

This module can be accessed via the below link and is free to access for BMA members:

http://learning.bmj.com/learning/module-intro/bma-careers--advice-for-overseas-doctors-thinking-about-working-in-the-uk-.html?locale=en_GB&moduleId=10043945

The module aims to provide doctors with the following skills:

- Understanding the UK immigration regulations and how they affect overseas doctors wanting to work in the UK;
- Knowing how to become registered to practise as a doctor in the UK;
- Appreciating the typical career path of a doctor working in the UK;
- Understanding more about working for the NHS;
- Knowing where to look for further help and guidance.

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2013/14 ENHANCED SERVICES GUIDANCE AND AUDIT REQUIREMENTS

NHS Employers, NHS England and the HSCIC have updated their guidance and audit requirements for the 2013/14 enhanced services and the vaccination programmes supported by automated extractions.

The guidance is intended to support Area Teams and practices in delivering these services, and includes the new read codes and business rules.

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

<http://bma.org.uk/-/media/Files/PDFs/Practical%20advice%20at%20work/Contracts/gpenhancedservicesguidance201314nhse.pdf>

The business rules have also been published on the HSCIC website at:

<http://www.pcc-cic.org.uk/article/phase-2-enhanced-services-business-rules>

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ENHANCED SERVICES FAQS

The BMA and NHS Employers have produced an enhanced services FAQs document, which can be downloaded from NHS Employer's website at:

http://www.nhsemployers.org/SiteCollectionDocuments/2013-14_Enhanced_Services_FAQs%20_ja090913.pdf

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MMR GUIDANCE AND AUDIT REQUIREMENTS

NHS Employers has published further guidance about the MMR catch-up campaign and the audit requirements for this. This is in addition to the existing service specification which was introduced on 25 April 2013.

The new guidance, which includes information on the Calculating Quality Reporting Service (CQRS), the General Practice Extraction Service (GPES) and payment and validation, can be downloaded from the NHS Employer's website at:

http://www.nhsemployers.org/SiteCollectionDocuments/MMR%20guidance%20and%20audit%20requirements_ja020813.pdf

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SHINGLES CATCH UP PROGRAMME FAQS

The GPC, NHS Employers and NHS England have published joint FAQs on the shingles catch-up programme, which can be downloaded from the GPC website at:

http://bma.org.uk/-/media/Files/PDFs/Practical%20advice%20at%20work/Doctors%20as%20managers/Managing%20your%20services/shinglesvaccinationprog2013-2014_faqs.pdf

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CHILDHOOD INFLUENZA CATCH-UP PROGRAMME FAQS

The GPC, NHS Employers and NHS England have published joint FAQs on the childhood influenza catch-up programme, which can be downloaded from the GPC website at:

<http://bma.org.uk/-/media/Files/PDFs/Practical%20advice%20at%20work/Doctors%20as%20managers/Managing%20your%20services/childseasonalfluFaqs.pdf>

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CONTRACT IMPOSITION SURVEY 2013/14: RESULTS

As you will be aware from the LMC Newsflash issued on 3 September 2013, the BMA launched a survey of GPs with the aim of finding out how the contract imposition had affected practices and patients.

All GPs should have received an email about the results from Dr Chaand Nagpaul, GPC Chairman.

The key survey findings were as follows:

- 97% of GPs said that bureaucracy and box ticking had increased in the past year while 94% said their workload has increased;
- 82% of GPs felt that some of the new targets were actually reducing the number of appointments available to the majority of patients;
- 76% of GPs believed they had to reduce the time spent on patients' other clinical needs as a result of the latest QOF changes;
- 86% of GPs reported a reduction in their morale in the past year.

In addition:

- 90% of GPs said their practice's resources are likely to fall in the next year,

- 45% of GPs said they are less engaged with new CCGs because of increased workload.

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IMPROVING GENERAL PRACTICE – A CALL TO ACTION

In August 2013, NHS England launched a consultation to gather views on how general practice can best meet the challenges of an ageing population, increased patient demand and growing recruitment and retention problems.

NHS England has also said it wishes to address inequality of, and patient dissatisfaction with, access to GP services.

NHS England's focus is on encouraging discussions at a local level. As such, the GPC is encouraging all LMCs to raise awareness of the consultation amongst GPs in their area.

Further information about how to respond to the consultation can be found on NHS England's website at: <http://www.england.nhs.uk/ourwork/com-dev/igp-cta/>.

The deadline for responses is **Sunday 10 November 2013**.

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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

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**Articles for the November
edition to be received
by Friday 8 November 2013**