

# SHEFFIELD LOCAL MEDICAL COMMITTEE

# NEWSLETTER

## NOVEMBER 2012

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### **GP CONTRACT CHANGES 2013/14**

On 23 October 2012 Dame Barbara Hakin, National Managing Director of Commissioning Development at the Department of Health (DH) wrote to all Primary Care Trust (PCT) and Strategic Health Authority (SHA) Chief Executives, detailing proposed changes to the GMS contract for 2013/14. A copy of this letter can be downloaded from the DH website at: <https://www.wp.dh.gov.uk/publications/files/2012/10/gms-contract-2013-2014.pdf>

On 25 October 2012 Laurence Buckman, Chair of the General Practitioners Committee (GPC) wrote to GPs. The letter, which details the government's threat to impose significant changes to practice contracts, can be downloaded from the GPC website at: <http://bma.org.uk/-/media/Files/PDFs/Working%20for%20change/Negotiating%20for%20the%20profession/General%20Practitioners/lettergpenland25october2012.pdf>

Further communications are expected from the GPC shortly and the LMC will keep practices updated with developments.

In the meantime, as the proposals will have a significant impact on GMS and PMS practices, the LMC would urge all GPs and Practice Managers to familiarise themselves with the contents of the two letters.

### **GP PRACTICE OPENING HOURS – CHRISTMAS AND NEW YEAR 2012/13**

In October all Sheffield GP Principals and Practice Managers should have received a communication from the South Yorkshire and Bassetlaw Cluster on this issue.

In previous years the LMC has been able to negotiate with NHS Sheffield (NHSS) and agree some flexibility for the afternoons of Christmas Eve and New Year's Eve and these arrangements have worked well.

Despite raising the issue with NHSS in May 2012, the decision was made and the communication disseminated to practices without negotiation with the LMC.

As you will be aware, practices will be required to open during core hours, although there is some flexibility in capacity arrangements, which is helpful.

It is disappointing that practices will not be able to adjust their opening times in the way they have been able to previously, that the LMC's communications were not adequately acknowledged and that there was no attempt to negotiate or consult with the LMC.

### **CARE QUALITY COMMISSION (CQC) CONSULTATIONS**

The CQC has recently published two consultations:

Consultation on fees for registered health and social care services:

<http://www.cqc.org.uk/feesconsultation>

Consultation on our strategy for 2013-16:

<http://www.cqc.org.uk/thenextphase>

The British Medical Association (BMA) will be responding to both consultations, but the GPC is encouraging GPs to respond, in order to ensure that the CQC understands GPs' unhappiness with the idea of being charged to be inspected.

The LMC would also urge GPs to respond to the consultations.

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### **FOCUS ON TRAVEL IMMUNISATIONS**

The GPC's guidance *Focus on Travel Immunisations* has recently been amended to add a note about the reimbursement of oral typhoid vaccine and to clarify which travel immunisations are not reimbursable on the NHS.

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

<http://www.sheffield-lmc.org.uk/OG11/Travel%20Immunisations.pdf>

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### **STAMP DUTY LAND TAX**

The GPC is currently seeking specialist advice on the subject of Stamp Duty Land Tax (SDLT), a tax on land transactions that, in the context of general practice, is liable on any lease of a GP practice or acquisition of freehold.

The issue is complicated and further advice will be forthcoming once GPC representatives have met with the DH and received legal advice.

In the meantime, GPs who are about to acquire land for a new practice, enter a new lease, or whose leases are up for renewal, are urged to seek advice from a specialist property lawyer.

Please note that practices that have a Licence to Occupy do not have SDLT liability.

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### **DOOR ENTRY CODES AND THE PATIENT DEMOGRAPHIC SERVICE**

The GPC has recently issued a reminder that confidential door entry codes must be recorded correctly in patient electronic records.

Practices are sometimes provided with four-digit codes by their patients to allow them access to a door entry system, or to a box containing a key for the patient's front door.

Last year, Connecting for Health (CfH) wrote to practices to alert them that door code details were being stored incorrectly in the address, telephone number or name fields of patient records, which were subsequently uploaded to the Patient Demographic Service. This creates a serious security risk with, for example, the codes being included as part of the address on letters sent to patients.

Practices should instead add the information to the patient record using Read Code 915L 'Patient door access via key code', and then record the code using free text.

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### **ZOSTAVAX SHINGLES VACCINE**

Further to the article in the September 2012 LMC newsletter regarding Zostavax only being available privately for patients, due to a shortage of the vaccine, the GPC wrote to the DH expressing concerns over this arrangement.

The DH has subsequently confirmed that if a GP makes a judgment that vaccination against shingles would be clinically indicated and beneficial for an individual patient, Zostavax can be prescribed on the NHS.

The DH is also planning to make a statement about the possible introduction of a shingles vaccination programme for those people aged 70-

79 years, as recommended by the Joint Committee on Vaccination and Immunisation (JCVI). Their position on this issue has also been published in the September 2012 edition of Vaccine update, which can be downloaded at:

[https://www.wp.dh.gov.uk/immunisation/files/2012/10/8161\\_VaccineUpdate\\_Sept2012\\_193\\_10\\_accessible.pdf](https://www.wp.dh.gov.uk/immunisation/files/2012/10/8161_VaccineUpdate_Sept2012_193_10_accessible.pdf)

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### **SALMETEROL METERED DOSE INHALERS**

Sheffield Area Prescribing Committee (APC) has requested that the LMC reiterates the following message:

Both Serevent Evohaler® (manufactured by GSK) and Neovent® (a new product manufactured by Neolab) contain long acting  $\beta_2$  agonist Salmeterol 25 micrograms.

It is important to be aware of the following differences between the two products:

- Neovent® contains the additional excipients anhydrous ethanol and soya lecithin (E322) and it is contraindicated in patients with allergies to peanuts and soya.
- Serevent Evohaler® is indicated for use in children aged 4-12 years and adults.
- Neovent® is only indicated for use in adults and adolescents over the age of 12 years.

The APC advises GPs to give careful consideration to which brand would be suitable to supply when they are considering writing a prescription generically for Salmeterol 25 micrograms metered dose inhaler, as the above differences may have an impact on the suitability of the brand supplied to the patient.

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

The Calculating Quality Reporting Service (CQRS) is replacing the

Quality Management and Analysis System (QMAS), which is currently used to calculate payments to GPs under the Quality & Outcomes Framework (QOF).

QMAS will remain operational until July 2013, to allow QOF payments for the 2012/13 year to be made.

CQRS is in development and is expected to be in place to calculate payments for GP practices for the 2013/14 financial year.

Further information can be found on the CfH website at:

<http://www.connectingforhealth.nhs.uk/systemsandservices/cqrs>

In addition, practices can register to receive updates on the development of CQRS at:

<http://www.connectingforhealth.nhs.uk/systemsandservices/cqrs/regforupdates>

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### **SHARING ELECTRONIC RECORDS FOR DIRECT PATIENT CARE**

A set of principles has been developed to support GP practices that are considering implementing shared record systems.

Until relatively recently, data recorded in GP systems have not been directly accessible by other organisations. Data have previously been shared via specific clinical communications, such as referral letters.

A number of GP clinical system suppliers have developed systems which allow healthcare professionals across different organisations to access directly the detailed information recorded during patient consultations.

These are high level principles, which the BMA believes represent best practice in terms of allowing records to be shared in order to facilitate patient care, whilst maintaining high standards of confidentiality.

All system suppliers should aspire to meet these standards.

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

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

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### **GP TRAINEES SUBCOMMITTEE NEWSLETTER: OCTOBER 2012**

The GP Trainees Subcommittee is a subcommittee of the GPC that provides national representation for all doctors in GP training, whether they are members of the BMA or not.

The October 2012 edition of the subcommittee's newsletter contains articles on:

- Chairman's introduction;
- 5 things all new GP trainees should know about;
- GP Trainee Skills Day;
- GP Trainees Subcommittee membership 2012/13.

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

<http://bma.org.uk/-/media/Files/PDFs/About%20the%20BMA/How%20we%20work/General%20Practitioners%20Committee/gptraineenewsletter2012.pdf>

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### **BMA 2013 RESEARCH GRANTS**

The BMA was among the first of the professional bodies to award grants and prizes to encourage and further medical research.

Today, around ten research grants are administered under the auspices of the Board of Science, all funded by legacies left to the BMA.

Grants totalling approximately £500,000 are awarded annually.

Applications are invited from medical practitioners and/or research scientists and are for either research in progress or prospective research.

The 2013 research grants will be available to apply for online on the BMA website from 11 December 2012.

The application deadline is **15 March 2013 at 5pm**.

Subject specifications for each grant vary. For example, in 2013, research areas range from rheumatism and arthritis, cardiovascular disease and cancer to neurological disorders and terminal care.

For more information on the grants on offer in 2013 and details of how to apply, please see:

[www.bma.org.uk/researchgrants](http://www.bma.org.uk/researchgrants)

If you have any questions about the BMA research grants, or would like to receive alerts about them, please contact:

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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 December 2012 edition of the LMC newsletter to be received by **Friday 7 December 2012**.