

SHEFFIELD LOCAL MEDICAL COMMITTEE

NEWSLETTER

OCTOBER 2008

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HEALTH VISITOR SURVEY UPDATE

The LMC would like to thank everyone who was able to make time to complete our survey on Health Visitors.

The results of the 7 questions asked can be found in the new *Facts and Information* section of the LMC website at:

http://www.sheffield-lmc.org.uk/facts_info.htm

As a result of your input, the LMC Executive held a productive meeting

with Health Visitor managers, which we hope to report on shortly.

Once again, thank you for your support in this matter.

GMS CONTRACT 2009-10

All GPs should have recently received a letter from Dr Laurence Buckman, Chairman of the GPC detailing the agreement the GPC has reached with NHS Employers about the GMS contract for 2009-10.

Topics covered in this letter are:

- Role of the Doctors' and Dentists' Review Body;
- Agreed mechanism for the 2009-10 pay award;
- Future of MPIG;
- Quality and Outcomes Framework;
- Prevalence;
- Seniority;
- Next steps.

Further copies of the letter can be downloaded from the GPC website at:

<http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFgmscontract14Oct08.pdf>

There is also an online video clip explaining some of the implications of the agreement which can be accessed via:

<http://uk.youtube.com/BMAtv> or

<http://bmaweblog.blogspot.com/2008/10/changes-to-gms-contract-for-200910.html>

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**SUPPORT YOUR SURGERY
CAMPAIGN: PHASE 2**

The BMA recently launched phase 2 of the Support Your Surgery campaign. All practices should have received a campaign pack.

Phase 1 of the campaign was successful in raising public and patient awareness of the problems facing General Practice and the high quality service that GP practices provide.

Phase 2 continues the focus on raising public awareness of the threats to General Practice, and on letting people know how they can make their voices heard, eg by writing to their PCT, local MPs, local media and local council overview and scrutiny committees.

The LMC would like to remind practices of the importance of keeping the momentum of the Support Your Surgery campaign going by talking to patients about this and displaying posters in the practice.

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**MP-GP
MATCHING SCHEME**

This scheme is part of a wider initiative to inform MPs of the issues being faced in General Practice in their constituencies.

The scheme involves an MP visiting a practice in their area before the end of this year.

It is hoped that this will provide a valuable opportunity for practices to

show their MP how national issues impact locally, as well as highlighting successes of the practice, and how they could use their MPs help.

It is also hoped that the MPs may become more engaged in the issues of General Practice if they are aware of the local impact.

The LMC has been asked for assistance in identifying willing practices in each constituency.

There are six constituencies that fall under the representation of Sheffield LMC, so there are many opportunities to be involved in this scheme.

The following MPs have already expressed an interest in participating in this scheme:

- Clive Betts (Labour, Attercliffe).
- Meg Munn (Labour, Heeley)
- Angela Smith (Labour, Hillsborough).

Any practices that would be willing to take part in this scheme should express their interest to the LMC via email to:

administrator@sheffieldlmc.org.uk.

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**GP APPRAISAL
IN SHEFFIELD**

*Article submitted by
Andy Godden & Trefor Roscoe*

Following a successful meeting between the LMC and the appraisal steering group, we thought it might be helpful to highlight the following points:

- Every year in Sheffield PCT, well over 500 GPs need appraising and this requires an automated e-mail based solution to allow most flexibility.
- The system works very well, although being automated we appreciate it can feel impersonal at times.
- We acknowledge that some of the e-mail reminders might read

better, and these are currently being reviewed with the LMC.

- Timescales and reminders are important though, if we are to ensure everyone is appraised by 31st March each year.
- An active e-mail address is ESSENTIAL, but you can nominate your practice manager as an alternative to a personal address.
- Revalidation is likely to bring a fully web based system for appraisal. GPs in the other UK countries already use such a system - we need to prepare and develop our IT skills accordingly.
- We will try to offer telephone reminders if there is no response to e-mail but, if called, please don't take your frustrations with the system out on PCT administrative staff, they are just doing their job!

Appraisal in Sheffield is already well developed, which stands us in good stead for the requirements of revalidation when it arrives over the next 18 months.

In partnership with the LMC, we plan to offer a series of updates about revalidation as information becomes available. This will be hosted jointly both on the PCT Intranet and on the LMC website. We plan to launch this over the next month and will give more details in due course.

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**CHILD PERFORMANCE
LICENCES**

Following negotiations between the LMC and Sheffield City Council regarding requests for child performance licences, the LMC has produced a guidance note for Sheffield GPs.

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

http://www.sheffield-lmc.org.uk/lmc%20guidance/child_performance_licences.pdf

HEALTH PROFESSIONS COUNCIL: HEALTH REFERENCE FORMS

Health reference forms produced by the Health Professions Council (HPC) have been in existence for some years.

Practices continue to contact the LMC office seeking guidance on their obligations.

Therefore, the LMC has produced a guidance note which can be downloaded from the LMC website at:

http://www.sheffield-lmc.org.uk/lmc%20guidance/HPC_Health_Reference_Forms.pdf

FOCUS ON EXTENDED ACCESS

The General Practitioners Committee (GPC) guidance *Focus on Extended Access 2008/09*, originally produced in April 2008, was updated in September 2008.

A copy of the updated guidance can be downloaded from:

- The GPC website:
[http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFFocusextendedaccess0408/\\$FILE/Focusextendaccess0408.pdf](http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFFocusextendedaccess0408/$FILE/Focusextendaccess0408.pdf)
- The LMC website (see Extended Access 2008/09 in the *Other Guidance* section):
<http://www.sheffield-lmc.org.uk/guidance.htm>

ACCESS TO HEALTHCARE FOR ASYLUM SEEKERS AND REFUSED ASYLUM SEEKERS

In 2001 the British Medical Association (BMA) published guidance in response to queries from doctors treating asylum seekers.

The BMA has repeatedly expressed its concerns to government about the plight of asylum seekers.

Revised interim guidance *Access to Healthcare for Asylum Seekers and Refused Asylum Seekers* has been produced by the BMA Medical Ethics Department, following the April 2008 judicial review regarding a refused asylum seeker's eligibility to receive free hospital treatment.

The guidance covers issues such as:

- The legal situation in summary;
- Information about healthcare for asylum seekers;
- Registering with a GP;
- Registering at hospitals;
- Prescription charges;
- Confidentiality.

A copy of the guidance can be downloaded from:

- The BMA website at:
[http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFAsylumhealthcare2008/\\$FILE/Access_asylumseekers2008.pdf](http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFAsylumhealthcare2008/$FILE/Access_asylumseekers2008.pdf)
- The *Other Guidance* section of the LMC website:
<http://www.sheffield-lmc.org.uk/guidance.htm>

EGFRS AND THE DIAGNOSIS OF CKD3

Following recent NICE guidance, which practices should be aware of, the LMC has tried to clarify the situation regarding EGFRs, fasting samples and the diagnosis of CKD3.

The LMC Executive have been in contact with the Sheffield Renal Unit, who have confirmed that the difference between a random EGFR sample and a fasting EGFR sample is probably clinically insignificant in relation to the difference on drug metabolism and renal function.

However, if a GP is trying to clarify whether or not a patient has CKD3–5, the latest guidelines suggest that a 12 hour, non-meat fast is the most appropriate way to confirm the diagnosis. The patient should remain well hydrated.

The advice from the Renal Unit suggests that if a patient is borderline CKD3 on one blood sample, then perhaps this sample should be repeated with a 12 hour, non-meat fast, to give a more accurate reflection of the patient's current renal status.

HPV VACCINATION & CERVARIX PATIENT GROUP DIRECTION (PGD)

It is Department of Health (DH) policy that the HPV immunisation programme should be based on girls in the target age groups, being vaccinated with Cervarix vaccine.

As such, Sheffield PCT has developed a Cervarix PGD to cover nurses who give these vaccines. If a practice nurse gives Cervarix under the guidelines of the national programme, they will be covered by the PGD, as long as the practice has signed up to it, as with other vaccinations.

However, it is important to realise that there is no Sheffield PGD for Gardasil vaccination.

If a practice chooses to give Gardasil to patients at their request, it is essential that the practice nurse is covered by an appropriate practice developed PGD, to ensure that they have the appropriate medical indemnity cover.

Practices that persist in giving Gardasil vaccination without such protocols in place are potentially leaving their staff at risk of litigation.

PATIENTS MOVING BETWEEN PRACTICES

In July 2008 Ben Bradshaw, Minister of State for Health, suggested that some GP surgeries operated 'gentlemen's agreements' where they promise not to accept other doctors' patients.

Further to the public debate on this issue, the GPC has been made aware of a small number of examples where some unacceptable arrangements are in place.

Whilst it is recognised that there are far greater and more common reasons why practices are unable to take on new patients, the GPC and, likewise, the LMC would not support any agreements between GP practices that unreasonably prevent patients from moving between practices. The LMC would urge practices to ensure that this does not occur.

EMPLOYMENT AND SUPPORT ALLOWANCE

On 27 October 2008, the Department for Work and Pensions (DWP) is introducing the Employment and Support Allowance, which will replace Incapacity Benefit and Income Support, paid on incapacity grounds for new applicants only.

GP practices will receive an information pack with guidance on completing the related reports for DWP.

Further information can be accessed on the DWP website at:

<http://www.dwp.gov.uk/esa/healthcare-professionals-esa.asp>.

PARKING PERMITS - SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST (STH)

Concerns were raised with the LMC that STH were asking GPs to complete a medical statement in order for an STH employee to be able to apply for a parking permit at work.

Following discussion with STH representatives, the LMC has been assured that STH will support its own employees with health problems of whatever severity, who wish to apply for parking permits. This will be processed through their own Occupational Health Department.

If any practices continue to be asked to assist in this process, it would be appreciated if the LMC could be informed via email to:

administrator@sheffieldlmc.org.uk.

SICKNESS CERTIFICATION - SHEFFIELD TEACHING HOSPITALS NHS TRUST (STH)

The LMC Executive have sought clarification on this issue from STH, following contact from GPs who had been requested to provide sickness certification to confirm periods of short term but recurrent absence on the grounds of ill health.

The LMC Executive has been successful in negotiating a sensible compromise.

The problem relates to people who have persistent, short term, frequent sickness, often due to a number of unrelated conditions. Apparently, the responsibility for these requests lies with the individual STH line manager.

STH has clarified that it is not their normal policy to expect GPs to issue sickness certification for these short term absences. However, where STH has concerns about regular episodes of absence; they may write to the GP, requesting a medical report and are prepared to pay an appropriate medical fee for this request.

It would be appreciated if any practices experiencing further problems in this area could inform the LMC office via email to:

administrator@sheffieldlmc.org.uk.

GPC REGIONAL CONSTITUENCY REPRESENTATIVE

The LMC would like to extend their congratulations to the current LMC Chair, Dr Trish Edney, who has recently been appointed as GPC Representative for South Yorkshire (Barnsley, Doncaster, Rotherham and Sheffield).

MIDWIVES' RESPONSIBILITY FOR TEST RESULTS

Concerns have been raised with the LMC regarding practices receiving

test results ordered by midwives and the medico-legal implications should there be a significant time delay in communicating these test results to the midwife.

The LMC sought advice from a defence organisation and received confirmation that a GP would be liable for any tests results in his/her possession until such time as these are communicated to the relevant health professional. As such, the LMC has entered into communication with Sheffield Teaching Hospitals NHS Foundation Trust to discuss the implications of this for GPs and midwives.

It is the LMC's intention to try and negotiate a solution whereby midwives can have direct access to test results they have organised in their role as independent practitioners.

INCLUSION IN MEDICAL DIRECTORIES

The LMC continues to be informed of practices in other parts of the country that have completed a form for inclusion in a medical directory produced by a Swiss Company.

As previously reported, the small print on the form makes it clear that by signing the form, the practice is placing an order and committing to a payment of €83 per year.

The LMC Executive has significant reservations about practices signing up to these directories and would advise practices to exercise extreme caution and ensure that they read all documentation fully prior to signing.

ACCESS TO INFORMATION GOVERNANCE RESOURCES

At a recent meeting of the Joint GPC/RCGP IT Committee, the Head of Digital Information Policy at Connecting for Health discussed PCT support of practices accessing available information governance resources such as encryption software for both desktop and mobile devices (eg laptops and PDAs used for patient records).

Details of the types of resources that might be available can be accessed at:

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

The GPC is keen to ensure that all practices have access to appropriate information governance resources. If this is not the case, it would be appreciated if you could inform the LMC office via email to:

administrator@sheffieldlmc.org.uk.

The latest news and developments in information governance resources can be seen at:

<http://www.connectingforhealth.nhs.uk/systemsandservices/infogov/whatsnew>

The Digital Information Policy team at Connecting for Health is providing a series of Information Governance workshops.

Half day workshops are being held for general practice staff directly involved with the implementation of Information Governance and compliance with Information Governance assurance standards. Further information regarding content of the workshops, locations and dates can be found at:

<http://www.connectingforhealth.nhs.uk/systemsandservices/infogov/whatsnew>

MENTAL HEALTH ACT 2007

*Article submitted by Greg Harrison,
Project Manager- Mental Health
Act, Sheffield Health and Social
Care Trust*

Many of the features of the 2007 Mental Health Act, which amends the 1983 Act, come into force on 3 November 2008. This will impact upon GPs on 3 November.

There are a number of main changes to the Act and they are:

- A single definition of mental disorder replaces the previous four;

- ‘Appropriate Medical Treatment’ has to be available for longer-term powers of detention;
- There will be a broader group of professionals who can take on the functions of the current Approved Social Workers and the role of Responsible Medical Officer will be replaced by that of Approved Clinician;
- Supervised Community Treatment will be available as an option for professionals working with patients on longer term Sections;
- Mental Health Review Tribunals are being reformed;
- New ECT safeguards are introduced;
- From April 2009 every detained patient will have the right to an Independent Mental Health Advocate;
- From April 2010 age appropriate in-patient services for 16 and 17 year olds will be in place.
- Additionally, as an amendment to the Mental Capacity Act, but contained within the new Mental Health Act, are the Deprivation of Liberty Safeguards, which come into force in April 2009.

More information is available from:

<http://www.mhact.csip.org.uk>.

From midnight on 2 November all GPs will need to use the new Statutory Forms for mental health act work. These forms will be circulated prior to this deadline via the blue bag system.

After the initial provision of forms by the Sheffield Health and Social Care Trust it will be the responsibility of individual practices to order them from the Department of Health.

CONFLICTS OF INTEREST

The GMC has updated its guidance *Conflicts of Interest* in response to

requests for additional guidance on a number of issues, such as:

- practice based commissioning,
- doctors’ relationships with the pharmaceutical industry;
- target payments for preventative health measures and health monitoring.

A copy of the guidance can be downloaded from:

- the GMC website at:
http://www.gmc-uk.org/guidance/current/library/conflicts_of_interest.asp
- The *Other Guidance* section of the LMC website:
<http://www.sheffieldlmc.org.uk/guidance.htm>

REPORTING CRIMINAL & REGULATORY PROCEEDINGS WITHIN & OUTSIDE THE UK

Since November 2006, doctors have been under an obligation to tell the GMC when they are charged with, convicted of, or accept a caution for a criminal offence. They must also report findings by other professional regulatory bodies.

The GMC guidance *Reporting Criminal & Regulatory Proceedings within & Outside the UK*, which outlines a doctor’s duty to report criminal offences and related matters to their regulatory body, has been amended due to the increasing range of offences where offenders are given the option of paying a fixed penalty notice rather than being charged with a criminal offence.

The original guidance made clear that doctors did not have to inform the GMC about road traffic offences, such as speeding and parking offences, where they accept the option of paying a fixed penalty.

The revised guidance clarifies doctors’ obligations to inform the GMC about other types of fixed penalty notices, as well as addressing issues such as warnings for the possession of cannabis and anti-social behaviour orders, which can be

issued as a result of criminal or civil proceedings.

A copy of the guidance can be downloaded from:

- the GMC website at:
http://www.gmc-uk.org/guidance/current/library/reporting_convictions.asp
- The *Other Guidance* section of the LMC website:
<http://www.sheffield-lmc.org.uk/guidance.htm>

GOOD PRACTICE IN PRESCRIBING MEDICINES

The GMC has updated its guidance *Good Practice in Prescribing Medicines* to address concerns raised about inappropriate supply and administration of Botox and other medicines.

The particular concern is when this is done in the absence of a doctor, whose GMC number might be used to obtain the medicines or who might prescribe or direct administration remotely.

A copy of the guidance can be downloaded from:

- the GMC website at:
http://www.gmc-uk.org/guidance/current/library/prescriptions_faqs.asp
- The *Other Guidance* section of the LMC website:
<http://www.sheffield-lmc.org.uk/guidance.htm>

LAPSED GENERAL MEDICAL COUNCIL (GMC) REGISTRATION

It has been brought to the LMC's attention that circumstances have arisen where doctors have had to stop working as GPs because they had inadvertently let their GMC registration lapse.

This has occurred for a number of reasons, such as a change of address not being notified to the GMC or

practices not having systems in place for checking ongoing registration.

The LMC would advise all GPs:

- If in any doubt, check your current registration status – this can be done via the GMC website at:
<http://www.gmc-uk.org/register/search/index.asp#>.
- Ensure that the GMC is informed of all relevant changes, such as change of address.
- Ensure a system is in place in the practice to check each doctor's GMC registration status and defence organisation cover at appropriate intervals.

Further information about maintaining or restoring registration with the GMC can be found at:

http://www.gmc-uk.org/doctors/information_for_doctors/after_registration.asp.

SESSIONAL GPs NEWSLETTER

The summer 2008 edition of the GPC's Sessional GPs Sub Committee newsletter can be accessed via:

[http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFsessgpsnewssep08/\\$FILE/sessgpsnewssep08.pdf?OpenElement&Highlight=2.sessional.gp's.newletter](http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFsessgpsnewssep08/$FILE/sessgpsnewssep08.pdf?OpenElement&Highlight=2.sessional.gp's.newletter)

The main topics covered include:

- The Changing Climate for GPs
 - Support Your Surgery Campaign
 - Salaried GP Pay
 - Revised Focus on Salaried GPs Guidance
 - Update from the Devolved Nations
 - Flu Pandemic and Locum GPs
 - Prescribing Numbers
 - Smart Cards
 - Salaried GP Conference
 - GP Returners
 - Extended Hours Guidance for Salaried GPs
 - In house performance reviews
 - Revalidation.
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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 November 2008 edition of the LMC newsletter to be received *by Monday 10 November 2008*.