



*'Representing and
Supporting GPs'*

**ACTIVITY UPDATE
OCTOBER TO NOVEMBER 2012**

INTRODUCTION

We hope that you found previous editions of this publication informative. Further copies can be downloaded from the *LMC Reports* section of our website at:

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

This latest update has been emailed to all represented GPs and Practice Managers. Hard copies can be requested from the LMC office via email to administrator@sheffieldlmc.org.uk or copies can be downloaded from the *LMC Reports* section of our website.

If you have any feedback, suggestions for future editions etc, we would be pleased to receive these via email to manager@sheffieldlmc.org.uk.

PRIMARY/SECONDARY CARE INTERFACE

Single Point of Access (SPA) Community Nursing Referral Form: Our suggested amendments to the forms have been shared with the relevant services, who are considering how to make changes to their forms accordingly. Once the departments have each fed back, the amended forms will be sent to us for further comment.

Local Medical Committee / Medical Staff Committee Professional Advisory Group (LMPAG):

We met with colleagues from Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) in October to discuss issues of mutual concern, which included the progress of e-discharge summaries, the progress made in the community directorate, the Dalteparin Shared Care Protocol and the new Medical Director of STHFT. We will continue to meet with our secondary care colleagues regularly, and would be happy to take up any issues with them that practices feel would be helpful.

Primary and Community Services: Executive representatives attended the October LMC meeting to provide the committee with an update on the reorganisation of their directorate, and their plan for future integration of community teams with primary care. We found this to be a useful presentation and fed back the feeling that all GPs would appreciate better communication about the changes in community nursing teams, and a greater opportunity to maintain good working practice, which it was feared would be lost in a levelling process across the city. The STHFT representatives agreed to attend a future LMC meeting to provide an update on their progress and the actions taken in light of our comments.

Investigating GP Satisfaction with Discharge Summaries for Geriatric Patients:

Dr Rob Ghosh, Consultant Physician and Clinical Lead for Dementia at STHFT contacted us seek our opinion on a proposed questionnaire, which he hoped would lead to improved discharge summaries from his directorate. He proposed to send a brief questionnaire to the GPs of 50 consecutive patients discharged from care, and to use the responses received to develop a summary sheet (completed by the Consultant), which junior doctors can use when completing the TTO, to ensure there is consistency in the information sent to GPs and a clear understanding of a patient's condition between all members of staff. We felt that this was a very worthy piece of work, and were encouraged to find secondary care colleagues who are willing to try to improve communications with primary care. Therefore, we were happy for the survey to be circulated on the understanding that the findings are also fed into the new initiative to undertake electronic discharge summaries, rolling out between December 2012 and March 2013, and that it is made clear that this is a voluntary questionnaire, but as it is for the benefit of education and communication it would be helpful if GPs could complete it.

Sheffield GP Collaborative: We met with Barry Dobson, General Manager of the Collaborative in October 2012 to discuss the future sustainability of this service. The Collaborative is facing a challenging future with the implementation of NHS111 and, therefore, we wished to understand the impact this will have. The Collaborative is felt to be a valuable service in the city that GPs rely on. Barry Dobson felt that it is likely that many practices will opt out of call handling, although the Collaborative is looking at other income generating schemes, such as involvement in the Right First Time (RFT) project and a GP fronting A&E.

SHEFFIELD CITY COUNCIL

We have maintained links with Sheffield City Council (SCC) in a variety of areas over the years. If there are any issues that GPs/Practice Managers feel it would be useful for the LMC to liaise with SCC about, please email the LMC office via manager@sheffieldlmc.org.uk. Our recent negotiations include:

GP Reports for Rehousing the Homeless: After extensive delays a form has been produced that takes our concerns into account. Further consideration is required regarding the fee that can be charged for this non NHS work, which SCC is considering as LMCs are unable to negotiate such fees. It is hoped that there will not be further significant delays to final agreement being reached.

NHS SHEFFIELD

We met with NHS Sheffield (NHSS) representatives at the LMC office in October to discuss issues of mutual interest or concern. If there are any issues that GPs/Practice Managers feel it would be useful for the LMC to liaise with NHSS about, please contact the LMC office via email to manager@sheffieldlmc.org.uk.

Where issues require more time and consideration than is practical at the monthly meetings, more detailed negotiations take place. Our recent negotiations include:

Quality and Productivity Quality of Outcomes Framework (QOF): Following a meeting of Locality Managers, NHSS representatives and the LMC Executive, it was agreed that the guidance sent to practices did not make it clear what practices needed to do in order to achieve the points. The guidance was debated, and it was agreed that a template for the final report would be circulated to practices. This would include the wording of the original indicator, and would clarify what action practices needed to take in order to achieve the points. Practices are not required to complete a report on this form, however, those present felt it would be helpful to practices and NHSS if they did. Practices will be offered an opportunity of having their report reviewed prior to the final date for submission, and the mechanism for this is being agreed by the locality managers and the CCG. A meeting has been arranged for January 2013 to agree expectations, and how additional feedback will be provided to those practices who submit their reports early.

IT Service Desk Customer Satisfaction Survey: We supported this initiative, which allows practices to have a say about the service they receive. Due to the success of this survey, it is anticipated that it will be conducted every 6 months to ensure the standard of IT support is maintained throughout the transition. If practices have any additional comments to make about this service, we would be happy to collate these and pass them on to NHSS. Please email comments to manager@sheffieldlmc.org.uk.

Domestic Homicide Review Recommendations for General Practice: We were asked to comment on these recommendations and noted that practices cannot be obligated to use specific READ codes as suggested in the review, and requested that these recommendations are reconsidered or reformulated so that they recommend best practice, and do not obligate a practice to work in a specific way. Our comments have been reviewed by the lead GPs for adult safeguarding, and a further update is awaited.

Changes to Maintaining High Professional Standards (MHPS) Policy: We have sent a representative to a number of local and Cluster based meetings, to provide opinions on any cases involving a Sheffield GP. David Savage has also taken on the role of South Yorkshire and Bassetlaw LMCs representative for the MHPS Group. However, it is anticipated that there may be further changes to this system following April 2013.

Tuberculosis (TB) Case Finding: We were asked to provide our thoughts on whether practices should be asked to perform a quantiferon blood test for patients they register from a list of high prevalence countries. If the result is positive, they would then be referred on to the chest clinic. We felt that whilst some practices were already doing this on an ad hoc basis, it is a new health screening programme and is not part of core general practice. Additionally, it was not clear why GPs would be any more concerned about improving latent TB case findings over any other public health screening for Hepatitis B, Hepatitis C, HIV etc. Therefore, we suggested that a locally enhanced service (LES) should be considered if GPs were to be involved in undertaking this work.

Christmas and New Year Practice Opening Times: Despite attempting to open negotiations on this issue in May 2012, decisions made at a Cluster level were conveyed to practices without engaging with the LMC. We were disappointed about the decision and the lack of communication with the LMC, as we have been able to clearly evidence the significantly reduced demand for GP services on the afternoons of Christmas and New Year's Eve.

NHS 111: We met with Barry Dobson and Daniel Mason, Strategy Manager, NHSS (and Cluster-wide lead on NHS111) to discuss communications with practices, the recently published School of Health and Related Research (ScHARR) review of the NHS111 pilot sites and outstanding areas of concern regarding the implications of NHS111 implementation locally. Although it has now been clarified that practices will not divert their telephones to NHS111, the full implications on practices have yet to be fully understood, particularly in relation to telephone answerphone messages and staffing during core hours. We understand that Richard Oliver has recently written to all practices offering clarification on some of the outstanding issues. It was agreed that a further meeting would be held in January 2013.

Shared Care Protocols: Following discussions at the LMPAG meeting, we have been involved in a broader discussion about the purpose of Shared Care Protocols (SCPs). We believe that SCPs are useful documents, developed by Sheffield Area Prescribing Group (APG) with the support of STHFT and the LMC, which it would be reasonable to expect most GPs to abide by. However, where they involve dangerous drugs, we feel that a transfer form is important, as implied consent that a practice will undertake the monitoring is not adequate. We hope that agreement will be reached on this shortly.

Services Provided by South Yorkshire Primary Care Agency (SYPCA): We have been made aware of several services that had previously been provided by NHSS, but which have since ceased when they started to be administered by the SYPCA. NHSS have confirmed that this may be due to Sheffield practices receiving a service that no other PCT provided, there being insufficient staff to continue providing the same level of service, or that they will no longer be providing services that are 'discretionary.' However, we feel that this it is not satisfactory that changes are taking place without any notification, let alone consultation. Therefore, we have been raising specific concerns with the SYPCA and are awaiting updates. If practices become aware of any loss of services, it would be appreciated if examples could be sent to the LMC office via email to manager@sheffieldlmc.org.uk so that we can raise specific issues directly, and highlight the dissatisfaction with the reduction of services.

Follow Up Local Incentive Scheme (LIS): The LMC was asked to provide comments on this proposed scheme by NHSS. Unfortunately, it was felt that this scheme had not been well thought out or explained to practices, as it was not clear what practices were being asked to do for what money. A meeting was held with an NHSS representative to discuss the LMC's concerns and as a result it is hoped that the proposal will be reviewed and expectations will be made clearer to practices, along with explaining any benefits to practices.

REGIONAL/NATIONAL NEGOTIATIONS

South Yorkshire and Bassetlaw LMCs Liaison Group: Meetings of this group were held in October and November. Agreement has now been reached with regards to the funding of this meeting, with each LMC contributing to the fees on a pro rata basis by patient capitation. Issues discussed included Local Education and Training Boards (LETBs), Maintaining High Professional Standards, IT Provision, Flu LES, NHS111 and QOF and Quality and Productivity (QP). These issues are then raised directly with Cluster executives at a separate meeting.

South Yorkshire and Bassetlaw LMCs Liaison Group meeting with Cluster Executives: A meeting with the Cluster Executives, including Andy Buck, Area Team Director, Philip Foster, Medical Director and Karen Curran, Head of Primary Care, was held in November, to discuss areas of mutual concern across LMCs in the Cluster. The main topics included IT Strategy and ongoing support, NHS 111, QOF reviews for 2012/13 and updates on the formation and structures of local CCGs, NHS South Yorkshire & Bassetlaw Area Team and the Commissioning Support Unit (CSU).

GP Contract Update: As you will be aware from our November newsletter, the Department of Health (DH) has written to all PCTs and SHAs detailing proposed changes to the GMS contract for 2013/14 and Laurence Buckman, Chair of the General Practitioners Committee (GPC) wrote to all GPs to update them on the threat to impose significant changes to practice contracts. The GPC intends to send regular updates to the profession via LMCs, the first of which was emailed to Sheffield GPs and practice managers during the last week of November. We would urge you to read these communications and give careful consideration to the implications for your practice. We will continue to make practices aware of all such communications. In addition, at the LMC Secretaries Conference at the end of November, we were informed that there will be a series of roadshows around the country early in 2013, which will be open to all GPs. We will inform practices as soon as we receive further details and would urge all practices to ensure that they send a representative to one of the roadshows.

Local Education and Training Board (LETB): An LMC representative was present at the first Annual General Meeting of the Yorkshire and Humber LETB. This event provided an update on the progress that has so far been made in our area, including the appointment of an independent Chair, Kathryn Riddle, membership of the board, budget and involvement of GPs. There is still a concern about the level of input GPs can have. However, Mark Purvis, Director of Postgraduate GP Education, Yorkshire & the Humber Postgraduate Deanery attended the November LMC meeting and provided a helpful update on the formation of the LETB, the role of GPs and the future of general practice more widely. As a result, we will continue to lobby the LETB to ensure that general practice is allocated their fair share of the training budget, and is not forgotten when compared to the larger secondary care providers. It is anticipated that Mark will be invited to another LMC meeting in 2013 in order to provide a further update on progress.

Insurance Company Requests for Medical Reports: Following the reissuing of our guidance on this matter in September 2012, examples were requested where practices have been made aware that inadequate consent has been sought from patients. The examples that have been received have been fed back to the GPC. If any practices have any further examples, please send these to the LMC office via manager@sheffieldlmc.org.uk.

South Yorkshire Pensions Authority (SYPA) Medical Declaration Form: These forms are sent to GPs, requesting confirmation that a member of the SYPA scheme is in good health and there is no indication that premature retirement through permanent ill health is likely for the foreseeable future. We clarified with SYPA that the completion of this form does not fall within the NHS contract and it does not fall under collaborative arrangements. Therefore, a GP is under no obligation to complete the form, although if GPs wish to do so they are entitled to levy a charge. The SYPA have clarified that the responsibility for any fee levied falls to the member and not SYPA, and that SYPA insists on a medical, rather than a short report, prior to commencing paying additional regular contributions. We requested that the initial letter to scheme members and GPs be changed to reflect this understanding, as well as suggesting that SYPA have an alternative source for providing medicals for those patients whose GPs choose not to complete them.

Care Quality Commission (CQC) Registration: We have been contacted repeatedly by CQC (as have all LMCs) and have been provided with information about the sign up to various different elements of the registration process for every practice in our area. As a result of this information, we have been able to assist practices that were experiencing difficulties registering for an online account, needing to deactivate extra codes etc. If any practices experience any further problems, it would be appreciated if these could be brought to the LMC's attention via manager@sheffieldlmc.org.uk.

MISCELLANEOUS MEETINGS/NEGOTIATIONS

Frequent ad hoc meetings and negotiations take place, which are too numerous to mention individually. However, the main topics we have held negotiations on recently are:

- Doctor's notes for swimming goggles
- Text messaging patient appointment reminders
- Patient requests for email communications
- Availability of Shared Care Protocols (SCPs)
- Clawback of seniority from retired partners
- Communications to Sessional GPs

- Typhim Vi Vaccines
- Availability of altitude sickness medication
- Podiatric surgery request to prescribe Dalteparin
- Revalidation – information to be provided to Sheffield GPs
- Yorkshire Ambulance Service (YAS) in-hours GP Referral Standard Operating Procedure (SOP)
- ECFUS
- Provision of medical history to Transform Cosmetic Surgery Group
- QOF Post Payment Verification Visits
- Solicitor requests for GP letters for victims of domestic abuse.

Any GPs/Practice Managers who would like more information about concluded or on-going negotiations can request this via manager@sheffieldlmc.org.uk.

LMC EXECUTIVE/SECRETARIAT

Election of the Sheffield Local Medical Committee: On Friday 12 October, confirmation of the new LMC committee for 2012-16 was sent to all represented GPs. We have since co-opted 2 GPs to elected member vacancies, bringing the total number of members to 20. The new committee will meet for the first time on Monday 10 December, at which point the LMC Executive will be elected and co-opted members and observers will be confirmed.