



*'Representing and
Supporting GPs'*

**ACTIVITY UPDATE
DECEMBER 2013 TO JANUARY 2014**

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

Local Medical Committee/Medical Staffs Committee Professional Advisory Group Meeting: We met with colleagues from Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) and Sheffield Clinical Commissioning Group (CCG) to discuss issues of mutual concern, which included the facilitation of future meetings, screening for MRSA in pre-operative assessment clinics, copying consultant letters to patients and GPs, outsourcing of outpatient X-rays and delay for neurology outpatient appointments.

Where issues require more time and consideration than is practical at Local Medical Committee / Medical Staffs Committee Professional Advisory Group (LMPAG) meetings, more detailed negotiations take place. Our recent negotiations include:

Pre-Operative Preparation: STHFT approached the LMC with a proposal that patients awaiting surgery on an 18 week pathway who were found to be unfit at the time of pre-operative assessment, would be removed from the surgeon's list and referred back to their GP. This proposal also suggested that GPs perform a number of pre-operative assessment investigations at the time of referral. In principle, the LMC felt there is an onus on GPs to write a good quality referral letter outlining patients' comorbidities, and the current status of these illnesses, but that it was not the GP's responsibility for assessing whether a patient was fit for surgery or for anaesthetic. In addition, where a patient is removed from the waiting list, there must be clear correspondence back to the GP as to the reason why and what the target and plan should be to get the patient back on the waiting list. It has been decided that STHFT should correspond with Richard Oliver, Joint Clinical Director of Sheffield CCG to create a form of words to be sent to GPs that describes maximising fitness for referral for surgery and anaesthesia. This would be shown to the LMC for agreement and, once agreed, circulated via the CCG's E-bulletin.

Sheffield Teaching Hospitals NHS Foundation Trust Electronic Communications: We were pleased to report to STHFT that we believe e-Discharges have generally been welcomed by primary care as being quicker, more legible and providing better access to patient information. However, the two biggest outstanding concerns relate to poor communication of medications which have been stopped, leading to potential drug errors, and inappropriate requests for GPs to undertake referrals or investigations. This has now been fed back to STHFT and we hope to discuss a solution soon. In addition, STHFT intends to have a paperless system by 2015 and so are working towards all GP referrals being electronic, using an improved Directory of Services and a process along the lines of Choose and Book, as well as implementing e-requesting of tests. We have asked to be kept involved in discussions as this work progresses.

Rejection of e-Discharge Summaries Due to Content: We were made aware that some GPs may be rejecting e-discharge summaries if they felt they contained insufficient information, even if the patient was registered with the practice. We were aware that where a practice receives a summary for a patient that is not theirs, this is not automatically reported to the laboratory and the GP must contact them directly. It has now been confirmed that GPs should accept what they think to be inadequate summaries, and write to the consultant involved to highlight concerns. A copy of this communication should also be sent to the CCG in order that examples of poor quality service can be taken up on a contractual basis if necessary.

Disclosure & Barring Scheme Checks for GP Trainees: It is our understanding that GP Trainees are being asked to undertake a new Disclosure & Barring Scheme (DBS) check each time they undertake a new rotation with STHFT and that this approach has been introduced since trainees became responsible for paying for these checks. We feel this is against national guidance and raised concerns with STHFT. We have subsequently provided STHFT with more information about the use of an online 'Update Service' that was implemented to resolve exactly these sorts of problems.

Do Not Attempt CPR Forms: Despite an agreement with STHFT that if a patient goes in to hospital with a Do Not Attempt CPR (DNACPR) form, they should be discharged with a DNACPR form, even if it is not exactly the same one, practices are still reporting difficulties with this. Nick Massey, Deputy Medical Director, has agreed to clarify what systems are in place for noting that a patient has a DNACPR form on admission and, therefore, should be discharged with one.

Joint Obstetric Epilepsy Service: We were made aware of a letter sent to all GPs from a Consultant Neurologist and two Consultant Obstetricians about pre-conception counselling offered by this service. A number of practices contacted us because they were unhappy about the content and tone of this letter. This was raised with STHFT and it has been agreed that the form of words used in the letter was unfortunate, as it suggests that a significant note trawl should be undertaken by GPs. Further discussion is to take place with the Consultants at the Jessops Wing in order to resolve this to everyone's satisfaction.

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.

NHS Health Checks: Following a meeting with SCC representatives to understand their obligation to commission Health Checks, as part of the new Public Health role, we understand that the specification and contract for this service is to be rewritten and reissued to GPs in time for 1 April 2014. We have yet to have sight of the draft amended contract for comment, as it has been submitted to SCC commercial services, who are liaising with their legal team to clarify whether a new contract will be issued or a contract extension letter. We will continue to urge communication with practices at the earliest opportunity.

Rewrite of South Yorkshire Safeguarding Adults Procedures: We recently received the draft amended procedures for use in South Yorkshire. Unfortunately, with a very tight deadline to review lengthy and comprehensive procedures, we were only able to provide comments on the most salient parts for GPs, but hope to be involved in the process further.

Disabled Person's Travel Permit Applications: We continue to chase a response from SCC regarding concerns that the incorrect form, requiring GP input, is still in use. We await clarification on the expected involvement of GPs in this process and will not be endorsing any GP involvement until our outstanding concerns have been resolved.

Drug and Alcohol Services for Sheffield: Those practices that provide substance misuse services in Sheffield have been contacted about changes to the service specification from September 2014. As a result of significant disquiet regarding the proposals, we requested a meeting with the affected practices and the Sheffield Drugs and Alcohol Co-ordination Team (DACT). Unfortunately, this request was refused during the consultation period. However, following further communications, the DACT has agreed to meet with us in February.

SHEFFIELD CLINICAL COMMISSIONING GROUP/COMMISSIONING EXECUTIVE TEAM

LMC Executive and Secretariat representatives met with CCG and Commissioning Executive Team (CET) representatives at the LMC office in December to discuss issues of mutual interest or concern, which included Urgent Care, Health and Care Integration, Commissioning of Minor Surgery and the GP Contract 2014/15. If there are any issues that GPs/Practice Managers feel it would be useful for the LMC to liaise with CCG/CET representatives about, please email the LMC office via 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:

Specification for Locally Commissioned Scheme - Hepatitis B Screening and Vaccination for Roma/Slovak Population: The LMC was given the opportunity to comment on the proposals, which, overall, we were in support of. We did, however, raise some concerns about the requirement for 80% uptake of screening of new registrations in this community to have received first dose vaccination and tested, as we felt this threshold was too high. We have now received reassurances that practices should aim for 80% of this cohort, but that payment will be made per vaccination.

Medicines Safety Alerts: We have previously raised concerns about the difficulty of cascading Medicines Safety Alerts to practices. We understand that a comprehensive system has not been running since the inception of CCGs, although this is being investigated and it is hoped that a solution can be found. In the interim, if a doctor writes a prescription, they have the responsibility for issuing the drug to the patient and, if the patient were to come to harm from an item issued on a practice prescription, then the GP may well be liable. Therefore, we would recommend that practices take action when they receive medications alerts, and ask their Medicines Management pharmacist to search practice systems for patients that may be affected, and then contact them where possible. As this is a national issue, we are aware that the General Practitioners Committee (GPC) is in negotiations with the Medicines and Healthcare Regulatory Agency (MRHA) and NHS England and we will keep practices updated as these discussions progress.

Remote Monitoring Direct Enhanced Service: We recently requested clarification as to what is expected of practices in order to qualify for payment under this scheme. Although this is a national contract, the CCG was involved in selecting a long-term condition (LTC) for remote monitoring. This has only recently been agreed and circulated to practices, meaning that many practices may have undertaken work on a different area that will not be recognised. We understand that this Direct Enhanced Service (DES) will no longer run in 2014/15 and, therefore, the preparation work that this year's DES was supposed to enable may be redundant. However, practices are still encouraged to undertake this work as this is funding made available to primary care to do this and the GP contract negotiations for 2014/15 do make mention of remote monitoring for the care of the over 75s. Practices may therefore wish to orientate the current DES remote monitoring preparations towards the over 75s.

Dried Blood Spot Testing for Hepatitis: We were made aware of a meeting held with representatives from across South Yorkshire and Bassetlaw to discuss a potential change in role for GPs with relation to this testing. The suggestion has been made that GPs take on additional responsibilities, with Practice Nurses taking the samples when administering the 4th dose of vaccine, which was previously done in secondary care, and the GPs then communicating the results to parents. We raised significant concerns about this transfer of work to primary care, and have requested that, prior to implementation, discussions are held with the CCG and the LMC. We have also sought clarification as to where the proposals originated, what stage discussions have reached and who has been consulted.

Right First Time: This programme is discussed regularly at meetings of the full LMC. Unfortunately, the committee shares the general feeling that most GPs are probably unaware of the much of the progress that Right First Time (RFT) has made and its remaining challenges. We raised this with Steven Haigh, RFT Programme Manager for the Sheffield Health and Social Care System, to clarify what systems are in place for the CCG to keep its member practices updated on completed and ongoing projects. We have received clarification that there are systems in place, such as a RFT newsletter and ad hoc information in the CCG e-bulletin. We would encourage practices to look out for these communications but, in addition, we have suggested that these methods of communication are reviewed to better enable practices to keep abreast of developments and potentially engage with some of the projects.

Cancer Treatment Summary Template: We were asked to provide comments on this form, which has been developed in conjunction with specialist clinical cancer teams at STHFT and which forms part of the survivorship project work. We hope that this document will be helpful to GPs, although we did flag up concerns around the implication that there will be additional actions for GPs to complete. We understand that commissioning discussions are ongoing about a potential extension of cancer follow up care in Primary Care.

Requests from Podiatrists for GP to Prescribe Dalteparin: The issue of prescribing for patients undergoing Podiatric Surgery has been an ongoing concern for some years and, unfortunately, there is no easy solution. If GPs refer patients on the Foot and Ankle Pathway to a Podiatric Surgeon who is unable to prescribe, the only way for patients to have the procedure and avoid a hospital referral, is for the GP to prescribe the appropriate medication. There have been discussions about facilitating a Podiatric Patient Group Direction (PGD) for Dalteparin, and this is still being discussed by the Sheffield Area Prescribing Group (APG). We feel this would be a sensible way forward, provided the GP is kept informed.

SOUTH YORKSHIRE AND BASSETLAW LMCs

South Yorkshire and Bassetlaw LMCs Liaison Group: We met with representatives from the other LMCs in South Yorkshire and Bassetlaw (SY&B) in January to discuss issues of mutual interest and to agree topics the group wishes to raise with the SY&B Area Team. Areas covered included Local Education and Training Boards (LETBs), Practice Payment Problems, Enhanced Services, Contract update meeting for GPs/Practice Managers in SY&B, Dried Blood Spot Testing for Hepatitis and Occupational Health Services.

NHS ENGLAND SOUTH YORKSHIRE AND BASSETLAW AREA TEAM

South Yorkshire and Bassetlaw LMCs Liaison Group Meetings with NHS England South Yorkshire and Bassetlaw Area Team: We met in December, where the main issue was Reimbursement Payments from April 2014. Practices will have received a communication concerning a change of arrangements for commercial rates reimbursement and rent reimbursement, together with utilities such as water, starting in April 2014. We raised clear concerns about a draft letter which appeared to state that the LMCs had endorsed this change of payments. We discussed the details of shifting from an annual payment which is reimbursed in advance to a monthly direct debit and the potential adverse consequences to practice cash flow. We received helpful and clear assurances that practices would continue to receive prompt reimbursement through the Area Team, that we would have a further discussion about the methodology of reimbursement and that Practice Managers would have the opportunity to discuss arrangements and obligations with the Area Team Finance Department.

Termination of Reimbursement for Trade/Commercial Waste: Having received conflicting information about the changes to these payments, we contacted the SY&B Area Team, noting that we have been seeking further clarification on behalf of practices about this matter since June 2013. We understand that a number of practices have also contacted both the Area Team and Sheffield City Council to try to establish the implications of the proposed changes, but have struggled to be provided with any details. We understand that the Area Team is now close to being able to share information about the current contract value and the implications for practices, and that changes will be implemented from 1 April 2014.

Phasing Out of the Minimum Practice Income Guarantee: The GPC has received reassurances from NHS England that Area Teams will be encouraged to work with LMCs in addressing the impact of this on practices. We contacted the Area Team in order to commence collaborative working to support any Sheffield practices affected by this change, but have yet to receive a response. We will continue to request information as to the potential impact for Sheffield. In the meantime, if any practices are contacted by the Area Team about this, we would urge them to contact the LMC to discuss the impact and support on offer from the Area Team.

NATIONAL NEGOTIATIONS

LMC Secretaries Conference 2013: David Savage and Margaret Wicks attended this one day Conference in London. The Conference comprises of an address by the GPC Chair, guest speakers, workshops and a Q&A with the GPC Negotiators. This was felt to be a useful day and a full report is available on the LMC website at:

<http://www.sheffield-lmc.org.uk/Reports/LMC%20Secretaries%20Conference%202013.pdf>

MISCELLANEOUS MEETINGS/NEGOTIATIONS

Requests for Proof of Domestic Violence to Support Legal Aid Claims: After a significant delay, we have now received a response to our concerns from the Ministry of Justice (MoJ). Unfortunately it does not progress this matter significantly and we feel that the MoJ stance is at variance to British Medical Association (BMA) guidance. Therefore, our advice is for practices to refer to the BMA's guidance, available at:

<http://bma.org.uk/practical-support-at-work/pay-fees-allowances/fees/fee-finder/fee-finder-legal-aid-domestic-violence>.

In addition to the above, 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:

- Impact of GP contract changes 2014-15 on PMS practices
- Flu vaccinations for registered patients not at risk
- Practice boundaries and patient removal
- Issuing of verbal orders for patient care in emergency situations
- LMC support for GPs during performance measures
- GP reports for residency order/supervision order
- Indemnity insurance for practices
- Premises negotiations on behalf of practices with NHS Property Services and NHS England
- Applications for Court of Protection
- Cryotherapy for wart removal
- Shared Care arrangements across South Yorkshire

Any GPs/Practice Managers who have concerns about any of the above issues and would like more information about concluded or on-going negotiations can request this via email to:

manager@sheffieldlmc.org.uk.

LMC EXECUTIVE/SECRETARIAT

Difficulties with Blacklisting of Emails: We became aware in early December that we had not been receiving a number of emails, and that some recipients may not have been receiving some of our emails. Having raised our concerns with our email providers, they confirmed that the issue arises as a result of occasionally being blacklisted following mass mailings. Unfortunately it has not been possible to ascertain how widespread the problem is, nor how long it has been happening for. As a result, we have asked that several changes are made to how our emails are sent, and have asked that a closer eye is kept on our correspondence to ensure that if we are added to blacklists in future, this will not impact on our ability to receive emails. However, if you send an email to any of the LMC's email accounts, to which you would expect a response, and do not receive one within a reasonable timescale, it would be appreciated if you could alert us via (0114) 2588755, in order for us to flag up such problems with our email provider.