



*'Representing and
Supporting GPs'*

**ACTIVITY UPDATE
OCTOBER TO NOVEMBER 2013**

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

Diabetic Eye Screening Service Patient Transport Requirement Confirmation Form: We were made aware that requests were being sent to practices to provide written confirmation that patients would need transport to attend an appointment with the Diabetic Eye Screening Service. As we had not been involved in the development of this form, we contacted the service to request an update on why it is needed. We also noted that this form places an additional workload burden on GPs, who may not be in a position to make an assessment as to a patient's ability with regard to travelling on public transport. Having highlighted these concerns, we received confirmation from the Programme Manager that this form had been introduced to streamline the number of requests received for transport, but as this no longer appears to be a problem, it has been agreed to discontinue the use of the form.

Update on Community Nursing Services: Following a helpful meeting with representatives of the primary and community services directorate in September 2013, it was agreed to meet again, as we still have concerns with the implementation of the core offer. We held a meeting to discuss the work that it is appropriate for District Nurses to undertake, some of which may be passed to them from practice nurses as closer work develops through Integrated Care Teams, the difficulties of flu vaccination provision and attendance at multidisciplinary team meetings. We also received an update on the proposed new staffing structures, which are currently out for consultation within the directorate. Overall, this was a helpful update and we will continue to request updates on outstanding issues.

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: We met with SCC representatives to understand their obligation to commission Health Checks, as part of the new Public Health role, as delegated to Local Authorities (LAs). LAs now have an obligation to ensure all eligible patients are in receipt of an offer to have a Health Check. We are aware that not all practices have signed up to provide this service, and of those that have signed up, only around forty are regularly providing data to SCC. Therefore, we were supportive of SCC contacting those practices who have signed up but are not performing Health Checks to see if additional support could be offered which would result in the practice being able to provide this service. If it is not possible to offer universal coverage to the target group through GPs, SCC will look at alternative models, although we felt that those GPs successfully offering this service should be allowed to continue, with other providers being used to fill the gaps in delivery.

Pharmacist Provision of Flu Vaccines: As you will be aware, Sheffield Clinical Commissioning Group (CCG) commissioned a service from pharmacists, such that they are able to vaccinate patients in at risk groups. We were concerned that this year there was no delay between general practice starting to provide vaccinations and pharmacists being able to do so. The decision to do this was based on an evaluation of last year's services, which has been reported to show that many people would not have been vaccinated if the pharmacy based services was not available. However, the report, available on Sheffield Local Pharmaceutical Committee's (LPC) website, does not appear to support this: <http://psnc.jellyha.us/sheffield-lpc/wp-content/uploads/sites/79/2013/06/FINAL-Evaluation-of-Pharmacy-Flu-Service-2012-13.pdf>

Of the 573 people vaccinated in pharmacies, 504 people completed a questionnaire about the service they received, the results of which showed that only 19% stated they would not have had the vaccination had the Community Pharmacy service not been available. We continue to raise our concerns with the Public Health team as we feel this local arrangement constitutes ‘cherry-picking’ of income generating work to GPs.

Rewrite of South Yorkshire Safeguarding Adults Procedures: We were involved in early discussions about updating this important document. We anticipate that the first draft will be ready in early 2014, and we hope to be able to make full comments at this stage.

Disabled Person’s Travel Permit Applications: As a result of recent discussions with the Business Services Manager at SCC, concerns were highlighted with the application process and form for Disabled Person’s Travel Permits. As a result, a meeting was arranged with all interested parties where a new application form was agreed. It is hoped that GPs will no longer be involved in completing these forms for patients, but may be contacted by the team at SCC directly to provide further information about specific applicants in exception circumstances only. Our guidance is currently being rewritten, with a link to the revised form that applicants should complete.

Vulnerable Adults Risk Management Model: As a result of changes to the SCC website, our guidance on this matter has been updated. The revised guidance is available at the following link:
<http://www.sheffield-lmc.org.uk/lmc%20guidance/VARMM.pdf>

SHEFFIELD CLINICAL COMMISSIONING GROUP/COMMISSIONING EXECUTIVE TEAM

LMC Executive and Secretariat representatives met with CCG and Commissioning Executive Team (CET) at the LMC office in October and November 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 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:

Do Not Attempt Resuscitation Forms: Despite negotiations on this issue over the last two years, we continue to receive reports of GPs facing difficulties with other services requiring the original form, which can often result in the patient being unnecessarily taken to hospital and receiving treatment against their will. The guidance we issued via the August 2012 LMC Newsletter still stands and can be found at <http://www.sheffield-lmc.org.uk/Newsletters12/Aug%2012.pdf>. The most recent issue has been in relation to these forms not leaving hospital with the patient when they are discharged. An agreement is in place with Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) that if a patient goes in to hospital with a Do Not Attempt Resuscitation (DNAR) form, they should be discharged with a DNAR form, even if it is not exactly the same one. If practices continue to experience difficulties with this it would be appreciated if examples could be forwarded to the LMC office via email to: administrator@sheffieldlmc.org.uk.

NHS ENGLAND SOUTH YORKSHIRE AND BASSETLAW AREA TEAM

Use of Patient Identifiable Information on Claims: We have had some correspondence with practices concerned about including patient identifiable information, ie NHS numbers, on claims they submit to the Area Team. We were concerned that this may be in breach of confidentiality rules and so requested legal advice from the General Practitioners Committee (GPC). As a result, we have confirmed with the Area Team that, in future, requests for patient identifiable information is made only for Post Payment Verification (PPV) purposes, and is not routinely requested ‘just in case’ further investigation or verification of the claim is required. If practices feel that patient identifiable information is being requested inappropriately, it would be appreciated if further details could be sent to the LMC office via email to administrator@sheffieldlmc.org.uk.

Receipt of Communications to all Practices: Despite raising concerns about information not being sent to LMCs, it still appears that we are not receiving all communications that are being sent to practices. Until we are able to resolve this matter, it would be helpful if any practice raising concerns with regard to an Area Team communication could provide the office with a copy of the original communication. Your assistance with this matter is appreciated.

NATIONAL NEGOTIATIONS

Difficulties Resulting from Change of Premises Ownership NHS Property Services: We are aware that some practices have had erroneous rental bills issued to them by Shared Business Services (SBS) on behalf of NHS Property Services. We believe that NHS Property Services cannot renegotiate rent unilaterally and, therefore, if bills are being received for much higher amounts than previously this is likely to be a mistake. However, a number of premises on leases have had their leases changed to repairing leases, which are considerably more expensive. We would welcome further examples of difficulties with changes as a result of changes to leases, via email to: administrator@sheffieldlmc.org.uk.

Disclosure and Barring Scheme: We requested some clarification from the GPC about this scheme and the difference between this scheme and the Criminal Records Bureau (CRB) checks that it replaced. We have now received clarification that with relation to having to undertake Disclosure and Barring Scheme (DBS) checks for each job a GP may hold, eg out of hours work etc, it is down to the individual employer, who should have a policy on whether to carry out DBS checks based on the risk of doing or not doing so, and the applicant's employment history, interview etc. The GPC suggests that the DBS check carried out for the first organisation should be enough, although there might be individual circumstances that necessitate the need for a second check. In addition, the GPC confirmed that there is "no defined period of validity for a criminal record check". Therefore, there is no time limit on the checks and no recommended time period that GPs should renew their certification, this being down to the policy of individual employers.

Requests for Repeated Fit Notes for Benefit Claimants: We have now received a response from the Department of Work and Pensions (DWP) about their policy with regards to requesting Fit Notes for patients who require long-term sickness certification for benefit claims. The local Jobcentre Plus offices in Sheffield have been sent a reminder of the DWP policy on medical evidence that is clear claimants should not be encouraged to get any further medical evidence until the current evidence has ended and DWP cannot require the claimant to submit a new certificate on the day the previous note expires. However, DWP staff will stress the importance of contacting GPs in good time to ensure there is continuity in the medical evidence supporting payment of benefit, as gaps in medical evidence can result in interruptions to payments. DWP systems issue a reminder a week before medical evidence is due to expire and a further reminder is issued if medical evidence is not received. The reminder advises benefit recipients when their medical evidence expires and requests that they see their doctor to request another one. It is possible for short gaps in evidence to be allowed depending on circumstances, with only long gaps being referred to a specialist decision maker to decide whether payment can be made.

GP Contract in England 2014-15: All GPs should have received a communication from Dr Chaand Nagpaul, GPC Chair, confirming that negotiations have concluded on changes to the GP Contract in England for 2014/15. We highlighted these changes via a Newsflash in November. We await further details about the proposals and how these will be implemented and will continue to keep practices updated. In addition, we would encourage all practices to access information on the GPC's website at: <http://bma.org.uk/news-views-analysis/general-practice-contract>

MISCELLANEOUS MEETINGS/NEGOTIATIONS

Commissioning Objective – West Locality Innovative Posts: We were provided with a report by one of the two doctors undertaking this post, which aims to get newly qualified GPs interested in commissioning. This was discussed at the October LMC meeting and the committee felt the update was very interesting and we had several requests for it to be more widely available. As a result, this report is now available on our website at the following link: http://www.sheffield-lmc.org.uk/Facts/Commissioning_Objectives-Sept13.pdf.

Requests for Proof of Domestic Violence to Support Legal Aid Claims: As you will be aware from previous Activity Updates, we were made aware of the change to eligibility for receipt of legal aid and have made representations at a national level with regards to the provision of information by GPs. We have now been made aware of a number of examples of patients contacting their GP to provide them with evidence that they have been victims of domestic abuse in order that they are eligible for legal aid. The LMC would advise any doctors faced with requests for evidence that they do not feel comfortable in providing, that there is no contractual obligation on a GP to provide a letter or complete any of the nationally available templates patients may have.

Practice Manager Access to ICE: We were informed that some administrative staff in other parts of the region are given access to ICE, which was found to be extremely helpful in reconciling what investigations had already been requested/performed by another organisation, thus reducing duplication etc. As there is no such system in Sheffield, we contacted the Head of Business System Support Services at West and South Yorkshire and Bassetlaw Commissioning Support Unit (CSU) to see if there were any plans to roll this out to Sheffield practices in line with the South Yorkshire & Bassetlaw Area Team policy of ensuring consistency across the patch. It has now been confirmed that the CSU will be undertaking a review of ICE usage in each community to identify what is working well that could be applied in other areas. Although a timescale for this review has yet to be confirmed, we will continue to request updates to ensure that practices in Sheffield receive the same level of service as other practices in the region.

In addition to the above, frequent ad hoc meetings and negotiations take place, which are too numerous to mention individually. However, the main issues recently covered include:

- Referring patients to the Violent Patient Scheme
- Criteria for patient registration
- Promoting NHS111 in practices
- NHS111 post-event messages and unregistered patients
- Training requirements for Safeguarding GP Leads
- Capacity within SCC commissioned enhanced services
- Commissioning Quality Reporting Service (CQRS) and NHS England
- Request for update on Yorkshire & Humber Local Education and Training Board (LETB)
- Access to medical records of deceased patients
- Patient viewing of medical records
- Impact of GP contract changes 2014-15 on PMS practices
- Collaborative fees

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

Support for Practice Managers in Sheffield: Whenever we are alerted to a new Practice Manager joining a practice, we endeavour to write to them to highlight the work of the LMC and to offer a meeting at the LMC office to describe in more detail the support we can offer practices. A number of these meetings have taken place recently and we have found them to be a helpful way of engaging with Practice Managers. In addition, we have received positive feedback from the managers involved. It is therefore helpful to be alerted to any changes of Practice Manager to ensure all practices have this opportunity. In addition, any current Practice Manager who would like to have a better understanding of our work is welcome to contact us via email to manager@sheffieldlmc.org.uk.

Training and Development Day for LMC Non-clinical Staff: We were invited to send a representative to this event, hosted by YORLMC at their offices in Harrogate. This meeting provided an opportunity to discuss with members of other LMCs from across the North of England how they operate, to share experience and highlight mutual areas of concern with a BMA representative and to network with non-clinical colleagues working in LMCs. This event was felt to be a success by those in attendance, and it was agreed that where future meetings of this group would be helpful, YORLMC would be happy to arrange them.

Advisory, Conciliation and Arbitration Service (ACAS) Presentations: We arranged for an ACAS Training Consultant to give a presentation to Practice Managers in the West and the Hallam and South Locality (HASL) Localities. The feedback from Practice Managers has been positive and the ACAS Training Consultant has offered to liaise with those Practice Managers, via the LMC, to arrange workshops or practice visits.

IT Review: After many years of consideration, the first stage of our IT review was undertaken during November. This has involved the movement of all documents to a central storage location, a new back-up system and new PCs for the Administrator and Admin Assistant. It is hoped that the changes will allow for more efficient working at the office, as well as generating space for the electronic storage of archive filing. We are now looking forward to the next stage of the process, which will involve a number of projects such as looking at how the LMC Executive can work more electronically on site and digital dictation.