

SHEFFIELD LOCAL MEDICAL COMMITTEE

NEWSLETTER

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LMC NEWSFLASH: REFERRAL INFORMATION SERVICE (RIS)

Since the last LMC Newsletter, all represented GPs and Practice Managers should have received an LMC Newsflash on the Referral Information Service (RIS). If practices have any queries regarding the working of the RIS, which are not answered by the Frequently Asked Questions documents issued by the PCT, the RIS helpline for practices can be contacted on (0114) 226 2411 for the first two months of operation.

As detailed in the Newsflash, the LMC will be involved in a review of the RIS after 6 months. Therefore, if practices have any comments they would like the LMC to take into consideration at the time of the review, it would be appreciated if these could be emailed to: administrator@sheffieldlmc.org.uk.

CALL BARRING

Further to the article in the February 2009 LMC newsletter, alerting practices to the risks of telephone lines being hacked, the LMC had hoped to clarify the process for setting up call barring. However, the process varies depending on the telephone provider and the telephone system. The LMC would recommend that practices consider the need to bar premium numbers and contact their provider if in doubt as to how this can be achieved.

NHS CHOICES – EDITING PRACTICE PROFILES

It has been brought to the LMC's attention that some practices have raised concerns that NHS Choices was not listing their opening hours correctly, as well as a number of other errors. Clarification has been received from NHS Choices via the PCT, that there were some localised

technical difficulties when NHS Choices was initially launched in 2007. These have been overcome and practices should no longer experience difficulties registering to manage their own profiles. Registering in this way enables practices to ensure, not only that core details around opening times and contact details are correct, but also to provide any additional information about the full range of clinic surgeries and facilities on offer to patients. Each Sheffield practice should have received a pack explaining how to register. Practices that did not receive a pack or no longer have access to it can:

- ring the NHS Choices GP helpdesk on 0845 4023089
- email the helpdesk team at: thechoicesteam@nhschoices.nhs.uk

The helpdesk will assist any practice experiencing difficulty in managing their profile.

DELIVERING HEALTHY AMBITIONS

The implementation plan for healthy ambitions, NHS Yorkshire and Humber's strategic service framework for the next decade has recently been published. Delivering Healthy Ambitions explains how work is being taken forward in each of the clinical pathway areas, who is leading it and when it will be complete. A delivery plan can be downloaded from the Healthy Ambitions website at: www.healthyambitions.co.uk

The Strategic Health Authority has indicated that they would be pleased to receive comments on the delivery plan, which GPs would like them to take into account as they further develop this programme. Comments can be submitted to Helen Dowdy via telephone 0113 2952058 or email Helen.dowdy@yorksandhumber.nhs.uk.

SHEFFIELD HOMES GARDEN PLEDGE SCHEME

Following concerns being raised with the LMC regarding GPs being asked to provide medical reports for patients wishing to gain assistance with their gardening needs under the Garden Pledge Scheme, the LMC entered into discussions with Sheffield City Council.

Clarification has now been received that it is not Sheffield Homes' policy to ask for proof of disability. Unfortunately, the application form on their system had not been amended to reflect this arrangement and, therefore, applicants were still under the impression that they needed to approach their GP for written proof. The application form has now been amended and GPs should no longer receive these requests from Sheffield Homes.

INFERTILITY CLINIC PROFORMA AND JOINT PATIENT INFORMATION

There have been a number of queries in the LMC office regarding the Infertility Clinic Referral Proforma and the requirement to provide referral information on both partners, whether they are registered patients or not. The proforma was developed by Jonathan Skull, Ted Baxter and Richard Oliver from the PEC. The Infertility Clinic is dealing with the

couple that wishes to conceive, hence the request for information about both parties. The requirement for both names facilitates the Infertility Clinic in collating results of couples who are not under the same GP. Therefore, following discussions with the clinic, we would suggest that it is best practice to:

- get the names of both partners.
- encourage a partner not registered with your practice to get a sperm count at their own doctor's surgery.

In the event of refusal of consent being given, or the couple not wishing the details to be shared, a doctor can put *patient not registered with our practice and details not available* on the proforma. This will not be returned by the clinic.

Questions have also arisen as to whether this work falls outside the core contract and should be funded by a LES. After further enquiries, it is apparent that most practices in Sheffield have been performing sperm counts on patients who require infertility referral. Therefore, it is difficult to argue that this is extra work and is considered to be core services by the LMC Executive. Obviously, a GP is perfectly entitled to send a letter with the front sheet proforma if preferred.

REFORM OF COMPLAINTS HANDLING IN HEALTH AND SOCIAL CARE

New regulations have come into force which relate to all complaints received after 1 April 2009. Practices are required to:

- publicise complaints procedures;
- acknowledge receipt of a complaint within 3 working days;
- deal efficiently with complaints and investigate them properly and appropriately;
- write to the complainant on completion of a complaint investigation explaining how it has been resolved, what appropriate action has been taken, and reminding them of their right to take the matter to the Health Service Ombudsman if they are still unhappy;
- have someone senior within the practice who is responsible for both the complaints policy and learning from complaints;

- help the complainant to understand the complaints procedure;
- produce an annual report about complaints that have been received and outline what has been done to improve things as a result.

More detailed guidance and information can be found on the Department of Health website at: http://www.dh.gov.uk/en/Publicationandstatistics/Publications/PublicationsPolicyAndGuidance/DH_095408

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 can be downloaded from: http://www.opsi.gov.uk/si/si2009/pdf/uksi_20090309_en.pdf

DEVELOPING GENERAL PRACTICE, LISTENING TO PATIENTS

The GPC wants to learn more about the way in which practices respond to patient expectations at a local level and what barriers practices encounter that prevent them making appropriate changes. They have produced a consultation document *Developing General Practice, Listening to Patients*, which has been devised to encourage GPs to discuss practice services with their patients and to feed back to the GPC examples of improvements they have made in their practices.

Throughout April 2009 the GPC will be consulting as many national patient groups as possible about their expectations of general practice and asking GPs for examples of how they have improved patient services in their own practices. In addition, they will be encouraging GPs to engage with their own patients to find out what patients value or would like to see improved in their practices. The consultation ends on Friday 1 May 2009. At the end of the consultation process the GPC will gather comments and case studies to inform their discussions with the UK governments and disseminate examples of innovative practice across the profession. A copy of the consultation can be downloaded from:

- The GPC website at: http://www.bma.org.uk/images/DvGP0309_tcm41-184395.pdf

GENERAL PRACTICE AND THE PUBLIC

The LMC Executive recently attended regional GPC Negotiator meetings in Leeds and Nottingham. There was a definite message from the negotiators that funding of general practice will become increasingly based on public perception and value for money outcomes. They stressed the importance of practices being more responsive to their patients and to advertise the good work that they do in specific areas for their own patient groups.

The issue was discussed at a meeting of the full LMC, where it was noted that the PCT holds a complements file on each practice, as well as a complaints file. Debbie Hopkinson is the Complements and Complaints Officer at the PCT. The LMC Executive would encourage practices to make the PCT aware of any anonymised complements that they receive, which will, obviously, reflect on them favourably.

FOCUS ON 2009-10 GMS CONTRACT AGREEMENT

The GPC reached agreement with NHS Employers (NHSE) in October 2008 to apply several changes to the GMS contract in 2009-10. There are broadly three components to the changes:

- Changes to the Quality and Outcomes Framework (QOF).
- Changes to the current prevalence arrangements that apply in the payment of QOF payments.
- Progress towards reducing GMS practices' reliance on correction factor payments.

The GPC has produced Focus On guide that outlines each of these changes, with particular emphasis on this year's arrangements for contractual uplift. A copy of the guidance can be downloaded from:

- The GPC website at: http://www.bma.org.uk/images/focusgmscontract0309_tcm41-183832.pdf
- The LMC website (See GMS contract agreement 2009-10) at: http://www.sheffield-lmc.org.uk/OG09/2009-10_GMS_Contract_Agreement.pdf

QUALITY AND OUTCOMES FRAMEWORK GUIDANCE FOR GMS CONTRACT 2009/10

The Quality and Outcomes Framework (QOF) guidance for 2009/10 has recently been published and is available via the BMA website at:

http://www.bma.org.uk/employmentandcontracts/independent_contractors/quality_outcomes_framework/qof0309.jsp

This is the third revision of QOF, which was introduced as part of the new GMS contract in 2004. Revisions to the QOF were made in 2006 and 2008 and, following a review of the evidence by the QOF expert panel, a further revision has taken place to commence from 1 April 2009. This includes a re-allocation of points to heart failure, chronic kidney disease, sexual health, anxiety & depression, chronic obstructive pulmonary disease, hypertension and diabetes. The guidance provides the detail to the initial agreement reached between the GPC and NHS Employers announced in October 2008.

These changes are independent from the changes to prevalence which are to be introduced from April 2009. Details of the prevalence changes can be found at:

http://www.bma.org.uk/employmentandcontracts/independent_contractors/quality_outcomes_framework/QOFP_revalence.jsp

DEVELOPING THE QUALITY AND OUTCOMES FRAMEWORK: PROPOSALS FOR A NEW, INDEPENDENT PROCESS

As practices will be aware, in October 2008 the Department of Health (DH) published a consultation, setting out proposals for how a new, NICE-led, independent process for reviewing and developing QOF indicators should work.

The DH has now published guidance which summarises the submissions to the consultation and sets out the Government response. The response confirms that from 1 April 2009 the National Institute for Health and Clinical Excellence (NICE) will oversee the annual process of reviewing the clinical indicators included in QOF. A copy of the

guidance can be downloaded from the DH website at:

http://www.dh.gov.uk/en/Consultations/Responsestoconsultations/DH_096423

CLINICAL DIRECTED ENHANCED SERVICES (DESS) FOR GMS CONTRACT 2008/09: GUIDANCE AND AUDIT REQUIREMENTS

As you will be aware, NHS employers and the GPC agreed five new clinical DESs as part of the 2008/09 contract negotiations. These DESs focus on health and service priorities of the Department of Health that will benefit patients. The GPC has recently produced guidance aimed at providing PCTs and practices with updated information to help support the implementation of the new DESs, in particular on the requirements in the DESs for audits. It supersedes the guidance published in August 2008. A copy of the guidance can be downloaded from:

- The GPC website at: http://www.bma.org.uk/images/ClinicalDES0809_tcm41-183962.pdf
- The LMC website at: [http://www.sheffield-lmc.org.uk/OG09/Clinical_Directed_Enhanced_Services_\(DESS\)_for_GMS_Contract_2008-09\(audit\).pdf](http://www.sheffield-lmc.org.uk/OG09/Clinical_Directed_Enhanced_Services_(DESS)_for_GMS_Contract_2008-09(audit).pdf)

MENTAL CAPACITY ACT TOOL KIT

The above guidance has been issued by the BMA. The purpose of this tool kit is to act as a prompt to doctors when they are providing care and treatment for people who lack, or who may lack, the mental capacity to make decisions on their own behalf. The tool kit consists of a series of cards relating to specific areas of the Act, such as how to assess capacity, the Act's basic principles, advance refusals of treatment, research and Lasting Powers of Attorney (LPAs). A copy of the guidance can be downloaded from:

- The BMA website at: http://www.bma.org.uk/images/MentalCapacityToolkit%20July2008_tcm41-175571.pdf
- The LMC website at: http://www.sheffield-lmc.org.uk/OG09/Mental_Capacity_Act_Toolkit.pdf

REPORT OF THE DOCTORS' AND DENTISTS' REVIEW BODY 2009

This year's arrangements for translating the uplift recommended by the DDRB into practice resources are more complicated than in previous years. Practices will not necessarily receive the DDRB's headline increase. Instead the amount received by each practice will depend on each surgery's circumstances. To assist practices in understanding the implications, the GPC has produced guidance entitled *What Will This Year's DDRB Report Mean for Your Practice?* A copy of the guidance can be downloaded from:

- The GPC website at: http://www.bma.org.uk/images/DRBreport0309_tcm41-184396.pdf
- The LMC website at: http://www.sheffieldlmc.org.uk/OG09/What_will_this_year%27s_DDRB_report_mean_for_your_practice.pdf

In addition, all GPs should have recently received a letter from the GPC giving a more detailed analysis of the implications of the 2009 report. A copy of the letter can be downloaded from the GPC website at:

http://www.bma.org.uk/images/DDRMeans0309_letter_tcm41-184704.pdf

MANAGING DISPUTES WITH PCOS

This guidance has been updated to be relevant to all four nations. A dispute resolution procedure is needed to resolve issues that arise within the contract, for example a dispute as to whether a contract provision has been properly performed by either the primary care organisation (PCO) or the providers, or a dispute involving financial entitlement under the contract. Contracts or agreements between GPs and PCOs fall into three types, employment, 'NHS contracts' and civil contracts. This guidance does not cover employment disputes, although the Family Health Services Appeals Unit (FHSAU) procedure does apply to payment disputes for GP registrars. A copy of the guidance can be downloaded from:

- The GPC website at:

http://www.bma.org.uk/employmentandcontracts/independent_contractors/managing_your_practice/disputesPCTsJan08.jsp

- The LMC website at: http://www.bma.org.uk/employmentandcontracts/independent_contractors/managing_your_practice/disputesPCTsJan08.jsp

This guidance has restricted access. You will need to log on to the GPC website to access it.

STAMP DUTY LAND TAX (SDLT) GUIDANCE

The GPC has published general guidance on Stamp Duty Land Tax (SDLT) as it applies to GPs. SDLT is payable on transactions relating to UK land and buildings and although not all transactions involving GPs will be liable for SDLT, it is likely to affect an increasing number of practices in the future, due to the increasing number of practices occupying leasehold premises and the varying nature of the property market. This guidance is not a substitute for individually tailored professional accountancy and tax advice and the GPC advice is that GPs should always seek such professional advice when considering a transaction that may be subject to SDLT. A copy of the guidance can be downloaded from:

- The GPC website at: <http://www.bma.org.uk/employmentandcontracts/tax/stamptaxSDLT0309.jsp>
- The LMC website at: <http://www.bma.org.uk/employmentandcontracts/tax/stamptaxSDLT0309.jsp>

This guidance has restricted access. You will need to log on to the GPC website to access it.

END OF LIFE TREATMENT AND CARE: GOOD PRACTICE IN DECISION-MAKING

The General Medical Council (GMC) is currently consulting on this new, draft guidance. The guidance updates and builds on the existing publication, *Withholding and withdrawing life-prolonging treatment*, but also provides more general advice on end of life care, covering issues such as advance care planning, palliative care, bereavement issues and organ donation. You can read the draft

guidance and take part in the consultation via the GMC website at: www.gmc-uk.org/end_of_life_care. The consultation will run until 13 July 2009.

FITNESS TO PRACTISE RULES

The GMC is consulting on a package of proposed amendments to the Fitness to Practise Rules 2004. The current Rules were introduced in November 2004, following extensive consultation. The rules are supported by detailed guidance. The Rules and guidance provide the framework for the GMC's fitness to practise procedures. The GMC's fitness to practise powers focus on the most serious concerns that may call into a question a doctor's fitness to practise and suitability to retain unrestricted registration as a doctor. Since they were introduced, the GMC has continued to monitor the operation of the Rules and have identified a number of areas where improvements are required. The proposed improvements arise both from legal advice in relation to individual cases and more generally from the GMC's operational experience, since the reformed procedures were implemented. The consultation will close on 22 May 2009 and the outcome will subsequently be reported to the Council of GMC. Practices can respond to the consultation via an online version of the consultation or by downloading the main consultation document and responding in writing or by email. Further details can be found on the GMC website at:

https://gmc.e-consultation.net/econsult/consultation_Dtl.aspx?consult_Id=64&status=2&criteria=1

Please forward any articles, comments etc for inclusion in the LMC newsletter to the LMC office via:

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