

SHEFFIELD LOCAL MEDICAL COMMITTEE

NEWSLETTER

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GP COMMISSIONING POLL: INITIAL RESULTS

As you will be aware from the Newsflash issued on Monday 16 May 2011, the initial results of Sheffield LMC's GP Commissioning Poll have now been issued.

The results are presented as pie charts and bar charts, showing citywide responses and responses by consortia.

The overall response rate is also shown by contractual type.

Analysis of the free text parts of the poll is ongoing and will be published in due course. This further analysis will not alter the initial results.

A copy of the initial results can be downloaded from the *Facts &*

Information section of the LMC website at:

<http://www.sheffield-lmc.org.uk/Facts/Commissioning%20Poll%20Results%20May11.pdf>

COMMISSIONING TOGETHER FOR SHEFFIELD: WHAT REALLY MATTERS?

The LMC Executive would like to thank all those who attended the above LMC/RCGP meeting on Thursday 19 May 2011.

This meeting was attended by over 60 GPs, practice managers and representatives from other organisations. There was a good cross section of primary care, including trainees, salaried GPs,

partners, commissioners, sceptics and enthusiasts.

This was an interactive seminar / workshop, which allowed attendees to work together as table groups through various themes. Each table had an opportunity to feed back their discussions and quite a bit of time was given over to this, so that the range of views could be heard.

The evening included lively discussions and interesting feedback on common values and concerns, as well as proposals and suggestions for the city.

The LMC Executive is in the process of evaluating the outcomes of the evening, with a view to issuing a summary of the common themes and proposals, which will be issued at the earliest opportunity.

GOVERNANCE OF GP CONSORTIA

The GPC has recently produced guidance putting forward examples of possible models for the governance of consortia and advising that, as a minimum, specialists should be involved in the design of patient pathways.

In considering a framework for consortia governance the main topics covered include:

- Financial accountability
- Legitimacy of the consortia leadership
- Clinician involvement
- Probity
- GP majority
- Practice engagement
- Patient engagement
- Accountability to the public
- Lay management
- AGM
- Minimal bureaucracy
- Consortium name and branding

A copy of the guidance can be downloaded from the *Other Guidance* section of the LMC website at:

http://www.sheffield-lmc.org.uk/OG11/Governance_of_Consortia.pdf

ENSURING TRANSPARENCY & PROBITY

The GPC has recently issued guidance *Ensuring Transparency & Probity*, to ensure the honest and transparent operation of clinically led consortia.

The main topics covered include:

- Where clinical commissioning leaders have an interest in a provider company
- Where GPs may refer their patients to a provider company in which they have a financial interest
- Where GPs make decisions regarding the care of their patients to influence a financial incentive scheme, such as the proposed 'quality premium', they receive through their consortium
- Where enhanced services are commissioned that could be provided by all member practices

- Where LMC officers are also key officials on the consortium.

A copy of the guidance can be downloaded from the *Other Guidance* section of the LMC website at:

<http://www.sheffield-lmc.org.uk/OG11/Ensuring%20Transparency%20and%20Probity.pdf>

FUNCTIONS OF GP COMMISSIONING CONSORTIA: BMA RESPONSE

The GPC has published a response to the Department of Health (DH) working document *The functions of GP Commissioning Consortia*.

The DH document, which was published in March 2011, can be downloaded from the DH website at:

http://www.dh.gov.uk/en/PublicationandStatistics/Publications/PublicationsPolicyAndGuidance/DH_124979

The GPC's response outlines a number of concerns about the document which have still to be addressed. One of the major concerns is the implication that the functions listed will become law, when they could easily still be modified.

The GPC is urging all GP consortia leaders to treat the DH document with caution and not follow its lead by assuming that the functions it assigns are going to be enshrined in law.

Other areas of concern are grouped under the following headings:

- Role of consortia
- Geography
- Provision of information
- Scope of responsibilities
- General duties
- Planning services and finances
- Agreeing services
- Improving quality of primary care
- Governance
- Research
- Specific duties of co-operation.

The GPC's full response can be downloaded from the BMA website at:

http://www.bma.org.uk/images/gpcnhsreformrespondedhcommsconsortiamay2011_tcm41-206864.pdf

NHS FUTURE FORUM RECOMMENDATIONS TO GOVERNMENT

On Monday 13 June 2011 the NHS Future Forum published its recommendations to the Government on the modernisation of health and care.

Set up as an independent group in order to 'pause, listen and reflect' on the Health and Social Care Bill, the Forum has made a number of key recommendations, which will now be considered and responded to by the Government.

The following documents can be downloaded from the Department of Health website:

Summary report on proposed changes to the NHS

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/document/digitalasset/dh_127540.pdf

Choice and Competition: Delivering Real Choice

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/document/digitalasset/dh_127541.pdf

Clinical advice and leadership

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/document/digitalasset/dh_127542.pdf

Education and Training

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/document/digitalasset/dh_127543.pdf

Patient Involvement and Public Accountability

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/document/digitalasset/dh_127544.pdf

On Tuesday 14 June 2011 a Written Ministerial Statement and a list of the key changes the Government intends to make as a result of the NHS Future Forum report were published. Some, but not all, of the changes require amendments to the Health and Social Care Bill. The documents can be downloaded from the Department of Health (DH) website as follows:

Ministerial Statement

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/document/digitalasset/dh_127579.pdf

Government Changes in Response to the NHS Future Forum

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/document/digitalasset/dh_127578.pdf

The intention is to recommit the relevant parts of the Health and Social Care Bill to a Public Bill Committee. More detail is expected shortly on how the changes will be implemented and the process and timescales involved.

CAFCASS REQUESTS FOR MEDICAL REPORTS

Following extensive negotiations with the national and local offices of the Children and Family Court Advisory and Support Service (Cafcass), the LMC is pleased to confirm that clarification has been received with regard to Cafcass requests for medical reports.

An update on this issue can be downloaded from the *LMC Guidance* section of the LMC website at: <http://www.sheffield-lmc.org.uk/guidance%20docs/Cafcass%20Medical%20Reports%20%282%29.pdf>

WORKING TOGETHER PROPOSAL

Following a number of meetings with different representatives from the NHS and GPs in Sheffield, Sheffield City Council (SCC) would like to arrange a 'working together' event.

This would provide councillors, council officers, NHS Sheffield representatives and GPs the opportunity to:

- get to know each other;
- develop a shared understanding of the key risks and opportunities associated with the major transition resulting from the Health and Social Care Bill;
- develop shared principles for moving forward;
- identify key priority areas for short, medium and long term action;
- agree next steps.

SCC has requested up to 20 representatives from General Practice. If you are interested in the developing relationship between SCC and primary care and would like to attend this event, please inform the LMC office via email to: manager@sheffieldlmc.org.uk by Friday 1 July 2011.

CARE QUALITY COMMISSION REGISTRATION PROCESS

The LMC emailed all Sheffield Practice Managers on Friday 20 May 2011, noting the following press release:

The BMA has today (Friday 20 May 2011), launched a toolkit to help guide family doctors through Care Quality Commission (CQC) registration. However, it has serious concerns about the workload burden for practices.

Every GP practice in England will need to be registered with the CQC by April 2012 and practices are being invited to register from October 2011 onwards.

In order to help GPs prepare, the BMA's GPs Committee has produced a plain English explanation of CQC registration, providing information on applying and including a step-by-step guide to what GPs should do to meet the CQC's standards.

Commenting on the guidance Dr Laurence Buckman, Chairman of the BMA's GPs Committee, said:

"The BMA is supportive of the idea of CQC registration and we've been working closely with the CQC on this. We have launched this toolkit to help guide GPs through registration but, nevertheless, we have serious concerns about the current process.

The CQC's expectations for demonstrating compliance are unrealistic. They will be a huge administrative burden and will end up taking GPs away from seeing patients; the self-assessment form is too complicated and the nature of the questions means that GPs are likely to feel like they are taking part in a creative writing exercise, which is not the correct way to demonstrate compliance.

We will be urging the CQC to make the process simpler and to make further changes. So in the mean time

I would urge GPs to use this toolkit to collect their thoughts, but we would advise them not to start significant work on demonstrating compliance. Equally, at this stage, practices should not employ third parties to do the work for them. Registration is important but it is just

as important that the workload is reasonable and appropriate."

A copy of the toolkit can be downloaded from the *Other Guidance* section of the LMC website at:

<http://www.sheffield-lmc.org.uk/Other%20Guidance/CQC%20Registration%20Toolkit.pdf>

Appendix C of the toolkit is a separate document, which can be downloaded from the *Other Guidance* section of the LMC website at:

<http://www.sheffield-lmc.org.uk/Other%20Guidance/CQC%20Registration%20Toolkit%20-%20Appendix%20C%20-%20Policies%20and%20Protocols.pdf>

In addition, at the end of May there were reports that suggest that there may be a delay in CQC registration. The following statement appeared on the CQC's website:

"CQC has proposed changes to its plans for registration of primary care medical services (GPs) to the Department of Health. The aim is to try to improve the process for GPs, to give CQC more opportunity to embed compliance monitoring in the sectors we already regulate, and to ensure registration is more closely aligned with accreditation schemes.

Registration will open in October 2011 for dedicated 'out of hours' services, but the timing and make up of subsequent batches is still to be confirmed. We will make a further announcement about our plans in June. We will ensure providers have enough time to prepare for registration. There are no plans to change the scope of regulation - all primary care medical services will have to register with CQC".

COMMUNITY DIABETES SERVICE

Article submitted by Dr Jenny Stephenson

The Community Diabetes Service, which has been running in Central, is now available citywide.

The service involves an advice system for discussing difficult cases, either by email to the Consultant or

in the Practice, and a community service run by the Diabetes Specialist Nursing Team, the specialist Dietician and Podiatrist.

It has run very successfully in Central and evaluated well. It is accessible, also saving referrals and providing excellent opportunities for practice (and patient) education.

The Diabetes Lead for each consortium will be able to provide details:

Tim Hooson – Central
Charles Heatley – HaSC
Sarah Jones – North
Jenny Stephenson - West/City.

NHS CHOICES WEBSITE: NEGATIVE COMMENTS

The GPC has been made aware that there is some confusion concerning the procedures in place when a practice receives notification of negative comments posted on the NHS Choices website.

To clarify, practices are notified of a comment pertaining to them following the publication of the comment.

An alert is sent to a named recipient at the practice in question (usually the Practice Manager, although this will be designated by the practice). Practices then have two options:

1. Post a reply, in order to put across the practice's views and deal with any issues raised. This will appear immediately below the original comment.

The GPC strongly urges all practices to reply to negative comments very carefully, as this can act as a very useful defence against an unfair comment, as well as enhancing the appearance of the practice in the eyes of the public.

Keep it professional and factual rather than aggressive-defensive.

2. Report the comment to the website moderator as unsuitable.

NHS Choices has a 'comments policy' on their website which states that should a comment be flagged by a practice as unsuitable, then this will alert their moderators to take down the comment, consider it, and then

either remove it or re-instate it as they deem appropriate.

The Comments Policy can be viewed via:

<http://www.nhs.uk/aboutNHSChoices/aboutnhschoices/termsandconditions/Pages/commentspolicy.aspx>

NHS Choices guidance, which may assist practices in managing any comments they receive, can be downloaded as follows:

Managing Patient Feedback
<http://www.nhs.uk/aboutNHSChoices/professionals/healthandcareprofessionals/your-pages/Pages/managingfeedback.aspx>

Best practice – responding to patient feedback
<http://www.nhs.uk/aboutNHSChoices/professionals/healthandcareprofessionals/your-pages/Pages/good-practice.aspx>

INFORMATION GOVERNANCE: CLARIFICATION ON IG TOOLKIT AND IG TRAINING TOOL

The GPC has recently issued guidance to clarify the difference between the Connecting for Health (CfH) Information Governance Toolkit (online self assessment required for CfH Services) and the separate Information Governance Training Tool (series of non mandatory modules, which may be used to meet IG Toolkit requirements).

The guidance can be viewed on the GPC website at:

http://www.bma.org.uk/ethics/health_records/gpinfogovernance.jsp

ETHNICITY AND FIRST LANGUAGE RECORDING

This GPC guidance has recently been amended and reformatted.

The main changes are the addition of a sentence in the **Background and Purpose** paragraph, stating '*However, this is a practice choice as there is no longer any contractual requirement to do so. Practices cannot be compelled to carry out this work.*'

Additionally, the tables on Annex 1 (ethnicity codes), Annex 2 (language codes) and Annex 3 (other language codes) have been made larger for ease of reading.

A copy of the updated guidance can be downloaded from the *Other Guidance* section of the LMC website at:

<http://www.sheffield-lmc.org.uk/OG11/Ethnicity%20and%20first%20language%20recording.pdf>

QUALITY AND PRODUCTIVITY (QP) GUIDANCE

In April 2011, NHS Employers (NHSE), the GPC and the Department of Health (DH) published the UK-wide QOF guidance which set out the requirements for the quality and productivity (QP) indicators.

The GPC and NHSE have now published joint supplementary guidance for the 2011/12 QOF quality and productivity (QP) indicators. This guidance is intended to assist practices in understanding and working through the new QP indicators.

In addition, a ready reckoner has been produced to help practices and Primary Care Trusts (PCTs) calculate the point achievement for QP prescribing indicators (QP3 to QP5).

The guidance and the ready reckoner can be downloaded from the BMA website at:

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

FITNESS TO DRIVE RULES AND DIABETES

The GPC has received some queries regarding the status of changes to the rules regarding driving and diabetes.

The confusion appears to have arisen as a result of the Driver and Vehicle Licensing Agency (DVLA) publishing a revised version of their *At a glance guide to the current medical standards of fitness to drive* at the same time as the Department

of Transport's consultation on UK driving licence standards.

The changes in the current version of the DVLA's guidance included changing the categories for diabetes "managed by tablets" and accommodating additional criteria for Group 1 and 2 drivers, such as the requirement that the person "must not have had more than one episode of hypoglycaemia requiring the assistance of another person within the preceding 12 months".

A copy of this guidance is available to download from the DVLA's website at:

<http://www.dft.gov.uk/dvla/medical/taglance.aspx>

The Department for Transport's consultation document asked for views on changes to UK driving licence standards in order to harmonise with EU directives.

Among other items, the consultation recommends that those applying to drive Group 1 vehicles (cars and motorbikes) must not suffer from recurrent hypoglycaemia or impaired awareness of hypoglycaemia - so driving licences would not be issued to, or renewed, for those in this category. For Group 2 vehicles (buses and lorries) they are consulting on the possibility for drivers being treated for diabetes being able to apply for entitlement to drive all group 2 vehicles, but within very strict criteria.

The consultation ended on 28 April 2011 and, as yet, there have been no changes to the regulations.

NHS AVAILABILITY OF ANTIVIRALS FOR FLU

There have been some changes to the regulations regarding NHS availability of antivirals for flu, adding a new category of patient, to allow GPs to prescribe antiviral treatments on the NHS for patients not in one of the designated 'at clinical risk' groups, but who are at risk of developing complications from flu.

Therefore, Oseltamivir and Zanamivir may, in certain circumstances, be ordered for those who are under 65 years of age, who

are not pregnant, nor considered to be at clinical risk, but who are considered to be at risk of developing complications from the symptoms of influenza.

The National Health Service (General Medical Services Contracts) (Prescription of Drugs etc.) (Amendment) Regulations 2011, which came into force on 20 April are available at:

<http://www.legislation.gov.uk/ukSI/2011/680/made>

Details are also published in Part XVIIIIB of the Drug Tariff, which is available at:

http://www.ppa.org.uk/edt/May_2011/mindex.htm

NATIONAL SURVEY OF GP OPINION 2011

Over 18,000 GPs responded to the BMA's Health Policy and Economic Research Unit (HPERU) survey on current government health policy. Preliminary results can be downloaded from the BMA website at:

http://www.bma.org.uk/images/gpopinionsurvey2011_tcm41-207092.pdf

BRIBERY ACT 2010

The GPC is keen to draw practices' attention to the government's guidance on the Bribery Act 2010 which has just been published. The guidance is intended to help organisations understand the legislation and deal with the risks of bribery. The Act comes into force on 1 July 2011.

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

<http://www.justice.gov.uk/downloads/guidance/making-reviewing-law/bribery-act-2010-guidance.pdf>

In addition, a quick start guide to the Bribery Act 2010 can be downloaded from the Ministry of Justice website at:

<http://www.justice.gov.uk/downloads/guidance/making-reviewing-law/bribery-act-2010-quick-start-guide.pdf>

SEASONAL FLU VACCINE PROCUREMENT CONSULTATION

A consultation was launched on 25 May 2011, on whether to move to central procurement of the seasonal flu vaccine rather than purchase by individual GPs. The consultation document asks for comments on the proposal that the Department of Health (DH) should procure all seasonal flu vaccine for the seasonal flu immunisation programme.

A copy of the consultation document can be downloaded from the DH website at:

http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_127078

The consultation closes on **17 August 2011**.

These proposals do not affect the 2011/12 flu immunisation season.

VETTING AND BARRING SCHEME (VBS) REMODELLING REVIEW

As noted in the March 2011 LMC newsletter, the Government announced provisions to revise its vetting and barring arrangements. The Department of Health (DH) convened a meeting for stakeholders on 6 May 2011 to provide an update on the VBS remodelling review.

An update can be downloaded from the BMA website (login required) at:

http://www.bma.org.uk/employmentandcontracts/doctors_performance/capability_discipline/vettingbarring.jsp

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

Email: administrator@sheffieldlmc.org.uk

Post: Sheffield LMC, Media House, 63 Wostenholm Road, Sheffield S7 1LE

Articles for the July 2011 edition of the LMC newsletter to be received by **Monday 11 July 2011**.