SHEFFIELD LOCAL MEDICAL COMMITTEE NEWSLETTER MAY 2007

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PRACTICE BASED COMMISSIONING (PBC) DES PART 2 2006/07

All practices should have recently received a communication from Chris Ratcliffe at Sheffield PCT, detailing a compromise agreement of how to claim for this national DES.

This has been achieved following considerable negotiation with the PCT in its current financial climate.

It is extremely important that Practice Managers and Senior Partners read the communication in order to make a claim within the appropriate timescale.

The PBC DES part 2 claim needs to be submitted to your PCT/PBC lead manager by 30 June 2007.

Please do not hesitate to contact the LMC office if you require any further information or clarification. LOCAL ENHANCED
SERVICES

Following liaison with Sheffield PCT, the LMC has received a spreadsheet that suggests that practices across the city may be undertaking local enhanced services (LESs) in the following areas:

- Implanon
- Anticoagulation
- DMARD Monitoring
- Substance Misuse
- Dyspepsia Management
- Zoladex
- IUCDs
- Fitting of Ring Pessaries

It is the LMC's understanding that these will continue until 30 September 2007 in their current form. We are aware that this is a steady state situation, with variation across the city and, therefore, some practices may be performing some of the LESs in the list without payment. However, the aim is to resolve this situation, with a consistent, citywide arrangement being introduced from October 2007.

It is very important that any practice that <u>is being paid</u> for a LES outside of this list informs the LMC, in order to help with our negotiations.

VAT ON MEDICAL SERVICES

The European Court of Justice ruling amending the exemption from VAT for some non-NHS health services was implemented from 1 May 2007.

All GPs need to be aware of the new rules. Whilst it will have no impact on many GPs, the BMA Professional Fees Committee has stated that:

"the VAT inspector wields considerable power and whilst some will think the new ruling does not apply to them, they may have to prove that they don't owe anything".

GPs should ensure that they separate income on which VAT can be applied from that on which

it cannot in their accounts from 1 May 2007.

The new ruling means that:

- if the main purpose of the medical service is the protection, maintenance or restoration of a patient's health then the services will continue to be exempt from VAT.
- if the purpose of a medical examination or report is for a third party, such as a medicolegal report, the medical services will be subject to VAT.

The BMA's guidance and FAQs document on this issue has recently been updated and can be accessed via:

www.bma.org.uk/ap.nsf/Content/ VATonmedicalservices

Specific clarification has been received from the GPC on cremation forms and DWP forms as follows:

Cremation Forms

Cremation forms will be exempt under the burial and cremation provisions, Schedule 9, Group 8, Item 2. So, although they will no longer be covered by the health exemption from 1 May, they will continue to be exempt under these alternative provisions, and there will be no requirement for doctors to charge VAT on completion of forms B, C, F and FF.

Department for Work and Pensions (DWP) Forms

DWP forms are liable for VAT. The DWP has assured the GPC that they will issue forms with a space for VAT numbers from 1st May. There is a small problem for DS1500 forms, as these are held by practices and practices should amend the form to include their VAT number.

DISABILITY EMPLOYMENT ADVISOR (DEA) FORMS

The LMC Secretary has been in negotiations with Jobcentre Plus, regarding the DEA form *DP2JP Request for information from General Practitioner or Hospital Consultant*. As a result of the negotiations, the form has been adapted to make it more GP friendly and to ensure that GPs are being asked for medical facts, rather than being expected to give subjective opinions.

A fee of £30.50 has been agreed between the BMA and the Department for Work and Pensions (DWP) for completion of the form.

There is no obligation on GPs to complete the form, but it is hoped that the revised version will be more acceptable to those GPs wishing to do so.

CHRONIC KIDNEY DISEASE FREQUENTLY ASKED QUESTIONS

The GPC has recently produced the above document which should be available on the GPC website shortly – www.bma.org.uk.

As far as the LMC is aware all practices have access to eGFRs. If this is not the case, it would be appreciated if practices could inform the LMC office via: administrator@sheffieldlmc.org.u k

TRAVELLERS' SOUVENIRS

Article submitted by Dr A J Tunbridge, Consultant in Infectious Diseases, STHFT

An educational evening meeting for GPs and practice nurses, run by the Department of Infection and Tropical Medicine, Sheffield Teaching Hospitals.

Programme:

Hit or Miss? Diagnosing Malaria in South Yorkshire

Assessment of the febrile returning traveller

Delhi Belly and beyond – management of GI infections

Date:

Wednesday 23rd May 2007

Venue:

Lecture theatre (Room F518)
Faculty of Health and Wellbeing
Building (previously the YMCA)
Hallam University
Broomhall Road
Sheffield

Time:

Food served from 6pm, meeting 7 – 8.45pm

To reserve a place please contact: jenny.sykes@sth.nhs.uk.
Tel: (0114) 2711975.

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

Email:

<u>administrator@sheffieldlmc.o</u> rg.uk

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Articles for the June 2007 edition of the LMC newsletter to be received *by Monday 11 June 2007*.