

SHEFFIELD LOCAL MEDICAL COMMITTEE

NEWSLETTER

MAY 2013

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SECURING 'EQUITABLE FUNDING' IN CONTRACTUAL ARRANGEMENTS 2014-2015 AND BEYOND

On 17 April 2013, Laurence Buckman, Chair of the General Practitioners Committee (GPC) sent a letter to all GPs outlining proposed changes to practice funding.

The Government plans to make far-reaching changes to practice funding from April 2014. Its stated intention is to reduce the wide variation in core funding per weighted patient between practices. This may have a profound effect on practice income.

The GPC has produced guidance outlining what is known about these changes so far.

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

<http://bma.org.uk/practical-support-at-work/contracts/gp-contract-survival-guide/survival-guide-des-funding-equitable>

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A GUIDE TO YOUR LOCAL MEDICAL COMMITTEE

In view of the major restructure of the health service as a result of the Health & Social Care Act, it seemed timely to update Sheffield LMC's guide for GPs and practice staff *A Guide to Your Local Medical Committee*.

The main topics covered in the guide are:

- What are LMCs?
- Representation
- Helping Individual GPs/Practices
- Dissemination of Information Relevant to General Practice
- Local Negotiations

- National Negotiations
- Elections
- LMC Executive and Secretariat
- Funding
- Contact Details

A copy of the guide can be downloaded from the LMC's website at:

<http://www.sheffield-lmc.org.uk/Downloads/LMC%20Guide.pdf>

Practices can request a supply of hard copies from the LMC office via email to:

administrator@sheffieldlmc.org.uk.

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LOCUM PENSION ARRANGEMENTS

Further to the articles in recent LMC Newsletters and Newsflashes, Mark Porter, British Medical Association (BMA) Chair, has written to the

Health Secretary calling for pension contributions to be dealt with centrally.

A copy of the letter can be downloaded from the BMA website at:

<http://bma.org.uk/-/media/Files/PDFs/Working%20for%20change/Negotiating%20for%20the%20profession/General%20Practitioners/soslettergplocumsuperannuation18april2013.pdf>

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CHANGES TO THE QUALITY AND OUTCOMES FRAMEWORK (QOF)

As you will be aware from previous LMC Newsletters and Newsflashes, major clinical changes have been made to the QOF.

Since the last LMC Newsletter, the GPC has issued the following survival guides:

Upper Thresholds:

These have been increased for 20 QOF indicators to match upper quartile achievement. The remaining upper thresholds will similarly increase from 2014. After 2015 upper thresholds will continue to rise with overall achievement.

Guidance and a ready reckoner can be downloaded from the GPC website at:

<http://bma.org.uk/practical-support-at-work/contracts/gp-contract-survival-guide/survival-guide-qof-increase-in-upper-thresholds>

<http://bma.org.uk/-/media/Files/Excel/Calculators/QOF%20threshold%20ready%20reckoner.xlsx>

Removal of Organisational Domain

Most of the organisational indicators have been removed. Guidance can be downloaded from the GPC website at:

<http://bma.org.uk/practical-support-at-work/contracts/gp-contract-survival-guide/survival-guide-qof-removal-of-organisational-domain>

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REVALIDATION FOR NHS GPs

The GPC has produced guidance on revalidation, to provide clarification on how they expect the process to work and to deal specifically with some of the practical questions that are arising as revalidation is implemented. A copy of the guidance can be downloaded from the *Other Guidance* section of the LMC website at:

<http://www.sheffield-lmc.org.uk/OG13/GP%20revalidation%20guidance%20FINAL.PDF>

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CHANGES TO MENINGITIS C VACCINATION PROGRAMME

The Department of Health (DH) has announced that, following advice from the Joint Committee on Vaccination and Immunisation (JCVI), there will be some changes to the current vaccination schedule for Meningitis C, namely that the second dose, currently given at four months, will be replaced by a booster dose given in adolescence. The initial change will be to cease giving the four month dose as from 1 June 2013, and from mid-August 2014, there will also be a catch-up programme for first time university entrants under the age of 25 years.

A detailed letter was sent to practices on 7 May 2013, a copy of which can be downloaded at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/197618/MenC_letter_FINAL.pdf

Further details are awaited on the catch-up programme.

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EXTENSION OF THE PERTUSSIS VACCINATION PROGRAMME FOR PREGNANT WOMEN

The DH has announced the extension of the Pertussis vaccination programme for pregnant women for a further 6 months and a letter to this effect was sent to practices on 10 May 2013. A copy of the letter can be downloaded at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/197839/130510_Pertussis_continuation_letter_FINAL.pdf

Information about the original National Enhanced Service (NES), published in October 2012, is available on the BMA website at:

<http://bma.org.uk/practical-support-at-work/contracts/independent-contractors/pertussis-vaccination>

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STUDY LEAVE GUIDANCE FOR GP TRAINEES

The GPC has recently produced guidance aimed at giving GP trainees the information they require for a broad understanding of their entitlements to study leave and how the process works. A copy of the guidance can be downloaded from the *Other Guidance* section of the LMC website at:

<http://www.sheffield-lmc.org.uk/other%20guidance/gptrainestudyleaveguidance.pdf>

Further information specific to Sheffield, including a handbook and application form, can be found on the Yorkshire and the Humber Deanery website at:

http://www.yorksandhumberdeanery.nhs.uk/policies/study_leave.aspx

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TAKING A CAREER BREAK

The GPC has published guidance for GPs considering taking a career break, which can be viewed on the GPC website at:

<http://bma.org.uk/developing-your-career/taking-a-career-break/returning-to-practice/career-break-gp-advice>

The main topics covered include:

- The Induction and Refresher Schemes (previously known as Returner Scheme)
- Funding
- Minimum Wage Regulations
- Model salaried GP contract
- GPs returning from abroad
- Factors to consider when taking a career break

GP TRAINEES SUBCOMMITTEE NEWSLETTER APRIL 2013

The April 2013 edition of the GP trainee newsletter can be downloaded from the BMA website at:

<http://bma.org.uk/-/media/Files/PDFs/About%20the%20BMA/How%20we%20work/General%20Practitioners%20Committee/gptraineesnewsletterapril2013.pdf>

The topics covered include:

- GP Contract Imposition
- MRCGP – Differential Pass Rates and Exam Costs
- Occupational Health Vaccinations
- Junior Members Forum (JMF) Conference 2013

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NHS111 FEEDBACK FORM

As practices are aware, the soft launch of NHS111 has been delayed and there is no definitive date. However, the LMC office is already receiving feedback from practices with concerns about contact patients have made with 111, either out of hours (OOH) or accessing 111 in other parts of the country.

There have been a number of teething problems nationally, and it is important that these issues are addressed locally, to make the soft launch as smooth as possible. Therefore, Sheffield LMC and Sheffield Clinical Commissioning Group (CCG) are encouraging practices to feedback concerns about 111, both with regards to format and outcome on the NHS111 feedback forms available on the Yorkshire Ambulance Services website at: <http://www.yas.nhs.uk/111/feedback.html>

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CARE QUALITY COMMISSION (CQC) REGISTRATION

The CQC has confirmed the fees that it will charge providers of primary medical services for 2013/2014.

As expected, the fees will be based on a combination of list size and number of locations, ranging from

£550 for providers with one location and a list size of 5,000 or less to £15,000 for a provider with over 40 locations.

In their response to the CQC's consultation the GPC expressed clear opposition to the concept of paying fees, stating that they did not believe that GPs should be expected to bear the costs of the CQC's activity or pay for it through their personal income, and making the point that no other doctors in the NHS pay personally for the CQC registration of their organisations. However, they also stated that, if fees were to be applied to primary medical services providers, they were broadly content with the hybrid model outlined by the CQC, using both location numbers and list size to determine fees paid.

The CQC has announced that of 7,607 providers that applied for registration, 99.4% (7,563) have been registered in time for their April deadline. It has proposed to refuse to register a total of eight GP providers. Of these:

- two providers have removed themselves from providing primary medical services and the relevant PCT reassigned patients to alternative practices;
- one provider made changes to their legal entity resulting in a new application which has been accepted and registration granted;
- the remaining five are still within the statutory timeframe for challenging the CQC's proposals.

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FITNESS TO DRIVE REGULATIONS

The Driver and Vehicle Licensing Agency (DVLA) has amended the epilepsy and vision elements of the minimum medical standards for group two drivers (driving lorries and buses) in the UK.

The form for doctors reporting on patients' fitness to drive and the accompanying leaflet about the requirements have been updated and can be downloaded from the DVLA website at:

<http://www.dft.gov.uk/dvla/forms.asp>
[x](#)

As the visual standards now require a higher level of response from doctors, the GPC is advising GPs to refer patients requesting certification to optometrists for the vision section of the assessment, unless the patient has either 6/6 vision uncorrected or 6/6 vision corrected and with recent evidence of prescription strength.

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DEBRIEF: SUPPORT FOR DOCTORS AND OTHER CLINICAL STAFF

*Article submitted by
Dr Jeanette McGorrigan*

debrief is a network of professional clinical supervisors experienced in helping people understand and deal with the personal effects of their work with patients and the impact of the organisational setting. It has been set up to enable doctors and other clinical staff to access professional supervision for their work more easily, in much the same way as other professionals such as psychologists and counsellors do.

The aim is to help doctors and medical staff with such issues as:

- hearing repeated histories of trauma from patients
- managing the stresses of a heavy workload
- keeping boundaries with difficult patients
- responding to patients who deskill and cause confusion
- understanding the dynamics of the organisation
- dealing with management
- managing staff.

All supervisors will be familiar with medical settings and practice and experienced in helping people explore workplace as well as clinical issues.

There is no charge for being put in touch with a supervisor. You simply pay the fees the supervisor usually charges in their independent practice for any sessions you book with them.

Usually a first meeting is set up to discuss the person's situation and how best this might be supported and then regular meetings are arranged if appropriate. These usually take place

monthly for an hour at a mutually convenient time but the frequency can be varied by negotiation.

If you wish to access this service please contact either:

Dr Jeanette McGorrigan
jet@mcgorrigan.f9.co.uk
07876 747394
0114 2302369

or

Brian Daines
B.Daines@sheffield.ac.uk
0114 233 5641
07980 477 432

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METHOTREXATE SAFETY WARNING

The LMC has been asked to reiterate the message below, which Sheffield CCG circulated to GPs on 19 April 2013:

The National Patient Safety Agency has produced guidance to aid safe prescribing and administration of Methotrexate, available at:
<http://www.nrls.npsa.nhs.uk/resource/s/?entryid45=59800>

The messages are now incorporated into NHS never events and have received a lot of publicity. Methotrexate continues to be one of the commonest drug related errors leading to litigation so clearly there is scope for further improvement across the country.

Some themes which need to be addressed are:

- Sheffield should not use any 10mg Methotrexate tablets. The hospitals do not stock it any more so please change any outstanding patients to the 2.5mg tablets.
- All prescriptions for Methotrexate should list the weekly dose and the number of tablets required to fulfil that dose.
- The prescription should state clearly that the tablets should be taken once a week.
- The prescription should state which day of the week the tablets should be taken.
- The maximum quantity issued should be no more than 12 weeks to tie in with blood monitoring

requirements. Where folic acid is co-prescribed with Methotrexate the folic acid prescriptions should also state which day of the week it should be taken.

- Community pharmacy colleagues have been asked to help support these developments.

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PREMISES COSTS DIRECTIONS 2013

The DH has published Premises Costs Directions 2013, available to download at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/184017/NHS_General_Medical_Services_-_Premises_Costs_Directions_2013.pdf

A number of areas that could not be resolved during negotiations, primarily due to the time constraints over legal advice for the negotiating parties, are still to be discussed in detail by the GPC and NHS England in the near future.

The reason for the publication of interim Directions was to remove any doubt about the ability of Area Teams to continue existing payments from 1 April 2013.

Some key points to highlight following the revisions to the Directions are:

- Initial rent reviews for 15 year notional leases will act as a benchmark and reimbursements will not drop below this level during the term of the lease.
- All existing reimbursements have been retained, including for legitimately incurred VAT charges and stamp duty land tax (SDLT).
- For premises improvement grants costing up to £100,000 + VAT, notional rent abatements for new space will only last for a period of 5 years (as opposed to the DH's original proposal of 10 years)
 - grants costing up to £100,001 - £250,000 + VAT = abatement for 10 years
 - above £250,000 + VAT = abatement for 15 years.
- Practices will be able to apply for improvement grants to meet

minimum standards (listed in Schedule 1, page 25).

- The amounts payable in relation to leasehold premises 'must be adjusted to take account of appropriate additions in respect of... the value of any responsibility of the tenant in respect of external repairs and maintenance, or for insurance of the building'.
- A rent review memorandum for leasehold premises, signed by the landlord and the contractor, recording the change in the level of rent charged, will be used by the District Valuer when carrying out rent reimbursement reviews on behalf of the Board (should help to keep rents in check).

The intentions of the negotiating parties when agreeing each clause will be reflected in a 'mindset' supplementary guidance document. This will ensure erroneous interpretations are avoided from the outset.

The negotiating parties agreed clauses should be considered in the spirit of reasonableness for contractors and Area Teams, and there is also a determination by both parties to discourage adventurous exploitation.

Further discussions with NHS England are currently being arranged and the intention is to revise the Directions accordingly and re-publish them.

The supplementary guidance will be jointly drafted by the DH and GPC before being published no later than July.

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

Email:
manager@sheffieldlmc.org.uk

Post:
Sheffield LMC, Media House, 63
Wostenholm Road, Sheffield, S7
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**Articles for the June
edition to be received
by Friday 7 June 2013**