



*'Representing and
Supporting GPs'*

**ACTIVITY UPDATE
JUNE TO JULY 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.

Our aim is for this document to provide more detailed information about our work and negotiations than is practical via the monthly LMC newsletter. 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

Community Services: In June we were made aware of the documents *Sheffield Community Nursing Core Offer* and *Operational Principles between Primary Care and the Community Nursing Service*, which start to lay out proposals for these services. We feel that these documents seem to provide a reasonable summary of GP, primary care and nurse expectation. A final proposal was shared with us, once it had been presented to and signed off by the Commissioning Executive Team (CET). It is proposed that there will be a communication to practices, as well as a number of roadshows organised by the Community Nursing Directorate. We are in the process of arranging a meeting to ensure we are fully updated on the changes and can feed in any comments or concerns raised by practices.

Local Medical Committee/Medical Staff Committee Professional Advisory Group (LMPAG): We met with colleagues from Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) in June to discuss issues of mutual concern, which included pre-operative MRSA screening by the neurosurgical department, errors in electronic transfer of laboratory results, NHS 111, wireless network / electronic discharge notification, urgent care and community nursing services.

Practice Nurse Input into Sheffield Vaccination and Immunisation Committee: Following a meeting of this group, the LMC contacted the facilitator to support the appointment of a practice nurse representative, which this group does not have. In order to facilitate this, we stated that a GP practice would reasonably expect to be reimbursed for the nurse's time, if they were to attend such meetings during their working hours. We feel it is unlikely, with the current workload and demands, that this time could or should be found free of charge. However, the response we have received is that there is no funding available to support this. We await an update following the next meeting of this Committee in September.

SHEFFIELD CLINICAL COMMISSIONING GROUP (CCG) AND COMMISSIONING EXECUTIVE TEAM (CET)

LMC Executive and Secretariat representatives met with CCG and CET representatives at the LMC office in June and July 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:

CCG Primary Care Services: The CCG must undertake a 'stock-take' of the primary care services (formerly enhanced services) that they are now responsible for commissioning. We met with CCG representatives to understand this process and to understand how the LMC can feed into the review. It was recognised that if these services are of sufficient quality, represent value for money and fit comfortably with the model of primary care delivered by general practices, there is no necessity to commission them from other providers. However, there will need to be an adequate process of scrutiny, probity and public transparency. We have agreed to comment on the summary and recommendations of this review over the coming months.

Care Planning Locally Commissioned Scheme (LCS): We were given an opportunity to comment on a draft specification and, generally, we welcomed the idea of additional funding for care planning, although we made it clear that it is at a practice's discretion whether or not to take up this work. The LMC hopes that the CCG is able to avoid creating a bureaucratic process of data collection which is not necessarily reflected in outcomes, while ensuring there is a balance between assurance for commissioners for the investment made, and a high trust approach to practices who agree to take up the work.

Proposed Colorectal Cancer LCS: This scheme has been developed to allow for primary care follow up of selected colorectal cancer patients. While the LMC recognises that this scheme will allow for more convenient follow up for patients in primary care, we noted that primary care should not be viewed as a cheaper alternative to care elsewhere, and we hoped the funding for this scheme would reflect the necessary time for primary care to create doctor/nurse appointments for blood tests and a robust follow up and call and recall scheme.

Charging for Patients Admitted via A&E: We have been pursuing this for several months due to the frustration of GPs trying to admit to the appropriate ward, only for a policy to be in place for significant numbers of admissions initiated by GPs being routed through A&E. We received confirmation that the charges for these patients is checked as part of the CCG/STHFT contracting process. However, we remain concerned that this process appears to interrupt the patient's journey, make the GPs' efforts to admit to the correct ward redundant and cannot be assisting A&E to cope with its workload and targets.

IT Issues: A meeting of the Local Representative Committees/Commissioning Support Unit (CSU) IM&T meeting was held in July to discuss issues such as e-discharge communications for STHFT, Electronic Prescription Service (EPS), the future of Choose and Book and the move toward 'e-referrals'. It is likely that a meeting involving representatives from all local representative committees in South Yorkshire and Bassetlaw (SY&B) will be required, and this group was informed that this is something the Area Team is keen to set up. Due to the importance of IT for GPs, Sheffield LMC will endeavour to be involved in these meetings.

Health and Social Care Information Centre (HSCIC) – Data Extraction: We were made aware of concerns with regards to availability of information to practices to undertake work such as risk stratification. Patient identifiable data will be handled by the HSCIC, which was given these powers for the first time under the Health & Social Care Act. According to some interpretations of guidance, CSUs and CCGs will not be classed as safe havens and, therefore, will not be able to hold this data. This makes a number of commissioning functions impossible and others extremely difficult, such as reconciling charges from secondary care and providing practices with information required by some Directed Enhanced Services (DEs), parts of the Quality and Outcomes Framework (QOF) and many Locally Commissioned Schemes (LCS). We continue to make representations about this issue, as does the CCG and the General Practitioners Committee (GPC).

Quality and Productivity QOF Arrangements for 2013/14: Following a productive meeting with locality representatives earlier in 2013, we met with the same group again at the end of June to agree the template that Sheffield practices would be asked to complete when undertaking this work this year. This included agreement on the requirement of different options, pathways etc. It was agreed that this should remain very much in keeping with last year's format. It was noted that it was disappointing that the SY&B Area Team had sent a checklist to all their practices for completion in addition to the local template, rather than there being co-ordination such that one document fulfils all requirements. The final template, along with clarification on the requirements of the Area Team, were circulated to all practices in early July. We hope that practices find the templates useful in clarifying the requirements of this element of QOF. In addition, we are still awaiting a national resolution to the difficulty of access to patient identifiable information, which will be necessary for many of the indicators.

SOUTH YORKSHIRE AND BASSETLAW (SY&B) LMCs

SY&B LMCs Liaison Group: We met with representatives from Barnsley, Bassetlaw, Doncaster and Rotherham LMCs in June and July to discuss issues of mutual interest such as appraisal and revalidation, clinical governance stock-take, access to patient records online by 2015, SY&B LMCs co-operation and development, GP performance, locum superannuation, availability of patient identifiable information, Personal Medical Services (PMS) reviews, practice payments and payment of appraisers. Where relevant, these issues are then taken to the meetings between SY&B LMCs and the Area Team.

NHS ENGLAND SOUTH YORKSHIRE AND BASSETLAW (SY&B) AREA TEAM

SY&B LMCs Liaison Group Meetings with NHS England SY&B Area Team: We met in June to discuss issues such as interpreting service, health centre leases, responsibilities for complaints handling, Direct Enhanced Services (DEs), locum superannuation, appraisal and revalidation, clinical governance stock-take, funding of trade/commercial waste, patient identifiable data and performance of the CSU in providing practice support. Where more detailed communications or negotiations are required, separate meetings are held or correspondence is entered in to. In the last few months, this has been necessary in order to consider the following issues:

Medical Performers List: Before 1 April 2013, we regularly received communications from the Primary Care Team at NHS Sheffield noting any changes to the Sheffield Medical Performers List (SMPL), eg doctors joining, leaving, changing practices, changing contract type etc. Since 1 April 2013, there has been great inconsistency with the information we now receive. We are normally told the clinician's name and GMC number, and then their practice and contract type if applicable. Unless we are alerted that a doctor is working at a Sheffield practice, we are uncertain as to whether or not we should be contacting them to offer representation and without email addresses we often have no means of making contact. Along with the other SY&B LMCs we are urging the Area Team to work with us to ensure that we can once again receive consistent and complete information about the doctors we should be offering representation to.

NHS 111: We raised concerns regarding an apparent confusion over GPs' obligations in relation to 'frequent callers' and 'repeat callers', highlighting the GPC's guidance that "*it is the responsibility of CCGs as the local commissioners of NHS 111 to ensure an appropriate service is commissioned*". Although we accept that there will only be a limited number of patients whose NHS 111 disposition will require action within an hour, we feel that it is inappropriate to assume that GPs will pick up additional workload generated by the implementation of NHS 111, for which they have no contractual obligation or resources. We hope to meet with relevant representatives in the coming months to discuss this and any other concerns with how NHS 111 is functioning in Sheffield.

Payments to Sheffield GP Practices: We continue to receive reports of delayed or incorrect payments to practices and have expressed our concerns to the Area Team repeatedly. We have received reassurances that the majority of problems have now been resolved. However, more recently, we have been made aware of problems with payments that are now the CCG's responsibility and, as a result, concerns have been raised with the CCG. There remains confusion over the amount of money practices are receiving and the paperwork that practices receive, due to there being more than one paying organisation. This is making checking and reconciling payments extremely difficult. We continue to work with practices, the Area Team and the CCG to resolve this to everyone's satisfaction and would be grateful if practices could ensure details of new or continuing difficulties could be emailed to manager@sheffieldlmc.org.uk.

MMR Catch-Up Campaign: Although the national specification for this campaign was released in April 2013, we were made aware in July that a claim form for the work undertaken had still not been produced. We understand that a national form was to be produced and disseminated by NHS England. We have requested an update from the SY&B Area Team and will keep practices informed.

Payment for Locums Covering Maternity, Paternity and Adoption Leave: Despite a communication to all Area Teams in May 2013 that these payments were to be reviewed and that during the review period payments should continue as currently agreed, there was an unacceptable delay in Sheffield and a lack of information as to why payments were not being made. This caused considerable distress to a number of practices and doctors who were not given an adequate explanation of why payments were not continuing as outlined in the communication to Area Teams. After numerous communications, we were finally informed that finance staff in the SY&B Area Team have been instructed to make payments according to the current Statement of Financial Entitlements (SFE). An explanation for the delay or inadequate communication with practices has not been forthcoming.

MISCELLANEOUS MEETINGS/NEGOTIATIONS

Locum Superannuation: The office of Paul Blomfield, MP, contacted the LMC for our thoughts on the changes to locum GPs' pensions. We responded noting our concerns that although GMS practices would be given an extra payment through the global sum equivalent, practices in Sheffield have yet to receive any such funding. More worryingly, there is no national agreement on additional funding for PMS practices, which is inequitable and unsatisfactory. Finally, the funding on offer to GMS practices will not cover all the costs, and will put pressure on financially stretched practices and GP locums looking for work. It is hoped that Paul Blomfield will assist us in our continued attempts to raise these concerns at a national level.

Local Pharmaceutical Committee (LPC) Update: We had a meeting with the Secretary of Sheffield LPC to discuss areas of mutual interest and to reflect on the changes both committees have felt as a result of the changes in the NHS. This was a helpful meeting that touched on areas such as roll out of EPS, the New Medicines Service (NMS), the 'Healthy Living Pharmacy' project, Medicine Use Reviews (MURs), NHS 111, medicine supplies and Walk In Centre pharmacy and medicines compliance. There were many areas of mutual agreement and it was agreed to continue these local links with future meetings. It was also agreed that there may also be a benefit of meeting across the SY&B area.

Meeting with Sheffield Labour MPs: Following a successful meeting with other Labour MPs earlier in 2013, we met with Meg Munn in July to discuss areas of mutual concern, including A&E attendance, Extended Hours DES, the current model of finance within the NHS including the tariff, the role of privatisation and competition within the NHS and the politicisation of health policy. We found this to be a useful meeting which allowed the LMC to provide a local MP with an insight into the challenges faced in primary care and an opportunity to debate political points, and we hope that this dialogue with local politicians continues.

Communications to GPs/PMs: We are beginning to receive reports of increased email traffic from a number of organisations, such as the SY&B Area Team and the CCG, which had previously been streamlined and made more manageable via publications such as NHS Sheffield's e-bulletin. This would appear to be a retrograde step and if practices have examples of information that is being cascaded to them via individual emails when dissemination via a weekly bulletin would be more appropriate it would be appreciated if details could be emailed to the LMC office via manager@sheffieldlmc.org.uk.

In addition to the above, frequent ad hoc meetings and negotiations take place, which are too numerous to mention individually. The main topics we have held negotiations on recently are:

- Care Home guidance on bulk prescribing and expiry dates
- Child case conference reports
- Consultation on Stop Smoking Services in South Yorkshire
- Dementia read codes
- Ear syringing in general practice
- Fitness to drive regulations
- Foodbank vouchers/referrals
- GP imaging request cards for STHFT
- GP questionnaire - providers of warfarin management services in primary care
- Home Office UK Border Agency medical declaration forms
- List closures
- Methotrexate prescribing
- Patient participation DES appeals
- Prescribing by podiatrists
- Receipt of secure information by the Sheffield Adult Access Team
- Single Point of Access (SPA) forms
- South Yorkshire safeguarding adults procedure re-write
- Taxi driver medicals
- Violent Patient Scheme referral process
- 'Working Together for Children' pilot

Any GPs/Practice Managers who have concerns about any of the above issues and would like more information can request this via email to manager@sheffieldlmc.org.uk.

LMC EXECUTIVE/SECRETARIAT

Practice Manager Visits: Our offer for Practice Managers to visit the LMC offices and learn more about how the LMC works on behalf of practices continued with introductory sessions held in June. The Secretariat find these extremely useful ways to make contact with new managers and to ensure that practices are fully aware of what services the LMC is able to provide, as well as keeping in touch with individual practices and specific practice problems and concerns. Any manager wishing to arrange such a visit can do so via email to administrator@sheffieldlmc.org.uk.