SHEFFIELD
LMC

'Representing and Supporting GPs'

ACTIVITY UPDATE
DECEMBER 2012 TO FEBRUARY 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.

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

Local Medical Committee/Medical Staff Committee Professional Advisory Group (LMPAG): We met with colleagues from Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) in January to discuss issues of mutual concern, which included the Dalteparin Shared Care Protocol (SCP), Doppler scans for deep vein thrombosis (DVT), errors in electronic transfer of laboratory results and bed pressures. More strategic areas of discussion included the purpose of SCPs, e-discharge communications and A&E redesign. Updates were received on the Frailty Unit and NHS 111.

Single Point of Access (SPA) Community Nursing Referral Form: Following protracted negotiations, we have seen a further draft of this form and provided comments. It is anticipated that the revised form will come into citywide circulation soon. Agreement has been reached that forms will not be returned or rejected if GPs have not completed every box, however, GPs may be contacted to provide additional information prior to the referral being accepted. STHFT sees this form as an interim measure and would like to see templates developed for the more popular GP systems in order to facilitate an electronic referral process. It is anticipated that there will be a further review in the next 3 to 6 months and, therefore, we would welcome feedback on the new form to:
secretary@sheffieldlmc.org.uk

Rejected Path Links Reports: It came to our attention that there is no feedback mechanism to STHFT if a pathology result is sent to the wrong clinician. Although many GPs reject results not for their practice and provide feedback as to why it has been rejected via their clinical system, this information is not returned to the laboratory. As an interim solution to this potentially harmful situation, it is suggested that rejected reports are sent directly back to the clinical managers of the laboratory, on a specific email address. Full details were issued in the February LMC newsletter. We continue to discuss this matter with STHFT representatives in order to agree a more satisfactory solution.

SHEFFIELD CITY COUNCIL

We have maintained links with Sheffield City Council (SCC) in a variety of areas over the years. If there are any issues that GPs/Practice Managers feel it would be useful for the LMC to liaise with SCC about, please email the LMC office via manager@sheffieldlmc.org.uk.

Medication Steering Group: We have been given the opportunity to attend meetings of this new group, which we aim to do, initially to understand the role of the group and the relevance of LMC input.

NHS SHEFFIELD (NHSS) / SHEFFIELD CLINICAL COMMISSIONING GROUP (CCG)

LMC Executive and Secretariat representatives met with NHSS and CCG representatives at the LMC office in December, January and February 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 NHSS/CCG 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:

Quality and Productivity (Q&P) Quality and Outcomes Framework (QOF): Following lengthy discussions about this process in 2012, we met with locality and NHSS representatives in January to discuss how additional feedback will be provided to those practices who submit their reports early. It was agreed that if practices return a draft report (using the "Template Report" agreed with the LMC and circulated to all practices in October), to their Locality Manager by 14 February, feedback will be given within 2 weeks. In April 2013 the South Yorkshire & Bassetlaw (SY&B) Cluster will randomly select a number of practices to submit their supporting QOF Q&P evidence for assessment.

QOF Exception Reporting: We were made aware that some practice computer systems do not pick up Zoledronic acid, Denosumab or Ibandronic acid as recommended osteoporosis treatments, which impacts on practice figures for this denominator. This was raised with the National Institute for Health and Clinical Excellence (NICE), who confirmed that they had discussed the inclusion of Zoledronic acid in the QOF code clusters at length with the Health and Social Care Information Centre (HSCIC) and noted that as the drug is almost always issued in secondary care, it would be inappropriate for GPs to include this in the prescribing record and issue scripts. For this reason a new exception code is being requested for the next release of the business rules along the lines of 'patient in the care of the hospital'. However, there is a feeling in Sheffield that exception reporting should only be used when there is a valid reason why the indicator has not been met. In these cases, the indicator has been met but the searches have not been designed to pick this up. Therefore, it has been suggested that NHSS makes adjustments at year end. Agreement on this has yet to be reached.

NHS 111: We met with Richard Oliver, Barry Dobson and Daniel Mason, Strategy Manager, NHSS (and Cluster-wide lead on NHS 111) to discuss issues such as the local Directory of Services (DOS), advertising, practice use of answer phones, special patient notes, communications to practices, telephone answering in and out of hours, and practice diverts to Sheffield GP Collaborative. The Executive felt this was an extremely useful meeting and we agreed to support getting information to practices about this new service where possible.

ECFUS: We were informed during 2012 that this scheme, which has been in operation in Sheffield for many years, was discontinued from use in primary care. Following this, there appears to have been a unilateral closing of ECFUS, which seems to have stemmed from the Endocrinology Directorate. Practices have contacted us to make it very clear that the ending of this scheme has resulted in the transfer of unresourced work from secondary to primary care. This issue was raised with the commissioners who were not aware of where the decision to end the scheme came from, but agreed to raise concerns with STHFT and check how this scheme fitted with tariff arrangements. In the meantime, the CCG has suggested that, in some cases, this follow up would qualify for a Follow Up Local Incentive Scheme (LIS) payment for those practices undertaking this scheme.

IT Issues: A regular meeting of the Local Representative Committee/NHSS IM&T meeting was held in December to discuss issues such as the future provision of IT, software and hardware updates, IT service desk survey results and e-discharge plans. These meetings are a useful opportunity to meet with primary care colleagues from dentistry, pharmacy and optometry and to ensure there is consistent IT provision across the city. It is anticipated that this group will meet again in March and decide the continuation of the group following the end of PCTs.

Enhanced Services: The LMC is still supportive of the principle for one practice to perform enhanced services on behalf of another, which is already being undertaken in some localities. We would expect that practices would communicate with one another about patient episodes to ensure good clinical governance. We are still awaiting clarification on how practices who have not been approved to provide certain Locally Enhanced Services (LESs) can gain approval, as well as details on how practices can increase activity when LESs are capped.

Patient Participation Direct Enhanced Service (DES) Appeals: We were made aware that due to a desire to complete these appeals as soon as possible, two GPs from within the South Yorkshire and Bassetlaw Cluster had been selected to oversee the reviews. We were disappointed that we were not able to have our usual role in these appeals, and made suggestions about involving other LMCs in the area to review cases in Sheffield. However, this suggestion was rejected by NHSS. The outcomes of these appeals are still awaited.

LMC/NHSS/CCG Time Out Session: LMC members met with NHSS, CCG and Commissioning Executive Team (CET) representatives to look at ways of improving communications between the LMC and the commissioners, particularly with regards to implementation of pathways working, new offers of enhanced services etc. However, the agenda became much more general and various strategic issues were discussed, such as the rising pressure of workload, contract funding concerns and, as importantly, issues of recruitment, retention, training, morale and willingness to accept new work. It was encouraging that the meeting highlighted a general understanding of the problems facing GPs, and that the LMC and CCG are broadly like minded over many of these areas.

Patient Request for NHS as Preferred Provider: Keep Our NHS Public and Sheffield Save Our NHS, the local arms of national lobbying groups, have recently been active in Sheffield. On 6 December 2012 they presented a petition of almost 3000 signatures from Sheffield residents requesting the prevention of privatisation of the NHS to the Governing Body of the CCG. In addition, campaign materials such as postcards requesting treatment only by NHS providers have been handed out for patients to give to their practices. We recommend that any practice that receives such a postcard explains the relationship between choice and competition to the patient. The categorisation of 'private providers' and 'NHS providers' is more complex than the postcard suggests, due to the way services are commissioned. In addition, patients are already entitled to 'choice' of provider in the NHS, which is clearly laid out on the NHS Choices website. We would be happy to provide more information and a statement to practices if requested.

Shift of Non-Complex Patients from Memory Service: We were made aware of an intention to move all non-complex patients from the memory service to the care of GPs. This work has already been completed for those patients who live in Care Homes, and a proposal was made to move on to patients who do not live in Homes. Some non-recurrent funding had been secured for this work and we were asked to provide input into the proposals. In addition to the funding, it was proposed that there would be training provided by NHSS, aimed at Practice Nurses and Health Care Assistants, with support from the new Memory Service nurse. We will be meeting in March 2013 to discuss these proposals further.

Backdated Claims for PCV and Hib Men C Vaccinations: Following protracted negotiations with NHSS, a resolution to this issue was reached in January 2013. As a result of the changes made to the organisation of GP payments via the South Yorkshire Primary Care Agency (SYPCA) in September 2011, a letter was sent to all GP practices in Sheffield on 17 January 2012 clarifying the arrangements for submitting claims for PCV/Hib Men C. A number of practices subsequently contacted the SYPCA to state that they were unaware that they could have claimed for these vaccinations and asking if they could now retrospectively make a claim for these. Although the Statement of Financial Entitlements (SFE) is clear that payments can only be made if "*the contractor submits the claim within 6 months of administering the final completing vaccination*" there is also the opportunity for PCTS to *"set aside"* this requirement *"if it considers it reasonable to do so."* NHSS confirmed that 50% of practices had not been claiming for these vaccinations since 2006. Therefore, in the spirit of compromise, NHSS agreed to set aside the 6 month limit for claims, allowing any practice that has not yet done so to claim for all vaccinations back to 1 April 2011. This concession will cost NHSS an estimated £50K. In view of the demise of PCTs and the transfer of responsibility for the processing of claims in relation to GP contracts to the National Commissioning Board (NCB) from 1 April 2013, we would urge all practices to review their entitlements as laid out in the SFE, to ensure that they are maximising their potential income.

Administration of Oral Typhoid Vaccine: Due to a supply problem with the injectable typhoid vaccine, clarification was requested by NHSS as to whether all 3 doses of the vaccine need to be given to the patient on the GP premises in order for a fee to be claimed. After lengthy debate a practical solution has been agreed between the Medicines Management Team (MMT) at NHSS, the CCG and the LMC. If a practice buys in oral Vivotif they can claim a personal administration fee if they ensure that the oral vaccination box is appropriately labelled in line with the Medicines Act (practice pharmacists should be able to offer guidance on the appropriate labelling), to include patient name, the name and address of supplier, date of supply, name of medicine, directions for use and precautions relating to use such as "keep out of the reach of children". The first vaccine can then be given at the practice and the patient takes the second and third doses according to the labelling instructions. If a practice issues an FP10, a personal administration fee cannot be claimed.

REGIONAL/NATIONAL NEGOTIATIONS

GP Contract 2013/14: The General Practitioners Committee (GPC) continues to send regular updates to the profession either directly or via LMCs. We would urge GPs and Practice Managers to read these communications and give careful consideration to the implications for their practice. In addition, a GPC Roadshow was held in Sheffield on Thursday 7 February, which was an excellent opportunity for GPs and Practice Managers to be informed about the implications of the proposed contract changes by Dr Richard Vautrey, Deputy Chair of the GPC. Dr Vautrey urged GPs to undertake a series of actions, including writing to the Secretary of State for Health and Sheffield MPs to note disappointment and concerns with the proposed changes. Practices were also urged to commence planning for the changes by considering the cost of services and work currently undertaken and to consider what workload / services to prioritise in the future.

South Yorkshire and Bassetlaw LMCs Liaison Group: A meeting of this group took place in January, and although it was not quorate, discussions occurred to clarify areas to discuss at the Group's next meeting with the NCB Area Team (AT). These included enhanced services provision across the South Yorkshire and Bassetlaw Cluster, funding of locum superannuation and support for doctors returning to work with General Medical Council (GMC) remedial conditions.

South Yorkshire and Bassetlaw LMCs Liaison Group Meeting with Cluster Executives: This meeting was held in January and considered issues such as IT strategy and support, Patient Participation DES appeals in Sheffield, temporary closure of practice lists, practice outer boundaries, enhanced services transition, NHS 111, Maintaining High Professional Standards (MHPS) and premises improvement grants.

Locum Superannuation: We have received several queries from locums who are concerned at the proposed national changes to employer contributions. This is a national issue that is likely to be unilaterally imposed by the NHS Business Services Authority. We feel that this seems to be an ill thought out change in policy which is going to cause considerable aggravation for all concerned. We have raised the issue at our regular liaison meeting with the NCB AT. The GPC negotiators continue to raise the issue on behalf of the profession. Although it is unlikely that we can alter national regulations at a local level, we will continue to express our dissatisfaction at the proposals.

MISCELLANEOUS MEETINGS/NEGOTIATIONS

Sheffield General Practice Specialty Training Programme: Following discussions with the full committee about the role of the LMC in supporting all areas of general practice, we contacted the Sheffield General Practice Specialty Training Programme to establish if links could be improved with GP Trainees and newly qualified doctors in order to encourage engagement in medico-politics within the city. As a result, we will be involved in the next trainee event, planned for August 2013. If any GP Trainees or newly qualified doctors have any comments or suggestions as to how the LMC can better engage and support them, it would be appreciated if these could be forwarded to the LMC office via manager@sheffieldlmc.org.uk.

Primary Care Stream in Accident and Emergency (A&E): We were made aware that Right First Time (RFT) leads, commissioners, One Medicare and Central Consortia leads had agreed to a proposal for a primary care 'stream' operating from Fracture Clinic in A&E. As we only received confirmation the day before the service commenced, we had little opportunity to comment on the proposals. However, it is anticipated that a review will be undertaken in March 2013 and it is hoped that the LMC will have an opportunity to hear how the new service is working and the difference it is making in the city.

Request for Fitness to Attend a Gym: Following Community Intermediate Care Services (CICS) approaches to GPs requesting fitness for physical activity certification for patients on their caseload, the LMC entered into negotiations to agree a mutually acceptable way forward. It has been agreed that this is not core NHS work for GPs and that, in future, the CICS team will not refer these patients back to their GP for a medical fitness assessment to attend their own gym. It would be up to the individual to make their own arrangements if the private gym does not accept the medical fitness to exercise from the physiotherapist.

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

- Adult Family Placement - Medication Best Practice Guide
- Revalidation - Year One Doctors
- Personally Administered Medicines
- Child and Adolescent Mental Health Service (CAMHS)/Multi Agency Support Team (MAST) Referral form
- Provision of Yellow Bins
- Availability of Blood Tests Out of Hours at Sheffield GP Collaborative
- Changes to Vaccine Ordering in Sheffield
- Shortage of Sinthrome
- Potential misuse of Pregabalin
- Learning Disability DES 2012/13 – practice review of registers
- NHSmail Transfer of Generic Accounts
- Liaison with the Royal College of General Practitioners (RCGP)
- SystmOne data Sharing Functionality
- Out of Hours Opt Out Miscalculation
- Sheffield Advanced Training Project

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

LMC EXECUTIVE/SECRETARIAT

Election of the Sheffield Local Medical Committee: The first LMC meeting of the 2012-2016 term of office took place in December 2012. We currently have 20 elected members, 5 co-opted members and 1 observer. Dr Thomas Kadicheeni was welcomed to his first LMC meeting and the LMC Executive was elected as follows:

Chair: Dr Mark Durling
Vice Chair: Vacancy
Secretary: Dr David Savage
Executive Officer: Dr Tim Moorhead

In order to offer some continuity to the LMC, but in acknowledgement of commissioning commitments and potential conflicts of interest, Tim Moorhead has been elected on the basis of a reduced sessional commitment and an amended portfolio.

Support for Practice Managers: The LMC Secretariat continues to look at ways to improve communications with Practice Managers across the city. The LMC Manager attends as many Practice Manager meetings in the West and HASL localities as practical. This is proving to be an extremely useful way to keep up-to-date on the issues that are directly impacting on Practice Managers and to offer LMC assistance and support whenever this is required. In addition, we continue to offer the opportunity for new Practice Managers to request a visit from the LMC Manager, or to visit the LMC's offices, in order to familiarise themselves with the work the LMC does to represent Sheffield GPs and support Practice Managers. If any Practice Manager would like more information about how the LMC can support them, they are encouraged to contact the LMC office via: manager@sheffieldlmc.org.uk.