

SHEFFIELD LOCAL MEDICAL COMMITTEE

NEWSLETTER

MARCH 2012

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BRITISH MEDICAL ASSOCIATION (BMA) EMPLOYMENT SERVICES

Occasionally, the LMC is contacted with employment related queries that fall outside the LMC's remit. In these circumstances, the LMC will advise practices to contact an alternative source of help and advice, such as the BMA's Employer Advisory Service or BMA Law.

There appears to be some confusion as to who can access these services and the specific issues each of them will deal with. There have also been concerns that employing GPs and the GP they employ could be put in contact with the same advisors.

Clarification was sought from Paul Bourne, BMA Industrial Relations Officer, which has been used to produce guidance for Sheffield GPs.

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

<http://www.sheffield-lmc.org.uk/lmc%20guidance/BMA%20Employment%20Services.pdf>

LOW MOLECULAR WEIGHT HEPARIN (LMWH) MONITORING - ENOXAPARIN/ DALTEPARIN SWITCH

The LMC has been contacted by a number of practices who have expressed concern that appropriate documentation has not been used by certain hospital departments when discharging patients.

This was raised at the Sheffield Area Prescribing Committee (APC). The concerns were acknowledged by Damian Childs, Chief Pharmacist, Sheffield Teaching Hospitals NHS Foundation Trust (STHFT), but it was felt that it was difficult to follow up inconsistencies in information transfer without specific examples.

Therefore, it would be appreciated if anonymised examples of poor communications with regards to LMWH monitoring and the Enoxaparin/Dalteparin switch could be sent to the LMC office via: administrator@sheffieldlmc.org.uk.

We have also suggested that this may be an area of primary care educational need that could be addressed at a citywide PLI.

NHS PENSIONS AND INDUSTRIAL ACTION: WHAT DOES IT MEAN FOR ME?

Following an overwhelming call by doctors and medical students, the BMA has decided to ballot doctors on industrial action short of a strike, in response to the Government's plans to change the NHS pension scheme.

In order to address questions and concerns about how this proceeds, the BMA has organised a series of

roadshows to update doctors on the ballot timetable and industrial action approach.

This will be an important opportunity for GPs to ensure they are fully informed about the proposed changes and to share their views with colleagues and the BMA.

Roadshows will be held as follows:

Monday 19 March

- The Grand by Thistle Hotel, Bristol
- Leeds Metropolitan University, Headingley Campus

Tuesday 20 March

- Hilton London Stansted Airport Hotel
- East Midlands Conference Centre, Nottingham

Wednesday 21 March

- Birmingham Botanical Gardens, Edgbaston

Thursday 22 March

- BMA House, London
- The University of Manchester

Monday 26 March

- Ashford International Hotel, Ashford
- Crowne Plaza Hotel, Liverpool

Tuesday 27 March

- Newcastle Marriott Hotel, Newcastle upon Tyne

Wednesday 28 March

- BMA House, London

Thursday 29 March

- The Oxford Belfry Hotel, Milton Common

All roadshows will run from 1930 hrs to 2130 hrs and will be preceded by refreshments and a light supper during registration (1830 hrs to 1930 hrs).

For more information on the venues (including maps) and to book a place, please visit the BMA's website at:

http://www.bma.org.uk/employmentandcontracts/pensions/nhs_pensions_reform/specialpensionsevents.jsp#.T17_V_V4r3A

CENTENARY LETTER FROM LAURENCE BUCKMAN

On 1 March 2012, Laurence Buckman, Chairman of the General Practitioners Committee (GPC), wrote a letter addressed to all GPs in England, to mark the centenary of the first meeting of the BMA's committee set up to represent GPs.

The letter notes that the NHS in England is facing considerable challenges and explains the GPC's concerns about the current direction of travel. The main issues covered include:

- The role of GPs under the Health and Social Care Bill
- Commissioning Support Services
- Timescale
- NHS funding
- Quality reward
- Competition
- An alternative way forward
- The GPC's position and advice to GPs.

Further copies of the letter can be downloaded from the GPC website at:

http://www.bma.org.uk/images/gpcce/centenarylettermar2012_tcm41-212097.pdf

The LMC would urge all GPs to read the letter and we would, of course, be interested in any views or comments you would like to make us aware of via email to:

administrator@sheffieldlmc.org.uk.

NHS 111 - IMPLEMENTATION, PROCUREMENT AND GOVERNANCE

The GPC supports the principle of developing an easily accessible national telephone number for patients who have urgent health problems, as proposed by the new NHS 111 system, which has recently been piloted. However, they are extremely concerned that the new NHS 111 service is being rolled out without full, truly independent and thorough evaluation of pilots and

without adequate input from local clinicians.

A comprehensive NHS 111 service is currently expected from April 2013. The GPC has written to the Secretary of State for Health, calling on the Government to slow procurement of NHS 111 services to allow for proper evaluation of the pilots and to adopt a flexible deadline for full implementation of the service.

In view of these concerns, the GPC has recently produced guidance for GPs, a copy of which can be downloaded from the *Other Guidance* section of the LMC website at:

<http://www.sheffield-lmc.org.uk/OG12/NHS111%20-%20Implementation,%20Procurement%20and%20Governance.pdf>

CARE QUALITY COMMISSION (CQC) REGISTRATION

The GPC and the CQC have agreed the following statement about CQC registration:

Under the Health and Social Care Act 2008, all providers of primary medical services will be required to be registered with the CQC by 1 April 2013.

The process leading to registration will begin in July 2012. As part of registration, practices will have to tell the CQC whether they are meeting the essential standards of quality and safety, which are derived from regulations governing the CQC's work.

The essential standards are based on legislation and cannot be altered. However, the GPC and CQC are currently discussing how the standards will apply to primary care providers.

Work carried out by the CQC, during the delay to the registration of most providers of primary care, has focused on the need to be proportionate and appropriate, reducing bureaucracy to a minimum. The CQC and the GPC have been working together to achieve this and to ensure that the registration requirements are understood across the primary care sector.

To that end, the CQC is working with stakeholders to improve the logistics of its registration process. This is partly taking place through the CQC's Stakeholder Advisory Group, on which the GPC is represented.

Discussions are also taking place between the CQC and GPC about how compliance will be demonstrated and monitored following registration. The CQC is working to ensure that the compliance monitoring process is proportionate and appropriate. As part of this, the CQC will be carrying out a pilot in the summer, to test how its model of compliance monitoring will work in primary care.

There is no need for practices to purchase expensive software or consultancy services in order to register with the CQC. Most practices delivering good quality care will already be meeting the majority, if not all, of the essential standards.

The GPC and CQC will continue to issue updates in the coming months, including further detailed guidance on registration.

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WEBSITE COOKIES

The GPC has recently issued the following advice:

If your practice website uses cookies you may need to be aware of changes to the law, outlined in guidance from the Information Commissioners Office (ICO) available at: http://www.ico.gov.uk/for_organisations/privacy_and_electronic_communications/the_guide/cookies.aspx

Cookies are small files of letters and numbers downloaded to a user's computer when they access certain websites. They allow a website to recognise the user's device.

The previous rules on cookies said that websites had to inform users how they use cookies and that they could 'opt out' if they wished. Most websites did this through their privacy policies.

In 2011 the laws on cookies were extended. Cookies can now only be placed on machines where the user or subscriber has given their consent,

although this does not apply to cookies that are 'strictly necessary' for a service requested by a user.

An example of a 'strictly necessary' cookie would be when a user chooses goods they wish to buy from a website, clicks 'add to basket' and then proceeds to the next page - the site 'remembers' what they chose on a previous page using a cookie. User consent would not be needed for this type of cookie.

The ICO does not produce a definitive list of 'strictly necessary' cookies. In the context of GP practice websites, cookies might be used to allow users to request a repeat prescription, or book appointments. If the cookie is strictly necessary for the service requested by the user, then explicit user consent is not required. Other cookies, such as those used to collect statistical information on usage of the site, are not strictly necessary and user consent is needed.

Each organisation has to decide whether user consent is needed for each cookie they use. We recommend that practices read the ICO guidance, which includes practical advice on types of cookies and how to comply with the regulations.

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COMMISSIONING SUPPORT

GPs and other clinicians involved in clinical commissioning groups (CCGs) will need support to commission effectively, from transactional services such as payroll, to sourcing complex population level data required to inform commissioning decisions.

The GPC has produced guidance that outlines concerns with the current proposals for commissioning support and highlights issues for CCGs to consider when making decisions about who will provide their support services.

The main topics covered include:

- What is commissioning support?
- The Government's plans.
- The GPC's view.

- The principles of good commissioning support.
- Commissioning support in the new structures.
- What to do now?

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

<http://www.sheffield-lmc.org.uk/OG12/Commissioning%20Support.pdf>

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DIRECTED ENHANCED SERVICES 2012/13

NHS Employers (NHSE) and the GPC have agreed the following Directed enhanced services changes for 2012/13:

Alcohol Reduction Scheme and Learning Disabilities Health Check Scheme

These DESs are to be re-commissioned for the 12 month period ending on 31 March 2013. The requirements of these clinical DESs remain the same and the payment scheme will mirror the payment scheme at the same rate that applied for the period 1 April 2011 to 31 March 2012. Guidance and audit requirements for these two DESs can be downloaded from the *Other Guidance* section of the LMC website at:

<http://www.sheffield-lmc.org.uk/OG09/clinicalDESguidance.pdf>

Osteoporosis

This DES will no longer be available from 1 April 2012.

Extended Hours Access

This DES will be extended by one year to 31 March 2013. The requirements and payment scheme remain the same as that applied for the period 1 April 2011 to 31 March 2012.

Patient Participation

This DES was introduced for 2 years in April 2011 and so continues in 2012/13.

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**QOF QUALITY AND
PRODUCTIVITY (QP)
INDICATORS**

The GPC and NHSE have produced joint supplementary guidance and FAQs for the 2012-2013 QOF QP indicators.

The guidance is intended to assist practices and primary care organisations (PCOs) in understanding and working through the new QP indicators.

A copy of the guidance can be downloaded from the *Other Guidance* section of the LMC website at:
<http://www.sheffield-lmc.org.uk/OG12/QOF-Quality and Productivity %28QP%29.pdf>

This supplementary guidance is in addition to the guidance contained within the UK wide QOF guidance for 2012-13, which can be downloaded from the GPC website at:
http://www.bma.org.uk/images/qofguidance2012-2013_tcm41-212149.pdf

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**USE OF 084
TELEPHONE NUMBERS**

On 23 February 2012 the Department of Health (DH) issued *The Use of 084 Numbers in the NHS – Further Guidance*.

A copy of the guidance can be downloaded from the *Other Guidance* section of the LMC website at:
<http://www.sheffield-lmc.org.uk/OG12/084 Numbers in NHS.pdf>

As a result, the GPC Negotiating Team is keen to provide additional advice. The DH position has not changed and the regulations remain the same. Consequently, the legal advice the GPC has obtained also remains the same.

The issue revolves around the word 'reasonable' within the regulations. All the suggestions about termination or varying the terms of the contract are always going to be based on 'reasonable steps'. Any practice would have a very strong arguable

case to say that, albeit all 'reasonable steps' had been taken to try and cancel the contract or vary it, to do so would mean the practice would be subject to a financial penalty.

The regulations do not say the practice must cancel or vary the existing contract. If this were to be the case, 'reasonable steps' would be replaced with 'best endeavours'. Subsequently, it would not be possible to argue that the acceptance of a financial penalty is reasonable.

If practices ensure they have correspondence from their telephony provider on record stating that they will be financially penalised if they vary or cancel the contract, this should be enough to satisfy that 'reasonable steps' had been taken.

All practices will be expected to become fully compliant with regulations once their existing contracts are up for renewal or they wish to contract with a different provider. At this point, practices will be expected to ensure they contract with a provider who is compliant with regulations.

Practices are advised to obtain a copy of the statement of compliance with NHS regulations from their telephony provider when entering into new or renewing contract arrangements.

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**FINAL SENIORITY FIGURES
FOR 2008/09**

The Technical Steering Committee that comprises NHSE, the GPC and the health departments for England and Wales has published the final seniority figure for general medical services (GMS) contractors for 2008/09.

The final seniority figure for England is £ 92,955.

As with previous years' figures, there will follow an assessment of the sums to be paid to or recovered from GPs in relation to 2008/09 payments.

Further details are available on the NHS Information Centre website at:
www.ic.nhs.uk/tsc.

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

Email:
administrator@sheffieldlmc.org.uk

Post:
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63 Wostenholm Road
Sheffield S7 1LE

Articles for the April 2012 edition of the LMC newsletter to be received **by Monday 16 April 2012**.