

SHEFFIELD LOCAL MEDICAL COMMITTEE

Newsletter

January 2015

INSIDE THIS ISSUE:

**HARNESSING PUBLIC SUPPORT FOR
PRIMARY CARE & THE NHS - CALL FOR
HELP!**

SURVEY OF THE PROFESSION

**CO-COMMISSIONING OF PRIMARY CARE: GPC
UPDATE**

WORKFORCE MINIMUM DATA SET

CARE QUALITY COMMISSION (CQC) UPDATE

SMS FOR PRIMARY CARE ORGANISATIONS

**PATIENT CHOICE AND OUT OF AREA
REGISTRATIONS**

**RETIRED QUALITY AND OUTCOMES
FRAMEWORK (QOF) INDICATORS**

PRO-FORMA STANDARD PREMISES LEASE

**MEDFASH EDUCATIONAL TOOL ON HIV
TESTING**

SESSIONAL GP E-NEWSLETTER

BMA 2015 RESEARCH GRANTS

***HARNESSING PUBLIC
SUPPORT FOR PRIMARY CARE
& THE NHS
CALL FOR HELP!***

*Article submitted by
Dr Kirsty Ward, First5 Salaried GP*

The build up to the election is well under way and the NHS & GPs are featuring heavily in party politics and the media.

As a Sheffield GP, I wonder whether our voice is being heard and whether our concerns are effectively communicated to the public. One way to achieve this could be to produce a DVD with local GPs outlining the current stresses and demands on GP services. The target audience would be mainly local patients, but also local MPs and Councillors. The DVD could be distributed to local community areas, such as GP waiting rooms and could be made accessible on mobile devices etc via You Tube. This could serve to better inform our patients, the voters and empower them to challenge the politicians and influence policy making.

If you feel that such an initiative is worth pursuing please contact me at: keward@doctors.net.ukk

If there is sufficient interest we can set up a working party to take this forward, when we can identify the key messages to get across and what technical support would be required.

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***SURVEY OF THE
PROFESSION***

All GPs should have recently received an email and a paper copy of a Survey of the Profession, which is being carried out by the British Medical Association (BMA) Health Policy Economic Research Unit (HPERU).

The survey is necessarily lengthy, in order to gain a comprehensive picture from GPs about their current work and pressures, how they wish to work in the future, under what arrangements, and importantly how they would like to see general practice develop.

The results will be able to be stratified to include category of GP, years since qualification, area of work etc. The survey findings will help inform the General Practitioners Committee (GPC) policy to shape a sustainable, fit for purpose future model of general practice, and which the GPC will be able to present to the incoming government.

The GPC wants to get the best possible picture of the views of all GPs - trainees, newly qualified, partners, locums, salaried GPs through to those at the tail end of their careers - and a good survey response rate will help achieve that. As such, Sheffield LMC is encouraging all GPs to complete the survey in order to furnish the GPC with the information they require in their negotiations.

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***CO-COMMISSIONING OF
PRIMARY CARE: GPC UPDATE***

The GPC has recently issued guidance for Clinical Commissioning Group (CCG) member practices on co-commissioning of primary care.

The key topics covered include:

- What is co-commissioning?
- What do the different co-commissioning models mean?
- What won't CCGs be able to do?
- How will my practice be affected by these changes?
- Managing increased conflicts of interest.
- FAQs about the commissioning landscape.

A copy of the guidance can be accessed via:

http://bma.org.uk/-/media/files/pdfs/practical%20advice%20at%20work/commissioning/cocommissioning_guidance_dec2014.pdf

For further information on co-commissioning please see:

<http://bma.org.uk/practical-support-at-work/commissioning/commissioning-guide/co-commissioning>

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WORKFORCE MINIMUM DATA SET

As you will be aware, NHS England has written to GP practices about the supply of a Workforce Minimum Data Set (WMDS). Practices have been asked to supply data on their staff, including recruitment, vacancies, absences and personal details, such as date of birth, National Insurance (NI) number and gender.

The intention of the data collection is to allow the Department of Health (DH), NHS England and Health Education England (HEE) to understand the current NHS workforce and plan for future needs. The data collection replaces the annual GP census and practices have been asked to submit data through the primary care web tool. The first data submission is due by the end of May 2015. Practices will be asked every six months to confirm the information held within the tool is correct.

The GPC has received a number of concerns about the submission of this data. Concerns are that the data being requested is excessive in relation to the purpose, will create workload for practices and that the sharing of personal staff data could be in breach of the Data Protection Act (DPA).

The GPC has sought legal advice to help clarify practices' legal responsibilities. The advice has confirmed that under Section 259 of the Health and Social Care Act (HSCA), the Health and Social Care Information Centre (HSCIC) has the power to collect information considered 'necessary or expedient' for the purposes of any function it exercises. For the WMDS, the HSCIC is collecting this data under direction from the DH and NHS England. Therefore, the advice is that practices are legally obliged to provide the information requested for the WMDS.

With regards to personal data, information such as NI number, name, date of birth, gender and ethnicity will be collected. Under the DPA, Section 10, an individual is entitled to object to the processing of their personal data likely to cause damage or distress. However, the DH direction for this collection, under Section 259 of the HSCA, imposes a legal obligation on NHS bodies to provide the data, and this in turn overrides Section 10 of the DPA.

Although the right to object under the DPA is removed, the GPC is advising practices to inform their staff of this data submission, to comply with the fair processing principle of the DPA. Practices should be provided with a template fair processing notice to explain to their staff how individual data will be used.

The GPC remains concerned that the dataset is excessive and will create additional, unnecessary burden for practices at a time when they are already under severe workload pressure. As such, concerns will be raised again with NHS England during January and practices will be updated. The GPC will also be responding to the Privacy Impact Assessment consultation for the dataset, which closes on 20 February 2015, and would recommend that practices also consider responding. The consultation can be accessed via: <http://www.hscic.gov.uk/pia>

The GPC's interim advice is that practices should continue to arrange access to the primary care web tool module, as per the advice in the December HSCIC email. The HSCIC will contact practices in the middle of

January to grant access to the module, and provide details of the online training materials and further support. The GPC understands that the module will be prepopulated with information from the Exeter system and the CE1 collection for practices not on Exeter. The GPC recommends that practices then proceed with the data preparation and submission.

Where practices remain concerned about the data collection, they should email the GPC Secretariat via info.gpc@bma.org.uk giving specific examples of how this exercise is adversely impacting them, so that concerns can be taken back to NHS England.

Further information on the dataset (including the data to be collected and the process for submission), a specification overview and a set of FAQs can be accessed via the HSCIC website at:

<http://www.hscic.gov.uk/wmDS>

Any queries about accessing the web tool should be raised with the HSCIC via:

- email to enquiries@hscic.gov.uk, quoting 'Primary Care Web Tool' in the subject field or
- tel: 0300 303 5678.

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CARE QUALITY COMMISSION (CQC) UPDATE

Following the CQC's introduction of intelligent monitoring, based on a narrow range of indicators, the GPC wrote to Professor Steve Field to express concern about the process and the way GP practices had been publicly banded ahead of inspection.

The GPC argued that the data used to band practices had been published without proper context and was misleading patients. The information did not take into account the differing circumstances in which GP practices operate, including levels of deprivation in the practice population, the level of support the practice receives from community services, or the state of its facilities. These and other factors outside the practice's control had a major impact on how well it performed against these indicators.

It was predictable that the publication of the indicators and in particular the bandings for all GP practices in England would result in hostile press coverage that did not reflect the reality of good health care being delivered by the vast majority of them. While the CQC stated on its website that “intelligent monitoring” was not a judgment on GPs that is exactly what it became, with some uninformed and inaccurate stories at both a local and national level. The negative reporting in local media was particularly damaging as GPs and their practice staff, rooted as they are in local communities, had their reputation undermined with practices being subject to unfair criticism.

Subsequently, on 5 December, the CQC announced that it was revising the intelligent monitoring indicators, as a result of which a number of practices were placed in different bandings. The GPC reacted strongly to this announcement, urging for the banding system to be withdrawn.

The GPC is now considering whether any further action might be possible on behalf of practices who were banded inaccurately. The GPC would like to hear from any practices that were subsequently informed by the CQC that they had been placed into the wrong band. Please contact Greg Lewis in the GPC secretariat with details via glewis@bma.org.uk.

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SMS FOR PRIMARY CARE ORGANISATIONS

As many of you will be aware, the DH made a decision to withdraw central funding for NHSmail SMS and fax services for all organisations from 31 March 2015. However, NHS England has now formally agreed to support a replacement SMS service for primary care organisations that use the current NHSmail SMS service until 30 September 2015.

NHS England has taken this decision to provide additional time for existing primary care services to make provisions with general practices, to transition this to a local service from 1 October 2015.

NHS England will continue to explore how best to migrate to a local

funding model for SMS post September 2015.

Further details are expected shortly, to enable organisations to plan accordingly.

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PATIENT CHOICE AND OUT OF AREA REGISTRATIONS

The GPC has recently produced guidance and FAQs on the new patient choice scheme which commenced on 5 January 2015.

The main topics covered include:

- What is the Patient Choice Scheme?
- What are the new General Medical Services Regulations?
- What GP practices should do.
- Registration Process.
- Categories of registered patient.
- Exiting the scheme.
- Patient Access to Urgent GP Services or a Visit.
- Payment Arrangements.
- The GPC's Views on the Patient Choice Scheme.

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

<http://bma.org.uk/practical-support-at-work/gp-practices/service-provision/out-of-area-registered-patients>

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RETIRED QUALITY AND OUTCOMES FRAMEWORK (QOF) INDICATORS

The GPC has heard a number of understandable concerns regarding recent communications from the HSCIC about retired QOF indicators for 2014/15. Practices have been informed that support for these indicators has now been added to the Calculating Quality Reporting Service (CQRS) and automated data will be collected by the General Practice Extraction Service (GPES) from February 2015. To receive automated data for this service from February, practices have been asked to participate in CQRS by 23 January 2015.

In accompanying information, HSCIC suggests that “it is a requirement for general practices to ensure they continue to provide the services linked to these indicators”. This statement is incorrect and is not what was agreed by GPC, NHS Employers and NHS England in the 2014/15 contract negotiations.

Concerns have been raised by practices about the recording and achievement of retired QOF indicators. Following the wholly inappropriate and flawed use of coded data by the CQC as part of its “intelligent monitoring” risk assessment, practices are understandably anxious about how data that is extracted will be used.

The GPC's position is that the decision to retire and amend these indicators was intended to reduce bureaucracy and to allow practices to focus on the needs of patients. These indicators were successfully removed during negotiations as being clinically inappropriate and unhelpful to practices. As such, there is no expectation that practices should continue to focus on achieving these targets, and GPs should instead continue to use professional judgment to treat patients in accordance with best clinical practice guidelines. It is for clinicians to decide how they record clinical consultations and what codes, if any, to use. Practice funding is no longer linked to meeting these indicators and so it is a matter for practices to decide whether to respond to CQRS extraction requests. Practice payments under the contract will not be affected by agreeing to the extraction.

The GPC anticipates a large fall in the recording of many of the retired codes, particularly those that were previously imposed, as practices now work more appropriately and, therefore, believes that allowing retired codes to be extracted could help to demonstrate how inappropriate it was to impose contract changes in the first place.

The Executive Team has taken up these concerns directly with all relevant parties and would recommend that, in the event of any further issues, practices contact the GPC Secretariat via: info.gpc@bma.org.uk.

Practices should be reassured that last year's contract agreement still stands, and there is no contractual requirement for practices to record codes for former QOF indicators.

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PRO-FORMA STANDARD PREMISES LEASE

Further to the guidance produced by the GPC, noted in the December LMC Newsletter, the GPC and BMA Law recently met with the Chief Executive Officer of NHS Property Services (NHSPS) and their head of legal, to discuss the purported 'standard' lease that has been in circulation for use with GP practices leasing NHS premises.

The background to this is that about 18 months ago the GPC was in discussion with the DH regarding the possibility of developing a form of standard lease document. However, for a number of reasons, the two parties were unable to agree and finalise it.

A derivative of this lease appears to have been produced and put out recently, which prompted the GPC (in collaboration with BMA Law) to circulate a guidance note about it.

At the meeting NHSPS explained that they are undertaking an audit of their property portfolio (this includes GP tenants) and where possible will suggest that occupying practices sign up to a 'Heads of Terms' agreement (this is a non-legally binding document) and/or a formal lease.

NHSPS have agreed to work with the GPC to develop a standard lease that is mutually acceptable. Both parties aspire to the goal that all GP practices are ultimately signed up to a lease that is fair to all sides and recognise that entering into a formal lease offers protection to both landlords and tenants. NHSPS made it clear that GP practices are not being forced into signing up to a lease.

The meeting was extremely constructive and the GPC and NHSPS agreed to work together on matters related to GP estates generally.

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MEDFASH EDUCATIONAL TOOL ON HIV TESTING

MEDFASH has developed *HIV Testing in Practice (HIV TIPS)*, an online educational tool, to help increase rates of HIV diagnosis in primary care.

Launched in National HIV Testing Week, the interactive webtool will enable GPs, practice nurses and their teams to raise their knowledge of HIV and enhance their confidence in offering HIV testing. This in turn will reduce the avoidable illness and deaths that still occur because of late diagnosis.

GPs or practice nurses who wish to increase their own skills in HIV testing, or who would like to work with their teams to boost overall testing rates, will find plenty to do using *HIV TIPS*. It provides updates about HIV testing in primary care and includes patient stories, quizzes, group exercises, downloadable teaching materials and an HIV testing audit tool.

The aim is to help GPs and practice nurses to:

- find out more about the importance of HIV testing in general practice;
- reflect on obstacles (barriers & challenges) to HIV testing;
- improve their own ability to diagnose HIV;
- improve their team's ability to diagnose HIV;
- change HIV testing practice in their team.

TIPS can be accessed via:

<http://www.medfash.org.uk/hiv-tips>

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SESSIONAL GP E-NEWSLETTER

The second monthly e-newsletter for Sessional GPs, which was recently distributed to Sessional GPs on the BMA membership database, focusses on:

- Supporting you in the workplace;
- Revalidation: your feedback is vital;
- Could you be a GP appraiser?

- General Medical Council (GMC) sanctions 'fraught with danger'.

Further copies of the e-newsletter can be accessed via:

<http://bma-mail.org.uk/t/JVX-31W9E-5E2WPBWGC6/cr.aspx>

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BMA 2015 RESEARCH GRANTS

The BMA was among the first of the professional bodies to award grants and prizes to encourage and further medical research. Ten research grants are administered under the auspices of the Board of Science, all funded by legacies left to the BMA. Grants totaling approximately £500K are awarded annually.

For further information on the 2015 research grants, and to apply, please visit:

<http://bma.org.uk/researchgrantss>.

The application deadline is **9 March 2015 at 5pm**.

Applications are invited from medical practitioners and/or research scientists, for research in progress or prospective research.

If you have any questions about the BMA research grants, or would like to receive alerts about them, please contact:

- info.sciencegrants@bma.org.uk
- tel: 020 7383 6755.

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Please forward any articles, comments etc for inclusion in the LMC newsletter to the LMC office via email to:
manager@sheffieldlmc.org.uk

Articles for the February edition to be received by Friday 6 February 2015

Further submission deadlines can be found at:

http://www.sheffieldlmc.org.uk/Newsletters14/VB_and_Newsletter_Deadlines.pdf