SHEFFIELD LOCAL MEDICAL COMMITTEE NGWSICATORY JULY 2014

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ANNUAL CONFERENCE OF LMCs 2014

General Practitioners Committee (GPC) and LMC representatives meet at the Annual Conference of LMCs. Proposals from individual LMCs across the country are debated, alongside those from the GPC.

The outcome of the debate determines the framework for the profession's negotiations.

The 2014 Conference was held in York on Thursday 22 and Friday 23 May. Sheffield LMC was represented by Mark Durling, Chair, David Savage, Secretary and Tim Moorhead. Executive Officer.

A report on the main items of note can be downloaded from the LMC website at:

http://www.sheffieldlmc.org.uk/Reports/Annual Confere nce_of_LMCs-2014.pdf More detailed information, such as the GPC's report, links to webcasts and Dr Chaand Nagpaul's keynote speech, can be accessed via: http://bma.org.uk/lmcconference

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CALCULATING QUALITY REPORTING SERVICE (CQRS) GUIDES FOR 2014-15 ENHANCED SERVICES

The CQRS was updated to support the following services (14/15) as of 4 June 2014:

- Rotavirus (routine childhood vaccination);
- Learning disability health check scheme:
- MMR aged 16 and over vaccination;
- Meningitis C (freshers) vaccination;

• Hepatitis B (newborn) vaccination.

This now allows practices to participate and provide achievement data for the services via the CQRS system.

For the monthly programmes that began in April 2014 (MMR, Meningitis C and Hepatitis B), practices will need to enter the first three months of data into CQRS. These services will be manual entry on CQRS for the duration of the financial year.

Guides on these enhanced services on CQRS can be found at:

http://systems.hscic.gov.uk/cqrs/participation/2014-15/index_html

For further information on CQRS, the service desk can be contacted via email:

cqrsservicedesk@gdi.com

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UNPLANNED ADMISSIONS ENHANCED SERVICE

A revised version of the joint guidance on the unplanned admissions enhanced service has now been published, along with NHS England's service specification:

http://www.nhsemployers.org/~/media/Employers/Documents/Primary%2 Ocare%20contracts/Enhanced%20Services/2014-

15/Unplanned%20admissions/Avoiding%20unplanned%20admissions%20

%20guidance%20and%20audit%20r equirements%20for%202014_15.pdf

The guidance now makes it clear that:

- There are now no minimum requirements in place for the content of care plans.
- While the guidance does provide some suggestions about what could be included in care plans and a care plan template, practices should use their clinical judgement to determine the content.
- The deadline for setting up the bypass number for healthcare providers and same day telephone consultations for case management register patients with urgent queries is the end of July.
- The request to provide "any information" on reasons for the use of the above telephone access as part of the reporting template does not mean that practices will be required to carry out an audit of telephone consultations or supply statistics. Practices should provide any information or learning points that they believe would be of value.

The GPC's "step by step" guide on the enhanced service is being updated to reflect the above changes and can be accessed via:

http://bma.org.uk/unplannedadmissio ns

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CHANGES TO THE MISUSE OF DRUGS ACT 1971

The Home Office Circular 008/2014: Changes to the Misuse of Drugs Act 1971 can be found online at:

https://www.gov.uk/government/publications/circular-0082014-changes-to-the-misuse-of-drugs-act-1971

The changes under the Act cover control of NBOMe and benzofuran compounds, lisdexamphetamine, zopiclone, zaleplon, tramadol and reclassification of ketamine. The Order came into force on Tuesday 10 June. Of particular note to GPs are the changes to the control of tramadol and zioiclone/zaleplon:

Tramadol: The Misuse of Drugs Act 1971 (Ketamine etc.) (Amendment) Order 2014 inserts tramadol as a Class C drug in paragraph 1(a) under Part III of Schedule 2 to the 1971 Act. Tramadol is inserted into Schedule 3 to the 2001 Regulations, with the effect that it is subject to regulations 14 (documentation), 15 (prescription writing), 16 (supply on prescription), 18 (marking of containers), 22, 23 and 24 (recordkeeping and preservation 26 (furnishing registers), information) and 27 (destruction of the drugs only in presence of an authorised person) of the 2001 Regulations. Tramadol is also being inserted into Schedule 1 to the Misuse of Drugs (Safe Custody) Regulations 1973, which means it is exempted from the safe custody requirements.

Zopiclone and Zaleplon: The Misuse of Drugs Act 1971 (Ketamine Etc.) (Amendment) Order 2014 inserts zopiclone and zaleplon as Class C drugs in paragraph 1(a) under Part III of Schedule 2 to the 1971 Act. Zopiclone and zaleplon are also inserted into Part 1 of Schedule 4 to the 2001 Regulations, with the effect that they are subject to regulations 22 and 23 (recordpreservation keeping and registers). 26 (furnishing information) and 27 (destruction of the drugs only in presence of an authorised person) of the 2001 Regulations.

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FOCUS ON VACCINES AND IMMUNISATIONS

The GPC has updated and reissued its Focus on Vaccines and Immunisations guidance.

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

http://www.sheffieldlmc.org.uk/OG12/Vacs%20&%20Im ms.pdf

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SHEFFIELD GP PROVIDER STEERING GROUP (GPPSG)

Article submitted by Chris Stocks, Chair, Sheffield GPPSG

Sheffield GPs should have received a recent correspondence with regard to the GPPSG, an organisation in evolution, looking at ensuring a strong Sheffield citywide GP influence over the provision of services that fall outside of General Medical Services (GMS) and Personal Medical Services (PMS) contracts.

The Terms of Reference (ToR) highlight the opportunity to develop and hopefully mature an organisation which might be able to influence and coordinate, and potentially hold, additional contracts of services which augment and expand the role of primary care within the city.

In the short term, the organisation requires some pump priming funding to reimburse officers involved in developing the organisation for the benefit of all practices. The soon to published GP Quality Improvement Scheme (QIS) for General Practice will have within it a criterion which asks practices to provide evidence of wider engagement of GP provision at a citywide level.

The GPPSG believes that it can readily provide practices the evidence required by this element of the scheme in terms of citywide primary care development.

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The GPPSG already has in place the following:

- Established meeting and terms of reference
- Excellent links and formal membership of the group from the LMC
- Monthly meetings with the three Chief Executives from the Sheffield Foundation Trusts
- Monthly meetings with the Accountable Officer form the CCG
- Two seats on the Right First Time Board
- Membership of the Winter Resilience Group.

Therefore, the GPPSG requires resources to properly function and it is requested that practices do commit the £500 funding in 2014/15 as part of their QIS monies to the GPPSG to facilitate its operation.

Formal details of this proposal will be sent to practices shortly.

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NETWORKS-L

Networks-L is a recently launched online initiative that aims to provide a digital space for GPs with an interest in practice networks, federations or alliances to share learning, best practice and insights about these new working arrangements.

The forum is one of the GPC's first steps toward offering greater support for practices looking at new models of working.

The GPC has also produced guidance about collaborative GP alliances and federations, which can be downloaded from the LMC website at:

<u>http://www.sheffield-lmc.org.uk/OG13/gpcollaborativegpalliancesfederations.pdf</u>

Networks-L is best suited to those GPs, especially group leaders, whose practices are already federated or in a

network or alliance, or those whose practice is exploring new models of working.

It was developed following a GPC survey which revealed that GP practices are looking for more support and information about new models of collaborative working.

The full survey results can be found at:

http://bma.org.uk/-/media/files/pdfs/working%20for%2 Ochange/negotiating%20for%20the% 20profession/general%20practitioner s/gp%20networks%20and%20federat

To join Networks-L please email Karen Day at kday@bma.org.uk.

ions%20survey.pdf

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GP Trainees Subcommittee Regional Elections 2014-2016

The GP Trainees Subcommittee is holding elections for 11 regional constituencies this summer, including Yorkshire. Anyone can stand who is either:

- (a) on a GP training programme that will not finish before 24 September 2014; or
- (b) starting a training programme between 27 June 2014 and 26 June 2015.

Successful candidates will be elected to serve for two full sessions: 2014/15 and 2015/16 unless the representative is set to qualify as a GP during the first session, in which case they will only serve for one session.

Full details of the election and nomination forms can be found on the BMA website at:

http://bma.org.uk/working-forchange/negotiating-for-theprofession/bma-general-practitionerscommittee/committee/gp-traineessubcommittee/regional-elections-2014-2016

Nominations close at **5pm**, **Friday 18 July 2014**.

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BRITISH MEDICAL ASSOCIATION (BMA) COMMITTEE VISITORS SCHEME

This is a new initiative that allows BMA members who have not previously been involved in core BMA work to participate and have their say in how the profession is run.

There is an opportunity, as a non-voting committee member, to attend meetings and take part in discussions.

Remote participation is available for each committee via video conference or teleconference.

The Scheme is available for a variety of committees. To be eligible, members must never have sat on the committee being applied for. If applying for a seat on a branch-of practice-committee, **members** must be affiliated with that branch.

Seats are distributed on a first-come, first-served basis, although priority will be given to members who have never sat on a BMA committee before.

The scheme runs from September to July. Expenses covered include travel, accommodation and childcare. Honoraria is not included.

Further information can be found on the BMA website at: http://bma.org.uk/about-the-bma/equality-and-diversity/committee-visitors-scheme.

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ROUNDABOUT HOMELESS PREVENTION SERVICE

Article submitted by Amy Casbolt, Fundraising Co-ordinator, Roundabout

We at Roundabout are excited to launch our brand new service to tackle homelessness head on and prevent young people leaving their family home.

Last year, 74% of the young people who stayed at Roundabout's emergency hostel stated that their reason for homelessness was because

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of the breakdown of relationship with parents.

Our new Homeless Prevention Service:

- is based in Sheffield city centre;
- is open Monday to Friday from 1 pm to 4.30 pm;
- offers advice and support to young people aged 16 to 21 who are close to becoming homeless due to the breakdown of family relationships;
- works with the whole family, offering mediation between young people and parents, devising solutions that will enable a safe return home;
- supports young people to access other services that can help.

If it proves impossible to resolve the conflict and the young person cannot return home the service will be able to give advice and practical help on housing options and the young people will be referred to one of Roundabout's Housing and Support services.

The ultimate aim of the project is to help prevent at least one in three of the young people Roundabout works with in the project from entering its homelessness services.

The service can be accessed via:

- Roundabout's central office number (0114) 2536789, or
- by visiting the centre at 22 Union Street, Sheffield S1 2JP.

There will be an official opening of the new service as follows:

Roundabout Homeless Prevention Service Official Opening Friday 8 August 10.30 am to 12 noon 22 Union Street

Further information about the service will be available and an invitation has been extended to all Sheffield GPs and practice staff.

If any GPs or practice staff would like to attend, please RSVP to Amy Casbolt via:

Email acasbolt@roundaboutltd.org

Tel: (0114) 2536753.

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TECHNICAL REQUIREMENTS FOR 2014/15 GMS CONTRACT CHANGES

NHS Employers has published version three technical requirements for 2014/15 GMS contract changes.

This version includes detail on the shingles vaccination programmes and further detail on the avoiding unplanned admissions enhanced service.

A copy can be accessed at: http://www.nhsemployers.org/~/media/Employers/Documents/Primary%2

a/Employers/Documents/Primary%2 Ocare%20contracts/GMS/GMS Tech nical_requirements_2014_15.pdf

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ABORTION ACT GUIDANCE

The Department of Health (DH) has published guidance on compliance with the Abortion Act.

This follows the decision by the Crown Prosecution Service in August 2013 not to prosecute two doctors investigated for certifying abortions based on the gender of the foetus.

The Crown Prosecution Service highlighted the lack of guidance for doctors about abortion law and in response to this, the DH agreed to produce guidance on these issues.

This guidance will be particularly relevant to GPs involved in certifying and referring women for abortion.

A copy of the guidance can be accessed at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/313459/20140509_-

Abortion_Guidance_Document.pdf

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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

Articles for the August edition to be received by Friday 8 August 2014

Submission deadlines can be found at:

http://www.sheffieldlmc.org.uk/Newsletters14/VB_a nd Newsletter Deadlines.pdf

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