SHEFFIELD LOCAL MEDICAL COMMITTEE ISAIG October 2015

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RESPONSIBLE, SAFE AND SUSTAINABLE: TOWARDS A NEW FUTURE FOR **GENERAL PRACTICE**

The General Practitioners Committee (GPC) recently published their report Responsible, safe and sustainable: Towards a new future for general practice, which is a new vision for a modernised general practice that meets the expanding needs of patients across England.

A copy of the report can be accessed via the LMC website at: http://www.sheffieldlmc.org.uk/OG15/Responsive_safe_a nd sustainable-GPC Sept15.pdf

Based on the largest consultation undertaken by the GPC and feedback from patients, the report recommends key practical changes to GP services to create a locally driven service with a

also seeks to address the unprecedented challenges of rising patient demand and a decade of underinvestment that is undermining the ability of GPs to deliver effective care to their patients.

Key recommendations include:

- Putting a properly resourced NHS general practice at the heart of the community with an expanded multi-disciplinary team of healthcare professionals, includeing community nurses and other practitioners, which collaborate better with the rest of the NHS.
- Increasing year-on-year funding for patient care so that general practice can keep pace with escalating demand.
- new national campaign Α designed in collaboration with patients, government and

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to promote and support patients to effectively self-care and signpost to other services in order to lessen pressure on GP services.

- Creating a long term infrastructure fund to invest in GP facilities to expand their capacity to treat patients.
- Better use of technology to improve patient care and lessen unnecessary workload, including phasing out paper records.

A web hub has been created, available at the link below, which contains a number of additional resources: http://bma.org.uk/working-forchange/negotiating-for-theprofession/bma-general-practitionerscommittee/gpc-vision-2015

- A video clip from Chaand Nagpaul, GPC Chair, introducing the report and explaining its significance;
- A link to three community pages one for partners, trainees and sessional doctors – where doctors can discuss the document and feedback;
- A link to five infographics explaining the document in detail.

Using <u>#NewFutureforGPs</u> GPs can join the debate on twitter and share opinions on BMA communities: https://twitter.com/TheBMA?utm_so urce=The%20British%20Medical%2 0Association&utm_medium=email& utm_campaign=6204067_GP%20Vis ion%20-%20GP%20Partners-%20230915

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ATYPICAL PRACTICES MEETING

In September the British Medical Association (BMA) hosted a joint workshop with NHS England and LMC representatives about funding problems affecting practices with atypical populations.

The workshop considered the challenges and problems of practices with unusually young populations, rural and isolated practices, those with particular service needs (including the homeless, drug users and nursing homes), university practices, practices with large numbers of temporary residents and those with a high proportion of nonspeakers. Workshop English participants were given a number of detailed practice case studies to help frame discussions and were also able to draw on the experiences and expertise of LMC representatives.

NHS England took away a list of potential solutions to consider. In some cases, the solution may be formula based but, in other cases, clear national frameworks for locally commissioned services will be the best way forward.

A report of the workshop will be produced by NHS England and given to the formula review steering group. The BMA will continue to work with NHS England to ensure that solutions are found for these struggling practices.

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GP CHARGES

The GPC recently met with Healthwatch England to discuss charges that GPs can make for work not covered by their contract. The patient group understands the reasons behind charging, their main concern was a lack of consistency between practices and sometimes even within practices.

The GPC explained that the BMA is not able to set fee levels for this work and is expressly prohibited from doing so. However, it was agreed that the GPC would remind practices of the current guidance on charging, which can be accessed via the following links:

Why GPs sometimes charge fees: http://bma.org.uk/practical-supportat-work/pay-feesallowances/fees/fee-finder/fee-finderwhy-gps-charge-fees

Fee finder: http://bma.org.uk/practical-supportat-work/pay-feesallowances/fees/fee-finder

Check your fee: http://bma.org.uk/practical-supportat-work/pay-feesallowances/fees/check-to-see-gps

It may also be helpful for practices to display information about fees and the reasons in a place where they can easily be seen by patients.

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QUALITY AND OUTCOMES FRAMEWORK (QOF) COLLECTION FAILURE

Practices should have received the following information via a recent Health and Social Care Information Centre (HSCIC) Collections bulletin:

HSCIC is aware that due to a technical issue the recent QOF information collection has not been

successful. This collection was for data and is for September information only. There's no payment directly attached to information from this collection, as payment is made annually at the end of the 2015/16 financial year. We are sorry for the inconvenience that this may cause users as a result of not seeing September QOF data at this time. We are working with all relevant parties to fix this issue as soon as possible and will circulate further communications when there is an update.

NHS Employers has confirmed that the General Practice Extraction Service (GPES) business team is implementing the changes to resolve the issue. The September data collection will now take place at the end of October / early November, once the assurance process has been completed. The October data will then be scheduled as soon as the September data has been successfully collected.

The GPES team does not believe that this issue will impact on local system supplier reports.

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PHASING OUT SENIORITY PAYMENTS

Changes were made to the Statement of Financial Entitlements (SFE) on 1 October 2015, to implement the agreed annual transfer of funding from seniority payments to core funding.

The seniority pay scales will be adjusted and the global sum amount will increase accordingly.

The GPC has produced guidance explaining these changes, a copy of which can be downloaded from the LMC website at:

http://www.sheffieldlmc.org.uk/OG15/Phasing outSenior

ityPayments-GPC Oct15.pdf

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LEASES: NEGOTIATING HEADS OF TERMS

BMA Law has put together some top tips of what to think about when

looking to lease new premises or when coming to the end of a current agreement. Whether you are looking to take a lease of premises from NHS Property Services, Community Health Partnerships (CHP) or another landlord, the process will usually start with the preparation and negotiation of a document known as "Heads of Terms". This document will identify the key commercial terms that have been agreed by you and your landlord when it comes to leasing premises.

The top tips, whilst not an exhaustive list, looks to provide the top sector specific tips to think about, such as:

- Subject to Lease;
- Demise;
- Rent & VAT;
- Rent review;
- Service charges;
- Repair and maintenance;
- Assignment;
- Break clause;
- Lease term: Security of tenure/contractual right to renew.

The Top Tips can be accessed via: <u>http://bma-mail.org.uk/t/JVX-3Q09J-</u> JCJOU4-1SRNY3-1/c.aspx

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PAYMENTS FOR LOCUM REIMBURSEMENT

The LMC recently queried the content of the Payment for Locum Reimbursement article in the Yorkshire & Humber Area Team's Primary Care Update (September 2015). The last sentence of the article states *Please note: only clinical sessions will be reimbursed, time spent on paperwork and other duties is not covered by these payments.*

There was some concern that this statement could be misinterpreted, such that only face to face doctor / patient consultation time could be counted.

The LMC has now received helpful clarification from Victoria Lindon, Senior Primary Care Manger, confirming that "... the intention behind the information in the update was to confirm only work associated with clinical sessions would be reimbursed, which would include telephone calls, referrals, paperwork etc. The intention of the article was to clarify that any paperwork associated with running the practices would not be reimbursed".

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PERSONAL INDEPENDENCE PAYMENT (PIP) ROLLOUT

The March 2015 LMC Newsletter contained notification that on 23 February 2015 the Department for Work and Pensions (DWP) was extending the areas in which existing Disability Living Allowance (DLA) claimants would start to be reassessed for PIP. From that date PIP natural reassessments were introduced in Sheffield.

It was noted that claimants who had a lifetime or indefinite DLA award would not be affected until at least October 2015, unless the DWP receives information about a change in their condition that would affect their rate of payment or if they reach the age of 16.

The DWP is now in the process of writing to all DLA claimants aged 16 to 64 on 8 April 2013, to tell them that their DLA is ending, including people on lifetime or long term DLA awards. The letter gives information to help people decide whether to claim PIP. People will be asked to contact the DWP with their decision. If people do not take any action their DLA will stop. All eligible DLA claimants will have been contacted by September 2017. If someone decides to claim PIP, DLA will continue to be paid until they have received a decision on PIP entitlement, providing they comply with the process, for example attending an assessment if asked to do so.

The DWP has pointed out that GPs may be asked to provide Further Medical Evidence in the normal way for DLA claimants who decide to claim PIP, and may receive enquiries from patients currently on DLA who have received a letter or heard that DLA is ending. If the patient has not received a letter yet, they do not need to do anything. Their DLA will continue to be paid as normal. If they have received a letter, then they need to contact DWP with their decision about claiming PIP.

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MENINGOCOCCAL B FOR INFANTS

NHS Employers has updated its Vaccination and Immunisation FAQs in relation to meningococcal B for infants to explain the eligible age cohort (2 - 13 months), as well as a catch-up cohort up to 2 years for children born on or after 1 May 2015.

The FAQs also explain what practices can do if parents approach them about having children outside of the cohort vaccinated privately.

A copy of the revised FAQs can be accessed via: http://www.nhsemployers.org/your-

workforce/primary-carecontacts/general-medicalservices/faqs-and-queries/vi-faqs

In addition to this FAQ, the GPC has reiterated the advice that whilst GPs can provide private prescriptions, they are not allowed to charge their own NHS patients. Therefore, they recommend that patients (outside the cohort) access a comprehensive private service provided by another practice or service provider, who would then be able to charge an appropriate fee for this private service.

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SEASONAL FLU: INCLUSION OF MORBID OBESITY

All practices should have recently received the Public Health England Yorkshire and the Humber Screening and Immunisation Team Update w/c 28 September 2015, which contained an article on the inclusion of patients with morbid obesity (BMI >40) in the seasonal flu programme.

The LMC has received further helpful clarification from Rachel Staniforth, Screening and Immunisation Co-ordinator, that although morbid obesity does not appear in the appendix of the enhanced service specification, the body of the text says "at risk, as defined in the Green Book". As morbid obesity is included in the Green Book, Public Health England Yorkshire and the Humber have agreed that practices will be paid for vaccinating morbidly obese patients as part of the seasonal flu programme.

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FLU VACCINATION RESOURCES 2015/16

Patient information leaflets for the annual flu vaccination programme are now available via:

https://www.gov.uk/government/coll ections/annual-flu-programme.

In addition to a general leaflet, tailored versions targeting pregnant women, parents of eligible children and people with learning disabilities are available.

Hard copies can be ordered through the Health and Social Care Publications Orderline: <u>https://www.orderline.dh.gov.uk/eco</u> <u>m dh/public/home.jsf</u>.

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MALARIA PREVENTION IN UK TRAVELLERS

The Advisory Committee on Malaria Prevention (ACMP), an expert advisory committee of Public Health England has updated its guidelines on malaria prevention for medical professionals and other travel medicine advisors based in the UK.

A copy of the revised guidelines can be accessed at:

https://www.gov.uk/government/uplo ads/system/uploads/attachment_data/ file/461295/2015.09.16_ACMP_guid elines_FINAL.pdf

The key changes are:

- updated guidance on the use of insect repellent and sun protection;
- clarification on the use of hydroxychloroquine;
- updated guidance on the use of anticoagulants with antimalarials;
- updated guidance on the use of doxycycline in epilepsy;
- changes to the country recommendations for Vietnam and Malaysian Borneo, and clarifications on the recommendations for India;
- clarification of advice for travellers moving through areas where different antimalarials are recommended.

<u>Undertaking a stringent individual</u> <u>risk assessment</u>

Recommendations for antimalarials should be appropriate for the destination and tailored to the individual, taking into account possible risks and benefits to the traveller.

As part of an individual stringent risk assessment, it is essential that a full clinical history is obtained, detailing current medication, significant health problems and any known drug allergies.

A suggested risk assessment template is included with the guidelines.

ACMP position on the use of mefloquine

Falciparum malaria is a common, preventable and life-threatening infection. Mefloquine is an extremely effective antimalarial and is currently recommended as one of a number of antimalarials for travellers to high risk areas following an individual risk assessment.

During the ACMP meeting in June, the committee reviewed current evidence on the use of mefloquine (proprietary name Lariam), including data provided by the manufacturer Roche, and recommendations on the use of mefloquine for malaria prevention made by other countries. The ACMP concluded that all the currently available evidence had been examined and, on the basis of this, determined that there should be no changes to existing ACMP recommendations regarding mefloquine. Details on the use of mefloquine in travellers, including contraindications and drug interactions are detailed in the revised guidelines.

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GP EARNINGS AND EXPENSES 2013/14

The HSCIC recently published the GP Earnings and Expenses 2013-14 report, which can be accessed via: <u>http://www.hscic.gov.uk/catalogue/P</u>UB18375

The BMA subsequently issued a press release, available at: <u>http://web2.bma.org.uk/pressrel.nsf/</u> <u>wall/1426604CAEF6A8C380257EB</u> <u>C002FCEB5?OpenDocument</u>

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SESSIONAL GPS E-NEWSLETTER

The September edition of the Sessional GPs e-newsletter is available on the BMA website at: <u>http://bma-mail.org.uk/t/JVX-</u> <u>307BF-1BJCJOU46E/cr.aspx</u>

The main articles include:

- Burnt out? Suffering from stress?
- The suicide sign no one warns you about.
- Why you need a locum agreement.
- Thinking about doing OOH work?
- How do you cope with patients' false hope?
- Deprivation of liberty: everything you need to know.
- At risk on your days off?

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BMA GP NETWORKS CONFERENCE Friday 20 November 2015 BMA House, London

Whether you are part of an established GP network or considering setting one up, this one-day conference is an opportunity to meet and network with colleagues and to obtain valuable information and guidance.

Complemented by keynote presentations from the GPC and GP networks leaders, the majority of the conference will provide interactive workshops covering the topics of tenders, procurement, pensions and staffing and workforce issues.

Further information can be found at: <u>http://bma.org.uk/events/2015/novem</u> <u>ber/gp-networks-conference</u>

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SHEFFIELD MEDICO-CHIRURGICAL SOCIETY

Article submitted by Celia Emery, Joint Secretary

The Sheffield Medico-Chirurgical Society was founded in 1841 as a forum for doctors and dentists in the Sheffield area. It has been a major focus of post graduate activity in Sheffield and the surrounding area. It is a part of Sheffield's professional heritage, cutting across all departmental boundaries and is an unrivalled meeting place for all members of the profession.

Aims:

- To cultivate and promote Medicine, Surgery and all branches of associated medical sciences.
- To foster personal and professional relations among members of the profession in and around Sheffield.

Activity:

• Meetings are held on Thursdays from October to April, the final lecture in the annual programme being the Presidential Lecture.

- Lectures cover a wide diversity of topics designed to be of interest to all members. The topics are chosen from suggestions made by members.
- The venue is usually a lecture theatre in the Royal Hallamshire Hospital or the Medical School.
- The Society awards bursaries to undergraduate students to support them in projects which will further their education, eg elective periods. One meeting each year is devoted to presentations by bursary students.
- Eponymous lectures are also held from time to time.
- Members meet for supper after each lecture for a social gathering.

Membership:

Why not come along to a meeting and see what we can offer you? You will be very welcome and, if you like us, you can join us.

Further details of the programme and other activities of the Society, including membership application forms, can be obtained from the website:

www.medchi-sheffield.co.uk

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ROUNDABOUT SLEEP OUT EVENT

Article submitted by Ruth Gage, Fundraising Co-ordinator

Do you think you could 'rough it' for one night only to prevent this becoming a reality for young people in Sheffield?

By joining Roundabout's Sponsored Sleep Out you will be helping to end youth homelessness.

The charity's third Sleep Out event will take place at the Creative Arts Development Space (CADS) Works on 12 November 2015.

The event will begin at 8 pm and finish the following morning at 7 am.

The first half of the evening will feature:

- games;
- food;
- entertainment (including a special appearance from Everly Pregnant Brothers' front man Shaun Doane).

Then from midnight the challenge begins!

It costs £15 to register, or you sign up a team of four and just pay for three! Participants are encouraged to raise as much as possible through sponsorship.

To register to take part, please go to: <u>https://endurancecui.active.com/even</u> <u>t-reg/select-race?e=25433253</u>

If you have any questions please call Roundabout's Fundraising Team on:

Tel: (0114) 253 6753 or Email: rgage@roundaboutltd.org.

If you are unable to take part, but would like to support Roundabout please get in touch.

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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 November edition to be received by Friday 6 November

Further submission deadlines can be found at: <u>http://www.sheffield-</u> <u>lmc.org.uk/Newsletters14/VB_a</u> <u>nd_Newsletter_Deadlines.pdf</u>