

SHEFFIELD LOCAL MEDICAL COMMITTEE

NEWSLETTER

OCTOBER 2010

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ELECTED MEMBER VACANCY ON SHEFFIELD LMC

A vacancy has arisen on the LMC, which will run until the end of the current electoral term, ie 30 November 2012.

The LMC Executive would encourage GPs to consider applying for the vacancy and to see this as an opportunity to experience the workings of the LMC.

Meetings of the full LMC are usually held on the second Monday of the month at 7.45pm in the Lecture Theatre at Tapton Hall (occasionally dates are changed to avoid bank holidays, staff leave etc). In addition, members are encouraged to represent the LMC on other committees and this additional meeting attendance is funded by the organisers of the committees or the LMC.

The LMC's primary function is to represent Sheffield GPs and, therefore, it is extremely important that local GPs have a means of debating the important topical issues

and influencing or making policy in order to represent the breadth of general practice in Sheffield. It is also a very useful forum for keeping up-to-date with all that is happening in Primary Care and a chance to meet colleagues with differing views across the city. Further details of the work of the LMC can be found in *A Guide to Your Local Medical Committee*, which is available via the LMC's website at:

www.sheffield-lmc.org.uk/downloads/lmc_guide_no_v07.pdf

It would be appreciated if initial expressions of interest could be forwarded to the LMC office via manager@sheffieldlmc.org.uk by **Monday 8 November 2010**.

If you require any further information or would like to discuss this prior to making a decision, please do not hesitate to ring Margaret Wicks (Manager) or David Savage (Secretary) on (0114) 2588755.

GROUPWISE/NHSNET EMAIL ADDRESSES

The LMC has been informed that all practices should have NHSnet email addresses set up for their GPs and Practice Managers.

The Primary Care Trust (PCT) managed GroupWise system has continued to be provided to allow for the migration of any relevant messages. This service will be closed on 31 December 2010 and all remaining messages will be deleted.

Practices should ensure that any mailbox items and contacts that need to be kept have been saved or transferred. Any practices requiring assistance or further information should contact the IT Support Desk via:

tel: (0114) 3051030 or
email: it.support@sheffield.nhs.uk.

The LMC currently has over 200 GroupWise email addresses on its GP and Practice Manager distribution lists. Therefore, if you have an

active NHSnet email address, have not informed the LMC and have, therefore, received this newsletter via a GroupWise email address, it would be appreciated if you could inform the office of your NHSnet address at your earliest convenience via email to:

administrator@sheffieldlmc.org.uk

DISABLED PERSON'S (BLUE BADGE) CAR PARKING BADGES

The LMC office continues to receive queries regarding the application process for Disabled Person's (Blue Badge) Car Parking Badges. As a result, guidance has been produced, which can be accessed via the *LMC Guidance* section of the LMC website at:

<http://www.sheffieldlmc.org.uk/lmc%20guidance/Blue%20Badges.pdf>

Please note that this is a separate arrangement to the process for Mobility Permits (Bus and Train). Negotiations between the LMC and Sheffield City Council are nearing completion on this process and we hope to issue guidance shortly.

PRESCRIBING CLOZAPINE

The LMC Executive would like to remind practices that Clozapine is a red drug on the Sheffield Area Prescribing Committee (APC) Traffic Light Drugs List. The red status means that prescribing an ongoing supply is normally undertaken by consultants or other physicians within a secondary care service.

The LMC has been made aware that certain patients are being monitored within primary care and would ask practices to make sure that robust procedures are in place should this be the case. There is the provision for GPs with a special interest to prescribe Clozapine only on a named patient basis.

The Traffic Light Drug List can be accessed via the *Useful Links* section of the LMC website at:

http://www.sheffieldlmc.org.uk/useful_links.htm

OPT-OUTS FROM NHS CERVICAL SCREENING PROGRAMME / QOF CS1

The General Practitioners Committee (GPC) has received reports of patients being asked to complete substantial forms in order to opt-out of the cervical screening programme.

If a woman truly wishes to opt-out of the programme, then she *must* give written consent, making it clear that she has been made fully aware of the potential implications of this decision, ie that she will never be recalled for a smear in the future. In Sheffield permanent opt-out from the programme can only happen if a woman completes the official withdrawal form 7W. These forms are available from the Screening Department at Brincliffe House.

A woman who simply does not wish to undergo a smear during one recall period does not need to provide any written consent. If she remains happy to be invited for smears in the future then she will remain within the screening programme.

It is important that audits are carried out to ensure that women eligible to be screened for cervical cancer have not been inadvertently removed from the programme. GPs could opportunistically discuss this with any women who fall into this category.

The advice that women can be removed from QOF cervical screening indicator CS1 if they have failed to respond to 3 invitations to have a smear taken should not be confused with the removal of a woman from the cervical screening programme altogether. Please also note that it is not necessary for all 3 invitations to be sent by the practice. When a practice is participating in the national screening recall programme, a letter and reminder is sent out via the national system. Therefore, it is only necessary for participating practices to send out 1 final invitation letter, in order for patients to have received 3 invitations. Practice invitations for smears should include full information about what a smear would involve and why it was necessary, for example by including an information leaflet.

GP CONSORTIA COMMISSIONING: THE KEY ISSUES

The GPC has published the report of a round-table meeting, hosted by the GPC and attended by a range of national health organisations and local commissioning groups, to discuss the White Paper commissioning proposals.

The main subject headings are:

- Key areas of consensus;
- Organisation and governance of commissioning consortia;
- Budgets and finance under GP commissioning;
- Managing the transition to GP commissioning;
- Wider issues.

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

<http://www.sheffieldlmc.org.uk/OG09/GP%20consortia%20commissioning%20-%20the%20key%20issues.pdf>

EQUITY AND EXCELLENCE: LIBERATING THE NHS - BMA RESPONSE

The British Medical Association (BMA) recently published its response to the NHS White Paper *Equity and Excellence: Liberating the NHS*. The response sets out the BMA's position on the key themes and overall direction of travel for the NHS described in the White Paper, as well as their views on specific reforms and initiatives.

The response can be downloaded from the *Other Guidance* section of the LMC website at:

<http://www.sheffieldlmc.org.uk/OG09/Equity%20and%20excellence.pdf>

NEXT STEPS ON GP-LED COMMISSIONING

All GPs should have received a letter from Andrew Lansley, Secretary of State for Health, setting out the next steps on GP-led commissioning. The letter can be downloaded from the

Department of Health (DH) website at:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/document/s/digitalasset/dh_119751.pdf

The FAQs document referred to in the letter can be downloaded from the DH website at:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_119655.pdf

DISPENSING DOCTORS' FEESCALE

Changes to the dispensing doctors' feescale for 2010/11 were effective from 1 October 2010.

The GPC has produced guidance outlining the changes, which can be downloaded from the *Other Guidance* section of the LMC website at:

<http://www.sheffield-lmc.org.uk/OG09/Dispensing%20Doctors.pdf>

NHS GENERAL PRACTICE WORKFORCE CENSUS

The GPC has asked LMCs to ensure that practices are aware of the background to this census and the GPC's support for it.

The GPC generally supports this as a means of getting accurate information on both sides, to support negotiations in the coming year. This census (as at 30 September each year) is one of three which together deliver statistics on the total NHS workforce. The other two censuses relate to hospital and community health service staff in medical and non-medical roles.

General practice workforce statistics in England are compiled from data supplied by or on behalf of around 8,200 GP practices. The NHS Information Centre for Health and Social Care liaises with these organisations and their agents to encourage complete data submission, and to minimise inaccuracies and the effect of missing and invalid data.

The general practice census aims to gather information on all practices

and practice staff in England, including GPs. It delivers a detailed view of the workforce including staff type, headcount, full-time equivalence, age, gender, and country of qualification (in the case of GPs). It also delivers information on practice size (in terms of number of GPs and list size). It has historically been published at the level of Strategic Health Authority (SHA) and PCT.

Recent census publications can be viewed at:

<http://www.ic.nhs.uk/statistics-and-data-collections/workforce/nhs-staff-numbers/nhs-staff-1999--2009-general-practice>

The collection of information is rigorously vetted and controlled by the Review of Central Returns process which demands ministerial approval for any collection and specifically seeks to reduce the burden imposed on the service. The majority of the information for the census is obtained automatically from the Connecting for Health / NHAIS / 'Exeter' GP practice reimbursement system, the aim being to reduce the burden imposed on practices.

The census has a number of uses, including:

- workforce planning;
- planning and development of education and training;
- evidence to Doctors' and Dentists' Review Body (DDR);
- policy development;
- monitoring changes in general practice provision (eg by contract type);
- parliamentary accountability (eg in answering parliamentary questions);
- public accountability under the Statistics and Registration Act.

The NHS Information Centre distributes templates to PCTs, and PCTs then contact practices to ask for this information.

The GPC encourages practices to participate, particularly this year as it is important that accurate and complete information is available to inform the discussions on the implementation of the NHS White Paper and particularly GP led commissioning.

MEETING THE HEALTHCARE NEEDS OF VETERANS

The Royal College of General Practitioners (RCGP), The Royal British Legion and Combat Stress have launched guidance to support GPs in identifying and meeting the healthcare needs of veterans more effectively, including accessing the priority treatment to which all veterans are entitled for service-related conditions.

The guidance looks at how best to care for veterans' physical and mental health after they have left the Forces and rejoined civilian life. The main topics include:

- Medical records;
- Priority treatment;
- Prostheses;
- Mental health;
- Post conflict syndromes;
- Health behaviours;
- Hospital waiting lists;
- Financial assistance;
- Future commissioning;
- Useful links and contacts;
- Information on mental health networks.

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

<http://www.sheffield-lmc.org.uk/OG09/Meeting%20Healthcare.pdf>

BMA 2011 RESEARCH GRANTS

The BMA awards grants and prizes to encourage and further medical research. Grants totalling approximately £500,000 are awarded annually. They are administered under the auspices of the Board of Science, all funded by past bequests to the BMA.

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

The 2011 research grants will be available to apply for online on the BMA website from mid-December this year. The application deadline is **11 March 2011**.

Subject specifications for each grant vary. For example, in 2011, research areas range from rheumatism and arthritis, cardiovascular disease and cancer to asthma, social determinants of health and neurological disorders.

Further information on the grants on offer in 2011 and details of how to apply can be found on the BMA website at:

http://www.bma.org.uk/about_bma/awards_grants/researchgrants.jsp

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

Evelyn Simpson via email:

info.sciencegrants@bma.org.uk or telephone 020 7383 6755.

VITAMIN D UPDATES

Article submitted by
Dr Nicola Peel, Clinical Lead,
Metabolic Bone Centre

Vitamin D Deficiency Guidance

On behalf of the Metabolic Bone Centre and the Sheffield Working Group on Osteoporosis I am working with Louise White, PCT pharmacist, to produce guidance for the identification, investigation and treatment of vitamin D deficiency for Sheffield.

We are aware that several surgeries have already developed practice guidelines and would be interested and grateful to obtain copies of these in order that existing best practice can be reflected. It is then our intention to hold a stakeholder event to present the draft guidance for ratification.

Please send comments/existing guidelines to:

Dr N Peel, Clinical Lead
Metabolic Bone Centre
Sorby Wing
Northern General Hospital
Herries Road
Sheffield S5 7AU
email nicola.peel@sth.nhs.uk.

Ergocalciferol Shortage

There is currently a manufacturing problem with ergocalciferol for IM administration (300 000 iU in 1ml)

and many pharmacies are unable to obtain this.

High dose oral cholecalciferol can be sourced (Dekristol capsules, IDIS or ZymaD solution, Durbin PLC, which is gelatine-free) and may be used as an alternative, unlicensed, approach for the management of vitamin D deficiency. This has been used in the Metabolic Bone Clinics since 2006. Our standard regime for adults would be 100 000 iU monthly for 3 months. An unlicensed liquid preparation of ergocalciferol is not advised, due to very high cost of some of these preparations in primary care (up to £500 for 30ml).

Patients should usually also be prescribed daily supplements of calcium and vitamin D (eg Adcal D3, bd) for maintenance.

Please contact the department on (0114) 271 5340 for advice about individual patient management.

COMPLAINTS HANDLING OF LOW RISK GRADED COMPLAINTS

Article submitted by
*Deborah Hopkinson, Compliments &
Complaints Officer, NHS Sheffield*

In an attempt to streamline the complaints process for patient and practices the DH and the Parliamentary Health Service Ombudsman have clarified that the PCT can, with the complainant's consent, forward complaints direct to practices to resolve issues independently of the PCT. This process is not significantly different from the one we operate at the moment. It will mean that rather than reporting back to the PCT practices will be able to liaise directly with the complainant.

From 18 October 2010 NHS Sheffield (NHSS) will triage cases and those identified as having a low risk grade will be passed to independent contractors in order that they can deal with the complainant directly. When we forward cases we will provide guidance on how to deal with the complaint to ensure compliance with statutory requirements under the 2009 NHS Complaints Regulations.

If you require any further information or clarification please do not hesitate to contact a member of the Compliments and Complaints team:

Tel: 305 1093 or 305 1094.

NHS APPRAISAL TOOLKIT

As you will be aware from the NHSS e-bulletin w/e 24 September 2010, the DH will be allowing their contract with the Sowerby Centre for Health Informatics at Newcastle (SCHIN), the providers of the NHS Appraisal Toolkit, to expire at the end of October 2010.

Following this, they do not intend to hold a contract with one appraisal toolkit provider or fund one particular appraisal system centrally.

It is the DH's intention to promote a situation where the NHS has a choice of tools to support appraisal and eventually revalidation.

Further information can be found on NHSS's website at:

<http://www.sheffield.nhs.uk/gpappraisal/toolkit.php>

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

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administrator@sheffieldlmc.org.uk

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(0114) 258 9060

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Articles for the November 2010 edition of the LMC newsletter to be received *by Monday 8 November 2010.*