SHEFFIELD
LMC

'Representing and Supporting GPs'

ACTIVITY UPDATE
FEBRUARY TO MARCH 2014

INTRODUCTION

We hope that you found previous editions of this publication informative. Further copies can be downloaded from the *LMC Reports* section of our website at:
http://www.sheffield-lmc.org.uk/lmc_reports.htm

This latest update has been emailed to all represented GPs and Practice Managers. Hard copies can be requested from the LMC office via email to administrator@sheffieldlmc.org.uk or copies can be downloaded from the *LMC Reports* section of our website.

If you have any feedback, suggestions for future editions etc, we would be pleased to receive these via email to manager@sheffieldlmc.org.uk.

PRIMARY/SECONDARY CARE INTERFACE

Transport Request for Outpatient Appointments: We became aware that a number of departments in Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) are contacting GPs to request confirmation that a patient needs transport to hospital, even when the patient may have transport for appointments with other directorates. This is especially a problem when patients have been referred by other services, such as opticians in the community, and where GPs may therefore not be aware of the referral. We have raised this matter with STHFT and have arranged for detailed discussions at our next scheduled meeting with STHFT representatives.

Sheffield Teaching Hospitals NHS Foundation Trust Electronic Communications: At the February LMC meeting committee members raised concerns that the quality of information now being received is not always adequate, leaving practices in a difficult position in terms of clinical governance. We believe that STHFT retains responsibility for the patient until the communication has been accepted by the GP. Where the discharge information is insufficient for the GP to continue the ongoing treatment of the patient, STHFT retains responsibility. Our concerns have been acknowledged and consideration is being given to how to improve the accuracy and completeness of the communications, particularly in relation to the accuracy of drug records and the appropriateness of some requests for follow-up investigations. We are working with Sheffield Clinical Commissioning Group (CCG) to send a communication to all GPs to make them aware that discussions are ongoing, and to keep an eye on the problem so that the scale of the changes that are required can be accurately reported.

Disclosure & Barring Scheme Checks for GP Trainees: We have now received confirmation from STHFT's Human Resources Department that if GP Trainees sign up to use the new Disclosure & Barring Scheme (DBS) Update Service, this will be accepted by STHFT, and they will not be required to undergo a new check with each rotation. This information has been shared with the GP Specialty Training Programme (GPSTP) and we hope that all Trainees are now aware of this scheme.

Do Not Attempt CPR Forms: We were given an opportunity to comment on the latest version of this form (v. 13). There had been some minor changes to the text, but the overall message is the same. The red border remains, and it is desirable to use red where possible; however there is agreement that a black bordered version is acceptable for those practices who do not have the colour printing function. Overall, we were happy with the changes to the form, which seemed to be an improvement, making the form clearer for all concerned. We are seeking further clarification about some specific wording relating to Advanced Directions, and are awaiting feedback.

Hospital Admissions through the Single Point of Access: We were approached to provide comments on why patients are being sent to A&E with a GP letter rather than having their admission to hospital arranged via the Single Point of Access (SPA). Now that 'Bed Bureau' staff are based in SPA, STHFT is reviewing the hospital admission process, trying to increase the opportunity to involve SPA clinicians when there may be a suitable alternative to admission, developing links to specialist advice and ensuring that relevant information relating to the admission is captured and available to clinicians when patients arrive. It is our experience that regardless of whether GPs contact SPA, in more cases than not, GPs are advised to send patients to A&E with a letter, with a subsequent comment from the SPA such as "I will try and let medical admissions know before your patient arrives". In addition, a number of services can only be accessed through A&E, eg Deep Vein Thrombosis (DVT) nurses, and so GPs are routinely encouraged to send their patients to A&E. It has been agreed that we will be consulted on any proposed changes to the system.

Community Nursing and Care Planning: We became aware that patients on the Palliative Care Register or with Continuing Health Needs could be excluded from care planning. We made enquiries, as we feel that it is vital to include these patients in care planning as many of them have a risk score of 30 to 70. We were informed that care planning is to focus on proactive care and managing the lower level emerging risk patients, and this cohort of patients should already have a care plan and package of care in place, so would not need to be included in the care planning work. We disagree with this view as there are many patients on the Palliative Care Register who have other Long Term Conditions (LTCs) which are far more important to have a Care Plan for. If the point of care planning is to help patients by avoiding hospital admissions, we feel this exclusion should be removed. In addition, we highlighted concerns about the risk stratification tool scoring between 30 and 70 varying on a weekly basis. Many patients have acute significant illness that completely resolves, which would be completely inappropriate for care planning models, while other patients who are above 70 on the stratification tool will drop back into the 30 to 70 category. These comments have been fed back to the relevant managers so that they can be included in the review of the care planning Standard Operating Principles (SOPs) in the next three months.

Jessop Wing Pharmacy Opening Hours: We were made aware that this pharmacy's opening hours seemed to be very short and had resulted in some patients attending their GP surgery with a hospital prescription on the advice of a consultant. We accept the stance agreed in 2010 that GPs may be asked to prescribe outpatient drugs for patients if they do not need urgent initiation or require specialist monitoring. However, this should be supported by timely and appropriate correspondence from STHFT, which should be received in advance of the patient being informed they should attend their GP to obtain the medication. We raised these concerns with STHFT's Chief Pharmacist, who confirmed that the Jessop Wing pharmacy has only been open in the mornings for some time, as agreed by their directorate management team. More recently, at the request of the clinical directorate, the pharmacy has been working on plans to close the dispensary entirely, which will release pharmacy staff to concentrate on inpatient-focused clinical services where there are significant pressures and secondarily to free up the space for the directorate to re-allocate to other services. The exact date of closure has not yet been confirmed, but as an interim step the dispensary has been closing at 11 am each morning since the beginning of February. The rationale for this is that the bulk of the remaining Jessop Wing prescriptions are issued by the Assisted Conception Unit and the vast majority of their prescribing activity is completed by approximately 10.30 am each morning.

SHEFFIELD CITY COUNCIL

We have maintained links with Sheffield City Council (SCC) in a variety of areas over the years. If there are any issues that GPs/Practice Managers feel it would be useful for the LMC to liaise with SCC about, please email the LMC office via manager@sheffieldlmc.org.uk.

NHS Health Checks: We continued to chase a draft version of the new specification and contract for this service, which SCC were due to rewrite and reissue to GPs in time for 1 April 2014. Following repeated requests for updates, we were able to suggest that a communication is sent to practices about the potential changes to the contract, so that practices currently undertaking this work could continue to book appointments after 1 April 2014, thus ensuring there is no gap in service provision. As a result, a note to practices was included in the e-bulletin early in March confirming that the NHS Health Check Programme will be continuing in 2014/15 under similar terms and conditions as in previous years. However, we now understand that this service has been included in the basket of services which has been offered to practices, and so no separate contract will be shared with the LMC.

Emergency Department Pathway for Vulnerable Young People: We were made aware of this scheme through the Children's Health and Wellbeing Partnership Board (CHWPB). The purpose of the pathway is to support young people to access support as a result of identified 'risk taking behaviour' such as substance misuse, excessive alcohol use, knife and gun crime, sexual exploitation etc. We sought reassurances about how patients are identified and assessed and what information is shared. We received confirmation that the Paediatric Liaison Service based at the Northern General Hospital (NGH) is responsible for identification of risk and vulnerability, based on referral criteria. In addition, they seek consent from the young person or their parents/carers to share their contact details with Community Youth Teams. We await clarification about what information, if any, is to be shared with the patients' registered GPs.

Drug and Alcohol Services for Sheffield: As you will be aware from previous updates, the Sheffield Drug and Alcohol Co-ordination Team (DACT) is undergoing a process of re-commissioning its services. They provided us with an update on how the procurement came about, the need to make 25% cost savings in the coming year as a result of the changes to SCC funding and the unification of services across different sites to one location. We expressed the concerns of the 13 practices currently providing some services for the DACT, noting that the changes would lead to inconvenience to patients, a loss of income for the practices and destabilisation of practices that relied on this income. However, while the DACT were not able to give any guarantee that bidders would take into account the current GP service provider, it was noted that there had been an extensive consultation exercise about development of the service and that any new provider would be unwise not to take note of the comments. The DACT expressed their willingness to give a presentation to the LMC once the bids had been finalised and a provider has been selected.

Rewrite of South Yorkshire Safeguarding Adults Procedures: The timescale for the completion of the draft of this document has been confirmed as 1 April 2014. We are currently in liaison with SCC as to how we can continue to provide input into this process, as we feel that the first draft of the document we reviewed was rather lengthy, and may prevent GPs from using this document to the full extent. We will endeavour to provide comments on the draft web version and we hope to engage in the consultation and submit comments prior to the final version being made available around June 2014.

Medication Policy for Home Support Review: We have been invited to attend a series of meetings to discuss this policy, which is aimed at assessors and providers of home care (not nursing homes), and there is the potential of joining it to the CCG and broader SCC policies. Discussions so far have touched on Monitored Dosage Systems (MDSs) and Medication Administration Record (MAR) charts, with often a lack of evidence for MDSs and potential harm, a lot of extra work for STHFT with TTOs requiring an increase in staff numbers, discussion of a generic letter to be given when taking someone off an MDS when discharged etc. We will continue to attend as many meetings of this group as possible and contribute to the rewriting of this important piece of guidance.

Sexual Health Services Strategy in Sheffield: We met with Amy Buddery, who is a Health Improvement Principal - Sexual Health from Public Health. She provided us with an update on the integration of the Genito-Urinary Medicine (GUM) Services, Sheffield Contraceptive Sexual Health Service (SCASH) and the Centre for Sexual Health and HIV Services to a service which is based at two sites; the Royal Hallamshire Hospital (RHH) and Mulberry Street. This integration will provide treatment for GUM issues together with contraception and sexual health needs, and will be a Monday to Saturday open access service, with evening availability and appointments, as well as a drop in service. This approach seems to be coherent and there is a strategy to commission these services until the end of 2014/15 and an intimation that the contract might be extended beyond this, provided it reaches required standards of outcome and continues to deliver within a budgetary framework. With relation to services provided by primary care, there is a clear understanding from Public Health about the value of general practice and we briefly discussed the possibility of looking at extending a model which might conceivably be placed in primary care in the future. With relation to current services, we noted that activity is increasing for Long Acting Reversible Contraception (LARC) and the service provided by GPs is welcomed by patients and is of a high quality. There is no immediate intention to place this service out to tender, and the contract will remain in place until the end of 2014/15, in line with the integrated contract with STHFT.

Sexual Health Enhanced Services Letter to GPs: We received a number of queries from practices with relation to a letter from Amy Buddery, dated 11 February 2014. Many practices were concerned about the very short notice they had been given to provide a return during the half term week. We raised these concerns and sought clarification on the implications for practices who wished to provide services but were unable to respond by the deadline. We received clarification that the letter had been sent to the main contact the Public Health Team had for all those practices already providing these services on 11 February. Unfortunately, while some practices did receive this communication and respond, some practices did not, and a further reminder was sent out in the CCG's e-bulletin. As a result of the confusion with communications, it was agreed that the deadline for returns would be extended to 5 March, with an agreement that those practices that were unable to return the completed form by then, but that were interested in providing these services, should contact Amy Buddery in the first instance to discuss their circumstances.

SHEFFIELD CLINICAL COMMISSIONING GROUP/COMMISSIONING EXECUTIVE TEAM

LMC Executive and Secretariat representatives met with CCG and Commissioning Executive Team (CET) representatives at the LMC office in February and March to discuss issues of mutual interest or concern, which included winter pressures funding in primary care, the Prime Minister's Challenge Fund, health and care integration, culture of change in primary care, commissioning of minor surgery and anticoagulation, quality of e-discharge communications, delays to discharge and GP contract revisions.

If there are any issues that GPs/Practice Managers feel it would be useful for the LMC to liaise with CCG/CET representatives about, please email the LMC office via manager@sheffieldlmc.org.uk.

Where issues require more time and consideration than is practical at the monthly meetings, more detailed negotiations take place. Our recent negotiations include:

Proposed Locally Commissioned Scheme - Endometrial (Pipelle) Sampling Service: We were given the opportunity to comment on the proposals and requested clarification on a number of points from the CCG. We are supportive of this scheme, in principle, as it will benefit both those doctors already performing pipelle samplings in primary care without funding, and provide a more convenient service for patients. However, we remain concerned about the proposed level of funding and the training requirements. We understand that the contract has now been circulated to a number of practices, and we await an update and evaluation of the service during its first year.

Basket of Services: For many years, we have been supportive of joining together enhanced services so that they form a larger 'basket' of services. We believed this would allow practices to create additional capacity to undertake the additional work, as there would be a larger fee attached to providing all the services and, ideally, the duration of the contract would be greater than a year. In addition, we felt that what is included initially should not be too adventurous, but have the capacity to increase, and that we should be involved in the development of any proposals. We were concerned to hear varying messages being given out, mainly around what was definitely included in the basket and whether or not the basket had been finalised. Unfortunately, despite being engaged in discussions from an early stage, prior to us being consulted on the proposed final basket, a communication was sent out to a number of practices containing a finalised contract, requesting sign up by 1 April 2014. On raising concerns we subsequently received an apology and explanation that this communication to practices had been premature. We were then able to discuss the final basket and related proposals, but only the day before it was circulated, which left a number of our issues and concerns unanswered. We await feedback on the number of practices that have signed up, how the sub-contracting element is working and whether or not universal coverage has been achieved.

Remote Monitoring Direct Enhanced Service: Having received a helpful update from the CCG about this matter, we have since been in contact with the Area Team to highlight our concerns with regards to achievability and implementation following the CCG's selection of blood pressure issues in patients who are over 65 and chronic renal disease. We have asked for urgent clarification about the process and have sought assurances about the denominator population and practices' inability to state a numerator. We feel that practices who can adequately populate the template will meet the requirements of the Remote Care Monitoring Scheme this year, but we have asked that the Area Team offers advice to practices on how to generate their numerator. The Area Team has agreed to write to practices confirming the end-of-year process and we have subsequently been informed that, as practices will not have started discussions with patients about their preferences in view of this Directed Enhanced Service (DES) ending, estimated numbers of patients will be accepted as the numerators. Practices are expected to provide actual numbers of patients as the denominator and to be clear where they have used actual numbers and where they have used estimated figures.

Shared Care Arrangements across South Yorkshire: Following a fruitful meeting at the beginning of 2014, we have been involved in further discussions about finalising a document that sets out the principles for Shared Care arrangements across the region. We are supportive of ensuring there is consistency around this issue across our region, however, we feel that in trying to get uniformity, there is a risk of potentially disrupting a system that has been working relatively well in Sheffield.

We continue to voice the opinion that Shared Care Protocols (SCPs) are helpful as guidelines to assist the smooth transfer of care for the benefit of patients. In particular, GPs find them useful guidance for prescribing in the most appropriate manner for patients. We are also supportive of a 'Transfer of Care' form, as we feel this would act as a clearly signed contract of care between secondary and primary care, rather than the assumption that either all or some practices will prescribe.

SOUTH YORKSHIRE AND BASSETLAW LMCS

South Yorkshire and Bassetlaw LMCs Liaison Group: We met with representatives from the other LMCs in South Yorkshire and Bassetlaw (SY&B) in March to discuss issues of mutual interest and to agree topics the group wishes to raise with the SY&B Area Team. Areas covered included Local Education and Training Boards (LETBs), GP training in Yorkshire, gender reassignment and bariatric surgery patient monitoring, review of 'A Call to Action' event, transforming Primary Care Support (PCS) services, practices premises issues, Any Qualified Provider (AQP) issues, Primary Medical Services (PMS) contract review, phasing out of the Minimum Practice Income Guarantee (MPIG), bowel scope screening programme and Significant Events Audits (SEA).

Securing the Future of General Practice in South Yorkshire and Bassetlaw: This meeting was put on for all practices across the SY&B area and provided an opportunity to share ways of working and hear about the different ideas for the way forward for primary care. Feedback has been generally positive, although it was unfortunate that the event was arranged during half term break for most Sheffield schools.

NHS ENGLAND SOUTH YORKSHIRE AND BASSETLAW AREA TEAM

South Yorkshire and Bassetlaw LMCs Liaison Group Meetings with NHS England South Yorkshire and Bassetlaw Area Team: We met in February and discussed issues such as uptake of flu vaccination programme, the patient participation DES, neonatal hepatitis B screening and immunisation, phasing out of the MPIG, PMS Contract Review and Avoiding Unplanned Admissions.

Review of Primary Medical Services Contracts: This is an area that we are aware will cause practices anxiety and result in significant changes over the coming years. The Area Team has two years to undertake a review, and so far they have provided the LMC with a useful briefing paper so that we are aware of the number of practices affected, and the potential amount they stand to lose per weighted patient if the PMS premium were to be removed. The Area Team aims to move to a position where all practices will receive the same core funding for providing the same core services, with funding over and above this level clearly linked to enhanced services, or specific population needs. There is an intention that NHS England would use a single set of standardised PMS contract documents to underpin the PMS position, and it is likely that following the review a new PMS contract will be offered to practices. The Area Team have made an offer to LMCs to be part of the review processes locally, and further discussion will be required as to the role of the LMCs across SY&B.

Screening and Immunisation Local Enhanced Service: We were copied into an email to Practice Managers dated 3 February 2014, which offered a new Local Enhanced Service (LES) to practices. Unfortunately, we had not been in receipt of any previous correspondence. We raised concerns about the lack of consultation with the Area Team, as well as requesting clarification as to whether there is nationally agreed funding for this work, and who has been involved in the development of the specification, which we felt was slightly thin in terms of some of the obligations and preamble. The response from the SY&B Immunisation team noted that they felt the development of a LES in conjunction with LMCs would count as best practice, rather than an obligation. As a result of this understanding, and a short timescale in which to produce the LES, they felt it better to create the LES without LMC input than miss the opportunity to offer it at all. We made the team aware that we felt we should be consulted on any changes to existing LESs and the introduction of any new LESs and that this agreement has been in place with all the different commissioning organisations that have been in place since the introduction of LESs. Whilst sympathising with the tight deadline in which to use the funding, we requested that, in future, information is emailed to us in a timely manner, with a clear deadline for comments and an explanation of any tight deadline. Representatives of the immunisation team are due to attend the next meeting of the SY&B Area Team and LMCs meeting in April and it is hoped that we can agree mutually acceptable and effective channels of communication at that meeting.

Termination of Reimbursement for Trade/Commercial Waste: A letter was sent out to all practices in February 2014 noting the changes to the reimbursement for all services, including trade/commercial waste. Practices have been asked to provide further details to the Area Team which we understand will help them to set up payments to practices so that the money is received by the practice prior to having to pay out for the services. If this is not the case, any practice that feels they will struggle with cash flow should contact the Area Team as a matter of urgency, as we have received reassurances that the Area Team is keen to work with practices and ensure that they are not put in a position where these changes will have a detrimental effect financially.

Notification of Care Quality Commission Visits: We received a number of queries following the Area Team's communication to practices noting that Care Quality Commission (CQC) visits to undertake reviews of compliance are deemed to be notifiable to NHS England. We have sought clarification as to whether the requirements stipulated in the communication to practices have been disseminated consistently across the country, ie is this a national agreement, and in particular, we have requested clarification as to how the timescale of notifying the Primary Care Team within one week of a visit was arrived at.

Practice Closure During Core Hours: A recent Primary Care Team Update included an instruction to practices that if they wished to close during core hours (other than has already been agreed as part of its contract), they must now apply in writing to NHS England a minimum of 28 days before the proposed closure is due to occur. This has implications for those practices that choose to shut for Protected Learning Initiatives (PLIs), in-house training etc. We highlighted this guidance to the CCG, suggesting that it would be helpful if they raised this with the Area Team's Primary Care Team, to ensure practices are not penalised for attending training events. The CCG has now confirmed that they are discussing the future PLI programme with the Area Team. With regard to in-house training, it has been suggested that this is a practice specific issue, and practices would have a responsibility to contact the Area Team.

NATIONAL NEGOTIATIONS

Annual Conference of LMCs: Sheffield LMC representatives will be attending the 2014 Annual Conference of LMCs in York in May. As a result, we asked committee members for their input into formulating motions for debate at the Conference. We subsequently submitted 8 motions covering topics such as patient consent for health professionals to view records, regulation of GPs and practices, workload and working hours, new GP contract changes, GP premises development and the Quality Premium. As ever, a detailed report of the Conference will be made available to practices in due course.

MISCELLANEOUS MEETINGS/NEGOTIATIONS

Primary Care IT Projects and Support: We have previously enjoyed a good relationship with the Primary Care IT Support Team through regular meetings and close working. Unfortunately, this arrangement did not transfer across when services were taken over by the West and South Yorkshire and Bassetlaw (W&SY&B) Commissioning Support Unit (CSU). However, we became aware that there appears to be a Primary Care IM&T Group meeting, which has the involvement of practices in Sheffield. Following a request for more information about these meetings, we met with a member of the IT team to discuss current projects and a way for us to engage with the IM&T agenda. We understand that changes are still occurring at the CSU, and it is likely to be some time before there is clarity as to their role in supporting practices. As a result, a number of Sheffield based meetings have been initiated and we have been able to discuss the role LMCs might have in the evolving structures.

Food Bank Referrals: A number of practices have now contacted us with relation to patients approaching GPs to provide them with a referral to a food bank. We have previously been in discussion with the Trussell Trust, who run a number of food banks in Sheffield, who have confirmed that, unfortunately, there has been a significant rise in Sheffield residents requesting access to food banks. As a result, a request has gone out that patients are not put in direct contact with food banks as they are generally unable to cope with the demand. As the demand for food banks cannot generally be met by current capacity in the city, we will continue to work with the organisations involved, in order to monitor the situation and issue guidance to practices should the current level of requests continue or increase.

In addition to the above, frequent ad hoc meetings and negotiations take place, which are too numerous to mention individually. However, the main topics we have held negotiations on recently are:

- Recording requests for insurance reports in patient records
- Mental health services for children and adults
- PMS practice mergers
- Comments on the new BMA website and increased difficulty in accessing GPC documents
- Registering children without their parents
- Acceptable volume of clinical waste
- Medicines safety alerts
- Receipt of clinical information through the task facility of SystmOne
- Pneumococcal vaccinations for under 65 years 'at risk'.

Any GPs/Practice Managers who have concerns about any of the above issues and would like more information about concluded or on-going negotiations can request this via email to: manager@sheffieldlmc.org.uk.

LMC EXECUTIVE/SECRETARIAT

LMC Nominated Local Charity: We receive numerous requests from charities to include information about their work in our newsletter and currently we turn these down due to the sheer volume of requests. We already have a nominated national charity, The Cameron Fund, who we make an annual donation to and whose work we note in our newsletter. In view of the number of requests from local charities, it was agreed that we would give consideration to supporting a nominated local charity by raising awareness of their work, advertising their events in the LMC Newsletter etc. As such, LMC committee members were asked to nominate a charity, following which a ballot will be held to determine the nominated charity for 2014/15. An announcement will be made in due course.

Digital Dictation System: As part of our ongoing IT review, we recently purchased a digital dictation system. We are confident that the functionality this new system provides will improve efficiency within the office in a number of ways, including reducing the time spent typing and checking work and having far more sophisticated methods of prioritising work.

LMC Staffing Changes: It is with regret that we accepted Amy Lacey's notice to terminate her employment as LMC Administrator, finishing at the end of May. However, Amy leaves us in the best of circumstances (reluctantly, but understandably keen to join her husband in Wiltshire) and we will continue to benefit from the results of Amy's hard work over the last (almost) 6 years long after we have had to say our goodbyes. Throughout March a recruitment process has been underway and we hope to be able to issue an update shortly.