SHEFFIELD LOCAL MEDICAL COMMITTEE

NEWSLETTER

AUGUST 2010

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LMC NEWSFLASHES: WHITE PAPER EQUITY AND EXCELLENCE LIBERATING THE NHS

Since the last LMC Newsletter, all represented GPs and Practice Managers should have received two LMC Newsflashes relating to the White Paper issued on 12 July 2010, which are also available on the LMC website as follows:

White Paper Equity and Excellence Liberating the NHS Consultations http://www.sheffield-lmc.org.uk/Newsflash/White_Paper_Equity_&_Excellence_Liberating_the_NHS_Consultations_Jul10.pdf

White Paper Equity and Excellence Liberating the NHS BMA Consultation Summaries http://www.sheffield-lmc.org.uk/Newsflash/WP_Equity_&_Excellence_Liberating_the_NHS_BMA_Consultation_Summaries_Jul10.pdf

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LIBERATING THE NHS: REGULATING HEALTHCARE PROVIDERS

Since the distribution of the LMC Newsflashes detailed in the previous article, a 4th consultation has commenced as follows:

Liberating the NHS: Regulating Healthcare Providers

This document is part of a public consultation on implementation of proposals in the White Paper and supporting papers. It further outlines proposals on foundation trusts and the establishment of Monitor as an independent economic regulator for health and adult social care. It seeks views on specific consultation questions. The consultation closes on 11 October 2010.

A copy of the consultation can be downloaded from the Department of Health website at: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_117842.pdf

The BMA has produced a summary of the consultation which can be downloaded from the BMA website at: http://www.bma.org.uk/images/hperuwhitepaperhealthcareprovidersjuly2010_tcm41-198978.pdf

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JAMES PARSONS: LMC EXECUTIVE OFFICER

Sheffield LMC Executive is pleased to announce that on 1 August 2010, Dr James Parsons took up the post of Executive Officer on the LMC Executive.

James first joined the LMC as a GP Trainee representative in 2007 and is now working as a salaried GP and a locum GP.

Initially James will accompany other members of the LMC Executive at Executive and NHS Sheffield meetings, prior to taking on a portfolio of work.

For further information and contact details please see the Contact Us section of the LMC website at: http://www.sheffield-lmc.org.uk/lmc_executive.htm

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Warfarin Meters

It has been brought to the LMC's attention that some practices may have unused Warfarin meters that they would be willing to make available to practices needing to replace their current meters.

Therefore, we would like to urge any practice that is in need of a Warfarin meter and any practice that has a fully serviced meter within warranty to let the Primary Care Team at NHS Sheffield (NHSS) know via email to Primarycareadmin@sheffieldpct.nhs.uk or telephone Verena Marshall on (0114) 305 1326.

The Primary Care Team will then put practices in touch with each other.

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Changes to Department of Work and Pensions Forms

The Pension, Disability and Carers Services (PDCS) at the Department of Work and Pensions (DWP) have requested the BMA's assistance in highlighting a number of changes that were implemented earlier this year, which GPs need to be aware of:

- **Form DBD36** - necessary information required in order to receive prompt payment.
- Removal of the requirement for a GP to sign the **GP Factual Report Fee Form.**
- Change of wording from 'Taxable Date' to 'Date Report Completed' on the **GP Factual Report Fee Form** and **Form DS1500.**
- **DS1500 Form -** replacement of the carbonised pink copy with a non carbonised white copy.

More detailed information on each of the above changes can be found on the BMA website at: http://www.bma.org.uk/employmentandcontracts/fees/dwpformchangesapril10.jsp

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Statement of Fitness to Work Advice Line

The Government has set up a new helpline providing occupational health advice for GPs assessing patients and issuing Statements of Fitness to Work (Fit Notes).

The helpline is delivered by NHS Plus on behalf of the Department for Work and Pensions (DWP). It can be reached on 0800 022 4233.

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Equality Act 2010

The Equality Act 2010 will become law in October 2010. It replaces previous legislation (such as the Race Relations Act 1976 and the Disability Discrimination Act 1995).

The Act covers the same groups that were protected by existing equality legislation – age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity, but extends some protections to groups not previously covered, and also strengthens particular aspects of equality law. Some of the changes include the following:

- Indirect discrimination;
- Associative discrimination;
- Perceptive discrimination;
- Harassment;
- Harassment by a third party;
- Victimisation;
- Positive action;
- Pre-employment health related checks (new restrictions);
- Extension of employment tribunal powers;
- Equal pay direct discrimination;
- Pay secrecy.

As a result, all employers will need to review their policies and practices.

ACAS has produced guidance entitled *The Equality Act – What's new for employers* which gives full details of all of the rights and responsibilities that have stayed the same, changed, been extended or are being introduced for the first time. A copy of the guidance can be downloaded from the ACAS website at: http://www.acas.org.uk/CHttpHandler.ashx?id=2833&p=0

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Summary Care Record: GPC Update

The GPC considered University College London's evaluation report of the Summary Care Record (SCR) and passed the following resolutions:

That GPC believes that, after consideration of the UCL Report in respect of the Summary Care Record (SCR) in England:

- the clinical benefits are insufficient to justify continuation at present, particularly at a time when patients are being denied proven clinical services on the grounds of expense;
- the clinical benefits are insufficient to justify the creation without fully informed explicit consent;
- the clinical benefits are insufficient to justify GPs consenting to the upload of data on behalf of patients who have not expressed consent;
- the creation of SCRs in England should be halted until the full review of the model, and other models, has taken place to address cost-effectiveness and the need for informed and explicit consent of patients.

That GPC believes that in view of the risks to patient safety caused by the failures of SCRs to be reliably and consistently updated, access to existing SCRs should be immediately suspended by the government until all patient safety issues have been fully investigated and satisfactorily resolved.

The GPC believes that it is for individual practices to decide whether they wish to proceed with uploads to the SCR.

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PENSION CONTRIBUTIONS: GPC UPDATE

In 2007, the GPC agreed that for the year 2008/09 there would be a one off arrangement between the Department of Health and BMA that GP tiered contributions would be based on their 2006/07 pensionable pay, as declared on their annual end of year 2006/07 certificate, regardless of what they actually earned in 2008/09.

If there was no 2006/07 certificate available then the 2005/06 certificate was to be used as a yardstick.

If there were no certificates or if the GP was newly qualified then the NHSPS regulations stated that the 2008/09 tiered contributions rate would have to be agreed **between the PCT and the GP** and be based on the GP's estimated 2008/09 income.

However, it is very difficult to project a GP's income because no-one really knows what their practice profits are going to be or how much they may earn doing other GP work such as out-of-hours or locum work, both of which can increase total pensionable earnings considerably.

If a GP started at a practice in July 2008 and it turned out that they earned £35k (in total) between July 2008 and March 2009 it is understandable that they may question a 8.5% tier being imposed. With tax relief the real figure is less than 8.5% and in most cases it's probably not unreasonable for the PCT in July 2008 to believe that a GP may earn more than £35k over the following nine months.

Unfortunately under such circumstances there were always going to be some winners and losers for that year. For members at the extremes of these losses then the BMA pensions department will provide support and lodge a claim through the NHS Pensions Agency's internal dispute resolution procedure. Please contact pensions@bma.org.uk for such support.

The guidance which was published at the time of the agreement is available via the BMA website – ***login required***:

http://www.bma.org.uk/employmentandcontracts/pensions/general_pensions_information/NHSPSfaqs.jsp

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PATIENT GROUP DIRECTIONS AND PATIENT SPECIFIC DIRECTIONS IN GENERAL PRACTICE

In response to enquiries on this issue, the GPC has reviewed the complex legislation surrounding the administration of medicines and has clarified the advice on the use of Patient Group Directions (PGDs) in general practice.

This guidance has been updated in response to queries raised by LMCs and GPs regarding the use of PGDs. There has been a difference of opinion on the place of PGDs in a general practice setting between the historic position taken by the GPC (based on legal advice in 2002) and that of the Royal College of Nursing (RCN) and the Nursing and Midwifery Council (NMC), who have taken a different position in their advice to practice nurses.

As a breech of The Medicines Act 1968 would result in a criminal action it was vital that this issue was resolved, so the GPC sought an up to date legal opinion on this matter. This has led to a change in the GPC's advice.

This guidance will be updated as and when further issues are raised.

A copy of the guidance can be downloaded from the LMC at: http://www.sheffield-lmc.org.uk/OG09/Patient%20Group%20Directions.pdf

The LMC Secretary would recommend this guidance to practices.

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BRANDED MEDICINES SHORTAGES

Article submitted by James Wood, Secretary, Sheffield Local Pharmaceutical Committee (LPC)

Over the past year, there has been a substantial increase in the number of problems obtaining certain branded medicines. At the heart of the problem are changes in the European import and export market. Price differentials for branded medicines in Europe have reduced the availability of parallel imported products and increased the demand for UK medicines both from UK pharmacies and internationally. The problem has been compounded by key branded medicine manufacturers choosing to limit their supplies to the UK market.

Although most manufacturers have put in place contingency supply arrangements, these normally require products to be shipped directly from the manufacturer, increasing the length of time taken to obtain medicines. In some cases, medicines will only be released by the manufacturer where a prescription (with patient identifiable information removed) is faxed to the manufacturer. This means that it may not be possible to keep products in stock and it may only be possible to initiate the order process once a prescription has been received.

It is a priority for community pharmacies in Sheffield to work to protect patients from these problems, however, however, despite our best efforts, in some cases this is leading to patient inconvenience and delays in supplying medicines.

More information and a list of the products that are nationally recognised as being affected can be found on the Pharmaceutical Services Negotiating Committee (PSNC) website at: http://www.psnc.org.uk/pages/manufacturer_quota_schemes_.html

Sheffield LPC has requested GPs' support in helping to minimise problems for patients, for example, by encouraging patients to plan for additional time to obtain repeat prescriptions. There is a risk that prescribing larger than normal quantities may compound the current problems. Therefore, it is particularly important that normal prescribing patterns are maintained.

Please do not hesitate to contact your local pharmacy if you have any further questions or problems.

(Please note that this approach is supported by Sheffield LMC Executive).

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RECONFIGURATION OF MEDICAL SPECIALTIES: AUGUST 2010

Article included at the request of Richard Oliver, Joint PEC Chair, NHS Sheffield

As noted in NHS Sheffield's e-bulletin w/e 23 July 2010, further reconfiguration of medical services took place on Wednesday 4 August, 2010.

This was just one part of an overall complex, detailed and interlocking reconfiguration of clinical services at Sheffield Teaching Hospitals to ensure maximum efficiencies and best possible services for patients. The following list is a brief summary of those points that are most likely to affect pre-hospital care:

- The general medical take at the Royal Hallamshire Hospital (RHH) ceased on 4 August 2010. GPs referring medical patients to STH should wherever possible indicate the most appropriate receiving specialty for these patients.

- A separate pathway for all acute stroke patients and query stroke patients will exist at the RHH. Only the most critically ill patients with suspected stroke will be diverted to the Northern General Hospital (NGH). Stroke is centralising at the RHH where neurology and neurosurgery will remain. The admitting service will operate 24 hours a day 365 days a year.

- Specialised medicine, haematology, rheumatology, dermatology, neuromedicine and infectious diseases are not reconfiguring and will remain at the RHH.

- All in-patient services for respiratory medicine, cardiology, diabetes, endocrinology will move to the NGH. It will not be possible to admit patients with these specialty problems to the RHH.

- All acute referrals of medical problems should go through SPA (0114 305 1460) and if hospital assessment is required, the referral will be passed to the Assessment Bureau (formerly named Bed Bureau) for action. Please note that patients referred in this way will be assessed by specialists appropriate to their presenting complaint(s), but will not be guaranteed admission.

- A limited service for admission to the RHH for selected gastroenterology and geriatric patients, and one or two acute general medical patients with an expected very short stay, will exist at the RHH on weekdays. The referral service will be open only between the hours of 0830 and 1600 Monday through to Thursday and between 0830 hours and 1400 hours on Fridays. Outside of these hours, all referrals for acute assessment will be directed to the NGH.

Further detailed guidance for GPs wishing to refer patients with medical problems for an urgent specialist opinion and, where indicated, admission to a medical bed can be found at: https://portal.sheffield.nhs.uk/uniquesig3447f5028db0f806965d4dcbfb850c2e6f831f50e3d73b38f1f60086a96b9ea7/uniquesig0/gpbulletin/resources/230710/attach14.doc

Any GPs experiencing problems with these changes, or wishing to raise concerns, can do so by contacting David Throssell, Deputy Medical Director of Sheffield Teaching Hospitals NHS Foundation Trust.

Please note that Sheffield LMC has not been involved in this process.

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RETIREMENT & FINANCIAL PLANNING SEMINAR

Article submitted by Samantha Paskin-Bywater, Independent Financial Adviser, BMA Services

Learn the secrets of successful retirement and financial planning to safeguard your financial future.

Don't miss the BMA Services Retirement & Financial Planning Seminar

Thursday 30 September
3.00 pm – 6.30 pm

Tapton Masonic Hall, Shore Lane, Sheffield S10 3BU

Key subjects covered at the seminar:

3.00 pm: Registration / afternoon tea

3.30 pm: Introduction

3.40 pm: Retirement/Inheritance Tax Planning

4.25 pm: Employer Relations

4.55 pm: Refreshment break

5.10 pm: An Accountants view

5.40 pm: Will Planning

6.10 pm: Questions / close

To reserve your place:

- call 0845 145 0118 or
- email bmas@awdcdv.com

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

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