# SHEFFIELD LOCAL MEDICAL COMMITTEE

# NEWSLETTER

# FEBRUARY 2007

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### *GLOBAL SUM FORMULA REVIEW*

When the new GMS contract was introduced in 2003, the Department of Health (DOH), the GPC and the NHS Confederation gave a commitment to review the global sum (infamous Carr-Hill) allocation formula in light of the developing contract.

The finished report *Review of the General Medical Services global sum formula (February 2007)* makes recommendations as to how the formula could be improved in the future.

The report, a joint letter from NHS Employers and the GPC, a press release, further supporting technical documentation and an online response form can be found at www.nhsemployers.org/primary/primary-891.cfm.

A GPC FAQ document has also been produced, which provides contextual information and should be read in conjunction with the main report and consultation questions. The FAQs can be found at:

http://www.bma.org.uk/ap.nsf/Content/GlobalsumconsultationFAQs

The GPC and NHS employers would like to hear the views of any interested GPs and other stakeholders with regard to the recommendations. Individual responses should be submitted by **Friday 11 May 2007** using the form on the website. However, if you feel a Sheffield LMC response would be more appropriate, it would be appreciated if responses could be received at the LMC office **by the end of March 2007**.

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### *DISCHARGE OF PATIENTS FROM HOSPITAL*

The LMC office has recently been contacted by a number of GPs with concerns about inappropriate early discharge. This issue was raised at an LMC/PCT meeting and we were assured that the PCT Early Discharge Teams made appropriate follow up arrangements. It was felt that some of the inappropriate early discharges appeared to be initiated by the Hospital Trusts under bed pressures and with inappropriate arrangements.

The LMC office would welcome examples of inappropriate early hospital discharge, without adequate follow up or communication, in order to take this matter up directly with the Hospital Trusts. Please email details to the LMC office via administrator@sheffieldlmc.org.uk.

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### *GP APPRAISAL SYSTEM CHANGES*

***Article submitted by Dr Trefor Roscoe***

The GP appraisal system for Sheffield is changing. From 1 March 2007 appraisal will be organised using an electric system. When an

appraisal is due, the GP will receive an e-mail detailing the timetable and giving links to pages on the Sheffield PCT's intranet. The PCT's intranet contains all the necessary documentation and instructions on the new system.

In order to do this all appraisees have to have an e-mail address that they look at, at least weekly. A letter has gone out asking for e-mail contact details to everyone on the performers list.

If any GPs have not received this letter, please contact:

Rachel Shemeld
Clinical Services Support Manager
Sheffield PCT

Tel: 0114 226 2453, e-mail Rachel.Shemeld@sheffieldpct.nhs.uk

With over 500 GPs to appraise and 40 appraisers it is vital that this new system is made to work smoothly.

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## *DISABILITY LIVING ALLOWANCE AND ATTENDANCE ALLOWANCE FEES INCREASE*

The BMA's Professional Fees Committee has confirmed that the Department for Work and Pensions has agreed to an increase in fees paid to GPs for the completion of factual reports for disability living allowance (DLA) and attendance allowance (AA).

The new fee, effective from 1 January 2007, is £33.50.

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## *CERVICAL SCREENING TRAINING*

***Article submitted by***
***Dr Jenny Stephenson***

Funding has been secured to extend Cervical Screening Training to South Yorkshire.

This scheme has been running in the rest of the Yorkshire and Humber Region for some time. The scheme, which is funded by the Workforce Development Confederation, provides training for nurses new to Cervical Screening and for established smear takers who will be invited to attend update training. This will be provided free to nurses but with a nominal charge for doctors. The Updates will be held around the district at suitable venues.

Recruitment will commence immediately to find suitably qualified Practice Nurses who wish to become Cervical Screening Mentors. The Mentors will be employed for 12 hours a month. They will be recruited through an interview process but will need evidence of some teaching ability, an understanding of the dynamics of working in Primary Care and good communication skills.

For further information please contact:

Lesley Greenwood
Cervical Screening Training Co-ordinator
c/o QARC
9 Kingfisher Way
Silverlink Business Park
Wallsend NE28 9ND

Tel: 0191 219 7000
Fax: 0191 219 7029
Email: lesley.greenwood@nhs.net

or

Louise Brewins
Sheffield PCT
West Court
Hillsborough Barracks
Langsett Road
Sheffield S6 2LR

Tel: (0114) 226 4615. Email: louise.brewins@sheffieldpct.nhs.uk

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## *CERVICAL CYTOLOGY FORM – COMPLETION OF BOX 20*

***Article submitted by***
***Dr Jenny Stephenson***

The Quality Assurance Centre has recently recommended that samples sent with a form which has not had box 20 completed will still be analysed.

A reminder will be sent to the sample taker to check that a full sample was taken.

If the cervix was not fully visualised or five 360 degree sweeps obtained, the sample should be considered inadequate and a repeat arranged.

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## *DEPARTMENT OF GUM CERVICAL CYTOLOGY SERVICE*

***Article submitted by***
***Dr Jenny Stephenson***

The Department of GUM has decided not to perform routine cervical cytology (smears). They will discharge women who need follow up of negative cytology to their GP and will inform the patient, the GP and the screening office of this. They will however, continue to do testing on those women who refuse to go to the GP, are defaulters, overdue at time seen or immunocompromised/HIV positive. They will continue to follow up their non-negative cytology.

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## *CLINICAL DETAILS ON REQUEST FORMS*
### *HELP US TO HELP YOU!*

***Article submitted by***
***Dr Jenny Stephenson***

Attention all Laboratory Users!

The labs of all disciplines at both sites are noticing that increasingly, the clinical details on request forms are not being filled in. It is essential that clinical information is passed to the laboratory staff interpreting the result for the following reasons:

- It allows correct interpretation of abnormal results.
- It allows correct action eg if the abnormality has been found before.
- It allows lab staff to deal effectively with a result which becomes available after the surgery is closed.
- It enables lab staff to spot unexpected results.
- It is good practice.

The person doing the test and supplying the request form should ensure that the clinical details are filled in eg 'hypertension on diuretic' or 'thyroxine dose increased to 100mcg' etc. 'Routine screen' or 'blood check' are unhelpful. It is essential for the lab staff to interpret and act on results, for the benefit of patient care.

Please bring this to the attention of all staff in the practices, especially GPs, nurses and health care assistants.

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## *MED 3 AND MED 5 FORMS*

It has been brought to the LMC's attention that the GMC recently suspended a GP for not seeing a patient when signing a MED 3.

It appears that when a MED 3 has been issued after an initial consultation, some GPs will issue subsequent repeat certificates based upon a telephone consultation.

The issuing of these medical certificates is strictly regulated by law and the official rules are set out in the Department for Work and Pensions *IB204 - A Guide for Registered Medical Practitioners* which is available at:

http://www.dwp.gov.uk/medical/guides_detailed.asp#IB204

In relation to Med 3s the rules state 'you must examine the patient on the day, or the day before, you issue this statement (note: although a certificate can be issued to a patient's representative, this does not override the necessity of seeing the patient on the day, or the day before, a MED 3 or MED 4 is issued)'.

Where it is not possible to arrange a face to face consultation the GP may issue a MED 5 if the advice to stay off work is based upon a previous examination. The rules for issuing a MED 5 are also set out in the DWP guide.

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## *SUMMARY CARE RECORD OPT OUT*

Assurance has been given that patients who do not wish to have a summary record held on PSIS will not have to have one. The exact details of how this will work in terms of business and technical processes is being worked out with the early adopter communities.

93C3[1] as a read code is a useful way to record the information for colleagues to be able to prioritise the information in a summary internally and to search on patients for future reference. It will not necessarily switch on the necessary technical processes to prevent patients' data being uploaded.

Similarly, 93C2[2] is a useful code for the summary for those patients who have told their practices that they are happy and don't want to have to be asked again.

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## *CONNECTING FOR HEALTH – THE NHS CARE RECORDS SERVICE IN ENGLAND*

The Ministerial Taskforce on the Summary Care Record was announced in July 2006 and in December 2006 the Ministerial Taskforce Report was published. The BMA has produced a guidance note which provides an update on the NHS Care Records Service (NHS CRS).

A copy of the guidance can be obtained:

- By downloading it from the BMA website: http://www.bma.org.uk/ap.nsf/Content/ncrsguidance?OpenDocument&Highlight=2,nhs,crs
- By emailing a request for an electronic copy (in pdf format) to: administrator@sheffieldlmc.org.uk.

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## *COLLABORATIVE ARRANGEMENTS*

The BMA's Professional Fees Committee has produced guidance for Medical Practitioners undertaking work under the collaborative arrangements.

Until 2006/7 rates for work under the collaborative arrangements were set by the Doctors and Dentists Review Body (DDRB) and issued via an NHS circular. In its 2006 report the DDRB did not recommend collaborative arrangement fees for 2006/7 and it is unlikely that they will do so in the future. The DDRB has recommended that doctors set their own fees for work done under the collaborative arrangements.

The BMA's guidance seeks to clarify doctors' fee arrangements, superannuation and obligations under the collaborative arrangements as well as the situation on family planning and sessional work.

The guidance covers issues such as:

- Background to collaborative arrangements
- Fees under the collaborative arrangements
- Impact of competition law on negotiating fees
- Obligation
- Superannuation
- Advice from NHS employers
- Position of the BMA

A copy of the guidance can be obtained:

- By downloading it from the BMA website: http://www.bma.org.uk/ap.nsf/content/CollabArrange
- By emailing a request for an electronic copy (in pdf format) to: administrator@sheffieldlmc.org.uk.

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## *FOCUS ON ACCESS*

The GPC has recently updated and reissued its Focus on Access (England) – 2006/07 guidance.

A copy of the guidance can be obtained:

- By downloading it from the BMA website: http://www.bma.org.uk/ap.nsf/Content/focusaccess0306?OpenDocument&Highlight=2,focus,on,access,england
- By emailing a request for an electronic copy (in pdf format) to: administrator@sheffieldlmc.org.uk.

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## *FOCUS ON QUALITY AND OUTCOMES FRAMEWORK MANAGEMENT AND ANALYSIS SYSTEM (QMAS)*

The GPC has recently revised and reissued the above guidance note.

The guidance covers issues such as:

- how does it work?
- how will my data be uploaded onto QMAS?
- prevalence
- what data will leave my practice?

A copy of the guidance can be obtained:

- By downloading it from the BMA website: http://www.bma.org.uk/ap.nsf/Content/FocusQMAS0207?OpenDocument&Highlight=2,QMAS
- By emailing a request for an electronic copy (in pdf format) to: administrator@sheffieldlmc.org.uk.

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## *FOCUS ON QOF PAYMENTS*

This GPC guidance note gives a full breakdown of the methods used to calculate and reward money earned through the QOF and covers issues such as:

- aspiration payments,
- achievement payments
- clinical domain and additional services payments.

A copy of the guidance can be obtained:

- By downloading it from the BMA website: http://www.bma.org.uk/ap.nsf/Content/FocusQOF0207?OpenDocument&Highlight=2,QOF,payments
- By emailing a request for an electronic copy (in pdf format) to: administrator@sheffieldlmc.org.uk.

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## *VAT ON MEDICAL SERVICES*

The BMA Professional Fees Committee has announced that HM Revenue & Customs has formally announced that implementation of the VAT ruling on medical services will take effect from 1 May 2007, subject to House of Commons approval.

Medical practitioners registered on a statutory professional register whose taxable income (including VAT) exceeds the VAT registration threshold (currently £61,000) will need to register for VAT.

Similarly, medical practitioners who are already VAT registered, for example as a result of dispensing changes which took effect on 1 April 2006, will also need to ensure that they account for VAT on any affected services from 1 May 2007.

There will be no compulsory back-dating of VAT registration before the implementation date.

Further details of the announcement, general information on the ruling and FAQs can be found on the fees section of the BMA website at:

http://www.bma.org.uk/ap.nsf/Content/VATonmedicalservices

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## *INTRODUCTION OF FRACTURE CLINIC LIAISON SERVICE*

***Article submitted by***
***Dr Nicola Peel, Clinical Lead***

A new initiative is being launched by the Metabolic Bone team at the Northern General Hospital to support local implementation of the NICE guidance relating to secondary fracture prevention in postmenopausal women (HTA 87).

This population is not easy to identify in Primary Care as was confirmed by the findings of a city-wide audit last year which showed low levels of both bone densitometry and treatment in such patients.

It is clear that case-finding of patients with fracture is most appropriately carried out within the orthopaedic setting. The new initiative will be set within the fracture clinics. Patients presenting with a new fracture will be advised via an information sheet that their fracture could indicate underlying osteoporosis. They will be asked to complete a brief questionnaire whilst they are in clinic.

On the basis of the information collected patients with low-trauma fractures who do not already have a diagnosis of osteoporosis will be invited by letter to attend the Metabolic Bone Centre for a bone density scan. The result of this scan will be sent to the patient's GP in the usual manner, with recommendations about treatment and further follow up.

More detailed assessment in the metabolic bone clinics will continue to be offered for any patients found to have very severe osteoporosis or vertebral fractures.

Rather than adhering strictly to the NICE guidance the initiative will target both men and women with fragility fractures over the age of 50. The rationale for including men is that the relationship between bone density and fracture risk is similar for men and women and that treatment with bisphosphonates is associated with a similar magnitude of decrease in fracture risk.

It is hoped that this service will improve local compliance with the NICE guidance and improve the quality of care experienced by patients with fragility fracture.

We welcome any enquiries for further information or feedback to help make the initiative successful to:

Dr Nicola Peel
Clinical Lead
Metabolic Bone Medicine

Tel: 0114 2714783/2266571
Email nicola.peel@sth.nhs.uk.

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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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administrator@sheffieldlmc.org.uk

Fax: (0114) 258 9060

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Articles for the March 2007 edition of the LMC newsletter to be received ***by Tuesday 13 March 2007.***