

NEWSLETTER

MAY 2006

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PRACTICE BASED COMMISSIONING: LMC UPDATE

The LMC Executive has been holding regular meetings with the PCT PBC leads. Dr Tim Moorhead (LMC Executive Officer and PBC Lead) has been attending meetings of the Sheffield Citywide PBC Group (recently renamed the Financial Balance – Elective Project). Although progress is slow, we do feel that we are achieving a number of agreements to the benefit of local practices. These include:

- A consistency across the city with regard to implementation of PBC.
- Flexibility over the formation of consortia.
- Agreement on a basic citywide DES encouraging participation in PBC.

- The possibility of a 'pump priming' LES to assist in set up management costs.

However, we are receiving reports in the LMC office of local interpretations on these agreements and would welcome examples of such. In particular, we have heard that some areas of the city are linking qualification for the basic PBC DES with guarantees on alterations in referral rates. This has not been agreed with the LMC and although a review of referral patterns may be appropriate, we would welcome examples of such behaviour being sent to the office. At this stage there is no such formal agreement.

The LMC Executive is keen to be kept informed of development of PBC across the city. We would be grateful if you could inform us of any proposed consortia and any proposed consortia constitutions that are being developed. This

will obviously give us a clearer understanding of the citywide picture and help us in our negotiations and in assisting any practices experiencing difficulties.

PRACTICE BASED COMMISSIONING: CONSORTIUM WORKING

This document is the first in a new series of guidance notes from the General Practitioners Committee (GPC) on practice based commissioning (PBC). The guidance covers issues such as:

- Forming in to consortia;
- Flexible involvement within the consortium;
- Management Arrangements and Resources;
- Governance and Consortia Arrangements.

A copy of the guidance was emailed to Practice Managers and those Sheffield GPs who have supplied the LMC office with an email address, towards the end of April 2006. Further copies can be downloaded in pdf format from: [http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFpbccconsort0406/\\$FILE/PBCCConsortiumWorking.pdf](http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFpbccconsort0406/$FILE/PBCCConsortiumWorking.pdf)

**PRACTICE BASED
COMMISSIONING: DIVISION
OF FREED UP RESOURCES**

This document is the second in a new series of guidance notes from the GPC on PBC. The guidance covers issues such as:

- Definitions;
- Clauses for DES and/or 'DES Plus' Commissioning Activity;
- Clauses for Non-DES Commissioning Activity.

A copy of the guidance can be:

- downloaded in pdf format from [http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFPBCfreedup/\\$FILE/PBC+Division+of+freed+up+resources+-+April+2006.pdf](http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFPBCfreedup/$FILE/PBC+Division+of+freed+up+resources+-+April+2006.pdf)
- emailed to practices by the LMC office. Please email a request to: adminassistant@sheffieldlmc.org.uk.

**LABORATORY FORMS:
PATIENT CONTACT DETAILS**

Sheffield Teaching Hospitals Trust has recently performed an audit of patient contact information on laboratory request forms. At present, it would appear that only approximately 20% of request forms have patient contact details, in the form of telephone numbers. This obviously causes difficulties in contacting patients with abnormal results, particularly where the input of the out of hours services are required.

It has been brought to our attention that the medical defence organisations would have difficulty in supporting GPs who had arranged investigations on patients, which may potentially be

abnormal and who had not supplied a contact number for the patient on the laboratory request form.

The LMC Executive would recommend that it should be standard practice that patient contact details in the form of a telephone number are put on all laboratory request forms.

**NON-GMS CONTRACTING
ARRANGEMENTS FOR
2006/07: GUIDANCE FOR
PMS PRACTICES & APMS
GPs**

The GPC has issued guidance for PMS practices and APMS GPs following publication of Department of Health Guidance on non-GMS contracting arrangements for 2006/07. In light of the recent medical press scare stories regarding PMS budgets and contracts, the LMC Secretary would advise PMS practices to access this useful guidance. A copy of the guidance can be:

- downloaded in pdf format from [http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFpmsont0406/\\$FILE/PMS+contractors+-+April+2006.pdf](http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFpmsont0406/$FILE/PMS+contractors+-+April+2006.pdf)
- emailed to practices by the LMC office. Please email a request to: adminassistant@sheffieldlmc.org.uk.

**RECORDS MANAGEMENT:
NHS CODE OF PRACTICE**

This recently released NHS Code of Practice is a guide to the required standards of practice in the management of records for those who work within or under contract to NHS organisations in England. It is based on current legal requirements and professional best practice. This an evolving document because standards and practice covered by the code will change over time. It will, therefore, be subject to regular review and will be updated as necessary. The guidelines contained in the code of practice apply to NHS records of all types (including records of

NHS patients treated on behalf of the NHS in the private healthcare sector) regardless of the media on which they are held. All practices should have received a hard copy of the guidance. Further copies can be:

- downloaded in pdf format from the Department of Health website at: <http://www.dh.gov.uk/assetsRout/04/13/31/96/04133196.pdf> (Part 1) <http://www.dh.gov.uk/assetsRout/04/13/31/97/04133197.pdf> (Part 2).
- emailed to practices by the LMC office. Please email a request to: adminassistant@sheffieldlmc.org.uk.

**IMPLEMENTING THE
IM&T DES: DATA
ACCREDITATION**

A key objective of the IM&T DES is to support practices to achieve accredited data quality standards that are fit for sharing in the NHS care records service. The GPC, NHS Employers and Connecting for Health have recently produced guidance to provide PCTs and practices with further information about the data accreditation process. A copy of the guidance can be:

- downloaded in pdf format from [http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFimtdes0406/\\$FILE/data.pdf](http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFimtdes0406/$FILE/data.pdf)
- emailed to practices by the LMC office. Please email a request to: adminassistant@sheffieldlmc.org.uk.

**ALTERNATIVE PROVIDER
MEDICAL SERVICES
(APMS)**

The government is currently initiating far reaching reform of health services organisation and delivery. Its reforms are based on a philosophy of diversification of health care providers, patient choice and competition and include

initiatives in primary care such as practice based commissioning, choose & book and alternative provider medical services (APMS). The GPC has recently produced guidance to provide a factual background on APMS and suggests ways in which GPs can best harness this new contracting route in the interest of their patients and primary care. It offers guidance on tendering of APMS contracts, working for APMS providers and contracting care through this route.

A copy of the guidance can be:

- downloaded in pdf format from [http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFapms0406/\\$FILE/APMS.pdf](http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFapms0406/$FILE/APMS.pdf)
- emailed to practices by the LMC office. Please email a request to: adminassistant@sheffieldlmc.org.uk.

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**OVERSEAS
VISITORS – WHO IS
ELIGIBLE FOR NHS
TREATMENT?**

The GPC has recently revised its guidance on overseas visitors' eligibility for NHS treatment. A copy of the guidance can be:

- downloaded in pdf format from [http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFovers easvisitors/\\$FILE/Overseas+visitors+-+March+2006.pdf](http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFovers easvisitors/$FILE/Overseas+visitors+-+March+2006.pdf)
- emailed to practices by the LMC office. Please email a request to: adminassistant@sheffieldlmc.org.uk.

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**CONTRACEPTION AND
SEXUAL HEALTH UPDATES**

*Article submitted by
Dr Salmon Omokanye,
Consultant in Contraception and
Reproductive Health Care*

Recently, there has been updated guidance regarding contraception and sexual health, and I would like to share this with colleagues in Primary Care.

Actinomyces-Like Organisms reported on cervical smears of

asymptomatic women with an IUCD/IUS – NICE recently has stated that routine change of the IUCD/IUS is not necessary. In each case, the patient should be contacted and the matter discussed, and the patient assessed for symptoms and signs of any pelvic infection. A decision needs to be made as to whether the patient wishes it removed, or opts for 6 monthly surveillance (examination for pelvic infection). In the case of IUCDs fitted at the Clinic, this surveillance would be devolved to the GP.

Routine Swabs before IUCD/IUS fitting - we recommend an endocervical swab for chlamydia and one for gonorrhoea prior to fitting. It is very helpful, if patients are sent to our Clinic for IUCD/IUS fitting, that these swabs are done in Primary care beforehand, and the report included with the letter. Note that HVS is not required.

Extended Use of IUCD/IUS - NICE suggests recently that women who have a Mirena IUS fitted at age 45 or older, when used for contraception, need not have it changed. Extended use of copper IUCDs is also appropriate when fitted at the age of 40 or older.

Thank you.

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**GPS RETURNING TO WORK
AFTER RETIREMENT**

*Extract from GPC News
12 April 2006 (M9)*

The Department of Health has announced that GPs who wish to return to work after retirement are no longer required to take a one month break. This will provide greater flexibility for those GPs who wish to take their NHS pension and return to work in the NHS.

There are still conditions which must be met in order for GPs to receive their NHS pension:

- You must take a break of at least one day from all NHS posts and
- You must not work more than an aggregate of 16 hours a week in the NHS in the month

following retirement. The NHS Pensions Agency states that the onus is on the GP to prove that this condition has been met.

GPs should note that they do not need to come off the Medical Performers List in order to access their NHS pension. They simply have to retire from pensionable employment. GPs in a partnership should be aware that they will need to resign from their partnership upon retirement and rejoin upon returning to work.

Single-handed GPs should note that they will be required to resign from their contract with the PCO. Therefore, single-handed GPs who wish to return to work should ensure that they have a legal agreement with the PCO, before retirement, allowing for and confirming their return.

The NHS Pensions Agency intends to issue further information in the near future.

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**PERFORMING RIGHTS
LICENSE**

The LMC office has been made aware that a number of national companies are contacting practices regarding the provision of music for their patients in the waiting rooms. They are claiming that practices are acting illegally if they do not have a performing rights licence and may be prone to prosecution. They are offering to purchase these licences for practices at a considerably enhanced fee.

Investigations suggest that practices who tannoy music to the waiting room should be in possession of a performing rights licence but that it is far cheaper and simpler to organise this yourself directly with The Performing Right Society (www.prs.co.uk/health). It is our understanding that this licence is relatively cheap, in the order of approximately £35.00 a year.

The LMC Executive would advise practices to have nothing to do with independent companies trying to sell you these licences.

**DDRB: GP TRAINERS CPD
PAYMENT**

The recent DDRB report recommended a 2.2% uplift for GP trainers but made no recommendation for a £750.00 CPD payment for 2006/07. The GPC issued a letter on 30 March 2006 on the DDRB recommendations and wish to be kept informed of any GP trainers who did not receive the CPD payment for 2005/06. It would be appreciated if any GP trainers in this situation could inform the LMC office in order for us to report back to the GPC.

**MATERNITY SERVICES
LIAISON COMMITTEE
(MSLC): GP
REPRESENTATIVE
REQUIRED**

A GP representative is still required for the MSLC. The LMC is looking for a doctor with an interest in maternity medical services to represent GPs on this important committee. The MSLC currently meets four times a year in the Seminar Room, Level 4, Jessop Wing from 12 noon to 1.30 pm. The next meeting has been scheduled for Friday 23 June 2006. Attendance at the meetings is reimbursed by the LMC and feedback would be expected in the form of a short written report submitted to the LMC office. There may be an opportunity to change the day of the week, venue or time of the meetings if this would help secure representation. It would be appreciated if any interested GPs could contact the LMC office.

**HEALTH DECLARATIONS
FOR PROFESSIONAL
REGISTRATION**

A number of queries have been raised with the LMC office regarding GPs' obligations and

the advisability of complying with these requests. Please find to follow the relevant and useful GPC advice:

The completion of health declaration forms does not form part of a GP's terms and conditions of service and, therefore, GPs are not contractually obliged to complete such forms. If a GP chooses to complete the form, however, an appropriate fee may be levied by the GP to the patient involved. In determining the appropriate fee the GP should consider the amount of work involved in ensuring that they take appropriate steps to verify the information before signing the form. The form itself requires the GP's signature and the BMA advises members that they should satisfy themselves that the declarations on the form are true before signing. In order to complete even the simplest of forms, therefore, the doctor might have to check the patient's entire medical record. It is a condition of remaining on the Medical Register that doctors only sign what they know and can verify to be true, following reasonable investigation. The General Medical Council's (GMC) advice in Good Medical Practice regarding the signing of documents is as follows:

'You must be honest and trustworthy when writing reports, completing or signing forms, or providing evidence in litigation or other formal inquiries. This means that you must take reasonable steps to verify any statement before you sign a document. You must not write or sign documents which are false or misleading because they omit relevant information. If you have agreed to prepare a report, complete or sign a document or provide evidence, you must do so without unreasonable delay.'

The BMA Professional Fees Committee has raised concern with the GMC regarding the potential liabilities for GPs completing health declaration forms in view of the GMC's Code of Conduct, and whether establishing an alternative system through which individuals can self-certify their health may, in the majority of cases, be more

appropriate. Advice received from the GMC is that the key reference is for GPs to take 'reasonable steps'. The steps that a doctor will have to follow in particular cases are likely to depend on a number of factors, including the wording of the form and the particular level of detail requested, as well as the doctor's degree of familiarity with the patient. Provided that a doctor can demonstrate that 'reasonable steps' have been taken to verify the information, the potential liabilities are minimal.

There may be circumstances where a self-certification form may be more appropriate, but this is for the decision of individual organisations and will depend on the nature of the information required from the patient. The Professional Fees Committee has raised concerns that time spent completing health declaration forms takes doctors away from the medical care of their patients. In recent years an increasing number of organisations require the completion of health declaration forms for employment and other purposes. These organisations are encouraged by the BMA to ask individuals to self certify where this is appropriate and feasible.

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

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