

# SHEFFIELD LOCAL MEDICAL COMMITTEE

# NEWSLETTER

# MARCH 2013

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### ***ELECTED MEMBER VACANCY ON SHEFFIELD LMC***

There is an elected member vacancy on Sheffield LMC, which will run for the remainder of the current electoral term, ie until 30 November 2016.

The number of sessional GPs on the committee reduced following the 2012-2016 elections, and the LMC Executive is particularly keen to encourage sessional GPs to join the LMC. However, all eligible GPs (on Sheffield Medical Performers List and contributing to the LMC's levies) are encouraged to consider joining the LMC.

Meetings of the full LMC are usually held on the second Monday of the month at 7.45 pm 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. The LMC 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 and experience 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 website at:

<http://www.sheffield-lmc.org.uk/Downloads/LMC%20Guide.pdf>

More detailed information about the work of the LMC can be found in the latest Activity Update, which is available via the LMC website at:

[http://www.sheffield-lmc.org.uk/Reports/SLMC\\_Activity\\_Update\\_Dec12-Feb13.pdf](http://www.sheffield-lmc.org.uk/Reports/SLMC_Activity_Update_Dec12-Feb13.pdf)

If you are interested in joining the LMC or would like more information about what being a committee member involves, please do not hesitate to contact Margaret Wicks, LMC Manager via email to [manager@sheffieldlmc.org.uk](mailto:manager@sheffieldlmc.org.uk) or tel: (0114) 2588755.

### ***WELCOME TO EMMA BIRTLES***

We are pleased to announce that following a full recruitment process we have appointed Emma Birtles as LMC Administrative Assistant.

Emma's main responsibility is ensuring the LMC provides representation to all eligible GPs. She is also responsible for the Newsletter and Vacancy Bulletin, and for maintaining the LMCs electronic and hard copy filing systems.

Emma's background is in the legal secretarial world, where she has gained excellent secretarial and administrative skills and knowledge, and we look forward to the fully staffed LMC Secretariat being in a strong position to ensure the smooth running of the LMC office.

For up to date contact details and additional information about the LMC Secretariat please see the Secretariat section of the *Contact Us* page on the LMCs website at: [www.sheffield/lmc.org.uk/secretariat.htm](http://www.sheffield/lmc.org.uk/secretariat.htm)

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### **ACTIVITY UPDATE: DECEMBER 2012 TO FEBRUARY 2013**

The LMC's latest Activity Update (December 2012 to February 2013) was recently emailed to all represented Sheffield GPs and Practice Managers.

Further copies can be downloaded from the *LMC Reports* section of our website at: [http://www.sheffield-lmc.org.uk/Reports/SLMC\\_Activity\\_Update\\_Dec12-Feb13.pdf](http://www.sheffield-lmc.org.uk/Reports/SLMC_Activity_Update_Dec12-Feb13.pdf)

In addition, hard copies can be requested from the LMC office via email to: [adminassistant@sheffieldlmc.org.uk](mailto:adminassistant@sheffieldlmc.org.uk)

We hope that GPs and Practice Managers find the updates interesting and helpful in knowing what role the LMC plays in local negotiations and how we can assist practices.

We would, of course, be keen to receive any feedback or suggestions for future editions via email to: [manager@sheffieldlmc.org.uk](mailto:manager@sheffieldlmc.org.uk).

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### **GP CONTRACT IMPOSITION – GPC RESPONSE AND SURVEY RESULTS**

Over 2000 GPs attended GP Contract Roadshows and nearly 8000 GPs in England responded to the survey detailing what they considered the implications of the proposals will be for them and their practices.

On 21 February 2013 the General Practitioners Committee (GPC) emailed all GPs in England with links to their response to the Department of Health (DH) and results of the survey.

The letter from Laurence Buckman, Chairman of the GPC, the GPC's full response and the survey results can be downloaded from the GPC website at: [http://bma.org.uk/-/media/Files/PDFs/Working%20for%20change/Negotiating%20for%20the%20profession/General%20Practitioners/GPcontractimpositionconsultationresponse\\_finalfullversion.pdf](http://bma.org.uk/-/media/Files/PDFs/Working%20for%20change/Negotiating%20for%20the%20profession/General%20Practitioners/GPcontractimpositionconsultationresponse_finalfullversion.pdf)

In summary, the key changes that are being sought are:

- The DH needs to return to the draft proposals developed between NHS Employers and the GPC for reducing variability in practice funding.
- Correction factor money and PMS funding removed from practices must be ring-fenced and reinvested in general practice through the global sum. Outliers need proper consideration and practices needing higher funding for legitimate reasons should be excluded from the process.
- Practice financial instability should be reduced by moving funding from the QOF organisational domain into practices' global sum equivalent or baseline funding.
- Proposals for increasing QOF thresholds must be rejected – there should be public recognition that as a result, exception reporting will increase which is an appropriate clinical response to individual patient needs.
- The changes to timescales for any QOF indicators from 15-12 months must be abandoned. If imposed, the changes should be postponed to allow for IT system changes and development of guidance.
- New DESs should not be introduced without new funding. The GPC has grave concerns about some of the elements of the DESs but remains willing to work

with the DH to make the DES specifications more workable and clinically appropriate. The GPC has provided detailed comments on the proposals for DESs.

- The proposal to transfer the responsibility for locums' employer superannuation payments to practices raises serious concerns. The GPC opposes this and asks that, at least, implementation is delayed by 12 months. If pursued, the funding should be transferred to Global Sum Equivalent and PMS baselines rather than to global sum to allow a fairer distribution of funds.
- Locums must have an easy way of checking that employers' contributions have been made.
- If this is implemented, equivalence should apply to locums in all aspects of the pension scheme including death in service benefits and the ability to pension appraiser work.

In addition the key survey findings are:

- 88% of respondents with some awareness of the terms of the contract imposition agreed with the statement that they personally will be less able to offer good quality care to their patients as a result of this imposition.
- Of the 58% of respondents who expected their practice would have to do things differently if the changes are implemented, 82% expected to make changes to staff working hours or employment. Of these roughly 22% expect to make clinical staff redundant and 35% would have to lay off administrative staff.
- Of respondents with some awareness of the terms of the contract imposition, 91% felt they would be less able to manage their workload, with 97% saying they believed that general practice would become more stressful for them and 92% that they felt they would be less able to achieve a satisfactory work-life balance. 89% of those with awareness of the contract terms said these proposals made them less

enthusiastic about general practice as a career and 87% that they were less likely to recommend general practice as a career for new doctors.

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### **FINAL SENIORITY FIGURES FOR 2009/2010**

The NHS Information Centre has published final seniority figures for General Medical Services (GMS) GPs in England and Wales for 2009/2010. The figure for England is £93,678.00.

The full report, which is agreed by the Technical Steering Committee, is available on the Information Centre Website at [www.ic.nhs.uk](http://www.ic.nhs.uk).

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### **PATIENT GROUP DIRECTIVES (PGDS) POST APRIL 2013**

The DH is making changes to PGDs to reflect the organisational structures that will be in place from April 2013.

The National electronic Library for Medicines (NeLM) website highlights planned changes to medicines legislation to enable CCGs, local authorities and the NHS Commissioning Board to authorise PGDs:

<http://www.nelm.nhs.uk/en/Communities/NeLM/PGDs/News/PGD-authorisation-in-new-organisational-structures--DH-update/>

The website also outlines the transitional arrangements that the DH aims to put in place to support transition of services to the organisations that will be responsible for authorising PGDs from that date.

These arrangements will allow PGDs to remain legal after the authorising body has been abolished, and until expiry or authorisation by the new body responsible for the service in question.

It will be essential that organisations 'inheriting' PGDs, eg Clinical Commissioning Groups (CCGs), put in place arrangements and a timetable for review and

adoption/authorisation of all existing PGDs.

The NHS PGD website team is updating the current guidance, and the existing PGD guidance document produced by the National Prescribing Centre (now the Medicines and Prescribing Centre at NICE) is also in the process of being updated.

As the principles and legal requirements remain the same, organisations will still be able to use the existing document to guide them through the legal framework governing the use of PGDs and as a practical guide on their use:

[http://www.npc.nhs.uk/non\\_medical/resources/patient\\_group\\_directions.pdf](http://www.npc.nhs.uk/non_medical/resources/patient_group_directions.pdf)

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### **GENERAL MEDICAL SERVICES/PERSONAL MEDICAL SERVICES REGULATIONS**

Amendments to the General Medical Services (GMS) contract and Personal Medical Services (PMS) agreement regulations coming into force on 1 April 2013 have now been published.

Details are available at:

[http://www.legislation.gov.uk/ukxi/2013/363/pdfs/ukxi\\_20130363\\_en.pdf](http://www.legislation.gov.uk/ukxi/2013/363/pdfs/ukxi_20130363_en.pdf)

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### **ERIC GAMBRILL TRAVELLING FELLOWSHIP**

Applications are invited for up to two Eric Gambrill Travelling Fellowships, to be awarded in spring 2013. The value of each Award is £3,000.

Those eligible for the Award will be fully trained and practising UK general medical practitioners.

In recognition of Dr Eric Gambrill's interest in general practice, education and travel, the successful applicants will be expected to undertake a study or project as part of his/her professional career development.

The closing date for the receipt of applications is **7 April 2013**.

Application forms and further information can be found at [www.ericgambrillmemorialfund.co.uk](http://www.ericgambrillmemorialfund.co.uk)

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### **QUALITY IMPROVEMENT ACTIVITY: GPC/RCGP STATEMENT**

The GPC and the Royal College of General Practitioners (RCGP) have agreed a statement on quality improvement activity, in order to clarify the revalidation evidence requirements for this area.

The General Medical Council (GMC) states that quality improvement activities "could take many forms" depending on the role a doctor undertakes and the work that they do.

The RCGP has defined the significant event audit and clinical audit as the core information for GPs to include under Review of Practice. GPs would, in most circumstances, be expected to provide evidence of these.

It is recognised, however, that clinical audit may be challenging for GPs in different working circumstances, for example locum and salaried GPs, and those who work in out-of-hours, walk-in-centres or similar environments.

GPs who feel that it would not be feasible for them to participate in clinical audit activity should produce alternative evidence of quality improvement and discuss this with their appraiser.

For such GPs, the RCGP has identified a range of alternative approaches to enable them to demonstrate evidence of quality improvement:

<http://www.rcgp.org.uk/revalidation-and-cpd/~media/Files/Revalidation-and-CPD/NEPCSA%20Guidnce%20for%20sessional%20GPs.ashx>

If conducted properly, and with sufficient evidence of reflection, these alternative approaches should not be considered of any less value to conventional clinical audit activity.

**SAFEGUARDING CHILDREN  
AND YOUNG PEOPLE:  
GPC/RCGP STATEMENT**

The GPC and the RCGP have agreed a statement on Safeguarding Children and Young People, following numerous reports of Primary Care Organisations requiring all GPs to attend training on child safeguarding and young people.

In 2010 the revised Intercollegiate Guidance on Safeguarding Children and Young People was published.

The aim of the intercollegiate framework is to provide guidance in relation to safeguarding competences for different staff groups and at different levels, and to emphasise a flexible approach to knowledge and skill acquisition.

This framework identifies six levels of competence, and gives examples of groups that fall within each of these. GPs practise at a minimum of level 3:

- Level 3: Clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns.

For the purpose of revalidation, GPs need to demonstrate that they are up-to-date and fit to practise in all aspects of their work.

Level 3 describes the scope of work of GPs in relation to safeguarding of children and young people. It is the responsibility of GPs to demonstrate that they maintain their competence.

A GP may keep up-to-date in a variety of ways, for instance completing an e-learning module, attending a training session in or out of the practice or reading appropriate local guidelines.

There should not be a defined frequency of updates - the important point is that it is the responsibility of the GP, in their appraisal, to demonstrate they are competent and up-to-date. Case reviews can be used

to show how knowledge and skills are used in practise.

Sheffield Safeguarding Children PLIs meet the Level 3 requirements, with the next one scheduled for December 2013.

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**SHARPS  
GUIDANCE**

The Health and Safety Executive (HSE) are introducing new regulations in response to a new European directive on preventing sharps injuries in the healthcare sector (Council Directive 2010 / 32 / EU).

The HSE have not yet confirmed when the regulations will come into force, but the directive must be implemented by 11 May 2013.

The GPC is advising all GP practices to make use of the outline of the requirements of the directive on pages 8 and 9 of the Royal College of Nursing (RCN) leaflet *Sharps safety* and the employer's checklist on page 17:

[http://www.rcn.org.uk/\\_data/assets/pdf\\_file/0008/418490/004135.pdf](http://www.rcn.org.uk/_data/assets/pdf_file/0008/418490/004135.pdf)

Further information can be found at: <http://www.hse.gov.uk/healthservices/needlesticks/eu-directive.htm>

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**GP CHAMPIONS FOR YOUTH  
HEALTH IN SHEFFIELD**

*Article submitted by  
Angela Barrows, Emotional  
Wellbeing Worker,  
'Right Here Sheffield'*

We are really pleased to announce that Interchange Young People's Counselling Project, in partnership with 'Right Here Sheffield' and Pitsmoor GP Surgery, have been selected to take part in a pioneering national project to improve young people's health.

Ten sites around England have been chosen for the three year project, 'GP Champions for Youth Health' which is funded by the Department of Health.

The project aims to bridge the gap between GPs and the Voluntary Youth Sector. It hopes to make health services more 'young people friendly' and to extend the options for GPs around issues such as counselling, making use of expertise in the voluntary sector.

Cherry Smith, 'Right Here Sheffield' Project Manager, and Will Carlile, GP at Pitsmoor Surgery, took part in the launch event in London back in December.

The initiative is being run by the Association for Young People's Health (AYPH) and Youth Access, together with the Royal College of General Practitioners' Adolescent Health Group.

The Department of Health has offered Interchange Sheffield Right Here the exciting opportunity of working with Pitsmoor GP Surgery to transform the delivery of health services for young people by creating new links between GPs and voluntary youth services.

Two Emotional Wellbeing Workers from the Right Here Project; Lois Miller and Angela Barrows have teamed up with a Sheffield Mind project to interview young people on the streets of Pitsmoor about their use of local GPs, the final results of which will be sent to local GPs and shared with the NHS Trust Community development Team and Pitsmoor GPs to inform future work.

If your organisation would like to get involved in the project please call (0114) 273 0716.

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

Email: [manager@sheffieldlmc.org.uk](mailto:manager@sheffieldlmc.org.uk)

Post:  
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Media House  
63 Wostenholm Road  
Sheffield S7 1LE

**Articles for the April  
edition to be received  
by Friday 12 April 2013**