SHEFFIELD LOCAL MEDICAL COMMITTEE NEWSLETTER NOVEMBER 2011

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DAY OF ACTION: 30 NOVEMBER 2011

A day of action to defend public sector pensions against major government reforms is taking place on 30 November. Some unions have balloted members with a view to taking industrial action on the day, while others - including the British Medical Association (BMA) - are supporting the day through campaigning and lobbying activities. More information on the support the BMA is encouraging from its members can be found on the BMA website at:

http://www.bma.org.uk/employmenta ndcontracts/pensions/nhs_pensions_r eform/index.jsp

The BMA has produced an FAQ document aimed at GPs as employers, covering issues such as:

- What is my position if my staff decide to take industrial action?
- Can I withhold pay from those members of staff who participate in lawful industrial action?
- What impact could industrial action by other unions have on my

GMS/PMS contract with my primary care organisation (PCO)?

- Can I hire agency workers to cover for staff who are participating in industrial action?
- A number of my staff have advised that they cannot attend work on 30 November as their child's school is closed. How should I respond?

A copy of the FAQ can be downloaded from the BMA website

http://www.bma.org.uk/employmenta ndcontracts/pensions/nhs_pensions_r eform/publicsectorpensionsdayofacti on.isp?page=3

The BMA has also produced a more general FAQ document, which clarifies issues such as:

- Can I participate in industrial action which is being called by another trade union?
- Can I refuse a request to cover work not being done by a colleague taking lawful industrial action?
- Can I take part in a picket without being a member of the union which authorised the industrial action?

- Are there any laws relating to picketing that I should be aware of?
- Can I cross a picket line?
- Can my employer cancel leave I have already booked for 30 November?
- If I can't get to work on 30 November what can I do? What if I have a personal emergency?

A copy of the general FAQ can be downloaded from the BMA website at:

http://www.bma.org.uk/employmenta ndcontracts/pensions/nhs_pensions_r eform/publicsectorpensionsdayofacti on.jsp?page=2

Please note the BMA's advice that Trade union law is complex and their FAQs are intended to provide a general steer on what you can and cannot do to support the day of action. However, it is important to note that it does not constitute individual legal advice. BMA members requiring clarification on their own position can email the BMA's dedicated day of action advice service at:

30nov@bma.org.uk.

CONTRACT AGREEMENT 2012/13

All GPs should have received a letter from Laurence Buckman, Chairman of the General Practitioners Committee (GPC), dated 2 November 2011, detailing the agreements reached between the GPC and NHS Employers (NHSE) in relation to contract changes for 2012/13. The agreement relates to the following areas of the contract:

- 1. Practice expenses
- 2. Certain QOF points, indicators and thresholds
- 3. New Quality and Productivity Indicators in the QOF
- 4. Choice of GP Practice
- 5. Clinical and Extended Hours Directed Enhanced Services (DESs)
- 6. Carr-Hill formula
- 7. CCG membership

The letter contains links to the following documents, in relation to points 2 and 3 above:

Summary of 2012/13 QOF Changes – available via the Other Guidance section of the LMC website at:

http://www.sheffield-

lmc.org.uk/OG11/Summary of 2012 -13 QOF Changes.pdf

QOF Quality and Productivity (QP) Accident and Emergency Indicators – available via the Other Guidance section of the LMC website at:

http://www.sheffield-

Imc.org.uk/OG11/QOF Quality and Productivity %28QP%29.pdf

A further copy of Laurence Buckman's letter can be downloaded from the GPC website at:

http://www.bma.org.uk/images/gpcle tterprofesscontractagree20112012_tc m41-210420.pdf.

NEW MEDICINE SERVICE

As you will be aware from NHS Sheffield's (NHSS) e-bulletin w/e 30 September 2011, the New Medicine Service commenced on 1 October 2011.

This is a national initiative involving pharmacies, whereby patients started on new medications in 4 disease groups are recruited and followed up to try to improve medicines adherence and compliance and decrease NHS waste. As a result, practices may receive feedback forms from local pharmacists.

Useful BMA guidance on this service can be downloaded from the BMA website at:

http://www.bma.org.uk/images/CPC Fgpbriefingaug2011_tcm41-208573.pdf

LMC Executive representatives met with Sheffield Local Pharmaceutical Committee (LPC) representatives and Peter Magirr (Head of Medicines Management, NHSS), to discuss this initiative just prior to it commencing in Sheffield. It was agreed that we should meet again, approximately 6 months later, to discuss any issues or concerns that GPs or pharmacists might have with this new service. Therefore, it would be appreciated if any comments that GPs would like feeding into this meeting could be forwarded to the LMC office via administrator@sheffieldlmc.org.uk.

MONITORED DOSAGE SYSTEMS

As a result of a letter issued to practices in August 2011, highlighting how contractors can identify when a patient qualifies for a Monitored Dosage System (MDS) under the Discrimination Act 1995, the LMC's guidance on MDSs has been updated.

A copy of the updated guidance can be downloaded from the *LMC Guidance* section of the LMC website at:

http://www.sheffield-

lmc.org.uk/lmc%20guidance/Monitor ed%20Dosage%20Systems.pdf.

SICKNESS CERTIFICATION: GUIDANCE FOR SHEFFIELD GPS

In view of changes to HM Revenue and Customs (HMRC) guidance for employers regarding statutory sick pay, the LMC's Sickness Certification guidance has been updated. A copy of the revised guidance can be downloaded from the LMC Guidance section of the LMC website at:

http://www.sheffieldlmc.org.uk/lmc%20guidance/Sicknes s%20Certification.pdf

We would like to remind practices that any represented GPs or practice staff who have queries regarding the LMC's guidance would be welcome to contact the LMC office for further advice. However, we would ask that patients are <u>not</u> put in direct contact with the LMC office.

VIOLENT PATIENT SCHEME AND TEMPORARY RESIDENTS

Recently it came to the LMC's attention that there have been problems with temporary residents being placed on the Sheffield Violent Patient Scheme (VPS).

We have had discussions with NHSS and it has now been confirmed that temporary residents attending a Sheffield GP practice can be referred to and taken on by the VPS through the normal mechanism.

If practices continue to experience any difficulties it would be appreciated if details could be forwarded to the LMC office via email to:

administrator@sheffieldlmc.org.uk.

NHS GENERAL PRACTICE WORKFORCE CENSUS

The annual NHS general practice workforce census is about to take place. The GPC generally supports this as a means of getting accurate information for negotiators on both sides, to support negotiations in the coming year. This census (as at 30 September each year) is one of three which together deliver statistics on the total NHS workforce. The other two censuses relate to hospital and community health service staff in medical, and non-medical, roles.

General practice workforce statistics in England are compiled from data supplied by or on behalf of around 8,300 GP practices. The NHS Information Centre for health and social care liaises with these organisations and their agents to encourage complete data submission, and to minimise inaccuracies and the effect of missing and invalid data.

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The general practice census aims to gather information on all practices and practice staff in England, including GPs. It delivers a detailed view of the workforce including staff headcount, full-time type, age, gender, and equivalence, country of qualification (in the case of GPs). It also delivers information on practice size (in terms of number of GPs and list size). It has historically been published at the level of Strategic Health Authority (SHA) and Primary Care Trust (PCT).

The collection of information is rigorously vetted and controlled by the Review of Central Returns process which demands ministerial approval for any collection and specifically seeks to reduce the burden imposed on the service.

The majority of the information for the census is obtained automatically from the Connecting for Health/NHAIS/'Exeter' GP practice re-imbursement system, the aim being to reduce the burden imposed on practices. The census has a number of uses, including:

- workforce planning
- planning and development of education and training
- evidence to Doctors' and Dentists' Review Body
- policy development
- monitoring changes in general practice provision (eg by contract type)
- parliamentary accountability (eg in answering parliamentary questions)
- public accountability under the Statistics and Registration Act.

The NHS Information Centre distributes templates to PCTs and PCTs then contact practices to ask for this information. The GPC encourages practices to participate, as it is important that accurate and complete information is available.

PRACTICE NURSE INDEMNITY

The Royal College of Nursing (RCN) has sent a letter to their members regarding indemnity for work undertaken in practices and changes that are due to take place in January 2012.

As a result of this, the GPC is advising practices to check their indemnity arrangements to ensure that the work carried out by their practice nurses is appropriately covered.

Further information can be found on the RCN website at:

http://www.rcn.org.uk/support/legal/changes_to_indemnity_scheme_january_2012

A copy of the letter can be downloaded from the RCN website at:

http://www.rcn.org.uk/__data/assets/ pdf_file/0019/404416/Indemnity_lett er.pdf.

PREMISES COSTS DIRECTIONS

The GPC has amended its guidance *Focus on Premises Costs Directions* to correct an error relating to the three-yearly reviews of notional rent.

The previous version of the guidance incorrectly stated that the level of the Current Market Rental (CMR) value used to establish notional rent could only be reviewed upwards.

After taking legal advice, the GPC has established that this value can be reviewed upwards or downwards, depending on market conditions. This is because paragraph 42 of the Directions requires the District Valuer (DV) to establish the current market rental value of the premises. In doing so, the DV is required by Schedule 2 of the Directions to base his valuation on a number of assumptions, including a notional lease of '15 years, with upward only rent reviews every three years'.

Although the terminology is similar and has caused confusion, the notional <u>lease</u> referred to is not the same as the notional <u>rent</u> received by the practice.

The GPC has stressed that regardless of the technicalities within the Directions, just because notional rents can be reviewed downwards, it does not mean that they should be reviewed downwards, as the level of notional rent depends on the current market and not PCT budgetary constraints.

A copy of the amended guidance can be downloaded from the *Other Guidance* section of the LMC website at:

http://www.sheffieldlmc.org.uk/OG11/Premises%20Costs .pdf.

SOCIAL DETERMINANTS OF HEALTH – WHAT CAN DOCTORS DO?

The BMA has recently produced a report about health inequalities, giving some practical examples of what doctors can do to make a difference.

The report explains how doctors can use their expertise to act as community leaders to tackle this issue. It also explores how the social determinants of health are factors that impact on health and well-being for which there is little control, for example, where we are born, grow up, live, work and our gender and age.

The main topics covered are:

- What are the Social Determinants of Health?
- Why should this be a concern of doctors?
- Practising holistic medicine.
- The interaction of social factors.
- Unemployment and poverty.
- Housing.
- Ill health prevention strategies.
- The NHS as an employer.
- What can doctors do?

A copy of the report can be downloaded from the *Other Guidance* section of the LMC website at:

http://www.sheffieldlmc.org.uk/OG11/Social%20Determinants%20of%20Health.pdf.

ACCESS TO HEALTHCARE FOR ASYLUM SEEKERS AND REFUSED ASYLUM SEEKERS

This BMA guidance has recently been updated and extended. The main areas covered are:

Information about health care for asylum seekers

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- Registering with a General Practitioner
- Prescription charges
- Hospital treatment
- Confidentiality and requests for information from third parties
- Useful contact details

A copy of the updated guidance can be downloaded from the *Other Guidance* section of the LMC website at:

http://www.sheffield-

lmc.org.uk/OG09/Access to Healthc are for Asylum Seekers and Refus ed Asylum Seekers.pdf.

GOOD MEDICAL PRACTICE: CONSULTATION

The General Medical Council (GMC) has launched a formal consultation on the revised text of its guidance document *Good Medical Practice*.

Good Medical Practice is the GMC's core guidance for doctors, which sets out the standards, principles and values expected of all doctors registered with the GMC. The current edition was published in November 2006 and a draft 2012 version is now out for consultation.

The consultation is open to anyone who wishes to respond to the issues in the revised guidance, a copy of which can be downloaded from the GMC website at:

http://www.gmc-

uk.org/Good Medical Practice 2012
Draft for consultation.pdf 4508
1179.pdf

Further details about the consultation and how to respond can be found on the GMC's website at:

http://www.gmcuk.org/guidance/10780.asp

The consultation closes on Friday 10 February 2012.

PRESCRIBING SPECIALS GUIDANCE

The National Prescribing Centre (NPC) has published guidance for prescribing specials.

The guidance explains what specials are and includes five guiding principles based on good prescribing

practice that highlight specific issues to support prescribers in the safe and appropriate use of specials.

Appendix 2, *Prescribing Specials: a quick checklist for prescribers* is a practical checklist for prescribers to print out and use as a tool when prescribing and may be of particular use for GPs.

A copy of the guidance can be downloaded from *Other Guidance* section of the LMC website at:

http://www.sheffieldlmc.org.uk/OG11/Prescribing_Specia ls_Oct2011.pdf.

INTRODUCTION TO REGISTRATION WITH THE CARE QUALITY COMMISSION (CQC)

The Department of Health (DH) recently announced that registration of providers of primary medical services, including general practices, will take place by April 2013. Providers of Out of Hours (OOH) services will still be required to register by April 2012.

The registration process for providers required to register by 1 April 2013 will begin next year.

The CQC has provided a guide aimed at NHS providers of general practice. The guide includes a number of myth busting facts, the main topics being:

- Why must I register?
- What is registration?
- What are the essential standards?
- What evidence will CQC need to judge whether I'm meeting the standards?
- What happens if I don't meet the standards?
- How is CQC developing the process for primary medical services?
- How does the registration process work?
- Monitoring your compliance.

A copy of the guide can be downloaded from the *Other Guidance* section of the LMC website at:

http://www.sheffieldlmc.org.uk/OG11/Registration%20wi th%20CQC.pdf.

SUPPORTING THE HOME OXYGEN SERVICE

Article submitted by Peter Magirr, Head of Medicines Management, NHS Sheffield

It is now more than 5 years since the provision of home oxygen moved to regional contract supply; in our area via Air Products Plc, with ordering via the Home Oxygen Order Form (HOOF) rather than on prescription.

The HOOF specifies the detail of the oxygen to be supplied and leads to a daily rate of charge being billed to primary patient's organisation (irrespective of where the HOOF originates). There are over 40 different charge rates dependent on what is being provided, for example LTOT attracts a charge of £1.57 per day; whereas a of LTOT combination ambulatory oxygen can cost £5.41 per day (circa £2,000 pa). Whatever the oxygen requirements of the patient it is important that they are specified accurately on the HOOF. It is also very important to note that the HOOF continues until superseded by another HOOF or cancelled, so appropriate review is both clinically and economically essential.

In order to support practices in managing the requirements of home oxygen a support pack has been produced and will be sent out later this month. In addition practices will be provided with details of their patients' usage of oxygen to support appropriate review.

For further details about the home oxygen service contact Peter Magirr on (0114) 3051330 or any member of the PCT medicines management team.

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

Email:

administrator@sheffieldlmc.org.uk

Post: Sheffield LMC, Media House, 63 Wostenholm Road, Sheffield S7 1LE

Articles for the December 2011 edition of the LMC newsletter to be received by Monday 12 December 2011.

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