



*'Representing and
Supporting GPs'*

**ACTIVITY UPDATE
JULY TO DECEMBER 2011**

INTRODUCTION

Over the years the LMC Executive has received numerous requests for more information about the work of the LMC, the types of issues and negotiations the LMC is automatically involved in and those that practices might request assistance with.

As a result we produced *A Guide to Your Local Medical Committee*, available via:
<http://www.sheffield-lmc.org.uk/Downloads/LMC%20Guide.pdf>.

More recently, it has been suggested that whilst the guide gives a general overview of the LMC, it does not offer any specific examples of pieces of work, areas of expertise etc. Therefore, it has been agreed that a new publication will be produced, the first edition of which is this *Activity Update July to December 2011*.

A copy of this update has been emailed to all represented GPs and Practice Managers. Further copies can be downloaded from the *LMC Reports* section of the LMC website at:
http://www.sheffield-lmc.org.uk/lmc_reports.htm

In addition, hard copies can be requested from the LMC office via email to:
administrator@sheffieldlmc.org.uk.

We hope that GPs and Practice Managers will find the update 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, suggestions for future editions etc via email to:
manager@sheffieldlmc.org.uk.

PRIMARY/SECONDARY CARE INTERFACE

LMPAG: An LMC/Medical Staff Committee Professional Advisory Group (LMPAG) was set up some years ago as an important interface between primary and secondary care clinicians. The role of this group has recently been reviewed, in light of the Health and Social Care Bill, and it has been agreed that this will primarily be a forum for discussion between the Medical Staffs Committee of Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) and the LMC, with representation to be invited from Sheffield NHS Clinical Commissioning Group (CCG). In view of the major impact the STHFT based community services have on primary care, it has also been agreed to invite representatives from this directorate.

STHFT Management: Meetings have also taken place with STHFT hospital management to explain the role of the LMC, particularly in relation to influencing and monitoring decisions affecting primary care.

LMC Representation: In view of the importance of effective primary/secondary care communications, the LMC welcomed Dr Alison Wright to the committee as a deputy secondary care consultant representative for Dr John West, thus increasing secondary care attendance at the monthly meetings of the full LMC.

Sheffield Health and Social Care Trust (SHSC): Discussions have centred on LMC representation of SHSC managed practices and GP involvement in detention under the Mental Health Act. The latter negotiations resulted in guidance being issued for GPs.

PERFORMANCE

Screening Group/Reference Committee: The LMC Executive attended monthly Screening Group meetings to ensure probity and assess the progress of cases through the performance arrangements. More serious cases were handled in a similar way at Reference Committees and Extraordinary Reference Committees.

Maintaining High Professional Standards (MHPS): With the reorganisation of the NHS, the local performance arrangements are now held at cluster level across South Yorkshire and Bassetlaw and are referred to as the MHPS Group and the MHPS Committee. The policy has changed significantly and we have been instrumental in influencing that. In the coming months we need to ensure that the new arrangements continue to be effective, as we believe Sheffield has an excellent track record of dealing with these difficult areas. Sheffield LMC Executive strongly believes local GPs are entitled to local representation by the LMC and also have local LMC involvement in the MHPS structures. We continue to negotiate for this to be implemented.

DRUGS/PRESCRIBING

Sheffield Area Prescribing Committee (APC): Sheffield LMC has always taken an active involvement in drug and prescribing issues and has, for many years, had representation on the APC. The LMC Secretary is APC Vice Chair and attends monthly meetings. This is an important forum in which to discuss issues such as Shared Care Protocol development, classification of drugs on the Traffic Light Drugs List, NICE Guidelines and inappropriate requests for GP prescribing.

Sheffield Local Pharmaceutical Committee (LPC): Regular contact is maintained with the LPC and, where appropriate NHS Sheffield (NHSS) Medicines Management Team representation is also invited to meet with the LMC. Recent negotiations have included the use of Monitored Dosage Systems, Medicines Use Review developments, the introduction of the New Medicine Service and the Care Homes prescription ordering process.

Substance and Alcohol Misuse Services: After problems had arisen in negotiations between the Sheffield Drug and Alcohol Abuse Service (DAAT) and practices providing these services, the LMC has been involved in re-negotiating contracts, which is now finally reaching a conclusion after many months.

SHEFFIELD CITY COUNCIL

Sheffield LMC Executive has maintained links with Sheffield City Council (SCC) in a variety of areas over the years. Our recent negotiations include:

School Absence Certification: Negotiations continue regarding requests for GPs to provide evidence for school absences, which have been occurring since October 2009 and are nearly at completion.

Private Fostering: Negotiations recently concluded and guidance will be issued shortly to all Sheffield GPs regarding arrangements that are in place for private fostering reports.

GP Reports for Medical Rehousing: This issue has been on-going since December 2009. Following several meetings, draft guidance was agreed. However, it has yet to be published due to hold up with the Council's legal team since February 2011.

Managing Children's and Young People's Identified Health Needs in Schools and Other Settings: A large piece of work was the creation of a new policy for the use of medication in schools, which has involved numerous meetings with SCC and Public Health representatives. However, a helpful document has been approved which should be published shortly.

GP Involvement in Safeguarding: There have been a number of unrealistic expectations on GPs, particularly around meeting attendance, issuing of reports, release of medical information etc. We are currently in negotiations with SCC and hope to come to a citywide agreement as to the expected involvement of GPs for all safeguarding cases.

NHS SHEFFIELD (NHSS)

LMC Executive and Secretariat representatives met with NHSS representatives at the LMC office in July, September and November to discuss issues of mutual interest or concern. Where issues require more time and consideration than is practical at the monthly LMC/NHSS meetings, more detailed negotiations take place. In the last 6 months the following issues have warranted this:

Quality and Productivity QOF: Negotiations took place around what GPs could reasonably be asked to do in relation to this part of the QOF. Following this the LMC Executive offered support and advice to a number of practices that were having difficulties, particularly in relation to the prescribing element.

NHSS Communications with GPs: Following concerns being raised by NHSS regarding practice access to their e-bulletin, the LMC assisted in a review process, giving practices the opportunity to suggest changes/improvements, report concerns/problems etc. This resulted in a number of changes to the format and content of the e-bulletin.

Use of 084 Numbers in the NHS: Following numerous email communications and meetings between LMC, NHSS and KCOM representatives, it transpired that it would not be possible to negotiate a citywide solution, as practice specific data and price plans could not be shared with the LMC or NHSS. However, agreement was reached on interim call back policies, which all practices now have in place and the issue has been passed to localities to work on with their member practices.

Care Homes LES: Negotiations are currently taking place regarding proposed changes to this LES.

Homeless LES: We successfully mediated between practices and NHSS over proposed changes to this LES. We anticipate being formally involved in future changes to this LES.

Patient Participation DES: Reported misinterpretation of the regulations was discussed, following which a note of the salient points and links to helpful guidance documents were distributed to all practices via the December LMC newsletter.

COMMISSIONING

Health and Social Care Bill: As the Bill made its way through parliament a parallel process was going on around the country and certainly in Sheffield to prepare the NHS for the proposed changes. We were able to publish the results of our commissioning poll in July. The LMC was involved in protracted discussions with NHSS and GP colleagues around the need for engagement and inclusive arrangements in commissioning.

CCG Development: We have recognised the strength in general practice in having one CCG but also the desirability of strong localities helping practices to deliver commissioning. The LMC Manager was the Returning Officer for the citywide GP elections, which had a high turnout and has helped to deliver a mandate for the citywide elected GPs on the CCG.

LMC/CCG Relationships: The LMC has always had a close working relationship with NHSS and there is a need to explore how this will continue with the new commissioning structures, as well as with the new structures holding the primary care contract, which will be separate from commissioning. The CCG met in public for the first time in October and Tim Moorhead was elected as Chair at the December meeting. The agenda continues to move forward rapidly and is very broad. We anticipate that over the next few months conflicts of interest and Commissioning Support Organisations (CSOs) will be two major topics concerning both commissioners and the LMC.

CCG Communications: Ian Atkinson, Chief Operating Officer, NHSS and Tony Pedder, Chairman, NHSS attended the October meeting of the full LMC to update members on the formation of the CCG. The LMC requested regular updates for practices and, as a result, the CCG distributed its first newsletter at the end of December.

REGIONAL/NATIONAL NEGOTIATIONS

Yorkshire and Humber LMCs Alliance: We are increasingly attempting to liaise with colleagues outside of the city. We have quarterly meetings with the Yorkshire and Humber LMC Alliance and there are occasionally meetings arising from this, such as an opportunity to speak off the record with the Chief Executive of NHS Yorkshire and Humber in the summer.

LMC/GPC Negotiator Meetings: We have the opportunity to hear from the GPC Negotiating Team representatives twice a year and have an opportunity to ask questions of the people directly involved in negotiating our national contracts.

LMC Secretaries Conference: Historically, Sheffield LMC has always sent the Secretary and Manager to the national LMC Secretaries Conference at BMA House. This is an important opportunity to listen to a number of keynote speakers, question the GPC negotiators, attend workshops and network with other LMCs. A detailed report of the 2011 Secretaries Conference will be issued shortly under separate cover.

MISCELLANEOUS MEETINGS/NEGOTIATIONS

Frequent ad hoc meetings and negotiations take place, which are too numerous to mention individually. The main areas that we feel will be of interest to GPs are as follows:

Sheffield GP Collaborative: Regular meetings are held with Sheffield GP Collaborative representatives to discuss issues such as Collaborative pay rates/enhancements, out of hours clinical feedback, the GP Assessment Unit and unscheduled care.

Seasonal Flu Programme 2011/12 Housebound Patients: Negotiations continued to ensure that District Nurses would vaccinate housebound patients on their caseloads. Negotiations are due to resume in order to agree further improvements in time for the 2012/13 programme.

Practice Disputes: The LMC Executive has assisted in disputes between practices and NHSS regarding issues such as PMS remuneration and notional rent, as well as seeking clarification on issues such as temporary resident access to the Violent Patient Scheme (VPS).

LOCAL/NATIONAL PRESS

The LMC Executive all undertook media training, which was made available by the BMA during the autumn. This was an extremely useful session. Whilst we do not have a media campaign in mind, we do think a little more involvement with local media, and maybe the GP press, might be helpful at times.

PRACTICE MANAGER ENGAGEMENT

Practice Manager Meetings: In order that the services available to all represented GPs and practices in Sheffield are fully utilised, the LMC Secretariat has been working to increase the level of engagement with Practice Managers across the city. When possible, the LMC Manager attends the monthly HASC Managers Meeting, which is felt to be a useful forum to ensure the LMC is aware of concerns affecting Practice Managers. If other localities have other groups they feel it would be helpful to have LMC representation at, the Secretariat would be keen to consider what would constitute an effective and appropriate level of engagement.

Practice Manager Visits: The LMC has been visited by a number of Practice Managers who wished to find out more about the role of the LMC. Initially, this invitation is being extended to Practice Managers who are new to their post, and who may be new to Sheffield, primary care or the NHS. These have been very useful meetings in ensuring new Practice Managers are aware of the work of the LMC and how we can help, and has also generated suggestions of areas of work the LMC may consider greater involvement in in the future. As a result of the success of these meetings, it is hoped that we will soon be able to extend the offer of visiting the office to all Practice Managers.

LMC OFFICE IMPROVEMENTS

Several improvements have been made to the infrastructure of the LMC office as we continue to explore new, more efficient ways of working.

IT Review: An IT review indicated a need to have improved hardware to support the LMC's desire to work more electronically. As a result, we purchased additional memory for one of the older PCs and a new laptop for the Manager. We hope to purchase a NAS drive in the coming months that will allow for more information to be saved electronically. In preparation for the additional capacity this will generate, we have recently had the photocopier set up as a printer and scanner at no additional cost. This has enabled large volumes of files to be archived at greater speed than previously, making searching and retrieving documents much more efficient and easing the lack of storage space for hard copy information. In time, it is expected that using the photocopier as a printer will reduce printing costs.

LMC Website: The LMC website was reviewed and a new archive section added, which we hope will make it easier to use. Comments and suggestions on further improvements to the website are always welcome via email to administrator@sheffieldlmc.org.uk.

Office Telecommunications: The next project to be undertaken is a review of office telecommunications. The current phone system has been in operation since 1997 and is in need of replacement. As part of this review, we are considering the need to keep a separate fax line, and if it decided that the LMC still needs a fax number, we will be investigating cheaper options.