

# SHEFFIELD LOCAL MEDICAL COMMITTEE

# NEWSLETTER

## AUGUST 2006

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### **ELECTED MEMBER VACANCIES ON SHEFFIELD LMC**

The full membership of the LMC totals 24 elected members. Due to a combination of personal and work circumstances over the last 6 months, two elected members have found it necessary to resign their places. Therefore, the LMC Executive would like to announce that there are two vacancies available on the LMC running until the end of the current electoral term, ie November 2008.

Meetings of the full LMC are held on the second Monday of the month at 7.45 pm at HSBC Sports and Social Club in Dore.

In addition, members are encouraged to represent the LMC on other committees and this is either 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 important topical issues and influencing or making policy in order to represent the breadth of general practice in Sheffield. It 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 different views across the city.

The LMC would encourage you to consider applying for one of the vacancies.

Please forward expressions of interest to Margaret Wicks at the LMC office, either via email - [manager@sheffieldlmc.org.uk](mailto:manager@sheffieldlmc.org.uk) or post - Sheffield LMC, Media House, 63 Wostenholm Road, Sheffield S7 1LE.

If you require any further information or would like to discuss this prior to making a decision, please do not hesitate to ring Margaret on (0114) 2588755.

### **CHOOSE AND BOOK UPDATE**

The LMC's original position on Choose and Book (C&B) was taken because of the local decision expecting practices to go through unnecessarily bureaucratic hoops to achieve the first part of the booking DES, even though it was not possible to perform electronic booking. Pressure was being put on practices regarding the June 2006 target.

The position has now changed. The LMC Executive was pleased to see the removal of the June target for achieving the first part of the booking part of the DES.

Many practices are now beginning to be able to book electronically (in line with the DES) and the LMC recommends that practices should feel able to make their own decision whether or not to

take part in the C&B DES. There is a caveat that should be noted, in that the first part of the booking payment can be claimed back at the end of the financial year if the second part of the booking target has not been achieved. To quote the GPC *“Both aspiration payments in the C&B DES are recoverable if the relevant targets are not reached, but the two components of the DES are not linked. So if a practice fails to meet its 50% C&B bookings target for Sep-Feb, its booking aspiration payment can be recovered, but its choice aspiration payments cannot, as long as the practice reaches the 60% survey result target”*.

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**PRACTICE BASED  
COMMISSIONING (PBC)  
CONSORTIUM AGREEMENTS**

The General Practitioners Committee (GPC) would be grateful to receive any examples of local PBC consortium agreements that the LMC has access to and permission to share. It would be appreciated if any consortia with agreements in place could consider whether or not they would be happy to share these with the GPC and, if so, could forward a copy to the LMC, preferably by email to - [manager@sheffieldlmc.org.uk](mailto:manager@sheffieldlmc.org.uk).

Thank you.

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**INSURANCE REPORTS**

GP Reports & Supplementary Reports

The British Medical Association (BMA) and the Association of British Insurers (ABI) have reached agreement on fee rates for GP reports and medical examinations undertaken for life assurance and income protection purposes in the UK. Fees will rise by 6% each year from 2006 to 2011. The implementation date for the first increase is 1 September 2006, with a subsequent rise on 1 April in each of the four subsequent years. The BMA also advises members that information should be provided in the manner requested and should be as complete as possible providing a synthesis of essential details from the mass of

undifferentiated information held on the medical record. Copies of patient records are not appropriate and reports should be returned within 20 working days of a request being received.

Targeted Reports

The BMA's Professional Fees Committee (PFC) has been informed by the ABI of their intention to introduce targeted reports and is aware that the reports are being piloted. The PFC has received a number of queries recently, indicating that they are now in wider use. The Committee has not supported the introduction of these targeted reports and, therefore, there is no fee agreement with the ABI. Whilst the BMA-ABI agreement remains in place for the GP and supplementary reports, PFC would suggest that doctors charge at their own rate for undertaking targeted reports. There is no obligation on the doctor to undertake the work.

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**CHRONIC KIDNEY DISEASE  
MANAGEMENT**

A number of queries have been received in the LMC office with regard to the new QOF indicators for chronic kidney disease (CKD). This has caused a certain amount of concern nationally because of the significant amount of work that will be involved and also the evidence base for the necessary targets. However, the LMC Executive would wish GPs to note the availability of the Sheffield Kidney Institute Management Guidelines and Algorithm which are particularly helpful documents. A copy of the guidelines and algorithm can be downloaded from the Sheffield Kidney Institute website at: [www.ski.group.shef.ac.uk/ski.html](http://www.ski.group.shef.ac.uk/ski.html)

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**GP PRACTICE  
WORKLOAD SURVEY**

The above survey is to be carried out by the Information Centre for Health and Social Care's Technical Steering Committee on behalf of the British Medical Association (BMA), NHS Employers and the Department of Health (DH). The survey will include the work of the whole practice, including GPs, nurses,

physiotherapists, managers, community nurses, receptionists and other support staff. The previous workload survey, which took place in 1992, covered the work of GPs only. The survey will take place in two phases in September and December and aims to collect information on the distribution of work for all the different groups of staff in general practice. Participating staff will be asked to complete a short questionnaire and a diary sheet to record the amounts of time spent on different activities at the practice for a one week period. A news release from The Information Centre noted:

- As many as possible of the invited practices are needed to respond, in order to obtain representative information on the distribution of workload in today's practices.
- The decision to cover all staff working in general practice recognises the valuable contribution made by the different categories of staff.
- The survey has the backing of the General Practitioners Committee (GPC). As part of the new contract agreement there was a commitment to monitor practice workload to help to ensure that resources kept pace with any changes. Dr Hamish Meldrum, Chairman of the GPC, stated that “this survey is an important element of that work and I hope that practices will take the time and effort to participate in the survey”.

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**HEALTHCARE  
COMMISSION DIABETES  
SURVEY: GPC ADVICE**

The General Practitioners Committee (GPC) has been in discussion with the Healthcare Commission and Information Commissioner, following concerns being raised with them regarding the above survey. The GPC accepts that the aims of the survey are worthy but feel that practices will wish to consider for themselves whether or not they wish to take part.

The GPC has issued a summary of the key points GPs will wish to know, drawing particular attention to point 5:

1. GPs may involve themselves in the Healthcare Commission survey looking at diabetes care as its aim is to improve services in the public interest.
2. Those handling the patient identifiable information must be subject to confidentiality undertakings if they are not health professionals. We have been given assurances that those involved have signed up to the Caldecott rules.
3. No honorary contract is necessary - GPs should not sign the honorary contract that PCTs may have sent them.
4. All practices taking part in disclosing patient names and addresses must keep a record of the reasons for doing so.
5. All practices should make it clear in their surgeries through leaflets and posters exactly how patient information is being utilised. This is good practice, irrespective of whether or not the practice is taking part in the Healthcare Commission survey. Fair processing means that practices should do all that is reasonable in the circumstances to ensure that patients are aware of what is happening to their information and even in certain circumstances, contact those patients directly for consent where it is not unreasonable to be expected to do so (see 6).
6. If a practice has only a handful of diabetic patients and it is relatively easy to contact those patients to inform them of the disclosure, then the practice should do so. GMC guidance could be interpreted that consent is sought from all patients. However the legal position allows some flexibility around what is reasonable. All practices should be aware of the joint Department of Health (DH) and GPC Code of Practice on Confidentiality and Disclosure which can be found at:  
<http://www.bma.org.uk/ap.nsf/Content/codepractice?OpenDocument&Highlight=2.Code.Practice.on.Confidentiality> (log in required).

7. Section 60 of the Health and Social Care Act is usually reserved for drastic or emergency cases and in the light of the interpretation of the DPA, should not be applied here.

There are relevant posters and leaflets available on the Healthcare Commission website at:

<http://www.healthcarecommission.org.uk/nationalfindings/surveys/patientsurveys/diabetessurvey/informationforpcts&approvedsurveycontractors.cfm#publicity>:

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### **NHS PENSION SCHEME REVIEW**

The Government has recently published a consultation document for a review of the NHS pension scheme in England and Wales. A three month consultation will commence on 1 September 2006. The proposal is for the new scheme to start in 2007 with changes for existing staff implemented from April 2008. All NHS staff and employers will be receiving documents about the review which will outline how they can make their views known. Copies of the full consultation document can be accessed via the NHS Employers website at:  
[www.nhsemployers.org](http://www.nhsemployers.org).

The British Medical Association (BMA) pensions department is studying the document and will be preparing a statement for the BMA website. They are keen to hear doctors' views via email to:  
[info.pensionsreview@bma.org.uk](mailto:info.pensionsreview@bma.org.uk).

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### **GOOD DOCTORS, SAFER PATIENTS**

The above report on medical regulation by the Chief Medical Officer was published in July 2006. This is a major review of medical regulation, prompted by the Shipman inquiry. The British Medical Association (BMA) has issued a press release and intends to consult its members. Whilst there are a number of proposals within the report that the BMA is welcoming, some proposals are described as highly controversial recommendations for the future of

medical regulation. A copy of the full report (218 pages) can be:

- downloaded (in pdf format) from the Department of Health website:  
[www.dh.gov.uk/assetRoot/04/13/72/76/04137276.pdf](http://www.dh.gov.uk/assetRoot/04/13/72/76/04137276.pdf)
- Emailed to practices (in pdf format) by the LMC office. Please email a request to [adminassistant@sheffieldlmc.org.uk](mailto:adminassistant@sheffieldlmc.org.uk)

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### **ATOMOXETINE**

The ADHD shared care protocol has recently been revised and approved. As a result, Atomoxetine has moved from Red to Amber on the Traffic Lights Drug List.

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### **A NUMBER THAT IS UNIQUE TO YOU**

Earlier this year the General Medical Council (GMC) circulated the above leaflet to all registered doctors. Copies were included in issues of GMC Today. If any doctor would like to request a further copy, they can do so by contacting the GMC via email – [regservice@gmc-uk.org](mailto:regservice@gmc-uk.org) or telephone – 0845 357 3456.

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### **HEALTH REFORM IN ENGLAND: UPDATE AND COMMISSIONING FRAMEWORK**

The Department of Health (DH) recently published a commissioning framework which "...provides an update about health reform. It then focuses on commissioning NHS services, and in particular hospital services. It sets out a framework detailing key changes designed to strengthen commissioning and ensure commissioning drives health reform, improved health and healthcare, and improved financial health for the NHS". The framework comprises of a 46-page document and an 84-page annex. Appendix D of the Annex is a consultation on a proposed PBC governance and accountability framework. The deadline for a response is 6

October 2006. The documents can be:

- downloaded (in pdf format) from the DH website:  
[www.dh.gov.uk/assetRoot/04/13/72/27/04137227.pdf](http://www.dh.gov.uk/assetRoot/04/13/72/27/04137227.pdf)  
[www.dh.gov.uk/assetRoot/04/13/72/30/04137230.pdf](http://www.dh.gov.uk/assetRoot/04/13/72/30/04137230.pdf)
- Emailed to practices (in pdf format) by the LMC office. Please email a request to [adminassistant@sheffieldlmc.org.uk](mailto:adminassistant@sheffieldlmc.org.uk)

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### **SENDING ATTACHMENTS TO GP RECORDS IN ELECTRONIC FORM**

The Joint GP IT Committee (JGPITC) of the General Practitioners Committee (GPC) and the Royal College of General Practitioners (RCGP) has issued guidance on the transfer of electronic documents (not the core record) between practices, or from practice to PCT, where the documents are not also being sent in hard copy. It responds to the increasing number of scanned documents being transferred (where the original has been shredded) in electronic form when a patient leaves a practice. A copy of the guidance can be:

- downloaded from the GPC website (in pdf format):  
[http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFgpcnews12app2/\\$FILE/News+1+-+Appendix+2+-+IMT+update.pdf](http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFgpcnews12app2/$FILE/News+1+-+Appendix+2+-+IMT+update.pdf)
- Emailed to practices (in pdf format) by the LMC office. Please email a request to [adminassistant@sheffieldlmc.org.uk](mailto:adminassistant@sheffieldlmc.org.uk)

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### **HOMEOPATHY SERVICES**

It has been brought to the LMC's attention that, as a result of the withdrawal of funding, the homeopathy service at the Menopause Clinic at Central Health Clinic is no longer available.

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### **NEW PRESCRIPTION STATIONERY**

Sheffield Teaching Hospitals NHS Foundation Trust has worked in consultation with Sheffield PCTs to revise and

standardise the Discharge Note (TTO) and the Outpatient Prescription. All hospitals within the Trust will adopt the new prescription stationery, which will be available from September 2006. Their use will be phased in over a three month period. Any remaining copies of the old versions will be withdrawn from use in November 2006.

The new TTO and outpatient prescription include several new features which will enhance the quality of information about medicines received by GPs from the Trust, as follows:

- Sections for recording the patient's allergy status and weight (to be completed where clinically appropriate).
- A new column under the heading 'Duration of Treatment' which will be ticked to enable GPs to easily identify those medicines which are to be continued.
- Sections for detailing the follow up arrangements, primary diagnosis, procedures, operations and any other active conditions or complications.
- Sections for providing information about medicines which have been stopped during admission.
- Details of the consultant caring for the patient on the TTO, and the consultant and clinic on the outpatient prescription. This will assist staff at the surgery to identify and contact the appropriate consultant secretary with any queries.

The outpatient prescription includes a copy for the patient's GP, which will be given to the patient to take to their GP.

The new TTO includes a copy for the patient's GP and a copy which will be given to the patient on discharge. This will ensure that the information is available to the GP should they undertake a home visit within 48 hours of discharge.

Recently the Trust piloted the system of delivering a copy of the TTO to the GP surgery by the round robin service. This was very successful and ensured that the surgery received the TTO

within 48 hours, in the majority of cases. It is intended that this system will be rolled out to all wards and hospitals within the Trust.

If you have any queries please contact Nicky Thomas, Clinical Governance Pharmacist on tel: (0114) 226 1316 after Monday 4 September 2006.

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### **SAFER MANAGEMENT OF CONTROLLED DRUGS (CDS)**

Guidance was published on 30 June 2006 entitled *Safer Management of Controlled Drugs (CDs): Private CD Prescriptions and Other Changes to the Prescribing and Dispensing of Controlled Drugs (CDs)*. The guidance sets out the action required to implement a series of changes to the way controlled drugs for human use are prescribed and dispensed and the monitoring of this activity. The arrangements came into force on 1 April 2006 and have now been given statutory backing in the Misuse of Drugs Regulations which came into effect on 7 July 2006. A copy of the guidance can be:

- downloaded (in pdf format) from the department of health website:  
[www.dh.gov.uk/assetRoot/04/13/67/30/04136730.pdf](http://www.dh.gov.uk/assetRoot/04/13/67/30/04136730.pdf)
- emailed to practices (in pdf format) by the LMC office. Please email a request to [adminassistant@sheffieldlmc.org.uk](mailto:adminassistant@sheffieldlmc.org.uk)

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)

Fax: (0114) 258 9060

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Articles for the September 2006 edition of the LMC newsletter to be received by **Tuesday 12 September 2006.**