

# SHEFFIELD LOCAL MEDICAL COMMITTEE

# NEWSLETTER

# JULY 2007

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### ***DISTRICT NURSING SERVICES AND QOF REPORTING***

A number of queries have been received at the LMC office regarding the collation of data from District Nurses for the purposes of QOF. At a recent meeting of the LMC Executive and District Nurse Managers, it was agreed that practices would be responsible for inputting data onto their systems as part of their responsibility in earning QOF money. However, practices should negotiate with their District Nursing team to agree a format for collating information relevant to the QOF that District Nurses collect during home visits. Practices may wish to look at local agreements with their District Nursing Team regarding a paper or IT format of collating this information in a uniform manner.

### ***HPV VACCINE & VARENICLINE QUERIES***

The LMC office has received a number of questions from practices with regard to the

prescription of HPV vaccine and Varenicline. The LMC Executive has raised these issues with Sheffield PCT's Medicines Management Team. The current situation is as follows:

#### HPV Vaccine

You may well have seen in the press and on the news recently that the Joint Committee on Vaccination and Immunisation (JCVI) has recommended that girls aged 12 should be vaccinated against the sexually transmitted human papilloma virus. The JCVI is to recommend that the vaccination should be given to girls in the first year of secondary school and to call for a 'catch up' programme for those aged 13-16. Two vaccines, Gardasil and Cervarix have been developed, both costing around £300 for three doses, given over 6 months. An estimated 350,000 girls will be eligible for vaccination, thus costing £105M. As yet there has been no guidance on the implementation and the funding of this vaccine programme. Therefore, the LMC

Executive's advice would be to wait for central government and DOH vaccination policy which is expected early in the New Year.

Queries have been received in the LMC office regarding whether Sheffield GPs could offer this vaccine privately to their patients. The GPC's response to this is as follows:

There has been no decision yet as to how provision of the vaccines will be funded. Therefore, GPs are theoretically entitled to prescribe the vaccine privately – so long as they do not charge for this service. The patient receiving the treatment would have to pay the pharmacist for the vaccine itself and over the course of a three injection programme, the cost of this is not insignificant, so patients would need to be made aware of the potential cost that they may face in advance. Additionally, as no national guidance has been provided on its use, any GP wanting to prescribe this vaccine at this stage, should consider extremely carefully the possible

clinical implications of treating the patient.

### Varenicline

This has been waiting for NICE advice and the Final Appraisal Document (FAD) and deadline for appeals against the advice was 13 June 2007. The advice, as it stands in the FAD, is that Varenicline should be used as an option for smokers waiting to quit but it should normally be prescribed as part of a programme of behavioural therapy. As the FAD has not been officially approved the LMC Executive would advise that GPs wait for NICE guidance.

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### **HEALTHCARE CONNECTIONS PANDEMIC INFLUENZA MANAGEMENT SCHEME**

A number of practices have contacted the LMC office with regard to letters received from this company. The original communications implied that further information and a clinical judgement had been requested on the patients, with regard to their fitness to receive Tamiflu. No written patient consent was provided.

The LMC office contacted Healthcare Connections who confirmed that these letters were intended for information only and it was not necessary for practices to provide any further medical information. The standard letter issued by Healthcare Connections regarding a patient's registration with a pandemic influenza management scheme has subsequently been amended, by removing the sentence which may have been misleading. However, unfortunately, some letters were already in the postal system and if these have been received by practices they can be ignored.

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### **VAT ON MEDICAL SERVICES**

The LMC has recently been made aware of two important documents that can be accessed

via the HM Revenue and Customs website:

1. VATHLT2130 - A summary table which outlines the VAT liability of different services provided by doctors:  
[www.hmrc.gov.uk/manuals/vatmanual/vathealth/VATHLT2130.htm](http://www.hmrc.gov.uk/manuals/vatmanual/vathealth/VATHLT2130.htm)
2. Link to VAT Information Sheet 05/07 which provides:
  - Advice about how health professionals can register for VAT.
  - Information about the VAT treatment of the goods and services they provide.
  - Advice about how much VAT can be recovered on purchases.  
[http://customs.hmrc.gov.uk/channelsPortalWebApp/channelsPortalWebApp.portal?\\_nfpb=true&\\_pageLabel=pageVAT\\_ShowContent&id=HMCE\\_PRODI\\_026825&propertyType=document](http://customs.hmrc.gov.uk/channelsPortalWebApp/channelsPortalWebApp.portal?_nfpb=true&_pageLabel=pageVAT_ShowContent&id=HMCE_PRODI_026825&propertyType=document)

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### **COMMERCIAL OFFERS**

The LMC office has been made aware that there are private companies setting up in Sheffield with the remit to acquire small GP practices in deprived areas. The LMC Executive is aware that this is not the first time that such moves have been made in the area and we feel that we should make local practices aware of the situation, in order that they can seek advice either from the LMC office, the BMA or the GPC.

We have been in contact with Sheffield PCT and have received confirmation that they are in agreement that the regulations with regard to vacant practices will be adhered to, including contestability, public consultation with patients within the practice area and involvement of the LMC in any decision regarding disposal of vacant practices.

It is, of course, initially up to individual practices how they would wish to proceed in a

commercial market but we would advise extreme caution at this stage and would welcome any examples of such approaches.

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### **LONG TERM FOLLOW-UP OF CANCER SURVIVORS**

*Article submitted by  
Diane Greenfield, Research  
Fellow, Sheffield Cancer  
Research Centre*

Are GPs best to follow up cancer survivors? Do you have adequate resources? Your surgery or hospital - where should cancer survivors be seen?

Your views are urgently needed to help this timely research being carried out by the Sheffield Late Effects Group, to plan what is the best course of practice in the follow-up of the increasing number of cancer survivors being discharged from specialist care.

You will shortly be sent links to the survey via email. It need only take 5 or 10 minutes to complete but your views are vital to the Late Effects Group and the future of care for cancer survivors.

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### **INTERESTED IN JOINING A YOUNG GPs GROUP?**

*Article submitted by  
Dr Alicia Ramtahal*

Discuss current issues, keep up to date or just air problems encountered during day to day practice.

Contact Alicia at [aliciaram@hotmail.com](mailto:aliciaram@hotmail.com) or call 07960057648.

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### **SHARPER THINKING** *PgCert Cardiovascular Medicine for Primary Care Physicians*

*Article submitted by  
Professor K S Channer,  
Sheffield Hallam University*

This work-based distance learning award is for GPs working in primary care with a special interest in cardiology who wish to develop their clinical

skills for work in community-based cardiac clinics. This is a two year part-time course beginning in September 2007, with attendance being four Saturdays in each academic year.

This course will develop:

- clinical skills
- interpretation of cardiological investigations
- clinical judgement and treatment decisions

The PgCert has four modules which will provide clear, practical guidance for clinical use:

- clinical history and examination
- non invasive investigations
- echocardiography
- practical therapeutics in daily practice

Sponsorship bursaries may be available to help towards course fees. To find out more call 0114 2252373 or email [pep-enquiries@shu.ac.uk](mailto:pep-enquiries@shu.ac.uk).

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**COMMISSIONING  
REHABILITATION: PRACTICAL  
GUIDANCE FOR SERVICE  
PROVIDERS**

*Article submitted by  
Neil Bindemann, Secretariat  
Team, Community Rehabilitation  
Team Network Office*

*Community Rehabilitation Team  
(CRT) Network Annual  
Conference  
20 September 2007  
University of Sheffield*

Come and network with our expert panel of speakers and other delegates. Participate in a practical session that considers commissioning challenges you are likely to face in a rapidly changing healthcare service.

This is a conference that will tell you what you need to know about:

- What commissioners want
- What you need to take into account when marketing your service to commissioners

- Key workforce issues including redesign and development
- How to redefine your service to meet commissioning priorities.

Please note that the registration fee for individual delegates increases after 31 July and that there is a special block booking price for CRT Network members. Conference programme and booking form available from: [www.rehabteams.org/CRTconference.pdf](http://www.rehabteams.org/CRTconference.pdf).

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**SHEFFIELD PCT  
DISABILITY EQUALITY  
SCHEME**

*Article submitted by Heather  
Burns, Disability Development  
Manager, Sheffield PCT*

The Disability Equality Duty came into effect in December 2006, placing a statutory obligation upon the public sector to promote equality for disabled people through the publication of a disability equality scheme and action plan. This Duty extends the responsibilities set out under the Disability Discrimination Act (DDA) 1995, amended 2005. Sheffield PCT will be promoting activity to enable us to improve disability equality through our full 3 year action plan published on the internet at:

<http://www.sheffieldpct.nhs.uk/>

We have included the following themes based on what disabled people have told us we need to do:

- Improve access to buildings and to services in general in primary and secondary settings.
- Smooth the move from services for disabled children to adult services.
- Address gaps in specialist services in the community.
- Ensure that services we commission through hospitals and primary care achieve disability equality around access.

- Treat disabled people with dignity and respect.
- Increase the positive profile of disabled people to promote better inclusion.
- Give disabled people more opportunities to feedback about their experiences of services.
- Use more accessible materials when communicating with disabled people.
- Make sure everyone knows that part of their role is to promote disability equality through improved staff training.
- Make sure our employment policies are doing as much as they can to attract and support disabled people to work for us.

Contact Heather Burns for further information, or if you want to give us feedback on the scheme:

[Heather.burns@sheffieldpct.nhs.uk](mailto:Heather.burns@sheffieldpct.nhs.uk)  
k 0114 2264600.

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The LMC has included this article as we feel it is important that Sheffield practices are aware of the change in legislation. However, it is our understanding that PCTs have been tasked with implementing this policy and, at present, there is no obligation on practices to undertake these changes, although this may well become an issue in the future.

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

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

Fax: (0114) 258 9060

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Articles for the August 2007 edition of the LMC newsletter to be received **by Monday 13 August 2007**.