

SHEFFIELD LOCAL MEDICAL COMMITTEE

NEWSLETTER

JUNE 2012

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VULNERABLE ADULTS RISK MANAGEMENT MODEL (VARMM)

At a meeting with Sheffield City Council (SCC) safeguarding adult representatives, LMC representatives agreed to raise awareness of the Vulnerable Adults Risk Management Model (VARMM).

The VARMM is a multi-agency process which helps to manage high risk safeguarding adults' cases where the person makes informed choices that may put them at significant risk and can assist GPs dealing with difficult circumstances.

More information can be found in LMC guidance available at: [http://www.sheffield-lmc.org.uk/lmc%20guidance/VARM M.pdf](http://www.sheffield-lmc.org.uk/lmc%20guidance/VARM%20M.pdf)

NHS HEALTH CHECKS LOCAL ENHANCED SERVICE (LES)

The LMC office has been in consultation with Dr Eleanor Rutter, SPR in Public Health with regards to the NHS Health Checks LES.

The LMC Executive has reviewed the Service Level Agreement (SLA) and considers this to be a fair

document for practices to consider taking part in.

NHS Sheffield's (NHSS) e-bulletin for w/e 25 May 2012 provided practices with an electronic copy of the SLA for information.

In the same bulletin, it was stated that practices would receive a hard copy during w/c 28 May 2012. The LMC has now been made aware that there has been a printing delay of the hard copies, and these may not be available to practices until w/c 19 June 2012.

The original deadline for returning this document was Friday 29 June 2012. After discussion with the LMC, the Public Health Department has agreed that the deadline for signing up to this SLA should be extended to Friday 6 July 2012.

It would be in the interest of all Sheffield practices to look at the SLA on line prior to receipt of a hard copy, with a view to consideration of sign up if they wish to undertake this LES by 6 July 2012.

Further details are available on the e-bulletin, outlining in the SLA how practices can become involved in this five year rolling programme.

VACCINES AND IMMUNISATIONS GUIDANCE

The General Practitioners Committee (GPC) has updated its *Focus on Vaccines and Immunisations* guidance, which was originally published in 2004.

This has been updated following the publication of the amendments to the Additional Services section of the NHS Regulations 2004 (Annex BA of the Statement of Financial Entitlements) on 30 April 2012.

In 2004, everything in the Red Book was transferred unchanged and carried into the new GMS contract as an additional service.

These regulations became out of date because of changes in the vaccines themselves and continued to contain inappropriate references, such as smallpox. This did not prevent their being carried over into the new contract.

The amendments to the SFE now reflect current practice and attempts to clarify the previous regulations to make them fully up to date, and are not intended to introduce any new work.

The Amendments to the SFE are available via the Department of Health (DH) website at:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_134302.pdf

A copy of Focus on Vaccines and Immunisations can be downloaded from the LMC website at:

<http://www.sheffield-lmc.org.uk/OG12/Vacs%20&%20Imms.pdf>

DRIVER LICENSING STANDARDS FOR VISION: CHANGES TO GROUP 1 AND GROUP 2

The Driver and Vehicle Licensing Agency (DVLA) driver licensing standards for vision changed on 1 May 2012. In summary:

Group 1 (cars and motorcycles): applicants and licence holders will need to have a visual acuity of 6/12 (0.5 decimal) as well as being able to read the number plate from the prescribed distance.

Visual field: the present standard of a total field width of 120 degrees remains but, in addition, there will need to be a field of at least 50 degrees on each side.

Group 2 (buses and lorries): applicants and licence holders must have a visual acuity, using corrective lenses if necessary, of at least 6/7.5 (0.8 decimal) in the better eye and at least 6/12 (0.5 decimal) in the other eye. If corrective lenses are worn, an uncorrected acuity in each eye of at least 3/60 (0.05 decimal) is needed. All Group 2 drivers must also meet all the Group 1 visual acuity standards as outlined above. Where glasses are worn to meet the minimum standard for driving, they should have a corrective power of no more than plus eight (+8) dioptres.

The full standards are published in *At a glance Guide to the current Medical Standards of Fitness to Drive*, which can be downloaded from the DVLA website at:

http://www.dft.gov.uk/dvla/medical/~media/pdf/medical/at_a_glance.ashx

Diabetes UK also has information about the recent changes:

http://www.diabetes.org.uk/Guide-to-diabetes/Living_with_diabetes/Driving/Licence_groups/

CHANGES TO THE COMMUNITY PHARMACY MEDICINES USE REVIEW (MUR) SERVICE

From 1 July 2012 changes will be made to the community pharmacy Medicines Use Review (MUR) service.

The main changes that will affect GPs are:

- the introduction of a feedback form which will be used by pharmacists to inform GPs of any issues that arise during the MUR consultation;
- the removal of the requirement for pharmacists to inform GPs that an MUR has taken place when no recommendation has been made by the pharmacist to the GP.

These new requirements are subject to a change of directions in due course. For further information on the changes please see:

<http://www.nhsemployers.org/SiteContent/Documents/MUR-changes-briefing.pdf>

GP TRAINEES ELECTIONS

The GP Trainees Subcommittee is holding elections for each of their 19 regional constituencies this summer.

Nominations are now open to all those on, or about to begin, a GP training programme, whether they are BMA members or not.

Full details, including nomination forms are available on the BMA website at:

http://www.bma.org.uk/representation/branch_committees/general_prac/becomingagptraîneerep.jsp

Please note that all nominations must be received by the GPC office by **5pm on Friday 22 June 2012.**

LMCs have been asked to encourage all GP trainees to visit the site, even if they are not considering standing for election, in order to ensure that they are registered to vote.

SEASONAL FLU ARRANGEMENTS

On 3 May 2012, the Chief Medical Officer (CMO) for England wrote to practices about the seasonal flu arrangements.

Further copies of the letter can be downloaded from the DH website at: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_133963.pdf

Annex B (the GP check list) on page 9 states:

Robust call and recall arrangements

1. *Patients recommended to receive the flu vaccine will be sent a letter, inviting them to a flu vaccination clinic or to make an appointment.*

The GPC was concerned that the checklist does not reflect the requirements of The Primary Medical Services (Directed Enhanced Services) (England) Directions 2012, and that it is up to practices to decide how they advertise to and follow up patients.

The GPC's advice is that the DES is followed and that the important point is that robust systems should be used to notify patients, although there may be local variations. It is up to the practice, not the PCO, to decide what these are.

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 July 2012 edition of the LMC newsletter to be received by **Friday 6 July 2012.**