

# SHEFFIELD LOCAL MEDICAL COMMITTEE

# NEWSLETTER

# JUNE 2013

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### ***PAYMENTS TO SHEFFIELD GP PRACTICES***

During the changeover period from NHS Sheffield to the GP contracts being managed by the NHS England Area Team and the use of Shared Business Services (SBS), the LMC has been made aware of a number of teething problems in payment of monies due to Sheffield practices. We have been in contact with the Head of Finance at the Area Team (South Yorkshire and Bassetlaw) and have received reassurance that all affected practices have now had their accounts rectified. We have also had confirmation that if practices have incurred bank charges as a result of the delay in payment, they can forward evidence of the charges to the Area Team's Finance Department (Oak House, Moorhead Way, Bramley, Rotherham, S66 1YY).

In addition, the General Practitioners Committee (GPC) has written to NHS England about the delays experienced around the country, requesting that this matter is resolved as soon as possible.

It would be appreciated if practices could continue to bring any problems with payments to the LMC's attention via email to:  
[manager@sheffieldlmc.org.uk](mailto:manager@sheffieldlmc.org.uk).

### ***ACTIVITY UPDATE: MARCH TO MAY 2013***

The LMC's latest Activity Update (March to May 2013) was recently emailed to all represented Sheffield GPs and Practice Managers. Further copies can be downloaded from the *LMC Reports* section of our website at:

[http://www.sheffield-lmc.org.uk/Reports/SLMC\\_Activity\\_Update\\_Mar13-May13.pdf](http://www.sheffield-lmc.org.uk/Reports/SLMC_Activity_Update_Mar13-May13.pdf)

In addition, hard copies can be requested from the LMC office via email to:

[adminassistant@sheffieldlmc.org.uk](mailto:adminassistant@sheffieldlmc.org.uk)

We hope that GPs and Practice Managers find the updates 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 or suggestions for future editions via email to:  
[manager@sheffieldlmc.org.uk](mailto:manager@sheffieldlmc.org.uk).

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### ***GPC PUBLICITY CAMPAIGN***

The GPC has been working on an initiative to communicate with patients and public about the various issues facing general practice and the wider NHS.

The first phase of their programme of communications is a new, public-facing section of their website – [www.changingnhs.com](http://www.changingnhs.com), which went live on Friday 7 June 2013. The website explains what is happening, as well as communicating the GPC's concerns and reassuring them that doctors will always put patients first. The GPC will be raising awareness of the site through online advertising, contact with other organisations and media coverage.

A poster promoting the website was circulated to GPs last week via the British Medical Journal (BMJ). The GPC is urging GPs to display the poster in their practices. The pages of the new website have been designed to be print-friendly, so GPs may also want to run off copies of some of the information for patients who do not have internet access.

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### ***AST002 INDICATOR***

The GPC has been informed that the coding in the business rules for Quality and Outcomes Framework (QOF) indicator AST002 has to be reverted. Amendments were proposed to the relevant codes for Asthma8 (now AST002) during the 2013/14 QOF business rules review in order to refine the code clusters. During the review of the business

rules no comments were received to suggest that the revised codes would be problematic. However, the usual process when introducing changes to the code clusters for cumulative indicators such as AST002 is to reset the indicator so that historical diagnoses do not need to be revisited. On this occasion, this process did not take place.

NHS Employers (NHSE) has discussed this further with the National Institute for Health and Care Excellence (NICE) and the Health and Social Care Information Centre (HSCIC) and have agreed to revert to the previous code clusters for the AST002 indicator (ie to use those applied to Asthma8 prior to 1 April 2013 – v24). The changes to the business rules will be made to v26 meaning that it will not be necessary for practices to recode any patients this year.

Please note that until such time as the code clusters are updated in clinical systems, any extracts being run will show an under achievement. However, this will correct itself once the code clusters are updated.

A full review of the codes for AST002 will be undertaken, giving consideration to the fact that this is currently a cumulative indicator. NHSE has assured the GPC that any future changes are more clearly explained to practices.

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### **MMR CATCH UP PROGRAMME**

As you will be aware, in April 2013 NHS England, Public Health England and the Department of Health (DH) jointly announced their intention to run a MMR catch-up campaign in England, aimed at quickly establishing a MMR vaccination service with GP practices to prevent cases of the disease and deaths as a result of children and young adults being unprotected. This catch-up service applies until 31 March 2014 and it is anticipated that all qualifying children and young adults will be vaccinated by 1 September 2013. The British Medical Association (BMA) has produced a set of FAQs, which can be viewed at: <http://bma.org.uk/practical-support-at-work/doctors-as-managers/managing-your-practice/mmr-catch-up-programme>

### **FLU IMMUNISATION PROGRAMME 2013/14**

The DH has issued a letter providing planning details for health professionals on the flu immunisation programme for winter 2013 to 2014. Local areas are being asked to make sure they offer flu vaccine to everyone at risk so uptake reaches or exceeds 75% for people aged 65 and over and under 65s in risk groups, including pregnant women.

A copy of the letter can be downloaded from the DH website at: <https://www.gov.uk/government/publications/flu-immunisation-programme-2013-to-2014>

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### **MENINGITIS C BOOSTER FOR ADOLESCENTS**

Following the announcement by the DH about changes to the Men C vaccination schedule, that from 1 June 2013 the second dose currently given at four months would be replaced by a booster dose given in adolescence, NHS England has now confirmed that the booster dose for 14-year-olds in academic year 2013-14 will be given in school based programmes (ie not in GP surgeries).

The GPC is awaiting further details about the catch-up programme for first time university entrants under the age of 25 years, to be introduced from mid-August 2014.

Further information, including FAQs, have been published by NHS England and are available at:

<https://www.gov.uk/government/organisations/public-health-england/series/meningococcal-c-menc-vaccination-programme>

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### **LOCUM SUPERANNUATION – PMS PRACTICES**

The GPC continues to urge NHS England to ensure that Personal Medical Services (PMS) practices receive an uplift to help cover the costs of locum employers' superannuation, in line with General Medical Services (GMS) practices.

NHS England has confirmed that it has not yet made a decision on this matter. In the meantime, Area Teams should not be making unilateral decisions about this but

should wait for NHS England to complete its review of the issue.

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### **INTERIM SENIORITY FIGURES 2013/14**

HSCIC has published the interim seniority figures for 2013/14 for GMS GPs. For England the figure is £96,183. Further information about the calculations and the methodology can be found on NHSE's website at: <http://www.nhsemployers.org/PayAndContracts/GeneralMedicalServicesContract/GMSfinance/Pages/Seniorityfactor.aspx>

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### **CONFLICTS OF INTEREST FOR COMMISSIONERS AND GP PROVIDERS**

As Clinical Commissioning Groups (CCGs) adopt their statutory duties, doctors in commissioning roles have responsibility for significant amounts of public money. GPs have a valuable contribution to make to the commissioning process. Any GP who is taking on a commissioning role should consider issues relating to conflict of interest and professional implications to ensure that the benefits of clinician-led commissioning are realised without undermining the doctor-patient relationship.

To assist GPs in this process, the GPC has produced guidance entitled *Conflicts of interest in the new commissioning system: Doctors in commissioning roles*, which includes:

- Key messages for doctors as commissioners;
- General Medical Council (GMC) guidance for doctors in management or commissioning roles;
- Declaring a conflict of interest;
- CCG governance;
- Resource allocation and decision-making;
- LMCs and CCGs;
- Commissioning services from member GP practices;
- Primary care incentive schemes.

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

<http://www.sheffield-lmc.org.uk/OG13/conflictsofinterestdoctorsascommissioners.pdf>

In addition, the GPC has produced guidance entitled *Conflicts of interest in the new commissioning system: Doctors as providers*, which includes:

- Key messages for doctors as providers;
- What membership of a CCG means for GP practices;
- What is commissioning and how is my doctor involved? – explaining to patients;
- Making referrals to a company in which a doctor has a financial interest;
- Primary care incentive schemes.

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

<http://www.sheffield-lmc.org.uk/OG13/conflictsofinterestdoctorsasproviders.pdf>

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### **INFORMATION SHARING GUIDANCE**

NHS England has published guidance for GP practices explaining how better use of anonymised patient information from general practice will help commissioners improve the quality, efficiency, and equity of health care services.

The *GP Technical Specification* and its associated guidance was developed in partnership with the BMA and the Royal College of General Practitioners (RCGP). The document explains the process of how data from general practice will be collected, anonymised and used to improve patient care. Care.data is a new system designed to link information from general practice, with information from hospitals and community health care services. The data will be held in a secure, controlled environment and will be made available to NHS organisations in anonymised form. Data being extracted from GP systems will include personal confidential data on referrals, NHS prescriptions and clinical data, which will be stored in a secure environment by HSCIC.

The new system will be tested in a small number of GP practices, which will be alerted in advance of any extraction of patient data so that they can raise awareness among their patients. Patients can object to the

use of any personal confidential data from a GP practice apart from in exceptional circumstances, such as when a court order has been issued. A copy of the guidance can be downloaded from the NHS England website at:

<http://www.england.nhs.uk/wp-content/uploads/2013/05/ces-tech-spec-gp-extract.pdf>

A cover statement can be downloaded from the NHS England website at:

<http://www.england.nhs.uk/wp-content/uploads/2013/05/stmnt-gp-extract.pdf>

In addition, the BMA has produced:

Supporting guidance

<http://bma.org.uk/-/media/Files/PDFs/Practical%20advice%20at%20work/Ethics/Care%20data/caredataguideforgps.pdf>

FAQs

<http://bma.org.uk/-/media/Files/PDFs/Practical%20advice%20at%20work/Ethics/Care%20data/caredataguideforgpsfaqs.pdf>

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### **PROTECTING HEALTHCARE WORKERS FROM SHARPS INJURIES**

New regulations on the prevention of sharps injuries came into force in May 2013. All NHS employers and employees need to be aware of and act upon the additional requirements, many of which form part of existing health and safety law in the UK, but the regulations also introduce extra, more specific, requirements. The NHS European Office and NHSE have worked with the Health and Safety Executive (HSE) and employers' organisations and trade unions to try to ensure that the new rules are sensible and workable for the NHS. A briefing paper outlining the key changes and their implications for the NHS can be downloaded from the NHSE website at:

<http://www.nhsemployers.org/About-us/Publications/Documents/sharps-injuries-eu-may-2013.pdf>

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### **SESSIONAL GPs NEWSLETTER: MAY 2013**

The May 2013 edition of the GPC Sessional GPs Newsletter can be

downloaded from the GPC website at:

<http://bma.org.uk/-/media/Files/PDFs/About%20the%20BMA/How%20we%20work/General%20Practitioners%20Committee/SessionalGPNewsletterSpring2013v4.pdf>

The main topics in this edition are:

- What is a Sessional GP?
- Pensions and Sessional GPs
- Changes to the Injury Benefit Scheme
- Claims for Unfair Dismissal
- Locum GP Handbook
- Locum Supervision of Trainees
- Revalidation
- Support for Sessional GPs

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### **“ALL YOU WANTED TO KNOW ABOUT GLANDS”**

*FROM THYROID TO TESTES: BRIEF FOCUSED LEARNING OPPORTUNITY*

Wednesday 19 June

12.30 – 2.00 pm

The Sloan Medical Practice,

Sheffield, S14 1AB

(please call 0114 2581554 for directions)

*Article submitted by Dr Jenny Stephenson*

This workshop will focus on the new endocrine pathways. Learning Objectives:

- Hyperparathyroidism – what is it and how should it be managed and monitored?
- Hirsutism – how is it defined and dealt with?
- Low testosterone – is it normal or not?
- Excessive sweating – management – what and when?
- The thyroid follow up scheme - to be or not to be?

Please note tea and coffee and a light lunch will be provided

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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)

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

**Articles for the July edition to be received by Friday 5 July 2013**