SHEFFIELD LOCAL MEDICAL COMMITTEE

NEWSLETTER

SEPTEMBER 2008

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SHEFFIELD LMC ELECTIONS 2008-2012

The current LMC's term of office ends on 30 November 2008, with a new committee being convened in December.

All doctors on the Sheffield Medical Performers List on 1 September 2008, who are also contributing to the LMC's levies, should have recently received a letter and ballot paper from Sue Whitham at Sheffield PCT, who has kindly agreed to act as the LMC's Returning Officer.

The LMC wishes to be as representative a body as possible and to encourage a breadth of opinion and experience. Therefore, we would like to encourage Sheffield GPs to join our committee by completing and returning the ballot paper to Sue Whitham.

The LMC deals with an enormous range of issues relating to primary care in Sheffield, and there are opportunities for representatives joining the committee to participate in various meetings and negotiations which shape health policy and direction in the city.

All elected LMC members are expected to attend monthly LMC meetings, which are currently held at 7.45 pm at the HSBC Sports & Social Club in Dore on the second Monday of every month.

If you are interested in standing for election and would like further information regarding the role and remit of the LMC, please visit our website www.sheffield-lmc.org.uk, where you can access newsletters, employee profiles and contact details, as well as our guidance note *A Guide to Your Local Medical Committee*.

If you have any queries you would like to raise, please do not hesitate to email or ring the office via manager@sheffieldlmc.org.uk or (0114) 2588755.

Please note that the deadline for return of ballot papers to Sue Whitham is **Friday 10 October 2008**.

CLINICAL DIRECTED ENHANCED SERVICES (DES) GUIDANCE FOR GMS CONTRACT 2008/09

The above guidance gives details of the 5 new clinical directed enhanced services (DES) that have recently been agreed by the GPC and NHS Employers, as part of the 2008/09 contract negotiations.

The 5 DESs are:

- Heart failure (beta blocker)
- Alcohol
- Learning disabilities
- Osteoporosis
- Ethnicity.

Although the DESs all run from April 2008, the delays in the negotiation process have resulted in the DESs only just being published.

The Department of Health (DH) aims to publish directions and amendments to the Statement of Financial Entitlements (SFE) in October 2008. The GPC is advising that PCTs and practices do not enter into local enhanced service (LES) agreements in the meantime.

All of the DESs reward achievement at the end of the financial year. Therefore, practices wishing to take up any of the DESs can begin work on the basis of the specifications and record what they have done on their clinical systems, to be used as part of

the evidence of achievement at the end of the year.

A copy of the guidance can be downloaded from

The GPC website at:
http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFClinicalDES0809/$FILE/DESGuidance.pdf

The LMC website at:
http://www.sheffield-lmc.org.uk/guidance.htm

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INFORMATION GOVERNANCE STATEMENT OF COMPLIANCE (IGSOC)

Following the receipt of a number of queries in the LMC office, the LMC recently emailed clarification to practice managers. However, it appeared that some confusion remained and, as a result, the LMC sought further clarification from Sheffield PCT and would like to offer the following update:

- IGSOC is, in part, an updated version of the Code of Connection that all practices signed prior to getting an N3 connection.

- All practices with an N3 connection, ie all Sheffield GP practices, are obliged to complete the IGSOC process.

- The deadline of 31 October given for the completion of the toolkit and approval of an action plan, if one is required, is a ***national deadline***.

- As part of the toolkit, there are 14 requirements, and 8 of these relate to IGSOC. Practices will need to work through these requirements and score themselves from 0 to 3.

- Practices have to be at level 2 to be IGSOC compliant. If a practice completes the toolkit and states that they are level 2 compliant in all areas, an email will be sent to the practice (to the Senior Partner and the Practice Manager). This email will instruct them how to sign off as being IGSOC compliant.

- Where a practice is not at level 2 for a particular requirement, they will need to complete an action plan (template distributed to practices by the PCT), stating what needs to done, by whom and by when.

- IGSOC has to be completed by 31 October, therefore the PCT is requesting that action plans are submitted by 10 October, in order for the PCT and practices to complete IGSOC sign off.

- There are no defined dates by which the actions within the action plan have to be completed. Practices should consider the work that needs to be undertaken and select a realistic date for completion.

- Upon receipt of an action plan, the PCT will either contact the practice if there are areas they feel require further negotiation prior to approval, or they will approve the plan.

- Approval of a plan by the PCT generates an email to the practice (to the Senior Partner and the Practice Manager). This email will instruct them how to sign off as being IGSOC compliant. This sign off can take place prior to the actual action having been taken – submission and approval of an action plan is sufficient.

- The protocols that practices are required to have in place as part of IGSOC compliance do not have to be submitted to the PCT. It is up to each practice to be satisfied that they have the necessary procedures in place and the paperwork to support this.

- The PCT will be carrying out an audit of 10% of practices as part of this process. The details of how and when this will take place have yet to be confirmed.

- The PCT is in the process of offering all practices the opportunity to be assisted in this process by a Data Quality Facilitator. The Facilitator can visit the practice, work through the toolkit with a member of staff and assist in producing an action plan, if one is required. If you need help with this process, please contact your Facilitator:

  Jean Baxter
  (Central PBC, SONIC)
  jean.baxter@sheffieldpct.nhs.uk
  Tel. 305 1241

  Janice Badger
  (Hallam PBC, Health Alliance PBC, West PBC, Baslow Road Surgery)
  Janice.badger@sheffieldpct.nhs.uk
  Tel. 305 1216

  Monika Akid
  (Primary Health South Sheffield Consortium, Parson Cross PBC, Crookes Valley Medical Centre, Far Lane Surgery)
  monika.akid@sheffieldpct.nhs.uk
  Tel. 305 1215.

- Further information can be found at:
  www.connectingforhealth.nhs.uk/systemsandservices/infogov/igsoc

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PHLEBOTOMY IN NURSING HOMES

As a consequence of the successful Partnership for Older Peoples Projects (POPPS), Sheffield Primary Care Trust (PCT) has agreed to fund training in phlebotomy for trained nurses within nursing homes (not residential homes).

To date, 38 out of 40 nursing homes in Sheffield have expressed an interest and this would seem to be an initiative to be welcomed by practices throughout the city as, when trained, the nurses will be able to take blood tests at the GP's request. The first cohort of nurses are just completing their training.

However, the LMC would like to raise a couple of practical issues to facilitate the successful rolling out of this training:

1 All practices are asked to make available a small quantity of blood bottles to nursing homes that are participating in this project.

2. It would be helpful if practices could give the same nursing homes a small supply of their

blood investigation forms to ensure that the blood tests go with the correct forms to the laboratories in order to avoid communication difficulties.

3. Nursing home trained nurses undergoing this course may require some practical experience in sample taking. The obvious, easiest source of gaining this experience would be in general practices themselves. Practices are asked to consider allowing nurses in training to sit with their phlebotomists or practice nurses.

Obviously, this pilot will take some time to roll out to all nursing homes and it may well be sensible, at present, for practices to assume they will have to take responsibility for their own phlebotomy until they hear otherwise.

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Infection Reporting in Cervical Samples

Article Submitted by Jenny Stephenson

The cervical cytology results letters sent to women will only contain information about the cervical cytology result, **not** any infection co-incidentally picked up. The sample taker will be informed of both. This could cause confusion if a woman gets an 'all clear' cytology result, but is then contacted by the GP regarding an infection.

Practices need to ensure that they have a policy on dealing with this issue, informing women if an infection is picked up, either by phone or letter. At the test, this possibility should be raised with the woman; also possibly in the practice leaflet/website.

At present the standard leaflet sent to called women makes no mention of the possible problem (although I am addressing this issue with the national screening office).

A suggested letter for practices to use will be on the updated Guidelines on the Intranet soon.

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Reporting Knife Wounds

The General Medical Council (GMC) will be consulting on guidance relating to the reporting of knife wounds, following which final guidance will be published.

Interim guidance has been produced by the GMC and Department of Health (DH).

A copy of the guidance can be downloaded from:

The GMC website at:
http://www.gmc-uk.org/news/articles/Reporting%20knife%20wounds.pdf

The LMC website at:
http://www.sheffield-lmc.org.uk/guidance.htm

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Child Death Procedures

Article Submitted by Dilys Noble

From 1st April 2008 Sheffield Safeguarding Children Board (SSCB) was required to have in place arrangements for the REVIEW of all child deaths unexpected or not (up to 18th birthday).

This work involves a wide range of professionals (including GPs) and 2 interrelated processes:

- A rapid response by a group of key professionals who come together for the purpose of enquiring into and evaluating each unexpected child death.

- An overview of all child deaths undertaken by the panel.

It is hoped that by developing a better understanding of child deaths, more effective prevention strategies can be evolved.

Deaths will be notified to the Safeguarding Children Advisory Service who will contact relevant professionals and ask that relevant information is shared. It is likely that a GP will already be aware of the death and be involved in supporting the family. The Safeguarding Children Advisory Service will contact a practice if participation in a rapid response is required.

SSCB's Sheffield Rapid Response Team Protocol offers guidance for GPs involved in a Rapid Response and can be downloaded from:

www.safeguardingsheffieldchildren.org.uk.

Click on *Quick Links to New Child Death Processes* and then select *Final SRRT Protocol 0408* in the downloads section. Appendix 2 *Good Practice Points for Professionals and Agency Guidelines* is of interest, with paragraph 3.1 *General Practitioner* being particularly useful.

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MMR Catch Up Campaign

Article Submitted by Frances Cunning

Measles

The number of children catching measles is rising. This follows a decade of relatively low vaccination uptake; *there are now* a large number of children who are unvaccinated or partially vaccinated with MMR.

The potential exposure of a large number of unprotected children to the measles virus means that there is a real risk of a measles epidemic. Estimates suggest that an epidemic in England could result in 30,000 cases or in a worst case scenario more than 100,000 cases of measles in children and young people.

To be protected they need to be immunised with the MMR vaccine. Measles is serious. It can lead to pneumonia and encephalitis, and it can kill. Around 10% of cases of measles require hospital admission, and fatality rates of one per 5000 are still seen in the UK, with recent epidemics in other industrialised countries having even higher mortality.

Between 1992 and 2006, there were no deaths from acute measles in this country due to the impact of

vaccination. Unfortunately, there was one death in 2006 and another in 2008 from this disease.

Routinely, two doses of MMR are needed – one at 13 months and another at 3 years 4 months – to ensure adequate coverage so that children who cannot be immunised for medical reasons are also protected from getting measles.

The uptake rates in Sheffield for 2007/08 were:

MMR	1st Dose	2nd Dose
By 2nd birthday	85%	
By 5th birthday	91.1%	74.%

The target is 95%.

NHS Sheffield is currently identifying the uptake rates per practice for all childhood routine vaccinations to help with our need to raise herd immunity in our population.

In Sheffield there have been a number of probable measles cases in a Nursery this summer. Across South Yorkshire over the last few years there have been several measles outbreaks particularly in Travelling Communities.

Catch Up

A catch up programme has been announced to increase the uptake of the vaccine in all children from 13 months to 18 years of age who are unimmunised, and for children aged from 3 years 7 months (at the start of the programme) to 18 years who have missed out on one of their MMR vaccinations.

The scheduling of the MMR catch up has been prioritised. The greatest benefit will come from vaccinating those who have never been vaccinated.

September to late October 2008

The first priority will be to offer MMR vaccine to those aged 13 months to 18 years who have not received any MMR vaccine.

November 2008 and after, the priority order will be

1. Children aged 3 years 7 months (in September 2008) to 11 years
2. Children aged 12 to 18 years (school years 8 to 13)
3. Individuals over 18 years leaving school to go to higher education or other further education establishments.

The majority of children and young people who need to be offered MMR can be identified through the PCTs' Child Health IT system. However, there will be instances where the child health system does not have this information, then the GP clinical record systems will need to be used.

GP Surgeries should already have received a new measles leaflet for healthcare professionals to share with parents. These should also be shared with all colleagues involved in giving or advising about immunisation, including health visitors, and practice nurses.

We will notify GP Practices on how Sheffield will implement this new catch up campaign in the next few weeks.

The www.immunisation.nhs.uk website has been updated with downloadable versions of all resource materials.

Further information on measles and the MMR vaccine is given in the Green Book chapter 21 on measles, available at:

www.dh.gov.uk/greenbook.

Please remember that no opportunity should be missed to check a child's vaccination or to offer vaccines that are needed. These children and young people will also be susceptible to mumps and rubella.

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DISPENSING DOCTOR SERVICES IN ENGLAND

The Department of Health (DH) has recently published a consultation document on the future of dispensing doctor services in England – *Pharmacy in England: Building on Strengths – Delivering the Future – Proposals for Legislative Change.*

The document contains the following four options for consultation:

1. A pharmaceutical needs assessment with a reduced mileage criteria;
2. The distance from the surgery (not the patient's home, as in the current regulations) to the pharmacy;
3. The distance from the surgery to two pharmacies (in order to offer as much patient choice as possible);
4. No change to the existing rules as set out in the 2005 NHS Pharmaceutical Services Regulations as amended.

The consultation document contains 3 annexes and there are an additional 8 impact assessment documents, in addition to guidance on "how to respond". The deadline for submissions is **Thursday 20 November 2008.**

The consultation documentation can be downloaded from:

http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_087324

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

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Articles for the October 2008 edition of the LMC newsletter to be received ***by Monday 13 October 2008.***