

## Newsletter – July/August 2013

### LMC Meeting 22<sup>nd</sup> July 2013

At our last meeting, members met Dr Page from the SCE to discuss **prescribing issues**, including: - prescribing budgets, medicines management, Warfarin SLA and smoking cessation clinics.

Other issues discussed included the **111 service** early call handling data with Mr Blaydon, Head of NHS Partnerships.

On a small practice sample of 27 calls there were 3 calls in which it was thought that unsafe advice had been given (i.e. patients should have gone directly to A & E). It was suggested that practices should report these cases to Yorkshire Ambulance Service via their website homepage, as unsafe 111 advice. However, LMC Members thought that this was an insufficient response as an 11% unsafe response to a random survey suggested a more significant issue.

Mr Blaydon accepted that there should be a local audit of cases, and would take this back to work up a proposal.

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### Risk Stratification DES.

We note that the DES and Case Management Pilot cannot dual pay. NHSE have

sent out an agreement to practices for signing, but the duplication has been acknowledged. The CCG have provisionally agreed with NHSE that a 3% population coverage approach would be acceptable (practices should note this is by 31st March 2014). The LMC support this approach.

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### Chronic Hepatitis B Guidelines

In line with GPC guidance, the LMC recommend to practices that Hepatitis B testing should be provided by practices, but that the CCG should provide a LES. We will progress this with the CCG. Meanwhile the full GPC guidance can be found on our website at: -

<http://www.rotherhamlmc.org/guidance.htm>

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### Trade Waste Payments

Area Teams have received a letter from NHS England instructing them not to discontinue payments for other discretionary costs until such time that a national agreement can be concluded. Despite the letter not specifically referencing it, GPC is aware that premises reimbursements are part of the national review.

Area Teams should not,

therefore, be stopping payments for trade waste at the present time. We realise that Karen Curran's recent letter indicates they will continue to March 2014, but no decision should yet be made about trade waste from April 2014.

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### Legionella Testing

Should practices be approached by companies offering this service, GPC advice is that this may not be necessary. If you are approached, make sure this is a requirement before agreeing to pay for the service.

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### Report Request Letter

Constituents have asked the LMC for a form letter which might be appropriately used when patients ask for extra-contractual reports. The LMC suggests the following, which should be personalised as appropriate: -

*I understand you have suggested my patient request a report from me. Unfortunately this is not a service that the NHS is able to provide. Often in response to requests such as these some form of letter is provided and a charge is made to the patient. I am reluctant to make such a charge in these circumstances as I may not*

*be the best person to provide the information you need. I have instead provided, free of charge, a summary of my patient's medical history. I hope this is helpful but if you feel a more detailed report from myself is in fact required then please get in touch with my practice manager who can provide you details of our fee structure and the required patient consent.*

A copy can be downloaded: -

<http://www.rotherhamlmc.org/guidance.htm>

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## CQRS

CQRS has gone live and is now being rolled out across England. The service will support QOF, Learning Disabilities Health Check Scheme, Rotavirus (Routine Childhood Immunisation) and Alcohol Risk Reduction Scheme with other services supported later in the year.

Area Teams have identified where possible, a CQRS User Administrator within each GP practices to CQRS. They have developed the following implementation guidance for GP practices.

The HSCIC has now published guidance on CQRS for GP practice staff which can be accessed from their link below:

<http://systems.hscic.gov.uk/cgrs/engagement/gppractice.pdf>

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## Locums and VAT

You may have seen an article in The Times on 28 June which referred to dozens of NHS Trusts in

England being under investigation by HMRC over their alleged use of schemes to avoid VAT when employing locum or part-time doctors.

We would like to draw your attention to the position of GP locums employed through a Limited Company, often referred to as a service company; the services they provide are subject to VAT when the registration threshold for VAT has been reached. The threshold level includes all charges made by the company including but not limited to fees and the recovery of expenses. The registration threshold is currently £79,000.

Doctors working as locums through an agency should, if they have not already done so, take advice on the application of VAT to their work and if registration has not been effected on time how to mitigate any penalties and interest charges accruing for late registration by making voluntary disclosure.

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## Appraisal & Revalidation

NHSE has confirmed that it believes a fair level of remuneration for appraisers is £500 per appraisal, with an additional amount of £70 for employer on costs. This approach was implemented in South Yorkshire with effect from 1 April 2013.

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## GPC News July 2013

This is available on our website at: -

<http://www.rotherhamlmc.org/guidance.htm>

## LMC Meetings

GP constituents are reminded that they are always welcome to attend meetings of the LMC as observers. The Committee meets on the second Monday of every month (except August) in the Board Room at Rotherham General Hospital

**NEXT  
LMC MEETING  
MONDAY  
9<sup>th</sup> September  
COMMENCING  
AT 7.30 PM**

## OFFICERS OF THE LMC

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**If you have any questions or agenda items, or wish to submit articles**

## CONTACT US AT THE LMC

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