

Newsletter – June 2014

LMC Meeting 9th June 2014

At our last LMC meeting we discussed a range of issues including; SWYFT LES, urgent care centre, NHS Health Checks, practice list closures, flu vaccination programme 2014-15, co-commissioning, Rotherham Hospice central point of referrals and seniority changes to payments.

Case Management

The LMC remain concerned that the proposals as currently described may mean a lot of administrative burden for little clinical gain. Discussions are ongoing.

Smoking Cessation LES

SWYFT's plan is to standardise the LES agreement across South Yorkshire. However, there will still be some variations in the contract relating to local arrangements such as the supply of medication.

They have also considered combining the Patient Specific Direction (PSD) into the LES but feel this would be difficult to achieve: only about half of GP practices in Doncaster and Rotherham previously delivered the LES so they would need a separate agreement for these practices and the LES

will be available to other providers who will not be involved in the PSD.

Their preferred option is therefore to deal with the two agreements separately. We will discuss a draft of the LES agreement and an outline of the PSD and advise soon.

Meanwhile the LMC advises that when necessary to only supply smoking cessation products on FP 10.

Care Homes Proposal

The LMC felt that there are multiple difficulties that are likely to arise as the proposal is developed which may result in a huge amount of work with not a lot of benefit for patient care. Concerns were also expressed that expectations will increase.

A phased approach for implementation should be considered which LMC members agreed would be a suitable approach.

Interest on Late Payments

BMA legal advice states that practices can charge interest on late payment from the Area Team and sue through the small claims court (assuming it has not elected to become an NHS body) for cases of non-payment. We have been advised that this

course of action is open to practices and 'The Late Payment of Commercial Debts (Interest) Act 1998' should apply too (as the GMS Contract doesn't appear to have contracted out of this). This allows for interest at the rate of 8% above base rate, plus a fixed sum and reasonable costs of recovering the debt.

This applies to late payments from any source, i.e. including the CCG. More at <http://payontime.co.uk/the-late-payment-legislation-provides-interest-and-debt-recovery-costs>

TV & Radio Use in Practice Waiting Rooms

We have received an update on the licencing of playing recorded and broadcast music in surgery waiting rooms. This was forwarded to practices on 19th June. However, we are sure you are already aware of the provisions of licencing when you play music in the waiting room.

Please direct any queries to PPL on 020 7534 1000

BMA Premises Survey

The BMA has launched a major national survey on GP premises. They are calling for a national strategy for GP premises investment and development as one of the

key planks of the “Your GP cares” campaign.

To inform the debate the BMA is asking each practice in the UK to complete a short survey on their premises situation. Only one response per practice is required. The closing date for the survey (which only takes 2/3 mins. is Friday 4 July. Just click here:-

[Complete the survey now](#)

Unplanned admissions enhanced service

A “step by step” guidance on the unplanned admissions enhanced service has now been added to the BMA website to allow practices either to view the information electronically or to print it off to discuss it in practice meetings.

The guidance is intended to minimise the administrative processes involved with the enhanced service, provide practical examples about how practices can meet the requirements and provide optional templates for practices to use to minimise bureaucracy for reporting purposes.

When considering the workload associated with this enhanced service, practices should remember that they will no longer need to do the work involved in the QOF quality and productivity domain or remote monitoring and risk profiling DESs, as well as avoiding the bureaucracy involved in 238 clinical QOF points - all of which have been removed.

Much of the money involved has now been allocated to core GP funding, as part of the negotiated 2014/15 GP contract agreement. The guidance can be found here:-

<http://bma.org.uk/unplannedadmissions>

A change to the Misuse of Drugs Act 1971

Please note that Tramadol and Zopiclone are now controlled drugs. GP IT systems have been updated to reflect the requirements needed on new prescriptions. Prescriptions will be valid for 28 days from signing. The Order came into force on Tuesday 10 June.

CQRS guides for 2014-15 enhanced services

CQRS has now been updated to support the following services (14/15) as of 4 June 2014:

- Rotavirus (Routine childhood vaccination)
- Learning disability health check scheme
- MMR aged 16 and over vaccination
- Meningitis C (freshers) vaccination
- Hepatitis B (newborn) vaccination

This now allows practices to participate and provide achievement data for the services via the CQRS system.

For the monthly programmes that began in April 2014 (MMR, Meningitis C and Hepatitis B), practices will need to enter the first three months of data into CQRS. These services will be

manual entry on CQRS for the duration of the financial year.

For further information on CQRS, contact the service desk at: -
cqrsservicedesk@gdi.com

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
28th JULY
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

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