



*'Representing and
Supporting GPs'*

**ACTIVITY UPDATE
AUGUST TO SEPTEMBER 2012**

INTRODUCTION

We hope that you found previous editions of this publication informative. Further copies can be downloaded from the *LMC Reports* section of our website at:

http://www.sheffield-lmc.org.uk/lmc_reports.htm

This latest update has been emailed to all represented GPs and Practice Managers. Hard copies can be requested from the LMC office via email to administrator@sheffieldlmc.org.uk or copies can be downloaded from the *LMC Reports* section of our website.

If you have any feedback, suggestions for future editions etc, we would be pleased to receive these via email to manager@sheffieldlmc.org.uk.

PRIMARY/SECONDARY CARE INTERFACE

Single Point of Access (SPA) Community Nursing Referral Form: Work has commenced on reviewing the referral forms that were introduced without consultation with the LMC. We are pleased to report that a number of amendments have been made, further drafts have been agreed and discussion continues with regard to the issue of consent to record sharing.

SHEFFIELD CITY COUNCIL

Sheffield LMC Executive has maintained links with Sheffield City Council (SCC) in a variety of areas over the years. If there are any issues that GPs/Practice Managers feel it would be useful for the LMC to liaise with SCC about, please email the LMC office via administrator@sheffieldlmc.org.uk. Our recent negotiations include:

Managing Children's and Young People's Identified Health Needs in Schools and Other Settings: After lengthy negotiations guidance has finally been published and disseminated to all state mainstream primary, secondary and special schools under the auspices of SCC. The LMC issued guidance in September summarising the content and noting its availability. A copy of our guidance can be downloaded from:

<http://www.sheffield-lmc.org.uk/lmc%20guidance/Children%27s%20Identified%20Health%20Needs.pdf>

NHS SHEFFIELD

LMC Executive and Secretariat representatives met with NHS Sheffield (NHSS) representatives at the LMC office in August to discuss issues of mutual interest or concern. If there are any issues that GPs/Practice Managers feel it would be useful for the LMC to liaise with NHSS about, please email the LMC office via administrator@sheffieldlmc.org.uk.

Where issues require more time and consideration than is practical at the monthly meetings, more detailed negotiations take place. In the last 2 months the following issues have warranted this:

Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) Forms: Following numerous reports of on-going variation in the interpretation of the agreement relating to original vs copies of DNACPR forms and Yorkshire Ambulance Service's (YAS) acceptance or refusal to act on an available form, we issued further clarification in our August newsletter. It would be appreciated if any continuing problems could be reported to Richard Oliver via roliver1@nhs.net, copied to the LMC via administrator@sheffieldlmc.org.uk.

Quality and Productivity QOF: The production of the indicators for 2012/13 was significantly delayed due to the work being undertaken in individual localities and then needing citywide agreement. We were offered an opportunity to review the indicators prior to their circulation to practices. Although we had significant concerns about the reporting mechanism and what would constitute 'passing' the indicators, we agreed that the indicators should be sent out to avoid further delays, whilst requesting an urgent meeting with NHSS to discuss our outstanding concerns. In addition, we made recommendations to the executive team at NHSS that a smaller group should be involved in future negotiations to ensure the delay is not repeated.

Changes to Maintaining High Professional Standards (MHPS) Policy: We met with Karen Curran, Head of Primary Care, Medical and Maintaining High Professional Standards, NHS South Yorkshire & Bassetlaw (Cluster). Due to staffing pressure and redundancies, there are now inadequate resources, both in terms of staff and funding, to maintain local 'Screening Groups' across the five Cluster areas. These will be replaced with a Cluster level MHPS group which will consider cases from all areas. In order that local experience is not lost from this group, we were keen to ensure that all LMCs will be informed when a GP from their area is due to be discussed, and will be given an opportunity to attend the meeting. The MHPS Group will report to a MHPS Committee, which will make final decisions on evidence presented by the local Group as to the way ahead with regard to suspension, removal from the Medical Performers List etc. This would be at Cluster level and LMC representation would be invited, but not necessarily from the doctor's own LMC.

Christmas and New Year 2012 Practice Opening Times: We have been informed that our request to discuss GP practice opening times/out of hours cover over Christmas and New Year cannot be dealt with within Sheffield but will, instead, be discussed as Cluster level. We await the outcome of these discussions.

Transfer of Patient Records: We were made aware of an on-going problem practices face when patients transfer practices. Currently, practices are required to print out the entire patient record, which can often run to hundreds of pages. This matter was taken up with Sarah Cooper, Primary Care IT Team Leader, NHSS, who confirmed that this issue is being discussed at Cluster level. It is expected that from 1 October 2012, SystmOne practices will no longer need to print off the full patient record when a patient transfers to another SystmOne practice. For other clinical systems, this ability is reliant on the implementation of the GP2GP transfer on all clinical systems, however NHSS has concerns with this which have been raised with Connecting for Health (CfH), and an update is awaited. It is hoped that a Cluster wide pilot for SystmOne GP2GP transfer will be conducted in October 2012.

Troubled Families Initiative: The LMC raised concerns about this issue with the Sheffield Drug and Alcohol Action Team (DAAT), the General Practitioners Committee (GPC) and the Caldecott Guardian of NHSS. As a result, we have now received clarification that this is a central government initiative to identify and provide support to 'troubled families' which the government have defined as one where there is poor school attendance, a parent out of work and evidence of criminal or antisocial behaviour from a member of the family. Sheffield has been given a target of 1680 such families, and some of these families will already be known to SCC. It has now been clarified with all parties that clinical details must remain confidential and information provided by GPs would only be released with patient consent which SCC should seek. Clarification is currently being sought on ways in which GPs might be able to refer patients to the service if they wanted to and to consider routes for self-referral.

NHS 111: Due to a lack of information about this initiative, and growing concerns of committee members, we arranged a meeting with the Cluster lead for NHS111, an NHSS representative, and a Sheffield GP Collaborative representative to receive clarification about the impact of this project in Sheffield. Whilst some reassurances were received, it would appear that there is still much work to do and many outstanding issues and concerns. As such, a further meeting is being scheduled for October/November in order for us to be updated on progress.

SHEFFIELD SHADOW CLINICAL COMMISSIONING GROUP (CCG)

CCG GPs – Renewal of Mandate: As you will be aware, we were supportive of the renewal of mandate process proposed by the CCG and, as such, Margaret Wicks, LMC Manager, acted as Returning Officer. All GPs were informed of the results in August.

CCG Constitution: A copy of the draft constitution has been provided to the LMC. We will consider submitting comments as part of the CCG's consultation process with practices.

MISCELLANEOUS MEETINGS/NEGOTIATIONS

Frequent ad hoc meetings and negotiations take place, which are too numerous to mention individually. However, the main topics we have held negotiations on in the last 2 months are:

- Clinical System Migration – delays in accessing clinical systems lasting up to seven working days
- Doctor Countersignature
- Removal of Patients from GP Lists
- Dementia Care
- Knee Pain Referral Process
- South Yorkshire Pensions Authority Medical Declaration Form
- CQC setup accounts support

Any GPs/Practice Managers who have concerns about any of the above issues and would like more information about concluded or on-going negotiations can request this via email to:

manager@sheffieldlmc.org.uk.

South Yorkshire Police Occupational Health Physical Activity Referral Scheme: We were contacted by the Health and Wellbeing Coordinator of the Occupational Health Unit of South Yorkshire Police about this scheme. We have provided feedback on the proposed scheme, the suggested pro forma and confirmed that as this is non-core work, a fee to any GPs who choose to be involved would be payable.

Safeguarding Adults and Children: We have provided comments on a new draft of the separate safeguarding adults and safeguarding children forms. The LMC had hoped that a single form could be produced that would cover all areas of safeguarding, and to this end a meeting was arranged with representatives from NHSS and SCC. Unfortunately, due to the differing requirements for the different case conferences, it is not possible to have a single form, but the new forms are much more similar, and should be provided to GPs with a more acceptable turnaround time. The children's case conference forms are being piloted by a number of practices to test the electronic population by clinical systems, and if this is successful it is hoped it will be rolled out in December 2012. There is a delay with the electronic availability of the adult safeguarding form and so a pilot is expected later in 2012.

REGIONAL/NATIONAL NEGOTIATIONS

Local Education and Training Board (LETB): We have made contact with Adam Wardle, Workforce Programme Director, NHS North of England and Mark Purvis, Director of Postgraduate General Practice Medical Education, NHS North of England, to explore primary care representation on the Yorkshire and Humber (Y&H) LETB. The Board currently has three general practice representatives, which is significantly more than other LETBs across the country. There is likely to be more primary care input through an emerging 'Primary Care Workforce Group' which will report to the larger board. Further discussions are planned to agree how LMCs can feed into relevant discussions and pieces of work and Mark Purvis has agreed to attend the meeting of the full LMC in November 2012 to offer an update on progress to date.

Atos Healthcare Requests for Medical Information: Following a number of concerns being brought to our attention regarding the wording of letters from Atos Healthcare, we entered into negotiations with Atos Healthcare and subsequently issued guidance for Sheffield GPs, available at:

http://www.sheffield-lmc.org.uk/lmc%20guidance/benefit_appeals.pdf

Insurance Company Request for Medical Reports: As insurance company requests continue to cause concern for Sheffield GP practices, we requested advice from the GPC, along with an update on their national negotiations. Although this issue is not resolved, we received a useful update and amended and reissued our guidance accordingly. A copy of the updated guidance can be downloaded from:

http://www.sheffield-lmc.org.uk/lmc%20guidance/Insurance_Company_Requests.pdf

LMC EXECUTIVE/SECRETARIAT

LMC Accounts for 2011/12: A report from David Savage (in his Accountable Finance Officer role) and the accounts for year ending 31 March 2012 were taken to the full LMC in September 2012. Following acceptance by the committee, these were emailed to all represented GPs. A further copy of David's report can be downloaded from the LMC website at:

<http://www.sheffield-lmc.org.uk/Reports/Accts%20YE%2031Mar12%20%28GPs%29.pdf>

LMC Secretariat Workload/Structure: We were pleased to announce the appointment of Julie Taylor as LMC Administrative Assistant in August 2012. The Secretariat continues to review its workload, staffing levels, impact of the changes in primary care and the wider NHS etc, and Julie is already making an invaluable contribution in assisting Margaret and Amy in the day to day functioning of the LMC office. Up-to-date contact details for the LMC Secretariat and additional information about current staff can be found on the Secretariat section of the *Contact Us* page on the LMC's website at:

www.sheffield-lmc.org.uk/secretariat.htm

Election of the Sheffield Local Medical Committee: All GPs represented by Sheffield LMC should have received a letter and ballot form from Malcolm Lindley, Returning Officer in September confirming that the elections have now commenced for the electoral term 2012/2016. We are keen to ensure that Sheffield LMC is as representative a body as possible and to encourage a breadth of opinion and experience. We would urge all represented GPs to consider joining the LMC by completing and returning a ballot form to Malcolm Lindley **by Wednesday 10 October 2012**. If any GPs would like further information about joining the LMC they would be welcome to contact David Savage, LMC Secretary or Margaret Wicks, LMC Manager via email: manager@sheffieldlmc.org.uk or Tel: (0114) 2588755. Further copies of the letter and ballot form can be downloaded from the LMC website at:

http://www.sheffield-lmc.org.uk/Facts/LMC_Elections_2012-16_Initial_Letter.pdf

http://www.sheffield-lmc.org.uk/Facts/LMC_Elections_2012-16-Ballot_Form.pdf