

SHEFFIELD LOCAL MEDICAL COMMITTEE

NEWSLETTER

APRIL 2013

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LMC NEWSFLASHES: GP CONTRACT CHANGES

Since the last LMC Newsletter, three LMC Newsflashes have been emailed to all represented GPs and Practice Managers as follows:

- **GP Contract Changes - Update from the GPC (26-3-13):**

This contained links to guidance on Locum Employer's Pension Contributions, New Directed Enhanced Service (DES) Specifications and Quality and Outcomes Framework (QOF) guidance for GMS contract 2013/14. Further copies can be downloaded from the LMC website at:

http://www.sheffield-lmc.org.uk/Newsflash/GP_Contract_Changes_Mar13.pdf

- **GP Contract Changes - GPC Survival Guide Update (9-4-13):**

This contained links to sections of the General Practitioners Committee (GPC) survival guide covering changes to enhanced services, locum pension arrangements, practice funding and finance, and vaccinations and immunisations. Further copies can be downloaded from the LMC website at:

<http://www.sheffield-lmc.org.uk/Newsflash/GP%20Contract%20Changes%20-%20GPC%20Survival%20Guide%20Update%209Apr13.pdf>

- **GP Contract Changes - GPC Survival Guide Update (10-4-13):**

This contained links to sections of the GPC's survival guide covering major clinical changes to the QOF and changes to the time period for achieving most QOF indicators. Further copies can be downloaded from the LMC website at:

http://www.sheffield-lmc.org.uk/Newsflash/GP_Contract_Changes-GPC_Survival_Guide-Update10Apr13.pdf

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FITNESS FOR PHYSICAL ACTIVITY CERTIFICATION

As you will be aware from the LMC's latest Activity Update (Dec12-Feb13), a number of practices had contacted the LMC office as a result of the Community Intermediate Care Services (CICS) approaching GPs with requests for fitness for physical activity certification for patients on their caseload.

Following negotiations, a mutually acceptable way forward was agreed. As a result, the LMC's guidance *Fitness for Physical Activity Certification* has been updated.

A copy of the updated guidance can be downloaded from the *LMC Guidance* section of our website at: <http://www.sheffield-lmc.org.uk/lmc%20guidance/Fitness%20for%20Physical%20Activity%20Certification-2013.pdf>

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LEARNING DISABILITIES HEALTH CHECK SCHEME

Health Check Completion Payments 2012/2013

On 25 March 2013 a reminder was sent to practices noting that, where available, CHART queries should be used to extract the required data and validate activity undertaken as part of the Learning Disabilities Health Check Scheme. If CHART queries are not available to use, practices may utilise the search facilities on their clinical systems to extract the relevant information and submit a screen print of the search results.

Please note that all claims must be submitted no later than 30 April 2013 to the Primary Care Team at Oak House, Moorhead Way, Bramley, Rotherham S66 1YY.

On receipt of the required data, the Primary Care Team will authorise payment for May 2013 in line with the Statement of Financial Entitlement (SFE).

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ALCOHOL DIRECTED ENHANCED SERVICE (DES)

The Alcohol Related Risk Reduction Payment is payable in respect of the financial year ending 31 March 2013 and will be £2.38 multiplied by the number of newly registered patients aged 16 or over screened by the practice using AUDIT-C version of the WHO Alcohol Use Disorders Identification Test (AUDIT) questionnaire.

On 25 March 2013 a reminder was sent to practices noting that, where available, CHART queries should be used to extract the required data and validate activity undertaken as part of the Alcohol DES. If CHART queries are not available to use, practices

may utilise the search facilities on their clinical systems to extract the relevant information and submit a screen print of the search results.

Please note that all claims must be submitted no later than 30 April 2013 to the Primary Care Team at Oak House, Moorhead Way, Bramley, Rotherham S66 1YY.

On receipt of the required data, the Primary Care Team will authorise payment for May 2013 in line with the SFE.

As part of the Scheme, practices are required to provide an audit before the expiry of 28 days following 31 March 2013 in, or during part of which, it has participated in the Alcohol Related Risk Reduction Scheme. Further details about the requirements of this audit were contained in the communication to practices on 25 March.

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CHANGES IN REPORTING OF NON-CERVICAL FINDINGS IN SMEARS

*Article submitted by
Jenny Stephenson*

There are a few changes in the Cervical Screening programme regarding reporting of non-cervical findings in smear results:

1. Only cervical findings will be communicated to the patient in her result letter. Non-cervical glandular abnormalities (most commonly of endometrial origin) detected in a cervical screening test are deemed an incidental finding and will **NOT** be included in the letter. **It is the responsibility of the sample taker to inform the patient of these findings.**
2. The cytology laboratory report will include cervical findings **AND** non-cervical findings (if relevant).
3. The laboratory will phone the sample taker to inform them of non-cervical glandular abnormalities detected in a cervical screening test, **BUT referral to gynaecology of these is the responsibility of the**

sample taker and will NOT be included in laboratory direct referral.

4. There will **NOT** be a 'Laboratory Failsafe' mechanism to ensure women requiring referral to gynaecology are actually referred and attend.

Practices will need to inform the woman of these findings which otherwise would not be given to her from any other source. It could range from thrush, to possible glandular neoplasia.

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CHANGES IN HPV PRIMARY SCREENING

*Article submitted by
Jenny Stephenson*

Human Papillomavirus (HPV) primary screening means that the High Risk HPV test is the first test performed on the cervical screening sample. Cytology then becomes the triage test, performed only when the HR-HPV test confirms HR-HPV to be present.

Using HR-HPV testing in this way has several benefits. HR-HPV testing is known to be more sensitive for high-grade CIN than cytology and gives a high negative predictive value, thus potentially allowing women to be screened less frequently in the future. The leaflets sent out to women will be changed to say this, and the women will be invited from 7 April 2013. The cervical sample will be taken in the usual way.

More information can be found at: <http://www.cancerscreening.nhs.uk/cervical/hpv.html>

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DERMATOLOGY: "SHEFFIELD SKIN MATTERS"

Sheffield LMC office has been contacted by Dr Julian Peace, GP at Valley Medical Centre, Stocksbridge, with regard to expressions of interest amongst Sheffield GPs for receiving a quarterly newsletter on matters relating to dermatology.

A multi-disciplinary meeting was held to discuss this idea but, prior to progressing any further, Dr Peace has requested the LMC's help in ascertaining whether or not such a publication would be of interest to Sheffield GPs.

If you feel that such a publication would be of benefit, it would be appreciated if you could confirm this via email to julian.peace@nhs.net.

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PRESCRIBING IN GENERAL PRACTICE

The GPC guidance *Information and guidance for prescribing in general practice* issued in September 2004 has been updated (April 2013) to include and update information on:

- medicine shortages,
- the transcribing of medication directions,
- the use of multi-compartment compliance aids
- supplementary and independent prescribers.

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/prescribingingeneralpractice.docx>

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LOCAL AUTHORITY PAYMENTS TO GPs

The GPC has received the following update from NHS Pensions:

Payments to a GP (or GP Practice) in England in respect of enhanced services and local enhanced services commissioned by Primary Care Trusts prior to 1 April 2013 were pensionable in the NHS Pension Scheme (NHSPS). With effect from 1 April 2013 payments to a GP (or GP Practice) in England for these services commissioned by a Local Authority (under The Health and Social Care Act 2012) continue to be pensionable in the NHSPS and will continue to include an element for NHSPS employer contributions.

GPs who perform the above services for a Local Authority in England from 1 April 2013 must record the payment as 'additional pensionable income' in their end-of-year Certificate of pensionable income. GP form SOLO, normally used to record fee-based Out of Hours (OOH) and CCG work, must NOT be used to pension the above income.

The new arrangements apply to GP Local Authority income under The Health and Social Care Act 2012 changes only.

NHS Pensions also clarified that this is not like the GP locum issue where there is a real change in respect of the employer contributions. Prior to April 2013 the cash envelope included the 14% employer contributions and it will continue to do so from 1 April 2013, even though the payments will now be made by local authorities in England. The GP Providers will continue to declare this as pensionable income on their annual Certificates of pensionable income.

The LMC would advise GPs to discuss these changes with their accountants/financial advisers.

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PROCUREMENT, CHOICE AND COMPETITION REGULATIONS

The GPC discussed the recently rewritten procurement, choice and competition regulations laid under Section 75 of the Health and Social Care Act.

The Government maintains that the Section 75 regulations are intended to 'ensure good procurement practice'. However, the BMA is only one of a wide range of organisations who have expressed serious concerns that the regulations are unduly restrictive and will, in effect, mean that Clinical Commissioning Groups (CCGs) and other commissioners will be required to use competitive tendering when contracting for the vast majority of services.

The GPC was of the view that the rewritten regulations offer little to assuage these concerns. In particular, there is a worrying lack of clarity for commissioners about the

circumstances in which competition does not have to be used. Therefore, the GPC has resolved that it opposed and called for the withdrawal of statutory instrument 2013/500.

The GPC guidance *Procurement Law and Policy – The Basics for GPs*, issued in August 2012 is in the process of being updated in the light of the new legislation and will be available on the BMA website shortly.

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INJURY BENEFIT

The NHS Injury Benefit Scheme, which provided for the payment of either a Temporary Injury Allowance (TIA) or a Permanent Injury Benefit (PIB) was removed on 31 March 2013. NHS staff that were covered by the scheme will be able to claim either TIA or PIB in respect of an injury or illness which is wholly or mainly attributable to NHS employment and that occurred on or before 30 March 2013. Further information can be found on the BMA website at:

<http://bma.org.uk/practical-support-at-work/pensions/faq-nhs-injury-benefit-scheme/changes-to-nhs-injury-benefit-scheme>

The Injury Benefit Regulations are being amended to prevent future claims in respect of injury or illness which occur on or after 31 March 2013. A new Injury Allowance (IA) scheme is being introduced as a contractual entitlement under the NHS Terms and Conditions of Service Handbook. This will cover hospital doctors and other NHS staff.

GP contractors will not be covered by these new arrangements in their current form. Whilst the BMA participated in the review discussions it did not agree with the radical changes that have been made and they responded to the consultation to this effect. Historically, very few GPs claimed injury benefit but the GPC believes that they should be eligible for IA following injury at work in line with hospital doctors' entitlements.

The GPC understands that salaried GPs employed on the model contract

will be eligible for IA as the model contract is linked to the NHS Terms and Conditions of Service Handbook. However, it would be the employing practice's responsibility to pay this benefit for successful claimants.

IA will be paid as an income top up to eligible staff. The allowance will top up NHS sick pay (or earnings when on a phased return on reduced pay) and certain other income, ie contributory state benefits, to 85% of pay. The allowance will be limited to the period of the employment contract only and restricted to a period of up to 12 months per episode. The amount a salaried GP would be able to claim under this scheme would be determined by their length of service and consequent levels of sickness benefit.

In line with normal practice, contractors should ensure that they make financial provision for their own unplanned absence and that of their staff. These changes to the injury scheme are unlikely to have a significant impact on practices because so few GPs have historically claimed injury benefit. However, practices will need to make their own assessment as to whether additional insurance should be purchased.

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INFORMATION COMMISSIONER'S OFFICE – ADVISORY VISITS TO GP PRACTICES

The Information Commissioner's Office (ICO) is the UK's independent regulator of the Data Protection Act and is offering 'advisory visits' to GP practices. The purpose of these visits is to provide practices with specific, tailored data protection advice. It is a free service and practices are legally protected against being penalised for anything discovered by the ICO during the visit. These are one day visits to help organisations develop good practice and identify areas of potential improvement. They may also provide practical recommendations and advice on data security and records management. Practices will be provided with an informative follow-up report to showing any next steps to take.

Further information, including details on what the sessions cover, what the follow-up reports can contain, and how to request a visit can be found on the ICO's website at:

http://www.ico.gov.uk/for_organisations/data_protection/working_with_the_ico/advisory_visits.aspx

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GOOD MEDICAL PRACTICE

The General Medical Council (GMC) recently published a revised version of its core guidance *Good Medical Practice*, which:

- comes into force on 22 April 2013 (the GMC will be publishing learning tools to help doctors apply the guidance in practice);
- applies to all doctors on the GMC's register;
- underpins the new system of revalidation;
- has been amended to reflect changing attitudes of patients, such as the increasing contact with doctors online;
- makes it clear that a doctor's responsibility goes beyond providing good clinical treatment – the doctor must take a lead role in making sure that patients receive high quality compassionate care and that their dignity is always respected;
- is more explicit about doctors' responsibilities when patients' basic care needs are not being met, particularly for those patients who are unable to drink, feed or clean themselves;
- for the first time, includes guidance on doctors' use of social media.

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/GMP_2013.pdf 51447599.pdf

This latest guidance follows an extensive consultation, and reflects the views of many doctors. There was strong support for shorter guidance, so this edition is brief, with more detailed advice on specific

issues being published as separate explanatory guidance. The explanatory guidance, which also comes into force on 22 April, can be downloaded from the GMC website as follows:

- Acting as a witness in legal proceedings
[http://www.gmc-uk.org/Acting as a witness.pdf](http://www.gmc-uk.org/Acting_as_a_witness.pdf) 51448308.pdf
- Delegation and referral
[http://www.gmc-uk.org/Delegation and referral.pdf](http://www.gmc-uk.org/Delegation_and_referral.pdf) 51449482.pdf
- Doctors' use of social media
[http://www.gmc-uk.org/Doctors use of social media.pdf](http://www.gmc-uk.org/Doctors_use_of_social_media.pdf) 51448306.pdf
- Ending your professional relationship with a patient
[http://www.gmc-uk.org/Ending your professional relationship with a patient.pdf](http://www.gmc-uk.org/Ending_your_professional_relationship_with_a_patient.pdf) 51448207.pdf
- Financial and commercial interests and conflicts of interest
[http://www.gmc-uk.org/Financial and commercial arrangements and conflicts of interest.pdf](http://www.gmc-uk.org/Financial_and_commercial_arrangements_and_conflicts_of_interest.pdf) 51462148.pdf
- Intimate examinations and chaperones
[http://www.gmc-uk.org/Intimate examinations and chaperones.pdf](http://www.gmc-uk.org/Intimate_examinations_and_chaperones.pdf) 51449880.pdf
- Maintaining your professional boundary with a patient
[http://www.gmc-uk.org/Maintaining a professional boundary.pdf](http://www.gmc-uk.org/Maintaining_a_professional_boundary.pdf) 51449092.pdf
- Personal beliefs and medical practice
[http://www.gmc-uk.org/Personal beliefs and medical practice.pdf](http://www.gmc-uk.org/Personal_beliefs_and_medical_practice.pdf) 51462245.pdf
- Reporting regulatory and criminal proceedings within and outside the UK
[http://www.gmc-uk.org/Reporting criminal and regulatory proceedings.pdf](http://www.gmc-uk.org/Reporting_criminal_and_regulatory_proceedings.pdf) 51448307.pdf
- Sexual behaviour and your duty to report colleagues
[http://www.gmc-uk.org/Sexual behaviour and your duty to report colleagues.pdf](http://www.gmc-uk.org/Sexual_behaviour_and_your_duty_to_report_colleagues.pdf) 51449093.pdf

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SOCIAL MEDIA GUIDANCE FOR GPs

A guide aimed at helping doctors navigate their way around the ethical and confidentiality dilemmas of social media has been published by the Royal College of General Practitioners (RCGP), in collaboration with Doctors.net.uk and Lime Green Media.

Social Media Highway Code is a collation of practical and supportive advice based around a 10-point plan. The advice was provided by a range of people with an interest in social media including doctors, nurses, journalists, lawyers, students and patients. It is intended to help and encourage healthcare professionals to communicate effectively using various social media channels whilst adhering to the conventions that their patients, their colleagues and the public might reasonably expect.

A copy of the guide can be downloaded from the RCGP website at:

<http://www.rcgp.org.uk/~media/File/s/Policy/A-Z%20policy/RCGP-Social-Media-Highway-Code.ashx>

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GETTING THE MOST OUT OF THE FIT NOTE: GP GUIDANCE

The Department for Work and Pensions (DWP) has published revised guidance on use of the GP fit note by GPs, which provides information on completing each section of the fit note, using case studies to illustrate different situations that may arise.

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/fitnote-gps-guidance.pdf>

In addition, guidance can be downloaded from the DWP website aimed at:

- Employers and line managers
<http://www.dwp.gov.uk/docs/fitnote-employers-linemanagers-guidance.pdf>

- Patients and employees
<http://www.dwp.gov.uk/docs/fitnote-patients-employees-guidance.pdf>
- Hospital doctors
<http://www.dwp.gov.uk/docs/fitnote-hospital-guide.pdf>
- Occupational health practitioners
<http://www.dwp.gov.uk/docs/fitnote-occupational-health-guide.pdf>

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GENERAL PRACTICE THE FUTURE

*Tuesday 18 June
6.30pm - 9.00pm*

*Weetwood Hall Conference Centre
and Hotel, Otley Road, Leeds*

This event for GPs and practice managers will explore the implications of working in larger practices and/or federations.

Due to capacity at the venue places are limited and bookings will be taken on a first-come first-served basis.

The draft agenda (final details will be confirmed and circulated nearer the time) includes:

- Registration and refreshments
- Welcome and introduction (Dr Richard Vautrey, Assistant Medical Secretary, Leeds LMC)
- Developing practice federations (Dr Clare Gerada, Chair, RCGP Council)
- GMS Partnership Merger- What, Why and How? (Dr Bob Morley, Secretary, Birmingham LMC)
- The legal pros and cons of practice federations and working in big practices (Shanee Baker, BMA Law)

If you would like to reserve a place, please contact Leeds LMC via email to mail@leedslmc.org

If you require any further information, please contact Kate Gagen or Kathryn Tate, Joint Executive Officers, Leeds LMC via 0113 295 1460.

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THE TREVOR SILVER MEMORIAL ESSAY PRIZE

The Trevor Silver Memorial Essay Prize is open to all GPs and GP Trainees registered in the UK. Applicants are invited to submit an essay in the region of 2500 words on the subject of musculoskeletal medicine in primary care.

Further information can be found on the Claire Wand Fund's website at:

<http://www.clairewand.org/memorial-essay.aspx>

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NICE QOF ADVISORY COMMITTEE

The National Institute for Health and Care Excellence (NICE) is currently recruiting for specialist membership of the QOF Advisory Committee. They are seeking applications from salaried and trainee GPs, Practice Managers and Practice Nurses and the GPC is keen to encourage applicants with a clinical interest and some political understanding, bearing in mind how the group's recommendations have been imposed this year.

Further information, including how to apply is available on the NICE website at:

<http://www.nice.org.uk/getinvolved/joinnwc/MemberQOFAdvisoryCommittee.jsp>

The deadline for applications is Wednesday 24 April 2013.

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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

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

**Articles for the May
edition to be received
by Friday 10 May 2013**