

ROTHERHAM LOCAL MEDICAL COMMITTEE

NEWSLETTER

NOVEMBER 2010

Interim GP Led Commissioning Arrangements

You will all be aware of the recent White paper and the intended changes which lie ahead for us all. On the evening of 2nd November the LMC held a well-attended meeting of over 70 interested parties from Rotherham General Practice to discuss proposed commissioning arrangements for the interim period. The LMC is aware that as we move closer to 2013 more direction will be given to the formation of commissioning consortia from the government; however we are in agreement with NHS Rotherham that some form of "shadow" GP led commissioning arrangements should be set up as soon as possible. Officers of the LMC have developed a framework around which we can develop GP focused solutions to commissioning and contracting. With this in place we hope that a transition from the current NHS Rotherham led focus to primary care led processes can take place over the coming 12 to 18 months. NHS Rotherham (NHSR) and the current Practice Based Commissioning leads are in agreement with our proposals.

It is intended that we set up a Reference Group that would assist and hold to account, on behalf of all GPs, the actions of a Commissioning Executive.

The Reference Group will be made up of 12 GP members – elected by the present 8 PBC groups, with a further 2 GPs appointed by the LMC and 2

from general nominations – this would allow practice input at a locality level and also provide an elected LMC representation to ensure unbiased opinion and equality of decision making. It is envisaged that this group would meet monthly and have a time commitment of approx. 3 hours.

The Commissioning Executive, comprising 8 GPs, as well as some other clinicians, will be responsible for the day to day commissioning of services. It will be given delegated powers and responsibilities by the NHS Rotherham Board, to whom it would be partly accountable. It will liaise directly with primary care and all providers, and will be supported by the NHSR management team. This would be the forum for direct negotiations with providers and provide focused discussions arising from general practice as well as interpreting local and national directives. Time commitment here would be approx. 1 day per week, with 2 days per week for the chair.

The Commissioning Executive will be appointed by a sub-committee of the reference group and the NHS Rotherham chairman and chief executive, using criteria that reflect the individual's all-round enthusiasm and commitment. There will be a simple person/job specification but opportunity will be given to those that show potential and thus not necessarily needing experience. We would hope that this will give the opportunity for practices to encourage younger, less experienced but

equally enthusiastic doctors to express interest in these roles.

The Reference Group and the Commissioning Executive will replace the current Professional Executive and Rotherham wide practice based commissioning group. The locality PBC groups will, if they wish, continue to meet.

Rotherham LMC asks all GPs, practice managers and staff to think seriously about our proposals. We have been given the mandate by the meeting of the 2nd November to take this forward. We hope that you will show your commitment to develop GP led commissioning in Rotherham.

Child Protection Meetings

The LMC wish to remind GPs that they can claim reimbursement for their time spent at child protection meetings from NHS Rotherham.

This page on the BMA website quotes the NHS Act 1977 as defining the responsibility of the PCT to pay.

<http://www.bma.org.uk/employmentandcontracts/fees/CollabArrange.jsp#back>

MRI Scans

The LMC understand that waiting lists at Care UK are currently 12 weeks, and that MRI effectiveness is under review. The LMC suggest that if clinical staff want urgent MRIs they *could* refer patients to Rotherham Hospital NHS FT.

Managing MRSA in the Community

This report was discussed briefly at the last LMC Meeting. It is understood that the RFT wish to introduce screening for MRSA on pre-op patients, which may have a significant increase in the workload for practice nurses.

Until such time as LMC Officers discuss the implications of this fully with RFT and issue further guidance, practices are urged not to get involved.

National Audit of Falls

Practices may have received a letter from Ian Baker, Clinical Audit Co-ordinator at NHS Rotherham, regarding this audit.

The LMC believes that the completion of the requested questionnaires involves a significant amount of work. It is suggested practices invite NHS Rotherham to provide their own staff to look through relevant patient records and complete questionnaires.

Summary Care Record

NHS Connecting for Health have issued a report which has important implications for GP practices regarding the processing of summary care records. One of the key recommendations is ***that any information added to a patient's Summary Care Record over and above the core information of medications, allergies and adverse reactions, should only be done with the explicit consent of the patient.***

If you believe you have added more than core information to patient Summary Care Records it is essential that patient consent is confirmed for that additional information to be retained in the Record.

Should a patient not have provided their explicit consent, SHAs and PCTs have been advised to work with GP

Practices to either amend the SCR to hold only core information or gain explicit consent from each patient for that additional information to be held.

Update on Influenza A for Maternity Services

A joint statement has been issued on influenza H1N1 (2009) for providers of maternity services.

The LMC would like to draw your attention to the fact that, from 1 November 2010, the regulations will be changed so that the groups of 'at clinical risk' people who are eligible to receive the influenza treatments - Tamiflu and Relenza - prescribed by GPs will be widened to include pregnant women.

The full guidance can be found on the RCGP website at:

http://www.rcgp.org.uk/PDF/h1n1_Update_on_influenza_A_for_maternity_services.pdf

GPC – Further guidance on GP Commissioning

The GPC have recently issued two new guidance documents entitled: -

1) Form and structure of GP-led commissioning

This document provides advice to GPs and LMCs on the form and structure of GP-led commissioning consortia. It identifies a range of considerations regarding the discussions that will need to had locally, the relationships that will need to be built and the decisions that will need to be made as this agenda moves forward.

2) Shadow consortia: Developing and electing a transitional leadership

This guidance outlines a number of options that will need to be considered when developing the transitional

leadership structures that will take shadow consortia forward. It also gives guidance on how to appoint the transitional leadership, giving information about elections, and selection / election processes. Both documents can be downloaded at: -

http://www.bma.org.uk/healthcare_policy/nhs_white_paper/gpcw_hitepaperguidance.jsp

Attendance at Meetings

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 in the Board Room at Rotherham General Hospital

OFFICERS OF THE LMC

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**NEXT
LMC MEETING
MONDAY
13th DECEMBER
COMMENCING
AT 7.30 PM**

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