# **Rotherham LMC**Local Medical Committee

## **Newsletter - June 2011**

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### **Care Quality Commission**

Further to **LMC** correspondence with GP practices, please find a link below to the GPC toolkit for CQC registration. We would emphasis that like to practices should not do any significant preparatory work at the moment, but it is worth reading the toolkit in order to be aware of what might be required in the future.

http://www.bma.org.uk/emplo ymentandcontracts/independ ent contractors/cqcregistrati ontoolkit.jsp

The GPC has repeatedly raised concerns with CQC Department and the Health about the significant amount of extra work and the of fulfilling the cost requirements of CQC. are Discussions ongoing about both of these issues.

You may have also seen press reports which suggested that there may be a delay in CQC registration. A statement was put on the CQC website last week which stated:

"CQC has proposed changes to its plans for registration of primary care medical services (GPs) to the Department of Health. The aim is to try to improve the process for GPs, to give CQC more opportunity to

embed compliance monitoring in the sectors we already regulate, and to ensure registration is more closely aligned with accreditation schemes.

Registration will open in October 2011 for dedicated 'out of hours' services, but the timing and make up of subsequent batches is still to be confirmed. We will make a further announcement about our plans in June. We will providers ensure enough time to prepare for registration. There are no plans to change the scope of regulation - all primary care medical services will have to register with CQC."

http://www.cqc.org.uk/guidan ceforprofessionals/primarym edicalservices.cfm

We therefore advise practices not to commence significant work preparing to demonstrate compliance at this time, including not entering into agreements with commercial consultants offering to assist practices demonstrate compliance.

### **Blue Badge Scheme**

We would like to draw your attention to this correction from the May 2011 DH GP and Practice Team bulletin:

### http://gp.dh.gov.uk/2011/05/2 7/blue-badge-schemecorrection/

lt clarifies that local authorities can still currently GPs to ask carry out eligibility assessments for the Blue Badge (Disabled Parking) Scheme. However, this will change from 2012, when local authorities will use have mobility to assessments that undertaken by professionals who are independent of an applicant's care. Under the new system, GPs may still be asked to provide factual information to be used in these assessments.

The intention of this change is to move from a system where GPs are perceived to make these decisions about patients to one where, when necessary, GPs only provide facts for the local authority to use in their assessment. Providing factual information for a local authority is a collaborative arrangement function and is fee paid by the PCT at the practice's rate. This Professional Fees Committee guidance may help in relation to charging such fees:

http://www.bma.org.uk/emplo ymentandcontracts/fees/agui detofeesmaster.jsp

### Consortia Governance Guidance

Please see the link below to the latest GPC guidance document, which relates to the governance of consortia.

http://www.bma.org.uk/image s/nhsreformgpcguidancegov ernanceconsortia tcm41-206784.pdf

### Fitness to drive rules and diabetes

The GPC has received some queries regarding the status of changes to the rules regarding driving and diabetes.

The confusion appears to have arisen as a result of the Driver and Vehicle Licensing Agency (DVLA) publishing a revised version of their 'At a glance guide to the current medical standards of fitness to drive' at the same time as the Department of Transport's consultation on UK driving licence standards.

The changes in the current version of the DVLA's guidance included changing the categories for diabetes "managed by tablets" and accommodating additional criteria for Group 1 and 2 drivers. such as the requirement that the person "must not have had more than one episode of hypoglycaemia requiring the assistance of another person within the preceding months".

A copy of this guidance is available to download from the DVLA's website at:

http://www.dft.gov.uk/dvla/medical/ataglance.aspx

# GPC Guidance on ethnicity and first language recording

The GPC guidance on ethnicity and first language recording has been revised to make it clearer that this work is not compulsory for practices. The GPC states that 'this is a practice choice as there is no longer any contractual requirement to do so. Practices cannot be

compelled to carry out this work.

http://www.bma.org.uk/emplo ymentandcontracts/independ ent contractors/enhanced s ervices/ethnicity.jsp

# NHS Future Forum – recommendations on Health and Social Care Act

On Monday 13 June 2011 the NHS Future Forum published its recommendations to the Government on the modernisation of health and social care.

Set up as an independent group in order to 'pause, listen and reflect' on the Health and Social Care Bill, the Forum has made a number of recommendations. which will now be considered and responded to by the Government. The following he documents can downloaded from the Department of Health website:-

# Summary report on proposed changes to the NHS

http://www.dh.gov.uk/prod\_c onsum\_dh/groups/dh\_digital assets/documents/digitalasse t/dh\_127540.pdf

On Tuesday 14 June 2011 a list of the key changes the Government intends to make as a result of the NHS Future Forum report were published.

The government response can be downloaded at: -

http://www.dh.gov.uk/prod\_c onsum\_dh/groups/dh\_digital assets/documents/digitalasse t/dh\_127578.pdf

### NHS Choices Website – negative comments

The GPC has been made aware that there is some confusion concerning the procedures in place when a practice receives notification of negative comments posted on the NHS Choices website.

clarifv. practices are notified of comment а pertaining to them following publication of the the comment. An alert is sent to a named recipient at the practice in question (usually Practice Manager. the although this will be designated by the practice).

Practices then have two options:

- 1. Post a reply, in order to put across the practice's views and deal with any This issues raised. will appear immediately below the original comment. The **GPC** strongly urges practices to reply to negative comments very carefully, as this can act as a very useful defence against an unfair comment. as well as enhancing the appearance of the practice in the eyes of the public. Keep it professional and factual rather than aggressive-defensive.
- 2. Report the comment to the website moderator unsuitable. NHS Choices has a 'comments policy' on their website which states that should а comment flagged by a practice as unsuitable, then this will alert their moderators to take down the comment, consider it, and then either remove it or re-instate it as they deem appropriate. The Comments Policy can be viewed at:

http://www.nhs.uk/aboutNHS Choices/aboutnhschoices/ter msandconditions/Pages/com mentspolicy.aspx

NHS Choices guidance, which may assist practices in managing any comments they receive, can be downloaded as follows:

http://www.nhs.uk/aboutNHS Choices/professionals/health andcareprofessionals/yourpages/Pages/goodpractice.aspx

### Quality and Productivity Guidance

The GPC and NHS Employers have produced joint supplementary guidance for the 2011/12 QOF quality and productivity (QP) indicators.

This guidance applies in England only and is intended to assist practices and Primary Care Trusts (PCTs) in understanding and working through the new QP indicators.

In addition, NHS Employers, the GPC and the Department of Health have produced a ready reckoner to help PCTs calculate the point achievement for QP prescribing indicators (QP3 to QP5).

The guidance and the ready reckoner can be accessed on the BMA website:

http://www.bma.org.uk/emplo ymentandcontracts/independ ent\_contractors/quality\_outco mes\_framework/qualityandpr oduct.jsp

### Optometrists Direct Referral Cataract Scheme

It was reported at the last LMC that this was being reintroduced. LMC members welcomed the news that the regional form had been accepted.

#### Yorkshire Ambulance Service – DNR Forms

At the last meeting of Rotherham LMC on 13<sup>th</sup> June 2011, members discussed the use of 'Do not resuscitate (DNR)' forms. It had come to attention that everv organisation except the Yorkshire Ambulance Service has signed up to the current version of the DNR form. We noted also their refusal to act on receipt of a faxed form.

LMC members felt that a fax of the current form should be acceptable, and that the signed original should remain with the patient. As we wish to advise our GP constituents accordingly, we have written to their Chief Executive for clarification.

### **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** 

25th JULY

COMMENCING

**AT 7.30 PM** 

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