Rotherham LMC
Local Medical Committee

Newsletter – March 2012

NHS 111 Service

The BMA's General Practitioner's Committee (GPC) supports the principle of developing an easily accessible national telephone number for patients who have urgent health problems, as proposed by the new NHS 111 system which has recently been piloted. They are however extremely concerned that the new NHS 111 service is being rolled out without full, truly independent and thorough evaluation of pilots and without adequate input from local clinicians.

A comprehensive NHS 111 service is currently expected from April 2013. The GPC has written to the Secretary of State for Health, calling on the Government to slow procurement of NHS 111 services to allow for proper evaluation of the pilots, and to adopt a flexible deadline for full implementation of the service to ensure that fledgling clinical commissioning groups first become fully established.

The LMC met with the local NHS Head of Partnerships to discuss this issue. There was a particular concern over how the 111 service might interface with GP appointments. Discussions were inconclusive and it was decided that further work on

the local algorithms were required. The LMC would be interested to hear your views.

BreathingSpace Cover

The LMC were informed this was no longer an issue as RFT had now arranged cover from within their organisation. Consequently, GPs would no longer be called to BreathingSpace. We would therefore like to hear of any occasion in the future when you are called in.

Nursing Homes LIS pilot

The LMC discussed this recently with the CCG and noted there had been some confusion regarding the eligibility of practices to participate in the pilot scheme.

Here is the list of care homes that form the pilot, listed next to the linked practice.

Home	**GP Practice**
Ladyfield	Kiveton Park
The Abbeys	Parkgate
Byron lodge	Wath
Swallownest	Swallownest
Layden Court	Manorfield
Moorgate Croft/ Hollow/Lodge	St. Annes

The CCG have confirmed that, if there are any other GP practices that have more than 20 patients in the Homes listed, then they will

be happy to discuss their inclusion in the pilot. Contact Dominic Blaydon at: -

dominic.blaydon@rotherham.nhs.uk

Outer Practice Boundaries

The new regulations for practice boundaries have not yet been published. We expect them to come into effect from around mid-April. Practices will in any case not need to agree outer boundaries immediately. ***You do not therefore need***

to agree outer boundaries by the end of this month.

Commissioning

If you have any concerns or questions about the development of CCGs in your area, please email the GPC at info.commissioning@bma.org.uk.

Key questions for your CCG

The GPC is concerned that due to the fast pace of developments, many GPs are not aware of the decisions being made on their behalf by developing CCGs, which will impact on them and their practice in the future. To hold your CCG to account, we would urge you to ask some key questions – which we e-mailed to all GPs on 15th March.

A copy is available on our website at: -

http://www.rotherhamlmc.org/guidance.htm

Commissioning Support

The GPC has published more detailed guidance on commissioning support, stating the view that CCGs should not be pressured to make decisions about their support arrangements before they are ready, and should be supported to host or share their own commissioning support services if they wish.

A copy is available on our website at: -

http://www.rotherhamlmc.org/guidance.htm

Commissioning Outcomes Framework

The BMA has submitted a response to the proposed Commissioning Outcomes Framework (COF). It is proposed that the COF will be used by the NHS Commissioning Board to measure the performance of CCGs in relation to the NHS Outcomes Framework. Indicators will be developed from NICE quality standards, the NHS Outcomes Framework and existing indicator collections.

The BMA response has stressed the need to ensure that outcomes measures are achievable and within the influence of CCGs, and that CCGs and practices are not overburdened with bureaucracy. More widely, they have restated their opposition to proposals for a 'quality reward' for commissioning. It is vital that CCGs are fully resourced from the outset in order to commission effectively. Any financial incentive for commissioning raises serious ethical concerns about the doctor-patient relationship and risks cultivating compliance with central direction, as opposed to promoting a locally-focussed and truly clinician-led commissioning system.

CQC registration
Joint statement

The GPC and CQC have agreed the following statement about CQC registration:

"Under the Health and Social Care Act 2008, all providers of primary medical services will be required to be registered with the CQC by 1 April 2013. The process leading to registration will begin in July 2012. As part of registration, practices will have to tell the Care Quality Commission (CQC) whether they are meeting the essential standards of quality and safety, which are derived from regulations governing the CQC's work. The essential standards are based on legislation and cannot be altered. However, the GPC and CQC are currently discussing how the standards will apply to primary care providers. Work carried out by the CQC, during the delay to the registration of most providers of primary care, has focused on the need to be proportionate and appropriate, reducing bureaucracy to a minimum. The CQC and the GPC have been working together to achieve this and to ensure that the registration requirements are understood across the primary care sector.

To that end, the CQC is working with stakeholders to improve the logistics of its registration process. This is partly taking place through the CQC's Stakeholder Advisory Group, on which the GPC is represented.

Discussions are also taking place between the CQC and GPC about how compliance will be demonstrated and monitored following registration. The CQC is working to ensure that the compliance monitoring process is proportionate and appropriate. As part of this, the CQC will be carrying out a pilot in the summer, to test how its model of compliance monitoring will work in primary care.

There is no need for practices to purchase expensive software or consultancy services in

order to register with the CQC. Most practices delivering good quality care will already be meeting the majority, if not all, of the essential standards.

The GPC and CQC will continue to issue updates in the coming months, including further detailed guidance on registration.

CQC guidance

The CQC has published its new Overview of Registration guidance, providing general information about how the registration process will work.

A copy is available on our website at: -

http://www.rotherhamlmc.org/guidance.htm

Osteoporosis QOF indicators and availability for DXA scans

Two of the new osteoporosis indicators (OST1 and OST2) in the Quality and Outcomes Framework (QOF) for 2012/13 require that patients with a fragility fracture have a diagnosis of osteoporosis confirmed by a DXA scan before the patient is included in the register. Following the conclusion of the negotiations, there have been reports of long waiting times for DXA scans for younger patients in some areas, and the GPC are particularly concerned about the effect the long waiting times might have on the ability for small practices to achieve these new indicators. They have therefore written to the UK Health Departments asking for the availability of DXA scans for younger patients to be prioritised.

PIP breast implants

The GPC has written to the Chief Medical Officer (England) highlighting their concerns about the advice given in the recent letter about PIP breast implants, which advises that NHS patients who have decided against having an explanation, should have an annual follow up by their GP. In their letter the GPC highlighted that such a review would not be part of the GMS contract and that GPs are not trained to assess breast implants, and therefore should not be asked to do so. The GPC have asked for this letter to be retracted and for further guidance to be published recommending GPs to refer such patients to breast clinics.

Further info at: -

http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleaguelletters/DH_132439

QOF Quality and Productivity guidance and business rules 2012-2013

The quality and productivity (QP) indicators guidance and FAQs for 2012-13 have now been published. This guidance applies across the UK and is intended to assist practices and PCOs in understanding the new QP indicators. This supplementary guidance is in addition to the UK-wide guidance 2012-13, which is due to be published soon.

The guidance is available on the BMA website at: -

http://www.bma.org.uk/employmentandcontracts/independent_contractors/quality_outcomes_framework/qualityandproduct.jsp

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Final Seniority Factors

The Final Seniority Factors for GMS GPs in England and Wales for 2008/09 have been published by the NHS Information Centre. The figures are **£92,955** for England. Further details and an explanation of the methodology can be seen on the Information Centre's website at www.ic.nhs.uk/tsc

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Use of 084 telephone numbers by primary care contractors & compliance with regulations

The GPC Negotiating Team are keen to provide additional advice following the publication of new guidance on the Directions to NHS bodies concerning the cost of telephone calls 2009 by the Department of Health (DH) on 23 February. The DH position has not changed and the regulations remain the same. Consequently, the legal advice the GPC has obtained also remains the same.

The issue revolves around the word 'reasonable' within the regulations. All the suggestions about termination or varying the terms of the contract are always going to be based on 'reasonable steps'. Any practice would have a very strong arguable case to say

that, albeit all 'reasonable steps' had been taken to try and cancel the contract or vary it, to do so would mean the practice would be subject to a financial penalty.

The regulations do not say the practice must cancel or vary the existing contract. If this were to be the case, 'reasonable steps' would be replaced with 'best endeavours'. Subsequently, it would not be possible to argue that the acceptance of a financial penalty is reasonable.

If practices ensure they have correspondence from their telephony provider on record stating that they will be financially penalised if they vary or cancel the contract, this should be enough to satisfy that 'reasonable steps' had been taken.

All practices will be expected to become fully compliant with regulations once their existing contracts are up for renewal or they wish to contract with a different provider. At this point, practices will be expected to ensure they contract with a provider who is compliant with regulations.

Practices are advised to obtain a copy of the statement of compliance with NHS regulations from their telephony provider when entering into new or renewing contract arrangements.

A copy of the revised regulations is available on our website at: -

http://www.rotherhamlmc.org/guidance.htm

Doctors support network

The LMC have received correspondence from the above charity, which provides 'a confidential support network for doctors who have a degree of mental distress'.

More details can be found at www.dsn.org.uk or by telephoning their independent, confidential and anonymous support helpline - staffed by trained doctors – on 0845 395 3010

Sessional Clinician (Part time 1-2 sessions per week initially) Sheffield Community Vasectomy Service (SCVS) Sheffield City GP Health Centre, S1 3PD

An opportunity has arisen for a suitably qualified clinician to deliver a primary care community vasectomy service, based in the centre of Sheffield. Sessions will be based around one 3.5 hour session per week, with the capacity to deliver 5 procedures per session.
Each session will initially involve the delivery of vasectomy counselling, and undertaking non-scalpel vasectomy procedures under local anaesthetic as part of a clinic based service. The successful candidate will be supported by a nurse who will eventually be trained to deliver the initial counselling and examination.

Based on predicted demand, it is anticipated that there may be the potential to develop the service to 2 sessions per week.

For further information, including Job Description and Person Specification either visit www.onemedicare.co.uk or contact Lydia Fairman on lydiafairman@onemedical.co.uk or call 0113 202 7324.

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

16th APRIL

COMMENCING

AT 7.30 PM

CONTACT US AT THE LMC OFFICE c/o: -

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More information on the work of the LMC can be found on our website at: -

www.rotherham.lmc.org