



LMC NEWS

Website: www.sslmc.co.uk

E-mail: enquiry@sslmc.co.uk

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GPC NEWSLETTERS

In order to provide LMCs and practices with as much up date information as possible, the GPC are now issuing two additions of GPC News each month. One will continue to be a report following GPC meetings and the second one will provide other updates in the interim period.

A regular newsletter from the GPC Chairman, Chaand Nagpaul, will be sent direct to GPs every fortnight.

CHRISTMAS AND NEW YEAR'S EVE EARLY CLOSURES

The LMC has been in discussions with the Area Team about Christmas and New Year's Eve early closures.

The Area Team have been advised that these are normal working days and GPs must fulfil their contractual obligations.

PMS GPs have their hours defined in their contracts and GMS GPs have to provide essential services within core hours which meet their patients' reasonable needs.

It is the LMC advice that for PMS or GMS practices who close in the late afternoon of Christmas Eve it will be unlikely that they will be served with a breach notice by the Area Team.

Practices that intend to close earlier than this must ensure that the provider of the service has sufficient staff to deliver it and that sufficient GPs have been present in the surgery prior to closure.

Colleagues will need to be mindful of these factors when deciding about New Year's Eve.

CORONER'S REPORTS

Andrew Haigh, HM Coroner has replied to the LMC view that we do not feel it unreasonable for GPs to claim a fee: "a basic factual statement should not warrant a fee but a report with professional opinion would".

WHEN IS A PATIENT ACTUALLY REGISTERED?

A GP is unsure when he is responsible for patient care from the point when the paper application is received or when the electronic registration has been completed in a few days time. The definition in the regulations is:

"registered patient" means -

- a. a person who is recorded by the Primary Care Trust as being on the contractor's list of patients, or;
- b. a person whom the contractor has accepted for inclusion on its list of patients, whether or not notification of that acceptance has been received by the Primary Care Trust and who has not been notified by the Primary Care Trust as having ceased to be on that list.

PRESCRIPTION DIRECTION

The GPC has published a joint statement with the PSNC and Pharmacy Voice on prescription direction which reminds practices and pharmacies that proper prescription practises should be followed and highlight activities to avoid in order to maintain good practice. The statement is attached.

CARE.DATA - CAN PATIENT OPT OUT AFFECT PRACTICE PAYMENTS?

The HSCIC has replied to an enquiry about payments to practices in situations where patients choose to opt out of their data being extracted from the practice's clinical system. Patients may choose to opt out of extractions that

are deemed to contain identifying data. As QOF is an extraction of aggregate data, opt out codes in patient records are not applicable.

The information required for the Directed Enhanced Services is classed as 'non-identifiable', 'pseudonymised' or 'aggregated' data, which means no patient identifiable information is extracted. Patient objection only applies to extractions that specifically require patient identifiable data and, as such, have no impact on the DES extractions. As a result, this will not affect your ability to receive payment for this information.

The practice will get paid for activity undertaken for patients who have asked for an opt out code to be entered into their record.

SHOTGUN POLICY

The updated guidance on firearms has just been published on the BMA website at bma.org.uk/practical-support-at-work/ethics/firearms. With respect to countersigning and the applicant is a patient, the BMA advise doctors not to endorse applications unless they have a sufficiently detailed knowledge of the patient's mental and physical health to be confident that the individual can safely possess a firearm. In the BMA's view, few doctors are likely to have this level of knowledge,

GUIDANCE ON DBS (CRB) CHECKS FOR NON-CLINICAL STAFF

We asked the GPC for a view on this matter of DBS (CRB) checks for practice staff and received the following reply:

"I've pasted the CQC's guidance on CRB checks and CQC registration below which indicates that a CRB check may be necessary for practice staff, but that this varies depending on circumstances. We have heard some reports of the CQC telling practices that all staff will need a check but they have confirmed that that is not their position when this has been raised with them.

In addition, we believe that practices should carry out assessments of members of staff to determine the need for a check. They should also carry out proper recruitment processes, with any issues and the need for further checks being flagged up during the application/interview process. For example, if there are gaps in the applicant's CV or problems with references then this might flag up the need for a CRB check.

Compliance with the essential standards and CRB checks. Once you are registered with CQC, you are required to be compliant with the essential standards of quality and safety, which include an outcome on requirements relating to workers.

Beyond the requirements for CQC countersigned CRB checks for providers and registered managers during the initial registration process, providers of primary care are responsible for checking the suitability of their staff.

Practices have a responsibility to ensure that they carry out appropriate CRB checks on applicants for any position within the practice that qualifies for such a check. In addition to GPs, this is likely to include nursing staff and

may in some circumstances also include front office reception staff, although this depends on their duties, which can vary greatly.

The requirement for a CRB check and the level of that check depends on the roles and responsibilities of the job and the type of contact the person will have with vulnerable groups. Practices themselves are required to determine which staff are required take CRB checks. "

The following guidance will help determine whether members of staff in a practice need a CRB check:

CQC guidance for all registered providers of health and adult social care (including general practice/primary care): www.cqc.org.uk/crb

NHS employment check standards published by NHS employers:

www.nhsemployers.org/RecruitmentAndRetention/Employmentchecks/Employment-Check-Standards/CriminalRecordChecksStandard/Pages/CriminalRecordChecks.aspx

CQC IMPROVEMENT NOTICES

20% of registered practices have been assessed this year in South Staffordshire and it is unlikely that there will be any more routine inspections in 2013. Below is the list of outcomes which practices are failing during an inspection:

Outcomes	Frequency (%)
Outcome 12: Requirements relating to workers	35
Outcome 8: Cleanliness and infection control	35
Outcome 16: Assessing and monitoring the quality of service provision	30
Outcome 7: Safeguarding people who use services from abuse	25
Outcome 9: Management of medicines	20
Outcome 10: Safety and suitability of premises	14
Outcome 1: Respecting and involving people who use services	10
Outcome 21: Records	9
Outcome 4: Care and welfare of people who use services	7
Outcome 14: Supporting workers	6
Outcome 11: Safety, availability and suitability of equipment	3
Outcome 2: Consent to care and treatment	1
Outcome 17: Complaints	1

Please note that CQC reports of inspections are now in the public domain.

Dr David Dickson
LMC Secretary

DATES OF NEXT MEETINGS

14 Nov Hill Street Health & Wellbeing Centre **LMC**
23 Jan Hill Street Health & Wellbeing Centre **AT**

The meetings with the **LMC** are for the full committee of LMC members without the AT.

The meetings with the **AT** are for the LMC Executive and the AT alone.

LMC MEMBERS

The following is a list of current members of the South Staffs LMC

Dr V Singh (Chairman)	01543 870580
Dr D Dickson (Secretary)	01283 564848
Dr P Gregory (Executive member)	01543 682611
Dr G Kaul (Executive member)	01543 414311
Dr P Needham (Executive member)	01283 565200
Dr T Scheel (Executive member)	01283 845555
Dr O Barron	01889 562145
Dr J Chandra	01543 870560
Dr J Eames	01785 815555
Dr C McKinlay (Treasurer)	01283 564848
Dr E Odber	08444 773012
Dr A Parkes	01827 68511
Dr A Selvam	01543 571650
Dr E Wilson	01922 415515
Dr A Yi	01543 870590
Dr H Zein-Elabdin	01922 702240

DR V SPLEEN

Dear Reader

DECLARATION OF INTEREST

You may have noticed that in recent months a lot of interest has been shown in Declaration of Interest. I have even been advised that if I am unsure whether to declare an interest it will be in my interest to declare an interest!

You have to declare the interest of your spouse too. But make sure she/he does not sue you for Breach of Confidentiality!

I am unsure however if anyone really is interested in those declared interests or whether they are merely protecting their own interest.

In one of CCG meeting ALL GP members declared interest in a particular issue, so there were not many left to discuss the issue!

I can imagine a scenario in a meeting where I have not declared an interest and a topic has arisen which may have a conflict of interest. Should I declare an interest then (and be removed) or just pretend I am going to the loo and wait there!

Politicians need to declare interests too, but often they get away with saying 'it was not in the PUBLIC INTEREST!'

Well, on a serious note, if you don't find this article interesting you MUST declare it to the LMC!

Venture

The views expressed in this column are those of the author and not necessarily those of the LMC