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SOUTH STAFFORDSHIRE LMC NEWS

Website: www.sslmc.co.uk E-mail: enquiry@sslmc.co.uk

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CORONERS' REPORTS

The GPC have produced the following advice:

Doctors have raised concerns with the BMA about not being paid for coroner reports or statements of fact which they are obliged to provide. Under the current system the coroner pays then reclaims funds from the Local Authority.

Prior to 2008 the BMA held a national fee agreement with the Local Government Employers (LGE) for this work. When the national agreement ended in March 2008 the LGE circulated guidance stating "payment of fees to doctors would be for local determination".

Whilst we understood this to mean fees would be negotiated locally between the doctor, Coroner and Local Authority, the guidance has been interpreted by Local Authorities to mean they were now able to determine whether or not to continue funding payment for this work. Although we have sought legal advice, there is nothing within the Coroners Act that clearly stipulates payments for reports or statements of fact. We therefore have no grounds to force the Local Authority or Coroner to pay the fee. We have also rigorously pursued this issue directly with the Chief Coroner, the Ministry of Justice and the Local Government Association, but with little success.

Where payment is not being offered, the BMA would advise doctors to complete the report otherwise they may face being summonsed.

South Staffordshire LMC is currently in discussion with Andrew Haigh HM Coroner, about a local policy over these fees for reports.

DURATION OF SICK NOTES

A GP has queried how long he can provide a sick note. The wording in the guidance is:

If a condition has lasted longer than 6 months, a fit note can be for any clinically appropriate period up to 'an indefinite period'.

In the case of those under appeal the LMC recommends that you write 'until the appeal/adjudication process is complete' in order that you do not have to see the patient again.

CAN A PRACTICE CHARGE FOR DUPLICATE SICK NOTES?

A practice has seen a volume of patients asking for duplicate sick certificates for various reasons and would like to know if we are able to charge an administration fee for this. The answer is no because it is a prescribed certificate which we have to provide free of charge under the regulations. This applies whether it is an original or a duplicate which should be clearly marked as such.

Please note a duplicate should only be issued if the original has been lost, there is no obligation to issue more than one. Certificates for other purposes should not use the 'sick note' form and are chargeable.

PATIENT REGISTRATION FRAUD

Concerns have been raised in parts of the UK about the role of practices in deterring potential false registrations. The regulations are clear that it is not the job of practices to act as border police. Practices are not required to check all applicants for registration. It is discriminatory, particularly in respect of requesting proof of address which some patients may not be in a position to offer. All registrations should be accepted as per the regulations and if the practice believes something is suspicious they should report to the appropriate agencies to take action, not be demanding proof themselves.

CHILD PROTECTION PLANS AND CONSENT TO RELEASE REPORTS

A child protection plan has required that a parenting assessment is completed in respect of the parent of child. The GP is concerned about the issue of consent.

Consent is required but the no consent option is where it is not appropriate to seek it in cases of danger or urgency.

See page 60-62 Working Together to Safeguard Children, DCSF, March 2010, HM Government:

Where there is a clear risk either of a child suffering significant harm, or serious harm to an adult, the public interest test will almost certainly be satisfied. There will be other cases where practitioners will be justified in sharing some confidential information in order to make decisions on sharing further information or taking action. In these cases the information shared should be proportionate. All decisions to share or not share information about a child or young person should be fully documented, and information sharing should be explained to the child, young person or family, as appropriate, unless this could increase the risk of harm to the child.

A fee is payable under the collaborative arrangements.

PRESCRIPTION INTERVALS - IS THERE A STANDARD PRESCRIPTION INTERVAL?

The GPC have produced the following from their Prescribing in General Practice Guidance:

Doctors provide prescriptions for intervals that they feel are clinically appropriate, taking into account such factors as possible reactions, a possible need for a change in prescription and consequent waste of NHS resources, patient compliance, and any necessary monitoring. Sometimes a doctor may give six or even twelve months supply on one prescription (for example the contraceptive pill, or thyroxine with a regular review in surgery once the patient is safely stabilised). This is cost-effective and patients often prefer it. A recent report[1] on prescribing durations recognise that blanket instructions to only give 28 days supply are associated with significant increases in dispensing and other transaction costs, together with reductions in compliance in previously stable patients, and an increase in dissatisfaction amongst patients because of travel costs and time to obtain regular medicines. It can also place significant and unnecessary workload on the doctor and surgery staff.

Doctors are sometimes being put under pressure to prescribe at seven day intervals simply in order that the pharmacist can be reimbursed for 'Multi-compartment Compliance Aid (MCA) dispensing' [MCAs were previously referred to as Medidose or Dosette boxes] when there is no other payment currently available. Pharmacists and dispensing doctors may prefer 28-day intervals for reasons of reimbursement and financial viability of a dispensary, but many other factors should be considered by prescribers.

The Department of Health takes the view that prescribing intervals should be in line with the medically appropriate needs of the patient, taking into account the need to safeguard NHS resources, patient convenience, and the dangers of excess drugs in the home. Dispensing doctors should treat patients for whom they dispense, and any patients for whom they only prescribe, in the same way.

[1] Individualisation or standardisation: trends in National Health Service prescription durations in England 1998–2009, http://www.ncbi.nlm.nih.gov/pubmed/23031628

CQC REGISTRATION AND CHANGE OF PARTNERS

Practice managers have queried the process for CQC registration and change of partners. This is the reply from the CQC:

Partners are listed as a condition of registration - the partners listed in this condition are those that we will hold legally responsible for ensuring compliance with the regulations. As such this condition must be kept up to date. In the majority of partnership changes it is not necessary to cancel your registration. There is a two step process to changing the partners listed in this condition:

1. Under the Registration Regulations, providers must firstly notify us about their plans to add or remove partners (see regulation 15(1)(d)). They do this using a standard form they can find at www.cqc.org.uk/sites/default/files/media/documents/100091 v4 00 paper reg pers changes notification.
2. Providers must then formally apply to add/remove the partner by submitting an application to vary the condition of registration. There are separate applications forms and processes for applying to add a new partner and remove existing partners. These forms and full guidance can be found on our website in the GP form finder at www.cqc.org.uk/register/aftersubmission?GPMar2#Updating.

Please note that for new partners being added after April 2013, a CQC countersigned DBS (Disclosure and Barring Service - formerly CRB) check will be required. This was not required for providers registering for April 2013, you only needed a GMC number. The need for new providers, partners to now provide a DBS check is due to the wording of the regulations governing CQC registration. Please note that the DBS check has to be countersigned by the CQC. The form has to be completed online and then presented in person at a specified main post office. CQC are looking at how this might possibly be mitigated.

CQC AND CHANGE OF REGISTERED MANAGER

To remove a registered manager and then add a new register manager is a process involving quite a number of pages of the CQC website.

Firstly you have to remove the outgoing partner and then you have to cancel all the regulated activities and start again by adding a new registered manager, see the guidance below:

http://www.cqc.org.uk/sites/default/files/media/documents/rp_poc1c_100743_20110701_v5_00_registered_manager_guidance_for_publication.pdf

You will see at page 17 it states that an interview will be held depending upon the application and this may either be by telephone or face to face.

During the interview you will need to be able to demonstrate a clear understanding of your role and responsibilities in the following areas:

- Responsibilities and understanding of the Health and Social Care Act 2008 and related Regulations and Essential Standards.
- An understanding of the wider legislative framework guiding practice on a day to day basis.
- Knowledge of the legislative framework to be mindful of when supporting individuals who may present challenging behaviour.
- A clear focus and understanding of your role in monitoring and guiding best practice.
- Demonstrating how your experience and skills are transferable to the management of staff in a care setting.
- Provide evidence of recent training relevant to the roles for which you are applying.
- Demonstrate a clear understanding of how you would promote diversity and equal opportunity.
- A robust knowledge of local safeguarding protocols

Dr David Dickson
LMC Secretary

DATES OF NEXT MEETINGS

19 Sept	Edric House, Rugeley	**AT**
31 Oct	Edwin House, Burton on Trent	**LMC**

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 K Asthana	01902 755329
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

Unfortunately Dr Venture Spleen is unable to provide an article this month owing to general exasperation and low mood following the summer holidays. We look forward to his/her utterings in due course.