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SOUTH STAFFORDSHIRE LMC NEWS

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

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APPRAISAL INFORMATION

The LMC is aware that the handling of appraisal information has changed and apparently a lay person will have access as well. We felt that it would be worthwhile pointing out to GP colleagues that Patient Identifiable information should be removed. Comments about colleagues also need to be stated carefully and unidentifiable.

John Chesworth Assistant Medical Director has provided the following clarification:

Firstly with respect to appraisee's appraisal portfolio, individual doctors are asked to make sure that documents uploaded are free from patient identifiable information and appraisers advised to request it is removed when discovered. Similarly, any reference to colleagues should be made in such a way as to seek to maintain anonymity and only when strictly relevant.

At the present time, access to appraisal documentation in the Staffordshire Cluster is limited in accordance with the Staffordshire Cluster Operating Procedure for GP Appraisal and Revalidation and limited to Appraisal Leads and Medical Directors. The Cluster ceases to exist at 31st March 2013 and it is possible that new guidance may apply beyond that date, certainly the GMC is believed to be planning to have greater access to individual's portfolios at some time in the future.

DOOR ENTRY CODES AND THE PATIENT DEMOGRAPHIC SERVICE

Practices are reminded that confidential door entry codes must be recorded correctly in patient electronic records.

Practices are sometimes provided with four-digit codes by their patients to allow them access to a door entry system, or to a box containing a key for the patient's front door.

Last year, Connecting for Health wrote to practices to alert them that door code details were being stored incorrectly in the address, telephone number or name fields of patient records, which were subsequently uploaded to the Patient Demographic Service. This creates a serious security risk with, for example, the codes being included as part of the address on letters sent to patients.

Practices should instead add the information to the patient record using Read Code 915L 'Patient door access via key code', and then record the code using free text.

GENERAL PRACTICE IT SERVICES FROM 2013

From April, the NHS Commissioning Board (NHSCB) will become accountable for the delivery of primary care IT, with the services PCTs currently provide (i.e. funding and responsibility for hardware, practice networks and support services, including training) being delegated to CCGs.

The GPC's IT Subcommittee advise LMCs to urge practices to keep an inventory of the IT systems, software and services they currently use and which are being funded and provided by their PCT in order to keep track of this information and lose nothing in the handover.

Although we have been given reassurances by the NHSCB that PCTs will accurately identify the IT services they provide to practices, and that there will be a safe transfer of these services, keeping an inventory of the IT provisions currently provided by their PCT will help ensure this happens.

South Staffordshire LMC has sought confirmation from the PCT about their current spending on GP IT. Although decisions on the funding to be devolved to CCGs in 2013-14 are yet to be finalised, the NHSCB has, at the IT

Subcommittee's suggestion, indicated its intention to recommend that current actual spends on general practice IT provision are maintained for at least two years to ensure continuity of service.

CRB CHECKS FOR PRACTICE STAFF

The LMC received a query about CRB checks for practice staff, in particular non-clinical practice staff. The GPC was asked for a view on this matter and received the following reply:

The CQC's guidance on CRB checks and CQC registration 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 requirements 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 you determine whether members of staff in your 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

REQUEST FOR PATIENT NOTES UNDER SECTION 47 OF THE CHILDREN ACT

A practice received a request from the Child Protection Unit of a local constabulary. It is not clear whether this is under the Data Protection Act and that the practice is entitled to charge. This has been checked with our Derbyshire LMC colleague who has responded.

"This will be Section 47 of the Children Act, i.e. they are considering the case of a child who is deemed to be the subject of, or at imminent risk of, harm or neglect. In contradistinction to a Section 17 assessment – a child who is in need.

I suspect that the game has changed following the publication of the recent GMC guidance 'Protecting children and young people'. While there is no specific contractual arrangement for sharing information, the ethical and professional regulatory imperatives contained within this guidance mean that practices will have to comply with requests, even where legitimate requesters decline to pay, or practitioners will face GMC hearings (as well as being hung out to dry by Inquiries and the Daily Mail). Practices will have to decide whether and how to respond to requests for information sharing by referring to the section in the GMC guidance on 'Confidentiality and sharing information' and especially, I would suggest, paragraphs 46-49.

I'm afraid that this is just another example of mission creep in General Practice".

We have checked paragraphs 46-49 of "Protecting children and young people" and it clearly lays out our responsibilities with sharing information for child protection purposes.

The Section 47 request will oblige you to comply irrespective of whether the Child Protection Unit is refusing to pay.

LMC BUYING GROUP

The LMC has written to all practices to make them aware of the buying group and the discounts available by purchasing with companies that they have negotiated large discounts.

The buying group will be writing to each individual practice but if you do not wish to take part please inform the LMC that you wish to opt out.

MOTIONS FOR LMC CONFERENCE 2013

With many of us struggling through the build-up of work that heralds winter it can be all too easy to be submerged in the expanding workload and feel impotent in trying to change the circumstances of General Practice.

By late March every LMC in the UK will have submitted motions to the Conference of LMCs which will address any area of UK General Practice over which the GPC has responsibility.

Motions which are debated and accepted at the Conference then become part of GPC national policy.
The LMC would like to remind every GP, whether partner, salaried, sessional or locum that you have a voice in this process and that whether you find yourself

irritated, exhausted, angry or just feel you have an idea on how processes might be carried out in a better way, you have an opportunity to put such ideas forward for national debate. One of many examples was the national campaign for No Violence to NHS Staff which started as a South Staffordshire motion.

Next time you read an article in the lay or medical press, get annoyed at buck passing or bureaucratic nonsense or just muse on how our professional life can be better just write it down, as an e-mail, fax or letter and submit your thoughts to the LMC as a potential motion for conference.

Dr David Dickson
LMC Secretary

DATES OF NEXT MEETINGS

17 Jan	SSPCT, Edwin House, Burton (Meeting Room 1)	**PCT**
31 Jan	Hill Street Health & Wellbeing Centre, Burton	**LMC**

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

The meetings with the **PCT** are for the LMC Executive and the PCT 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 A Burlinson and Dr O Barron (job share)	01889 562145
Dr J Chandra	01543 870560
Dr J Eames	01785 815555
Dr A Elalfy	01785 252244
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 413207

DR V SPLEEN

Dear Reader

The hot topic in town is all about CCGs.

I recently attended a meeting where there was lot of discussion on this subject "CCGs". GPs of all ages were present and there was a lively debate. On the whole I made it out that 80% of GPs were negative and 20% positive about CCGs.

The negative camp gave 2 years survival before CCGs are abandoned and a new organisation will be established and probably run by a private health care company. The positive camp really wants CCG to succeed.

If it fails then it would mean we have played in to the hands of the Government which will blame the GPs for the failure and use that as an excuse to get private providers to manage the commissioning - is that not the real reason for creating CCG!!

As GPs we have accepted various changes and worked with the Government of the day and so far have provided excellent primary care services with Good Value for Money. So I feel it is important for all GPs to get together and make an honest attempt for a successful CCG.

But this can only happen if our GPs in the CCG management structure listen to the grass roots GPs and work out reasonable solutions for the problems the NHS is facing and not behave in a dictatorial fashion i.e. not carry out what the managers and central government wants CCGs to do.

If they behave like the old PCT and Health Authorities then it will definitely disengage GPs and is doomed to fail.

WE ARE AT AN EXCITING AND AT THE SAME TIME WORRYING PHASE OF DRASTIC CHANGES IN THE NHS. Let us hope we GPs can make it a success.

On a lighter note SUCCESS is measured differently at different ages:

At 5 Success is not Peeing in your Pants
At 10 Success is having Friends
At 17 Success is having a Driving Licence
At 20 Success is having Sex
At 30 Success is having Money
At 50 Success is having Money
At 60 Success is having Sex
At 70 Success is having a Driving Licence
At 80 Success is having Friends
At 90 Success is not Peeing.....

I wish you all a Very Merry Christmas and a Very Happy Healthy Peaceful and Prosperous New Year 2013 and let us pray to survive the first year of CCGs!!!

Venture

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