

## **Elections**

The LMC has written to you inviting you to stand for election. We are especially keen to attract new members from the South West Staffordshire PCT area. If you would like any further information please contact the office.

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## **Enhanced Services**

We are fortunate in having clarified the majority of services that we provide around the core/non-core debate. However there are two outstanding areas:-

1. Pessary ring fitting – the LMC believes this to be a non-core service and advises GPs that they have a choice of whether they feel it clinically appropriate to undertake the work or refer the patient to hospital.
2. Shared Care Drugs – earlier attempts to resolve the issues raised have still not occurred. The LMC therefore advises GPs not to take on any new drugs until an agreement is reached. We have given notice to PCTs and may have to suggest to GPs that they can withdraw from this service if no agreement is reached.

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## **National Travel Health Network & Centre (NaTHNaC)**

This centre is to be recommended and has been created to improve standards in travel medicine with the goal of protecting the health of the British public. It is funded by the Department of Health and it is based at the Hospital for Tropical Diseases. The NaTHNaC will provide guidance and education, surveillance and yellow fever vaccination centre administration. Please refer to its website at <http://www.nathnac.org>

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## **Specialist/Specialist Physician Definitions**

For some drugs, the Summary of Product Characteristics states that the drug should be prescribed by specialist or specialist physicians experienced in the treatment of the condition for which the drug is used. The question frequently arises whether the use of these terms means that only hospital specialists can prescribe such drugs or whether GPs with a special interest, or GPs with experience in the condition, can prescribe such drugs. MTRAC put this question to the licensing body in the UK (The MHRA). Apparently the terms specialist and specialist physician have no precise legal meaning. These terms are interpreted differently across Europe. In the UK (according to the MHRA) the regulatory authorities are guided by respective Royal Colleges, and the words are meant as a guideline. The MHRA added that there was no reason from a regulatory point of view why a GP with appropriate experience may not prescribe these drugs.

You will note on all MTRAC shared care agreements the following statement:-

“the doctor who prescribes the medication legally assumes clinical responsibility for the

drug and the consequences of its use”.

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### **Freedom of Information Act Fees**

Attached is guidance on the Freedom of Information Act 2000. Please note that Data Protection Act and Freedom of Information Act requests are different, the former is personal data and the latter “institutional”. Although the access fee for the Data Protection Act is £10 the maximum copy charge is £50. The guidance on fees for the Freedom of Information Act ([www.foi.gov.uk/feesguide.htm](http://www.foi.gov.uk/feesguide.htm)) states that you may not charge a fee for determining if you hold the information requested unless the sum exceeds the appropriate limit that applies to GP practices of £450.00. It seems likely that this would apply only in very exceptional cases in general practice. For requests which would cost less than the ceiling, no standard fee may be charge, but you can charge the full cost of disbursements (photocopying, printing and posting).

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### **Choose & Book**

The models for the delivery of the Choose and Book agenda are being rolled out across the four PCTs. These vary from a booking management centre to a Local Enhanced Service for practices. The LMC has commented on the complexity of the referral pathways, the lack of consultant choice and the low sum of money offered to cover costs incurred at practice level. We would remind you that the GPC is extremely concerned that there are a number of unresolved issues relating to confidentiality and security of patient records. It is also concerned about the workload and resource implications of Choose and Book. The LMC suggests that practices carefully consider the implications of being involved. Choose and Book is not part of a GPs contractual obligations and therefore practices can decline to be involved.

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### **Is Jury Service Proving a Problem Issue for GPS?**

The Statutes and Regulation Sub Committee of the GPC recently discussed whether it was becoming a problem for GPs to serve on juries due to either the cost of providing a locum, or owing to the stringent guidelines making it difficult for GPs to defer there service.

Given that the first 10 days or jury service are reimbursed at a rate of up to £52.63 per day to cover loss of earnings (raising to up to £105.28 thereafter), a loss to a practice could be considerable. Doctors were exempt from jury service until the 2nd of April 2004, when major changes to the Criminal Justice Act came into force.

If you have any feedback regarding this issue, please email Anna-Marie Davis at [adavis@bma.org.uk](mailto:adavis@bma.org.uk)

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### **Practice Headed Paper**

We have been advised that we need to clearly define whom the Partners are for legal liability purposes on our practice headed paper. If we do not the non-partners such as retainers and assistants will also be jointly and legally liable if claims are made against the practice.