



# LMC NEWS

Website: [www.sslmc.co.uk](http://www.sslmc.co.uk)

E-mail: [enquiry@sslmc.co.uk](mailto:enquiry@sslmc.co.uk)

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It is the LMC advice that you decide whether it is financially viable to take up the LES and look at the demands on your practice at this time of the year. Please note this is not about whether children are vaccinated or not, nor the timescale, but purely about whether general practice can absorb this under the current proposals without significant clinical risk to other patients.

### FACTS AND FIGURES

#### 1. External Consultancy Services.

In 2008/09 the PCT spent £204,000 on consultancy services.

#### 2. Darzi Centre Burntwood

The number of registered patients at the beginning of December 2009 is 1062. They had over 4000 walk-ins who saw a GP or nurse and are not registered patients. The cost per registered patient is "several hundred pounds" in comparison to the PCT average between £60 and £80 for the rest of us.

### CONFIDENTIALITY AND IM&T DES VISITS

The LMC is aware the IM&T DES visit process was not inline with the legal framework for confidentiality nor the NHS Code of Practice. Informed consent should have been gained in advance and would not have been onerous because only a few records were accessed. The status of the person accessing the record is of no significance. Using a mask to hide part of the screen does not anonymise a record. Just because some practices are unaware of their responsibility in terms of complying with the legal requirements for confidentiality does not make it right.

PLEASE ALSO NOTE THAT THE 5% QOF VISITS MUST ALSO USE NON IDENTIFIABLE PATIENT INFORMATION AS WELL.

### SWINE FLU DES & LES

The main issue for the Department of Health is that GPs should not profit so the DES for Pandemic Influenza H1N1 vaccination is priced at no cost to practices. The LMC is informed that in South Staffordshire 33 practices have signed up to the DES, 60 with the LES and 3 with neither. Colleagues that have remained with the South Staffs LES need to be aware of the pricing differential and that they may not deliver the LES at no cost because of the lack of payment for vaccination of housebound patients carried out by district nurses and PCT staff.

You will have received the South Staffs LES for Swine Flu Phase II to vaccinate children aged 6months to under 5 years of age. The payment of £5.25 per vaccination is unacceptable to the LMC because it will neither fully resource additional capacity nor will it enable practices to deliver these vaccinations whilst not adversely affecting the healthcare of their other patients. The PCT will not consider any flexibilities which have been considered and enacted elsewhere such as postponing QoF review visits, postponing business reviews of practices, postponing implementation of targets through balanced scorecards, postponing contract reviews and allowing practices to use enhanced opening hours to deliver the vaccination programme.

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## **ELECTRONIC PRESCRIBING & GPSOC**

The Electronic Prescribing Service is being held up by practices who have not agreed to switch on Stage I. This very simply means permitting the clinical suppliers to activate this in your system. The only change on prescriptions will be a bar code on right hand side. This will also enable you to receive a payment under the IM&T DES Component 3. Please contact Dawn Greensmith (01889 571394) at the PCT if you have any problems.

Many practices have not yet signed up to GPSOC. This is a national agreement and by not signing up funds received by the PCT from the DH reduce the monies available for all practices. Please contact Dawn Greensmith if you have concerns.

### **GPS ADVISED TO RECOMMEND RATHER THAN REFER PATIENTS FOR EXERCISE**

With increasing focus on promoting exercise among patients, it is important that GPs are aware of the medico-legal issues this raises. We advise GPs that rather than "prescribing" exercise for a patient or referring them to a professional not registered with a statutory body, such as a fitness instructor, they should "recommend" exercise instead.

This is because the referral and prescribing processes carry greater legal implications and have very specific meanings in the medical context. If, for example, a GP 'prescribes' exercise for a patient who suffers an MI while exercising, the doctor could be vulnerable to a claim for damages.

Doctors occasionally ask whether they could be criticised by the GMC particularly when referring patients for exercise programmes, where they do not know what the programme involves, or when sports professionals are not registered with regulatory bodies. The GMC's guidelines about referral state:

"Referral involves transferring some of all of the responsibility for the patient's care, usually temporarily and for a particular purpose...that is outside your competence. You must be satisfied that any healthcare professional to whom you refer a patient is accountable to a statutory regulatory body or employed within a managed environment..." (Good Medical Practice, 2006, paragraph 55)

The GMC has indicated however, that it would have no concerns about a GP referring a patient to a person who is registered with the Register of Exercise Professionals (REP).

When completing forms for patients about to embark on supervised exercise programmes, the LMC also advises members without special expertise, to certify that they know of no reason why the patient should be unfit to exercise rather than to certify them "fit to exercise". It is advisable to take a careful history and carry out an appropriate examination before doing so.

The Department of Health has produced a National Quality Assurance Framework on exercise referral programmes. It advises health professional on what to consider when referring patients to exercise programmes, including the recommended level of qualification for fitness instructors. The LMC has requested the PCT to ensure our local programmes have the requisite professionals.

### **INFORMATION SHARING WITH SEPARATE PARENTS**

A GP recently saw a young child with his father and requested some advice. The parents have split and the father has the child 2 days per week. They are not on speaking terms as they are undergoing legal action for custody. The father is asking for medical information about the child so the GP questions what if anything can we divulge or should we only be seeing the child with the mother present.

The answer below is an extract from the BMA Access to Health Records Guidance 2008: -

Parents may have access to their children's records if this is not contrary to a competent child's wishes. For children under 18 or, in Scotland under 16, any person with parental responsibility may apply for access to the records. Not all parents have parental responsibility. In relation to children born after 1 December 2003 (England and Wales), 15 April 2002 (Northern Ireland) and 4 May 2006 (Scotland), both biological parents have parental responsibility if they are registered on a child's birth certificate. In relation to children born before these dates, a child's biological father will only automatically acquire parental responsibility if the parents were married at the time of the child's birth or at some time thereafter. If the parents have never been married, only the mother automatically has parental responsibility, but the father may acquire that status by order or agreement. Neither parent loses parental responsibility on divorce. Where more than one person has parental responsibility, each may independently exercise rights of access. A common enquiry to the BMA concerns a child who lives with his or her mother and whose father applies for access to the child's records. In such circumstances there is no obligation to inform the child's mother that access has been sought. Where a child has been formally adopted, the adoptive parents are the child's legal parents and automatically acquire parental responsibility. In some circumstances people other than parents acquire parental responsibility, for example by the appointment of a guardian or on the order of a court. A local authority acquires parental responsibility (shared with the parents) while the child is the subject of a care or supervision order. If there is doubt about whether the person giving or withholding consent to access has parental responsibility, legal advice should be sought. The holder of the record is entitled to refuse access to a parent, or an individual with parental responsibility where the information contained in the child's record is likely to cause serious harm to the child, or another person.

## LOOKING TOWARDS 2010

You may be looking towards 2010 and thinking what is in store. The government will continue to have populist policies rather than evidenced based ones. The LMC will continue to support GPs of whatever status. The denigration of GPs will not stop and we will have to cope with it.

Perhaps you should think about the following when considering your practice in 2010: -

"How does it look"

Patient outcome centred

Consider flexibility of appointments

Half-day closure—is it still appropriate?

Removal of practice boundaries—strict limitations look poor from a patient perspective.

Revalidation and practice accreditation will be high on our agendas next year

**Dr David Dickson**  
**LMC Secretary**

## DATES OF NEXT MEETINGS

South Staffordshire LMC - 14th January 2010, South Staffordshire PCT, Edwin House, Second Avenue, Centrum 100, Burton on Trent

South East Staffordshire Sub Committee - 25th January 2010, Samuel Johnson Community Hospital, Lichfield

South West Staffordshire Sub Committee - 21st January 2010, South Staffordshire PCT, Anglesey House, Towers Business Park, Rugeley.

## LMC MEMBERS

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

Dr M MacKinnon (Chairman)	01785 813538
Dr D Dickson (Secretary)	01283 564848
Dr C Pidsley (Vice Chair/Treasurer)	
	01283 500896
Dr A Parkes	01827 68511
Dr V Singh	01543 870580
Dr E Wilson	01922 415515
Dr A Yi	01543 870590
Dr A Burlinson and Dr O Barron (job share)	01889 562145
Dr P Needham	01283 565200
Dr G Kaul	01543 414311
Dr A Selvam	01543 571650
Dr J Holbrook	01543 503121
Dr T Scheel	01283 845555
Dr S Dey	01889582244
Dr P Reddy	08444 770924
Dr J Chandra	01543 870560
Dr A Elalfy	01785 252244
Dr P Gregory	01543 682611
Dr K Owens	01543 278461

## DR V SPLEEN

Dear Reader

So the epidemic has finally arrived. Doves of people appearing in surgery, on the dog and bone, e-mails flying from No 10 to SHA to PCT to GP. Lots of crisis meetings to discuss options, prepare, reconsider, re-plan, re-evaluate, elucidate, include, exclude, delude!

However we are coping. Our brave frontline staff and our nurses bare the brunt of the public's demands and anxieties.

I do think the next time we have an immunisation epidemic we should make sure we have an illness first. I would like that to be the first item on the " How can we get their minds off Afghanistan and the economy planning meeting ? "

Perhaps with World Class Commissioning we can stop at a green traffic light and buy one from a privatised street vendor and carry it on our balanced scorecard back to the DDC [Disease Distribution Centre] which I think is in that big warehouse near the power station in Rugeley!

Meanwhile medicine continues amusedly observing all these goings on with great admiration for the ability to believe the surreal is real. Rumour has it that the IOC were considering "Box Ticking" as a new Olympic sport but 392 other countries complained that a national pastime with no rules and arbitrary targets could not be learned by the rest of the world before 2012. Gordon Brown is rumoured to have offered 232,000 senior NHS managers to explain it all but the RAF said all their planes were busy shuttling our 35,000 troops to Afghanistan. Talk about priorities!

Anyway that means our 230,000 boys will all be home for XMAS which is really nice for them.

Well that's enough ranting for 2009. Have a great festive season and keep jabbing !

Venture

***The Views expressed in this column are those of the author and not necessarily those of the LMC.***