

## **Introduction**

Welcome to the Autumn edition of the newsletter. The Medical Secretary is pleased to note that several GPs keep copies of the newsletter going back many years.

Several queries are received in the office when the answers are contained in back issues so we would like to remind readers, especially new practice managers, that you can access the website address above if you have lost any copies. However the office is always happy to guide you to information and explain how the cd rom on the new contract can be used.

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## **Local Enhanced Services**

Several PCTs are endeavouring to spend the money that they still have in their Enhanced Services Floor. The LMC encourages the PCTs to query with the Secretary whether their proposals meet the basic criteria of being a patient service and contestable by GPs.

After prolonged enquires South Western Staffordshire PCT, East Staffordshire PCT and Burntwood Lichfield and Tamworth PCTs are unwilling to pay for 24 hour BP monitoring and spirometry. Irrespective of whether you have received funding to provide the necessary equipment the LMC feels that these should be funded as Local Enhanced Services in view of the training requirements and costs involved in providing these services. It is therefore for GPs to decide whether they wish to no longer provide these services within their practices and refer them to the local acute trust for the investigations. Please note that Cannock Chase PCT will fund both these services as a LES.

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## **FP10 Prescribing at Hospitals**

Hospital departments are able to supply prescriptions that can be dispensed by community pharmacies without intervention by PCTs. These prescription forms are orange and are called FP10 HP. If the hospital issues these prescriptions then the prescribing will be charged back to the hospital.

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## **Medicine Use Reviews in Community Pharmacies**

Concern has been expressed about the potential workload for GPs following the introduction of medicines use reviews in the new Community Pharmacist contract. The LMC feels that it is too early to be critical and would hope that the process will be of help and support to practices in their own medication reviews. However if there are problems that need discussion by the LMC please forward them to the office.

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## **Out of Hours/Staffordshire Ambulance Service**

National Quality Requirements in the Delivery of Out of Hours Services October 2004 states that "Providers must ensure that patients are treated by the clinician best equipped to meet their needs, (especially at periods of peak demand such as Saturday mornings), in the most appropriate location. Where it is clinically appropriate patients must be able to have face to face consultation with a GP including when necessary at the patients place of residence."

It has become apparent to the LMC that doctors in the Staffordshire Ambulance Out of Hours Service are acting outside their area of expertise because they are not vocationally trained and potentially could be placing patients at risk. This matter was reported to the General Medical Council and their response was that "this is a level of service issue and not a fitness to practice issue". The Chief Executives of the Strategic Health Authority and the Primary Care Trusts have acknowledged the LMC concerns and will ensure access to a GP. You will have seen an advertisement from the Ambulance Service seeking interest in providing the cover from midnight to 8am but if you are interested you would be advised to discuss the pay rates with the LMC because they are felt to be far too low. The PCTs are undertaking a full review of the Out of Hours Services, finances and options available. The LMC would like to repeat that if you have concerns about the role of the ambulance trust in out of hours that you write directly to them and copy to the LMC.

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### **GP2GP Transfer - Attached Documents**

The testing of GP2GP transfer has identified an issue which GPs can assist with prior to the system being implemented. Whilst the "core" record in most GP systems is very compact, attachments are generally much bigger by comparison. As more and more practices are utilising document management systems, the number of attachments is growing. Attached records will be transferred with GP2GP but they have the potential to swamp the system. The practice of one of the Joint Chairmen of the Joint GP IT Committee of the GPC has 89,000 attached documents; practices need to ensure that attached documents are as compact as possible.

In particular, Microsoft Word processed documents have the potential to be very large, especially if they incorporate images in the header or background. Some embedded images can make the file size 100 times bigger than the text-only version and the implications are self-evident.

The GPC would like to advise practices to consider removing any embedded images in any word processor generated letters they attach as their core clinical records. If at all possible, attached word processed documents should be text-only. This would not apply to word processed documents that were not attached or appended to the clinical system records.

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## Partnership Agreements

The GPC has dealt with some difficult and acrimonious partnership split cases recently, mainly due to the fact that there was not a partnership agreement in place. Unless a partnership agreement is in place, a 'partnership at will' will operate and the partners will be governed by provisions of the Partnership Act 1890. This could result in:

- The loss of the practice NHS contract, with no obligation on the PCT to award a new contract to the remaining partners;
- The forced sale of partnership assets including the premises;
- Significant legal costs;
- The inability to exclude one of the partners without a lengthy dispute resolution process or a court case.

The GPC urges practices to ensure that they have a written partnership agreement in place and to check that it is up to date and includes all partners. Further guidance on partnership agreements is available at:

<http://www.bma.org.uk/ap.nsf/Content/PartnershipAgreements0504>

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## Jury Service

Representatives of the GPC, senior hospital doctors and junior doctors committees recently attended a meeting with the Department of Constitutional Affairs to discuss doctors' concerns about the implications of jury service on service delivery and practice organisation. The meeting was constructive and, as a result, the BMA is to draft guidance for those doctors who would like deferment or excusal from jury service. The GPC anticipate that the guidance will be available in the autumn. In the meantime they advise that any application for excusal or deferment should be accompanied by detailed reasons, including the implications for service delivery of the absence of the doctor summoned; this explanation may be continued on a separate sheet of paper where there is insufficient space on the jury summons response form. Further advice may be sought from Rachel Merrett ([rmerrett@bma.org.uk](mailto:rmerrett@bma.org.uk)) at the GPC.

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## Hepatitis B Immunisation for Employees at Risk

This guidance for GPs is enclosed for your information together with the template for a model letter which can be altered if you have reciprocal arrangements for sending them to another practice. We have also included the same letter but with an LMC heading if you feel this gives it more authority.

With respect to medical students it is the hospitals that insist that they are fully immunised before entering the wards which can occur during the first few weeks of their courses. The universities are not prepared to pay a fee for this service so they can be referred to the occupational health department of the

local NHS trust or a local colleague with whom you have a reciprocal arrangement.

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### **Examination of Assault Cases**

The Joint Negotiation Committee for Forensic Medical Examiners sent a circular to all Clerks to Police Authorities and Chief Constables which states explicitly “victims of crime... forces are asked to note the victims of crime should be sent to the forensic medical examiner for the documentation of their injuries and not to a general practitioner”.

Enclosed is a LMC headed letter which you may wish to give to patients who attend inappropriately following advice from the police. The LMC has sent this letter to the Chief Constable of Staffordshire.

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### **Guidance from the GPC**

#### 1. Focus on Community Hospital GPs

Please find this guidance note at <http://www.bma.org.uk/ap.nsf/Content/focuscommhospgps>. This guidance recognises the problems facing GPs working in community hospitals, sets out the measures that the GPC is taking to remedy the situation, gives details of the DDRB pay award for 2005/06 and provides advice as to what action GPs and LMCs could take locally.

#### 2. Revised Guidance on Freedom of Information Act 2000

Main changes are at 15, 17, 18 19 and the flow chart. It is available at <http://www.bma.org.uk/ap.nsf/Content/freedomfaq>

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### **Severe Mental Impairment Cert for Council Tax Redu**

Please remember that we are not entitled to charge for a certificate stating severe mental impairment for reduction of council tax. The list of prescribed medical certificates in our regulations state that we are not allowed to charge for confirming that the patient is severely mentally impaired. The legal definition of severe mental impairment is “for the purpose of the Local Government Finance Act 1992, a person is severely mentally impaired if he/she has a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.

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### **Cameron Fund Appeal**

Enclosed is a letter addressed to GPs, the content of which is self-explanatory.

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**Dr Peter Holden, GPC, Swinfen Hall 15 Nov 05 7pm**

Advance notice is given that Peter Holden will attend a question and answer session open to all South Staffordshire GPs at the above venue and time. Please make a note in your diaries but further details will be circulated in due course.

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**Dr V Spleen**

Dear Reader

So the truths out! Our ambulance doctors don't do home visits after all. It has only taken 10 months for this to come to light. The reason why the ambulance out of hours system sounded too good to be true was because – it was too good to be true!

But don't despair. Now we have the tempting opportunity to lose 8 hours sleep for £100 down and £80 for every hour out of bed. Better still, they throw in an annoying chatty driver and a jump suit. Life doesn't get any better.

And between 18.30 hours and midnight? Well, the trust has decided to keep the PCT's money anyway and the PCTs are having a whip round to employ a doctor who will visit patients.

Hot tips for PCT Managers:

1. Read the small print in contracts before you sign them.
2. Try to get the other party to sign the contract too.
3. Err, that's it.

Remember next time it will probably be Richard Branson tendering for services and he has better lawyers than yours!!

Sweet dreams all,

Venture