



# 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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## SUPPORT YOUR SURGERY CAMPAIGN

The BMA today launched the second phase of the Support Your Surgery campaign.

The first phase of the campaign was a huge success. In just three weeks, hard-working GP practices and LMCs across England collected almost 1.3 million signatures, demonstrating overwhelming patient support for NHS general practice. The petition was presented to Downing Street on 12 June and subsequently provoked a significant response from the Prime Minister and other ministers, as well as debate in the national and local media.

The second phase of the Support Your Surgery campaign continues to focus on informing patients about government plans to introduce polyclinics and GP-led health centres, and supporting their efforts to make their views heard by contacting their PCT, local MPs, local media, and local council overview and scrutiny committees.

A campaign pack containing posters and leaflets has been sent to each GP practice. Practical guidance has also been included in the campaign pack.

## 5 NEW CLINICAL DESs

The Clinical DES Guidance has been circulated to Practice Managers and can be assessed from the following link: -

<http://www.bma.org.uk/ap.nsf/Content/ClinicalDES0809>

Practices will be reviewing their ability to carry out the requirements of these new Clinical DESs. An example is the Learning Disability DES where a lead GP needs to be identified, attend a multidisciplinary education course and provide yearly reviews. You may also wish to look at the work involved in setting up an Osteoporosis Register and auditing the women identified.

The LMC will be working with the PCT on the preparatory work for the service specifications together with how they will implement and monitor them.

Further discussion will take place on how the PCT intends to use the extra investment it has received in Primary Care to improve accessibility and responsiveness.

## EXTENDED HOURS ACCESS DES

The Extended Hours Access DES specification and final Department of Health guidance have now been published and can be accessed at the following link: -

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH\\_087557](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH_087557)

An update of the GPC 'Focus On Extended Access' guidance will be published shortly.

## QOF SELF-ASSESSMENT FORM 08/09

Please note that the Clinical Governance Proforma which will be sent to you by the PCT for completion is completely voluntary. However the PCT would be grateful for its completion and 70% of practices did so last year.

An LMC member will be picking the random 5% validation visit practices imminently and the “lucky” ones will be informed by the PCT.

### BADGER HARMONI AND OUT OF HOURS

The LMC Secretary attends the OOH Performance Monitoring Group. Badger Harmoni has clinical governance and audit procedures in place so if GPs have concerns about clinical care Badger Harmoni is happy to receive them.

Special Patient Notes are used to provide information about specific patients especially those in the terminal phase of their illness. Badger Harmoni would be grateful if we could inform them when patients in special notes subsequently die.

The methods of transmission of clinical information by Badger Harmoni are via email, DTS or fax. NHS mail is the most commonly used method in South Staffordshire, but it means data has to be copied and pasted into the patient record. NHS mail is secure. DTS is a method that links with the patient record where the surgery computer system is compatible. It is hoped that DTS will be soon used because it is secure and is the same system as used for lab results.

### DO NOT RESUSCITATE (DNR) FORMS

LMC members had a lively debate at our meeting on 18th September 2008 about the use of DNR Forms. Half of us were in favour of their use but the other half were adamantly against. Attached is a useful sheet provided by another LMC outlining the various issues and also Advanced Directives.

Sheila Blackwell is the PCT Palliative Care Lead Nurse appointed to work towards a resolution of the difficulties around palliative care, so that patient and clinician experience of the service is satisfactory. The LMC will make enquiries with the Medical Director of West Midlands Ambulance Service to clarify the legal basis for some of their protocols whereby deceased terminal care patients are resuscitated when a DNR Form is not in place.

### PRIMARY CARE CONSULTANTS WORKING IN A&Es

The LMC would like to recommend that any GPs currently working or considering about working as a Primary Care Consultant in hospital A&Es, that they ensure they are covered for Medical Defence. It will mean enquiring with your Medical Defence or Protection organisation.

### CERVICAL CYTOLOGY UPDATES

Dr Ahmed, PCT Cervical Screening Coordinator states that the PCT policy on cervical cytology is in accordance with the best practice recommendation of NHS Cervical Screening Programme (NHSCSP, 2006), which states:

*“All cervical sample takers should attend a minimum of one half day’s update training on the programme and its current development every three years”.*

The PCT therefore expects all cervical sample takers to attend these updates regularly in view of the considerable changes the cervical screening programme is currently undergoing. The need to ensure the highest quality service is provided for women remains an important objective of the screening programme.

### COMMUNITY NURSING SYRINGE DRIVER DIRECTIVE—ADVICE FOR COMPLETION

The old yellow form has been replaced because nurses wanted leeway in adjusting drugs according to patients needs. They also wanted the commonest symptoms that arise during terminal care to be covered in the new form. It is therefore advised that a sufficient range of doses is written as outlined in the form as the best way to avoid the need for a new form to be rewritten. There should not be a need for the GP to write the whole form in handwriting following the change in CD requirements but signature is required.

### NOTIONAL RENT REVIEWS

Several practices have noticed long delays in the process for notional rent reviews and valuations. It is recommended that you contact Jean Haynes at the PCT if you are having problems.

### FORMS OF IDENTITY FOR NEW PATIENT REGISTRATIONS

The GPC inform us that there is no requirement on any practice to seek forms of identity from patients wishing to register. It is felt that some practices are overstepping the mark by asking for such un-required information as two utility bills, passport etc and are placing the patient/doctor relationship at risk. It was felt the practices must not be seen as State Enforcement Officers. The LMC is also aware that South Staffordshire PCT does not support GP practices routinely seeking forms of identity from patients who wish to register.

This is also outlined in the BMA Ethics Department Guidance On Access to Healthcare for Asylum Seekers and Refused Asylum Seekers available at: -

[http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDF/asylumhealthcare2008/\\$FILE/Access\\_asylumseekers2008.pdf](http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDF/asylumhealthcare2008/$FILE/Access_asylumseekers2008.pdf)

It states that there is no obligation or expectation for doctors to check the immigration status of people registering to join their list.

### ACCESS TO INFORMATION GOVERNANCE RESOURCES

At the most recent meeting of the Joint GPC/RCGP IT Committee the Head of Digital Information Policy, at Connecting for Health, informed the Committee that Primary Care Trusts are required to be supportive of Practices accessing available information governance resources such as encryption software for both desktop and mobile devices (e.g. laptops and Personal Digital Assistants used for patient records). Details of the types of resources that might be available can be accessed at: -

<http://www.connectingforhealth.nhs.uk/systemsandservices/infogov>

The latest news and development in information governance resources can be seen at: -

<http://www.connectingforhealth.nhs.uk/systemsandservices/infogov/whatsnew>

## **FRAUD**

The BMA's Private Practice Committee has drawn to our attention that both the NHS Counterfraud Service and private medical insurance companies have been much more active in seeking out fraud than has been the case in the past. New legislation under the Fraud Act 2006 makes it much easier for people to fall foul of the law.

A number of private practitioners have been brought before the GMC over issues of fraud and the BMA is developing guidance for private practitioners to help them avoid accusations of fraudulent behaviour. During research it has been noted that the changed definitions of fraud do not require a perpetrator to have made any personal gain. They need to have had the intention of gaining or causing a loss of risk or risk of loss to another but the gain or loss does not need actually to have been made.

The Private Practice Committee has noted General Practitioners could therefore fall foul of the Act merely by trying to be 'kind' to a patient by, for instance, by omitting adverse information from a medical report, as this could be interpreted as resulting in a loss to the medical insurance company.

## **DIRECTORY SERVICES SCAMS**

The GPC secretariat is receiving an increasing number of queries from practices who have received large invoices from companies offering directory services. The companies generally contact small businesses offering to list them in their paper or web-based directory. The way that the offer is worded usually makes it seem as though the listing is free of charge. However, buried somewhere in the small print is often a clause allowing the company to charge a hefty fee (often of £1,000 or more) for the listing.

Practices should always exercise due caution when sending their details for inclusion in such directories. If they do receive a large, unexpected invoice, they should contact their local trading standards office further advice.

## **CHANGING MEDICAL RECORDS OF ADOPTED CHILDREN**

Under adoption legislation, an adopted child is given a new NHS number, and all previous medical information relating to that child is put into a newly created health record. Any information relating to the identity or whereabouts of the birth parents should not be included in the new record. The change of name, NHS number and transfer of previous health information into a new health record should take place for both GP records and hospital records. There should not therefore be any difficulty in obtaining information about the child's previous treatment in secondary care.

Whilst changing or omitting information from medical records would usually be contrary to ethical and professional guidance this is not the case for the records of adopted children as there is a legal requirement that it takes place.

The Department of Health are currently looking into the issue of health records for adopted children in connection with the National Care Records Service (NCRS).

## **PATIENTS MOVING BETWEEN GP SURGERIES**

In July Ben Bradshaw, Minister of State for Health, suggested that some GP surgeries operate 'gentlemen's agreements' where they promise not to accept other doctors' patients. Further to the public debate on this issue, the GPC has been made aware of a small number of such examples where some unacceptable practices are occurring.

The GPC recognises that there are far greater and more common reasons why surgeries are unable to take on new patients, for example, some surgeries are genuinely unable to take on new patients because they are bursting at the seams. In some cases surgeries cannot expand because there is no money available from the local PCT for expansion of the surgery.

The GPC would certainly not support any agreement between GP surgeries that unreasonably prevent patients from moving between surgeries and urges surgeries to ensure that this does not occur.

## **MATERNITY LEAVE AND NEW LMC STAFF**

Lyndsey Insley leaves the LMC office for maternity leave on 24th October. We wish her every success later this year.

Sarah Clarke will hold the helm in the office and will be assisted for the next year by Geraldine Gordon.

## **DATES OF NEXT MEETINGS**

South Staffordshire LMC - 30th October 2008, South Staffordshire PCT, Anglesey House, Towers Business Park, Rugeley

South East Staffordshire Sub Committee - 10th November 2008, South Staffordshire PCT, Edwin House, Second Avenue, Centrum 100, Burton on Trent

South West Staffordshire Sub Committee - 13th November 2008, South Staffordshire PCT, Mellor House, Corporation Street, Stafford.

## 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 M Murugan	01543 870570
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 V SPLEEN

Dear Reader

Dateline -2015

Place -a practice near you( or maybe yours!).

I am writing this in the dark as there are almost constant power cuts. Inflation is 1000% , China has invaded America , the flood waters are rising and my practice is about to close.

All these things had seemed unlikely back in the 'Brown years' around 2008.

It had all started well or so it seemed. We had new contract and were all bidding to set up new services.

The benevolent PCT (as the Health Commisariat was then known) had set up a new 'Darzi' centre across the road from my surgery. It was planned to put useful things like near-patient USS facilities and phlebotomy in there , that was all! I even referred patients to their fitness programme ! If only I had known what was to come.

'My' patient survey ( administered by the PCT just to help me) began to show that my patients thought they needed more out-of hours care and longer opening times and as a single hander that was impossible for me to provide.

So in the spirit of helpful co-operation that existed then ( or so we thought) the PCT tendered and brought in a couple of new salaried GPs to 'help' me and my patients.

As they offered drop-in services and had a tiny list initially it was always easy for patients to see them .Many still came to see me through loyalty and because they knew I held all their records , on the computer ,yes , but mainly in my head after all those years living sleeping and breathing MY practice. However when patient-held records came in they all knew all their records were on that anyway.

There were a few problems initially- the odd( fatal) allergic reaction when a known allergy was not transferred across from my notes) and several lapses of confidentiality when the PCT were corresponding with it's chosen OOH provider , but no-one seemed to care (except me and the patients who it actually happened to!) I tried to involve the help of the LMC , but they had already been largely sidetracked and ignored by the PCT— (how I wish me and my colleagues had realised how much help they gave and tried to protect and use them before it was too late!). The majority of patients either never attended anyway and so did not notice what was happening, or were happy for their viruses to be treated with antibiotics by the nice doctors at the wellbeing clinic , whilst grumpy old me refused them the antibiotics on the grounds that they might not work. True, but it did my stats in the 'favourite doctor' polls no good and soon patients were deserting my surgery in droves. We tried to get a patient survey going but just like in the tendering process for the new centre in the first place we were up against the slick marketing practices of the PCT and large private providers , so my survey was ignored.

That was 7 years ago and now I am about to close down -in fact I think that is the health commissioners knocking the doors down now ..... they are inside the building... can't hold out much longer.....they're taking all my patient computer disc records .....no....NNNOOO!!.....

Epilogue -Dr Spleens practice ceased to exist in 2015 -he now lives in a nursing home near Stoke.

## Venture

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