

LMC NEWSLETTER

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SEPTEMBER 2004

Editorial

Special points of interest:

- ☺ Complaints
- ☺ Occupational Health
- ☺ Freedom of Information Act
- ☺ Cremation Forms
- ☺ Condition Management programme
- ☺ Local Enhanced Services - A Guide for Practices

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This is our first normal Newsletter for some time, although in the past few months there has been a major increase in LMC information sent to practices, but the new contract has dominated to such an extent that we have labelled these editions as contract updates. We hope practices have found these useful and that they are widely read, but it is very difficult to measure the extent, or the satisfaction, of readership. "If you are not receiving this Newsletter please let me know" doesn't evoke much of a response! Any comments or feedback are always welcome, particularly constructive criticism that leads to a better service for GPs and practices from the LMCs.

The practice-based contract will increase the extended role of the LMCs over matters such as staff, appraisal, and the development of enlarged practice teams. It is likely that our role will also involve advice to contractors on developing local services through enhanced services. This will depend on good relations with PCOs and occasionally letting the LMC do the arguing, thus preserving more civilised dialogue between provider/practice and the commissioning organisation.

It is worth remembering that a PCT that doesn't want practices to work with the LMC is one that will divide practices and try to devalue their work.

All GPs are now on a "performers" list (if you don't like the name consider the alternative) and terms such as "principal" and "non-principal" technically no longer apply. I will therefore take this opportunity to briefly discuss non-principals. Essex has around 300 such GPs, including this author, divided into salaried, locum, retired and various other categories. All must be appraised this year, and all need to inform their PCT of any changes in address etc. It is possible to fall off the performers list, and re-entry might be as tricky as a returning space capsule. Appraisal is not as scary as we had feared, at least not yet, and all our principal colleagues were appraised in 2003-04 with minimal trauma. This was a major achievement for EQUIP, who managed most of the scheme, and for our Primary Care Organisations.

I have previously been a bit rude about our PCOs so I will probably be accused of repeating the trick. We have too many of them to enable the good managers to run or develop any kind of primary care service. Thankfully the Government are coming round to this way of thinking and rumours abound of future organisational changes. Until then we have 13 ways to do things in Essex, and the resultant elephantine bureaucracy. The new contract and revised funding of secondary care will put further pressure on PCOs as they strive to both provide, develop and commission healthcare. I do not believe this can be done effectively within one organisation and foresee a functional split that will have more significance, and hopefully more benefit, than any geographical tampering with organisational boundaries.

In the meantime the LMCs will continue to promote general practice and assist GPs and practices in any way we can. There is no one else with this role and by working with PCOs we can achieve a great deal for primary care.

BB



Local Management of Complaints

Changes to the NHS Complaints Procedures—Role of the Essex Consumer Services Team



From the 2nd August 2004, The Healthcare Commission will be carrying out all 2nd stage complaint reviews, including independent reviews. PCTs, through the Essex Consumer Services Team will no longer be holding independent review investigations, except to complete any that have already begun under the current process.

In respect of Local Resolution, this remains unchanged probably until Spring 2005 when it is likely a new process will be put into effect. Therefore, practices are still required to make every effort to ensure that local resolution happens when a complaint is made. The two important time limits still apply i.e. 2 working days to acknowledge a complaint and 10 working days to send a full response.

At the end of this page is a paragraph that is suggested for possible use in your response letter to the complainant, advising about the role of The Healthcare Commission.

The Essex Consumer Services Team will continue to have a role in helping to resolve complaints at Local Resolution. The Team has an impartial role, but can offer:

- ☺ Help, support and advice in how best to respond to individual complaints.
- ☺ Assistance in obtaining the necessary records or

other information if another NHS agency or practice is involved in the complaint.

- ☺ Able to act as an intermediary between the practice and complainant, discussing the complaint with you, assisting in the drafting of a reply, and checking this with you before it is sent.
- ☺ If you agree, obtain (at no cost to you) an independent clinical view of the complaint that may assist in explaining clinical issues to the complainant, thus assisting resolution.
- ☺ Offer advice and comments on your proposed response, ensuring that the tone and wording of the letter is correct, and that the reply meets the objectives of Local Resolution.
- ☺ Access to an independent and trained conciliator/mediator whose involvement may be able to minimise the adversarial and confrontational nature sometimes associated with complaints.

If you have been dealing with a complaint through the in-house practice procedures, and you feel there is no further scope for Local Resolution, or the complainant has asked for a second stage investigation, it is suggested that you may wish to advise the complainant to contact the Essex Consumer Services Team first of all, rather than inviting them to contact the Healthcare Commission

direct.

The Team, as an impartial broker, may be able to suggest further attempts at resolving the complaint. If there is no further scope, the Team will, at the complainant's request, pass the complaint on to the Healthcare Commission.

The Team will be commencing an extensive programme of workshops in the autumn across Essex about Strategies for Local Resolution and the impact of the changes, so please look out for invitations.

Suggested wording for final response letters to complainants.

If you remain dissatisfied with the response to your complaint, you have the right to ask the Health Care Commission to review your case. The Healthcare Commission is an independent body established to promote improvements in healthcare through the assessment of the performance of those who provide services. You can contact the Healthcare Commission on 020 7448 9200 or Oxford Street, Manchester M1 5AX or visit their website at www.healthcarecommission.org.uk

N.B This article has been produced by the Essex Consumer Services Team, an NHS group servicing all Essex PCTs

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Occupational Health Services to GPs & their Staff – Contact Details for your area

South Essex

All South Essex practices can access occupational health services from:

Basildon & Thurrock General Hospital

Tel: 01268 280585
Ask to speak to an occupational health advisor

North Essex

Colchester

Essex Rivers Healthcare Trust
Tel: 01206 744632
Contact Jane Upwood – Essex County Hospital
Monday to Friday 8.30am – 4.30pm
Nurse led drop-in clinic
Monday to Friday 1pm – 2pm
at the Occupational Health

Department

Tending

Essex Rivers Healthcare Trust
Tel: 01206 744632
Contact Jane Upwood – Essex County Hospital

Epping Forest

Interim arrangements continue to be in place:
Princess Alexandra Hospital
Tel: 01279 827015

Harlow

Interim arrangements continue to be in place:
Princess Alexandra Hospital
Tel: 01279 827015

Uttlesford

Interim arrangements continue to be in place:
Princess Alexandra Hospital
Tel: 01279 827015

Maldon & South Chelmsford

Interim arrangements continue to be in place
Mid Essex Hospitals
Tel: 01245 514089
Contact Pat White

Chelmsford

Interim arrangements continue to be in place
Mid Essex Hospitals
Tel: 01245 514089
Contact Pat White

Witham, Braintree & Halstead

Interim arrangements continue to be in place
Mid Essex Hospitals
Tel: 01245 514089
Contact Pat White



Prescribing of Unlicensed Drugs

Concern has been expressed at the increasing number of Prescriptions being requested for unlicensed drugs, especially by hospital paediatricians. These requests are

unreasonable and GPs should not be expected to issue such prescriptions. GPs are reminded that they will have the full support of the Local Medical Committee if they

choose not to prescribe unlicensed drugs.



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Freedom of Information Act 2000

The freedom of Information Act was passed on 30th November 2000. It gives a general right of access to all types of recorded information held by public authorities, with full rights access granted in January 2005. The Act sets out exemptions to that right and places certain obligations on public authorities.

The act puts a legal requirement

on NHS organisations to publish and share information. It is hoped that these rights of access will promote better public understanding of how public authorities carry out their duties, why they make the decisions they do and how they spend public money.

Practices are reminded that they should only supply information

of their NHS funding **NOT** total practice income.

Details and guidance for a model publication and further important information is available using the following web links:

www.foi.nhs.uk



Enhanced Criminal Record Disclosures

for Primary Medical Performers.



On 1 November 2004, PCTs will begin a special “catch up” exercise to obtain enhanced CRB disclosures from all practitioners on performers lists who have not yet been required to provide one.

This exercise had been scheduled to take place before establishment of performers lists but was delayed due to capacity problems at the CRB. The DoH assures the BMA that it has consulted fully with the CRB and both are confident that the exercise can be completed by February 2005.

What it means for the profession is that all GPs who were transferred automatically to the performers list from the previous lists, and who therefore have not so far needed to provide a disclosure, will be asked (by their PCT) to apply for one.

This includes salaried GPs and locums, who participate in the exercise in the same way as contractors. Disclosures are usually required for employers, but in this exercise they are for PCTs. The fact that the majority of GPs have no identifiable employer is therefore not an issue.

An enhanced disclosure is essentially a check with local police force records in addition to checks with the Police National Computer and government department lists. The Chief Constable of the local force decides what

information is disclosed. Enhanced disclosures are for those regularly caring for, training, supervising or being in sole charge of children or vulnerable adults.

Clearly, GPs who have recently applied to the performers list, and who therefore have already supplied an enhanced disclosure, do not need to do so again in the course of this exercise.

The intended process is as follows.

✍ GPs will receive notification of the exercise from their PCT. They will either send a blank application form or ask the GP to contact the CRB for an application form.

✍ After completing the application form, the GP sends it to the PCT (as the body requiring the disclosure).

✍ The PCT verifies the identity of the applicant GP, countersigns the application and sends it to the CRB.

✍ The CRB then sends the applicant the certificate and sends a copy to the PCT.
The GP does not need to send his or her copy to the PCT.

The costs of the exercise will be borne by the PCT.

For step two, GPs can access the guidance on completing forms on the disclosure website (www.disclosure.gov.uk). This will help ensure correct completion of forms, and therefore avoid unnecessary

delays. They can also contact the CRB application helpline on 0870 9090 844.

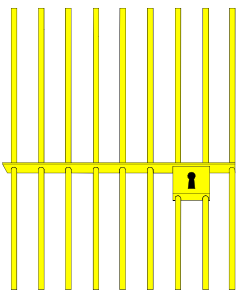
PCTs have discretion to begin the exercise sooner than 1 November, so some GPs may receive notification very shortly.

The deadline by which the GP must have made the application should be three months from the date of the letter.

If a GP fails to make an application by the deadline, the PCO is under a legal obligation to remove them from the performer lists.

However, the DoH is encouraging PCOs to use this sanction only after taking all reasonable steps to identify the cause of non-compliance.

“If a GP fails to make an application by the deadline, the PCO is under a legal obligation to remove them from the performers lists. However, the DoH is encouraging PCOs to use this sanction ONLY after taking reasonable steps to identify the cause of non-compliance”



Data Protection – DO NOT BE MISLED

Any practice receiving a data protection notification demand requesting a fee of £95+ VAT should ignore it. There is no connection between the Information Commissioner and such individuals. There have also been incidences where individuals have attended business premises requesting payment for Data Protection Registration. These “collectors” produce identification cards and receipt books.

The Commissioner again advises those approached in this way are not to make any payment and to notify the local police.

The following link lists the

companies that have been brought to the information commissioner’s attention. [These companies are in no way connected to the Information Commissioner.](http://www.dataprotection.gov.uk/dnbmlist.html) www.dataprotection.gov.uk/dnbmlist.html

Other than paying the annual statutory notification fee of £35.00 on which no VAT is payable there is no charge made by the Information Commissioner to any data controller wishing to notify.

Details of how to notify under the Data Protection Act 1998 are available on the following website www.dpr.gov.uk or you can telephone the Information Commissioner Notification

helpline on 01625 545740.



Cremation Certificates

The Home Office has issued guidance about the completion of cremation forms. The new guidance is part of the reforms which have been instituted post-Shipman. The circular informs medical referees ‘that they are recommended not to accept without further inquiry an application where doctors completing form C have not made enquiries of a relevant third party (i.e. that one of questions 5-8 should be answered in the affirmative)

Questions 5-8 are as follows:-

Q5

Have you seen and questioned any other medical practitioner who attended the deceased? **(Give names and addresses**

of persons seen and say whether you saw them alone)

Q6

Have you seen and questioned any person who nursed the deceased during his or her last illness, or who was present at the death? **(Give names and addresses of persons seen and say whether you saw them alone)**

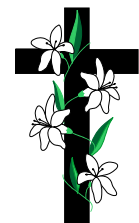
Q7

Have you seen and questioned any of the relatives of the deceased? **(Give names and addresses of persons seen and say whether you saw them alone)**

Q8

Have you seen and questioned any other person? **(Give names and addresses of persons seen and say whether you saw them alone)**

As you can see from the above, discussing by telephone only with the Patient’s GP is no longer sufficient. Discussion is necessary with relatives, or others involved in the Patients care.



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**North Essex & South Essex
Local Medical Committees**

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Terling Road
Hatfield Peverel
CM3 2AG

Phone: 01245 383430
Fax: 01245 383439
Email: info@essexlmc.org.uk
Web: www.essexlmc.org.uk

Employment of Locums

Practices are again reminded that before employing a locum they MUST ALWAYS check to ensure that they are included in a Performers List. The responsibility rests with the practice. Practices should always protect their position by checking a locum's inclusion in a list with the relevant PCT.



We're on the Web!
www.essexlmc.org.uk

Condition Management Programme

The Condition Management Programme, part of "Pathways to Work", is being piloted in Essex. The pilots are being jointly funded by the NHS and Jobcentre Plus and will run until March 2006.

The new measures are to help people with long term health conditions to return to the labour market following a new claim for Incapacity Benefit. Part of this package includes new Condition Management programmes delivered through the NHS and focusing on the three most common conditions - mental health, muscular-skeletal disorders and cardio respiratory conditions - which prevent a return to work.

From 1st April all new incapacity benefit claimants are to undergo the usual personal capability assessment and a report put together recommending whether the patient is in a position to return to work or not and from then on they will receive referrals to the programme.

There would be no extra work for GPs. Advisers will be letting GPs know if their patients come onto the programme and, with patient consent, their progress. Patients will undertake 6 - 9 sessions and at the end would go back to Jobcentre Plus for a review.

Further information is available from the LMC office.



Local Enhanced Services—Guide for Practices

Enclosed with this newsletter is a guide on Local Enhanced Services. It is hoped that practices find this a useful point of reference. Any comments or feedback from practices are most welcome.

Further copies are available by visiting the LMC Website. www.essexlmc.org.uk

