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SOUTH STAFFORDSHIRE LMC NEWS

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LMC MEETING MINUTES

Please note that the LMC Meeting minutes are now published on the website at www.sslmc.co.uk. They can be accessed on the front page. Please forgive us for some of the jargon and abbreviations used. We always try to include the key points in the Newsletter, but feel free to raise any queries.

CHANGES TO PRACTICE BOUNDARIES FROM APRIL 2012

As part of the agreement negotiated between GPC and NHS Employers for 2012/13, changes are being made to regulations from this April to allow practices to create 'outer boundaries'.

These changes have been introduced to help improve patient choice of practice and to amend the closed list regulations, but they are unrelated to the piloting of remote registration and consultation. Changes to practice boundary arrangements and the relaxing of the closed list regulations, as described below, are permanent and apply across England.

(i) What changes are being made to practice boundaries?

The changes being made to regulations regarding practice boundaries really only formalise what many practices already do. From the end of this April, PCTs will be expected to work collaboratively with practices to establish new 'outer boundary' areas to help patients who move a short distance outside the current practice boundary to stay with their existing practice.

(ii) Do all practices have to create outer boundaries?

Where a GP practice already has a large boundary area it may not be appropriate to establish an outer boundary. This is recognised in the new regulations. However we would expect most practices to work with PCTs to specify an outer boundary – in some cases this may only be a matter of a few streets larger than the existing practice boundary.

Practices' new outer boundaries will be specified in their GMS contract or PMS agreement and should be advertised in practice leaflets and on websites. The information will also be made available on the NHS Choices website.

(iii) What impact will the new boundaries have on patients?

Existing patients who move into the outer boundary area of a GP practice and remain registered with that practice will be eligible for the normal range of services, including clinically necessary home visits. Practices will need to bear in mind the feasibility of home visits, and any possible impact on their patient population as a whole, when agreeing their outer boundary

Guidance will acknowledge that for patients requiring very frequent home visits, it may be in their interests to register with a practice nearer their home rather than remaining with their former practice simply because they live in its outer boundary area.

PERSONAL MEDICAL ATTENDANCE REPORT (PMAR) AND REQUESTS FOR ACCESS TO PATIENT RECORDS UNDER THE DATA PROTECTION ACT (DPA)

The GPC has been receiving a number of queries relating to insurance company DPA requests for access to patient medical records. Somerset LMC has drafted the following:

Background

The release of information from patient medical records for insurance purposes has for many years been the subject of an agreement between the Association of British Insurers (ABI) and the BMA. This itemises the information that should be disclosed and specifies the fee for providing it.

In recent years the growing computerisation of records has led to some practices sending unedited print-outs of patient notes in response to such requests.

In response, some insurers are now offering a reduced fee of £50 for such reports, and at least one has withdrawn from the ABI/BMA agreement and has started to make applications for records under the Data Protection Act. Apart from only offering a maximum fee of £50, including costs, this means that the GP has to check the printout closely to ensure that third party and other inappropriate information is not disclosed.

DPA Disclosure

LMCs generally advise practices that they should not send unedited printouts in response to a PMAR request. This is partly because it is not in the spirit of the ABI/BMA agreement, but also because it risks breaching the requirements laid onto the practice as the data controller. It is a fundamental principle of information governance that only relevant and necessary information should be disclosed.

With the proper consent, an insurance company is allowed to request a DPA disclosure on behalf of a patient. However, it is likely that some patients will not know that when an insurance company requests a copy of the records, this includes every piece of information in the notes – far more than is disclosed in a traditional PMAR. Consequently, it is not certain that patients are giving *informed* consent when approached in this way.

The practice is required under the DPA to provide the requested data within 40 days after the fee has been paid. If payment does not accompany the request, practices are expected to seek this within a reasonable timescale. The 40 days does not start until payment has been received by the practice, so if a cheque is sent this should be cleared into the practice account first.

The BMA's Professional Fees Committee is taking this matter forward and will be producing updated guidance as soon as possible.

CERVICAL SCREENING TRAINING UPDATE

Officials from GPC, Department of Health and NHS Cervical Screening Programme have met to discuss the ongoing update training requirements for health professionals performing tests for cervical screening in line with the principles for training set out in Barbara Hakin's letter of 15th December 2011. It was agreed that:

- sample takers need to be fully competent and appropriately trained in sample taking and cognisant of the latest developments;
- the GMS contract places a responsibility on practices both as providers and employers to be satisfied this is the case;
- the NHS Cervical Screening Programme supports practices both as a provider and employer through its training and update programme;
- individual training needs will differ between practices and between health professionals and clinical governance systems should be in place to identify the training needs of all clinicians involved in the screening programme (nurses and GPs).

The GPC would like to remind practices of their responsibilities as both providers and employers who have a duty to ensure that staff are up-to-date. It is recognised that existing training packages may not meet the needs of all, and practices may wish to explore different modes of training delivery e.g. via cascade training or on-line tools.

They would also recommend that practices familiarise themselves with the primary care guideline on unusual bleeding in young women:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113478

REMINDER ON CHANGES TO HPV VACCINATIONS

From September 2012 the HPV vaccine supplied as part of the HPV immunisation programme will change from Cervarix to Gardasil. Until that time Cervarix should continue to be used, with the aim of completing all courses by April 2013. A small supply of Cervarix will be available to order after September 2012 for outstanding courses, but please note that quantities of this vaccine will be capped.

For further guidance, please refer to the following letter from the Department of Health Director of Immunisation which includes some helpful FAQs:
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131600.pdf

NICE INFECTION CONTROL GUIDELINES

NICE has published clinical guidelines for Infection control. These are available at the NICE website at: http://guidance.nice.org.uk/CG139

The consultation comments and responses can also be found on this page:
http://guidance.nice.org.uk/CG/WaveR/85/PrepublicationCheck/ConsultationCommentsTable/pdf/English

BMA GUIDANCE ON FIREARMS LICENSING

The BMA has had further meetings with the Association of Chief Police Officers (ACPO) and the Information Commission's Office (ICO) to discuss the letters being sent from the Police to GPs to enquire whether there is any medical information that might have a bearing on the individual's suitability to hold a firearm.

We are aware the current system of obtaining information is causing concern for GPs. The BMA and ACPO are looking for a longer and more enduring solution, however owing to the current legislation governing firearms licensing it is anticipated that this will take longer than expected.

In the interim, the BMA has agreed that the letters will continue to be sent out to doctors. Doctors are reminded that they are under no obligation to respond to these letters, but should they decide not to, doctors should inform the police as it will otherwise be assumed that there is nothing relevant on the medical record.

Where doctors are happy to respond to these letters, consent to the disclosure of any information should be sought as the letter does not currently indicate that consent has been given. If the patient does not consent to disclosure, this should ordinarily be respected, although the police must be informed to that effect. If, however, the doctor believes that the patient presents an immediate risk of serious harm to themselves or others, information should be disclosed even in the face of an explicit refusal.

Although the current letter from the police states that it does not have to be retained, the BMA has been advised doctors can record the request for information in the medical record and indicate what action, if any, they have undertaken. We are seeking to change the wording of the letter to reflect the position.

There is no nationally agreed fee for this work. It is the BMA's view that the Police should pay for any work, but we are aware that the police do not accept this view. Serious concerns about a person's suitability will always take precedent over payment.

INTERIM SERNIORITY FACTORS 2012/13

Interim Seniority Factors have been published for GMS GPs in England and is £96,646. Further details and an explanation of the methodology are available on the NHS Information Centre's website www.ic.nhs.uk.

EMPLOYMENT OF LOCUMS AND GMC REGISTRATION

The Decision Making Group of the Cluster PCT recently discussed the issue of employing locums who are subject to restrictions, either on a local level through the Performers List, or at a national level as part of their GMC registration.

Dr John Chesworth suggests that practices can check the GMC register online themselves and practices can also contact the Cluster PCT to check the local Performers List. Please note that any confirmed concerns regarding a doctor will be shared with the practices inquiring, outlining the formal conditions under which the GP is allowed to practice.

METAL-ON-METAL HIP REPLACEMENTS

The LMC has become aware that private providers are advising self funded patients to return to their GP for a rereferral. The following advice has been received from the Medical Director of the PCT: -

The Depuy ASR implants in question were withdrawn in August and complications from other M-o-M hips are rare as per MHRA advice. Providers should offer symptomatic patients annual follow up as per MHRA advice. Symptomatic patients require annual follow up. Asymptomatic patients are followed up as per normal local protocol unless femoral head >36mm or DePuy ASR implant fitted. This latter 2 groups require annual follow up. Pragmatically the provider unit fitting the hip will know the devise implanted and therefore should recall patients affected. GPs should only need to refer patients who become symptomatic back to the provider. If private providers have done operations for the NHS then they should discuss this with the CCG involved to ensure NHS follow up. Insured private patients requiring follow up should normally be covered by insurer or provider rather than transfer to the NHS. Some of these may choose to be referred back to the NHS by their GP.

NHS—111

You will be aware that NHS 111 will be the new access for patients with non-urgent problems or queries. There will be a regional centre in the West Midlands and the LMC has a representative on the Local Group which will oversee its development when it commences in April 2013. Our key concerns at the moment are: -

(i) GP appointments should not be directly bookable.
(ii) The concept of flagged patients such as terminal care should be agreed.
(iii) The transfer of data which is appropriate, relevant and timely.

The role of clinical assessment also needs to be clarified so that clinicians are able to make the necessary decisions.

SALARIED GPS ANNUAL MEETING—16 MAY 2012, SWINFEN HALL, LICHFIELD, 7PM

Dr C MacKinlay has arranged the Annual Meeting for Salaried GPs on Wednesday 16th May 2012, as above.

The topic will be Appraisal and the speakers on the night will be Dr B Muller and Dr F Sellens.

Dr David Dickson
LMC Secretary

DATES OF NEXT MEETINGS

South Staffordshire LMC - 14th June 2012, Staffordshire Cluster of PCTs, Staffordshire University, Blackheath Lane, Stafford, ST18 0YB.

South East Staffordshire Sub Committee - 14th May 2012, South Staffordshire PCT, Edwin House, Second Avenue, Centrum 100, Burton on Trent.

South West Staffordshire Sub Committee – 10th May 2012, Staffordshire Cluster of PCTs, Staffordshire University, Blackheath Lane, Stafford, ST18 0YB .

LMC MEMBERS

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

Dr D Dickson (Secretary)	01283 564848
Dr V Singh (Acting Chair)	01543 870580
Dr C Pidsley (Vice Chair/Treasurer)	01283 500896
Dr A Parkes	01827 68511
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 T Scheel	01283 845555
Dr S Dey	01889582244
Dr P Reddy	08444 770924
Dr A Elalfy	01785 252244
Dr P Gregory	01543 682611
Dr C McKinlay	01283 564848
Dr Zein-Elabdin	01922 413207
Dr E Odber	08444 773012