

Newsletter

GLOUCESTERSHIRE LOCAL MEDICAL COMMITTEE

AUGUST 2008 Edition

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REVALIDATION

Revalidation, by which doctors demonstrate their continued fitness to practice, is very much in the news at present. Long-term, as threats from commercial companies become stronger, it will be helpful for GPs in existing practices to have documentary proof of excellence. All doctors wishing to practise in the UK will require a licence to practise, which will be issued by the General Medical Council and will need to be renewed every five years, subject to successful revalidation. Revalidation will have two components: relicensing and specialist recertification. The relicensing process will be based on standards of practice set by the GMC, a revised system of NHS appraisal and any concerns known to the doctor's medical director and the GMC Affiliate. For doctors on the specialist and GP registers, the license to practise will also depend on specialist recertification to demonstrate that they meet the standards that apply to their medical specialty.

The current annual appraisals are in addition to revalidation, but may well feed in to it, since the evidence collected for annual appraisals may be useful as evidence for revalidation.

A recent PCT report is now on our website. It describes how appraisals went in 2007-08 and also looks forward to revalidation:

http://www.gloslmc.com/link%20documents/Draft%20GP%20APP%20AR%200708%20Vers%202%202_2_.pdf

Information about appraisals for 2008/09 can be found on the PCT website at

<http://www.glospct.nhs.uk/content/professionals/appraisals.html>

CONTINUING CARE REPORTS

(with thanks to Wessex LMC for this entry)

More and more GPs are being asked to provide Continuing Care Reports.

Principle. The general rule is that a GP is required to always act in his patient's best interests and patient's medical information should only be provided with the patient's consent. It is not obligatory to provide any report if it is:

- Not part of the essential services as detailed in the New Contract and therefore included in the global sum.
- Not included in the Schedule 4 List of Prescribed Certificates under the new GMS 2 regulations.

If a GP chooses to provide such a non-obligatory report he or she may charge a fee.

A Continuing Care Report is required purely for the purposes of making an administrative funding and/or rationing decision, and is not for the purposes of a clinical decision on treatment. This is most definitely not essential services and a fee may be charged. It is sensible to agree the fee before compiling the report to avoid any subsequent misunderstanding.

A full clinical assessment is required as part of a comprehensive care record. A consultant or other clinician in a multidisciplinary team would normally prepare this. If a GP is required to do so a fee may be charged. It is sensible to agree the fee before compiling the report to avoid any subsequent misunderstanding.

A brief list of major diagnoses may be required:

- To assist a placement decision (palliative care for example). This is part of essential clinical services and no fee is permitted.
- To confirm a specific diagnosis that will enable a clinical practitioner to make an individual decision about treatment or support. This is part of essential services and no fee is permitted.

PRISON HEALTH CONFERENCE



Prison health is being transferred from HM Prison Service to primary care. This has implications for the delivery of service, funding, revalidation, training and accountability. The 2008 Prison Health Conference: 'Prison Health: A Time for Change' will be held at BMA House on Tuesday 9 September. The programme for the event is being finalised at present. Please register your interest for the conference by contacting Sophie Armitage (sarmitage@bma.org.uk). The conference will be available to members of the BMA at no charge, and to non-members at a charge of £25 (including VAT) to cover administration costs, lunch and refreshments. Please note that the BMA cannot meet travel, subsistence or accommodation costs.

FRAUD ACT 2006

The GPC has pointed out to us that under the changed definition of fraud it is not necessary for the fraudster to have made any personal gain; it is enough for him to intend to gain, or intend to cause a loss or risk of loss to another. Thus, if a GP is 'kind' to a patient by omitting adverse information from a medical report this could be interpreted as intending to result in a loss to the practice's medical insurance company. Be warned!



THE DANGERS OF SMALL PRINT

The BMA has received a number of letters and emails recently in relation to a Swiss company, NovaChannelAG. This company has been sending communications to UK practices about their publication 'Physicians and Therapists Guide'. Other similar companies may be offering the same sort of thing. You should treat these offers with extreme caution. The NovaChannelAG letter states: 'Please return this form in the enclosed business reply envelope, by doing so even you will be helping to keep the Medical Directory up to date'. In the small print at the bottom of the form, it makes clear that in returning the form you are signing up to pay for what is essentially an advertisement in this publication. Some practices have returned the form without noticing this, and have subsequently been invoiced for the cost (which is several hundred pounds). When practices have tried to get out of this, the company has insisted that they have made a legal commitment and are obliged to pay. The BMA's legal advice is that, unfortunately, there is not much that can be done in this situation. The small print does clearly state the position, and the legal view is that there is a binding contract. The company is based in Switzerland, and therefore both it and the contract is the subject of Swiss law. The Swiss probably have a similar system for debt recovery to that in the UK and it seems likely that this company will

pursue it. BMA advice is that the Swiss embassy, or the Law Society, may be able to offer more specific advice on the systems in place in Switzerland.

What can be done?

- First of all, the Swiss Federal Data Protection Act grants every individual the right to have their details removed from private databases. If the companies in question are believed to be pursuing unfair trade practices the Swiss authorities will institute legal and criminal proceedings. In cases of suspected unfair trade practices UK residents are asked to send all correspondence and evidence in this matter to the Embassy which will then be forwarded to the Swiss Office of Fair Trading. This information is essential to the Swiss Authorities for conducting investigations in the matter raised and to take appropriate actions. For further details please see the following publication: [Unfair practices via Switzerland \(en\)](http://www.eda.admin.ch/etc/medialib/downloads/edactr/gbr.Par.0004.File.tmp/xy_2006_Unfair_pract_via_CH_e.pdf) (37 Kb, pdf) also downloadable from http://www.eda.admin.ch/etc/medialib/downloads/edactr/gbr.Par.0004.File.tmp/xy_2006_Unfair_pract_via_CH_e.pdf
- For anyone who has already signed such a form, they must ensure that they cancel the contract formally so that it does not roll over for a further twelve months.

CREMATION CERTIFICATES

The Crown Prosecution Service has reported to the BMA Forensic Medicine Committee that some doctors signing cremation forms have not inspected the body of the deceased. By statute they are obliged to inspect it. There is the possibility that doctors who fail to inspect the body before signing the cremation form will be prosecuted. If in doubt doctors should speak to the Medical Referee for the crematorium concerned.

Gloucester:	Dr Chris Stretton,	01452 730 232
Cheltenham:	Dr David Lyle	01242 244 103
Forest of Dean:	Dr Simon Silver	08448 151 058

MORE ABOUT CHARGING PATIENTS

Clause 483 of the contract clearly forbids the charging of your patients for any treatment 'whether under the Contract or otherwise', or charging them for any prescription, except those specifically permitted by clause 484 of the contract. Clause 484 specifically covers some medicals as an exception to the rule against treatment; from which we may infer that the contract must intend medicals to rank as 'treatment'. It is only where an exception is granted by clause 484 that practices can charge their own patients for medicals. It is also because these exceptions are so limited that practices often have to advise their patients to go to another practice in order to receive, and pay for, treatments not available on the NHS.

The important thing to remember is that a cosy bipolar arrangement with another practice is no longer legitimate; the patient must be given a list of all the local GP practices offering the required service.

MEDICAL RECORDS FOR 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.

MAX'S MUSINGS



I read in the paper the other day that scientists at the University of California believe that fruit sugars (fructose) are more likely than other types of sugar to cause a pot-belly. I am slightly disappointed to find that my long term plan to keep out of the clutches of any other doctor by eating an apple a day has had this side effect, but it is good to know that the doughnuts and cream are not to blame.

I have been thinking also about general health and the trends over the last few years. When my late grandfather was in practice he faced a veritable Pandora's Box of deadly diseases. And there were precious few medicines to help him do it. Even my father, now confined to his GT Shopmobility Trolley with gout, still had a fair smattering of measles, mumps, whooping cough etc. But now the NHS (and internationally the World Health Organisation) have done such sterling work that the 'normal' run of diseases seems almost to have disappeared. There are still the heart attacks and cancers to keep us going, but we very rarely now 'bury our mistakes'. The bodies of those who die now may well have simply worn out. But this does not stop the individual wishing to live for ever, or as close to that as his GP can manage. I for one have every intention of taking every cure the NHS can muster to keep me going for a long time yet.

The NHS is a victim of its own success. The nation can provide a pretty reasonable degree of good health at a relatively affordable cost for its citizens. It cannot afford to meet the unbounded expectations of a growing population for medical miracles delivered almost immediately. Ironically, a significant reason for the population growth is that people are being kept alive longer by our existing efforts to an age where their need for medical care rises exponentially. Many diseases now are those of the idle, relatively well-off, and risk-averse – obesity, hypertension, asthma, diabetes etc. The solution will be as much social as medical. My mother used to say that a dirty child was a happy child, and it was also probably true that a dirty child was a healthy child in that it would build up a natural immunity to many of the minor diseases. But now we see all too many children that live in almost sterile houses, are not allowed even to walk to school, spend too much time in front of the widescreen idol and eat what they like, whenever they like.

I think it is time we scraped around the bottom of Pandora's Box and dusted off Hope again, don't you?



**Newsletter was prepared by Mike Forster, LMC Lay Secretary
& the LMC Office**