

## Our Health Our Care Our Say – GPC response

Dr Hamish Meldrum, chairman of the GPC said: "GP practices are well-liked and trusted by their patients and would like to become even more accessible and responsive to patients' needs but the Government must do more to address the underlying problem of capacity if this is to become a reality. We still have a shortage of family doctors and fewer GPs per head of the population than most other countries in Western Europe.

"Many practices are already offering longer opening hours but there will need to be resources in place to expand this more widely. We cannot stretch our existing workforce any further.

"Extending the use of the independent sector should only happen where there is an identified need and where existing providers have already been given the chance to deliver the service. In many cases there has been serious under-investment in staff and premises over the years. There must also be equal access to funding and an equitable bidding process.

"Patients value being able to access services closer to their home and doctors in both primary and secondary care will wish to work together to look at how services can be planned locally to best deliver high quality, local care. Furthermore, moving care away from hospitals into the community may not always be the most cost-effective option.

"We will need further detail from the Government on where the money is going to come from to fund these changes. Investing more in primary and preventive care is not just simply a case of disinvesting in secondary care.

"An NHS life-check may be useful for some patients but there is a concern that they will largely appeal to the "worried well". Prevention should focus on those patients who are most at risk and initiatives that target under-privileged areas are likely to be more effective in tackling ill-health and helping to lessen health inequalities.

"We look forward to examining the detail of the White Paper and working with the Government to develop and deliver sensible proposals that are cost-effective, have proven health benefits, and make the best and most appropriate use of our workforce."

## Referrals to Chesterfield Royal Hospital

There is a proposal that Chesterfield Royal Hospital will only accept electronic bookings for GP referrals to consultant led outpatient clinics for first appointments from July 2006. This is in support of national targets and is designed to offer a better, more useful service to patients.

However, implementation of this proposal is dependent on several factors.

- The ability of North Derbyshire practices to use the system
- Implementation of the system in neighbouring communities
- Reliability and overall performance of the system..

The LMC has been assured by the Chief Executive of the Trust that the Royal will not disadvantage patients who wish to be treated at the Royal but who are referred from practices that do not have the ability to use the system.. He acknowledges that there may be exceptional circumstances where written referrals will remain the most appropriate method of communication.

The LMC would like to hear from practices who feel that they may have difficulties in getting to the stage where electronic referrals only are possible.

## How to contact us

Derbyshire LMC office is at Norman House, Friar Gate, Derby DE1 1NU. Our telephone number is 01332 210008, fax 01332 341771, Email: [office@derbyshirelmc.org.uk](mailto:office@derbyshirelmc.org.uk) [melanie.beatham@derbyshirelmc.org.uk](mailto:melanie.beatham@derbyshirelmc.org.uk) [kate.lawrence@derbyshirelmc.org.uk](mailto:kate.lawrence@derbyshirelmc.org.uk)

## Road Traffic Act fees

It is a curious anomaly that victims of Road Traffic Accidents have



to pay a flat rate fee

for NHS treatment after an accident. Governments of all colours seek to ameliorate the costs to taxpayers of the NHS but the only area where it has felt able to charge is that of people injured in road traffic accidents.

For over 60 years Registered Medical Practitioners have been able to levy a fee for "examination, medical treatment or surgical treatment" if they are the first doctor to see a patient following a Road Traffic Accident even if the victim is one of their NHS patients.

In the July 1997 budget the Chancellor of the Exchequer announced that steps would be taken to improve the collection of fees for treatment of road accident victims seen at accident departments or admitted to hospitals where that victim has gone on to claim successfully in respect of personal injury. This was enacted through the Road Traffic (NHS Charges) Act 1999 and the practical effects of this Act were summarised in HSC 1999/007.

The fees payable in law as a simple contract debt are if you are the first doctor to attend a RTA.

If the victim is seen outside hospital by a legally registered medical practitioner the sum is £21.80 plus 41p per mile (this is the so-called 158 RTA fee).

These changes have caused confusion within the insurance industry with some firms refusing to recognise valid claims from registered medical practitioners under s.158 Road Traffic Act because the claim does not arise through the DSS Compensation Recovery Unit. **Their refusal is erroneous – the right to charge under s158 Road Traffic Act 1988 remains.**

### *Claiming the fees*

You must be the **FIRST** doctor to attend the victim  
Tell the victim

- that these services are not part of the NHS
- that they are covered by all UK motor insurance policies
- payment does NOT constitute any admission of guilt
- payment of such fees per se does not count against no claims bonuses
- the driver of the vehicle is responsible for paying the fee irrespective of who is to blame for the accident
- the fee is set by Parliament
- failure to pay the fee may result in civil proceed-

ings for recovery of debt

- that they (or the driver) should submit the bill without delay to the insurance company.

### *Remember*

- You do not have to attend the victim at the roadside – you may claim if you are the first doctor to attend the patient
- You can claim even if the victim is your NHS patient
- The details of the driver, registration number of the vehicle can be requested from the police under s156 of the Road Traffic Act 1988
- You must render the account within 7 days of attendance
- You cannot charge the fee if you are working in an A&E department as an employee.

Peter Holden,

## Ensuring a patient led NHS

The LMC had a presentation of the 4 options at its meeting on 2 February.

- One PCT covering Derbyshire excluding Glossop
- Two PCTs - Derby city PCT and Derbyshire county PCT (excluding Glossop)
- One PCT covering Derbyshire including Glossop
- Two PCTs - Derby city PCT and Derbyshire county PCT (including Glossop).

The committee debated the subject and has provisionally decided that its preferred option is for one Derbyshire PCT, without Glossop. As we have until 22 March to respond to this consultation we can if necessary bring it back to the March LMC meeting. If you have any concerns about the LMC's provisional decision please let the office know by mid February so that we can put it on the agenda for the March meeting if necessary.

## Childcare

The PCTs' Childcare and Carer Co-ordinators have arranged drop in roadshows around the county. These are intended for all NHS staff, including primary care staff.

<http://nww.sderby-ha.trent.nhs.uk/pulse/pdf/roadshows.pdf>

Using the link above please print off the flyer and bring it to the attention of all staff. Further dates and venues will be available later in the year, but Julieann Trembling (Southern Derbyshire 01332 868 902) and Janice Lee (North Derbyshire 01246 515808) are available for support and guidance at other times and would welcome invites to come and talk to your staff/team/practice.