

Funeral directors

Chris Locke (Nottinghamshire LMC) and John Grenville met the Nottingham, Derby & District Funeral Directors Association on 6 June. This was an open session requested by the undertakers so that they could discuss areas of mutual concern.

The meeting went well and, on the whole, it appears that the professions work well together. There was considerable discussion around the interface between the professions and the coroner and also about the potential reform of death certification and the coronership.

One or two undertakers did mention difficulties that they sometimes have when a patient has died out of hours, has been removed to the funeral parlour and the body is to be cremated. There is, of course, a need for the doctor signing Form B (first part of cremation form) to see the body. Apparently it is more than occasionally that the doctor insists on the body being brought to his/her surgery car park. It was agreed that there might be occasions when flexibility might be needed, especially when there was a tight timescale for the funeral, but the LMC recommends that doctors should make every effort to attend the undertaker's premises. It should be remembered that a mileage allowance is payable as well as the not insignificant cremation form fee. As the undertakers pointed out, many relatives would be upset if they thought that this practice was occurring in other than the most extreme circumstances.

Some undertakers commented that they sometimes have difficulty accessing GPs when they need to discuss cremation forms, etc. Chris and John recommended that when this occurred the undertakers should contact the practice in writing so that any faults in the practice's system could be addressed.

We intend to maintain a dialogue with the Funeral Directors Association; practices who have points that they wish to be brought up should contact the LMC office.

GP Locum

The LMC office has received a note from a free-lance GP offering his services as a locum. He has also sent his cv to Marilyn Macaulay.

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Independent Nurse Prescribing

From 1 May 2006, the Nurse Prescribers' Extended Formulary was discontinued and qualified Nurse Independent Prescribers (formerly known as Extended Formulary Nurse Prescribers) are now able to prescribe any licensed medicine for any medical condition within their competence, including some Controlled Drugs. Any additional training needs should be addressed through continued professional development.



Independent nurse prescribers are professionally responsible for their own actions. Where a nurse is appropriately trained and qualified as an independent prescriber, and prescribes as part of his or her nursing duties with the consent of their employer, the employer may also be held vicariously responsible for the nurse's actions. All nurse prescribers should ensure they have professional indemnity and the employing GP should be satisfied that the nurse has the relevant skills and training.

Read Codes for mental health

Several EMIS practices have contacted the LMC following the recent roll-out of Population Manager for the new QOF. Each of them has found that their mental health register has expanded significantly, thus producing a much greater workload to hit the targets for patients on this register. Each practice has separately noted that patients with depression codes are appearing on their register of people with schizophrenia, bi-polar disorder and other psychoses.

The LMC has reported this problem nationally and received a reply from GPC that details of the error have been sent to the Connecting for Health team, but it has not been rectified in the recently published V8.5. It will, however, hopefully be rectified in the next version (likely to be July 2006).

National Patient Experience Survey

The Department of Health believes that it has a right and a responsibility to survey patients and that it has a right to extract electronically from medical records held by practices information regarding patient attendance in order to conduct such a survey.



In order to best protect yourself against any challenges from patients you should try to ensure that patients are aware of what is going on and that they have the opportunity to opt out, if they wish. The LMC suggests that you should put a poster prominently in your surgery informing patients that the Department of Health proposes to extract information from your clinical system to enable it to identify patients who have recently attended surgery so that a sample of them can be sent questionnaires about the quality of service they have received. You should point out that this is a Government initiative, over which you have no control, and you should inform patients that if they do not wish their information to be extracted in this way they should inform the PALS at the PCT in writing.

Asbestos in practice premises

The Control of Asbestos at Work Regulations 2002 created certain duties with relation to practice premises of which both owner-occupiers and leaseholders should be aware. The duties are twofold. First, there is a general duty to ensure that a suitable and sufficient assessment is carried out as to whether asbestos is or is liable to be present in the premises.

If the assessment shows asbestos to be present, the regulations prescribe further measures, including a risk assessment and the drafting of a written plan identifying those parts of the premises that are affected.

The second broad duty falls on employers in respect of their employees. The regulations prohibit employers from carrying out any work on their premises that may expose its employees to asbestos unless it has made a full assessment of the risk of exposure to the health of employees, recorded the findings of that assessment and implemented a detailed range of further precautionary measures listed in the regulations.

The full text can be found on the HMSO website (www.hmso.gov.uk). The full reference is Control of Asbestos at Work Regulations 2002, Statutory Instrument 2002 No 2675.

Age discrimination

Age discrimination will be against the law from October 2006. The new regulations also introduce a national default retirement age of 65.

If your organisation already has an equality policy in place – covering discrimination on the grounds of sex, race, disability, sexual orientation and religion or belief – this can be updated to cover age. If not, follow the advice in the ACAS Guidance http://www.acas.org.uk/media/pdf/s/3/Age_and_the_Workplace.pdf

Recruitment advertisements

- avoid specifying a minimum/maximum length of experience as this disadvantages certain age groups
- advertise in a cross-section of media so you get in touch with all age groups

Application forms

- do not ask for date of birth on the application form (this information can go on your monitoring form)

Selection procedures

- train managers to avoid stereotypes
- monitor the results of your recruitment

Training

- make sure training is open to all

Performance appraisal

- set the same standards of performance regardless of the age of the employee
- when writing appraisal reports avoid comments like 'does well despite their age' or 'shows remarkable maturity for their age'

Redundancy policy

- review your policies – LIFO (last in, first out) or length of service to select employees for redundancy is likely to be discriminatory

Equality policy

- add age to your equality policy and talk to your employees about how you tackle age discrimination
- make sure your bullying and harassment policies cover age

Know your workforce

- think about who is likely to retire when (the government plans to introduce a national default retirement age of 65)
- consider flexible working for older workers

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. The two Practice/PCT Liaison Officers are Melanie Beatham for Southern Derbyshire and Kate Lawrence for North Derbyshire. Their email addresses are: melanie.beatham@derbyshirelmc.org.uk and kate.lawrence@derbyshirelmc.org.uk.