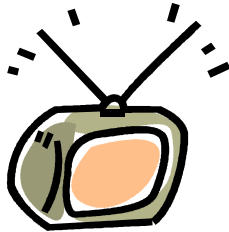


Television in the waiting room

The Performing Rights Organisation is currently launching a campaign to ensure that medical practices are covered by the right licence. If you play music in your practice to your patients or staff you almost certainly need a PRS Music Licence. Recent research revealed that of all the practices in the UK PRS only have 26% of them licensed. For use of a television, radio or both in an area with up to 19 seats it can cost as little as 17p per day. Telephone 0800 068 48 28 and one of the PRS Music Service Advisers will be able to give you a quote or apply online at <http://www.prs.co.uk/beautyandfitness/> Do not be tempted by 3rd party firms offering to arrange registration for you – it will cost you a lot more.



GMC number

For almost 150 years doctors in the UK have been identified solely by their names and their registered addresses. For security reasons the GMC has decided that it will no longer publish registered addresses. Therefore in the future the GMC would like all doctors to use their 7-digit GMC reference number widely to identify themselves to all those with whom they have professional contact. The GMC is encouraging doctors to publicise their registered names and reference numbers on practice leaflets and stationery and, when circumstances allow, to display registered name and number at the practice address (e.g. on a plate outside the premises, on the door of the consulting room, etc).

Pandemic flu

The joint RCGP/GPC Flu Pandemic Emergency Planning Group has produced a practical guide on infection control to help GP practices plan for and respond to the threat of pandemic flu. The guide is available on GPC website on flu pandemic preparations. Please access through the following link

<http://www.bma.org.uk/ap.nsf/Content/>

Patient and Public Involvement in Health

We reported in the last LMC précis that Patient and Public Involvement in Health (PPI) had replaced the old CHC and has a statutory right to inspect general practice premises under the Health & Social Care Act. Since then it has been reported in the press that the Commission for Patient and Public Involvement in Health is about to disappear. The current situation is that the Patient Forums are still working, continuing to report on the state of the health service and recruit new members. This state of affairs will continue until they are abolished through legislation in the Summer 2007. LMC advice is that practices should continue to cooperate with the PPIs and their successors, Local Involvement Networks, which will cover a geographic primary care trust area instead of being linked to a particular organisation.

NHS Direct

Feedback about NHSD's services is welcomed at any time. NHSD would like to follow up any specific examples you may have of service difficulties, or problems with clinical protocols. A Health Professional Feedback Form is available on our website <http://www.derbyshirelmc.org.uk/> under Latest News.

NHS Direct is keen to maintain active dialogue with local organisations in this time of reconfiguration and financial pressure.

NHS Direct also offers information for NHS staff and has approved leaflets on many health conditions from a wide range of healthcare organisations. This can help NHS staff save time by signposting patients to a free and accessible service.

If you would like to arrange a visit to NHSD's call centre in Nottingham (especially relevant for staff who may be new to your organisation or taking on new roles in LTC/primary care), please contact Dr Nigel Nice, Regional Head of Service Development – Eastern Region



Good luck to **Murali Gembali**, a Derby GP and LMC member, who is taking part in the 12th World Medical Football Championships in Germany, 3-10 June. Scores will be posted on the official championship website www.dfae.de



Mental Health Reviews

Mental health reviews for patients can be carried out as part of routine practice work. Most of the patients requiring a mental health review will be on repeat prescriptions with a medication review date. You can set up a reminder so that the clinician who does the medication review also does a physical review. If the patient does not come for a medication review or if the clinician carrying it out does not have time to do a physical review, then the practice needs to invite the patient for a general health review.

Reporting deaths to the Coroner

John Grenville has recently written to the two Derbyshire Coroners, pointing out to them that it is likely that GPs will need to contact them more frequently because patients may have been looked after in their terminal illness by other members of the team (e.g. district nurses, community matrons) or have died in the Out of Hours period and/or the fact of death been confirmed by either a doctor or a non-doctor working for the OOH service. John pointed out that even under these circumstances the patient's GP may be clear about the cause of death. Both coroners have indicated that they understand the situation and have no difficulties with it.

Recently, however, a colleague contacted Dr Grenville, having spoken to one of the coroners in these circumstances. The GP indicated that he had been told that he would have to view the body before issuing an MCCD. Dr Grenville has discussed this case with the coroner concerned and has agreed to issue advice.

When a patient dies in these circumstances (e.g. not having been seen in the 14 days before death and not having been seen after death by the doctor who wishes to issue an MCCD) the Registrar is obliged to refer the death to the Coroner under Rule 49 of the Coroners' Rules. If the doctor has spoken to the coroner and endorsed the MCCD appropriately, the Registrar still has to contact the coroner but the coroner has discretion not to take the case. In this particular case, the coroner suggested that the doctor seemed unsure when he telephoned about what he should give as the cause of death and seemed to be ringing to discuss with the coroner the various possibilities that might or might not be acceptable to the coroner. Under these circumstances the coroner did not feel happy to exercise his discretion in a case referred to him under Rule 49 and therefore advised the doctor to see the body so that he could certify "to the best of his knowledge and belief" the cause of death without invoking Rule 49. The coroner indicated that where the GP was contacting him because

he had not seen the deceased within 14 days prior to death or after death he, the coroner, would only be happy to exercise his discretion if the doctor made it absolutely clear that he was certain (to the best of his knowledge and belief) of the cause of death.

The advice, therefore, is that doctors contacting the coroner in these circumstances should make it clear to the coroner either that they are sure of the cause of death and want to issue a certificate or that they are referring the case to the coroner because they are not sure of the cause of death.

There is a more general point here; namely that the coroner cannot advise a GP what to put as the cause of death – he is not medically qualified. Custom and practice has grown up whereby doctors speak to the coroner to discuss a range of possibilities and to see which, if any, of them might turn out to be unacceptable to the coroner but this is not a practice that Dr Grenville would recommend. If you are happy to certify the cause of death, then certify. If you are not happy, then refer. For the most up to date information on completing MCCDs see the LMC website, under General Guidance, Deaths.

Integrated Children's Services

The LMC is aware that some practices have concerns about the 7-page Single Assessment form from Adult Social Services. This does NOT apply to Integrated Children's Services, who will still take referrals by telephone.

Derbyshire Safeguarding Children Board came into existence in January 2006. Its members are chief officers (or their nominees) from all the major agencies, with some additional organisations represented. The main significance of the change is to put into practice the recommendation of the Laming Report that there should be accountability to the top of organisations. One major difference will be a widening of the responsibilities of the ACPC to 'safeguarding', which includes accidental child injury and death, and oversight of bullying and discrimination.

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.