

Safeguarding Children

Case Conference Minutes

Child Protection case conference minutes can present practices with significant problems when requests are made for release of records under the Data Protection Act. These minutes are more likely than other parts of the medical record to contain third party information, which must be removed or anonymised before the records are released.

More importantly, the minutes of some child protection case conferences contain a section headed **Classified Information**. In the City this information is printed on green paper, but in the County it is printed on the usual yellow paper. This information is privileged and **must not** be released when records are made available under the Data Protection Act.

It is the practice's responsibility to ensure that classified information, third party information and harmful information are not released.

We have made the point that GPs have not been notified of the significance of classified information in case conference minutes and we have asked for further thought to be given to ensuring that this information stands out more clearly as being exempt from release. Practices should take all possible steps to ensure that they do not release classified information and we would suggest that this may include filing it separately from the rest of the case conference minutes, either on paper or electronically.

Safeguarding Children training

All doctors are reminded that they have an obligation to keep their Safeguarding Children and Child Protection training up to date. Details of available training can be obtained from the named doctor for your PCT or locality.

IM&T update

PCT funding GPC would like to be kept informed if PCTs are refusing to fund the purchase of IT equipment and upgrades. Details should be sent to arivett@bma.org.uk

QMAS A revised set of Business Rules and Datasets is currently being revised and should be able within the next few weeks.

Receptionist triage

GPC has issued the following advice relating to triaging in GP practices. It would appear that a number of practices require their receptionists to ask patients why they want to see the doctor, sometimes including details of symptoms, before they will allow them to make an appointment. Patients report this experience as both intrusive and inappropriate. While there are no specific regulations which relate to the way practices choose to offer appointments or triage patients we would like to draw to practices' attention the following points:

1. The new GMS and PMS regulations (Schedule 6, Part 2, Para 18) refer to the patient's right to express a preference to receive services from a particular performer or class of performer either generally or in relation to any particular condition. The practice should endeavour to comply with any reasonable preference but need not do so if the preferred performer - (a) has reasonable grounds for refusing to provide services to the patient; or (b) does not routinely perform the service in question within the practice.
2. Any member of staff involved in patient triage should be properly trained or the practice may be at risk of litigation and complaint.
3. While all members of the practice team should be working within a code of confidentiality, patients have the right to decide who they disclose information to. This may be restricted to a few health professionals they trust and have a relationship with.
4. Any triage system should be open and transparent (ie: if there are limited emergency appointments then patients should be made aware that any questions asked are to decide which healthcare professional they should see, e.g. either the GP or practice nurse.)
5. Telephone triage can be done successfully, as it is in Out-of-Hours services. In such circumstances receptionist staff are appropriately trained and can take a level of detail that enables them to signpost the patient to the correct form of care, whether that is speaking to or seeing the OOH doctor, OOH nurse or referral to A&E.
6. Information on the practice's appointment system and how appointments are allocated should be put in the practice leaflet so patients know when ringing what they are expected to be asked and what choices they will get.

Patients who live abroad

The NHS accepts responsibility for supplying ongoing medication for temporary periods abroad of up to 3 months. If a person is going to be abroad for more than three months then all that the patient is entitled to at NHS expense is a sufficient supply of his/her regular medication to get to the destination and find an alternative supply of that medication. It is advisable for the doctor to write a letter for patients to take with them when they leave the UK stating what treatment has been given and what has been prescribed for the patient whilst in your care.

If a GP decides to take a patient onto their list as "ordinarily" resident in the UK, which usually means anyone who is here for a period of 6 months or more, then that patient should be managed as any other application for registration. It is not considered as part of a GP's remit to "police" patients' claimed addresses.

If a GP decides to take the patient on as a TR, someone who is here more than 24 hours but not more than 3 months, then the patient is entitled to free NHS Primary Medical Services, but being registered with a practice doesn't mean that an overseas visitor is automatically entitled to free hospital treatment, even if they are referred to hospital by their GP. Free prescriptions should be given (if exempt from prescription charges) for the period of time as stated above ("ordinarily" resident or TR up to 3 months). The amount given should be the same as for a patient who is not going abroad.

Patients withdrawing from the Spine

Some practices have asked how to respond to patients who send in a letter following The Guardian article (1/11/06) asking their doctor not to begin processing their sensitive personal data to the proposed NHS Summary Care Record on the Spine.

GPC have said that there will be an agreed response that practices can use. In the meantime Dr Grenville has suggested that you could simply reply to the patient to say that you have noted the contents of their letter, that no clinical details are currently being uploaded to the spine, the mechanism of how this will be done is yet to be agreed and will no doubt receive wide publicity when the minister makes up his mind.

The Read Code to record that a patient dissents from having data uploaded to the Spine is 93c3.

The NHS Care Record will consist of two parts:

The summary record, which can be accessed anywhere in England by NHS staff who are directly providing care to a patient. The content of the summary record is still under discussion but proposals are that it should contain key information including repeat prescriptions, acute prescriptions, significant and re-

cent diagnoses and problems and adverse and allergic reactions to medication.

The detailed record - detailed parts of the record may be shared locally when providing care to a patient who has decided to have an NHS Care Record. A consultant, for example, might require further information about a condition highlighted by a GP in a referral letter. Rather than having to contact the GP the consultant could choose to access the relevant part of the GP record.

Patients will need to make important decisions about who can access their healthcare records. Patients will have the following choices:

- **NHS Care Record** - a patient can request that their health record is shared with those providing care. This will mean that if a patient is suddenly taken ill and needs to go to hospital, a doctor will be able to access key details such as medications, allergies and major diagnoses to ensure that the patient receives the right care. This increased sharing of healthcare information could improve patient care and safety. Some patients, however, may feel uncomfortable about having specific sensitive items shared. If this is the case, patients may still have an NHS Care Record but the sensitive items may be withheld from the shared record.

- **Organisational records** - Alternatively a patient may decide that they are not comfortable with sharing their record. In such cases, a patient can choose that their healthcare information is not visible or accessed on local shared systems or the 'spine'. Instead it will only be visible within the boundaries in which it was created so a GP record, as an entity, would not be shared beyond the GP practice and the hospital record could only be accessed by the hospital trust.

- **Paper record** - On rare occasions, a patient may decide that they do not want any healthcare information stored on NHS systems and they would like a paper record. Further guidance on this choice will shortly be available on the BMA website. It is NHS policy that every patient must have their demographic details stored centrally on the Patient Demographic Service if they wish to receive NHS care. Under special circumstances, a patient's demographic details may be hidden, for example, if they are in a witness protection programme.

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 and Kate Lawrence who will continue to liaise with the same North and Southern practices as before the PCT reorganisation. Their email addresses are: melanie.beatham@derbyshirelmc.org.uk and kate.lawrence@derbyshirelmc.org.uk.