

Post-DDRB Strategy

(statement by GPC Chairman)

"Following the decisions taken by the General Practitioners Committee at its meeting last week, the GPC negotiators and subcommittee chairs met yesterday to develop the committee's strategy further to the Doctors' and Dentists' Review Body recommendations and wider concerns about the state of general practice in the NHS.

Detailed work is underway to prepare guidance for GPs on cost-effective practice and advice on any actions they might consider undertaking. The subcommittee chairs have contributed significantly to the content of this guidance. There are important legal considerations which need to be taken into account in this guidance to ensure that it complies with the legislation governing trade unions and employment. We have therefore been working closely with the BMA's legal department and taking advice from a leading QC to ensure that the guidance is as legally watertight as possible. However, LMCs and GPs will need to be aware that, because of the law covering industrial action, we are constrained in what we can advise and the guidance will need to be carefully worded. We hope that the guidance will be finalised before Easter and issued to GPs.

The publication of this guidance is part of a much wider strategy which we have been developing with the subcommittee chairs. We also decided at our meeting yesterday to conduct a survey of GPs' views on a wide range of issues around the current situation of general practice, together with the state of the wider NHS. We will be working over the next few weeks to decide on the exact range and content of the survey and the likely timescale."

Hamish Meldrum, 23 March 2007

Local views?

There is to be a joint meeting of GPC and LMC Secretaries on 19 April. The aim is for LMC Secretaries to be able to inform GPC of the strength of feeling in their areas regarding the DDRB recommendation that GPs should not receive an increase in pay in 2007-08.

Many of you will have seen suggestions in the GP magazines about the sorts of things that GPs might do to express their anger about this recommendation. The GPC intends to issue guidance very soon to practices about action that they can take to meet this financial crisis.

Sean King will be attending the meeting on behalf of the LMC; John Grenville and Peter Holden will be there as GPC members. It would be helpful for us to know how strongly Derbyshire GPs feel and whether you have any suggestions about actions that could be taken. Are there any actions that you and your practice would be prepared to take? It is important to remember that if there is to be co-ordinated action it needs to be of a type that will affect the governments of the devolved nations, as well as the English Department of Health, and you should be aware that Choose & Book and Practice Based Commissioning are not being pursued in some or all of the devolved nations.

Please email office@derbyshirelmc.org.uk with your

Mental Capacity Act

The Mental Capacity Act 2005 for England and Wales will come into force in 2007. This Act governs decision-making on behalf of adults, where they lose mental capacity at some point in their lives or where the incapacity condition has been present since birth. Although parts of the Act will be available from April 2007, including the introduction of the Independent Mental Capacity Advocate (IMCA) service and guidance on principles, assessing capacity and determining best interests, most of the Act will come into force in October 2007. The BMA Ethics Department have produced guidance for health professionals on the Act which is available here: <http://www.bma.org.uk/ap.nsf/Content/mencapact05>

This guidance gives a good overview of the Act. However it is unlikely that it will impact significantly on GPs until October 2007 and through the BMA's Professional Fees Committee (PFC), work is ongoing to negotiate the associated fee for undertaking Court of Protection work. The GPC and the PFC will issue further guidance over the summer on the practicalities of completing the new Court of Protection assessment of capacity form which will replace the current CP3 medical certificate.

We're aware that many GPs have been told that they have to attend mandatory courses on the Mental Capacity Act 2005. There is no requirement on GPs to attend these courses but they may, of course, attend if they wish. Provided GPs continue to do any work with the Act with full understanding and within their capabilities as defined by the GMC, there should be no need for additional training.

Pre-employment checks

Employing any doctor (including a locum) to work in your practice is subject to the NHS regulations and relevant professional and contractual obligations require you to carry out all necessary checks. Any doctor that you employ must be registered with the GMC to practise medicine in the UK. It is illegal for doctors to work in clinical practice in the UK Health Service if they are not registered. In addition, on 31 March 2006, the GMC introduced a register of doctors who are eligible to work in general practice in the health service in the UK. From 1 April 2006, all doctors working in general practice in the health service in the UK, other than doctors in training such as GP Registrars should be included on the GMC GP register. You may check a doctor's registration status at <https://webcache.gmc-uk.org/ods/home.do>

You should not:

- Rely on a locum agency to check a doctor's registration status for you. If a doctor has previously been employed elsewhere in the UK, you still need to check their registration details, as their registration status may have changed since they were last employed.
- Accept either the due date of an Annual Retention Fee or an Annual Registration Certificate as evidence that a doctor is registered.

Before employing any doctor to work in your surgery you must check:

- That the doctor to be employed in the region is on an English PCT's Performers List.
- That the doctor has the necessary medical defence cover.
- 2 clinical references (these must relate to a recent post that was held for at least 3 months without a significant break. If this is not possible a full explanation and alternative references must be followed up.)
- If a locum is required to work immediately the doctor may be engaged for a single period of up to 14 days while references are followed up and for an additional 7 days if the referee is ill, on holiday or otherwise temporarily unavailable.
- If the doctor is employed on more than one occasion in a three month period the employing doctor may rely on the references provided on the first occasion, provided they are not more than 12 months old.
- You should always check that a doctor is registered with the GMC as part of your pre-employment checks.
- Since April 2006 doctors appointed as GPs must, in addition since April 2006 be on the GP Register

Further information on the NHS regulations relating to the employment of doctors in your practice is available at: <http://www.opsi.gov.uk/si/si2004/20040291.htm#57c>

It is important to ensure that every doctor in the practice has adequate and up to date indemnity insurance and is on an appropriate PCT's Performers List.

CRB checks for other practice staff

It is an employer's duty to ensure that any member of staff who has unsupervised access to children or vulnerable adults must have an enhanced CRB check. It is for the employer to decide which, if any, members of staff have such access. All doctors on a PCT Performers List will have had a CRB check but it is possible that nurses and health care assistants may have unsupervised contact with children or vulnerable adults and practices should consider whether such members of staff need to obtain enhanced CRB checks. It is also possible that some receptionists or administrative staff could have such contact and, again, practices will need to consider whether these members of staff should have enhanced CRB checks.

There is a fee for acquiring a CRB check and the process can be instigated either by the individual concerned or by a so-called "umbrella" organisation. At the moment Derwent Shared Services acts as an umbrella organisation for doctors but not for other practice staff members. The LMC could negotiate with DSS regarding other practice staff or it could seek to acquire umbrella status itself. Would practices please give consideration to this matter and let us know whether they have staff members who should be CRB checked. If the demand is great enough we will consider how best we might help practices to get these checks done.

Latest advice

In the past month GPC has issued advice on the following issues:

Read Codes – QOF 2006-07.

Enhanced services and floors from April 2007.

Payment of component 2 of the Towards PBC DES.

PBC 07-08 – detailed analysis.

PBC 07-08 – key issues.

Primary medical contracts – Who can hold what.

Primary medical services contracts – advertising and appeal.

Reviewing PMC contractual arrangements.

Further details of any of these issues are available on application to the LMC office or on the BMA website

www.bma.org.uk

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.