

Salaried doctors

John Grenville and John Ashcroft attended the LMC Secretaries' Conference in London on 22 November. There was a fascinating and rather worrying presentation from Dr Judy Gilley, an ex-deputy chairman of the old GMSC, about a survey she had done for London-wide LMCs. The survey concentrated on the LMCs' effectiveness in representing the diverse groups of people who make up the current workforce in general practice.

It was particularly worrying that salaried GPs, whether working in practices or other organisations, and particularly women, reported that they felt that their LMCs were remote, took little interest in their concerns and did not have much to offer them. We hope that this is not the case in Derbyshire but we worry that it might be. We are working hard with the various non-principal organisations to raise the profile of the LMC but we would ask anyone reading this newsletter to ensure that any doctors they know who are working in general practice as anything other than as principals get a chance to read this newsletter.

Salaried doctors and women are significantly under-represented on the LMC itself and we would particularly welcome approaches from members of these groups to join the committee.

Finally, Judy's report drew attention to the fact that very few partnerships are being offered at present. In a recent two-month period there were no advertisements for new partners across the whole of London! The LMC agrees with the GPC that this is a disturbing trend and that taking on new partners to replace those who retire is going to be one of the most important ways of resisting the Government's intention to fragment, demoralise, privatise and devalue general practice.

EMAS – Doctors' Urgents

Following John Stephenson's letter to GPs (23 April) and the subsequent report of a meeting between EMAS and the Regional LMCs (in our August 2007 newsletter) the LMC continues to receive complaints about delays in transporting "Doctors' Urgent" cases. John Grenville has had another meeting with EMAS

and the good news is that between the end of November and the end of April they are bringing an extra 40 members of staff into their control room in order to improve their service. They do, however, have problems with the categorisation of Doctors' Urgents and the LMC has agreed to do some work with them to try to solve these problems. We may well be asking you in the not too distant future to analyse retrospectively your decision-making processes around a very small number of Doctors' Urgents that you have requested. If any practice is interested in becoming more involved with this, please contact the LMC.

EMAS is, of course, undergoing a continuous process of reorganisation. At the moment the person to whom complaints about prioritisation and timing should be addressed is Mick Barnett-Connelly who is the General Manager of Control and Communications (0115 9296 151 or mick.barnett-connelly@emas.nhs.uk).

Release of medical reports

Some banks and insurance firms, in some areas of the UK, are asking GPs to release an extract from their patients' medical records based on a verbal recording of their consent. In the note to the GP they say "as part of the telephone process we have explained your patient's rights and their options under the Act. Confirmation of their consent and whether they wish to see the report before it is released to us is also recorded in the attached document, a copy of which has been sent to the customer".

GPs should **not** release patient medical records based on this verbal consent agreement. The joint BMA ethics and ABI guidance on insurance and medical reports can be found here:

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

Substance Misuse LES

(paper submitted by Addaction SD County Service)

The development of shared care has its roots in the Government 10 year Drugs Strategy published in 1998, through the implementation of Models of Care and the NTA development of integrated care pathways. From a treatment provider perspective, shared care is the next step on from being prescribed within a

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specialist GPSI clinic. The client's own GP becomes responsible for the substitute prescribing and the shared care worker is responsible for providing support to the client and the GP. Before a referral is made into the shared care scheme, the client has to be coping well on a stable level of script and be motivated and able to manage without keywork contact.

A sturdy assessment process facilitates the selection of clients who are ready and suitable for shared care. This ensures that the clients who are referred to shared care will be able to derive maximum benefit from the scheme and likewise ensures that participating GPs will be working with clients who will engage in the treatment process and be unlikely to create problems within the surgery. Having assessed the suitability of the client, the shared care worker then discusses the possibility of admission into the shared care scheme with the client's GP. The final decision rests with the GP.

As well as meeting the patient every 3 months to review their care plan, the shared care worker is available to offer support when required, either with telephone support or a brief face to face session. Alternatively, the client can drop in to their treatment service and use the Open Access service for brief support. If the problems are more serious, the shared care worker will arrange a number of structured support sessions with the client in order to stabilise the situation and enable them to remain in the scheme. If this intervention does not achieve its objective, the client will be fast-tracked back into the GPSI clinic and keyworking for a period of more intensive support. This intensive support will be geared towards helping the client back into the shared care scheme. The shared care coordinator and link worker will also offer support to GPs and practice staff. This support can range from offering guidance to a GP on a specific prescribing issue to providing training sessions for the whole practice.

In March 2007, the Addaction Southern Derbyshire County Service shared care scheme had been running for over a year. In that time 11 GP practices had been recruited into the scheme and 79 clients had been prescribed in shared care.

This seemed to be an appropriate point to try and gauge the satisfaction of the practitioners and patients involved in shared care. The exercise would also indicate the strengths of the scheme from all participants' perspectives and outline their current concerns and areas for further development. With this in mind, two questionnaires (one aimed at shared care practitioners and the other for shared care patients) were conducted in March 07 and June 07 respectively. Full versions of the results of these surveys can be found at:

www.addaction.org.uk/Presspublications.html
www.smmgp.org.uk/html/sharedcare.php

Travelling with Controlled Drugs

The Home Office requirements for personal import/export licences for persons who intend to travel with their controlled drug medication will change with effect from 1 January 2008. Broadly, a personal licence will not now be required for periods of travel of 3 months or less regardless of the amount of drug(s) being carried. Any person travelling for longer than three months will, in normal circumstances, be expected to make arrangements to have their medication prescribed by a practitioner in the country they are visiting.

Further information is given on <http://www.drugs.homeoffice.gov.uk/drugs-laws/licensing/>

Part-time salaried GP

Vacancy for part-time (4 sessions) salaried GP, to start Feb 2008

- Emis LV paperlight
- 4 partners
- 7300 patients
- High QOF achievement
- Nurse Practitioner led minor illness clinics and chronic disease management
- Practice Counsellor and Physiotherapist

Apply to: Diane Dickinson, Practice Manager, Brimington Surgery, Church St, Brimington S43 1JG

Latest advice

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

GP Earnings and Expenses Enquiry 2005/06
Mental Health Act Code of Practice Nov 07
Commissioning & Service Development newsletter

Further details are available on application to the LMC office or on the BMA website

www.bma.org.uk

How to contact us

Derby & Derbyshire LMC Ltd office is at Norman House, Friar Gate, Derby DE1 1NU. Our telephone number is 01332 210008, fax 01332 341771. Our email address is now

office@derbyshirelmc.co.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.co.uk
and kate.lawrence@derbyshirelmc.co.uk.