

## GP Contract Negotiations

By the time you read this you may well already have attended one of our Open Meetings in South Normanton or Mickleover to hear the presentation "The GP Contract – the Road to Here and Beyond". Voting papers will shortly be distributed and it is important that all doctors vote in order to let the GPC know the feeling out there.

You should also have received a letter to distribute to your patients entitled "Quality of Care and GP Opening Hours – Protecting the NHS". This is one in a series of messages for patients to encourage them to support their local GPs.

John Grenville's view is that, while the immediate issue is around extended opening hours and lack of resources for them, the underlying issue is about the future of locally organised, list-based general practice. It is absolutely essential that all practices let their patients know what the threats are, that all GPs write to their MP expressing their views (contact details available from the LMC office) and that GPs take every opportunity to write letters to the national and local press.

## Mental Capacity Act

The Act applies to all decisions taken on behalf of people who permanently or temporarily lack capacity, including decisions relating to medical treatment. All doctors working with adults who lack, or who may lack, capacity will need to be familiar with both its underlying principles and its basic provisions. In general the Act confirms and reinforces best practice and will be familiar to those with experience of working with adults lacking decision-making capacity. There are, however, a number of new features, including the ability to nominate substitute decision-makers under a Lasting Power of Attorney (LPA), the development of a new Court of Protection with extended powers, and specific provisions for enrolling incapacitated adults in certain forms of research.

The Act contains a two-stage test of capacity:

•Is there an impairment of or disturbance in the functioning of, the person's mind or brain? If so,

•Is the impairment or disturbance sufficient that the person lacks the capacity to make that particular decision?

The assessment of capacity is also 'task-specific', that is to it say focuses on the specific decision that needs to be made at the specific time the decision is required. The important point is that the impairment or disturbance renders the individual unable to make the decision in question. Clearly, however, if the impairment is temporary and the decision can realistically be put off until such a time as he or she is likely to regain capacity, then it should be deferred.

Under the Act, a person is regarded as being unable to make a decision if, at the time the decision needs to be made, he or she fails:

- To understand the information relevant to the decision
- To retain the information relevant to the decision
- To use or weigh the information, or
- To communicate the decision (by any means)

Where there are disputes about whether a person lacks capacity that cannot be resolved using more informal methods, the Court of Protection can be asked for a judgement.

In accordance with the Act's underlying principles, an individual must be permitted, as far as possible, to participate in the decision-making process. The decision maker must also take into account the likelihood that the person will regain capacity. If a decision can reasonably be left until he or she regains capacity, then, as already mentioned, it should be. Other relevant factors are likely to include:

- The person's past and present wishes and feelings, including any relevant written statement made when she or he had capacity – this would include general statements of wishes or 'living wills'
- His or her beliefs or values where they would have an impact on the decision.

A crucial part of any best interests judgement will involve a discussion with those close to the individual, including family, friends or carers, where it is practical or appropriate to do so.

The above is an extract from the GPC guidance on The Mental Capacity Act. For the whole guidance, visit the BMA website <http://www.bma.org.uk/>. Consent and capacity is in the professional issues and

## Complaints Training

The LMC will be involved, together with the County PCT Clinical Governance Office, in running a Complaints Training Day on 14 February. Numbers were limited and the course is now fully booked. We would, however, like to offer this training much more widely.

Complaints are a fact of life and all practices will have to deal with them at some time or another. It is the LMC's experience that complaints tend to get serious and time-consuming when they are not dealt with properly at the earliest stages.

Please watch for further details.

## Core hours

In the light of current discussions about core hours here is a definition from the GPC lawyer :

"Practices are required to provide a service in core hours as are appropriate to meet the needs of patients. The appropriateness is relative to the arrangements not the core hours. Practices are also required to have arrangements in place for emergencies during core hours. This does not mean practices can effectively shut up shop with no provision in place for accessibility for patients. It may also be the case that a mere answer machine may not be "reasonable" as far as emergency services as concerned. It will depend on the facts of each case. Some arrangements may be satisfactory in some places but not in others. Closing with no arrangements in place is likely not to be acceptable in terms of fulfilling the contract. "

## Salaried GP vacancy

Tramways and Middlewood Medical Centres, West Sheffield, require an 8 session salaried GP. Request an information pack or apply with current CV and covering letter to:  
Gail Wright, Assistant Business Manager,  
Middlewood Medical Centre,  
621 Middlewood Road, Sheffield, S6 1TT

Closing date for applications  
**Thursday 14 February 2008**

Informal visits and enquiries are welcome. Please contact Sue Sharpe on 0845 122 3331 or email [sue.sharpe@gp-c88043.nhs.uk](mailto:sue.sharpe@gp-c88043.nhs.uk)

## Non prescription medicines for children

The LMC understands that the Department for Schools, Children and Families is currently amending its guidance regarding medicines requirements for young children. The current guidance that childcare providers should only accept prescribed medicines is being amended to state that childcare providers will be able to give non-prescription medication when they have parents' prior written consent.

## Council Gold Card Scheme

The LMC wrote to all the Derbyshire Councils last month and has received a reply that it was never their intention that applicants for the new National Concessionary Travel Card should go to their local GP for proof of entitlement in all the seven categories of eligibility. The Councils are meeting together to discuss the issue and to redesign their future application forms to encourage applicants to seek alternative methods of proof of eligibility and have asked the LMC to look at and comment on the redesigned form.

## Latest advice

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

Improving care pathways.  
PBC in 2008/09.

The dual role of practice based commissioner and GP provider: avoiding conflicts of interest and ensuring probity.

Managing disputes with PCTs.

Further details are available on application to the LMC office or on the BMA website  
[www.bma.org.uk](http://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](mailto: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](mailto:melanie.beatham@derbyshirelmc.co.uk) and [kate.lawrence@derbyshirelmc.co.uk](mailto:kate.lawrence@derbyshirelmc.co.uk).