

Child Protection

What is a GP expected to do in order to comply with child protection procedures? On 12 March, Lord Laming published The Protection of Children in England: A Progress Report. The Government accepted all of his recommendations and promised to issue a more detailed response later on.

There are two recommendations from Lord Laming (ref 34, 35) that outline more involvement of GPs and more training for GPs. The GPC will be discussing these recommendations with DH later in the summer and expects to be formally consulted before any action plans are implemented. They support improving child protection, but know that the GPs unique position means that a carefully thought out and well constructed action plan is necessary to ensure that GPs can participate, and be involved, without significant detriment to their practice and patients.

Remember the following:

- 1) A PCT **cannot** make changes to the national contract.
- 2) GPs do have a duty to be involved in child protection.
- 3) PCTs have a duty to remunerate GPs for their involvement in any child protection procedure.

Widowers of female GPs

Several of our local female GPs have queried why the unfair situation which exists between male and female members of the NHS Pension Scheme has been allowed to continue, in particular the fact that female members' service prior to 6 April 1988 does not count towards widowers' benefits.

This issue was raised again at the recent Conference of LMCs. It has been GPC policy for some time and the will of BMA members to look to challenge the existing position. They have in the past obtained legal opinions that suggested this would not be possible. However they are now of the view that it may be possible and have written to the NHS Pensions Agency on behalf of a member, laying out the reasons why the restriction on her benefits is wrong in law. Ultimately this matter could go to Judicial Review and could have huge implications for older female scheme members if successful.

Annual Conference 2009

The Annual Conference of LMCs was held in London on 11 and 12 June. It was a lively conference. Laurence Buckman's key note speech concentrated on the need for general practice to show that it had taken the quality agenda to heart and on the benefit to patients of general practice working collaboratively with other agencies, including politicians.

The themed debate on revalidation was introduced by a key note speech by Mike Pringle, the RCGP Lead on Revalidation, in which he emphasised that nothing was yet set in stone and that the College was in listening mode.

The Derbyshire motion calling for defence of GPs' pensions was passed unanimously following a speech by Andrew Dearden (Chairman of the BMA Pensions Committee) in which he expressed fears that there will be a sustained onslaught against public sector pensions in the next few years.

I am sure that Derbyshire GPs will be delighted to hear that Liverpool's motion to move Christmas further away from New Year to prevent the annual chaos was passed but I am not sure that GPC will be able to achieve this (not this year at least!).

Limited Liability Partnerships

We understand that some practices may have formed themselves into Limited Liability Partnerships for the purposes of providing primary medical services under GMS or PMS contracts. While it is fine to form an LLP to deliver extra contractual services, we believe it is not possible for an LLP to hold a GMS or PMS contract. We raised this with Lockharts Solicitors (experts in GP law) at the Annual Conference of LMCs and have their written confirmation that this is the case.

We assume that practices that have formed LLPs to deliver GMS/PMS contracts have taken legal advice but we strongly urge you to review this advice. John Grenville is happy to discuss this matter with practices that are in this position.

Tamiflu from employers

Some practices have received letters from letters from a company called Healthcare Connections, regarding patients who have registered for their "Pandemic Influenza Management Scheme", or rather have been registered for it by their employers. This means that they will be "provided with a limited course of Tamiflu for treatment in the event of an influenza pandemic".

This is a live issue on the national LMC Listserver. As far as we can see, there is not a lot you can do. The Govt seems fairly laid back about the equity issue. Once we move to the mitigation phase (pretty soon now) each person will be entitled to one course of antiviral via the Flu Line as and when they get symptoms. If their employer wants them to have more, it will be up to him to sort it out. At least one such scheme is asking GPs to write private prescriptions authorising the course (which the employee will have) - LMC advice is not to, unless clinicians feel themselves to have sufficient expertise in the management of Pandemic Flu and in Occupational Health to take responsibility for it.

Chlamydia screening

Practices are reminded that there is a chlamydia screening LES which has the potential to inject a significant amount of money into practices. Although the current LES is being reviewed, a new LES will be issued shortly. There is considerable variation between practices in terms of uptake among the relevant patients. The Chlamydia Screening Team (Sukhdip.Mahil@derbycitypct.nhs.uk) are happy to be contacted to discuss what has worked for other practices and to share good practice.

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ASCEND

ASCEND is a large multi-centre trial run by the Clinical Trial Service Unit at the University of Oxford. It is looking at the role of aspirin and omega 3 fatty acids in diabetes. It appears that Derby Hospitals Foundation Trust and Chesterfield & North Derbyshire Royal Hospital Foundation Trust have recently signed up to be part of the trial and patients are appearing in practices with blood testing kits that they have been sent, asking for phlebotomy appointments for the blood to be taken. As far as I can tell, practices have not been warned about this in advance.

The resourcing of phlebotomy is a highly contentious issue across the whole of Derbyshire, and particularly in the north of the county. I have written to the ASCEND trial office pointing this out and asking them not to direct patients towards their general practice to have this clinical trial blood taken (no remuneration is offered to practices for this).

There is no obligation on practices to take blood for the purposes of this trial. I suggest that practices decide whether they wish to cooperate or not and, if they decide that they do, they should decide whether they are prepared to offer phlebotomy appointments specifically for the purpose of the trial or whether they will offer to take the trial blood when they are next taking blood for other purposes. Practices should then put a notice prominently in their waiting rooms advising ASCEND patients of the position in

Latest advice

In the past month GPC has issued the following:

- Guidelines for GP Patient Electronic Records
- GPC Annual Report
- Confirmation and certification of Death
- Listening to Patients

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