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## **New GMS contract implementation**

Please find attached (appendix 1) the written report from the GPC negotiators submitted to the committee ahead of the meeting and revised in the light of the updates given at the meeting.

## **Seminar for accountants**

A special seminar to inform accountants about how the new GMS contract will affect GMS and PMS practices is being organised by the GPC and we would be grateful if LMCs would inform their local practices.

The seminar, to be held at BMA House in London, will take place on the afternoon of Tuesday 3 February 2004. As well as identifying all the issues of importance for GP clients, it is hoped the seminar will stimulate discussion about the key income streams including global sum, minimum practice income guarantee (MPIG), and quality payments.

Dr John Chisholm, chairman of the GPC, will open the seminar followed by a presentation by Paul Samrah, partner in Kingston Smith Chartered Accountants. Questions can be submitted to the GPC in advance of the seminar for the question and answer session which winds up the afternoon.

Place numbers are limited, so practices should alert their accountants of the opportunity to attend the seminar. The delegate fee is £80 plus VAT (£14) totalling £94. Online registration is possible at: [www.bma.org.uk/accountsseminar](http://www.bma.org.uk/accountsseminar). A copy of the booking form is attached in PDF format (appendix 2).

## **NHS complaints procedure**

The GPC discussed the recent consultation document, 'Reforming the NHS complaints procedure'. The statutes and regulations subcommittee had already debated the document at length the previous day. The subcommittee has drawn up a detailed list of concerns and with the incorporation of further comment from individual committee members and specialised legal advice, this list will form the basis of the GPC's official response to the Department of Health.

It was the committee's feeling that LMCs should also send any comments they have on the proposed reforms separately, as that this would highlight the degree of concern amongst doctors. The deadline for the submission of comments is 31 March 2004. The draft regulations are available on the Department's website at [www.doh.gov.uk/makingthingsright](http://www.doh.gov.uk/makingthingsright).

## **National Patient Safety Agency (NPSA)**

Maureen Baker, Director of Primary Care of the NPSA and a member of the GPC, gave a presentation to the GPC on the work of the Agency. The Agency was set up in July 2001 as a special health authority, with the purpose of implementing and operating "a new national system for learning from adverse events and near misses in all sectors of the NHS with one core purpose - to improve patient safety by reducing the risk of harm through error". The Agency collects and analyses information on adverse events, ensures that the lessons that need to be learned are fed back into practice and solutions produced where risks are identified. The NPSA's website is at [www.npsa.nhs.uk](http://www.npsa.nhs.uk).

## **Cremation forms part C**

The GPC discussed a recent circular from the Home Office informing medical referees 'that they are recommended not to accept without further enquiry applications where doctors completing form C have not made enquiries of a relevant third party (ie that one of the questions 5-8 should be answered in the affirmative.)'. Questions 5-8 are as follows:

5. (a) Have you seen and questioned any other medical practitioner who attended the deceased?  
(b) (Give names and addresses of persons seen and say whether you saw them alone.)
6. (a) Have you seen and questioned any person who nursed the deceased during his or her last illness, or who was present at the death?  
(b) (Give names and addresses of persons seen and say whether you saw them alone.)
7. (a) Have you seen and questioned any of the relatives of the deceased?  
(b) (Give names and addresses of persons seen and say whether you saw them alone.)
8. (a) Have you seen and questioned any other person?  
(b) (Give names and addresses of persons seen and say whether you saw them alone.)

The committee acknowledged that there is different practice in different localities for filling in form C and in some areas this does not presently include answering in the affirmative one of the questions 5-8. LMCs are advised to inform all GPs of this recent instruction. It would aid completion of the form if under the circumstances the doctor filling in part 1 of the form could inform the doctor assigned to fill in part 2 of a relevant telephone number to allow confirmation in the affirmative of one of the questions 5-8.

## **Mental health care for students and NHS professionals**

The BMA's Occupational Health Committee, with the assistance of HPERU, has undertaken a survey of current practice in relation to services for doctors and medical services students referred for mental health assessment and treatment. This has identified a wide disparity of provision for this group. The Occupational Health Committee believes that "best practice" should be a system which:

- is consultant delivered
- is efficient and confidential
- allows referring GPs to have a choice of consultant psychiatrists

- allows rapid and timely access to a consultant psychiatrist for diagnosis and management
- provides a residential facility if deemed appropriate by the consultant
- is available outside the area where the doctor works professionally, if deemed appropriate
- involves occupational health physicians where available.

The GPC discussed this model and the relationship between mental health care for doctors and occupational health. It was suggested that the best practice model should include a mentoring process as well as confidential access to drug and alcohol services. It was recognised that personal health issues were not always related to occupational health, and that the relationship between doctors' mental health and occupational health needed to be further considered.

## **NHS cervical screening programme – Data Protection Act requirements**

A number of LMCs have informed us that local practices have been informed, by the local PCTs, that all members of the practice team involved in cervical screening must sign a "special exception" form relating to section 60 of the Data Protection Act. The programme has been granted special exception under section 60 of the Act, such that patient and clinical data can still be held and used for explicit purposes. To comply with this special exception it is now a national requirement.

Given the number of staff and clinicians involved in the cervical screening programme, the request has generated considerable disquiet. Having contacted the Department of Health, we have been informed that revised guidance was issued to PCTs on 22 December 2003. This informed PCTs that the need for practices formally to sign up to the Data Protection Act disclaimer has been waived, so long as lead PCT commissioners sign up and copy the guidance to practices. A copy of this letter is attached (appendix 3). Local practices who are still being asked to sign up on an individual basis should be advised to contact their PCT quoting this revised guidance.

**The GPC next meets on 19 February 2004, and LMCs are invited to submit items for discussion. You may like to review these, beforehand, with the representatives in your area who serve on the GPC. The closing date for items is 12 February. It would be helpful if items could be emailed to Shona Blass at [sblass@bma.org.uk](mailto:sblass@bma.org.uk). You may also like to use the GPC's listservers to exchange views and ideas.**

## **GPC News**

GPC News is available via the Internet, via the BMA's web pages: <http://www.bma.org.uk>

LMCs are reminded that their regional representatives can provide more detailed information about the issues covered in GPC News, and other matters. Other members of the GPC would also be pleased to accept invitations to LMC meetings wherever possible. Their names and addresses are in the GPC Yearbook. The secretariat can also provide a written background brief if required, but it would be helpful to have such requests well in advance of your meetings.

Finally, if LMCs require assistance on local issues, they can also contact the BMA's local offices: addresses are on page 3 of the GPC's yearbook, which will be updated soon for the next session.

This newsletter has been sent to:

- Secretaries of LMCs and LMC offices
- Members of the GPC
- Members of GP registrars' subcommittee
- Members of the non-principal subcommittee
- Members of the personal medical services subcommittee