

BARKING & HAVERING LMC NEWSLETTER

MAY 2007



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Regional Services Role within the BMA

We have been advised that the BMA at Regional level provides support on employment matters to members who are employees, employers, independent contractors and partnership. They provide:

Employees – advice and representation on employment contracts, including terms and conditions of service, on matters arising from the operation of an employment contract, representation at grievance hearings, disciplinary hearings and externally before employment tribunals and the civil courts.

Employers – advice on drawing up contracts of employment for staff, including terms and conditions of service, advice and representation on behalf of the member(s) on matters arising out of the day-to-day operation of the employment relationship with their staff. If you are contemplating taking any disciplinary action or action which may lead to proceedings against you in respect of one or more of your staff, you must contact the BMA to discuss the matter and you must follow the advice that is given. If you do not do this the BMA will not represent you in any subsequent action taken by the staff member(s) which lead to proceedings against you or your practice.

Independent Contractors – advice on GMS standard contracts, including related regulations and directions, Statement of Financial Entitlements (SFE) advice, representation on matters arising out of the day-to-day operation of the standard contract (other than matters relating to clinical services and clinical performance), advice on PMS contracts, regulations and guidance.

Partnership – initial advice on drawing up of, and amendments to, the partnership deed/agreement, including limited advice on premises issues, advice on matters arising out of the day-to-day operation of the partnership deed/agreement, mediation in partnership disputes – where this role is acceptable to all parties in the dispute.

If you have a new employment enquiry, you can contact, in the first instance, the BMA team of advisers at askBMA on 0870 60 60 828 from 8.30 am to 6pm Monday to Friday.



Community Midwifery Service

The process for routine 41-week antenatal appointments was changed last year, the service now being undertaken by Community Midwives. If the normal Community Midwife arrangements are not available and no cover has been arranged, any practice can contact the Group Practice Manager on 020 8970 8206. Please ensure this information is communicated within your practice to ensure that adequate cover can be obtained from the Community Midwifery Service in future.



BCG Injections

The incidents of TB in the area have not yet met the threshold for there to be a universal neonatal BCG programme and the PCT is therefore targeting those children considered most at risk.

Barking & Dagenham – Within the PCT it is felt it should be a neonatal BCG, given in the first 28 days of life, and as the Midwife has a statutory responsibility for the first 28 days of life it should be given within BHRT, ideally at delivery, at the same time as the vitamin K injection, the rational being that you have a captive audience. Unfortunately this does not appear to be possible at this time.

The Children's Service has been providing this service based on the national criteria for those children deemed to be at risk. The PCT will not be offering the injection to anyone who does not meet this criteria. Any GP who has an infant that meets this criteria should refer the infant to the Child Health Service based at The Willows, St George's Hospital. A dedicated nurse is employed to fulfil this task.

Havering – presently any baby/child due for vaccination must be referred to their Health Visitor who undertakes a risk assessment. If the baby/child falls within the 'at risk' categories the Health Visitor refers directly for vaccination to the TB Service. The TB Service do not accept referrals unless the correct form is used. GPs have not yet been trained on the use of this form and the need to ensure that referrals should only be made according to the criteria set.

The PCT may decide to cascade the screening form out to GP practices. However nurses who would be using these forms need to be trained. The PCT hopes to commence this in June. The TB service is currently unable to cope with referrals above what is currently being provided. Babies must be the priority. The PCT is working on a community model of providing the BCG. There are concerns that when we allow practices to use the screening forms there may be an influx of BCG requests, many of which may not be clinically indicated. Therefore referrals would probably need to go to CAS first.

It is not appropriate for patients to ring the TB service as it will reduce their capacity to provide care when and when it is needed most. Only practice members should contact the TB service. The number is 01708 435000 ext. 6268.



Please find attached a list of key telephone numbers for BHRT



Code of Practice

On 1st October 2006 the Health Act 2006 introduced a statutory *Code of Practice for the Prevention and Control of Healthcare Associated Infections*. The Code is designed to help NHS bodies plan and implement how they can prevent and control healthcare associated infections (HCAI). It sets out criteria by which managers of NHS organisations and other health care providers should ensure that patients are cared for in a clean environment, where the risk of HCAI is kept as low as possible. The Healthcare Commission will be using the Code to assess the performance of NHS bodies as part of the Annual Health Check.

The Code relates to healthcare provided directly by NHS bodies and also to PCTs in their commissioning role. When commissioning services the PCT must satisfy itself that all contractors have appropriate systems in place to keep patients, staff and visitors safe from HCAI. The new Act also includes new powers to issue improvement orders and sanctions for bodies which significantly fail to meet requirements of the Code.

The full Code can be accessed at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4139336 but some of the duties detailed in it are: provision of care in appropriate facilities and the maintenance of a clean and appropriate environment; training; having in place and adhering to policies relevant to the prevention and control of infection; audit of key policies and practices; provision of suitable hand wash facilities and antibacterial hand rubs; effective arrangement for the decontamination of instruments and other equipment and ensuring that health care workers are free of, and protected from, exposure to communicable infections.

A presentation on the Code will be given at a future PTI meeting. Meanwhile the PCT, together with the LMC, is considering how best to collect information on individual practice's awareness of, and compliance with, the Code.



RCGP Representatives

Congratulations to Dr Jagan John who has been elected as Editor of the RCGP Essex Faculty magazine/literature. He will collate information, give interesting updates in the area, support and inform GPs of current issues and changes and discuss national issues as well as college issues. We are also pleased to inform you that Dr Ravali Goriparthi has been elected as registrar liaison.



Fees for Prescribing Pharmaceutical Products

The GPC has become aware of a scheme whereby a pharmaceutical company is offering practices a 15%-20% fee for prescribing/supplying their range of appliances and wound care products. Practices who sign up with them must put a company poster up in their waiting room.

The GPC is very concerned that some doctors are not aware of the ethical and professional implications of participating in such a scheme.

We would like LMCs to remind all practices that the GMC's Good Medical Practice states:

'You must act in your patients' best interests when making referrals and providing or arranging treatment or care. So you must not ask for or accept any inducement, gift or hospitality which may affect or be seen to affect your judgement. You should not offer such inducements to colleagues.'

The GMC's Good Practice in Prescribing Medicines (part of Good Medical Practice) states:

'You should respect patients' freedom to choose where to have their prescribed medicines dispensed. You should not prescribe differently for patients to whom you also dispense for your own or your employers' commercial or financial benefit.'

Please note, prescribing doctors are also dispensing doctors when it comes to prescribing through the Personally Administered Drugs system.

The GPC unequivocally advises GPs not to involve themselves in arrangements which pay a fee for prescribing products.

The Association of the British Pharmaceutical Industry (ABPI) recently updated its Code of Practice for the Pharmaceutical Industry and it states:

'No gift, benefit in kind or pecuniary advantage shall be offered or given to members of the health professions or to administrative staff as an inducement to prescribe, supply, administer, recommend, buy or sell any medicine.....'

Doctors are encouraged to report companies that breach the rules governing relations between prescribers and pharmaceutical companies to the Prescription Medicines Code of Practice Authority (which enforces the ABPI Code of Practice).



24 Hour Retirement and Return to Work

PCTs have advised us that GPs are still confused regarding approach to 24 hour retirement.

In 2006, the NHS Pensions Agency removed the requirement for a one month break in service for GPs who wished to return to work after retirement. This provided greater flexibility for those GPs who wished to take their NHS pension and return to work in the NHS.

24 hour retirement is now possible for GPs. Following a review of the regulations by the NHS Pension Agency in light of changing tax legislation, GPs are now able to retire from all NHS posts for a minimum of 24 hours to trigger their pension and then return to work again (subject to being re-employed or re-admitted to the partnership). Like all other doctors, they must work no more than 16 hours a week in the first month following the break and the onus will be on them to prove this.

Anyone considering this should also consider issues such as how partnerships will handle this. **Single-handed GPs will need to resign their contracts when they retire so should seek a legally binding agreement with their trusts to be re-awarded the contract when they return.** Remember also that once in receipt of an NHS pension you cannot normally continue to contribute to the NHS pension scheme.

- A GP retiring before age of 60 will have his pension abated to prevent him earning more than that in the average of the 3 years prior to retirement, or, if appropriate his final salary.

GPs should note that they do not need to come off the Medical Performers List in order to access their NHS pension. They simply have to retire from pensionable employment. BMA advises doctors that the resignation from a list with a new application may leave a period when it is impossible to work.

For full document on Contractual Issues for GPs go to: www.bma.org.uk



Briefing From Havering PCT on DES Arrangements

In line with very recent guidance from the DoH, Havering PCT can confirm that it will be continuing with the DES arrangements for both Access and Choose and Book in 2007/08.

Whilst provision has been made in the PCT's financial projections for a continuation of the access DES no such provision had been made for a continuation of the Choose and Book DES which will now represent a cost pressure for the PCT in 2007/08.



LMC Membership

Please see below a list of the LMC members from July 2007:

Barking & Dagenham

Principals:

Dr A Adededji	Dr H Ahmad
Dr G Barclay	Dr V Goriparthi
Dr J John	Dr R Kalra
Dr A Mittal	Dr S Pervez
Dr N P S Teotia	

Non-principals:

Dr R Kumar
Dr S C Hora

Havering

Principals:

Dr T Bland	Dr J Barbosa
Dr A Deshpande	Dr B Dixit
Dr A Jabbar	Dr A K Jawad
Dr J O'Moore	Dr A Patel
Dr P Patel	Dr S Poolo
Dr I Quigley	Dr M Rahman
Dr G Saini	Dr O Sanomi
Dr S Subramaniam	Dr I Sudha

Non-principals:

Dr A Bhate
Dr S De



There are a number of new guidances, and latest information, available on the **GPC** (www.bma.org.uk) and **LMC** websites.



With best wishes

Yours sincerely

Madhu Pathak

BHRT TELEPHONE NUMBERS

DEPARTMENT	OPEN TIMES	TELEPHONE	FAX
QUEENS HOSPITAL			
E.P.A.U.	8 a.m. – 4 p.m.	01708 503 479	01708 503 180
Labour Ward		01708 435 083/435 393	
Cornflower B – Gynae Ward		01708 435000 Ext. 2171, 2172 or 2173	
Registrars on call: Gynae Labour Ward		01708 435000 Dect 6703 01708 435000 Dect 6301	
Consultant on call: Gynae Labour Ward		01708 435000 Dect 6701 01708 435000 Dect 6702	
KING GEORGE HOSPITAL			
E.P.A.U.	10 a.m. – 2 p.m.	020 8983 8000 Ext 8586	
Labour Ward		020 8970 8212	020 8970 8008

SECRETARIES

NAME	TELEPHONE
QUEENS HOSPITAL	
Mr Bolton	01708 435266
Mr Burgess	01708 435153
Miss Chakravarti	01708 435267
Mr Coker	01708 435559
Miss Dasgupta	01708 435153
Miss Hargreaves	01708 435153
Mrs Hawkins	01708 435559
Mr Howard	01708 435267
Mr Jeyarajah	01708 435153
Mr Opemuyi	01708 435267
Miss Otigbah	01708 435566
Miss Rao	01708 435265
Mr Sathanandan	01708 435266
Miss Tebbutt	01708 435265
Mr Thompson	01708 435566
Mr Weekes	01708 435559
Miss Kollipara (Clinical Director)	01708 435000 Ext. 4813
KING GEORGE HOSPITAL	
Mr Cochran	020 8970 8060
Miss Kollipara	020 8970 8210
Mr Osei	020 8970 8210
Miss Swinhoe	020 8970 8060

General Fax No. Queens Hospital 01708 504273

General Fax No. King George Hospital 020 8970 8085