

VETTING AND BARRING SCHEME (VBS)

The GPC will shortly be issuing guidance for all GPs (including what a GP employer should do) on the new vetting and barring scheme.

This scheme came into play on 12 October 2009, and is being introduced in stages.

From 12th, the following applies:

1. It will be a criminal offence for a person who is on a barred list (e.g. the PoCA, POVA and/or List 99) to seek or undertake 'regulated activity'. Regulated activity includes working as a GP, as a practice nurse and may also include working as a healthcare assistant. It applies to those who are already in post or are seeking a new post.

2. It will be a criminal offence for a practice knowingly to appoint a barred person to a 'regulated activity' post. Also practices should require an enhanced CRB check of all new recruits and of those changing jobs who will be undertaking 'regulated activity'.

Please note that the PoCA, PoVA and List 99 are being replaced by two new barred lists managed by the Independent Safeguarding Authority (ISA) - one for barred from working with children, and one for barred from working with vulnerable adults. The enhanced CRB check will now provide information held on these two ISA barred lists.

3. Employers have a duty to inform the ISA if they believe that an individual has caused harm, or posed a risk of harm, to children or patients that they work with.

Please be aware that no central funding is available to practices for CRB checks. The PSU will undertake CRB checks charging only for the check (£36 for enhanced, £26 for standard) with no administration fee.

As noted above, GPC guidance on the new scheme will be issued in the very near future.

The ISA's website is: www.isa-gov.org

THEFT OF FP10s AND MEDICAL CERTIFICATES

NHS counter-fraud team in Hertfordshire has reported that they are seeing an increased number of instances of theft of blank forms from GP surgeries. This may well reflect the current economic climate. Although the issue may sound relatively minor, it leads to a considerable amount of fraud, and getting the money back is extremely hard. In order to get a successful prosecution there usually has to be repeated ongoing use of stolen forms in similar enough places that the anomalies are detected and traced. Even with a prosecution, recovery of costs is by no means certain – and this leads to the loss of money that could have gone to patient care.

Most often the theft is opportunistic and occurs simply because a consulting room is left unlocked with forms on the desk. It's all too easy, in a busy surgery, to forget to lock forms away or to lock the consulting room door when nipping out, so please could we remind all practices to make sure they are not giving an opportunity to someone to commit fraud.

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DVLA - CONSENT FOR THE RELEASE OF RELEVANT MEDICAL INFORMATION FOR PATIENTS

Since Monday, 17th August, new rules called *Consent by Assurance* have been put into effect implemented by the DVLA relating to the release of relevant medical information for patients applying for driving licences.

The BMA has given agreement that DVLA no longer needs to provide the patients written consent from the patient for access to the relevant parts of their records for the purposes of being granted a driving licence. The BMA is aware that this agreement might generate concerns amongst GPs about patient confidentiality. The GMC web site has a frequently asked questions supplement to their confidentiality guidance –

http://www.gmc-uk.org/guidance/current/library/confidentiality_faq.asp

and one query advises that doctors should, "Obtain, or have seen, written consent to the disclosure from the patient or a person properly authorised to act on the patient's behalf. You may, however, accept **written assurances from an officer of a government department that the patient's written consent has been given.**"

Having taken legal advice, the BMA such written insurance from the DVLA, in the form of a written

SPEEDING FINES—CLARIFICATION

In the article in the July Newsletter entitled, "**REMINDER OF YOUR OBLIGATIONS UNDER THE PERFORMERS LISTS REGULATIONS**" we wrote that you must inform the PCT of all criminal offences and that "this includes ALL driving offences (including speeding)". Several GPs pointed out that '**fixed penalty**' speeding offences do not qualify as criminal offences and, therefore, do not need to be notified to the PCT. Our legal advice confirms this: so thank you to those GPs that picked us up on this. **Other speeding and driving offences do need to be notified to the PCT.**

ONGOING WORK

Hertfordshire:

- Continuing Care – after much negotiation between the LMC and the PCT, the form for Continuing Care funding has been significantly shortened and half of the information required can be provided by a computer print out summary. The purpose of the form is to help in deciding if a patient is eligible for NHS Continuing Care funding, and is therefore essential for your patient's continuing care provision. The LMC has agreed that this information should be provided under essential services and therefore there is no charge for providing this. (Schedule 6, Part 5, Paragraph 77 of the regulations)
- HPV for 16 – 19 year old girls not in education – the PCT is developing a LES for this which is almost ready to be offered to practices.
- Vascular health checks, aka NHS Health Checks – earlier this year the Government announced that all 40-75 year olds will be offered an annual health check. Herts PCTs are busy working out how to do this, building on the high risk CHD LES that was offered in 09/10. PCTs have targets to meet on this, and we will be working with them on developing a LES that is achievable and effective.

Bedfordshire GPs

- "Revalidation - NHS Bedfordshire - Following further discussion and deliberation it has been decided that NHS Bedfordshire will NOT be participating in the national revalidation pilot.
- Bedford Hospital Trust is slowly but progressively rolling out 'direct booking' Choose and Book - please let us know you are having difficulties with it (or even compliments!) so that we can feed them back to the hospital.
- Did you know... that the contract between NHS Bedfordshire and Bedford Hospital contains a clause saying that inadequate discharge summaries should be returned to the provider (i.e. the hospital) within five working days for correction? - So far none have been received!!!

LMC SUPPORT FOR PRACTICES DURING FLU PANDEMIC

**Nurse Bank—Currently free to Practices paying all their levies
Nurses available in all areas
Contact Mandy Clements on 01438 880010**



**Locum Bank—Introductory offer free to Practices paying all
their levies
Contact Mandy Clements on 01438 880010**



**GP Recruit reduced cost until the end of December:
£250 for a period of three months
£200 for a period of one month
Contact Sue Rollinson on 01438 880010**



PASTORAL CARE

If you have a colleague who would benefit from the Pastoral Care Service,
please give Dr Peter Graves a call at the Beds & Herts LMC Ltd on 01438 880010

During the postal strike we will try to send important information by email.

EDUCATION COURSES

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courses in Beds & Herts: [www.bedshertslmcs.org.uk/
coursepublishlist.asp](http://www.bedshertslmcs.org.uk/coursepublishlist.asp)

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SPECIAL SUPPLEMENT

PANDEMIC FLU UPDATE

- **Walk-in Centres**

We have heard that a number of walk-in centres have been excessively busy with patients claiming that their own GP refused to deal with them and told them to go to the walk-in centre. True or not, the valuable service offered by walk-in centres *and out-of-hours services* will crumble if practices dodge their responsibilities to their own patients by referring them straight to the walk-in centres or letting them call out of hours. The LMC would expect practices to deal with their own patients when contacted by them.

- **Vaccinating Practice Staff:**

i) The DH guidance is that only front-line practice staff can be vaccinated against swine flu. We have taken a very robust position with the PCTs that the inference from the IQ planner (which practices were all but bullied into completing) is that *reception and admin staff* in general practice are vital to the running of the practice during a pandemic and therefore they **must** be offered vaccination. Whilst PCTs wholeheartedly agree with this argument they are reluctant to put this in writing as it might be seen as counter to DH guidance. We are, therefore, advising practices to vaccinate all staff who they think should be vaccinated and we will continue to attempt to get the PCTs to give us written confirmation that they have agreed this is a sensible and pragmatic stance. PCTs keep reminding us that whilst they will be asking for vaccinated practice staff numbers, they won't be asking for names.

ii) Staff should be given the choice as to whether to be vaccinated by the employing practice or their own GP. Staff requesting to go to their own GP might need confirmation that they are, indeed, practice staff at another practice, so you must be prepared to provide this for your staff. If one of your patients is a member of staff at another practice and requests a vaccination from you, you are expected to provide it on this occasion even though it is an occupational health issue,

iii) Practices are also asked to vaccinate locum GPs free of charge, and locums are advised to go to their registered practice for this unless a practice at which they work regularly has offered it to them.

iv) Staff should be encouraged to have the vaccination on the grounds that they could potentially put immunocompromised patients at risk – practices might like to consider their own position regarding allowing staff, who have not been vaccinated, to come into contact with patients.

v) You should use your initial stock of 500 vaccinations to vaccinate staff. The vaccine will be free but there will be no payment under the DES for vaccinating staff.

- **Practice payments for Vaccination programme:**

We are waiting for a DES to be published clarifying the final details of the way practices will be paid. The £5.25 per jab is for organising the vaccination programme, rather than an administration fee, and therefore you will be paid according to how many jabs are given to your at-risk patients including those given to your housebound patients by district nurses. Vaccination of staff will not be covered by the DES.

- **Suspension of services:**

There is no further information about suspension of QOF or DESs which would require a national decision. However, PCTs have been advised to set up decision-making groups to consider the suspension of local services such as LESs or PBC activity if practice workloads increase. The LMC is actively engaged with the PCTs on this.

- **Vaccinating the housebound**

It is absolutely clear that the district nurses are responsible for vaccinating all *at-risk housebound* patients (*not just those already on their case load*). Do not be coerced into taking on this responsibility as well as the burden you already have. Practices will be expected to provide lists of housebound at-risk patients.

- **Vaccinating household contacts of immunosuppressed**

Household contacts of immunosuppressed patients are in the high risk category, but it may be that they are registered at a different practice from the patient. Therefore we suggest that when you invite immunosuppressed patients for vaccination you include in the letter a sentence to say that if there are members of the household registered at another practice that they take a copy of the letter to their own practice.

Reminder of Prioritisation

Following advice from independent expert committees including the Joint Committee for Vaccination and Immunisation (JCVI), the following groups should be prioritised for vaccination in the following order, once the vaccine is available:

- i. individuals aged six months and up to 65 years in the current seasonal flu vaccine clinical at-risk groups³
- ii. all pregnant women, subject to licensing conditions on trimesters
- iii. household contacts of immunocompromised individuals
- iv. people aged 65 and over in the current seasonal flu vaccine clinical at-risk groups.

These groups were selected because they are at highest risk of severe illness. In practice, it is likely that, as vaccines become available, priority groups i-iii may be vaccinated concurrently, rather than in order of priority.

Frontline health and social care workers

