Responsibility for PEARs referrals

At the commissioning meeting on October 19th concern was expressed about the GP’s responsibility if something went wrong after a patient was referred to PEARs rather than a doctor-run clinic.

This week’s attached documentation includes a referenced page on this subject, which concludes that because a PEARs referral is a true referral (and not delegation) responsibility can appropriately be transferred to the optometrist if the GP follows a correct process.

Caring for Women's new website

SLHT has launched a new website for women listing the services that they provide at all three sites in gynaecology and obstetrics. It includes details of the purpose-built Oasis Birth Centre at the Princess Royal Hospital and what women can expect by way of postnatal care. It is an attractively produced site.

http://www.caringforwomen.co.uk

Minor Surgery Referrals under LES

The LMC is keen that practices realise that the GP to GP referral element of the Minor Surgery LES is still available, running alongside the new dermatology community service.

There are currently three practices that provide services to unregistered patients, as long as they meet the criteria agreed in the Minor Surgery LES. These details together with the referral documentation will be issued again to all practices by the PCT in the next few weeks.

Contraceptive implants – update 2

Further to the item in News Update 276C, we have been asked to point out that any Bromley GP who wishes to fit contraceptive implants under the local LES agreement is, in the absence of any other agreed method of establishing competence, currently required to have an FSRH Diploma and Letter of Competence.

Referrals for deaf and hearing aid user children

The community paediatricians at the Phoenix Centre, with Dr Golding-Wood's agreement, have asked that referrals be addressed as urgent when a deaf and hearing aids user child is prevented from using their hearing aids because of either ear being completely blocked with wax and/or repeated ear infections. This follows an incident and complaint last year.
278F    Practical Guide to Risk Management

Londonwide LEAD (Learning Education and Development) is holding a workshop for Practice Staff on Tuesday 24 January 2012 from 12.45pm–4.45pm at Woburn House Conference Centre Ltd, 20 Tavistock Square London.

Run by the Medical Protection Society, the workshop covers: the principles of risk management and how to apply them; highlights current government policies for managing clinical risk; tools and techniques that help practices manage clinical and other risks; how to undertake a risk assessment and developing a practice risk register.

Attendance costs £79 per delegate. If you would like to attend please complete the attached booking form as soon as possible and send it to Karen Cooper (kcooper@lmc.org.uk) at Londonwide LMCs.

278G    Health & Safety training from BHC

Bromley Healthcare and Crescent Surgery recently piloted in- practice Health and Safety Awareness training where members of the risk team visited the practice, reviewed the environment and delivered a personalised training session for them to cover legislation, risk assessment (including workstations), moving and handling, incident reporting and fire safety. More information is in the attached documentation.

If you are interested in bespoke training contact Janice.smith@bromleyhealthcare-cic.nhs.uk or sally.rollings@healthcare-cici.nhs.uk. The cost which covers up to 25 staff is in the region of £350–£400.

278H    HIV screening in Penge

The Bromley Healthcare Health Improvement Team would like to withdraw the letter circulated at the gynae education meeting (23rd November) and apologise for the fact their consultation processes with GPs failed on this occasion. They will NOT now be distributing flyers in Penge on the 28th inviting patients to see their GP for HIV testing. Good communication with GPs is a top priority for Bromley Healthcare and lessons have been learnt from this incident.

Alternative medical definitions ...

Caesarean Section - A neighbourhood in Rome

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Disclaimer: This publication is written for health care professionals in Bromley and information may not be appropriate for use elsewhere. Editorial comments do not necessarily represent the views of the LMC committee.
Responsibility for PEARs referrals by GPs

The regulations say that a GP is responsible for making available treatment, further investigation and referral as necessary and appropriate and in liaison with other health care professionals. (1)

The GMC’s Good Medical Practice (2) then differentiates between delegation and referral, as follows:

**Delegation** involves asking a colleague to provide treatment or care on your behalf. Although you will not be accountable for the decisions and actions of those to whom you delegate, you will still be responsible for the overall management of the patient, and accountable for your decision to delegate. When you delegate care or treatment you must be satisfied that the person to whom you delegate has the qualifications, experience, knowledge and skills to provide the care or treatment involved. You must always pass on enough information about the patient and the treatment they need.

**Referral** involves transferring some or all of the responsibility for the patient’s care, usually temporarily and for a particular purpose, such as additional investigation, care or treatment that is outside your competence. You must be satisfied that any healthcare professional to whom you refer a patient is accountable to a statutory regulatory body or employed within a managed environment. If they are not, the transfer of care will be regarded as delegation, not referral. This means you remain responsible for the overall management of the patient, and accountable for your decision to delegate.

Further guidance on referral management principles, published by the BMA in 2007 (3) starts with the principle that “The gold standard for referrals should be the traditional GP to consultant referral” and lists a further 11 useful principles including a need for “absolute clarity on responsibilities and accountability in any referred cases.”

In my view the PEARs scheme sits comfortably with most of those principles but would benefit from

- a simple statement on clinical responsibility which clarifies that .......
- a referral to PEARs is a referral and not an act of delegation. GPs should therefore pass on necessary information about the patient by completing the referral form diligently and in so doing will transfer their responsibility for additional investigation, care or treatment that is outside their competence.
- all PEARs optometrists are registered with the General Optical Council and therefore “accountable to a statutory regulatory body” (4)

NOTES

1. The National Health Service (General Medical Services Contracts) Regulations 2004: Essential services 15.—(4) (b) the making available of such treatment or further investigation as is necessary and appropriate, including the referral of the patient for other services under the Act and liaison with other health care professionals involved in the patient’s treatment and care.
2. [http://www.gmc-uk.org/guidance/good_medical_practice/working_with_colleagues_delegation_and_referral.asp](http://www.gmc-uk.org/guidance/good_medical_practice/working_with_colleagues_delegation_and_referral.asp)
4. [http://www.chre.org.uk/regulators/](http://www.chre.org.uk/regulators/) The Council for Healthcare Regulatory Excellence oversees the nine health professional regulatory bodies were set up to protect and promote the safety of the public.
We were recently approached by Dr Kathy Ring to provide Health and Safety Awareness training at her practice at Crescent Surgery in Orpington.

The training needed to be suitable for all levels of staff working at the practice and cover, the legislation, risk assessment (including for workstations), moving and handling, incident reporting and fire safety.

Sally and I visited the practice and met several members of staff, reviewed the environment and found out about the H&S systems already in place. We were really impressed with the obvious commitment to safety at the practice.

The session which was very interactive took place in a church hall and nine members of staff attended. Together we drafted out a new workplace risk assessment and a local fire procedure for the practice. We raised awareness in all the areas we aimed to cover and staff went back to the practice ready to complete their workstation assessments. We supplied all the templates for this work.

The feedback was all positive and Dr Ring said
- ‘the content was specific for our needs and covered the intended areas in an interesting and informative way. Thanks very much for your help and support’

The Manager said
- ‘the course was personalised to meet the needs of the practice and this worked very well. The examples given were easy to relate to’.

We feel this session has strengthened our relationship with this GP practice and in future we would like to be able to deliver similar competitively priced sessions to other GP practices.

Janice Smith
Sally Rollings

Names of staff in the photograph -
Debbie Power - Manager - Crescent Practice
Janice Smith - Risk Management Facilitator - BHC
Sally Rollings - H&S Officer - BHC
Kathy Ring - GP - Crescent Practice
Janet Lucas - Practice Nurse - Crescent Practice