



# LMC LINKS

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## Up & Coming Events

## CQC update - additional guidance for practices

CQC have written to us with the following information:

### Legal names in the application form

Please use your legal name in the application form. We are finding that some providers are putting 'known by' or 'otherwise known as' names as their provider name, which means their correct legal name will not be included on their Certificate of Registration. It should be the same as the name the legal name they are using for their GMC registration, for example Dr James Smith not Dr Jim Smith. This also applies when completing the names of partners within a partnership.

There are sections within the application form where they can place their 'known by' names, and this will be included on our website in their provider profile once they are registered.

### References

We've received several queries over the last few weeks about the reference information (for the purposes of registration) that providers must have available when registering as individuals or partnerships, should we want to look at it. It's important that providers remember they don't have to have that information together now, just know that they can pull it together if we ask to see it, and that's all they need to let us know in the application form. Additionally, it is the responsibility of the individual or the partners themselves to be able to make this information available not the GP Practice.

The information we need to see should be information they already have available:

- Proof of ID - (eg a passport)
- Previous employment - this could be a CV or a short list. A reference does not have to be from a past employer but must be a professional reference (eg from a colleague)
- Evidence of qualifications - (eg copies of certificates)
- Job Description
- Information about health - this would be in the form of a medical reference (eg a reference from their GP).

We don't expect providers to acquire references retrospectively if there isn't one already on record. However, you should be able to tell us what checks have been previously carried out, and we would consider when the staff member was employed, their role, how

To contact us regarding any of these articles or any other issue:

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[www.salfordandtraffordlmc.org.uk](http://www.salfordandtraffordlmc.org.uk)

they are supervised, managed and trained, and what, if any, ongoing assessment is taking place.

We would also expect appropriate recruitment processes to be in place from when the provider declared compliance with the standard relating to the suitability of staffing, and therefore have available references for new staff that have joined.

#### Next Live Q&A session - provider reference group

The next live Q&A session through our provider reference group's online community will be held on **Thursday 25 October between 12pm and 1pm**. Providers that are not already a member of the provider reference group can take part in the Q&A session by joining [here](#).

General registration queries can continue to be sent to our contact centre by emailing [2012registration@cqc.org.uk](mailto:2012registration@cqc.org.uk).

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## Registering overseas Visitors

The recent Panorama programme showed abuses of the registration of overseas visitors.

The following information recently came from GPC and I hope you find it helpful.

Firstly GPC guidance based on what very limited DH guidance exists (rules are slightly different in the Celtic nations):

*“The contractor **may**, if its list of patients is open, accept an application for inclusion in its list of patients made by or on behalf of any person whether or not resident in its practice area ...”*

*“The contractor shall only refuse an application (as above) if it has reasonable grounds for doing so which do not relate to the applicant’s race, gender, social class, age religion, sexual orientation, appearance, disability or medical condition.”*

Although GPC has issued guidance many times, it is clear that GPs have discretion as to whom they accept onto their lists, as long as their reasons for not doing so are reasonable, non-discriminatory and consistent. Practices need to have a reasonable and justifiable policy as to those overseas visitors whom they are willing to accept and those whom they are not. It is most unfortunate that the Department of Health is unwilling to define those overseas visitors who would qualify for a full range of treatment in primary care in the same way as it has for secondary care. GPs definitely should not be deciding anyone’s entitlement to secondary care - that is for hospitals to do.

The regulations do NOT give us the right to ask for proof of residence

and entitlement and it is not our job to do so. If a patient declines to provide evidence, then refusal to register might breach the regulations. There have to be other reasonable grounds for refusal. If a practice does have a policy of requesting proof of address then again this must be applied in a non-discriminatory way and even then the practice is at risk of being accused of discriminating against the most vulnerable patients who are less likely to be householders and therefore have utility bills, bank statements etc. If a practice has good grounds to think that someone is illegally trying to obtain NHS care or providing false information for any other suspicious reason then that would be a job for NHS Counter Fraud, not practices, to investigate.

The reasonable grounds would be that if the practice believes the patient is not **ordinarily resident** (see below), nor otherwise entitled to NHS Care through EU or reciprocal arrangement, then the practice has discretion not to register such patients, but this discretion must be applied in a non-discriminatory fashion, as detailed in the regulations, to all patients falling into this category.

However, the enabling legislation does not define **ordinarily resident** and, instead, the accepted definition stems from the case law of *Shah v Barnet LBC* in 1982, which the guidance paraphrases as someone:-

*living lawfully in the United Kingdom voluntarily and for settled purposes as part of the regular order of their life for the time being, whether they have an identifiable purpose for their residence here and whether that purpose has a sufficient degree of continuity to be properly described as “settled”.*

Those visitors whose need is not an emergency but who cannot wait for their return home can be registered privately and claim on their insurance. Most patients seem happy to be treated in this way.

Those GPs working in areas where visitors may be less well-off, may decide to treat all visitors under the NHS but must not then discriminate towards well-off nations.

The latest DH statement on this says: Treatment provided by a GP is free of charge, whether registering as a temporary patient (when you are in the area for more than 24 hours and less than three months) or registering as an NHS patient.

There are certain types of service in the NHS that are currently free of charge irrespective of country of normal residence. These are outlined in the National Health Service (Charges to Overseas Visitors) Regulations 2011 as:

Emergency treatment at any Accident & Emergency (A&E) department, walk in centre or elsewhere (but not further emergency treatment (e.g. operations) away from these locations, or subsequent outpatient appointments) Family planning services; Treatment for communicable diseases (see regulations for exact list); Treatment for sexually transmitted infections (including HIV); Diagnosis, counselling and treatment [external link] in relation to HIV; Those detained in hospital under the Mental Health Act 1983 or treatment given for

mental health problems as part of a court probation order.

### **Medical**

GPs are self-employed and have contracts with the local Primary Care Trust (PCT) to provide services for the National Health Service. They have a measure of discretion in accepting applications to join their patient lists.

Anyone can approach a GP practice and apply to register on its list of NHS patients. The practice may choose to accept or decline their application. An application may be refused if the practice has reasonable grounds for doing so, but a practice is not able to refuse an application on the grounds of race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition. The patient can be asked to complete a **GMS1 form** as part of their application to be registered with a practice. Practices are not required to request any proof of identity or of immigration status from patients wishing to register. Some GP practices will however also ask to see proof of identity, such as passport, driving licence, Application Registration Card (ARC), IS96 or a Home Office letter with the patient's name and date of birth, and proof of address, such as a recent utility bill (gas, electricity, water or landline phone bill) or council tax bill. Note that not having these documents should not be a reason to refuse registration. Where a patient applies to register with a general practice and is subsequently turned down the GP must nevertheless provide, free of charge, any immediately necessary treatment that is requested by the applicant for a period of up to 14 days (this can vary according to circumstances). If a GP refuses to register a patient they are obliged under clause 181-184 of the **Standard General Medical Services Contract and Schedule 6 Part 2.17 of The National Health Service (General Medical Services Contracts) Regulations 2004** to notify the applicant, within 14 days of its decision, in writing of the refusal and the reason for it. Where a person has difficulty in registering for National Health Services with a primary medical services contractor they should get in touch with their local PCT (directly or via the local **Patient Advice and Liaison Services**) to discuss what assistance might be available locally. If a person goes to a GP for treatment whilst visiting the UK and is treated as a private patient then any prescription would also be private and would have to be paid for privately. If a GP accepts a person as an NHS patient (either full or temporary) and gives the patient an NHS prescription

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## **Hep B immunisations for medical students**

**Letter sent by Dr Laurence Buckman, Chair of GPC to Professor Weetman of the Medical Schools Council dated 1<sup>st</sup> August 2012.**

### **Hepatitis B immunisations for medical students**

As the beginning of the new academic year approaches, we would like take this opportunity to remind medical schools of their responsibility in ensuring appropriate provision of the hepatitis B vaccine to all enrolled medical students, as well as applicants.

GPs get many requests for hepatitis B immunisation from healthcare students prior to, or on entering, a course. It is our view that it is the legal responsibility of medical schools to ensure this vaccine is available as part of their occupational health duties to students. As our recent guidance *Focus on hepatitis B immunisations* clarifies, this vaccination should also be accompanied by training in both risk reduction and methods of coping with needle stick injuries.

We are concerned that in some instances these educational needs would not be met if the hepatitis B vaccine was administered by individual GPs and not as a systematic immunisation programme. Our guidance on hepatitis B immunisations is available on our website at this link: <http://bma.org.uk/practical-support-at-work/doctors-as-managers/managing-your-practice/focus-hepatitis-immunisations>

Having given the vaccine, whoever does so has to arrange for an antibody assay, deal with non-responders and plan repeat vaccination, as well as educating the future student about needlestick injuries. This is one of the main reasons that provision of this service remains outside of normal GP care.

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## Improve productivity - The power of a thank you.

Life is a mirror and often we get back what we put in.....

General practice is such a stressful place at the moment, so please forgive a gentle reminder to just say "thank-you" more often. The more stressed we get, the more we demand of those around us, the more "thank-you"s are needed. Try it with the people you work with - it may make a huge difference.... (and if all else fails don't forget the odd edible treat!)

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## The Structure of This Template