

Somerset LMC

Newsletter



June 2005

Issue 117

USING REFERRAL FORMS

Is not part of your contract

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You will be well aware of the rash of secondary care referral forms that has broken out across Somerset recently, and which shows every sign of continuing to spread unchecked. Every provider now seems to want to create a proforma to meet their own perceived needs, and almost none has taken the wise step of consulting with the LMC first. The result is a hotchpotch of mostly badly designed and laid out forms that expect information that the GP may not hold and which is anyway frequently irrelevant to the matter in hand.

The LMC view is that GPs are not obliged to use a proforma to make a referral. Both GMA and PMS Regulations require GPs to refer patients as necessary, but make no reference to the method by which this is done, and your GMC requirement (paragraphs 34-36 of "Good Medical Practice") is to provide "all *relevant* information" when making a referral to a specialist. We consider that *irrelevant* information should *not* be supplied as to do so without the patient's specific consent would be in breach of the Data Protection Act. The implied consent to disclosure of information in a referral is limited to material that the patient might reasonably expect to be related to the referral.

This means that GPs may continue to make referrals in any reasonable fashion –arguably they could even be written on the side of a cow, so long as you had an envelope big enough to put the cow in. So long as the referral contains all the necessary information, the receiving provider then has a duty of care to the patient and cannot require the practice to resubmit the referral in a different format unless the service commissioners have specifically agreed this.

However, the LMC recognises that as we move towards electronic referral there is benefit to all parties in laying out referral letters in a standard pattern. This would help everyone, from the practice initiating the referral to the provider receiving it, and also, of course, the Referral Management Centre that is processing and allocating referral correspondence.

Our proposal is therefore that there should be a Somerset referral template, perhaps based on the generic referral document recently produced by the Shepton Mallet Treatment Centre. This would be made up of a series of nested Word documents linked by macros that would take the person generating the referral through some simple decision trees to a series of forms, slightly modified to collect data required for a particular type of referral.

The advantage of this model is that it is technically easy to prepare and will work with any system using Microsoft Office, so clinical software suppliers do not need to write new material. We have started to discuss this proposal with the PCTs and would welcome comments and suggestions from practices.

For the moment rapid access referrals (eg 2 week cancer referrals, chest pain clinic) will be excluded from the plan for logistical reasons, although there would be considerable virtue in integrating these in due course.

WORKING HOURS

What is safe and acceptable?

The welcome change in out of hours arrangements with the new contract has addressed one of the concerns that the LMC had been raising for years. If, for example, airline pilots and lorry drivers had restrictions on the number of hours that it was regarded as safe for them to work, why did the same not apply to doctors? But now we are no longer required to work excessive hours, what is reasonable and safe? The LMC view is that this is a professional judgement that must remain a decision for the individual doctor. GPs who are lucky enough to need little sleep and who thoroughly enjoy their work may be able to provide a first class service over long shifts, but there should be some limits to this. Out of hours work has become more intense, and responsibility for its safety no longer rests with the doctor alone. There is now case law that errors caused by tiredness may constitute criminal negligence. The European Working Time Directive establishes a maximum 48 hour week, and this has become the benchmark definition. It is therefore hard to see that a week of more 60 hours on anything other than a very occasional basis would be reasonable. Also, as we have warned before, you must not timetable a morning surgery immediately after an overnight shift, nor should you turn up to an out of hours shift immediately after a 10 hour day without at least a short break. Times have changed, and doctors are no longer expected, or even allowed, to work in a different way to everyone else.

ALCOHOL USE BY GPs

Is there a problem?

Traditionally doctors have often used alcohol as a relaxant and perhaps inevitably alcohol related problems have been relatively more common in the profession than in the general population. Until recently drinking before working a shift or during a weekend on call was commonplace. Indeed, as late as 1980 some hospital messes still provided a bottle of beer at lunchtime, paid for out of the income from various obscure specific legacies.

The recent BMA admission that alcohol use by doctors needs to be addressed is no great

surprise, but the suggestion that 15% of doctors have a problem is worrying. Out of the 400 or so doctors on the Somerset Medical Performers List, the LMC secretary is aware of a couple who may have had difficulties related to alcohol use. Where are the other 58?

The BMA statement is actually about hospital doctors, but we must assume that the same statistic is likely to apply to us. So what does it mean? The LMC would say that no doctor should drink alcohol before or during a period on duty, and that colleagues who become aware of such conduct should regard it as a serious clinical governance matter that needs to be discussed with the GP concerned so that effective action can be taken. But if the statement is based upon the occasional consumption of more than the recommended number of units, then many of us will fall into this category. Indeed, a pint of shandy at lunchtime and a shared bottle of wine in the evening would be quite enough to achieve it.

The line between alcohol use and abuse can be a fine one and we have a shared responsibility to ensure that colleagues who have problems with alcohol recognise and address these through the Occupational Health Service, their own GP, or support organisations like the Sick Doctors Trust. www.sick-doctors-trust.co.uk

CHOOSE AND BOOK

Positive progress in Somerset

The GPC has raised a large number of issues with the DH including workload implications, the fitness for purpose of the software and the complexity of the referral process. They report that the Department seemed open to working with them to address these problems. There has been some confusion about the allocation of the £95 million for Choose and Book. The DH confirmed to the GPC that the first stage of funding would be paid to PCTs at the end of June 2005 if 30% of GPs within the PCT are registered as potential GP referrers for Choose and Book. This means that for PCTs to receive the funding, GPs will need to have completed the RA01 registration form for National Programme systems. However, GPs

do not need to have completed an electronic referral. The GPC were told that, at present, PCTs are at liberty to decide how they use this funding and they made strong representations that this was unfair, inequitable and needed to be revisited. They also discussed ways of directly resourcing practices that participate in Choose and Book and other Connecting for Health programmes in the future. In the meantime, GPs and practices should be aware that an expression of interest in Choose and Book does not commit them to use it until they are happy that it is in a form that is worth using.

The good news is that Somerset has been given the go ahead and funding to continue work on developing a local booking management service for our PCTs (and West Dorset) that will be co-located with the Referral Management Centre. This could overcome many of the LMC's concerns about CaB. Further information on this is expected in the next week or so. For up to date information, visit the LMC website.

CHILDMINDERS AND OVER THE COUNTER MEDICATIONS

Are definitely not our problem!

We have heard of a couple of examples recently where a childminder or nursery asks the GP either to prescribe or formally sanction the giving of OTC medication to a child that is being looked after. The GPC and BMA are clear that this is NOT a GP responsibility. The helpful OFSTED national guidance for childminders reads:

"You may give children non-prescription medication such as cough preparations, or teething gel but only with the prior written agreement of the parent and only when there is a health reason to do so. For all non-prescription medicines, parents should give written consent that specific medication can be administered to their child when required. Written consent should be obtained from parents at the time you start looking after their child and checked at regular intervals so that you take account of any changes, for example where a child can no longer take a certain type of medication or may need an additional medication."

SICKNESS CERTIFICATES FOR CHILDREN SITTING PUBLIC EXAMS

Thanks to the colleague who spotted this useful posting on a *Doctors.net* discussion forum:

JOINT COUNCIL FOR GENERAL QUALIFICATIONS (JCGQ) REGULATIONS – EVIDENCE IN SUPPORT OF REQUESTS FOR SPECIAL CONSIDERATION

The JCGQ's concern is to ensure that if a candidate misses an examination and special consideration is requested, the reason for the absence is genuine illness, in order to be fair to all candidates.

The JCGQ regulation states that the school "must provide medical or other appropriate evidence in all cases of absence....". Where a candidate is unwell but not ill enough to warrant a visit to the GP, it is acceptable for evidence to be provided by the Head of Centre.

We do not insist on medical evidence under the following circumstances:

- If the candidate attends the examination and the illness is obvious to centre staff.
- If the candidate was sent home from school clearly unwell or was seen to be unwell when last in the school.
- If there is a general outbreak of viral illness within the school community and individual candidates are known to be becoming unwell.
- If the candidate misses a unit which can be re-taken at a later session of examinations.
- If the candidate was prescribed medication and has a label from the bottle or packet bearing the date on which the prescription was given and the name and address of the candidate.

In cases of absence for which the centre can provide no verification, medical notes will still be required under current regulations.

Whilst the LMC is sympathetic towards children whose performance at GCSE and A level is impaired by illness, we remind colleagues that providing certification in these circumstances is not an NHS service.

NEAR PATIENT INR TESTING

New system offers substantial savings on strip based tests

There is much to be said for in-house measurement of INR as the patient can be given the result straight away, and the risk of dosing errors is much reduced. Up to now this has been a relatively expensive option as the test strips for the most often used machine cost about £3.00 each. This has made it not very attractive for practices to offer a level 4 service under the Near Patient Testing National Enhanced Service.

But now Anne Ward, Practice Director at Taunton Road Medical Centre in Bridgwater, has developed a GP system that uses the same liquid based technology as the hospital laboratory, but on a smaller scale. The system has been validated against results from the T&S pathology laboratory showing a remarkably close correlation. The system is quick and easy to use, Quality Assurance is straightforward, and the cost per test is less than 30 pence. The only difficulty is that the blood sample needs to be freshly collected, so unless you have a second machine, you cannot get bedside results on housebound patients.

The package price includes training and support from the Taunton Road team, and in our view this is an exceptionally good and cost effective system. Certainly any practice considering offering a level 4 service should look very carefully at this system, and for doing domiciliary INRs there are likely to be some used Coagucheck machines around to buy. Larger practices offering a level 3 NES may also find it a worthwhile investment, once the costs of staff time spent chasing results and contacting patients have been calculated.

The TRMC INR Machine costs £995.00 (plus VAT) including free hands-on training, and when delivery, disposables and reagents are included the initial package price is £1,644.50 including VAT. Delivery time is about 4 weeks.

Further details, including a personalised quotation detailing projected profitability, accuracy data and demonstration availability can be obtained from:

Tracey Pike, Finance & Performance Manager,
Taunton Road Medical Centre, Bridgwater.

Tel: 01278 720025

Email: tracey.pike@tauntonroadmc.nhs.uk

HEPATITIS B IMMUNISATION FOR OCCUPATIONAL HEALTH PURPOSES

Is the employer's responsibility

Prominent amongst the debris of the GMS2 negotiations lies the mangled remains of the GP contract for immunisation. Due to pressure of time the negotiators did not properly address this area, and we have been left with a series of bits of old regulations and red book contract items that are at best incompatible, and at worst positively unhelpful. Hepatitis B immunisation is a good example of this, with each patient group being covered by a different contract, or, in the case of immunisation because of occupational risk, not covered at all.

If an employee faces any kind of health and safety danger at work, then under health and safety legislation the employer is required to undertake a risk assessment. If this shows a hazard exists, the employee must be offered suitable protection and training if the hazard cannot be eliminated. Such a hazard might include the risk of a health or social care worker contracting hepatitis B from an infected person.

Some employers try to avoid their obligation to do a risk assessment and provide protection by sending their employees to the GP for immunisation. However, this is not a contract requirement for GPs and NHS resources should not be used to save an employer money. The LMC therefore suggests that you give such patients a copy of the appended letter - you will, of course, need to be sensitive to issues of both confidentiality and even potential discrimination by an unscrupulous employer against an employee who returns with the LMC letter.

If you do decide to offer a private immunisation service for a local employer, then you must confirm that proper risk assessment has been done and that all the elements of occupational protection are in place including scheduled workplace monitoring, appropriate staff training, incident notification, and Risk awareness of other hazards (such as COSHH Regulations)

NEW HAZARDOUS WASTE REGULATIONS

Come into force on 16th July 2005 – Practices should ensure they are registered now.

To comply with European legislation, the current Special Waste Regulations are being superseded by new legislation as from next month. These mean that a business that produces waste in any of 14 categories in the "European Hazardous Waste Catalogue", including infectious waste, must be registered with the Environment Agency. Most Prescription Only Medicines will not be classified as hazardous waste, and will now be governed by the Environmental Protection Act (Duty of Care) Regulations 1990.

Medical practices must register under the Regulations, but may be exempt if they produce less than 200kg of hazardous waste per year, rather quaintly defined as the equivalent of "approximately 5 small domestic fridges". However, you need to bear in mind that this weight limit includes a whole range of substances, including

- Those that have a hazard phase, e.g. flammable chemicals.
- Some newly defined categories including electrical waste such as fluorescent tubes & computer monitors. (Although not if the latter are re-used as opposed to re-cycled)
- Infectious waste which is defined as "substances containing viable micro-organisms or their toxins which are known or reliably believed to cause disease in man or other living organisms"
- Substances, including POMs like cytotoxics, that are mutagenic.

The impact on the actual collection of waste from practices is unlikely to be substantial as the current contracts for waste disposal have anticipated these changes, but we do advise that all practices are registered even if you do not, at present, expect to be generating a large amount of waste. The annual registration fee is £18 if done online, £22 by phone or £28 in writing. After 15th July contractors will not remove waste unless they have your registration number or you are exempt. Mendip PCT is registering all their practices through the shared services agreement, and the LMC is in discussion with

the other PCTs about who is responsible for the payment but we advise that you now go ahead and register and do not wait for this to be resolved. Incidentally, at least one waste contractor is offering to register customers for a fee of £49!

To Register on-line you must use a credit or debit card!

log on to www.environment-agency.gov.uk

click on 'Register as a hazardous waste producer' then 'Hazardous waste Application'

More information can be found at:

<http://www.defra.gov.uk/news/2005/050324g.htm>

<http://www.defra.gov.uk/environment/waste/special/pdf/hwr-notifguidance.pdf>

<http://www.environment-agency.gov.uk/business/444217/590750/590821/502174/496498/?lang=e>

Somerset Health Informatics is arranging a scheme to re-use old but serviceable IT equipment using Community Computers that we will explain in the next Newsletter

AN EXAMPLE OF THE NHS AT ITS BEST?

From a GP reader

"As I came out of the greengrocer's I noticed that the traffic had stopped in the street. There were two police cars with flashing lights, so I walked over and saw a St John's ambulance and a WAS Response vehicle.

A man was been given CPR on the roadside with a nurse in full hospital uniform pumping his chest. I went over and introduced myself. "I'm a doctor too," said a lady. It transpired that a man had been found collapsed by a passer by. A passing "professional" St John's ambulance had stopped together with a homeward bound nurse from the hospital and a consultant anaesthetist on her way home from a meeting.

A paramedic ambulance arrived with a defibrillator. And then another. Then a BASICS GP with full kit arrived. There were now 5 paramedics, two St John's ambulance crew, a nurse and three doctors in attendance together with at least 6 police. As the least useful I went and did my shopping, but it was reassuring to think that the patient was given every chance."

Small Ads Small Ads.....

The Frome Medical Practice

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www.fromemedicalpractice.co.uk

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please apply with CV and covering letter to

Deborah Hyde, Frome Medical Practice, Park Road,

Frome, Somerset BA11 1EZ

by Wednesday 29th June 2005.

Taunton Road Medical Centre

Salaried General Practitioner

£70K Circa (pro Rata) full time/part time/job share/flexible career scheme

Are you a forward thinking GP looking for a real challenge working in a progressive proactive and forward thinking practice? With lots of variety this newly created position will provide you with a chance to develop your own skills as well as contributing to the development of the practice.

Our highly skilled Primary Health Care Team offer extended chronic disease management, triage and daily nurse practitioner/specialist nurse led clinics running alongside GP consultations. Our priorities are dedication to the delivery of high quality patient care with a dynamic, forward thinking ethos.

**Interested? Please contact me for an informal chat
Anne Ward, Practice Director 01278-720022/720000
E Mail anne.ward@tauntonroadmc.nhs.uk**

Taunton Road Medical Centre, 12-16 Taunton Road,
Bridgwater, Somerset, TA5 2NZ

DIABETIC RETINOPATHY SCREENING IN SOMERSET

Please note the transitional arrangements for the next few months

Many readers will know that there is a national programme being set up to offer retinal screening for all diabetics, using digital photography. In most of Somerset this will be run by sessionally employed optometrists from a number of locations in each PCT area, although the current arrangements will not change in East Mendip. The county screening register will be populated by an electronic extract from practice diabetic registers, and discussions are underway about both how this can be done and also how appropriate consent can be obtained. The register will link to the PCTs' "Exeter" registration system so that if a patient dies, moves, or changes GP this will be picked up. The programme is due to be running by April 2006.

In the meantime, the old optometric screening programme has been modified. As from April 2005 only accredited optometrists who have access to a slit lamp microscope are able to provide screening, and not all optometric contractors have decided to take part. You may therefore get diabetic patients approaching the practice to say that they have not been able to get their eyes screened. At the time of writing all the contractors on the following list had at least one optometrist accredited, so patients can be directed to any of these. Do note that patients must say that they need diabetic screening when they make an appointment so that they are booked to see an accredited person. This programme will run until the new system is phased in during 2006. We will keep you informed of progress.

It will be a great help in building the database if practices can use either **.68A7** (Diabetic Retinopathy Screening" or **.68A8** (Digital retinal screening) codes when recording that a patient has been seen by an optometrist. Read 4 users will have slightly different codes. Although QMAS picks up a whole range of codes for QOF purposes it will be much easier if the proposed new search can be based on just a couple of alternatives.

If you have any questions about the interim or long term arrangements, please contact the project manager: Joanna.haxby@somcoastpct.nhs.uk

ACCREDITED SOMERSET OPTOMETRISTS

BRIDGWATER			
Boots Opticians Ltd	34-38 Fore Street	Bridgwater	TA6 3NG
Eye Deals Ltd	1 Eastover	Bridgwater	TA6 5AG
Paul White Opticians	50 St Mary Street	Bridgwater	TA6 3LY
Specsavers Opticians	Unit 3 Royal Clarence House	Bridgwater	TA6 3BH
Turners Optometrists	Aspen House, 67 Wembdon Road	Bridgwater	TA6 7DR
BURNHAM-ON-SEA			
A H Meyrick Ltd	31 High Street	Burnham-On-Sea	TA8 1PA
D.J. Bull Optometrists Ltd	41 High Street	Burnham-On-Sea	TA8 1PB
CHARD			
Dollond & Aitchison	18 Fore Street	Chard	TA20 1PP
Earlam & Christopher	60 Holyrood Street	Chard	TA20 2AL
CHEDDAR			
Geoffery W Hendra Optometrists	Greystone House, Union St	Cheddar	BS27 3NA
CREWKERNE			
Bateman Opticians	23 South Street	Crewkerne	TA18 8DA
David and Sandra Millican Opticians	4 Market Street	Crewkerne	TA18 7JY
GLASTONBURY			
Eye-tech Opticians	High Street	Glastonbury	BA6 9DZ
Robert Frith Optometrists	74 High Street	Glastonbury	BA6 9DZ
ILMINSTER			
Earlam & Christopher	Cornhill, Market Square	Ilminster	TA19 0AH
MARTOCK			
Martock Opticians	13 Church Street	Martock	TA12 6JL
MINEHEAD			
B R James	5 The Parks	Minehead	TA24 5NF
Cranmers Optometrists	12 Park Street	Minehead	TA24 5NQ
SHEPTON MALLET			
Dollond & Aitchison	3c Town Street	Shepton Mallet	BA4 5BD
The Young Clinic	46 High Street	Shepton Mallet	BA4 5AS
SOMERTON			
David Kneebone Opticians	Broad Street	Somerton	TA11 7NF
STREET			
Dollond & Aitchison	High Street	Street	BA16 0EX
Eye-tech Opticians	100 High Street	Street	BA16 0EW
TAUNTON			
Boots Opticians	64-65 High Street	Taunton	TA1 3PT
Dollond & Aitchison	5 North Street	Taunton	TA1 1LH
Earlam & Christopher	51 Bridge Street	Taunton	TA1 1TW
Specsavers Opticians	16 East Street	Taunton	TA1 3LP
Vision Express	4-5 Cheapside	Taunton	TA1 3LG
Watson & Smith Opticians	17 Fore Street	Taunton	TA1 1HX
WATCHET			
Max Davison Optometry	55B Swain Street	Watchet	TA23 0AG
WELLINGTON			
Watson & Smith Opticians	High Street	Wellington	TA21 8RA
WELLS			
David and Sandra Millican Opticians	75 High Street	Wells	BA5 2AQ
R A Mansfield	65 High Street	Wells	BA5 2AG
WINCANTON			
Sarah Gibson Optometrist	Commerce House, Market Place	Wincanton	BA9 9LP
YEOVIL			
Boots Opticians	51 Middle Street	Yeovil	BA20 1LG
John & Hart Partners	28 Princes Street	Yeovil	BA20 1EQ
Robert Frith Optometrists	The Quedam Centre	Yeovil	BA20 1EU
Specsavers Opticians	50-52 Middle Street	Yeovil	BA20 1LX

JENNIFER'S JOURNAL

Jennifer was fortunate to be able to interview a Health Minister on the new Independent Sector Treatment Centre that has sprung up down the road -

J: Thank you for your time. Could we start by asking why you want this hospital?

M: Well, your local hospital is struggling under the demand. It has insufficient resources to cope. It is desperate for investment. Morale is low. The pressure from trying to meet targets is growing. The threat for a reduction of funding is very real. The culture is one of blame and clinical decisions are being skewed by fear of 'breaching'. And they've never been managed very well, hopeless at team work, consultants and managers argue, patients get MRSA, you can't park anywhere..... So we thought 'let us start afresh'.

J: And you have money for this?

M: Oh Yes - £8Million to start with, and forced the PCTs to find the rest. Found an excellent American company - terribly good at prefabricated buildings and clearly defining contracts. We know exactly what they will and won't treat; certainly won't be wasting resources on the no-hoppers! And all MRSA-free, of course.

J: Our NHS is already understaffed and locally our nursing homes are all dependent on nurses from the developing world. How on earth can you recruit really good staff?

M: No problem at all. We won't take any present NHS employees - not that we want them, since they're all pretty burnt out anyway. No, the Americans have assured us that they can recruit top quality, English speaking doctors, surgeons, anaesthetists and nurses from Eastern Europe.

J: I understand that you will provide accommodation on site. What makes you think they will relish living in a little flat in rural Somerset?

M: Oh, it is practically third world where they come from. They'll think it's the Ritz!

J: But shouldn't they be working in their own country?

M: Well after 5 years, when the contract ends, they can all go home again. And after all the practice and experience that they will have gained here, they will return home much more skilled than when they came. We're offering free training, so to speak.

J: You have the staff and the building sorted, so how are you going to persuade the patients to go there?

M: We have a special programme of propaganda and, of course, the local unsupported hospital will become so terrible that no-one will want to use it and the patients will have to use our new one. If need be we will pay GPs for each referral- they will do anything for money.

J: This doesn't say much for patient choice Minister. Have you thought about all the community support structure? Did you know that the local hospital has a league of friends, local people raise money for scanners, extra treatments etc. there is a tradition of charities supporting their local hospital. Have you thought how these people will feel when you desert them?

M: No, they're not part of the programme.

J: And have you thought about what it will be like in 5 yrs. time when the contract ends and the Americans and Croatians leave? Our own hospital will be beyond repair.

M: As I have said this is a five year programme designed to meet the urgent need to improve waiting list figures. It is not designed to improve long-term care or the local hospital. And, anyway, 5 yrs. from now we will probably have a new government - it will be their problem.



Jennifer Thank you Minister.

NATIONAL CONFERENCE FOR GPs TO BE: GENERAL PRACTICE: YOUR CHOICE? YOUR FUTURE?

Still not too late for GP registrars to book a place at their annual conference

Thursday 7 - Friday 8 July 2005 Thistle Bristol Hotel, Broad Street, Bristol

Booking forms are now available from the BMA's Conference Unit. Full

details of the conference and an on-line booking facility can be found at: www.bma.org.uk/gpstobe05

Somerset Local Medical Committee

C/o Taunton Deane PCT
Wellsprings Road
Taunton TA2 7PQ
Tel No (01823) 344314
Fax No (01823) 344390
E-mail lmcoffice@somerset.nhs.uk
Or: jill.hellens@somerset.nhs.uk
Website <http://www.somersetlmc.co.uk>



(Employers Address)

(Practice Address)

Dear Employer.

Re:

Your employee has contacted their GP surgery requesting Hepatitis B immunisation because of a possible risk of infection at work.

You will be aware that under Health and Safety legislation you are required to carry out a risk assessment, and if this shows that an employee faces a significant hazard that cannot be avoided you must provide appropriate protection and training, including, where appropriate, Hepatitis B immunisation.

The NHS is not required to provide this for you, and you need to make arrangements with an Occupational Health Provider for it to be done. Some GP practices offer this service, but for contract reasons cannot give patients registered with the practice private Hepatitis B immunisations for employment purposes.

Please note that the GP surgery does not have full information about the risks that your employee is exposed to at work and cannot advise him or her whether a hepatitis B immunisation is required.

However, if the risk *appears* to be very high we have advised GPs to provide immunisation as an immediate measure to protect the individual's health, and also to inform the LMC of the case. The LMC will then notify the Health and Safety Executive of an apparent breach of the law.

Under these circumstances the employee may also be advised to contact their union and may have to absent themselves from work until the risk assessment is completed. He or she may also choose to contact the HSE directly.

If you do arrange Hepatitis B immunisation for your employee, we would be grateful if his or her GP practice could be notified of this so the information can be included in the NHS medical records.

Chairman: Dr Berge Balian

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