

## **Annex C**

### **Response from the Director of YOR Local Medical Council Limited**

Having read through your paper, I can see where your concern lies, though I think almost every GP in York would take offence at the suggestion that family doctors no longer exist - most GPs of my age (40's) went into primary care as a positive choice to be family Doctors, and care deeply about the relationship between their Practices and the local communities.

The system we have is essentially a "shared care record system" between primary care and secondary care, it involves software called EMISWEB, building a local intranet between GP surgery systems and the Hospital - York and Selby are unique in having this system and ideally it should be a national example of excellence, but sadly it uses systems that are unpopular with the Strategic Health Authority (SHA), and hence gets little publicity from the Primary Care Trust (PCT).

Technically, GPs already have access to the hospital IT notes - and now consultants have access to summary pages of the GP records, although this does require patient/carer consent, so communication at ward level is still key. What it means is a Consultant any time of night or day can access the current drugs and recent entries for GP records and get a better picture of what has gone on, and also access demographic data including contact details.

This system mirrors the intended aims of the National NHS IT system but is about 2-3 yrs ahead of national developments, it is at threat as the SHA wants all practices to drop the EMIS system and change to an alternative software supplier - Systemone, which does not have this functionality. GPs at present are resisting this despite intense pressure from both the SHA and PCT as we feel for York it would be a backward step.

Every GP has a database of patients with a diagnosis of dementia and every GP should be carrying out an annual review of carer contact details - it is part of the quality and outcomes framework introduced with the GP contract in 2003-4, and one of the 157 new targets introduced for GPs at that time. The template for that is clearly defined and we are audited on achievement - a small payment (£125 annually per average practice of 5800 patients) is made to maintain this database. I have attached 2 "screenshots" of our template as used locally, which as you can see records whether or not there is a carer (not always the case) and contact details - also recording the relationship of the carer as well.