

NORFOLK LOCAL MEDICAL COMMITTEE

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April 2005 Flyer

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Attached to this flyer are:

- ▶ **ENHANCED SERVICES** - a letter from Dr Simon Lockett, Medical Secretary, setting out the responses received, and concerns raised, by practices in your PCT to the commissioning, or lack thereof, of enhanced services
- ▶ **PRACTICE BASED COMMISSIONING** - a paper reflecting an understanding of the present guidance from the DoH and an interpretation of the intentions behind the latest initiative

NORFOLK LMC - Introductory Packs

Following the introduction of GMS2 and the advent of practice based contracts (in line with PMS) the LMC office has revised, quite radically, its introductory pack for doctors joining both GMS and PMS partnerships. This has been sent out to all those GPs who our records indicate have joined partnerships in the last 12 months. We apologise if you should have received a pack and have not - let the office know.

The NHS (Pharmaceutical Regulations) 2005

Paragraph 67 of these regulations imposes a duty on dispensing doctors/premises to be approved; if you have not yet received a letter from David Thorne (Eastern Support Services) about this then you soon will.

Fortunately there is a "grandfather clause" ("transition provision") which we believe means all current premises will be approved.

At present we are not certain what the implications will be for any practices which, from now on, successfully applies to dispense or who moves their (dispensing) premises. No doubt the information lurks somewhere in the 138 pages of the regulations (without an index!) - perhaps the management partner of said fortunate practice will let us know when he or she finds out?

In the meantime these new regulations do allow the LMC to make representations on behalf of dispensing doctors - so if you run into difficulties please do not hesitate to get in touch with the LMC office.

Dispensing Update

NHS Employers, the branch of the NHS Confederation charged with managing workforce issues in the NHS, has been given a mandate from the Government to review the current situation with regard to dispensing doctors, now that the new Pharmacy contract has been accepted and implemented.

In response to this mandate the GPC negotiators, plus Dr Russell Walshaw (Chair of the Rural Practice Subcommittee) and Dr Malcolm Ward (Chairman of the Dispensing

Doctors Association) have held an initial internal scoping meeting to look at the various options available. The actual negotiations will take place via a plenary sub-group on which both these doctors will sit.

Advance Notice
(a date for your diary)

"Partnerships in General Practice"

The LMC is organising an event at Park Farm Hotel, Hethersett on the evening of Thursday 7th July 2005.

There will be presentations by Lovewell Blake, accountants and Lloyd's TSB. Dr Peter Holden GPC Negotiator has also agreed to attend.

Full details, including an application form, will be circulated with the May flyer but in the meantime you may like to put this date in your diary.

Declaration of Health - BP11 V3

This very official four page (small print) form, entitled "Health Assessment for Temporary Staffing, Compliant with NHS Regional Frameworks" is being presented to GPs for completion and signature. Despite the semi official wording this has, in fact, been prepared by the Nestor Healthcare Group PLC which has an office in Norwich.

This is another example of the NHS being used by a private organisation as an occupational health provider.

As usual the successful completion of this form is required before the company will enrol the patient on to their pay role.

We have written to Nestor explaining that GPs are under no obligation to complete this form and that this must be explained to their prospective employees. Better still that they should meet any fee that may be charged, or even better that they employ an occupational

health organisation to carry out these checks on prospective employees.

IT

Microsoft Products:

GP Practices are covered by the national licence and are therefore entitled to free access to Microsoft products - Word, Access, Excel, Outlook, Powerpoint and FrontPage. Practices should contact their PCT if they wish to take up this offer. If you encounter any problems contact Rachel Merrett at the BMA on rmerrett@bma.org.uk

NPfIT and System Choice:

The DoH announced on 23rd March 2005 that all GP practices in England will have a choice between all the accredited practice systems offered by any of the four local service providers (LSPs - locally Accenture) within the NHS National Programme for IT. So far this means a choice between accredited primary care systems from iSOFT (previously Torex), In Practice Systems, The Phoenix Partnership and EMIS. It remains to be seen if any of the other (mainly smaller) suppliers will reach agreements with LSPs. If you are with one of the "smaller" suppliers it might be worth asking them if they are in negotiations with any of the other LSPs elsewhere in the country.

Service Level Agreement:

This is the document which will ensure that the transfer of ownership of IT systems and equipment from the practices to the PCTs takes place in accordance with nationally approved guidelines, whilst service levels are maintained or improved. We understand from the GPC that the final version of the service level agreement has been received, and that final stages of negotiations are taking place.

Conference on doctors and IT:

The BMA is co-hosting a conference with Connecting for Health (nee NPfIT), to discuss healthcare issues and information technology.

It will be held on Tuesday 24th May and costs £75 for members of the BMA and £100 for non-members. For further information please contact

Caroline Eason on 0207 383 6605 for more details, email confuit@bma.org.uk or book on site at www.bma.org.uk/digital

Salaried GPs and Practice Letterheads

Under The Business Names Act 1985 a business is required to include all the names of its partners on its letterhead if they are not included in the "business name". All those partners carry joint liability in relation to their business.

Practices are able to include the names of other members of staff (eg salaried GPs) on the letterhead. However, it is important that they put a qualifier by their name (eg salaried GP, staff GP) so as to distinguish them clearly from the partners. Failure to do so could leave these doctors/staff members open to carrying joint liability with the partners.

Medical Reports for Gyms etc

As a result of the NHS campaign to encourage the general public to take more exercise GPs are being asked to provide medical reports to certify a patient's fitness to exercise.

In most cases the statement from a GP is required for the liability insurance cover of the health club or gym. It is the BMA view that unless there is a direct clinical referral of the patient to the gym/health club as part of a patient's rehabilitation programme, then a charge is reasonable, as it can often involve screening the full patient record.

The BMA is able to suggest fees for this work, which can only be done by the patient's own GP or other attending doctor. The current fee is £11.50 for a straightforward certificate of fact and £19.50 - £41.50 for more complex certs. Revised fees are due to be announced shortly.

Acting as Consultants' Secretaries

A constituent has reported that when investigations being carried out by the surgeons revealed a need for still further investigations the consultant asked the GP to contact the patient to advise him that he would be receiving an appointment for further investigations. In some circumstances this would clearly be appropriate, for example if a wholly unexpected but highly suspicious finding had turned up when it might be appropriate for the family doctor to advise the patient, but in this case it simply appeared that a routine piece of interdepartmental administration was being passed on to the GP. As ever with these sort of issues it is very hard to know whether they are regular abuses of general practice or a one off tired consultant whose secretary has gone off sick. Please let us know if it is a scenario that you recognise as being common and if so we will certainly take it up with the powers that be.

Care Homes and "Homely" Remedies

We are receiving reports that the Commission for Social Care (the organisation that now

oversees all Care Homes - for both nursing and residential patients) is advising these institutions that they must not administer any medication (for example calamine, paracetamol etc) without the permission of the patient's doctor! We have asked for a meeting with the CSC!

Jury Duty

Historically doctors have been exempt from jury service. This changed when the Criminal Justice Act was amended from 2nd April this year.

Given that the first ten days of jury service are reimbursed at a rate of up to £52.63 per day to cover loss of earnings (rising to up to £105.28 thereafter) the loss to a practice could be considerable.

This might be worth putting on the agenda of your next partnership meeting.

Medical Certificates

The GPC recently debated and supported the following policy statement from the BMA's Occupational Health Committee:

"The present system requiring a doctor to certify absence beyond the first seven days is a problem for all concerned and serves no one well as shown by a wealth of evidence. The BMA proposes that the government moves to a system of full self certification with arrangements for random audit as with the present tax system".

The GPC will be working with the BMA's Occupational Health Committee, in conjunction with other crafts, to discuss this issue with the Department for Work and Pensions after the general election. This will be undertaken in the context of the DWP's ongoing pilot projects using nurses and other health professionals to certify sickness.

This is in addition to the pilot scheme for alternatives to certification in general practice being run by the *Working in partnership in primary care programme*, as part of the demand management initiatives established following commitments given in the new GMS Contract.

Anglian Medical Care & Superannuation

The LMC met with AMC and amongst other issues raised the matter of the employer's contribution towards pensioning OOH earnings. The following was received from AMC:

- 1 *"Everyone who has worked for Anglian Medical Care and was paid in April should by now have received a letter from Anna Bennett, Director of Finance, EAAT, plus three copies of the GP SOLO form. This letter also appears on the AMC website.*
- 2 *2004/5: Every Norfolk GP who has worked for AMC during the period to 31.03.05. will receive, by mid-May, a statement of their total earnings up until that date, together with a calculation of their superannuation contribution. A cheque for this amount, made payable to Eastern*

Support Services (the agency acting on behalf of all Norfolk PCTs in this connection), together with a completed SOLO form, should then be returned to Anglian Medical Care who will, in turn, forward these to Eastern Support Services.

- 3 *2005/6. The letter referred to in 1 above describes the process from "April 2005 onwards". The new pensions advice states that all OOH payments are "fringe earnings" which are pensionable. The Trust is therefore required to deduct 6% unless they are advised that the doctor is not a member of the NHS Pension Scheme. Anglian Medical Care will send a letter to all registered OOH practitioners to determine their status. In the absence of a response the Trust will be obliged to deduct 6% before making payment to the doctor. For those doctors who have elected to pool their earnings we will continue to pay invoiced earnings to their practice."*

New Publications

The following publications are available from the LMC office and will shortly be on the website:

"Removal of Patients from GP Lists"

An updated version of the GPC's guidance first issued in June 1999 which reflects the changes to the registration process following the introduction of the new GP contracts.

"GPC Guidance Notes Relating to Pensions"

This guidance has been emailed to your Practice Managers. It comprises three GPC guidance notes relating to pensions. The first, *"Focus on assessment of GP Pensionable Earnings"* is meant to help GPs understand the new certification arrangements for declaring GPs' pensionable earnings for the purpose of assessing pension contributions.

The second is an information note to help GPs to understand non-GP partners' pension contributions and the issue of tax relief.

The third is an updated version of the GPC guidance note, "Focus on the Dynamising Factor".

"FAQ on The Freedom of Information Act"

This guidance has also been emailed to your practice managers. It addresses many of the issues frequently raised by practices, for example the difference between Data Protection and Freedom of Information, the release of QOF data and the disclosure of income etc.

"Payment of final PGEA payments under the 1990 GMS Contract"

This guidance looks at the recent County Court judgement which found in favour of a GP claiming payment due in 2004/05 in arrears for PGEA undertaken in 1003/04 and how this judgement may, or may not, be relevant to other practitioners.