

NORFOLK LOCAL MEDICAL COMMITTEE

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August 2005 Flyer

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JURY SERVICE

In the April flyer we drew attention to the fact that GPs are no longer exempt from jury service; at the same time we wrote to Norwich Crown Court seeking clarification.

We are now advised that GPs may be looked upon favourably and excused from trials that are anticipated to take no more than two weeks (although there is no guarantee). However judges were unlikely to release GPs from jury service if the anticipated period was less than fourteen days. (We gather that judges are also no longer exempt from jury service!)

We are still pressing the PCTs to include Jury Service in the Norfolk "Locum Doctor Policy" but in the meantime you may wish to investigate the possibility of insuring against this risk. If any practice does go down that route the LMC office would be very interested to know how they get on.

Adverse Comments from Professional Colleagues

The LMC has received a letter from a constituent reporting incidents where consultants and junior doctors have made adverse comments about GP case management - with the expected consequences to the patient/GP relationship.

We have had experience of this happening at all the local hospitals over many years; usually, and sadly, via complaints that I have helped Norfolk doctors with. We think it is likely to be a problem that it is impossible to eliminate completely. Sometimes it is juniors who don't know any better saying things without thinking, but sometimes it is more senior staff who ought to know better, perhaps tired or having a bad day; clearly neither appreciate how difficult they can make life for the GP.

It may be that our correspondent has been unlucky or it may be that the number of incidents is increasing. If it is still pretty unusual for this to happen the LMC is inclined to try a gentle (educational) approach, but if incidents are becoming much more common then something more vigorous needs to be done - like writing formally to colleagues, possibly using the BMA's good offices. So please let the LMC office know if you feel such incidents are increasing in frequency and who the main culprits are. SRL, August 2005.

GPC Guidance on Pensionable Earnings for GPs' Accountants

This guidance has been sent to your Practice Manager and is posted on the LMC website. If

you have not done so already, it might be a good idea to forward this on to your accountants.

CAFCASS

In the June flyer we reported that the office was trying to obtain clarification around reports that the Children and Family Court Advisory & Support Service (formerly the Family Court Welfare Service) was declining to pay GPs for reports. The BMA's Professional Fees Committee has now forwarded the following guidance issued by CAFCASS:

"The position of the Service on payment for medical reports is as reported in the Probation Information Bulletin of 13 December 1995, namely that: *"Payment for medical reports in private law cases must be made by the requiring party unless the party is legally aided and the legal aid certificate covers such a report. Where the Court Welfare Officer forms the opinion that a medical report is appropriate, leave of the court should always be sought before such a report is commissioned. In these circumstances the Welfare Officer should ensure that a direction is obtained as to which party is responsible for payment either personally or through the legal aid certificate"*. (Source: letter (20.03.00) N Patel, Civil and Family Business Branch, The Court Service)"

GP2GP Transfer - Attached documents

The testing of GP2GP transfer has identified an issue which GPs can assist with *prior* to the system being implemented. Whilst the "core" record in most GP systems is very compact, attachments are generally much bigger by comparison. As more and more practices are utilising document management systems, the number of attachments is growing. Attached records will be transferred with GP2GP but they have the potential to swamp the system. For example just one practice sampled had 89,000

attached documents. Practices need to ensure that attached documents are as compact as possible.

In particular, Microsoft Word processed documents have the potential to be very large,

especially if they incorporate images in the header or background. Some embedded images can make the file size 100 times bigger than the text-only version and the implications are self-evident.

Practices are encouraged to consider *removing any embedded images* in any word processor generated letters they attach as their *core* clinical records. If at all possible, attached word processed documents should be *text-only*. This would *not* apply to word processed documents that were *not* attached or appended to the *clinical system records*.

PMS CONTRACTS - LOCKHARTS

Norfolk LMC has, under license, obtained a copy of the "Lockhart Solicitors New Model Agreement for Permanent PMS". The terms of this license allows the LMC office to share the document and accompanying guidance with practices, subject to certain legal restrictions. If any PMS practice would like a sight of this document please contact Susan Payne on 01953 608060

Guidance

The following documents have been posted on the LMC website:

- ▶ The GPC's "Focus on Community Hospital GPs"
- ▶ The NHS Clinical Governance Support Team's "Guidance on the Role and Effective Use of Chaperones in Primary and Community Care Settings"

Royal Pharmaceutical Society Registration of Pharmacy Technicians

We imagine all dispensing practices are aware of the changes taking place but just in case they are not the following is guidance prepared for the North Norfolk Pharmacy Advisor and which she has kindly shared with the LMC office:

- ▶ No requirement for dispensers to register with RPSGB
- ▶ But from January 2007 to have the title "pharmacy technician" must register with RPSGB and have NVQ Level 3 in pharmacy services
- ▶ Voluntary registration began January 2005

▶ All technicians applying to register must provide evidence of acceptable qualification & relevant work experience undertaking the roles & responsibilities of a pharmacy technician countersigned by a pharmacist

▶ 2 routes for registration under the transitional (grandparenting) arrangements: Route (A), straightforward, doesn't require screening but requires: work experience (not <14 hrs per week for 4 out of last 8 years or not <28 hrs per week for 2 out of the last 4 years) under the supervision, direction/guidance of pharmacist.

Route (B) requires screening and more expensive.

▶ Pharmacy technicians with a recognised qualification working for GPs (including dispensing GPs) and not under supervision, direction or guidance of pharmacist:

- are eligible for registration, but require a pharmacist with professional relationship with GP practice to countersign the application. BUT must submit under route (B)

- HOWEVER, if the dispensers have recently moved from pharmacy they may be able to register via Rout (A).

A list of the qualifications that will entitle registration under the "grandparenting" criteria is available from the LMC office.

However, the following qualifications developed for dispensing doctors assistants are not recognised by the RPSGB as acceptable qualifications to register:

Edexcel BTEC intermediate Certificate for Doctors Dispensers, People's College, Notts
Edexcel Foundation (Science) BTEC Continuing Education Certificate, People's College
Edexcel BTEC Dispensing Doctors Assistant Professional Development Award.

Grandparenting arrangements will remain in place for two years after the start of statutory registration.

PHLEBOTOMY

The Enhanced Services Subgroup of the GPC has issued the following statement:

"By definition, the provision of a phlebotomy service is neither an essential nor additional service and it is the view of the Enhanced Services Subgroup that the duty of a GP ends at organising for the test to be carried out and later dealing with the result. (Essential and additional services are set out in part 5, paragraph 15 and Schedule 2, paragraphs 1-8, respectively, of the NHS GMS Contracts Regulations 2004). It follows therefore that phlebotomy is not covered by the global sum (or MPIG*) and so practices should not be expected to undertake this work without adequate, additional funding. The source of this funding may be via a Trust-funded service, provided within practices, or as part of a local enhanced service (LES) agreement. (Where it can be clearly demonstrated that a PCT has provided recurrent, ring-fenced monies specifically for in-house phlebotomy provision in the past, and this was both agreed by the LMC and continues to be paid and uplifted in addition to the global

sum/MPIG payments, it may not be reasonable to negotiate a LES as this could be considered a double payment. However this will only apply to a small minority of practices).

The Subgroup acknowledges that arrangements do vary across the UK, including within PCO areas. We are also aware that some LMCs do not consider entering negotiations with PCOs on a local enhanced service for phlebotomy to be a high priority, given long-established routes of access to or alternative provision of this service locally.

The GPC remains committed to working towards securing funding for all work that currently is not funded via the global sum/MPIG or enhanced services. The GMS contract enables practices to withdraw such services (giving a reasonable period of notice) and it is then the obligation of the PCO to commission alternative provision accordingly. However, the GPC also recognises that many practices still continue to undertake unfunded work out of good will.

An increasing number of LMCs and PCOs have agreed LES specifications for phlebotomy, which sets a benchmark for others to follow. It would be reasonable to use these agreements to facilitate local negotiation, bearing in mind that any discussions should take into account the specific, local and historical circumstances that apply. (*it should be noted that, in terms of their contractual obligations under GMS, there is no difference between a practice funded via the global sum and one funded via the MPIG)".
26th July 2005

In the light of this statement the Norfolk LMC office would like to know if you are either fully funded to provide phlebotomy, or your patients get phlebotomy from some other provider at no cost to you, or a combination of both. It is important that we hear from practices in all PCTs. A comment on whether you would be willing to give notice to your PCO that you will cease to provide the service without proper funding would also be very helpful.

Wanted

A GP to join the Dr Beryl Duncan as an LMC representative on the Norfolk Subfertility Plenary Group. Anyone who is interested please contact the LMC office. Attendance and travelling is remunerated.

Self Employed Locums & Smart Cards NHS Connecting for Health

The National Programme for IT (NHS Connecting for Health) is implementing new systems, including GP clinical systems and Choose & Book. All system users will need to be registered and issued with smart cards in order to gain access. The arrangements for issuing these are in place for GP principals, practice staff and employed doctors but there are concerns around ensuring that all self-employed locums are registered.

Eastern Support Services at St Andrew's has been tasked with trying to identify these locum doctors to arrange for their registration. ESS have asked practices to notify them of locums

they regularly employ but, to be absolutely sure, if you work as a self-employed locum and do not have a smart card, please let Mr John Eastman at ESS know on John.Eastman@norfolk.nhs.uk

Advertisement

Salaried GP required North Norfolk Coast

Due to additional commitments and increasing practice population, Sheringham Medical Practice wishes to employ a salaried, part-time assistant (term time only considered).

We enjoy the benefits of working in a beautiful area with excellent schools and housing but only 30 minutes from the City of Norwich.

We practice from brand new LIFT premises with all the usual attached staff forming a well motivated team. We are a young, friendly, innovative partnership, PMS practice with high QOF achievements, dispensing and a local community hospital. Practice profile available on request.

Please reply to Pauline Craske or Louise Hughes, Office Managers, at Sheringham Health Centre, Cromer Road, Sheringham, Norfolk, NR26 8RT. Phone 01263 822066.

Low Cost Microsoft Products for NHS

Just a reminder that GP practices in England are covered by the Microsoft Enterprise Agreement. This means they are entitled to low cost Microsoft Office products including Word, Access, Excel, Outlook, PowerPoint and FrontPage.

To take advantage of this offer you should contact your PCT and ask them to email their Microsoft contact, requesting the products you require. We understand requests will not be accepted from individual GP practices.

The Prince of Wales's Foundation for Integrated Health

We have been sent a flyer inviting GPs to become Associates of The Prince of Wales's Foundation for Integrated Health. To quote from the flyer, the foundation is "looking for enthusiastic, forward looking GPs with an interest in integrated (orthodox and complementary) medicine who would like to develop and integrated approach in their practice or local area". If you are interested a pdf version of the flyer/application form is available from clare@fihealth.org.uk

CRB Checks for all NHS staff

Back in 2004 John Hutton announced the government's intention to introduce CRB checks for all NHS staff. This would include receptionists, cleaners etc as well as staff who have direct contact with patients. It is **not** a legal requirement for all NHS recruits to undergo CRB checks at present. If there are steps to introduce such legislation the

financial implications to practices will be raised
by the GPC.