

NORFOLK LOCAL MEDICAL COMMITTEE

Wymondham Medical Centre
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December 2004

Happy Christmas

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and a Peaceful and Prosperous New Year

LMC Suggested Fees for Meeting Attendance

For some years now most, if not all, Norfolk NHA organisations have adopted the LMC's suggested fees (originally agreed with the NHA and updated by the DDRB annually).

A recent ruling by The Office of Fair Trading explicitly forbade organisations such as the BMA and LMCs from recommending locum fees for clinical work (you may have noticed that Medeconomics no longer includes an item either). Norfolk LMC sought guidance with regard to its suggested fee list for GPs attending committees, etc.

In the opinion of the BMA's solicitors, the OFT would be likely to hold these to be unagreed fee recommendations which would contravene the ruling, and therefore the LMC had to stop publishing them immediately. The OFT can impose very heavy fines on transgressors.

Therefore we have no option but to write to all GPs, via this newsletter, advising that if you do work for a PCT or any other organisation it will be up to you to negotiate an acceptable reimbursement direct with that organisation; please make no further reference to any suggested fees published by the LMC. The office has written formally to all PCTs advising them of the situation.

The Freedom of Information Act and Practice Minutes

We have recently received the following advice from Dr J Grenville, GPC Lead on the FOIA:

"When you set the agenda for the practice meeting you should decide what items will be exempted from disclosure under FoIA (because their disclosure would cause the practice or a third party commercial harm - not embarrassment - or because they contain personally identifiable data that cannot be removed and are, therefore, exempted under DPA or because the public harm that would be done by publishing them is greater than the presumed public good of publishing them), and place them in a separate part of the agenda. When the minutes are written they need to be reviewed to ensure that each item is recorded in the appropriate section of the minutes. Then when you are asked for a copy of the minutes of that meeting you only disclose the "open" minutes, but you have to tell the applicant that there are some undisclosed items that fall under the above exemptions. This saves having to go through the entire minutes on receipt of each request, deleting those items that are exempt. In other words, this is a way of managing your information, not a way of avoiding your responsibilities under the FoIA."

Urgent X-ray item

The LMC is unhappy with comments, allegedly from A&E Departments, which imply that A&Es are working harder due to (worsening) GP access and/or the new GP contract and/or the out of hours service. The statistics may or may not end up supporting this contention (the LMC suspects that they will not) but that does not mean to say that casualty departments are not having problems. No doubt, like the rest of us, they are struggling with inadequate human resources, the increased pace of medical advance and a seemingly exponential increase in patient expectation. So, anything we GPs can do to help would be a good idea.

The LMC continues to receive reports that patients needing urgent x-rays are finding their way to A&E Departments with the x-ray request card, rather than with a letter seeking help with diagnosis and treatment. If patients really only need an urgent x-ray, please speak directly to the on-call radiologist and organise an urgent appointment. If this does not work, or proves to be time-consuming for the busy GP, tell us and we can look into improving that process.



Peter Harvey's Final Thoughts!

Attached to this flyer are Peter's farewell thoughts upon his retirement as LMC Secretary. As they say in the broadsheets - a jolly good read!

10 years ago

I have been looking at the LMC Newsletters I wrote in 1994. One sad thought - I wonder where my sense of humour has gone. There are some timeless issues like articles on: GP/Hospital Prescribing Interface, Dental Queries, the nonsense of attempting to analyse individual (and even practice level) Referral Data, Sick Doctors' Support Schemes and Re-accreditation. (I see I put in a hyphen then and I am still not sure if it is a real word - or a real concept come to that). Some were very much of their time: Tamoxifen (reduction in dose), the arcane world of the Medical Practices Committee and a request for views on whether the LMC should be pressing for the return of BCG immunisation!

Of particular note was an article on GP morale by Anthony Lister - pointing out that there was a recruitment crisis (then mainly) in GP

vocational training schemes, but that all sorts of



changes in how GPs work should be possible which would increase our pleasure in our work. This, in turn, should result in us not talking down our wonderful job so much.

It has taken ten years, but maybe the new contact will lead to the improvements Anthony wrote about. I hope so. Simon Lockett, December 2004.

Flu & The Health Protection Agency

Just to confirm that practices are not contractually obliged to supply the Health Protection Agency with data relating to flu and pneumococcal immunisations.

LMC Performer/Locum Constituency (NPs)

The LMC was pleased to co-opt Dr Rob Colebrook to represent this constituency for the remainder of the current LMC's life. Dr Colebrook succeeded Dr Kathryn Green.

Practice Based Commissioning

GPs and practices will have differing degrees of enthusiasm for this new change which is imminent. As ever, there is a lack of hard information - although it may be the case, on this occasion, that this is deliberate - either to allow local arrangements to develop or because no-one has a clue how it will work. As ever, it may well be the case that those who do it early, rather than have it done to them later, will do alright for themselves. If you are planning to rush in, you should be very careful to check that your "budget" is realistic and, in particular, that you are not being saddled with any of the system debt before you start. And, if you do not know what that sentence means, or how you might find out, perhaps you should be extra careful before signing on. And, if the PCT offers to do all the work, you might want to think about that too.

QOF Points & IT issues

Thanks very much to practices who have responded to the requests in the last flyer. There are mixed reports from **Torex Premiere** surgeries, with some having difficulties ("dreadful", "severe problems", "having a terrible time") although with some hope of improvement by the end of the year; others are reporting functioning systems "albeit at our expense in having a bespoke IT Manager to keep on top of the process" and even "we have not experienced

any problems at all".

EMIS - the only report we have says it is working. **Vision** - No reports - probably a good sign - its seems to be working at Taverham.

Specific problems and pitfalls reported were:

- Family history coded as live problem by inexperienced data entry
- Confusion about "new angina" and ischaemic heart disease. Read Codes: G3...(IHD) should not trigger "new angina" in QOF CHD2 (ie having a target wrt exercise testing) but do "ongoing" problems treated as "new"
- Influenza immo not being recognised (The last three may just be Torex problems).

No reports to date of QOF visits that have gone badly or that have raised "generic" issues that might help other practices. Well done PCTs.

GMS Standard Contract - a Reminder

A reminder that there is a variation notice to the standard contract. PCTs should have been in touch re-signing the variation document.

In August the GPC signed off a number of amendments to the GMS Contract Regulations. Following this a revised GMS standard contract was published incorporating changes introduced via the Regulations. The new contract, and a standard contract variation notice/form, which has been agreed by the BMA's legal department, is available at: www.dh.gov.uk > Policy & Guidance > Organisation Policy > Primary Care > Primary Care Contracting.

The BMA Locally & Nationally

- BMA Regional Structure.** It looks increasingly likely that East Anglia will lose its local BMA office in Cambridge. The BMA is looking into making far reaching changes to its regional services leaving only five regional centres in England. The nearest of these five regional centres will be either the Midlands (B'ham) or SE (Purley in Surrey). This suggested change is a consequence of the different costs of property and of IT; also of the BMA's need to take care of its resources. If any Norfolk GPs regularly need to visit a local BMA office then perhaps they should consider making representations to the BMA about the plan.
- askBMA Information Service.** The BMA's askBMA employment advice and information service is now available to all members. For all new employment advice and information contact askBMA on 0870 6060828 or email askbma@bma.org.uk.

Curfew - Tagging

There has been some discussion about whether a doctor has a duty to visit a patient who is physically able to attend the surgery but is unwilling to do so because s/he is tagged and by

visiting the surgery s/he would break the conditions of the curfew. This is covered by section 12(1) of the Criminal Justice Act



1991. Although the rules governing curfew are strict, there are reasonable flexibilities regarding the process specifically covering "short absences". As long as the absence is a one off absence which involves, amongst other things, an irregular or unexpected medical appointment and is supported by a statement or document verifying this (the offenders should obtain an appointment card from the practice) that it acceptable.

HERON

www.heron.nhs.uk This database of self help groups, statutory and voluntary agencies, has been further developed to create a virtual one-stop shop of health information. Heron now includes lots more patient information about a wide range of diseases and conditions, in various languages and formats.

The Doctors' Support Line

The Doctors' Support Line (DSL) offers completely confidential and anonymous peer support to any doctor or medical student who needs to talk about their concerns - work related or personal. All calls are taken by doctor volunteers, who are trained and backed up by the Doctors' Support Network (DSN), a charity.

Most of the volunteers have experience of when the pressures became too great for them, and think it helps to talk to someone who understands the issues because they are themselves a doctor. Advice is not offered but, what is arguably more valuable, informal, friendly listening and support. If you ever need to talk something over a DSL volunteer doctor is waiting to take your call on 0870 765 0001

The DSL is open: Evenings 6pm - 10 pm
Tuesdays 10 am - 12 noon & 6 pm - 11 pm
Sundays 10 am - 10 pm, Closed Saturdays

Advertisement

Fakenham Medical Practice is looking for a long-term locum, 1-2 sessions per week. Anyone interested should contact the PM, Ann Kerrison, on 01328 851321 or at ann.kerrison@nhs.net.

Advertisement

Harleston Medical Centre is a small, friendly practice on Norfolk/Suffolk border. Purpose built premises, 2600 list, part dispensing with nurse led triage system and primary care team. Computerised with Vision 3. Flexible, negotiable hours. Approximately 6 sessions a week. Contact the PM, Mrs M Howell on 01379 852213

Conflict Resolution Training

The counter fraud and security management services are organising conflict resolution training for GPs and their staff. It is mandatory for all PCTs to offer this and the GPC feels it would be to practices advantage to take it up.

Choose & Book

"Choose and Book" is a National Programme for IT (NPfIT) deliverable, which will give patients the opportunity to be able to book the time and place of their hospital appointment when they are referred by their GP. Further

information about Choose and Book is available at <http://www.chooseandbook.nhs.uk/>

The GPC recognises that this is a major initiative and could benefit patients. It is willing to work with the "Choose and Book" team to help make it work. However, the GPC is very concerned about the workload implications and the practicalities of arranging outpatient appointments within a 10 minute consultation time. Furthermore no additional resources have been identified for the additional work involved. The GPC will make it clear that a national fee should be agreed for the additional work, including any necessary shift in resources. The GPC has raised these concerns with the DoH and have recently received a positive response, inviting the GPC to be involved.

In the meantime, Choose and Book is not part of a GP's terms of service and therefore, GPs can decline to do this work. If asked to be involved in Choose and Book, practices should ask their PCTs how it will work and what additional resources will be available. The Joint GP IT Committee has not yet been invited to vet or assess the technical aspects of Choose and Book. Therefore the Committee cannot guarantee its security and confidentiality. Until the Committee has been involved, GPs should not presume that Choose and Book is fit for purpose.

Higher Professional Education for GPs in Norfolk

The **Higher Professional Education Scheme** has been up and running in Eastern Deanery for over 3 years and the feedback from participants has been very positive. GPs (of whatever provider status and with no distinction between part-time and full-time) who have completed their vocational training within the last two years are eligible to join the scheme. The government has made funds available to support such doctors to be out of practice for up to 20 days in the 2 years after joining the scheme, and participants also receive a small education allowances. **Please note that the scheme has been changed to allow the study time to be spread over two years rather than one.** The next intake to the scheme is in March 2005. If you have completed your vocational training in the last 18 months and are interested in joining the scheme or finding out more, please contact me asap, preferably by email. **NB don't delay** - you cannot join the scheme if you wait more than 2 years after finishing your VTS. Dr Mary Nichols (HPE Programme Director, Nfk & Sfk) 76A Norwich Road, Wymondham, NR18 0SZ (01603 591528) mary.nichols@bigfoot.com

True Life Stories.....

A patient called a Norfolk practice for an urgent appointment for a sick note. He played football professionally and most of his team were currently off with the mumps! If two more players went off sick they could cancel the match!

A GP was asked by the US Embassy to visit an elderly man who drew an American pension to certify that the old boy was still alive. To quote the doctor "I know we're no much good at telling if someone is dead but I think we could safely delegate the certification of the presence of a Vital Spark to others - or maybe not. Maybe this could be a new QOF category!"

A GP was asked to provide a certificate to say a pregnant woman, taking her driving test, did not

have to do an emergency stop. Since when has being pregnant excused people from the same standards as everyone else?