

NORFOLK LOCAL MEDICAL COMMITTEE

Wymondham Medical Centre
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December 2005

Happy Christmas

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Jury Service

The BMA has issued guidance for Medical Practitioners summoned for jury service. This available from the LMC office and will be posted on the website shortly. If being summoned for jury service would prove particularly difficult for you because of your professional responsibilities you may apply for deferral or discretionary excusal. Deferral may only be granted once but, most importantly, in order for your application to even be considered **you must respond within seven days**. See the guidance for full details.

Repeat Dispensing & GPs

GPs may have been surprised to receive recently some publicity materials regarding the introduction of repeat dispensing. This comprised patient information leaflets together with a quantity of forms for patients to consent to the transfer of information between GP prescribers and pharmacists. The accompanying literature from the DoH explained what repeat dispensing entails but offered no explanation of the status of GP involvement or any sign of endorsement or support from our professional representatives. *So, where do GPs stand in relation to repeat dispensing?*

Repeat dispensing, as the literature explains, is a service for patients with long term conditions which the prescriber deems stable and whose medication rarely requires change. Under repeat dispensing arrangements such patients can have their medicines dispensed in several episodes rather than going back to the surgery every time they need more medicines. A number of pilots have been operating around the country since 2003. However, in April 2005 repeat dispensing became an *essential service* under the new pharmacy contract which all pharmacies are now required to be in a position to provide. Their ability to provide the service is dependent, however, on the co-operation of GPs. *So, why should GPs be prepared to support this?*

Whilst the process of initiating repeat dispensing inevitably takes some time and effort, benefits will accrue for practices once this has been done from reduced administration/bureaucracy within the surgery. Patients will go directly to their chosen pharmacy for their regular medication, being collected at times convenient to them, independent of the GP practice's opening hours. There are, moreover, additional benefits. Annual medication reviews are recognised under QOF and points awarded accordingly and many patients attend annual or regular clinical reviews. Repeat dispensing is designed to fit in to this existing clinical framework and so will assist attainment of QOF points. When, in due course, pharmacists' computer systems are able to link with GPs' systems to facilitate the *electronic transfer of prescribing*, the benefits for

GPs, in terms of a saving of time and

convenience to patients, will be available for all to see. The LMC therefore views this development positively and urges GPs to talk constructively with their local pharmacists about how repeat dispensing can be implemented.

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NNUH - PPI Forum Support Organisation

The Norfolk & Norwich University Hospital Patient and Public Involvement Forum Support Organisation has managed to find a little bit of space on some of its headed notepaper to write to practice managers seeking information about discharge procedures. The letter states that Forum members do appreciate that individual patient confidentiality must be maintained and lists various pieces of information in which they are interested - not all of which a practice will know.

The LMC is concerned that it would be a lot of work for practices to record and anonymise interesting and relevant cases as most of us are not geared up to doing this. It may be sufficient for the NNUHPPIFSO's purposes for practices to relate a few anecdotes of the most recent "clangers" but that would probably produce a rather unreliable sample. On the other hand, I am sure practices will want to do anything they can that might improve discharge procedures. If you feel like helping I would certainly not try to put you off, but do be very aware of confidentiality. SRL

Annual certificate of pensionable earnings

Following the difficulties experienced by many practices in completing the annual certificate of pensionable earnings, compounded by the ruling by HMRC that the employers' contributions for GP partners may not be tax deductible, a way forward has now been found, for this financial year at least. The form has been revised and having agreed to the amendments, it is now available on the NHS Pensions Agency website www.nhs.gov.uk/GPCompletionForms.cfm. The form includes a 'representation notice' from HMRC to place at the back of the note for all accountants, GPs and local tax officers to see and thus avoid possible arguments. What has been agreed is that although, at the moment, the employers' contributions for partners have to be shown in GP accounts and hence as income, they will be fully tax allowable even though to be so they breach the £15,000 limit. The only additional payment that GPs will have to make is for NI payments on the employers' contributions which will, on average be about £140 per GP. For those

certificates that have already been completed

with deductions, they will still be correct for pension purposes and will not necessarily need to be re-visited.

This solution means that the problems for 2004/5 & 2005/6 have been resolved. However, the GPC has agreed this for one year only due to the urgency with which GPs need to complete this year's returns.

It is continuing to try to get agreement for subsequent years so that there will be no additional NI payments for GPs, an approach that the DoH supports.

Further relevant guidance can be found at:
www.nhs.gov.uk/HMRC_IssueWebNotice.doc
www.nhs.gov.uk/HMRC_RULING_IMPACT_ON_CONTS_AND_GP_CERT.doc

Any queries received from accountants should be referred to these documents first and then to the NHSPA for any unanswered questions.

DENTISTS and HEP B

In spite of the recent, clear, guidelines from the GPC on GPs' responsibilities for Hepatitis B immunisation for occupational health purposes, there is still plenty of room for confusion.

Immunisation for "at risk" dental staff can now be carried out as part of their contracted package with the local NHS Occupational Health Team (based at Aldwych House in Norwich). Please bear this in mind as some dental nurses have, apparently, ended up at a GP practice (sometimes a practice with which they are not registered), being charged for the immunisation (and, for all I know, the serology). If you want to stay on the right side of your dentist (always a good idea, in my view, if you have any teeth) it might be a good idea for your staff to check with any dental staff that make an appointment for Hep B Vaccs that their boss really wants them to be immunised and that the dental practice, as the employer, knows it will be billed. SRL

GPs and Community Midwifery

The LMC has received a fairly helpful response from the Norfolk & Norwich to a couple of concerns. GPs have been asked to prescribe pethidine by district midwives when a home delivery is pending. The NN tell us that this is neither the preferred way nor certainly the only possible way for midwives to obtain pethidine. The other



alternatives are:



- 1 the midwife can obtain pethidine from the hospital pharmacy within normal working hours"
- 2 the local team of midwives can all carry pethidine
- 3 all the community midwives can carry pethidine
- 4 GPs who are willing to prescribe pethidine continue this practice at their discretion

The midwifery management feels that option 3 would be a retrograde step and, provided the other pathways worked satisfactorily, that seems fair enough.

The department is setting up a system whereby GPs, other than those who have indicated a willingness to prescribe, should not be troubled. In the circumstances it would be very helpful for further evidence if the system is not working - so if any of you feel unreasonably involved in being asked to supply pethidine prescriptions please contact the LMC office.

The second issue was a request by a district midwife for prophylactic antibiotics for prolonged rupture of membranes.

The department guidelines apparently say a woman with prolonged rupture of membranes after 36 weeks gestation does not require prophylactic antibiotics unless there are two or more risk factors for infection (for the baby) ie PROM, maternal pyrexia, established maternal vaginal bacterial carriage (especially Group B Strep), previous infected child with Group B Strep. In the case of two factors being present the paediatricians would also need to be informed at birth. In these situations the department's position would be that the woman should be in hospital". The author cited an example of a patient who declined attendance in hospital even though that was what was recommended, so it is possible that her GP was asked for antibiotics in this difficult and unusual circumstance. Again if you feel that you are being asked to provide prescriptions for prophylactic antibiotics other than in such an exceptional case please let us know so that we can liaise with the Midwifery Directorate.



Church Plain Surgery, Loddon

Come and join our friendly team of 5 partners, all with special interests, and 1 FCS Assistant from May 2006. We are seeking a Partner/Salaried Doctor and can be flexible with working arrangements - three quarter time to full time. We enjoy the benefits of working in a rural area close to the Norfolk Broads and only 20 minutes from the city of Norwich. We are a GMS teaching practice for undergraduate and post graduate doctors with high QOF points, dispensing and no OOH. Special interests welcome. Fully computerised with links to the Norfolk & Norwich University Hospital.

Please apply with CV and names of 2 referees to: Mrs Christine Harris, Practice Manager, Church Plain Surgery, Loddon, NR14 6EX

Managing Short Term Sickness

The LMC office still has stocks of the pamphlet "Managing short-term sickness" published by the Doctor Patient Partnership. This is meant to be

given by patients to their employers in instances where the employer has asked for a sick note for a period of illness of seven days or less. It was produced with the support of many organisations including ACAS, the British Chamber of Commerce, the Chartered Institute of Personnel & Development and the Confederation of British Industry and contains useful information for the employer on how to manage staff absence without involving the GP.

Dosette Boxes

The Secretary is well aware that he has a bit of a bee in his bonnet about weekly prescriptions. These seem to take his staff an awful lot of time and help to give him writer's cramp script-signing.

Weekly scripts are not a way of funding pharmacists (or, indeed, dispensing doctors) to provide dosette boxes. Weekly scripts are indicated in certain *clinical* circumstances, such as when patients drugs or dosages are likely to change, or where there is a high chance of the drug not being tolerated, or there may be issues of addiction, abuse or suicide. Under the Disability Discrimination Act 1995 the disabled are entitled to a Modified Dosage System (MDS) from a pharmacist or dispensing doctor if their disability is affecting their medicines management and an MDS would help. If a patient does not qualify under the DDA but is over 65 they should be referred to the Norfolk Medicines Support Service for an assessment to see if they need an MDS and, if they are assessed as needing one, it will be funded by the Medicines Support Service.

Other indications such as "making life easier" or perhaps even "possible" (generally for carers) need looking at on a case by case basis. Funding them through increased work by the practice in providing weekly prescriptions - where the money is coming from the NHS - is likely to be neither transparent nor sensible. Unpalatable as it may be, it may be more correct for the patient, the carer or social services to bear the cost. Pharmacies will provide MDSs for payment and it is strongly recommended that GPs do not get involved by issuing weekly prescriptions when the right solution is that the appropriate party pays the pharmacist to do pharmacist work.

A sting in the tail: if one drug is stopped or replaced, or its dose is changed during the time covered by the script, the pharmacist is under no obligation to "repack" the whole MDS with the changed drug. The prescriber may need to re-prescribe everything - with the previously dispensed items being discarded and wasted.

Pension contributions and AMC

Three important messages for those of you who do OOH sessions for AMC and who are members of the NHS Pension Scheme:

- 1 We are told that The East Anglian Ambulance Trust (acting on behalf of AMC) has now stopped collecting contributions from GPs for the period up to March 2005 (ie the last financial year). Remember, if you are a member of the NHS Pension Scheme you have no option but to superannuate all NHS earnings. Therefore if you are one of the GPs who has not sent in the 6% contribution on your 2004/5 earnings this must be forwarded a.s.a.p direct to Sue Sargeant at Eastern Support Services, St Andrew's House,

Northside, Thorpe St Andrew, Norwich NR7 0HT or if you have any queries email Sue.Sargeant@norfolk.nhs.uk

- 2 Many of you who did send your cheques to AMC will be having them returned. Unfortunately they were only passed on to Eastern Support Services a short while ago by which time many of them were out of date and won't be accepted by the bank. This was not ESS's fault but they have the unenviable task of asking you to re-issue them. Remember it's Christmas - season of goodwill and all that - and please don't shoot the messenger!



- 3 From now on cheques should be made out to Norwich Primary Care Trust

Maternity Locum Cover

Locum required to cover maternity leave for a minimum of three months, starting the week beginning 17th April 2006.

Alternating sessions, ie 4 sessions x 1st week, 5 sessions x 2nd week. Ideally all day Monday, all day Wednesday and alternate Thursday afternoons but this is open to discussion.

Please contact the Practice Manager, Cherry Tythcott on 01603 488647 or email cherry.tythcott@nhs.net for further information.

Falkland Surgery

We wish to recruit a part-time salaried GP to work for 4 sessions per week (Thursdays and Fridays)

- ▶ No OOH
- ▶ Six weeks annual leave plus one week's study leave
- ▶ High Quality Practice
- ▶ Paperlight EMIS
- ▶ Excellent Nursing and Support Staff
- ▶ Planned Commencement 01.03.06. But we are prepared to wait for the right candidate

Information enquiries or visits are welcomed. Please contact Gwen Shucksmith (Practice Manager) at Falkland Surgery, Falkland Way, Bradwell, Great Yarmouth, Norfolk NR31 8RW. Tel: 01493 442233

Partnership Vacancy, Norwich

We are seeking a three quarter to full time replacement partner to work in an inner city, 11500 patient, practice in Norwich.

Three sites, wide demographic mix, good premises, attractive remuneration, innovative culture with nurse-led assessment and treatment service, substance misuse service and mental health support service.

To find out more please contact Mary Taylor,
Practice Manager, at Wensum Valley Medical
Practice on Marytaylor2@nhs.net or telephone
0790 327 5726.