

# NORFOLK LOCAL MEDICAL COMMITTEE

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February Flyer

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The LMC would particularly draw your attention to the following items - even if you skip the remainder of the flyer!

## ENHANCED SERVICES

As the end of the financial year approaches the LMC is beginning to get information on PCTs' Enhanced Service Spending Floors. You will recall that earnings from enhanced services are part of GP remuneration in the new contract, so each PCT has a "Floor" level it must spend to ensure that practices receive the total payments to which they are entitled. The good news is that the PCTs which have so far responded have said they will exceed the floor. The bad news is, that where PCTs have given details, some look suspiciously like services that should not be included, perhaps taken across from another budget and never contestable by GPs.

You will recall that Peter Harvey produced an excellent discussion paper early last year and then the LMC polled practices. You overwhelmingly voted for proper funding of the services identified in that document. Practices have accepted "token" funding, or no funding at all, for some services during the first year of the new contract, but we are now into discussions for 2005/06. If practices continue to do work that is NOT paid for under the new contract then precedent will have been well and truly set.

The GPC is building up information on enhanced services throughout England, so the LMC will be able to check what work is not seen as part of "essential services" elsewhere - ie needs to be commissioned in Norfolk. But we do not have to look far to find inconsistencies: within Norfolk some PCTs pay for the administration of goserelin injections in prostate cancer, others claim it is part of essential services! Nationally, we understand, most PCTs fund it as an enhanced service.

We understand that central guidance, which we believe to be immanent, will add clarity to the debate. What is considered to be an enhanced service elsewhere cannot be an essential service in Norfolk. The question to ask the PCT will be - who is providing the service? Some of the enhanced services that have been commissioned in Norfolk are currently below the national benchmark price. This may be because the service is provided at a lower specification. The practice needs to look at the profitability of these services. If you have data which demonstrates under-investment (for example, the current pricing does not fund the required staff time) then it would be helpful to share this with the LMC.

**Help us in our negotiations with PCTs, please tell us what enhanced services you feel most strongly should be funded, but which currently are not. Tell us your top three as a minimum (email to [norfolklmc@btconnect.com](mailto:norfolklmc@btconnect.com) or phone 01953 608060 or fax 01953 608061)**

## HEPATITIS B IMMUNISATION for NHS HEALTH WORKERS and OTHER MATTERS

"The LMC officers recently met our Occupational Health colleagues based at the Centre for Occupational Health, Aldwych House, Norwich, who, as you know, provide services to GPs and practice staff as well as to many other NHS health workers. We discussed the long running (since 1989) agreement between the then Norwich Health Authority, the LMC/practices in central Norfolk and Occupational Health. It is perhaps not quite such a clearcut win/win as it seemed in 1989, but we felt the agreement has not yet wholly outlived its usefulness. The original agreement was that practices immunised their patients who worked within the central Norfolk healthcare system; patients provided a letter from OH with a tear off strip which was returned to OH, who organised follow up and immunity testing.

The parties benefited as follows:

- practices gained the dispensing profit from the personally administered vaccine. Also it was agreed that practice staff who wished for, and received, vaccination, even those whose relative risk was low, could have their immunity levels checked by the Public Health Laboratory without question or cost to the employing GP. Money did pass between the Health Authority and the laboratory to ensure this.
- patients - because they could receive their immunisations close to home and, it was hoped, at convenient times.
- Occupational Health - by saving the time needed to perform the injections, as well as the cost of the vaccine: in 1989 prescribing budgets were held centrally and were open ended (well, sort of).

Now:

- practice staff are covered by OH anyway (for immunity testing)
- patient benefit rather depends on Advanced Access and your available nurse appointments!
- benefits for OH remain the same, but if they had to take back this task they would have less time available for some of their more specialised work - which often is on behalf of practices, of course.
- to increase the benefits for practices, OH have agreed to offer, within reason and without charge, informal advice to GPs on a wide range of occupational health matters over and above those relating solely to GPs and their staff

You may not be surprised to know that "Hepatitis B immunisation" is one of the biggest files in the LMC office. However, we are reliably informed that one issue, at least, is becoming clearer: once an initial course has been given with satisfactory serology, one booster after five years should provide life-long immunity.

Only NHS Staff (including those from dental practices which care for NHS patients) would be directed to their practices for Hepatitis B vaccination. In each case the request would be supported by documentation from Occupational Health.

Another matter discussed was the interesting variation in the level of fees charged by practices for occupational health reports (the LMC officers made some suggestions). The final item was DoH policy on "patient source testing" following needle-stick injuries: interesting but we think it should cause GPs and practice nurses little or no additional work. We will let you know if that assessment changes."