

# NORFOLK LOCAL MEDICAL COMMITTEE

Wymondham Medical Centre  
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1<sup>st</sup> May 2003

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Principals' Version

## NEWSLETTER APRIL – MAY 2003

### NORFOLK LOCAL MEDICAL COMMITTEE 2003-2006

#### Your representatives and their contact numbers

Note: At the April LMC Dr Ian Hume was re-elected Chairman, and Dr Peter Harvey re-appointed Medical Secretary

<i>W Norfolk (6)</i>	Dr Mumtaz Ahmed, Fairstead, KL	01553 772063/771463
	Dr Beryl Duncan, Terrington St C	01553 827051/827594
	Dr Ian Hotchin, Southgates, KL	01553 819477/819467
	Dr Malcolm Skinner, Swaffham	01760 721786/723703
	Dr Liz Vaughan-Williams, Gayton	01553 762726/696819
	Dr Deborah Hopkin*, Nth Wootton	01553 631469/631011
<i>Gt Ymth (3)</i>	Dr Adrian Penn, Bradwell	01493 442233/442672
	Dr Anthony Allan*, Gt Yarmouth	01493 334500/331861
<i>Norwich PCT (5)</i>	Dr Chris Francis, Bacon Road	01603 503917/458793
	Dr Nick Morton, Trinity Street	01603 748272/748125
	Dr Hitesh Patel, Tuckswood	01603 447766/447702
	Dr Cath Robinson, Oak Street	01603 613431/767209
	Dr Sam Sambandan, Thorpe Rd	01603 437559/701773
<i>Southern PCT (7)</i>	Dr Martin Belsham, Thetford	01842 753115/751242
	Dr Steve Brown, Wymondham	01953 602118/605313
	Dr Ian Hume, Diss	01379 642023/643320
	Dr Richard Lindner, Attleborough	01953 452394/453569
	Dr Martin Schede*, Diss	01379 642021/641673
<i>Broadland PCT (4)</i>	Dr Mark Gaskin, Blofield	01603 712337/712899
	Dr Barbara Kelly, Reepham	01603 870271/872995
	Dr Gil Rattner, Thorpe St Andrew	01603 701010/701942
	Dr Ian Tolley, Hellesdon	01603 486602/401389
<i>North Nfk PCT (4)</i>	Dr Anoop Dhesi, Stalham	01692 582000/580428
	Dr Henry Harris-Hall, Mundesley	01263 724500/720165
	Dr Ian Mitchell, Cromer	01263 513148/515264
	Dr Simon Morris, Ludham	01692 678611/678295
<i>Practitioners on the Supplementary List (4)</i>	Dr Kirsty Husk, Stoke Holy Cross	01508 494474
	Dr Peter Harvey, Aylsham	01263 732716/732716
	Dr Andrew Latten	01263 710611/710645
	Dr John Martin, Stanfield	01328 701260
<i>Commissioning:</i>	Dr Rob Colebrook*, Sheringham	07909 738925
<i>GPC</i>	Dr Rudy Mercer C/o Suffolk LMC	01473 221551/221561

\* Co-opted at the first meeting. Note: The LMC is currently looking at further co-options from, amongst other groups, Norfolk's VTS Schemes and PGME Centres

### Inappropriate requests for "sick notes"

**UEA Sick Notes** Another old chestnut has come around - the UEA School of Education has been spotted sending their students for doctor's notes if they are absent from studies for more than five days. This is not covered by Med 3s and so GPs can reasonably either decline to do this or charge a fee. We have written to the UEA.

### Managing Short Term Sickness

Following on from the above item, we have

Can we remind everyone of the Cabinet Guidance "Making a Difference" which clearly states that "from April 2001 GPs will no longer be expected to provide patients with a certificate to explain a short-term absence from an attendance centre" (which includes persons serving CSOs).

also received reports that a local and very high profile insurance company, is asking staff to obtain a doctor's certificate for any period of sickness. The LMC office has written but in the meantime .....

**Don't forget** the "Managing Short Term Sickness" pamphlet issued by the Doctor Patient Partnership, with the agreement of organisations such as the CBI, Federation of Small Business etc. This is designed to be given to the patient requesting an inappropriate certificate who in turn should hand it to their employer.

The LMC office has some copies but further

### HIB Catch Up Campaign

The advertising campaign was due to start on 25<sup>th</sup> April with practices being asked to state whether they would be undertaking this work. GPC negotiations to date suggest that a

information can be obtained on [www.managingabsence.org.uk](http://www.managingabsence.org.uk).

**Certificates for persons undergoing Community Service Orders** The LMC office has written again to the Norfolk Probation Service regarding requests for certificates of absence for persons undergoing CSOs. Whilst the Probation Service, to its credit, is willing to pay for these certificates, it is often a workload issue from the GP point of view.

suitable fee will be available for this work but you may prefer to have full details of this before deciding on the level of your involvement in the campaign. Indeed, given that the negotiations are not yet completed the GPC does not advise practices to agree to undertake this work at this stage.

### BNFs

A reminder, copies of the BNF are available on the NHS Reponse Line -  
'Phone 08701 555 455

### Where's the Computer Money.... ?

Regular readers of these columns will be well used to the phrase "already in the baseline". Well, guess what..... The alleged separate funding for new IT from the Modernisation Fund, given to PCTs, was "hypothecated", which means that it doesn't have to be spent on IT after all, and the allocations were already in their baseline funding. There's supposed to be even more money for upgrades to take on the new contract, but we are not holding our breath.

### New Contract – what new contact ?

In case you were asleep at various crucial times recently the "new contract" is on hold until after a Special LMC Conference on 14<sup>th</sup> May. Until then, "who knows, man....who knows". Even though one of the proposed motions from Norfolk LMC moves *that the conference is a waste of time and money and the negotiators should just get on with the job*, four delegates are going. We have other motions around problems with the diseconomies of scale of small practices, the new seniority arrangements, the lack of robust demand management and other topics. It should be an interesting conference all the same !

### Violence again .....

For the benefit of our colleagues in the west, there is a PCT-sponsored PMS 5b pilot application which has just gone to the Strategic HA for approval which is aimed at managing "difficult" patients.

These patients not only include those who are violent and abusive but also patients dependent on drugs as well as the transient population. The proposal is for a caseload of 2500 patients to be staffed by one GP in return for £60k. We think this is underwhelming, to say the least.

Coincidentally, the DoH wrote to all PCTs on the 28<sup>th</sup> March, enclosing a Big Black Poster for waiting rooms, advising of the NHS Zero Tolerance policy. This clearly states "Violent and Abusive Patients will be reported to the Police and struck off their GP's List". We think this is pretty unambiguous and once again, we wish to advise GPs that they should NOT accept any patient allocated to them who has been removed from another doctor's list for violent or abusive behaviour and this includes verbal abuse as well as physical).

These patients should not be seen, should be

to the PCT - you all know where its HQ is. Follow this up with a letter to the PCT quoting the latest letter from David Amos at Quarry House, copies of which are available from the office. Zero Tolerance means just that, these patients are not GPs' problem.

### Medical Information and Insurance

The BMA and the ABI have issued joint guidelines on the use of medical information in insurance, which covers reports about GP's own patients, as well as independent report-writing, and offers guidance on the issues GPs raise, including

- Consent for disclosure of information
- Access to medical reports
- Disclosure of information about sexually transmitted infections
- "Lifestyle" questions
- Genetic information
- Release of information about deceased Patients
- Fees

This can be viewed on the BMA website <http://www.bma.org.uk> or copies obtained from the office **Highly recommended.**

### THE DISABILITY DISCRIMINATION ACT and GP PREMISES

A few editions ago we asked for examples of the DV undervaluing surgery premises because it apparently didn't comply with the DDA. Thanks to those practices who sent us evidence of this happening - we have passed this on to the GPC. The GPC has now published a comprehensive guidance entitled "The DDA: physical adjustments to GP premises" (available from the LMC office).

### CHOICES OF CLINICAL SYSTEMS

The GPC and the DoH have produced guidance for PCTs on choice of clinical systems. A summary of the guidance to PCT Chief Executives can be viewed on: [www.doh.gov.uk/cebuletin](http://www.doh.gov.uk/cebuletin) or the full text on [www.doh.gov.uk/pricare/computing](http://www.doh.gov.uk/pricare/computing) or from the LMC office.

### LOCUM REIMBURSEMENT FOR MATERNITY AND ADOPTIVE LEAVE

Following representation from the GPC the SFA has been amended to allow .....

26 week maternity leave locum reimbursement for GP principals (previously 18 weeks)

26 weeks adoptive leave locum reimbursement for GP principals irrespective of the age of the child

Any GP who was on maternity/adoptive leave on 6<sup>th</sup> April will be entitled to this extended leave. The maximum weekly locum reimbursement is now £890. Please note that practitioners in receipt of an allowance for an assistant, associate or salaried doctor may also be eligible to apply for payments under this scheme.

Regarding PMS doctors, they should not be disadvantaged by their annual contractual arrangements - normally an "in year" re-adjustment to the annual PMS contract would be made by the commissioning PCT from their unified budget which would then be claimed as an extra from the DoH.

### Advertisement

Dr Chris Burks, NP, is seeking 6-8 sessions a week in Norwich or within 30 minute travelling- from 1<sup>st</sup> July 2003

Please 'phone 01603 746525 or fax 01603 742389 - evenings

### Advertisement

Dr Erfan Yeganeh (MRCGP DRCOG) is seeking 7-8 sessions per week as a salaried GP (partnership may be considered) Preferably within 20/25 minutes drive of Thorpe St Andrew. Please 'phone 01603 431214, or email [erfan.yeganeh@virgin.net](mailto:erfan.yeganeh@virgin.net) Meanwhile locum work welcome