

# NORFOLK LOCAL MEDICAL COMMITTEE

January 2005

Wymondham Medical Centre  
The Surgery, Postmill Close  
Wymondham, Norfolk, NR18 0RF  
January 2005

Tel: 01953 608060

Fax: 01953 608061

e-mail: [norfolklmc@btconnect.com](mailto:norfolklmc@btconnect.com)

Website: [www.norfolklmc.org.uk](http://www.norfolklmc.org.uk)

## Enhanced CRB Catch-up Exercise

Despite follow-up letters Eastern Support Services report that there are still a number of doctors who have not returned their applications for an Enhanced Criminal Records Bureau Disclosure. If you were the recipient of one of these reminders please do get back to ESS immediately.

The DoH rules say that unless a GP has a undergone a satisfactory CRB check by 1st February 2005 their name should be removed from the Performers List. We know for a fact that some PCTs are becoming increasingly concerned in case this lack of response means there may really be a problem.

If your name is on a Norfolk PCT "list" but somehow - perhaps because of change of address - you have not been contacted please get in touch with Lisa Hanner on 01603 307387 asap.

## Private Fertility Treatment

It has been brought to the LMC's notice that a private fertility centre based in Essex has been advising patients to seek "screening blood tests" on the NHS via their GP. A local practice very sensibly took this up with them.

The LMC wrote to this provider confirming that Norfolk practices have been advised not to undertake this testing, and therefore Norfolk patients should not be encouraged to embarrass their GP by attempting to involve him or her.

The LMC (just) resisted the temptation to suggest to the provider that if it really wanted to help patients so much it might like to do the testing for nothing (which is, of course, what it was trying to get GPs to do).

## POORLY PERFORMING DOCTORS

None of us is perfect, we all make mistakes. In simpler times I believed that each individual doctor's sense of honour and professionalism would make him or her own up to mistakes and remedy the cause. Thanks to Harold Shipman and others, my naivety is exposed and the state requires reassurances that the public is being protected from rogue doctors.

Practices are reminded that concerns about primary care clinicians, including locums and AMC doctors, need to be shared with the PCT upon whose list they are registered.

It seems likely that possible problems with performance are more likely to be picked up in a group practice (with colleagues being aware -

at least to some extent - of what is happening

with that doctor's patients). In a group practice, with a supportive clinical governance structure, the remedy also should be at hand.

The risks must be greater in single-handed practice and for locums - especially if they do not work regularly with any particular team of doctors. If a locum, for example, seemed to have made a significant error when a complaint was being investigated, even if the complaint was "resolved" within the practice, then the PCT should be informed. After all, an individual practice would have no way of knowing if a locum has had problems when working elsewhere. I guess the acid test is: if you are having second thoughts about using a particular locum in future, then that information needs to be shared with the PCT. The LMC will be involved if an investigation is deemed necessary.

Of course, for many practices the use of locums is essential and beneficial; locums get income and enjoy using their skills and experience. It may prove difficult to strike a balance between protecting the public and risking locums deciding to "call it a day" when they still have much to give. Practices who use locums have a responsibility to support and advise them so they can rectify any shortcomings themselves.

*If in doubt, you may wish to discuss matters in confidence with another professional colleague such as the LMC Chairman or Secretary or the PCT Clinical Governance Lead.*

Simon Lockett, January 2004

## MMR Catch Up Campaign

Further to increasing outbreaks of mumps the PCTs are launching MMR catch up campaigns. The LMC is not aware of any local consultations with GPs and is seeking urgent reassurances from PCTs that this work will be reimbursed. The LMC office has emailed Practice Managers suggesting they keep a note of this workload - in the meantime the LMC will be entering into discussions with the PCTs.

## The LMC's Locum List and Private Agencies

The office has received reports that locum doctors who work in Norfolk are being approached by medical staffing agencies. Upon checking it appears these agencies have obtained the doctors' details (in general their home addresses and telephone numbers) from Norfolk LMC's Locum List.

Could you please make sure your staff are aware that this list is for the use of Norfolk GPs only. The details thereon should be treated in

confidence and should not be shared with outside commercial organisations. Thanks, LMC Office.

## Lithium Levels in QOF Mental Health Indicators

The following has been received from the GPC:

Practices have raised concerns about the lithium range specified in the QOF and QMAS (0.6 - 1.0) where there are different local therapeutic ranges. Although the achievement score and payment will initially be calculated by QMAS, using the specified range, the PCT has the ability to amend a practice's achievement score after the 31st March. It can amend the numerator and denominators for the practice to show the correct figures as calculated using a local range.

There are two routes to this: the practice can approve its achievement and the PCT then amend it before payment (a revised score/payment will be presented to the practice for reconfirmation); alternatively, and probably the most sensible route, the PCT can make the alterations before the practice approves its achievement.

All this is predicated on the practice/PCT knowing the correct numerator and denominator figures for patients monitored using the local therapeutic range, for which an alternative extraction tool will need to be used.

## NNUH Hospital Pharmacy and "Results"

**Hospital Pharmacy:** The LMC (still) receives reports from GPs about out-patients who do not received their drugs at the hospital and request them from their surgery. This raises issues of prescribing responsibility as the patient may arrive before adequate clinical information has been received. For the GP there is often a big inconvenience factor - the patient alleging they were advised to see the GP "urgently" to get their medication - so not only is an appointment wasted, it is wasted urgently!

The Norfolk and Norwich is always trying to improve its systems; a recent letter from Anne Osborn: Director of Clinical Services stated that *the Pharmacy Department is currently open from 8.30 am to 5.30 pm Monday to Friday, 09.00 am to 1.00 pm Saturday and 10.00 am to 12.00 noon on Sunday. Within the last 6 months or so, a post box has been installed outside the Pharmacy Department so that outpatients who arrive when the Department is closed can leave their prescription securely for dispensing the next day. The post box is checked first thing every morning*

and medicines then posted to the patient. The outpatient clinics within the hospital have been made aware of this procedure and should inform patients accordingly. The Department has also offered clinics the opportunity to telephone the Pharmacy if they are sending a patient with a prescription close to its normal closing time. In these situations it will remain open whenever possible in order to dispense and issue it to the patient.

Hopefully these measures, possibly augmented with a judicious increase in the use of FP(10)HP prescription forms, should enable all outpatient prescriptions to be dispensed with the minimum of delay, either directly via the Pharmacy Department during opening hours, using the post box out of hours, or via community pharmacies if using FP10(HPs).

So now you know what should be happening. Please check with your patients that it is and advise your PCT acute commissioning lead and the LMC if it is not.

**Results:** The NNUH is also trying to improve another source of frustration to GPs, our staff and patients - namely getting hold of results of tests organised within the hospital to inform/reassure patients and to check that actions are taking place. Anne Osborn writes on this subject:

*For various reasons, including long waiting times, slow flow of information from NNUH to primary care, etc, it is common for a patient to consult their GP before the results/report of an investigation done in Radiology at the request of an NNUH clinician, have been communicated to the GP or patient. Consequently the GP is in a difficult position and so to be helpful, but also to advance the patients care, they attempt to find out what the report says. If the report has been verified on the Radiology Info System it is available electronically within the hospital. It is also on ICE but only available to hospital clinicians. There are parallels here with the way ICE and the pathology systems integrate. This problem has led to a sharp increase in the number of 'phone calls to our clerical staff from GPs and their staff. Issues of distracting our staff from their main work, confidentiality, how the report was going to be used arose in our minds, leading to a decision that the most appropriate people to communicate the radiology report to the GP are the referring clinical team (who have the same level of access to the report that Radiology do). This would also allow any findings to be put in the context of the rest of the patients history. We now, therefore, redirect enquiries to the relevant consultant secretaries, having informed GP colleagues of this change in practice. The best solution to all this is adequate IT support with relevant password protection, and this is something we are actively working on with our GP colleagues."*

#### IV Drug Therapy in the Community (Central Cluster PCTs)

Community Nurses in the "central" cluster of PCTs are being trained in the skills of intravenous drug administration and intravenous cannulation so that appropriate patients may receive this care closer to home, either in community hospitals or, indeed, in their own homes where appropriate. This is not only more convenient for the patient but relieves pressure on the NNUH.

At present patients from Norwich PCT are being catered for by the Norwich Community Hospital and patients from Southern PCT are being coordinated from Dereham Hospital. It is hoped that shortly there will be venues for North Norfolk and Broadland patients too.

For further information please contact:

Julie Hart - 01603 287021 (NNUH)  
Janice Fisher 01603 776776 (Nch Com Hosp)  
Chris Harvey 07699781280 (Dereham Hosp)

#### NANIME Annual Postgraduate Course for GPs

The Postgraduate Course for GPs will be held from 25th - 27th April in the Education Centre of the NNUH. It will consist of lectures, workshops, departmental visits and clinical demonstrations. The fee for the 3 day course, including meals and beverages, is £130. Attendance on single days is a possibility. It is limited to 50 GPs and an application form can be obtained from Mrs S Cardownie, GP Administrator, NANIME, tel 01603 286881

#### Anglian Medical Care "The Out of Hours Review Meeting" "6 Months In"

AMC is holding a meeting on Thursday February 10th at Park Farm Hotel, Hethersett. 7.00 pm (refreshments) for 7.30 pm start. The evening will commence with a brief presentation of activity, followed by feedback and discussion.

Everyone is welcome but please inform AMC if you are attending by contacting Elvira Schmidt, EAAT, on 01603 422707 or email [Elvira.schmidt@eaamb.nhs.uk](mailto:Elvira.schmidt@eaamb.nhs.uk)

#### Exploding Hips!

A Norwich GP received a panic stricken 'phone call from the Earlham Road Crem - apparently a patient who had expressed a wish to be cremated had previously suffered a fracture which had been internally fixed with an intramedullary nail. Evidently these nails are inflated using air pressure to achieve the correct size which can cause an explosion (not unlike pacemakers) within crem machines. If a patient dies prior to the planned removal of these nails they should be aware of this. The LMC has written to the Orthopaedic Departments at the JPH, QEH and NNUH, drawing this to their attention.

#### Chickenpox Vaccination

In December 2003 the CMO issued a circular regarding the new chickenpox vaccination policy which recommended that all non-immune healthcare workers in general practice, who have direct patient contact, should be offered the vaccine and that it is for PCTs to implement a timetable which reflects local circumstances and resources. The GPC is aware of some PCTs who have not yet offered this vaccine to those with direct patient contact in primary care. Given that the CMO's circular was issued over a year ago the GPC has asked the DoH for a deadline to be set by which time all PCTs should have implemented this. Has this been offered to your staff?

#### QOF Framework: National Prevalence Day

Disease Prevalence Day, 14th February, is less than a month away (though data relevant to the period up until and including the 14th February will continue to be collected until the 31st March - National Achievement Day. The link below to the DoH guidance gives a useful overview of disease prevalence and how it is calculated:

[www.lmc.org.uk/prevalence\\_guide\\_v12.pdf](http://www.lmc.org.uk/prevalence_guide_v12.pdf)

GPs may also find it helpful to re-read the "Focus on QMAS" guidance note as produced by the GPC in October 2004, available on [www.bma.org.uk/ap.nsf/Content/FocusQMAS1004?OpenDocument&Highlight=2,focus,on,QMAS](http://www.bma.org.uk/ap.nsf/Content/FocusQMAS1004?OpenDocument&Highlight=2,focus,on,QMAS)

#### Some arguments to counter the increasing number of requests to do something for nothing

The following ripostes have been "pinched" from Wiltshire LMC:

"Does the requesting organisation have a budget for this, No - then nor do you"

"If they claim they are a charitable organisation ask whether their computer supplier provides its services for free, No - then nor do you"

"Does their gas company charge them for its services, Yes - then so do you"

"Does their Chief Executive work for nothing, No - then nor do you"

If the worst comes to the worst, reply that you are not a charity, that you choose which charities to support, and that their organisation is not on your list!

#### Advert

#### Wanted - A GP Assistant Mattishall Surgery

Sessions currently available:

Monday	14.00 - 17.00
Tues, Wed & Thurs	09.00 - 11.30

(but all times are negotiable)

No visits, No on-call

For an information pack please 'phone Practice Business Manager, Stephen Smith, on 01362 858 869 (24 hour answerphone).

#### Consultations for things that are nothing to do with NHS primary medical services:

In the brave new world of PMS, nGMS, Practice Led Commissioning etc etc a doctor has reported that five out of fifteen standard appointments in a morning surgery were taken up by:

A patient wanting a report saying why it would be a good idea for her to stop working and be allowed to be bought out of her partnership

A patient, already signed off sick, wanting a letter to his employer saying it would be a good idea to go in part-time

A pregnant lady wanting a letter to say why she should be redeployed to a desk job

A patient expecting a private medical during a standard NHS appointment

And the inevitable request to explain to the council why a patient needed to move from a house to a bungalow

*plus ça change, plus c'est la même chose!*