

NORFOLK LOCAL MEDICAL COMMITTEE

Wymondham Medical Centre, Postmill Close, Wymondham, NR18 0RF
tel: 01953 608060 fax: 01953 608061 email: norfolkmmc@btconnect.com
www.norfolkmmc.org.uk

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Defence Organisation Cover for Nurses and Health Care Assistants

The LMC originally received a query when a constituent wondered if whole-practice MDU or MPS cover (for doctors, nurses, HCAs and some management/admin staff) gave better, or worse, cover for nurses and HCAs compared with being insured via the individual GP's cover (assuming clinical work had been delegated appropriately).

There were rumours of some GPC guidance, but this never really got off the ground because the position is not at all straightforward and it was not possible to reach any general consensus between the defence organisations. Apparently, the appropriate indemnity insurance to take out depends on many factors which will vary with the circumstances of the nurse/HCA and the GP/practice. The defence organisations advice is therefore that individual nurses and doctors contact the membership department of their organisation and discuss their circumstances and indemnity needs with the defence body.

So, unfortunately, there is no universal guidance we can pass on. You are reminded that the GP does have responsibility in delegating work and, if the delegation was in theory appropriate, but in case the nurse or HCA acted incompetently, they should have their own individual indemnity.

There are also issues about what clinical work can be delegated to an HCA rather than a registered nurse. There do appear to be differences between the defence bodies on this so, again, we can only suggest that you discuss the issue directly with them if you are contemplating change or, indeed, if you wish to check your current procedures.

Post-op Care after Private Surgery

The office received a query about the actions practices could take when faced with a request by a patient (or the consultant) for dressings/stitch removal after private procedures. We had a response from the GPC that was, I am sure, meant to be helpful!

If post-op GMS work is properly funded - for example by a "Treatment Room enhanced service", the GPC view was that it would be unreasonable to single out private patients by declining to help. However, when there is no such payment (ie as in Norfolk now) it all seems a bit more complicated. In a way it is easier to say "no" after NHS surgery - the

hospital will have been paid to carry out the dressings/stitch removal so could be billed, or the patient sent back there. No doubt this will happen more and

Waveney Election - Timetable

As explained in the November flyer, an election would have been due under the Suffolk LMC constitution, and therefore Norfolk LMC has decided to go ahead and take the opportunity to bring all constituencies in line across the LMC. The LMC will be seeking nominations for Waveney to serve for two years to March 2009. The timetable is as follows:

- 01.02.07. Letters to all Waveney GP Principals
- 20.02.07. Nominations to be received in LMC Office
- 22.02.07. Commence election if more than 4 nominations received
- 13.03.07. Election day (if an election is necessary)

Currently Waveney has only two of the possible four places on the Committee filled. Please seriously consider whether you would be prepared to put your name forward. For an informal discussion regarding the commitment, reimbursement etc please contact Susan Payne at the LMC office on 01953 608060.

more as we get more and more cross as the PCT cuts do more and more damage to our practices.

Care after private treatment is, perhaps, more difficult. If the patient has paid for the full service then the situation is analogous to the NHS, but, if not, I suppose the practice may have a GMC responsibility to do the work - though perhaps the private practitioner has that too - and more of it - having made the hole in the patient in the first place.

There may not be a definite answer and volunteers to be test cases are often thin on the ground. Perhaps we must try to explain to our consultant colleagues that we and our staff are so busy that it would be helpful if they would make sure they carry out all necessary post-op care - charging the patient, no doubt. Asking us for favours, or asking our patients to ask, puts us in a very difficult position.

Pensions Dynamisation

The GPC has produced some frequently asked questions on pensions dynamisation now that the Secretary of State has announced her intention to limit the dynamising factor (DF), used to uprate GPs' pensionable earnings for the period 2003-2006. These are available on the LMC's website. On the legal front, briefings have gone to lawyers and the GPC is considering the next steps.

Guidance for Negotiating Fees for Locum Services in General Practice

This guidance, which includes a calculator (which will allow sessional GPs so to calculate and negotiate their own rate for each job) has been developed by the BMA and the National Association of Sessional GPs to support all parties involved in negotiating for GP locum services and has been subject to careful legal scrutiny by the BMA's lawyers to ensure compliance with competition law. It has been posted on the LMC website (norfolkmmc.org.uk) together with the link to the calculator.

NHS Connecting For Health and Locum Smart Cards

With more practices going on the national spine this is a reminder to all GPs who do locum work to check if the practices they regularly work for have submitted their name to Eastern Support Services.

They are only issued with one smart card which needs to be activated by each practice they work in, normally by the Practice Manager acting as the "agent".

In addition, if your name appears on the LMC's locum list please contact the LMC office if you have a smart card and we will indicate this. It will help practices who are on the spine identify eligible locums.

Independent and supplementary prescribers

Consternation and confusion was recently caused when an item in the August edition of the Nursing and Midwifery Council News seemed to imply that our prescribing nurses and nurse practitioners will have to agree protocol driven prescribing plans with each individual patient and their GP. If this was the case the net effect on GP and nurse team workload could well have been to increase it - giving a disincentive to skill-mix based solutions to the current excessive workload in general practice.

Fortunately, on closer inspection the article related to "supplementary prescribers" and should not apply to nurses who have been through recognised training and become "independent prescribers". They are able to prescribe from the entire BNF, within the scope of their knowledge, with the exception of unlicensed drugs and most controlled drugs.

Teething Troubles with Eyes

The office has received reports of problems caused to the GP by the process for direct referral from optometrists to ophthalmologists. One cause was, apparently, the N&N changing the scheme fax number without telling the optometrists!

This has now been rectified (apparently) and, as the Chairman of the LOC puts it in his letter: "hopefully the system will regain its intended efficiency and with it the trust of (GPs)". Just in case the scheme remains

imperfect remember it is worth reporting problems - occasionally things do get sorted out! As we haven't heard to the contrary we assume there are similar arrangements with the QEH and JPH and that they are working satisfactorily.

Health Equity Audit Project - Stroke

The LMC office has had a query from a practice that was asked to run a disk on its clinical system as part of this research project. The LMC has queried both the process and the precedent and whether there may be risks to clinical systems and threats to confidentiality. And, of course, there is no mention of funding.

The PCT is being invited to liaise with the LMC to try to ensure an appropriate process in the future.

Coroners' Work

The fees for providing reports for coroners are payable under section 24(2) of the Coroners Act 1988 which empowers local authorities to make a schedule of fees, allowances and disbursements which may be paid by the coroner in the course of his/her duties. They are negotiated on an annual basis by the BMA's Forensic Medicine Committee. The following has been agreed and has been effective from 1st December 2006:

- 1 Report without examination. Full written clinical report without examination provided at the request of the coroner: **£66.00**
- 2 Extract from doctor's records. **£32.50**

Disability Living & Attendance Allowances

The Department for Work and Pensions has agreed an increase in the fee paid to GPs for the completion of factual reports for the Disability Living Allowance and Attendance Allowance. From the 1st January 2007 this has risen to £33.50. It still doesn't reflect the work involved but probably better than nothing - we suppose.

Advertisement

Experienced lady GP seeks sessional work, salaried or assistant post desired. Please contact Susan Payne at the LMC office on 01953 608060. who will pass on the practice details.

Patient Experience Survey - Choice and Booking DES

As we have already advised your Practice Manager, a letter from Richard Armstrong, Head of Primary Care Contracting, at the DoH, has gone to all practices informing them that they will receive questionnaires to hand out to all patients who are given a Choose and Book referral between now and March.

Due to technical reasons, the 'Choice' component of the survey could not be delivered as originally planned as part of the patient experience survey. This is because it is not possible for the 'choice' question to be answered

from a list of patients derived from an individual practice computer as not all referred patients would have been eligible for the survey. Therefore it was agreed that the best method to allow the choice component of the choice and booking DES to be measured would be an in-practice survey of all relevant patients.

The methodology for administering this will involve practices issuing the questionnaire to patients, in the form of a postcard, once they have been referred. This can be at the end of the consultation. Questionnaires (pre-addressed and with pre-paid postage) can then be posted back directly to Ipsos MORI for analysis. Responses received will determine whether a practice has achieved the choice component of the DES.

The GPC is aware that there will be costs to the practice associated with administering the survey and is currently negotiating with NHS Employers to determine exactly how practices will be compensated for this.

Choose and Book

Component 2 of the Choice and Booking DES was designed to utilise the Choose and Book system for referring patients to first consultant outpatient appointments. It is to be measured via converted Unique Booking Reference Numbers (UBRNs) made using the following mechanisms; in the GP surgery, by the appointments line, through the internet, by local booking services or via Indirectly Bookable Services (IBS).

To achieve the aspiration payment practices needed to provide their PCT with a written statement to demonstrate their commitment to utilising the Choose and Book system. The other 50% of component 2 will be dependent on the percentage of Choose and Book referrals made between the beginning of September 2006 and the end of February 2007.

The GPC is aware that many practices in many areas are suffering from frequent failures of the C&B system and collapses of the N3 network connections and that, therefore, not all practices will hit the C&B target for the DES. If, by the end of 2006/07, a practice cannot implement a programme due to circumstances outside its control, practices will be guaranteed a pro-rata payment for the work they had completed. This includes system failure or the inability to access the system due to national problems.

Practices in this situation should raise this issue with their PCT. Additionally, failure of the Choose & Book system should not affect the aspiration payment if a commitment to use the system has been demonstrated.

The DoH has produced some FAQs on the Choice and Booking DES available here: http://www.dh.gov.uk/PolicyAndGuidance/PatientChoice/ChoiceArticle/fs/en?CONTENT_ID=4142066&chk=1uByDc

HMRC guidance on recording employers pension contributions on self-assessment tax returns

The HMRC would like all GPs and their accountants to be aware of the following when filling out their self-assessment tax returns.

The HMRC's view of the correct accounting and tax treatment of GP contributions is that returns should be submitted stating gross income, including employers pension contributions. The 14% employers contribution should also be stated separately so that it can be claimed against tax. Doing tax returns in this way will ensure uniformity across the country but will make no difference to GPs' tax burden if they were previously recording their income net of the employers contributions. In instances where another method has already been used for the 05-06 accounts, HMRC would ask that the self-assessment forms are resubmitted in the correct format. Further guidance can be found on the HMRC's website www.hmrc.gov.uk/pensionschemes/esca9.htm

Green Book

Everyone by now should have received the new and long awaited version of the "Immunisation against Infectious Diseases - 2006 version" aka "The Green Book".

If you have not it is available at: http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/GreenBook/GreenBookGeneralInformation/GreenBookGeneralArticle/fs/en?CONTENT_ID=4097254&chk=isTfGX although we think it would be much easier to "Google" it!

Connecting For Health - The NHS Care Records Service

This BMA guidance document, which can be found on the LMC website, provides an update on the NHS Care Records Service following the publication of the Ministerial Taskforce Report in December 2006. It also provides answers to some frequently asked questions, the first of which is:

Q: I have received correspondence from a patient asking to opt out - what should I do?

A: The first upload of information will not happen until 1st April 2007 at the earliest and this will be at the early adopter sites. There is therefore no need for immediate action. The BMA would be concerned about patients making a decision about opting out in response to media campaigns without receiving appropriate balanced material.

The BMA recommends, at this stage, that if a patient requests to opt out it should be recorded on their record and the GP practice should discuss their request nearer to the time when the summary care record is launched in their area. There will be both national and local public information campaigns before this time.

Regarding the CMO' letter to GPs telling them to forward communications from patients, the advice we have received is that GPs should not forward these letters. It is likely that some patients might think this is a breach of confidentiality in that a letter to their GP is being forwarded to somebody else without their consent.

"Managing Short Term Sickness" Pamphlets

The LMC office is disappointed that the Doctor Patient Partnership has withdrawn the supporting website connected with these very useful pamphlets which it has regularly

distributed to practices. We have asked the GPC if it can persuade the DPP to relaunch this campaign. In the meantime the main message to employers remains **"GPs are not obliged to provide their patients with sick certification for illnesses of seven days or less"**.