

NORFOLK LOCAL MEDICAL COMMITTEE

JANUARY

Wymondham Medical Centre, Postmill Close, Wymondham, NR18 0RF
tel: 01953 608060 fax: 01953 608061 email: norfolklmc@btconnect.com
www.norfolklmc.org.uk
January 2008

"The Crisis and what can you and your LMC do about it?"

You will have received and, I hope, carefully read two letters from Laurence Buckman, Chair of the GPC, about the current developments with the GMS contract - especially in the areas of extended surgery hours, QOF and enhanced services.

I won't repeat what is in those letters but from them you will know that Government's intention is to impose a settlement if GPs don't accept what is currently on the table; the offer on the table is not what the GPC was attempting to negotiate. More paperwork will be coming and the LMC is organising an open meeting at which Peter Holden, one of the Negotiators, will speak. We have arranged a large central venue so hope that all of you who wish to know more will be able to attend.

On the face of it, the difference between the deal that the GPC was attempting to negotiate and what the Government has insisted is the final offer is not all that great. However there is a worry that what is happening could be the thin edge of a very large wedge - which might end up doing serious harm to general practice as we know it.

We all need to think about issues thoroughly; perhaps there are three categories of issues. The first, which I might call "ethical", is to do with whether the Government has broken its word in attempting to re-open issues that were supposed to have been settled last year (when the profession accepted a zero increase in GP income and a one-off deal for perceived QOF over performance). Also whether it is unreasonable to use the clause within the contract which means it can be unilaterally changed after thirteen weeks "consultation" in a situation which is not, in any sense, a crisis. The GPC believed that the clause was only meant to be invoked in a "crisis". Are these matters of principle so important that we should oppose the offer because of them?

The second broad area is "practical" issues. Is the offer on the table going to threaten the viability of some practices? No doubt all our managers will be pricing the offer (as well as the threatened "imposed" settlement) as part of their business planning. Even if the settlement would not immediately threaten practices, will this financial settlement and the increased amount of work in antisocial hours set back the increased interest in general practice as a career for new medical graduates, perhaps to where it was before the new contract was agreed? This would threaten the longer term viability of practices.

Thirdly there is the "political" arena. There is a feeling among some that the Government's agenda is to destroy traditional, list-based general practice and that this threat is so great and so imminent that it must be fought, even if we could "live with" the offer on the table. The thrust of this argument is that if the profession "gives in" on this occasion then further, worse, changes will follow.

The GPC has stated that it will attempt to remain neutral and at some stage GPs will be asked their views - to inform the GPC which will then decide on appropriate action. While the arguments sketched out above might feel as if they were making a good case for "fight", nevertheless, in the interests of balance, there are some arguments for, if not "flight" exactly, perhaps adopting a "wait and see" policy.

How is the public likely to react if practices do anything that could be seen as adversely affecting them? There is a risk of GPs appearing selfish when, as much of the media has been at great pains to point out, we are earning a lot and (on the face of it) working significantly less (out of hours) than used to be the case. When the top 10% of incomes in this country is £46,000 and above, and the average annual wage is £24,000, then it is not impossible that public sympathy for the GPs' case could turn. It may even be that some GPs feel that their earnings are higher than they expected when they took up their vocation and they, and indeed other GPs, may be willing to change their working hours if they believe that would help their patients. It may also be the case that in a democracy a government has a right to have policies and if there is a recession our pay and protected pensions will make us look even better off to the public.

So, there is an awful lot to think about. Please read the information that comes from the centre and from your LMC and make sure you price the offers and then make an informed decision. Please respond when the GPC seeks your views at the end of February. The LMC will do all it can to help but remember: it is your future. We look forward to seeing as many of you as possible on the 8th to discuss this extremely important issue for the profession. We appreciate that Friday evenings is not ideal but the Government's timetable and the Negotiator's diary have left us with little choice. SRL, Jan 2008.

Continuing Care

The office is still receiving questions from constituents about the status of the requests for medical reports from the Continuing Care Panel Complex Health Needs Assessors. These are not reports that GPs are contractually obliged to complete at no charge so you are urged to claim the appropriate fee. The Norfolk scheme is still being administered from Kelling Hospital, High Kelling, Holt NR25 6QA. We haven't received any queries from GtY&W practices so can only assume that there are no problems on their patch - if there are let us know.

Calling all Non-Principals

There has been a small amount of feedback to the

LMC as a result of the "Is your LMC Supporting you?" item in the Christmas flyer. However, we have also had anecdotal reports that a significant number of concerns about working conditions in Norfolk are being expressed in some fora by non-principals. It is really hard to do anything without evidence. If there are GPs out there who are not being offered the standard BMA approved Assistant Contract - **please tell the LMC**. If there are other ways in which non-principal GP colleagues feel they may be being treated unfairly - **please tell the LMC**. The Committee wishes to represent all GPs but needs input to do it properly

The LMC currently has a vacancy for a non-principal - which no one has come forward to fill. The available places on the Committee could even be increased if non-principals believe that the LMC is not representing them properly. You can

also attend meetings even if you are not a member.

We know this flyer goes to some 290 non principals. If the LMC doesn't hear anything to the contrary it can only assume that non-principals have no concerns to raise. If this is not the case please make contact in whichever way you prefer, e-mail, telephone, letter or by speaking to an LMC officer or member.

Co-proxamol

It would be so much easier if they would just ban it! But they have not done so and most of us will have a few patients who want to stay on it; they promise they won't overdose or leave it around when the grand-children visit - so it is hard to

The GP Contract

"The Road to Here and Beyond"

a presentation by

Dr Peter Holden, GPC Negotiator

Friday 8th February

7.00 for 7.30 pm

The Top of the Terrace, Carrow Road, Norwich

An opportunity for all doctors, whatever their contractual status, to receive the latest update on the negotiations, to ask questions and to feedback their views to Dr Peter Holden, GPC Negotiator and to Dr Ian Hume, LMC Chairman and GPC representative.

For further information please contact Susan Payne, Norfolk LMC, norfolklmc@btconnect.com or 01953 608060 (Note: Practice Managers are also very welcome)

say "no". GPs are free to prescribe unlicensed drugs but they have to be able to clearly justify the reasons for so doing and to provide documentation/evidence that the pros and cons have been fully explained to the patient and that the patient wishes to continue with the medication. The onus is on the GP to document the discussions properly and to continue to monitor the patient.

Cancer Information:

The LMC has received a letter from the Eastern Cancer Registration and Information Centre because its traditional ways of gathering the information it requires are no longer working well. This is because practices now rely on their electronic records. When ECRIC has not been able to obtain the information it requires from a hospital, its traditional practice has been to obtain the GP records from the PCT. This has begun to be rather frustrating because of the lack of information within the paper records (which is what they get). They have drafted a questionnaire which seems brief and sensible; I am advised that the procedure should generate an average of four requests a year per practice based on current numbers, although they do mention that practices which cover nursing homes may receive more requests. I have enquired about finance.

It seems a good cause but clearly it is extra work; if practices find that this is significant please get back to the LMC and we will see what we can do.

Electronic flyer

The LMC is anxious to do its bit for sustainability and is aware that e-mail communication, both with practices and with individual GPs, works pretty well. We have decided to take this one step further by offering the flyer in electronic format for those who would like it. But, of course, we don't want to make it less likely to be read. What we plan to do is to ask practice managers to ascertain from their GPs whether they wish to receive the flyer in paper format, electronic format, or both; then we will set up our systems accordingly.

Please do make sure that your practice lets the LMC know your needs. If you are a salaried doctor or self employed locum and receive a mailing to your home address please let us have your email address if you are happy to receive the flyer electronically.

You are reminded that previous editions are available through the LMC website.

The Health Screen Clinic

GPs and managers may well recall previous correspondence about this organisation. It has changed its business model and done a couple of sessions at the Norfolk and Norwich University Hospital. The Chief Executive of the Clinic has contacted me because he believes that some GPs may have ignored reports about their patients and that this may be because of comments I made in a previous Flyer about his company.

Be that as it may, if a GP did not act on a report that contained important information then I am pretty sure that the patient would have a legitimate complaint. I have, of course, asked to see his evidence because I think it is rather more likely that what appears to the company (or to a patient) as inaction is the GP believing that no intervention is appropriate.

No doubt the company believes that the tests it uses have a good evidence base and that abnormal

results should lead to action by the patient, the GP or both. Things are rarely that simple! I will contact the DPH in Norfolk and seek his view on the evidence base and on what commissioning decisions and other actions (if any) are appropriate for GPs on receiving one of these reports.

Advertisement

Part-time Salaried GP (2 to 3 sessions)
Attleborough Surgeries
www.attleboroughsurgeries.com

We are a large GMS dispensing practice working from two sites. We have all the qualities you would expect of a forward thinking, well organised practice.

- extended nursing team with nurse triage and minor illness
- full range of chronic disease clinics
- high QOF achievement
- Undergraduate teaching – years 1 and 5
- Masta Travel Centre
- 17000 patients

Application is by CV and covering letter. Closing date February 15th and interviews February 26th.

If you would like to find out more or would like to visit us please contact Mr Michael Barnes, Practice Manager, Attleborough Surgeries, Station Road, Attleborough. NR17 2AS, 01953 454123 michael.barnes@nhs.net

Medicines administered in Nurseries

It has been brought to the attention of the GPC that the revised "The Early Years Foundation Stage Statutory Framework" (which governs the standards of institutions like children's nurseries) states "Medicines should only be taken to a setting when this is essential and settings should only accept medicines that have been prescribed by a doctor, dentist, nurse or pharmacist". This has resulted, in some areas, in parents making unnecessary appointments to seek a prescription for an OTC medicine.

GPs are reminded that the MHRA licenses medicines and classifies them when appropriate as OTC (P or GSL) to enable access without recourse to a GP. It is appropriate for OTC medicines to be given by parents as they consider necessary in the home or nursery environment. It is a misuse of GP time to take up an appointment just to acquire a prescription for a medicine wholly to satisfy the needs of a nursery. Following an approach from the GPC the Department of Children, Schools and Families will amend their guidance in order that non prescription medication can be administered with the parents prior written consent.

Advertisement

Salaried Doctor
Theatre Royal Surgery, Dereham

Full-time salaried doctor required for friendly part-dispensing mid-Norfolk market town practice.

Special interests encouraged and opportunity to experience both prison medicine and undergraduate teaching. Job-sharing applications welcome.

For a comprehensive application pack email:

Val Harvey, Practice Manager, at enquiries@theatresurgery.com or write to her at 27 Theatre Street, Dereham, Norfolk, NR19 2 EN.

LMC Vacancies - Due to resignations there are vacancies in the Gt Y&W, S Norfolk and Salaried & Freelance LMC Constituencies.

If you are interested please contact Susan Payne on 01953 608060 or if you plan to attend the Contract Meeting on the 8th February why not take the opportunity to find out more about LMC membership.

Advertisement

Mattishall, Norfolk - Salaried GP

Rural, mid-Norfolk, GMS dispensing practice operating from two sites, seeks enthusiastic GPs to join our team

Post 1 - full time from 1 July 2008 (although an earlier date could be arranged)

Post 2 - 6 sessions per week to cover 6 months maternity leave for one of our existing (part-time) Salaried GP Assistants. Expected start May 2008.

- ▶ 8,200 patients
- ▶ High QOF
- ▶ No OOH
- ▶ Isoft Synergy Premier with Contract+ and Apolloscan document management
- ▶ Nurse-led chronic disease management
- ▶ Practice dispensary and practice owned pharmacy, both under supervision of qualified pharmacist
- ▶ Attractive salary for the right candidate

For information pack or to arrange an informal visit, please contact Stephen E Smith, Practice Business Manager, on 01362 857257 or email stephen.e.smith@nhs.net. Closing date for application 1st March 2008.

Salaried GP Conference

The BMA, in conjunction with the GPC's Sessional GPs Subcommittee, is organising a Conference for Salaried GPs, to be held on Tuesday 26th February at the Queens Hotel in Leeds.

For more information and registration details see: <http://www.bma.org.uk/ap.nsf/Content/MakingtheMost>

Charging private patients who fail to turn up

The LMC's advice has been sought on this. The office believes patients may be charged so long as this has been made clear to them when making the appointment. Similarly, if it is an insurance medical it would be wise to make sure the insurance company is aware that they will be charged if the patient fails to turn up.

Sessional GP Winter Newsletter

The winter 2007 edition of the BMA's Sessional GPs Newsletter is now available and can be accessed at www.bma.org.uk/ap.nsf/Content/

Hubcommitteeneewsgeneralpractitioners.

Included are articles on:

- ▶ “How the GPC’s SessionalGPs Subcommittee represents you”
- ▶ “Revised Focus on Salaried GPs - Guidance”
- ▶ “Salaried GP Pay”
- ▶ “Revalidation”
- ▶ “Returner and Retainer Schemes”
- ▶ “Pensions” and Appraisal for Freelance GP locums etc.