NORFOLK LOCAL MEDICAL COMMITTEE

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LMC Finances and Future

The July LMC agreed a paper, produced by a Subgroup, which looked at this vital issue. The Committee recognised that we are in a time of unprecedented threat to general practice and that the LMC needs to be fit for purpose for the difficult years to come.

For better or worse, the Committee has tended to rely on a small number of individuals to do much of the officer work, in particular attending meetings and liaising with all the bodies with which general practice interacts, as well as with its own GP constituents. The Committee believes that the model it has used for many years of GP officers who continue to work in general practice on a full-time or part-time basis remains the optimum model for Norfolk (while accepting that many other LMCs do have full-time officers with no, or a minimal, clinical commitment).

It is hoped that the workload can be spread rather more in future - with a Chairman and a Secretary assisted by a number of members who would have a regular commitment (and regular payment); this group between them would attend the majority of meetings where LMC input is vital. There would be a wider circle of members who would attend meetings on specific topics; again this would be fully funded. At the moment not every important meeting can be attended, the suggested change should ensure effective general practice input where it will make a difference. Clearly members will require funding not only for travel and attendance but also for preparation and written or verbal reports to the Committee (or to GPs at large).

The Committee believes that there are sufficient GPs with interests over and above their own practices (or their own portfolio careers) to make this model viable. We will continue to publicise it as the next LMC election approaches (April 2009) in the hope and expectation that GPs will be willing to stand for election who would be prepared to take on an interesting, properly funded, LMC commitment.

To achieve this, the Committee will require more resources. We have been present at fewer meetings than, perhaps, should ideally have been the case - although this has generally been because LMC input has not been requested or because PCT re-organisation has meant there was no one to talk to. In spite of the resulting savings, the Committee has been making a loss, ie has been using its reserves to fund current work - this is unsustainable. A decision to run on a deficit for a year or two was taken a while back in the hope that the DDRB would recommend a real increase in payment but, as you know, this has not happened yet.

So, the LMC needs the levies to be increased to allow it to function properly. There are many imponderables with costing the new model, but we are going to ask the PCTs to increase the levies to raise around £320,000 in a full year - compared with £242,000 in 2007/2008. I realise that this sounds like a very considerable increase, as indeed it is. However, the LMC office is privy, in confidence, to the equivalent figures for eleven other LMCs in the south and east. To date, we have been drawing the lowest amount per patient; even with the increase suggested, only one LMC of the eleven will be drawing less than us per patient - and they cover an enormous population, so I assume there are economies of scale available to them that are not available to us. Two other LMCs will be drawing a similar amount per patient to us and the other eight will continue to draw more - so it is the Committee's view that Norfolk LMC has been providing a very cost-effective service to its constituents and will continue to do so - even with the planned increase. Indeed, we believe it will be an even better service in future. Simon Lockett, Medical Secretary and Treasurer

Crestview Meeting
2nd September 2008

Following the well attended meeting in May which gave the LMC's officers a very good steer on the views of local GPs, the LMC is holding another meeting for all Great Yarmouth and Waveney GPs at Crestview Surgery, Lowestoft on Tuesday 2nd September at 7.30 pm to discuss current issues.

Ideally if every practice could field at least one representative this would allow us to have a better understanding of the views of general practice across the whole PCT area.

More details will be sent out nearer the date but in the meantime if there is anything you would particularly like to raise please contact the LMC office or email Dr Annette Abbott, Chair of the GtY&W Subcommittee, on annetteabbott@nhs.net.

Co-option to the Committee

As stated in the "Finances and Futures" item, the next election for the LMC will take place in March 2009 for an LMC serving until March 2012. If you are willing to start serving GP colleagues sooner as a member of Norfolk LMC there are a number of vacancies, as follows:

Gt Yarmouth (1), Waveney (1) Sth Norfolk (1)

Remuneration is £168.15 per meeting plus 56.4p per mile. Meetings are on the third Tuesday of each month at 5.00 pm at the Hethel Engineering Centre, Hethel. (There is traditionally no meeting in August and the September meeting has been put back to the 23rd because of room availability).

There is a consensus amongst GPs nationally and locally that general practice is under threat. We need the best representation we can possibly have, both locally and nationally. We need normal GPs as well as those who spend (too much?) time sitting in committees. Please consider offering now if you can fill one of the current vacancies and/or standing for the next LMC. You will know then that you are doing your bit - you may even find it interesting! You will certainly learn stuff that will help your practices.

Great Yarmouth Vacancy

Dr Adrian Penn has resigned from the Norfolk LMC after many years representing Great Yarmouth GPs. We would like to thank him for his valued contribution to the LMC. We now need representatives from both Great Yarmouth and Waveney, so please contact Susan Payne at the LMC Office or Dr Annette Abbott (annetteabbott@nhs.net) if you are interested.

Established 1786

The AGM of the Norfolk & Norwich Benevolent Medical Society took place on the 2nd July. I am delighted to say that the publicity given to the Society in a previous flyer seems to have borne fruit with more new members joining in a few weeks than has been the case for years. You are reminded that this is a friendly society that exists for the benefit of its members, ie doctors who practice in Norfolk and their dependents, and has been going since 1786. The annual contribution is minuscule so if you are not a member I strongly recommend you consider joining, both in your own interests, those of your dependents and to take your place on a page of history. The website is: www.nnbms.org.uk
SRL

Charitable Disasters

On a vaguely related matter, I have been reminded that one of the grounds for termination of GPs' contracts is being in trouble with the Charities Commission. A number of GPs are trustees of charities (your Secretary is one). Apparently your GMS contract can be terminated if you are removed from the office of charity trustee or trustee for a charity by an order of the Charities Commission or the High Court on the grounds of any misconduct or mismanagement in the administration of the Charity "for which you are responsible or to which you are privy or to which by your conduct you contributed or facilitated". So it sounds to me as if you should be safe if your charity is reputable and not

salting away money; if they are, then I suggest you make sure you have enough put away so you don't need to bother if you can't doctor any more. I very much hope that this item doesn't make anybody give up this public spirited duty.

Indicative Budgets - GtY&W

There is no change to report as yet. The LMC will be negotiating for an uplift for all enhanced services, while we await the decision with respect to GMS PMS. It is regrettable that despite the PCT being in financially in better shape thanks in no small way to the work of its GPs this has not been reflected in financial settlements for primary care.

Practice Based Commissioning in Norfolk

As you know, Norfolk PCT states that it welcomes input from general practice into its Programme Boards - if those clinicians and managers represent PBC practices and groups.

You have probably been able to tell from the tone of communications from the LMC, including this Flyer, that the LMC is not always confident that it is inputting into the PCT sufficiently well to ensure that the PCT works effectively with general practice. Therefore it is vital that PBC clinicians do everything they can to help the PCT to understand what it is that primary care does, and how it can be helped to do it better. This knowledge somehow seems to have been lost to the PCT - probably due to too many NHS re-organisations.

The LMC would be absolutely delighted to meet with GPs and managers who have been chosen by their PBC practices or groups to work with the PCT. We could discuss matters of mutual interest and to try to ensure that consistent messages from general practice get to the PCT and influence its policies.

Unpaid Work

(This item was prompted by reports in Norfolk but the underlying principles apply to everyone)

Every month I seem to do an item on unpaid work. Well, there is good news and bad news. The bad news (sort of) is that we understand that the provider arm of the Norfolk PCT will be declining work that they do not believe they are funded to perform. This may well include injections suggested by secondary care and complex dressings, perhaps post-op, and varicose ulcers. Rumour has it that community staff have actually complained about practices that have asked them to do this work! In addition, it is our understanding that Norfolk PCT has not contracted with acute hospitals for post-operative care - such as stitch and clip removal and "dressings" - in the hope that GPs will do it for nothing.

The good news is that if the hospitals and community services make it clear they won't work for nothing then we should have absolutely no qualms about doing the same. The PCT needs to commission somebody to carry out this work; if they want it to be GPs then they will have to pay us properly. It is entirely up to them if they prefer to commission the hospital or the community services to do it, but they will require paying. If you have been doing this sort of stuff then you really must try to say "no" until the funding is sorted.

It is becoming more and more imperative that practices set their houses in order and have realistic business plans. You will be aware from the Darzi report (and elsewhere) that the MPIG is under extreme threat; it is said that the government would like it gone within a couple of years. We suggest you re-look at your business plans and cash-flows ***without your MPIG*** and decide then whether you are willing for your staff to carry on setting a precedent by doing this work for nothing. Hospitals and community units have done the same sums - and then they have said "no".

Whereas for GMS practices it should be relatively easy to demonstrate this work is not essential services provided under the GMS contract (ie work that can be stopped or not taken on), PMS practices may have to work harder to ensure that they can justify any work that they cease – it must not be in their baselines.

Extended Hours LES (Norfolk)

Norfolk Practices are to be commended for hanging together and saying "no" to the generally unacceptable LES on offer within Norfolk. The LMC officers will be meeting shortly with the PCT to try and agree a workable LES. This should give the PCT the numbers of signed up practices it needs - to satisfy higher powers - and it should enable practices that wish to work it to do so, taking into account financial viability and staff and doctor safety. There are a number of fairer LESs from around the country that should provide suitable templates.

Extended Hours LES (GtY&W)

The LMC still has concerns at the insistence of GtY& W PCT that practices must be "open" from 8 am to 6.30 pm in order to take part in this enhanced service or provide extra hours consulting in the evening or on Saturdays to compensate. The PCT is organising a meeting to which the LMC and PBC representatives have been invited. We are still awaiting confirmation and will report back once this has taken place.

Darzi "NHS Next Stage" Reviews

This review of the NHS culminated with the publication of three final reports "High Quality Care for All", "A High Quality Workforce" and "Our Vision for Primary and Community Care". Copies are available from www.bma.org.uk/ap.nsf/Content/HubDarziReviews. The LMC office circulated a summary of the intentions and recommendations of this final report to all practices on 14th July. We strongly recommend Practice Managers and Management Partners log on to the BMA site and also dig out the BMA's commentary.

GP Systems of Choice

All PCTs should be well down the road to finalising agreements with practices. NHS Connecting for Health has published Agreement Guidance which contains a section of FAQs which cover the key issues likely to arise in discussions between practices and PCTs. The sections on escalation and dispute resolution are of particular importance, especially the paragraphs concerning Health Service Body Status. It is essential that practices understand how to trigger the dispute resolution process. A copy is available from the LMC Office.

Support Your Surgery Campaign

1,236,085 signatures were collected during the three weeks of this campaign, demonstrating a phenomenal level of public support for NHS general practice and strong opposition to government plans. A big thank you from the GPC and the LMC to everyone who made this possible.

ANY OLD IT?

If you have had a server upgraded and "decommissioned" but kept it around - maybe for the stuff on it other than the clinical system - do be very careful. It may have easily accessible or, at least, recoverable patient information on it. It is suggested that any IT equipment that has ever had patient information on it is secured or disposed of with extreme care. The PCT should be able to help.

In the present sensitive climate it could interest the GMC if it were felt that a GP had been cavalier with patient information - even if they were under the impression that the data had been wiped or had foolproof password protection. This applies to desktops, laptops, palmtops, disks, tapes and memory sticks. Oh, and paper too.

Woodcock Road Surgery
Norwich
Part-time (six session) Partner required

Due to retirement we are seeking a part-time partner to join our friendly and professional Norwich PMS practice with over 6350 patients

- High QOF points, Vision Computer System
- Paper-light, Excellent Nursing/Admin Teams
- Partner-owned, purpose-built premises
- Times and days negotiable
- 6 weeks annual leave + 1 week study leave pro-rata (start date 01/01/09)

For further details and practice profile please contact Sue Chapman – Practice Manager, Woodcock Road Surgery, 29 Woodcock Road, Norwich NR3 3UA or e-mail: suechapman2@nhs.net Closing date for applications: 19th September 2008

HARLESTON – NORFOLK
SALARIED GP

Vacancy from October 2008 in market town on Norfolk/Suffolk border

- 6 clinical sessions/week
- 9000 patients
- Dispensing
- Standard BMA Contract
- Salary negotiable

Applications to: Business Manager: Harleston Medical Practice, Bullock Fair Close, IP20 9AT 01379 853216

Best Practice Guidance on joint working between the NHS and pharmaceutical industry and other relevant organisations

If practices are considering doing anything with the Pharmaceutical Industry and/or other commercial organisations they should read this guidance very carefully to ensure they don't breach any ethical or other standards that PCTs, or indeed the GMC, might be interested in.

It is dated February 2008 and can be found at: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082370