

# NORFOLK LOCAL MEDICAL COMMITTEE

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May 2004

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Principals' Edition

## And it's Goodnight From Him

Due to personal reasons, the Medical Secretary has decided to stand down at the end of August. At the May meeting the Committee debated the procedure to be followed to seek and appoint his successor; the consensus was that the LMC would prefer to accommodate the "right person" (as opposed to the "right fit" for a predetermined job description).

Whilst the office will finalise details, circulate the requirements and advertise the post in June, local GPs who are tempted at this stage could think about whether they might apply and start discussions with partners (domestic as well as practice!) and dust off their CVs.

It wouldn't do any harm to talk informally with the current Secretary or with Mrs Payne just to find out what the Committee has in mind.

## Hospital Sick Notes

**Queen Elizabeth Hospital** The A&E Department at the Queen Elizabeth Hospital has confirmed that all its staff are aware of its policy of issuing sick notes, as appropriate, to attenders. However, the LMC office is still awaiting confirmation that this is the policy throughout the Trust.

If GPs with patients attending the QEH notice that they are presenting at the surgery requesting sick notes please let us know.

**James Paget Hospital** We have now received a very helpful letter from Mrs Slaney, the Medical Director, promising to address this issue with the Trust's clinical directors. However, she would appreciate being advised of any particular difficulties - so please continue to let us know if patients present for a Med 3 that should have been issued by the hospital.

**Tertiary Referrals** We are receiving reports that some clinicians at hospitals such as Papworth are refusing outright to issue Med 3s. Again the more information we have the better so that we can address the issue

**The Norfolk & Norwich Hospital** Thank you to everyone who continues to send in examples - though we suspect Dr Brooksby may not be quite so grateful to receive our regular missives containing several specific examples!

## Pneumococcal Vaccination - returns

PCTs are asking practices to fill in a 4-question surveillance form, to be returned by the beginning of August. It is part of a national project and is DoH policy. Whilst there is no additional fee for doing it, GPs should remember

that the pneumovax programme is funded

through a DES and is additional to the 'flu campaign. The answers to the questions could be pulled directly from practices' computer records and shouldn't be particularly time consuming. The GPC believes GPs should be encouraged to co-operate but cannot be forced to.

## Guidance on Partnership Agreements

The BMA and GPC have published guidance for GMS and PMS practices on partnership agreements. This was emailed by the LMC office to your practice manager on 20th May. May we suggest you obtain a copy.

It has been prepared in consultation with the BMA's regional offices, the BMA and GPC's legal advisors. It is intended to help GPs to identify matters to be covered under a partnership agreement including income and expenses, accounting, partners' obligations to each other and the effects of retirement.

The guidance highlights particular issues of importance, which include that:

- the GPC and BMA strongly advise that all practices should enter into written partnership agreements

- the guidance applies to practices in all four UK countries and indicates where there are variations

- the guidance is not a "model" partnership agreement or "model" clauses. The lawyers advise that to produce model clauses would be inappropriate and could be misleading, particularly given the varied nature of GP partnerships and the differing needs of each partnership. However, it does include a checklist of issues that should be covered in a partnership agreement, together with guidance notes on each of those issues

- partnerships with an existing agreement may not need to draw up completely new agreements, but will need to consider their existing agreements and end these where necessary. Practices should seek specialist legal, accountancy and tax advice in relation to new agreements or amendments to existing agreements

BMA members may also obtain partnership advice from their local BMA office (01223 401555)

## Antenatal Cases and Chickenpox.

Midwives in some areas seem to have started asking GPs to check antenatal varicella zoster immune status. We raised this with the NNUH

O&G Directorate and have been told that this is not required. Midwives should ask the patient

whether there is a history of previous chickenpox at booking. There is no reason why they could not include varicella serology in booking bloods if they wanted, for example if there was doubt in the history. We do not think that GPs' patient records will reliably have documented previous chickenpox infection.

## GPs Working in Hospitals - No News

We have been deafened by the silence from the Human Resources Department at the NNUH since we sent the joint BMA-LMC paper requesting a radical overhaul of GPs' terms and conditions. The hospital's Local Negotiating Committee has also not heard anything back despite it reminding HR.

This unresolved issue has been rumbling on for several years and it's time GPs started looking very seriously at whether continuing as a clinical assistant or hospital practitioner is worth the trouble. Only when GPs start leaving in large numbers will the NNUH (and other acute trusts) realise how much they rely on GPs to keep various clinical departments afloat. At the same time, PCTs should actively move resources around to promote the specialist management of patients away from the hospital setting, and where better to start than by recruiting those very GPs who are underpaid and undervalued by the secondary sector?

## Cley Ward, NNUH - GP letter

The O&G Department has devised a "go to your doctor" letter for patients who are subsequently to attend for day case treatment. It's an old fashioned urine sample / medication / allergy / any other treatment? form, which we thought went out with the Ark. We have asked this Department to adopt a procedure similar to the DPU and have suggested that in the meantime all practices need to do is to supply the patient with a print-out of their medication.

## Post-op follow-up by GPs.

Continuing the above theme, GPs in the West of the county have spotted that they are being asked to perform 6-week follow-ups of hysterectomy cases. We have protested to the commissioners, West Norfolk PCT, and asked them to ensure the trust ceases this.

We have reminded the PCT that, in an ideal world, post-op follow-ups could form part of a "treatment room" local enhanced service and GPs would be quite prepared to look at offering such a service, provided it was properly resourced.

However, such a scheme has been rejected by West Norfolk PCT and therefore the work has to be commissioned elsewhere; we suggest the QEH

as the most appropriate setting. Please would any GP from anywhere in Norfolk send us examples of clear dumping of secondary sector work onto GPs without agreement and resourcing.

### **Child Protection Cases – Confidentiality**

GPs attending the current round of Level 2 training have been struck by the expectation that they should disclose confidential information to the Chair of a Protection Case Panel; information about a third party who is, or could be, in some way involved with the child under consideration.

Whilst some of us would rightly feel uncomfortable with this, the precedent of recent high profile cases has illustrated the need for an integrated picture to be assembled for the Panel, and the GP is protected in this respect should s/he divulge this information. The Royal College of Paediatrics and Child Health has issued an excellent guidance document on this which is available to download from [www.rcpch.ac.uk/publications/recent\\_publications.html](http://www.rcpch.ac.uk/publications/recent_publications.html)

### **Sale of Goodwill**

The guidance to date has been somewhat impenetrable. However, the DoH's attempt is a bit more helpful. It has the advantage of being brief and relatively easy to understand. Download from <http://www.dh.gov.uk/assetRoot/04/07/99/66/04079966.PDF>

### **Certificates for Persons on Bail**

A practice was approached by a person on bail asking for a certificate to explain their late attendance at the police station. Norfolk Police have explained that not reporting without reasonable cause constitutes an offence; hence the patient's request for a GP cert - the police do not ask for it. The LMC's advice is that you don't have to do it and if you do you can charge

### **Infertility Tests**

This item refers to the Norfolk contract with Bart's and The London NHS Trust. It is a reminder that there is no obligation on GPs to arrange HIV or Hepatitis B tests on patients who they are referring for infertility.

The referral form may well ask for these but unless you have a result in the notes from tests done in other circumstances you are not obliged to carry out these tests anew. The contract with the provider requires them to do this. If you have a referral form returned on account of these tests not being done, send it back, and let the LMC know.

### **Allergy Testing Service**

It seems that the allergy testing service (NADAS) is being withdrawn in order for PCTs to save money. Some GPs have told the LMC that this service provided by Mary Brydon will be sorely missed as it can be quicker and more effective than referring the same cases to Dermatology.

We have also learned that it has been very under-used and deemed not to be cost-effective, and PCTs have said that if GPs want it to continue they can fund it from their Global

Sums. The LMC believes that this should not be provided from practice income and that the service should be commissioned by the PCTs, subject to a good clinical and economic case to support it. If sufficient GPs feel strongly the LMC will pursue this. Let us have your views.

### **Norwich City Football Club Part time Doctor needed.**

**Come and join the legendary Canaries!**

Commencing mid-late July; This ambitious football club, newly-promoted to the Premier League, seeks an additional doctor to join the medical team on a part-time basis and work principally with the Club Academy and Schoolboy players.

We are looking for an on-going sessional commitment, totalling approximately 70 per annum. This comprises a regular Monday evening clinic and attendance at around 30 weekend (home) fixtures during the Season.

Whilst a desire to work with adolescent and teenage boys is essential, the successful applicant will ideally also possess the Diploma of Sports Medicine or indicate a commitment to obtaining it, and have both an enthusiasm for, or experience in, sports and trauma medicine.

Remuneration will compare favourably with current salaried GP rates. We hope to interview as soon after 1st July as possible.

Apply informally for further details to the Club's first team doctor, Dr. Peter Harvey, on 01263 732716, most evenings or weekends, or email him on [pharvey@paston.co.uk](mailto:pharvey@paston.co.uk), or send your application and CV, by the closing date of June 25th, to Neal Reynolds, Senior Physiotherapist, Norwich City FC, Colney Lane Training Centre, Norwich, NR4 7TS

### **NHS Direct and Dental Cases**

We continue to receive reports from practices of patients being told to attend their doctor for a dental problem. When we complain about these instances to NHS Direct we are told they would be "grateful for more details of the patient to be able to trace the particular call" (which, we understand, are all recorded). NHSD goes on to assure us that it is "not standard practice within NHS Direct Anglia to refer patients who require dental care to their GPs".

However, this is not what we are hearing. If a patient is referred to you by NHS Direct, seeking treatment for a dental condition, let us know. We can copy you the NHSD "Health Professional Feedback Form" which, apart from reporting the incident, allows you to give "suggestions for improving/developing the service"!

### **Requests for GPs to Document Injuries**

We thought we had cracked this but continue to receive reports that the police are sending patients to their GP to have their injuries "documented".

We have raised this again with Norfolk Police and asked that they once more circulate the communication from the Assoc of Chief Police Officers dated 4th June 2001, which clearly states that *“directing people (who require no medical treatment) from police stations to their GP in order for evidence of an assault or injury to be recorded is not an appropriate use of GPs time.”*

If you suspect your premises may be affected we advise seeking appropriate professional advice.

### **DoH GP Bulletin (May) Issue 30 “Full Lists”**

At first glance this article in the May 2004 Edition of the DoH GP Bulletin (supposedly sent to every GP) appears to be at variance with the advice we have been giving.

However, the GPC believes that the second bullet point, “that a practice with an *open* list can decide to refuse an application from an individual” still allows a practice, if it has a good reason, to refuse new applications. If the GP justifies refusal on the grounds that s/he does not feel s/he can safely register any new patients at the moment then his/ her list is effectively “full”.

Rather than have a fight with PCTs over the word “full” it is essential that practices do not feel isolated and bullied over this issue - so seek LMC advice and support in adhering to the GPC guidance.

### **Recommended Locum Rates**

The GPC has recently issued this self-explanatory statement

*“The directors (of the GP Defence Fund) have discussed the dangers of issuing guidance on the level of fees that might be set for doctors working within general practice on a sessional basis. The BMA and GPDF are aware of legal advice that the Office of Fair Trading may see such guidance as anti-competitive. The potential penalty faced by an organisation deemed to promote anti-competitive behaviour could be as high as 10% of turnover for three years. Consequently, the GPDF Ltd has no alternative but to dissociate itself totally from any LMC issuing such guidance and advises all LMCs to ensure that they are not vulnerable”.*

The LMC office is seeking further advice regarding the “Suggested Fees for Approved Committees/GP Representation” which it has published for several years and which is widely used by GPs and PCTs alike. It may be that the above guidance does not apply - we await more information from the Treasurer to the Defence Fund.

### **The Control of Asbestos at Work Regulations 2002**

These Regulations come into force towards the end of this month and apply to commercial and public buildings and to the common parts of shared residential property. Whilst most Norfolk GP premises are relatively new, we are told that many premises built before 1985 may be affected.

The Regulations place a burden of compliance upon owners and occupiers, requiring a register to be kept of sites within premises where asbestos has been identified.