Norfolk Local Medical Committee

Serving the Practitioners in the County of Norfolk

May 2006
FLYER

"Collaborative Arrangements"

"Collaborate: verb"

1) work jointly with or 2) cooperate traitorously with an enemy . Hmm.... I wonder which meaning they had in mind?

In essence this is work that is done by GPs, paid for from PCT budgets, but requested by Local Authorities. Examples include the "Blue Badge", Adoption and Fostering Medicals, Case Conference Attendance and Sectioning. Your practice manager has recently received some BMA guidance on this subject from the LMC office.

The guidance is clear, unfortunately the subject isn't. Several things have come together. The claim forms, long in use and originally agreed between the LMC and David Walker for "central Norfolk", are getting long in the tooth and do not include all the work for which GPs may claim. The fees have not been updated; the Review Body has refused to set any, so practices will have to decide what they want to charge. Finally, competition legislation and the Office of Fair Trading prohibit anyone above practice level (LMC, BMA) setting fees and even prevent individual doctors and staff from discussing their fees outside their own practice.

A bureaucratic nightmare for practices and PCTs looms. Further advice is expected on the legal aspects but do read the BMA guidance, do remember to claim, do make your claims "reasonable" but also remember that practice incomes are likely to be pretty static this year whereas expenses will rise and everyone is trying to make us do more for less.

Dental Floss

Dr Lockett and Mrs Payne recently met Mr Nick Stolls, Secretary of the Local Dental Committee, to discuss the new dental contract/out of hours dentistry and how they may impinge on general practice. It was apparent that the introduction of Personal Dental Services (PDS) and the New NHS Dental Contract had varied across Norfolk PCTs. The LDC was expecting more Norfolk dentists to resign from the NHS and Mr Stolls asked to be advised if practices, or AMC, experienced an increase in approaches from patients experiencing dental problems either in, or out, of hours.

On another issue, the LMC gave examples where patients with particular problems (usually with mobility or special needs) claimed to be unable to obtain dental care and GPs were being sucked into the process - being asked to see, visit and/or refer. Several requests involved referrals to the Siskin Centre in Norwich. Mr Stolls explained that:

- PCTs were responsible for organising NHS dental care
- problems should be passed directly to PCTs
- GPs and their staff should not become involved.

Staphylococcus aureus colonisation

Some GPs have told the LMC office that they would have preferred guidance from the NNUH on suggested medication regimes for staph decolonisation to be less prescriptive. The LMC is well aware that many, if not most, GPs have this information at their fingertips (more than have staph on their finger tips, it is to be hoped). However some GPs, whose memories or filing systems are not what they used to be (and sadly this includes your Secretary), do find it helpful to have nice clear guidance in big writing.

Accordingly the Committee has supported its Executive's view that the NNUH Infection Control Team should revert to issuing the more detailed letter to GPs advising on the appropriate treatment when a patient proved to be colonised subsequent to discharge.

I hope this is OK with those who raised the issue.

Norfolk United - Not

What a turn-up! It seemed so unlikely to happen. The least planned and worst consulted on PCT reorganisation ever has had an amazing result. From the start it seemed a given that our beloved Norfolk PCTs would have to come together to provide savings for a stricken service through self sacrifice. It seemed obvious that the rationale for change was financial and combining three counties' PCTs into three county-sized PCTs would clearly release the most savings - by cutting staff, boards, PECs and premises. Also, cross-boundary PCTs seemed an absolute no-no, as Local Authority boundaries appeared sacrosanct.

So, congratulations to the new Great Yarmouth and Waveney Teaching PCT that defied the odds and somehow managed to influence Patricia Hewitt's randomizer. With approximate PCT populations of: Norfolk 718,000, Suffolk 566,000 and Great Yarmouth and Waveney 216,000 it will be fascinating to see if small (to medium) *is* beautiful. Norfolk LMC knows that Yarmouth GPs will make it work if anyone can.

Continuing Don't Care

One hang-over (appropriate term) from the Secretary's ill starred PCT days is that he continues to Chair Broadland's Continuing Care Panel. It is a close run thing whether this, or his clinical assistantship at Parsonage Square all those years ago, is the most depressing work he has ever done. The time of all those expensive people and all those trees - to try to decide on who gets means-tested and who doesn't: pretty sordid really. Anyway, to try to increase the number of trees pulped and passed through photocopiers, as well as the amount of confusing information the Panels have to consider, the powers-that-be sometimes write to GPs/practices asking for a report. No funding is ever offered.

These are not reports that GPs are paid for in any other way, so when the LMC office became aware that they were being requested (Autumn 2005, if I recall correctly) we asked Martin Langdon (employed by NNPCT but leading Continuing Care for all PCTs with the exception of the West) to review whether they were really needed and, if so, to arrange proper funding.

To date we have had no response so I would suggest that you decline to give reports until appropriate funding is arranged. As ever, this will not happen if GPs do it for nothing.

"How to request an ambulance"

You will have seen, or should soon be seeing, this sheet of A4 with its eye catching full colour illustration of a stationary ambulance and the world flying by - an excellent metaphor for the NHS. Your Secretary rarely gets beyond the bit in documents that reiterate government targets - as if they were a reason for us to change how we help patients. On this occasion, this fascinating information occupies the second sentence. Nevertheless he struggled on: here is a brief item reminding you of the important stuff.

For emergencies, the document asks us to dial 999 and identify ourselves as the GP. To arrange urgent - but not blue light - transport, dial 01603 422750/422755

I think we all feel well served by the East Anglian Ambulance NHS Trust, so please try to fit in with its needs.

Sudden/Severe Illness in Care Homes appropriateness of 999 Calls

The LMC has heard that AMC has been monitoring these calls. In order to try to avoid unnecessary and inappropriate acute admissions for vulnerable patients it is clearly a good idea for practices to try to keep AMC up to date about patients, as well as to involve relatives. Anecdotally, a review of nursing home patients admitted to Medicine for the Elderly at the NNUH during a one month period indicated that

over 50% died within two weeks. Whatever else this proves, it suggests the admitting GPs accurately assessed the patients as jolly ill.

Non-anecdotally, half the patients admitted (many from hospital) to one of the care homes looked after by the Medical Secretary's practice between 1st January and 31st March 2006 did not make it until 1st April - so clearly this group of patients is very frail, or at least too frail to survive your Secretary's ministrations. He thinks the figures mean that there is an obligation on all parties - especially the hospital when discharging and (hospital) admission avoidance teams - not to give relatives false hopes about what is going to happen. It is also vital that good information reaches the GP at the same time as the patient and that it includes what the patient and relatives have been told about the nearness of death. It is a brave GP who takes on a relative who is demanding a hospital admission because they think they were told "aunty" was being sent to a nice home to continue her recovery rather than something a little more realistic.

PREMISES DEVELOPMENT

The funding, or more accurately the lack of funding, for GP premises has received high profile in the national media as well as the comics following the publication of the GPC's snapshot poll of 251 surgeries - which cast doubt on the feasibility of moving care from hospitals into the community. Indeed your practice may have been one of those surveyed.

It is particularly timely, therefore, that a motion from Norfolk LMC to the 2006 Annual Conference of LMCs, to held in June, has been placed top in a very large bracket containing 19 motions and therefore Norfolk's representatives will be called to propose the following:

That Conference insists that:

(i) realistic and adequate funding must be available for make all GP premises fit for purpose to deliver quality care

(ii) there is equity of access to funding for traditional GP practices as well as locality developments

(iii) the principle of notional rent payment is honoured fully

(iv) stamp duty land tax is a fully reimbursable expense

(v) the new contract has failed dismally to deliver its promise of increased investment in GP premises.

We will let you know how we get on in the June flyer. PS This is the first motion after the lunch break on the Friday afternoon - so sadly no nice long lunch for your conference reps!

Choose & Book Update

The national Choose & Book Team has confirmed that *"The DES states that practices should not be penalised for not achieving targets for reasons outside their control and that judgement will rest with PCTs. I (C&B Team) have asked for this point to be emphasised to the SHA leads who will be asked for guidance in cases where there is need for arbitration".*

Therefore, even though the DES doesn't explicitly mention local problems that was the intention and needs to be taken on board when it comes to calculating achievement. Let the GPC know if you experience problems.

RETIREMENT and PENSIONS
two issues close to many a heart!

24 hr Retirement

Following the confirmation of a change in understanding of the requirements for GPs to "retire" for 24 hours and be able to practice, subject to not exceeding 16 hours a week for the first month, the GPC is still awaiting the release of the technical newsletter detailing this. It is aware that this is causing problems in some areas where PCTs are stating that they are unaware of these changes. The GPC has written to the Pensions Agency to seek the approximately timescale for producing the Technical Newsletter and has requested that, in the absence of a full technical newsletter, it advises employers of the current position.

A further question has arisen about whether it is necessary for GPs to come off the Performers List for 24 hours to confirm their retirement. The GPC advice is that this is not a requirement and it will be asking the Pensions Agency to clarify this as part of the Technical Newsletter.

Pension Dynamisation

From Dr Hamish Meldrum, Chairman of the GPC:

"Following correspondence with Lord Warner I (Hamish Meldrum - Chairman GPC) can confirm that the 2003/4 dynamising factor of 12.9% as recommended by thge TSC, has been agreed by the Secretary of State. This figure is now public and can be widely publicised to GPs. We (GPC) also used this opportunity to make it clear to the Department that we expect full implementation of the dynamisation factors for 2004.5 and 2005/6, calculated using the methodology as agreed in the original contract deal.

NHS Pensions Technical Newsletter 8/2006

And boy, is it technical. And wouldn't it be reassuring if they could get the month right! Anyway this looks like it could be important for anyone retiring in the next year or two, or who is worried that they may have too much in their pension pot after "A day" (lucky them).

Follow the link and draw it to the attention of your accountant and financial adviser

http://www.nhspa.gov.uk/site/library/Newsletters/tn2006/TN8_2006.htm
or
http://nww.pensionsagency.nhs.uk/site/library/Newsletters/tn2006/TN8_2006.htm

Advertisement

Norwich City Football Club
Part-time Doctor needed

Come and join the Legendary Canaries!

Commencing late July or August, this ambitious football club, striving to re-enter the Premier League, seeks a replacement doctor to join the medical team on a part-time basis and work principally with the Club Academy and Schoolboy players. It is looking for an ongoing 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. A desire to work with adolescent and teenage boys is essential. The successful applicant will ideally possess the Diploma of Sports Medicine or indicate a commitment to obtaining it and have enthusiasm for - or experience in - sports medicine.

Remuneration will compare favourably with current salaried GP rates. We hope to interview as soon after the 3rd July as possible. Applications in writing to:

Jo Duncan, HR Manager, Norwich City Football Club, Carrow Road, Norwich NR1 1JE

Information enquiries can be made through Ms Duncan on 01603 218761 or
email jo@ncfc-canaries.co.uk

Support Group for Stammerers

A support group for stammerers has been set up for the east Suffolk & Norfolk area, under the guidelines of the British Stammering Association. If you have patients who you think would benefit they may contact Mr J Thompson, on john@tommo136.fsworld.co.uk.

"Patient Notes &Personal Injury Claims"

Following a recent item in the flyer the LMC office has now received confirmation from Ms Tessa Shepperson, Hon Secretary of the Norfolk & Norwich Law Society, that she has sent out a newsflash to all her members informing them that, subject to expert witnesses view, solicitors should no longer be requesting patient records where claims are below £10,000. This also applies to insurance companies but unfortunately they have no umbrella organisation in Norfolk so practices will have to be vigilant.

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