

NORFOLK LOCAL MEDICAL COMMITTEE

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QMAS

We are getting very mixed reports from both inside and outside Norfolk of practices' impressions of the QMAS process. It has been said only EMIS is working properly but we have also heard that VISION may be. We have heard of alarm that the figures seem "wrong" and practices are worrying about their coding, we have also heard that there are no coding problems and that practices are not taking into account that the program uses specified dates - which can not be changed

It would be really helpful if you would take a moment to advise the LMC office what computer system you use, whether QMAS seems to be working correctly - ie producing results consistent with your "best guesses" - and any other comments you may have.

QOF POINTS

As practices gear up for, and then undergo, their "QOF" visits, and as they review their performance according to "QMAS", a wealth of information, hints and tips may emerge which could help other practices.

For example, had you realised that most of the non-clinical QOF indicators are "all or nothing"? A good example is the Education and Training Section; if one clinical staff member has not updated their life support training in 18 months "Education 1" yields no points; if the practice has only done eleven significant event reviews in the previous three years then no points are scored under "Education 7".

Well you probably had realised it because you have read the SFE very carefully indeed - but we weren't certain and had to check when Gordon Bastable, CG Doctor Lead for Broadland PCT, brought this to our attention.

Maybe there are others of you out there who have not grasped the full implications for your practice. So, if anything emerges that surprises you please let us know, so we may circulate details in the flyer and stop other practices from being surprised.

QOF CONFIDENTIALITY

Practices and PCTs have been seeking further guidance from the LMC since the September Flyer article on "Patient Confidentiality and QOF Visits".

You will probably not be surprised to learn that the situation continues to be unclear. We are aware, however, that the GPC remains certain

that if records cannot be completely anonymised, and there is a resultant breach of confidentiality, or if patients have not given express and informed consent, there may be a significant level of medico-legal risk to practices.

Until IT can produce totally anonymised information the GPC advice is that express and informed consent is the only way to ensure that patient-identifiable records can safely be accessed by the QOF assessors.

The GPC and the Department of Health are considering whether to seek counsel's opinion either jointly or separately - so heaven knows when there will be unequivocal, agreed guidance for poor old practices and PCTs.

The GPC is working on further guidance for LMCs and practices - to allow practical solutions for QOF visits to go ahead without risking breaches of the Data Protection Act. The LMC will distribute this guidance (via its email cascade to Practice Managers) immediately it is available.

"HOW TO MAKE YOUR MONEY WORK TOO!"

Business, tax and investment advice for GPs

**A Seminar and Buffet for GPs
organised by Lovewell Blake, Chartered
Accountants, and Barclays Bank plc.**

Tuesday 9th November 2004
at The Eaton Suite, Dunston Hall, Norwich.

18.45 Buffet
19.30 Speakers
21.30 Close.

A poster giving full details, together with a response slip, was circulated to your practice manager along with this mailing or, if you would prefer, it can be downloaded from norfolklmc.org.uk>meetings and events

NORFOLK LOCUM POLICY ISSUES Maternity, Paternity, Adoption, Sickness Leave etc

The LMC understands that the PCTs have agreed a joint policy for payments for locums covering maternity, paternity and adoption leave, sickness leave and cover for suspended doctors - in line with the Statement of Financial Entitlements. The PCTs fulfilled a statutory duty by involving the LMC and the LMC is mostly

happy with the policy, and expects that the PCTs

will continue to address requests for financial help to pay locums in these situations sympathetically - as has generally been the case - at least as far back as the days of the Family Practitioner Committee. It is in neither practices' nor PCTs' interests if practices with absent doctors struggle, as this inevitably leads to reduced standards for patients and an increased risk of sickness for the remaining practitioners.

Nevertheless, the LMC is unable to support the policy in totality because it includes the table (from the SFE) which, in essence, implies that practices can function properly with list sizes for the remaining GPs of 3,600 for two weeks and 3,100 for 6 weeks. The LMC does not believe these figures are appropriate in the 21st century.

The LMC has asked to be consulted by PCTs on individual cases where the decision is in doubt and would, of course, want to hear from any practices who have difficulty obtaining the help they need.

"Modernising Medical Careers"

The largest change ever undertaken in postgraduate education is due to start in August 2005. Following qualification, all doctors will have to undertake two years of "Foundation Training", including an optional four months in general practice, before they can go on to specialist training.

There are significant changes about to take place at all levels of training for both general practice and other specialties. Further details are available through the following links:

www.mmc.nhs.uk - or contact the Eastern Deanery on www.easternregion.org.uk

If you are interested in becoming involved but have no aspirations to become a trainer, the UEA and the Eastern Deanery are running Generic Educators Courses over three (separate) days, the aims of which are:

- ▶ to equip individuals with generic skills to reach different learners in different settings
- ▶ to encourage individuals who are interested in teaching in a health care setting
- ▶ those completing the course would be able to apply for associate trainership providing they have a trainer as a mentor

The current course is fully subscribed but anyone interested in registering for the 2005 academic year should contact Lynne Bone (l.bone@uea.ac.uk) or call 01603 591528.



OCCUPATIONAL ASTHMA

British Occupational Health Research Foundation

At the request of the Health & Safety Executive BOHRF has carried out a systematic evidence review of occupational asthma.

The objective of this work, which was launched in September at the RCGP, is for a connection to be made by GPs and practice based nurses with the possibility of cause being occupationally related and thus reduce, potentially by 50%, the number of cases of occupational asthma that develop.

BOHRF believe that occupational asthma is unique in that it is the only form of asthma that is preventable. For more information see www.bohrf.org.uk > "Occupational Asthma".

Students, et al & Health Related Questionnaires/Hep B etc etc etc

Universities and other institutions (including the UEA) are more and more asking prospective students, particularly those on health related courses, to attend GP surgeries to have self-reported questionnaires verified by their GPs, as well as asking for Hep B and Hep C testing.

Similar requests also appear to be part of the recruitment process for the organisations such as the police - amongst others.

Whereas, in the past, the good nature of GPs often caused a feeling of guilt when charging for providing these services (often resulting in their not charging!), local hospital trusts are becoming much stricter about billing the requesting practice for the Hep B and C tests. Therefore GPs should not feel shy about asking for the appropriate fees for the work they do.

As ever, it is sometimes hard to tell whether the patient, the patient's family or another institution is really requesting the test, or report, and therefore to whom the bill should be sent, but again it simply cannot be for GPs to do unpaid work and it would be wise to ensure that patients are aware that a fee will be charged. It may even allow them to negotiate with the requester of the report to pay the fee, thus avoiding an embarrassing conversation at the front desk.

For your information, we have checked with the NNUH (which also carries out tests for the JPH and QEH) and understand it has revised the fees it charges for what it describes as Category 2 Work - which includes all work on prospective students of universities or other institutions of further education (except rubella screening in females). The NNUH (and by association JPH and QEH) will only perform tests where it is indicated to whom the bill should be sent.

The current tariff is:

Hep B Surface Antigen	£18.78
Hep B Surface Antibody	£23.17
Anti-Hepatitis Bs	£23.17
Anti Hepatitis Bc	£23.17
Hep C	£31.61
Varicella zoster	£31.61
Rubella (males only)	£21.83

Pensioning money earned by working AMC shifts

This advice applies whether you are a principal, a salaried doctor or a self employed locum. Any money earned by working for AMC is superannuable.

To go about pensioning these earnings you will need to obtain the official pension forms "A" and "B", which are available from the Pensions Agency Website (norfolklmc.org.uk > Resources > Non Principal GPs > Locum GPs-how to superannuate earnings in NHS Pension Scheme).

Under normal circumstances you would complete these forms and send them, together with a cheque for your contribution, to Ms Jackie Howard, Eastern Support Services (ESS) at St Andrew's House, Northside, Thorpe St Andrew, Norwich NR7 0HT (tel: 01603 307271).

Now comes the hiccup.....

ESS is awaiting guidance from the centre and cannot currently process form "A" nor accept the cheque for your contribution.

The LMC's advice is to continue to have the forms "A" signed by AMC and retain these until such time as the DoH issues the necessary guidance when they can be sent to ESS (along with your cheque and, if appropriate, Form "B") for processing. Look out for an item in this flyer.

Advertisement

"Associate Medical Director" East Anglian Ambulance NHS Trust

The Ambulance Trust is setting up a new post of Assistant Medical Director to provide assistance to Dr John Scott, Clinical Director, in the discharge of the Trust's responsibility to provide safe clinical care, that is of a high standard and quality assured. While having specific areas of responsibility within the Trust's delivery of clinical care (including initially Anglian Medical Care). The postholder will be a need to have a general understanding and, where appropriate, contribute to all medical and clinical activities of the Trust.

Although working mostly on weekdays, the postholder will be expected to work during some weekends, evenings and nights. Depending on the hours worked EAAT expects to offer rates of pay for full time work which range from £70k to £95k per annum.

For further discussion please contact Dr John Scott on 01603 422701. An information pack is available from Human Resources on 01603 422721"

999 admissions of patients to the NNUH from nursing/care homes

The Committee has received reports that nursing homes are calling 999 in order to admit patients who are dying. Evidence to date is anecdotal. If this has happened to a patient of yours perhaps you would let Dr Rob Colebrook know. He can be contacted on 07884 392395 or at North Norfolk

PCT on 01263 710611

The Norfolk & Waveney Cancer Network

The following consultants have been appointed to the Norfolk & Waveney Cancer Network*:

- Post 1: Dr Nicola Holtom: 10 sessions f/t at NNUH
- Post 2: Dr Katie Soden: 8 sessions between PBL and central Norfolk community Locum in post: 10 sessions between PBL and NNUH (substantive post to be advertised)
- Post 3: To be advertised: 10 sessions between PBL and JPH

The four consultant posts are also supported by Dr Jon Valentine and Dr Patrick Blossfeldt providing specialist pain relief services.

* Note: West Norfolk is covered by the West Anglia Cancer Network

Non Principal Membership of the LMC

The Committee has regretfully received the resignation of Dr Kathryn Green, who has been a NP representative on the LMC. The Committee is therefore seeking a Non Principal doctor to take her place for the remainder of the life of the current committee (April 2006).

If you are interested and would like to learn more please contact either Susan Payne at the LMC office or one of the NP constituency members, who are Dr Judi Agnew (01263 587313), Dr Andrew Latten (01263 710611) or Dr John Martin (01328 701260).

Expressions of interest will be referred to the November Executive and, if necessary, an election will be held.

National Programme for IT (NPfIT)

On 28th September 2004 Mr G Folmer, Chief Information Officer, Norfolk, Suffolk & Cambs Strategic Health Authority, wrote a letter to all GPs in which he stated that the StHA's principle objective was to move to an integrated patient record system across all care settings by the end of 2005. He went on, however, to confirm the StHA's recognition of the following core principles:

- ▶ Any step towards this objective must be safe and have clinical endorsement
- ▶ No-one will be expected to take a "step back" in functionality or support
- ▶ Good and bad news of local implementation will be shared equally and openly.

He also confirmed that the StHA endorsed the BMA guidance of April 2004, which included the statement "Practices and their PCTs should not be financially or otherwise disadvantaged by choosing to remain with an existing system".

The LMC office has subsequently written to all Norfolk's MPs expressing constituents' concerns that they will be, in effect, compelled to adopt new systems and, at the same time, requesting our MPs to do all they can to ensure that it is Mr Folmer's reassurances, rather than GP's anxieties, that turn out to be better founded.