

# NORFOLK LOCAL MEDICAL COMMITTEE

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September 2005 flyer

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## COMMISSION FOR SOCIAL CARE INSPECTION

The PEO and Medical Secretary have had an interesting and useful meeting with Mr Norwyn Cole, Business Relationship Manager of the Commission for Social Care Inspection, to discuss issues raised by Norfolk GPs. This body has statutory responsibilities which include ensuring that "homes" (both for children and older people) meet the standards laid down in the "Care Standards Act 2000". There were three main issues:

- 1) requests for GPs to provide reports about individuals running or working in "homes" (or applying to do so)
- 2) blanket requests to GPs for agreement that various "homely remedies" may be used
- 3) dying and death.

Mr Cole fully understood the problems we raised, clarified matters and gave the LMC the appropriate references.

On 1) he was sure that the legislation should, and does, require that all reasonable checks are made on those who will run homes - because they will be looking after some very vulnerable people. The legislation refers to *this individual* as the "registered provider" or "registered manager" and requires that (amongst many other qualities) they must be "physically and mentally fit" to run the care home. It is right that GPs are asked if they have important information; however it is also right that minimal bureaucracy should be involved, that GPs should not be asked for information they do not have or to make subjective judgements, and that they should be properly reimbursed.

For the staff employed to work in the home the Care Standards Act gives *the registered individual* the responsibility to obtain: "evidence that the person is physically and mentally fit for the purposes of the work which he is to perform at the care home or, where it is impracticable for the person to obtain such evidence, a declaration signed by the person that he is fit." This form of words makes it clear that it can not be a GP's statutory duty to provide such evidence as a (simpler!) alternative process is available. Clearly there is nothing to stop the registered individual asking (politely) for the GP's view if they wish (bearing in mind that GPs are not occupational health specialists) nor is there anything to stop the GP providing a report if he or she so wishes provided the patient has given consent - and the above provisos are met - that GPs should not be asked for information they do not have or to make subjective judgements, and that they should be properly reimbursed - and it shall be clearly understood *and agreed* who is

responsible for the fee before the request comes to the GP. Any attempts to manipulate reports from GPs on the grounds that "the law requires them" should be resisted.

On 2) Mr Cole stated that the Care Standards Act does NOT require GPs to sign *carte blanche* documents for the administering of "homely remedies". The LMC was pleased to hear this as practices sent in examples of requests for GPs to do just this - often for over the counter medications of doubtful value. There is a paragraph in the older peoples' documentation that may be the source of the confusion: Standard 9) sub-section 4) (don't you love this stuff) states "Medicines in the custody of the home are (to be) handled according to the requirements of the Medicines Act 1971, guidelines from the Royal Pharmaceutical Society, the requirements of the Misuse of Drugs Act 1971 and nursing staff (must) abide by the UKCC Standards for the administration of medicines". Obviously there could be some bit of guidance in that lot which - at least partly - explains the requests we receive.

I will try and find out more from our colleagues at the LPC but the bottom line is that Mr Cole could not envisage a home failing an inspection on the grounds that it did not have letters of permission from GPs allowing residents to be given throat lozenges, cough mixtures or even *effective* over-the-counter remedies. The rules seem slightly different for children, but it seems impossible to interpret them in a way that requires GPs to be involved in this nonsense. Standard 13.1 says ".... minor illness treatment .... (is to be) ... "given only by competent designated staff..."; 13.2 states written records have to be kept by the home of "medication, treatment and first aid given to children ...."; 13.10 states that "Prescribed and "household" medication, other than that kept by individual children keeping their own medication, is kept securely ... and there is a policy with written guidance, implemented in practice, for storing, disposing and administering medication". There is nothing about GPs signing anything.

3) On "Dying and Death" we discussed an issue on which the Medical Secretary feels strongly - the difficulties caused to the GP by the (seemingly increasingly common) event of an unknown, confused and seriously ill patient arriving in a home, either from the community or from hospital, who appears to enter the terminal stages of life before any sort of rapport has been built up between the patient and their relatives and the GP (and, often, the home too). This situation is fraught with difficulty as the GP has no idea what the family's expectations are or what they have been told (or believe they

were told) about prognosis. It is not surprising that the care staff who admit patients find it difficult to discuss death - but the time of admission, or the first time the relatives are seen, may be the only chance to get this vital information. If it is lacking, elderly patients can be sent back into acute beds, to their own detriment and that of the system, by understandably cautious GPs. Mr Cole was able to demonstrate the Care Standards Act 2000 does require homes to obtain this information. Standard 11.3 states "The service user's wishes concerning terminal care and arrangements after death are discussed and carried out"; 11.4 states "The service user's family and friends are involved (if this is what the service user wants) in planning for and dealing with increasing infirmity, terminal illness and death" and 11.12 that "Policies and procedures for handling dying and death are in place and observed by staff". If you are running

### "Partnerships in General Practice" 6.30 for 7.00 - Tuesday 11th October at Park Farm, Hethersett

If you haven't booked a place for this event please get in touch with the office on 01953 608060 or email [norfolklmc@btconnect.com](mailto:norfolklmc@btconnect.com) - as soon as possible

into problems you may wish to quote this to your homes, and to consider informing the Care Standards Commission if you feel the standards are not being met.

### Hepatitis B Immunisation for Employees at Risk

Just so that you are aware that the BMA has now issued guidance on Hep B immunisation for employees at risk - a copy has been emailed to your practice manager.

In the absence of clear guidance from the centre, Norfolk LMC has always been cautious when advising about GPs' responsibilities for prescribing and monitoring Hepatitis B immunisation for occupational health purposes.

We are delighted to say that the BMA has now committed itself and that at long last we have central guidance for the profession. The guidance is more radical than the LMC officers expected but has been through the GPC and its lawyers so should be definitive; we suggest you read it very carefully.

In essence it looks as though practices should no longer feel that they have to carry out this immunisation for occupational health

purposes. The guidance includes a helpful template letter for patients who request Hep B vaccination. With luck this will stop them getting through to you and your practice nurses - who, we know, find it very hard to say "no".

### MRSA

The office continues to receive reports about hospitals trying to pass work to GPs. These are from all parts of the county - except Yarmouth. The LMC believes the situation is clear. It is reasonable to ask a GP to arrange treatment when MRSA comes to light after an admission or "normal" out-patient assessment, but requests for practices to do tests - and any subsequent decolonisation - as part of pre-operative assessment are inappropriate and should be refused. The hospital tariff includes payment for all pre-operative assessments. Hospitals could subcontract the work if they so wished, one alternative would be for them to release funds to PCTs who could then negotiate a proper enhanced service with GPs. As ever, if we and our staff do it for nothing, nothing will change.

### A&E Admissions across the StHA

The LMC office had received reports of a project in the StHA to see whether the cause of increased admissions to A&E etc could be identified, eg were they the result of a knock on effect of the new GP Contract/Out of hours. The Executive had received assurances in the past that this was not the case in Norfolk. The office has written to Judi Davies, Network Manager at the StHA.

### Salaried GPs

#### "Definitely the Finest Consultation Process in World"

Many thanks to those Salaried and Freelance GPs who kindly returned the LMC's proforma from June with their opinions on such matters as: involvement with the LMC, willingness to represent other sessional GPs and contributing to LMC levies. Owing to a subtle design fault in the questionnaire, we don't know who wrote what. We would love to hear again from those who troubled to contact us, but we would especially welcome knowing the identity of those who said they would be willing to stand for the LMC and/or contribute financially!

### "Appraisal on the Web" Training Session

Are you keen to learn how to use the NHS Appraisal Toolkit - see [www.appraisals.nhs.uk](http://www.appraisals.nhs.uk). NANIME is running a training sessions on 13.10.05. at NNUH, for GPs who wish to do their appraisals via the web in future. For further information contact Mrs Sue Cardownie on 01603 286881.

### Flu Campaign

The LMC is very concerned to hear that North Norfolk PCT is declining to pay for the immunisation of the additional "at risk" groups against 'flu this year. The CMO believes that these immunisations are required so it seems an untenable position for the PCT - the local body with responsibility for public health - to decline to pay for the work. Either the PCT does not believe the immunisations are

worthwhile - when it should clearly say so - and not commission the work from anyone - or it is trying to use "moral blackmail" to get GPs to do the work for nothing. The LMC very much hopes the PCT will reconsider, but if it does not, the LMC believes that practices should not do this work for nothing. If the PCT does not want to pay GPs to do the work it should commission the service from someone else.

### Additional Sharps Boxes

White Rose Environmental need to know urgently how many additional sharps boxes practices will need for the flu campaign. Please contact Linsey Walker by email at [linsey.walker@whiteroseenvironmental.com](mailto:linsey.walker@whiteroseenvironmental.com)

### IT Upgrades

The GPC is asking to hear from practices who have had essential IT upgrades refused by their PCTs. If this applies to you and you are happy to take part in this information gathering exercise please email [jinnes@bma.org.uk](mailto:jinnes@bma.org.uk) with details.

### Advertisement

#### Practice Manager Locum Cover Available

I am available for short or long term cover at practices in the Norfolk area. I am a versatile Manager with 10 years service and 8 years working with Norwich PCT as Special Projects Manager. I have recently assisted a number of practices with short and long term cover. I am a qualified accountant with payroll and accounting experience using Sage and Ferguson systems.

I am able to assist practices who would like to take up practice-based commissioning and to advise on Choose and Book, HR and Practice Manager recruitment.

Contact Bert Bustin on 01603 714966, mobile 07905379621, or email [bert.bustin@nhs.net](mailto:bert.bustin@nhs.net) and [northlees@aol.com](mailto:northlees@aol.com).

### Advertisement

#### Maternity Locum Cover

Locum Cover required due to maternity leave, commencing 31st October 2005.

Up to 5 sessions a week, available for up to 26 weeks. Long term or ad hoc. Please contact the Practice Manager, Simon Farrow, on 01603 486602 or email [simon.farrow@nhs.net](mailto:simon.farrow@nhs.net)

Hellesdon Medical Practice  
343 Reepham Road, Norwich

### Jury Service

The LMC office is still in discussions with the

PCTs to look at including some kind of cover for jury service in the Norfolk Locum Doctor Policy. In the meantime, however, we have received the following information from a practice regarding insurance cover:

"We have added an extension to our Practice Portfolio Legal Expenses policy which provides a benefit of £175 per day, excluding the first 5 days, to a maximum of £1750 per claim. Its not much but for a premium of £15.75 per annum for a four GP practice plus £6.30 for each additional two doctors, it's better than nothing. It also covers the Practice Manager! We go through Medical Insurance and Advisory Services in Ipswich. Tel 01473 250063 email [enquiry@medicalinsurance.co.uk](mailto:enquiry@medicalinsurance.co.uk)."

### Interim Seniority Payments 2005/6

The GPC has recently received a number of enquiries about the interim seniority payment figure for 2005/06. They can now confirm that, as agreed between the Department of Health, NHS Employers and the GPC, the estimated Average Superannuable Income Figure for 2005/06 is £80,940. This replaces the 2004/2005 figure of £75,000.

This figure excludes an estimated average seniority payment for 2005/06. PCTs will need to subtract a GP's estimated 2005/06 seniority payment from their estimated superannuable income for the same year before calculating their seniority fraction. Therefore, to calculate a GP's superannuable income figure the calculation should be:

Earnings in 2005/06 - estimated seniority payment in 2005/06 = superannuable income figure.

If the GP provider has a superannuable income of between one and two thirds of the Average Superannuable Income Figure, which is £80,940, only 60% of the full annual amount payable in respect of a GP provider with his Reckonable Service is payable under the SFE in respect of him. If he has a superannuable income of less than one third of this figure, no Seniority Payment is payable under the SFE. However, there are certain protections for GPs in low earning practices who can demonstrate that their work commitment has not decreased under the new contract.

### Practice Based Commissioning

Lockharts Solicitors are offering a service advising on the content of draft PBC agreements; also in connection with Consortia Agreements. If you would like details please contact the LMC office on 01603 608060.

### Future of the Non Principal Group Use it or Lose It

Initially a very successful group, we think has somewhat withered away. The LMC office is happy to use its good offices to put people in touch with each other as it is aware that new NPs have found it very useful to have a Norfolk wide group to attach themselves to. Please get in touch with the office if you think this is a good idea and/or if you would be willing to take part in helping to run it. There

is a management company which is willing to do some of the work.