

NORFOLK LOCAL MEDICAL COMMITTEE

Wymondham Medical Centre
The Surgery, Postmill Close
Wymondham,
Norfolk, NR18 0RF
April 2004

April 2004 Flyer

Tel: 01953 608060
Fax: 01953 608061
e-mail:norfolklmc@btconnect.com
Website: www.norfolklmc.org.uk

Ability to Travel for Benefits Assessment and Med 4s

You may be sent a letter from the Benefits Agency asking whether a patient is fit to travel to the centre or needs a domiciliary visit. This is despite the similar question on form IB113.

We raised this with Medical Services who are contracted to carry out these assessments, and their reply points out that the question is asked, albeit indirectly, on a Med 4, under "doctor's remarks", and is covered in the "notes about filling in Form Med 4 on the inside cover of the pad.

A Med 4 would inevitably have preceded a request of this nature and, being a statutory form, you cannot charge a fee for supplying this information, whether written on a Med 4 or requested subsequently.

GMS 2 Contract Disputes

Several practices have copied us in to letters of dispute which accompanied their returned signed contracts. These are both very helpful and useful in our continued dealings with PCTs. Would any practice that has declared an area of dispute with their PCT, either around their MPIG, or additional services, please, send us a copy of their letter and also inform us of any subsequent negotiations or developments

GP Manpower

Apart from the requirement for GPs to be on a PCT's "Medical List" there is no longer any statutory mechanism for details of the GP workforce to be monitored. Practices may recruit GPs at will, and the hours of availability/work will become less relevant for all GPs as the emphasis is on the practice provider unit. Both PCTs and the Profession have a genuine need to keep accurate figures of GP WTEs working on a local and national basis. Consequently the LMC strongly recommends that all changes in GP manpower are notified to the relevant PCT.

Branch Surgery Closures and Practice Area Changes

Practices who wish to consider either of these need to be aware of changed procedures, and would be wise to familiarize themselves with them. Currently in draft form, PCTs are consulting at present. Final versions will be available direct from your PCT, and we will post them on our website in due course.

Registering Patients

Many practices have already spotted that the software for registering patients still requires that the patient registers with a named GP rather than the practice. Eastern Support Services is awaiting updated software, but it's clearly one of those (many) things which no one had got around to doing in time. The advice we have received is that it doesn't matter which doctor is nominated, but that the field must be filled for the system to accept the registration.

Pensions Newsletter - Out of Hours

Last month's "great unanswered question" whether out of hours work for EAAT would be pensionable has been satisfactorily answered in the latest Pensions Agency Newsletter TN 5/2004 It gives clear details of the superannuation procedure for either self-employed or directly-employed earnings whilst working for an out of hours provider. The newsletter also includes confirmation about in-hours locum pension contributions. There is a link on our website in latest news. Unfortunately there is still no advice about medical indemnity.

Appraisals

In last month's flyer we speculated about appraisals for locums; since then we have received further information about all appraisals for 2004-5.

According to HSC2004/003, PCTs have funding to meet the costs of all GPs' Appraisals which is derived from two streams. For GMS practices a separate allocation (£17m nationally) was provided *additionally* to the Global Sums/ MPIG money. This funding covers the *total* appraisal costs of GMS GPs, locum GPs and PCT-employed GPs. Accordingly, PCTs are advised to retain 55% of their allocation to pay those costs other than the GMS GPs' appraisee costs. PMS GPs' appraisals are funded through a £13m pot which is factored into PMS baselines, and of which a similar percentage is retained to fund the respective Appraiser costs. The total nationally, £30m, would approximate to some £300,000 for Norfolk which, given our GP population, should just about fund each appraisal. We have written to PCTs asking them to confirm that this is their understanding.

Website of the Month

Can't find that elusive dermatology text book with those pictures of the rash, the name of which you can't quite remember? Well, look no

further than this splendid German dermatology website [dermIS](http://www.dermis.net/index_e.htm), which has a full English version carrying thousands of indexed pictures of dermatology cases, with differential diagnoses offered. Check it out on www.dermis.net/index_e.htm

(lack of) Local Enhanced Services

Apart from practices in Great Yarmouth PCT, GPs in Norfolk are being asked by their PCTs to carry on non-core unfunded work just as they did under old GMS. This is despite the LMC making it clear to them in November last year what areas of work were non-core, and offering to work with them to produce a LES specification to commission this work. The LMC will continue to make the case for these services to be commissioned and will support practices which wish to cease providing them, so long as reasonable notice is served. Those practices which are prepared to continue with this work are strongly advised to record activity; eg how many ulcer and post-op dressings, how much phlebotomy, stitch removal, pre-op ECGs etc. In due course, we hope to work with PCTs and practices to monitor this activity, for example to record all examples during a particular month.

Dental Access Clinics

It has gone quieter recently, but there is still a trickle of reports of patients unable to access the Dental Access Clinics in a timely manner and for NHS Direct to continue to triage the occasional dental case to GPs. Please let us know if this has happened to one of your patients.

GPC Update on Vaccinations and Immunisations

The GPC has been issuing copious "Focus On" guidance notes on issues relating to the new GMS contract which are circulated by the LMC office to your practice manager. This month, in particular, we would draw your attention to a particularly useful "Focus on Vaccinations and Immunisations" which brings the whole issue up to date and includes vaccination tables, guidance on travel vaccs, and a question and answer section. We have posted this, along with all previous notes, on our website under Resources>New GMS contract>GPC Guidance.

Similarly.....

Everything you need to know about NGMS, PMS, QOF etc - a very useful website with all the appropriate links try.....
www.bma.org.uk/ap.nsf/Content/focusoninfo0204

CERTIFICATES

The LMC office is continuing to remind acute trusts of their responsibility to issue Med 3s. The NNUH has taken this on board but still appears to have difficulty in getting the message through to some of its staff. We are still awaiting responses from QEH and JPH.

The Department of Work & Pensions has a very useful website which answers many queries around certificates; it also states quite categorically that "Hospitals are required to provide all certificates for Social Security and Statutory Sick Pay purposes and doctor's statements for both in and outpatient who are incapable of work"

Try: <http://www.dwp.gov.uk/medical/faq-new.asp>

The LMC Levy

A source of continued anxiety for the Office is the fairest way to collect the levy from GPs.

Recent legislation hasn't helped and there are still distinctions between PMS and GMS, salaried and self-employed.

We are about to write to all GPs and practices about this and hope that we have come up with the fairest and most transparent mechanism.

For GMS providers, who automatically pay the statutory levy, we have changed the collection basis from superannuable income to the MPIG, and this will cover the stat levy for *all performer* GPs based in that practice.

We would like to similarly collect a block voluntary levy, but for GMS practices we will ask *all* GPs in each practice to sign up.

PMS is easier in that whilst their levy is all voluntary, Norfolk PMS contracts include the deduction of that levy from source. If an individual PMS practices sought to vary their contract they may not retain this money which has to be returned to the DoH as unspent.

Finally, at some stage we will need to alter the current "non principals" constituency, not least because the term is now redundant, but also because the only GPs not represented by virtue of the new practice-based levy will be self-employed locums who, so long as they contribute to the LMC levy, will need a constituency of their

Pneumococcal Immunisation Programme for 75s and over

The second phase of the pneumococcal immunisation for those aged 75 years and over has been launched. In August 2003 a CMO letter outlined a new pneumococcal immunisation programme for older adults to be phased in over three years. From 1st April 2004 previously unimmunised people aged 75 years and over should be offered pneumococcal immunisation.

The pneumococcal immunisation campaign is a Directed Enhanced Service, which PCTs must commission.

A new patient leaflet, "Aged 75 or Over? Make sure you get your Pneumo Jab" has been produced along with an accompanying fact sheet "Pneumococcal vaccine for older people" along with an A3 poster. Copies of these resources can be ordered from NHS Responseline: 08701 555 455. Fax 01623 724524, or email: doh@prolog.uk.com

Patient Satisfaction Surveys & QOF Points

We understand that some erroneous advice is circulating regarding the Improving Practice Questionnaire (IPQ) issued by Client-Focused Evaluations Programme (CFEP). The advice states that in order to obtain their "incentive" payment legally practices using the "Improving Practice Questionnaire" must not undertake their own analysis of the patient questionnaire.

This is incorrect; QOF points are earned if an analysis is done, regardless of who has

undertaken the analysis, provided the other indicators require them to be met

Advertisement

The East Anglian Ambulance Trust is a 3 star Trust which has been developing a lot of joint working with GPs across Norfolk, Suffolk & Cambridgeshire. We have been asked by PCTs to take the lead role in developing and delivering a new Out of Hours service for Norfolk which will be called **Anglian Medical Care (AMC)**. We want to retain the best elements of the former GP OOH schemes and intend this new service to be medically led

Over the next year we will be developing emergency care practitioners and primary care nurses to provide support to doctors in the field so that the time of the doctors can be used most appropriately to meet the needs of patients

We are therefore seeking experienced registered doctors to work with us either as part or full-time salaried GPs, to deliver the new service from June onwards. We will operate from bases cross Norfolk from 18.30 to 08.00 every day, and during all of weekends and public holidays. We can offer a range of rates of pay from £65,000 to £95,000 per annum depending on the particular shifts and hours worked. We welcome interest from anyone who is prepared to work flexibly to join this new service

Terms and conditions of service will be negotiated with successful applicants

If you wish to discuss this further please contact Lyn Reynolds, Lead in Primary Care Services, EAAT, on 01603 422763. An information pack is available from Sarah Harris - 01603 422721 & www.anglianmedicalcare.org.uk

To apply please submit a CV and covering letter to Sarah Harris, HR Dept, EAAT NHS Trust, Hospital Lane, Hellesdon, Norwich NR6 5NA.

"Sale of Goodwill"

Accompanying last month's flyer was a copy of a letter from Dr John Chisholm, Chair GPC. Since then the GPC negotiators have taken comprehensive legal advice on all the possible avenues for challenging the Government's partial lifting of the ban on the sale of goodwill. Following this advice the negotiators have decided not to challenge the ban at this time.

The negotiators believe that efforts should now be focused on producing guidance to the profession to provide an analysis of the Regulations and how they affect practices.

Following this, a careful watch will need to be kept on what transpires in the primary care market in order to inform the Government's review in two years time and to provide any relevant evidence for a possible challenge under competition legislation.



Advertisement

**Wanted
GPs in the Central Norfolk Cluster**
(Norwich, Broadland, Southern & North Norfolk PCTs)

Dear All

Some of you will know that the Health Economy in central Norfolk is developing a vision of care called "the Performance Improvement and Transformation Project", otherwise known as "Better Care in Norfolk".

There are many pieces of work being undertaken and the project team is looking for GPs to become involved as primary care clinicians to provide input to the project.

Currently the areas not covered by a GP are (1) Diagnostics and Therapy stream and (2) Infections and Complications.

There is money to pay for your time. I'm on the Emergency Stream and on the overall Steering Group and get paid a locum session for the time I spend on the project.

If you are interested in doing some paid work that isn't the usual patient contact stuff, then please either contact me or Phyllis Shelton who is based at St Andrew's House (01603 307000) to

discuss what the work would entail.

Rob Colebrook (GP)
North Norfolk



Note: Along with the flyer, the LMC's monthly mailing includes a copy of the latest Committee minutes (for circulation amongst your partners) and the latest list of doctors available for locum work