

NORFOLK LOCAL MEDICAL COMMITTEE

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"Safeguarding Patient services, Maintaining Cost-effectiveness"

This GPC Guidance for GP practices on safeguarding patient services and maintaining cost-effectiveness was circulated to all practices under cover of a letter from Ian Hume, LMC Chairman, on 10th April. This makes clear that GPs' first priority will be to safeguard patient services from the effects of a reduced practice income and that despite financial pressures they will also wish to continue to reward practice staff fairly. Moreover, the guidance, as well as having input from the full negotiating team and the subcommittee chairmen, was agreed with lawyers and a QC who specialises in industrial relations law, to ensure that neither the BMA nor practices were being put at risk of breaching that very complex area of legislation.

Practices were advised that while it may not be possible to bridge the gap between rising costs and a zero increase in practice income, it is likely that GPs will want to review their practice workload and costs to explore decisions and actions they could take when trying to balance the practice's books. In much the same way that tight NHS budgets have resulted in pressure on hospitals to review their services, primary care providers will now need to take tough, business-minded decisions to minimise the effects on both the practice and patient services. This guidance identifies a number of measures to help practices with their business planning and we hope that many practices will take on board what is said.

The guidance can be accessed here:
www.bma.org.uk/ap.nsf/Content/safepatientse rv0407

GPC Guidance "Prescribing and the primary secondary care interface"

This chestnut remains firmly on the fire. We have heard from Dr Brooksby, Medical Director at the Norfolk and Norwich Hospital as follows:

"... a reading of the guidance says that actually our prescribing policy conforms to this guidance and I interpret it as helpful reassurance that we are on the right track.

I think where we have failed is ensuring that the correct information, ie the diagnosis and recommended treatment, reaches the general practitioner in a timely fashion. This clearly varies from department to department but the Trust is in the process of producing a pro-forma which should have the necessary information on it. Hopefully the use of the pro-forma will make the process easier and that can be given to the patient and sent directly to the surgery at the time of the outpatient appointment - in that way the information should be transferred to the general practitioner within a reasonable time. Our policy has always been that if that is not the case then we are required to commence the

medication an prescribe from our own pharmacy"

Similarly, Dr Geoff Hunnam, Medical Director, QEH has written as follows:

"Let me reassure you by stating that we adhere to the guidance in the EL(91)127, whereby we advise that patients should be provided with at least 7 to 14 days worth of medication. In addition, if this represents a change in medication, we ask our colleagues to complete a proforma, which is sent with the patient, informing their GP of this change. We monitor this process on a regular basis. We have no intention of reversing this policy and agree that it is in the best interests of patients to continue this practice"

We are also led to believe that this guidance has been discussed at the JPH Clinical Forum Meeting where it was agreed to summarise the document into one A4 sheet for approval at the Forum.

"Watch this Space (carefully)"

The LMC office understands that strange things can sometimes happen when practices advertise vacancies. It appears that some on-line systems may not be entirely secure in that practices which have made arrangements with the usual providers have received what appear to be acknowledgments and requests for payments. These however turn out to be not for the publication with which the practice has made its arrangements but for little known journals – and this is far from clear.

We gather this is all a bit *sub-judice* so all we can do is advise you to inspect carefully any communications that you get in this situation; when in doubt we suggest you contact directly the journal which you have arranged should carry your advert - to confirm that you are not part of a scam.

Certificates and Patients attending the Foot Surgery Unit in Norwich

More and more patient are undergoing foot surgery at this unit. This is carried out by non-medically qualified podiatric surgeons. The upshot is that these clinicians cannot, by law, issue a Med 3 to the patient. Indeed, we included an item in the November 2006 flyer regarding this issue, and have subsequently put forward the following motion to the 2007 Conference of LMCs:

"That Conference invites GPC to negotiate with the appropriate body new rules on certification to allow Med 5s and Med 3s to be actioned by other clinicians when this is appropriate. Examples could include nurse



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practitioner, practice nurses an podiatric surgeons who are not

medically qualified".

In the meantime we have had a very useful conversation with this unit and we are working together to produce a discharge note, to be completed by the Foot Surgery Unit, advising the patient on how to proceed and giving the GP sufficient medical information to allow him/her to issue a Med 5. In the meantime please bite the bullet and continue to issue certificates for these patients.

VAT on Medical Services - GPC Advice

Further to previous GPC advice, practices should be aware that Parliament has approved the implementation of VAT on medical services from 1 May. Those practices already registered for VAT are advised to familiarise themselves with the details of items for which they will have to charge VAT from 1 May.

Detailed guidance can be found by visiting HMRC's website:

http://customs.hmrc.gov.uk/channelsPortalWebApp/channelsPortalWebApp.portal?_nfpb=true&_pageLabel=pageLibrary_ShowContent&id=HMCE_CL_000121&propertyType=document

www.bma.org.uk/ap.nsf/Content/VATonmedicalservicesFAQs?OpenDocument&Highlight=2,VAT

HMRC was required to consider the Morganash ruling during the implementation process for the ruling on VAT on medical services. This was a VAT tribunal case that considered whether medical services relating to certain insurance transactions could be exempt under the VAT exemption for insurance. The tribunal decided that the service was exempt from VAT under the UK (but not EU) insurance exemption. HMRC did not appeal against the tribunal decision and accepted that medical services provided in connection with the bringing together of parties to an insurance contract and the administration of policies, including the handling of claims, fall within the current UK insurance exemption as insurance-related services. This means that nearly all insurance work will continue to be exempt from VAT.

Further information is given in the insurance section of the HMRC Public Notice 701/57 and the Revenue & Customs Brief announcing implementation of the changes (available on the HMRC web site). This states that medicals and reports provided purely for the purposes of valuing policies for tax reasons, for example, in relation to inheritance tax, are liable to VAT at the standard rate. **We understand that this is a small area of insurance work** but the HMRC guidance states that the **following insurance**

areas qualify as an exempt supply of health in principle:



- Health screening under private medical insurance policies - these are regular check-ups to detect early signs of disease.
- Income/credit protection insurance - medical services where the policy holder has fallen ill (as opposed to losing his/her job) and which are aimed at assisting the individual in returning to a normal life.
- Motor insurance - where medicals services are provided under a policy to assist in enabling an injured motorist to return to full health and/or work. (Note - this does not include medicals undertaken for DVLA purposes to ensure initial or continued fitness to drive which are liable to VAT at the standard rate).
- Any other medical service provided in connection with an insurance policy where the principal aim is to assist in restoring the health of the individual.

We understand that this exemption for VAT applies to the current fees the GPC agreed with the ABI for life assurance policies and income protection policies. ABI have indicated that insurers are aware of the small areas of insurance that are subject to VAT and are likely to identify that the work is vatable when contacting GPs. Once again GPs are advised to keep careful records and to take professional accountancy advice regarding their individual circumstances.

Note: The VAT registration threshold has risen from £61k to £64k

“Primary Medical Contracts - Who Can Hold What - Guidance for GPs”

Copies of this guidance, which explains the eligibility criteria for holding different types of primary medical services contracts and eligibility to be a member of the NHS Pension Scheme, is available from the LMC office or from the LMC website, on norfolk.lmc.org.uk.

“Contractual Issues for GPs”

This guidance is also on the LMC website. It focuses mainly on single-handed GP issues, but many of the contractual issues raised are relevant to GPs in general. It also contains information on practice mergers and advertising of vacancies.

“Primary Medical Services Contracts: Advertising and Appeal”

Again, this is available on the LMC website

“Setting up new business entities – pensions consideration”

The GPC is aware that some GPs are considering setting up new business entities, such as companies limited by shares, for parts of their business. In some cases this may follow advice from accountants that operating through

such a business will confer tax advantages over traditional arrangements. It is very important that before setting up any new business entity, GPs consider the implications of doing so for their (and their staff) NHS pensions and seniority payments as some business types will cause payments to be lost or income to be ineligible for pension purposes in the NHS. The regulations surrounding the interaction between GMS, PMS and the NHS Pension Scheme are complex and not all accountants will be aware of the full implications that may apply in each area.

The Department of Health, the NHS Pensions agencies and the BMA are in the process of producing guidance for the more common scenarios, but this is an emerging field and not all possible variations will be covered. Doctors who are considering changing the way that they operate or thinking about setting up companies should therefore always contact the NHS Pensions Division (Policy Development Unit) for advice in respect of access to the NHS Pension Scheme. The BMA Pensions department will assist with communications where appropriate.

“Framework for Procuring External Support for Commissioners”

This guidance was circulated to all Practices. Any GPs or Managers interested in commissioning, especially PBC, should have a good look at it in spite of its rather uninspiring title.

Microbiology Charges - Private/Category 11 April 2007 - March 2008

For the latest charges from the NNUH Microbiology Dept please contact the LMC office.

Post graduate Education - Norfolk

The GP Tutors' office at the NNUH has asked us to advertise its new website which has been set up to help GPs see what educational activities are available in Norfolk. There are also links to other educational providers and other sites that might be helpful. See www.norfolkgp.com

Advertisement

A fully qualified female GP is looking for a “one session” surgery in the Lowestoft area. Available Monday, Tuesday or Friday mornings. Please contact:

Dr Maïke Juergens on
01502 519020 or
maïke@juergens.fsnet.co.uk



Advertisement

An experienced female GP is looking for four sessions, either as a part-time partner or salaried in the Norwich or surrounding area. Please contact the LMC office on 01953 608060

Changes in Death Certification - Reminder

Coroners are now unlikely to accept “Old Age” as a sole cause of death in people under 80. If you feel able to certify this as the cause of death in somebody under 80 and cannot be more precise you should speak to the Coroner (not the Coroner's Officer) before completing the MCCD. You should explain the circumstances to him and make it clear that you can either certify as Old Age or you can't certify at all and you will have to invite him to take over the case. If he tells you that the law requires you to issue an MCCD but that he will not accept Old Age tell him you'll have to certify as “cause unascertained”.

Advertisement **Lakenham Surgery, Norwich**

We are looking for an innovative and talented GP to join our friendly surgery near the centre of Norwich. Ideally we are looking for a full-time partner, but are flexible enough to consider applications from GPs who would prefer a salaried position. Part-time/job sharers who feel they could help drive the surgery forward should also apply.

- ▶ Looking to add to our 4 partners and 1 salaried GP
- ▶ 9 Sessions per week
- ▶ Good QOF performance
- ▶ Approaching 10,000 patients
- ▶ Vision practice
- ▶ Paperlite
- ▶ Purpose-built premises

Interested? If so, why not come and see us or ring for further details.

Applications together with CV to Tim Dennis, Practice Manager, Lakenham Surgery, 1 Ninham Street, Norwich NR1 3JJ. Tel: 01603 763756 or tim.dennis@nhs.net

Advertisement **Gorleston Medical Centre** **Full time Salaried GP** **With a view to partnership if desired**

We are a close knit, enthusiastic, friendly team of three Doctors and two Nurses. Our Senior Partner is retiring in June. We would like a salaried Doctor to come to work with us for 8 sessions per week, with a view to eventual partnership if desired.

- Our main surgery is situated in Gorleston
- Dispensing branch surgery in Hopton. New purpose built building
- We will become a teaching practice in September for 4th year medical students.
- Practice list size 5,600
- We have received maximum Qof points for the last three years.
- 6 weeks holiday
- Fully computerised - EMIS PCS System

Informal visits or enquiries would be most welcome. Applications by CV to either, Dr Verma, Dr Ross or Debbie Lines Practice Manager, Gorleston Medical

Centre, Stuart Close, Gorleston, Great Yarmouth.
NR31 7BU Tel: 01493 650490 Fax: 01493 442944
Email address. Deborah.lines@nhs.net