

LMC Website

This flyer contains several recommendations to download guidance from the LMC website, norfolkmmc.org.uk. This is still headed "Norfolk LMC", for which we apologise. It will be changed to "Norfolk & Waveney" very soon.

DVLA - Consent for the Release of Relevant Medical Information for Patients



On 17th August The DVLA implemented rules called "Consent by Assurance" relating to the release of relevant medical information for patients applying for driving licenses. The BMA has agreed that the DVLA will no longer need to provide the patient's written consent for access to the relevant parts of their medical record. The BMA suggests that anyone concerned about patient confidentiality visit the GMC website www.gmc-uk.org/guidance/current/library/confidentiality_faq.asp which states...

"Obtain, or have seen, written consent to the disclosure from the patient or a person properly authorised to act on the patient's behalf. You may, however, accept written assurances from an officer of a government department that the patient's written consent has been given".

Copies of sample correspondence from the DVLA have been uploaded to the LMC's website.

The NHS Complaints Procedures

This document, which has been uploaded to the LMC website and sent to all practices, gives guidance on the requirements of the NHS complaints system, including advice on how to deal with complaints that come into the practice. It also addresses some of the concerns GPs and practices may have about the way the complaints system operates and offers advice on ensuring that the system works for GPs and practices as well as for patients.

CHILD PROTECTION

Meeting of LMC Officers with Dr Sue Zeitlin and Jane Black – Designated Professionals for Safeguarding Children in Norfolk

Note: This article applies to all Norfolk (including Great Yarmouth) practices. If you are in Waveney your contacts are: Dr Nikki Rycroft, Designated Doctor, 01284 775075 or nikki.rycroft@lhp.nhs.uk and Janis Scott, Designated Nurse, 01473 264356/7, mob 07855773196 or janis.scott@suffolk.gov.uk.

Our meeting with the above was very positive and we were left feeling much less excluded from the whole child safeguarding process than has been the sentiment expressed within the LMC ranks this past year or so.

We complimented the Safeguarding Team on the Resource Pack which all doctors should, by now, have received (although we are unsure whether all salaried and self employed doctors were included on their mailing) and would urge you all to read it carefully. For those who have not had a copy the information it contains has been posted to Norfolk LMC website along with a link to the Norfolk Safeguarding Children Board.

Certainly training will be a cost and does need to be cascaded through the whole practice. The Resource Pack gives guidance on what competencies are needed for all staff. Staff training can be undertaken in-house so long as the 'trainer' (perhaps practice child protection lead) can show evidence of what information has been given out; handouts or the power-point presentation would fulfil this. On balance it was felt that a face-to-face package of training is better than e-learning as there is interaction between trainees and trainer(s) and trainees and trainees.

GPs need to update their training every 3 years and the nationally agreed competencies have been worked out by the RCGP, RCPC and the College of Nursing. This time-frame permits GP training to be accomplished as a rolling programme for practices. There are training contacts within the Resource Pack and the LMC is planning, with the Designated Professionals, a training session next spring for those GPs particularly interested in this

field, eg practice child protection leads might particularly wish to attend this. The NSPCC web site is worth a visit and this organisation is another training resource we can use. Inevitably, evidence of child protection training will be needed for revalidation when it comes in but the meeting did not think this should be a problem.

Disquiet was expressed that Health Visitors are no longer 'resident' within practices. We all agreed that this puts barriers in the way of sharing information readily about children, their families and the problems they may be running into. When it comes to death of a child, the definition of "child" means anyone under 18 years of age; again the Resource Pack and our website (norfolkmmc.org.uk) have information about what to do.

When in doubt about any aspect of safeguarding children, or the death of a child you may be involved with, do 'phone Dr Sue Zeitlin or Jane Black using the numbers in the Resource Pack. Believe me it does work, they do respond quickly. Dr Deborah Hopkin

"Look after our NHS" - message from the GPC Chairman.

If you haven't yet visited www.lookafterournhs.org.uk and registered your support for an NHS which is **publicly funded, publicly provided and publicly accountable**, now is the time to do so. Every vote counts so please visit the website today and registered your support. But whatever your views, we'd like to hear them. L Buckman.

Cervical Smears

Some confusion has been caused by an item in a newsletter to Practice Nurses from Maureen Carson, the Chief Nurse, NHS Norfolk dated March 2009 which implied that practices can carry out cervical smears outside the screening program, for non-clinical reasons, (ie for the "worried well") **and can charge** – just as the laboratory would charge for examining and reporting the test.

The LMC does not believe that this is possible: cervical smears are not among the things that GPs can charge their own patients for (the list is unchanged since the Red Book, and mostly to do with foreign travel). Nevertheless, while pursuing enquiries on this matter your Secretary has become aware of changes in the cervical smear pathway that had passed him by. There is no longer a "clinically indicated" box to tick on the form. He wonders if this could cause problems.

He understands that the evidence does not support taking cervical smears in many situations in which they used to be done, including "opportunistic" screening, when inserting an IUCD, in pregnancy, when investigating vaginal discharge and "extra" smears in women who might be considered as high risk – because of having multiple sexual partners or being heavy smokers. Similarly the cancer guidelines now require early referral rather than investigation via smear. Far be it for the LMC to disagree with evidence-based practice, but it would be helpful to know whether some previously much-valued reason for carrying out smears is still valid. The Secretary has vague memories of "actinomyces-like organisms" being reported on smears and being checked by a further smear – perhaps after the removal of an IUCD. Even then there seemed to be some sort of controversy as to whether these were real germs or bits of plastic that had probably fallen off the coil. or not.

So the LMC would be very interested to hear whether the changes in the cervical smear pathway (and related Cancer pathways) have been sufficiently well publicised and whether colleagues feel comfortable with them. Or have they resulted in some potential, or actual, clinical gaps that need sorting out? SRL

"Locum GPs - Death in Service Payments" during the flu pandemic

The BMA has been working with NHSE officials to ensure that the dependents of locum GPs would be fully protected should the locum GP die while working for the NHS during the flu pandemic. The English DoH has now issued a letter to primary care trusts setting out how it considers the matter should be dealt with.

Copies of this GPC guidance and the DoH document "The Amended NHS Pension Scheme - Death Benefits", (both dated August 2009), can be downloaded from the LMC's website.

"Will an individualised service improve medicine administration to adults with dysphagia"

This study, which has full ethical and governance approval and is funded by the Research for Patient Benefit (RfPB) Programme, aims to recruit 360 elderly patients from four wards at the NNUH who have dysphagia, commencing April 2010. A pharmacist, recruited for the study, will develop an individualised medicine administration guide for each dysphagic patient on the two intervention wards. This will be used by nurses on the ward to guide them in preparing and administering medicines to these patients whilst on the ward. On discharge the pharmacist will give the patient a copy of the medicine guide which will be modified in the light of discharge medication. The pharmacist will also teach the patient and/or their relatives how to use it. A copy of this guide will be sent both to the patient's GP and their usual pharmacist. The Researchers from The School of Chemical Sciences and Pharmacy at UEA wish doctors to be aware of this initiative in advance and have the opportunity to comment on the project before it gets underway. (Contact Ms J Kelly @ J.Kelly@uea.ac.uk). They will not be seeking access to either patients or their notes although the research assistant will contact patients 6 weeks and 6 months post discharge to ask them to complete a brief QOL satisfaction and adherence questionnaire.

Administration of Medicines in Nurseries

Apparently some nurseries still refer to out of date guidance from the Department for Children, Schools and Families, and are refusing to administer otc medicines to children without a doctor's prescription. "The Statutory Framework for the Early Years Foundation Stage" says under the heading "Medicines" that "Providers must implement an effective policy on administering medicines. The policy must include effective management systems to support individual children with medical needs. Providers must keep written records of all medicines administered to children, and inform parents. Providers must obtain prior written permission for each and every medicine from parents before any medication is given" **which permits the provision of both prescription only and otc medication to children with a guardian's written permission.**

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For further information and to arrange an informal visit please contact Emily Smith, Practice Director on 01603 264372 or email emily.smith3@nhs.net.