



THE WHITE PAPER Equity and Excellence: Liberating the NHS LMC Listening Events 7:30pm

The White Paper gives GPs an opportunity to influence the commissioning of care for their patients. That's not to say there are not immense risks on the way, but the risks of not engaging positively could undermine the present world-class primary care system. We need to hear from as many of you as possible - Ian Hume, Chairman
(See the latest Guidance from GPC, which has been sent to your Practice Manager)

7th September 2010

Potter Leisure Resort, Zest Room 3, Coast Road, Hopton on Sea, NR31 9BX

(Note: Parking > Main resort, past the security gatehouse > ignore the first sharp l/h > r/h 2 Zest Rooms parking signs at the end of a row of trees > Car park is between these signs > walk towards the outdoor bowls rinks > r/h entrance (up a ramp) to Black Rock Grill & Zest Room 3)

13th September 2010

Aylsham Lodge Hotel, 149 Norwich Road, Aylsham, Norfolk, NR11 6JH

21st September 2010

Hethel Engineering Centre, Chapman Way, Hethel, Norwich NR14 8FB

28th September 2010

The George Hotel Swaffham, Station Street, Swaffham, Norfolk PE37 7LJ

These events are open to all GPs and Practice Managers.



The White Paper. Equity and Excellence: Liberating the NHS LMC Listening Events

Tick a venue and return the slip to Norfolk & Waveney LMC, Wymondham Medical Centre, Postmill Close, Wymondham, NR18 0RF
or fax to 01953 608061

Practice Managers have been sent an electronic version containing the relevant documents and a direct email link to reserve a place

7th September 2010 at 7:30pm at Potters Leisure Resort:

13th September 2010 at 7:30pm at Aylsham Lodge Hotel:

21st September 2010 at 7:30pm at Hethel Engineering Centre:

28th September 2010 at 7:30pm at The George Hotel Swaffham:

Name (Print) Practice.....

CERVICAL SCREENING AUDIT

I am sure you have been left in no doubt that the LMC feels very strongly about GPs doing un-funded work. I suspect most of us still feel some guilt about some examples of this because, after all, we all chose to come into the NHS rather than become bankers. But, clearly, if General Practice is not resourced correctly then it cannot carry out the core work it is here to do, let alone extras. Anyway, the office received one or two queries about the "Cervical Screening Ceased Audit" because it could easily have come into the category of unreasonable and unpaid work.

Many of you recall that a similar audit was done a few years ago - to ensure that women who had been removed from the cervical screening programme, but who had had a partial, rather than a total, hysterectomy, and therefore still had a cervix, were reinstated. The request recently came round from the NHS Cervical Screening Programme (via Anglia Support Partnership) for practices to repeat this audit.

I have no doubt that practices did the previous audit conscientiously and believed that doing it would raise awareness amongst note summarisers, and clinical staff in general, of this group of women – meaning that they will be properly coded and continue to get routine smears. I therefore queried with the local organiser whether there was any evidence that Norfolk & Waveney needed to repeat this audit; we also asked the appropriate committee at the GPC whether it believed that this was work that it was reasonable to ask practices to carry out - unfunded. Interestingly the GPC said "yes" (ie it is a reasonable request). We didn't get a very full response - so I don't know whether it was felt that, at least in principle, we should be commissioned to do it, but the political fall-out if we refused (without any money), on such a sensitive issue, would attract disastrous publicity, or whether it was felt that this really is "core" work.

I had been expecting to see the results of the previous audit, but have (I think) instead been sent the preliminary results from the current survey. These demonstrate that most practices came to the same conclusion as the GPC - that this audit was a reasonable piece of work to do. The local organisers are chasing up replies from 35 practices but the rest are said to have reviewed the records of 15,000 women and 60 women have been identified who should have remained on the screening programme (as they had only had a sub-total hysterectomy). So I guess the audit has been of value, although we would need a tame health economist to know what the chances are of one of those 60 women developing cervical cancer vs the time and effort involved in the re-audit. I suppose that is the sort of difficult calculation GP commissioning bodies will have to make in the years ahead. Simon Lockett

APPRAISAL

Further to the advice in the July flyer I would like to re-emphasise how important it is that all GPs download any information they may wish to keep from the appraisal website. As you know, the Government will no longer be paying for the appraisal website centrally and its contract lapses in October. PCTs and doctors would have to pay SCHIN if they wished to continue with this method. The GPC objected to this sudden withdrawal, however to no avail. There clearly remains a lot of uncertainty about the time scales for revalidation but we must continue to be prepared. Undertaking an appraisal is still a GP's responsibility as we all have to remain on the PCTs' Performers Lists. Loss of the toolkit will certainly create more work for the PCTs. For individual doctors it should be quite possible to retain all their documents and supporting data on their own PCs, but do remember to back it up, and probably print out your form 3/4. There are other systems in the pipeline; we understand the RCGP is planning to make its ePortfolio available and I'm sure there will be other viable options being developed in the future. Appraisal can continue without the website but individuals need to take responsibility for their own data. The LMC is working with both Norfolk and GtY&W PCTs to make sure that the appraisal process continues to run smoothly, in the meantime revalidation is still in the hands of the GMC and we must await news from them.

If I could also remind everyone of the importance of preparing in good time for their appraisal, sharing their data with their appraiser in a timely manner and ensuring the appraisal interview is in protected time. Ian Hume

GPC Sessional GPs Subcommittee Elections

Nominations are now open for election to the GPC Sessional GPs Subcommittee, which represents all salaried, locum and freelance doctors. It now has sixteen members instead of eight and will meet more frequently. For nomination forms and more information go to www.bma.org.uk/sessionalgpselections

GORLESTON, Great Yarmouth SALARIED GP with a view to PARTNERSHIP from October

◆An enthusiastic GP to join our hardworking and friendly team
◆6000 patients◆System One◆3 Partners and 1 salaried◆Nurse Practitioner & 3 nursing staff ◆Training Practice and FY2 Medical students

Please submit your CV with covering letter to: Dr K Maleki, The Family Healthcare Centre, 1 East Anglian Way, Gorleston, Gt. Yarmouth, Norfolk NR31 6TY Email: keivan.maleki@nhs.net Tel. 08444778929

Norfolk Safeguarding Children Board

SERIOUS CASE REVIEW SEMINAR: 14th September 2010, 2pm

The White Horse Inn, The Street, Trowse, Norwich, NR14 8ST

Speakers: Jane Smedmor, NSCB Business Manager
Jane Black, NHS Norfolk Designated Child Protection Nurse

Practices might consider sending their child protection lead to this seminar. Raising local awareness can be as, or even more, important for GPs who practice in areas where the child abuse may be more covert. To book a place contact lynsey.eagle@norfolk.gov.uk or tel: 01603 223409

Vacancy for a GPwSI in Chronic Fatigue/ME

NHS Great Yarmouth & Waveney Community Services is looking to recruit a GPwSI in Chronic Fatigue/ME. S/he will be part of an existing multi disciplinary team, providing a service to patients, adults and children in Norfolk and Suffolk.

This is an opportunity to become part of a dynamic team committed to further developing services in this specialism.

Please contact: M Hardman, Deputy Director of Adult Services, on 01493 334116 or email mary.hardman@nhs.net

CUSTODIAL HEALTH NORWICH, WAYLAND & BURE PRISONS

SERCO - which is contracted by NHS Norfolk to provide personal medical services for the Norfolk Prison Population - is seeking GPs with at least two years postgraduate experience and fluent English speakers, or Practices interested in collectively performing these duties. £100k (pro rata - p/t) training and support provided. For more information please contact lee.barnes@serco.com.

The Following has been sent to your Practice Managers:

- The White Paper - An invitation to the LMC Listening events
- Coroner's Advice on Death in Care Homes
- The Child Death Review - Guidance for Parents
- Patient Group Directions etc in General Practice
- Vetting and Barring Schemes
- Carbon Reduction Commitment Energy Scheme