

NORFOLK LOCAL MEDICAL COMMITTEE

“Serving the Practitioners in the County of Norfolk”



August
2006

NHS PENSIONS REVIEW

The Government has recently published the long awaited consultation document, 'Moving to the Future: The NHS Pensions Scheme Review', for a review of the NHS Pension Scheme in England and Wales. Consultation will commence on 1 September 2006. All NHS staff and employers will be receiving documents about the review that will outline how they can make their views known. It is expected that staff will receive a leaflet with their September payslips; GP Practices will be sent copies for distribution. The full consultation document is available in full from <http://www.nhsemployers.org/>

The BMA Pensions Department is coordinating a BMA wide response and would like to hear your views. Comments can be e-mailed to info.pensionsreview@bma.org.uk

The consultation will be for three months; however, if you would like your comments to be considered and help form the response from the BMA you should send your comments before the end of October 2006. The BMA Pensions Committee has convened a special meeting to consider the views of members and finalise the BMA's response to the Review. The BMA would like to hear from all doctors to enable it to respond fully.

DISPENSARY SERVICES QUALITY SCHEME

NHS Employers and the GPC, in consultation with the DDA, have now published details of this Scheme. A copy has been e-mailed to all Norfolk Dispensing Practices and is available on the website.

GP TRAINERS

If you are a training practice look out for a letter (via your local VTS office) from Hamish Meldrum (GPC Chair) in which he sets out the GPC's stance on the reimbursement practices receive and asks Trainers to register on the GPC Trainers' database.

PRACTICE SURVEYS

Family doctors and health teams at around 4,000 GP Practices across the UK are being asked to take part in a survey to be carried out by the Information Centre for Health and Social Care's Technical Steering Committee on behalf of the BMA, NHS Employers and the DoH. It will include the work of the whole practice, including GPs, nurses, physiotherapists, managers, community nurses, receptionists and other support staff. The previous workload survey, which took place in 1992, covered the work of GPs only.

The survey will take place in two phases - in September and December - and aims to collect information on the distribution of work for all the different groups of staff in general practice. Participating staff will be asked to complete a short questionnaire and a diary sheet to record

the amounts of time spent on different activities at the practice for a one week period.

This survey results from the new GP contract as the GPC and the DoH committed to monitor practice workload to help ensure that resources keep pace with change.

Please do take part if you are asked as it should benefit us all. With the propaganda about GP income still around it is vital that there is information available which demonstrates how hard and efficiently practices are working.

THE “INTERIM SENIORITY FIGURE” FOR 2006/07

This will not mean much for many of you, but it may be very important for some part-time GPs. A lot more money has gone into seniority than was the case under the old contract: for example full seniority for GP with 30 years reckonable service is £8,692. A GP receives the full amount if he or she earns at least two thirds of the average superannuable GMS profit earned by full-share partners nationally. If you earn even one penny less then you would get only 60% of full seniority - there is no sliding scale. Similarly if you earn even a penny less than one-third of the amount, you receive no seniority pay whatsoever.

The 'interim seniority figure' for 2006/07 has just been announced as £95,335. This figure could go up or down - when the true numbers are known (well after the end of the financial year) seniority money will be paid to, or clawed back from, GPs if appropriate. But if it is an accurate guess for this year, then if a doctor earns two thirds or more of that (ie £63,557+) then he or she gets the full amount of seniority. If he or she earns less than £31,778 then he or she gets no seniority pay at all. Doctors who are likely to end up with a partnership share around either of these amounts may wish to think carefully about whether there is anything they can do to increase their NHS profit a bit. There are many possible ways of doing this, such as taking a small increase in partnership share, doing some additional sessions (rather than using an outside locum), reducing property loans (increasing profit from rent) and voting to keep the practice overdraft lower rather than higher.

DoH COMMISSIONING FRAMEWORK

The Department has published a commissioning framework which "...provides an update about health reform. It then focuses on commissioning NHS services, and in particular hospital services. It sets out a framework detailing key changes designed to strengthen commissioning and ensure commissioning drives health reform, improved health and healthcare, and improved financial health for the NHS."

We have a web address for the document (and accompanying annex) but this was so huge that the LMC office found it was far simpler and quicker to insert "Health reform in England: update and commissioning framework" into "Google".

Appendix D of the annex is a consultation on a proposed PBC governance and accountability framework, the deadline for which is 6 October 2006. The GPC/Commissioning and Service Development subcommittee will be submitting a full response to this consultation in due course.

“GOOD DOCTORS SAFER PATIENTS”

I am sure it will not have escaped your attention that the Chief Medical Officer has issued a report "Good Doctors Safer Patients" with major implications for all doctors. It talks about the GMC, registration, appraisal and ongoing licensing and makes no less than forty-four recommendations between page 188 and page 202 of the lengthy document.

The BMA and GPC will be commenting in detail on the document. I would suggest that all doctors who are likely to be in practice in three or four years time should at least skim this document (avail from DoH Website) and may wish to consider commenting.

I suspect that the number of Norfolk doctors who are sufficiently interested to read the entire document, have sufficient self belief to comment on it and who also believe that their comments will make a difference, is probably small but if anybody does I would be most interested to share your thoughts.

The only comments that I am tempted to make are that doctors who will retire on or before the 1st May 2012 should be exempt from whatever new procedures are dreamt up or, if that is not possible, then introducing tranches of doctors to the new processes should be done based on the first letter of their surname, starting at each end of the alphabet and working inwards, with "L" definitely being the final tranche. SRL, August 2006.

New Primary Care Trust Arrangements in Norfolk

Great Yarmouth & Waveney PCT: Mr Bernard Williamson has been appointed as Chair of the new PCT (he is currently Chair of GtYtPCT) and Mr Mike Stonard has been re-appointed as the Chief Executive.

Norfolk PCT: Mrs Sheila Childerhouse has been appointed Chair. Mrs Childerhouse was, until recently, Chair of the West Norfolk PCT, going on to chair the Queen Elizabeth Hospitals NHS Trust. The post of Chief Executive has gone out for re-advertisement. Similarly no CE appointments have been made in either Suffolk or Cambridgeshire.

HOSPITAL PRESCRIBING FROM THE NORFOLK & NORWICH HOSPITAL

I have no doubt that, for as long as there have been GPs and hospitals there have been irritations about prescribing at the interface. Dr

Iain Brooksby, Medical Director of the NNUH, has kindly sent to me the appropriate sections from the Trust's Medicines Policy which spell out what the Trust believes it is supposed to do. If, therefore, you receive a prescribing request outside these guidelines then you should quite rightly refer back to the guilty clinician and probably copy to Dr Brooksby for his information. Please advise the LMC and the PCT if the matter does not seem to get settled satisfactorily.

In essence, patients being discharged or on weekend leave from inpatient care should be provided with all their necessary medication and the duration of supply should be the original dispensing pack and/or a minimum of 14 days supply, with the following exceptions.

Monitored dosage systems - one week's supply

- Patients on weekend leave
- Course of treatment; eg steroids, antibiotics, cytotoxic drugs for treatment of malignancies, post-operative analgesics, etc
- Controlled drugs, limited to 28 days supply (max) or an original pack if less than 28 days supply)

Medication brought in by the patient is not explicitly referred to in the pages I have at hand. There is a rather ambiguous paragraph which implies that the hospital may write "patient's own" against medication for which the patient already has some supplies. I initially assumed that this meant supplies that they had taken into the hospital but it may also mean that the patient has guaranteed that they have supplies at home. I am querying this.

Prescribing for outpatients. The documents state that practitioners should only prescribe drugs in outpatients which are:

- ▶ Included on the Trust formulary
- ▶ Required for immediate therapy - non-essential therapy should be notified to the GP via a referral letter
- ▶ Hospital only products
- ▶ Second line therapy either restricted to hospital only status or whilst initiating shared care protocol with the patient's GP, in accordance with the Therapeutics Advisory Group policy

With the duration again being original pack and/or a minimum of fourteen days with the same exceptions (except of course the weekend leave stipulation)

You will see that most of the irritations reported to the LMC by GPS are clarified by the above. Requests for non-essential, ie non-immediate therapy, should be notified to the GP by a referral letter. I believe and hope that this is shorthand for a proper letter with clinical information in it. Notes with minimal details other than the name of the drug and a dose if you are lucky, especially when the patient has been advised to "see the GP urgently" to obtain said prescription, remain unacceptable.

The rest of the information concerns the use of FP10(HP)s which I think is more of an internal trust issue, but if any practice has issues when they feel that these should have been used rather than some other process involving the practice incorrectly in taking clinical responsibility or funding prescriptions, then the office does have a copy of the policy. SRL.

PNEUMOCOCCAL VACCINATION IN CHILDHOOD IMMUNISATIONS

Just to clear up any misunderstanding that there might be. The fee of £7.51 is per child (not per vaccination). We are told that this fee was set on the basis of any additional attendances that might be required. Most children involved in the catch-up campaign will need one vaccination only. A smaller number of children who will not yet have completed other immunisations, will require more than one pneumococcal injection and it should be possible to give these alongside other outstanding vaccinations.

PATIENT TRANSPORT

GENERAL: Unless organising patient transport is commissioned as an enhanced service practices should not be doing it.

QEH: We have received confirmation from WNPCT that, contrary to the advice that is included with outpatient letters which tells patients to 'phone their surgery, patients attending the QEH should 'phone 01553 613804 and the North Cams on 01553 613804.

Elsewhere: We are not aware of problems elsewhere in the county but if you are being contacted by patients there is a Hospital Transport pamphlet which lists the Transport Offices for all local hospitals and some further afield, eg Papworth.

STUPID LETTERS

We have received a report of Morrisons Supermarket insisting that an employee gets a doctor's letter to confirm that she may leave off her neck tie and have her top button open in hot weather! We understand the doctor involved politely declined - which was very forbearing of him. I can imagine others might have responded in less gentlemanly terms!!

Advertisement

Female doctor looking for retainer post in South Norwich and the surrounding area to start January 2007. For further details please contact the LMC office on 01953 608060.

BCG Guidance & Paediatric Referrals

A FAQ sheet prepared by the Specialist TB Nurses at the Norwich Community Hospital was included with this mailing (marked for the attention of your Practice Manager). Although strictly speaking this guidance was prepared for practices who refer to Norwich (ie in the central cluster PCTs area) much of the advice would appear to apply to everyone.

Appeal against PCT to refuse Premises Approval for Dispensing

A Norfolk practices has successfully appealed to the Litigation Authority against the decision of the PCT to refuse dispensing status to a branch surgery. If you have a branch surgery and have had experienced similar difficulties it might be

worthwhile taking this to the Family Health Services Appeal Unit at Harrogate.

DENTAL OUT OF HOURS

With the advent of the new dental contract the guidance previously issued by the LMC for the treatment of patients presenting with dental conditions is out of date. Please go to www.norfolkimc.org.uk .>resources>colleagues in other professions>dentists>OOH Dentistry Services

PMS FUNDING REVIEW

A message for PMS Practices from Felicity Espley, Senior Policy Executive at the GPC:

"You will be aware that Para 3.31 of the White Paper "Our Health, Our Care, Our Say: a New Direction for Community Services" states that the Government intends to carry out a fundamental review of the financial arrangements of PMS practices. In response to this, and the DoH Guidance on non-GMS contracting arrangements for 2006/07, the GPC issued a guidance note the final paragraph of which states:

"The GPC will be monitoring the situation with regard to non-GMS contracting arrangements for 2006/07. Therefore we would be grateful if LMCs and practices could provide information on the following two points:

- If any PCTs attempt to terminate PMS agreements without cause under the PMS regulations
- How many, and to what level, PCTs are trying to negotiate alternative (less advantageous) contract terms with PMS practices and GPs holding APMS contracts for essential services.

The GPC is hearing some reports of PCTs seeking to add or remove services from the PMS contract to ensure "value for money" but I would be grateful if LMCs could let me know of any moves in this direction to enable us to gain a national picture and consider the implications. Please email me directly on fespley@bma.org.uk."

IMMUNISATION AGAINST INFECTIOUS DISEASE aka THE GREEN BOOK

Very quietly and with no announcements there have been changes made to "The Green Book" guidance - originally published in September 1996. For a resume of those changes log on to <http://www.dh.gov.uk/PolicyAndGuidance> > Health & Social Care Topics >The Green Book

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Just returned from New Zealand: last UK post - Salaried Partner (2002 to 2004), Harleston, Norfolk. On Southern Norfolk Performers List.

42 years clinical practice. Care of elderly diabetic and talking cures my forte. Looking for salaried partner status or long term locum soon. Dr Chris Burks, Mob 077 263 498 31 or email burkscg@hotmail.com.