

NORFOLK LOCAL MEDICAL COMMITTEE

Wymondham Medical Centre
The Surgery, Postmill Close
Wymondham,
Norfolk, NR18 0RF
February 2006

February 2006 Flyer

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

Where there is muck there is brass" (but be careful not to waste yours)

The LMC is attempting to clarify the status of new rules on the Decontamination of Medical Devices which are said to be coming into force in 2007. These may affect how treatment rooms can be organised and may render sterilisation in GP surgeries obsolete. Practices may either be supplied centrally with re-sterilised instruments - we understand that this already works well in Yarmouth - or use disposable ones. Apparently the cost of disposable instruments has come down and their quality has gone up. Problems with landfill sites are not what this item is about, rather the LMC is suggesting that you defer making major, costly, decisions about sterilisers and reorganising treatment room areas until things are clearer.

Elvis' notes have left the building

If you had been looking after Elvis your practice nurses would never have let him get that size (maybe they would have put him on the tutti frutti diet) and perhaps he would still be around.

Imagine he moved from the Graceland practice and registered with you, becoming a bit of a heartbreak patient with his mystery strain, paranoia (suspicious minds) and phobia about cardiac lignification. He decides to move to Thorpe Marriott so, with a mixture of disappointment and relief, you say "he's gone for a burton" (that's the tiebreaker) and leave your staff to organise the onward transmission of his notes. But, and this is the point, are you certain that his next practice will get all they need?

The LMC is receiving letters from practices who are not getting everything. Correspondence may be missing, perhaps because some paper is stored separately or discarded (did you rip it up?) after being summarised or scanned and/or parts of the computer record are sometimes not being copied.

While we are in these in-between times, with paper and computer-based systems running in parallel, problems will occur even in the best in practices. Please review your systems and make sure that you are passing on everything that will be needed. Make it so the next practice can say "That's all right" rather than wanting to confine you to the jailhouse. SRL.

imPECunious?

Have you given the best years of your life to a PCT but fear you may be spurned after the change? Has it been implied that you will have a continuing close relationship, but you now worry that promises, and even pieces of paper, may prove worthless? Have you changed your

working arrangements to cater for the PCT's needs, but now are not sure you can go back? Will you suffer because you have been doing your bit for the wider NHS? Well, fear not, help may be at hand.

I have spoken to Jeremy Pymer of the BMA who believes that some GPs with PCT roles may have acquired employment rights. Cases will probably have to be taken forward on an individual basis, though in each area the new PCT structure will be relevant because that will determine the number of available GP jobs for those of an optimistic disposition.

If you may be affected, and would wish to take action if your job disappears without you being offered an acceptable alternative, do not wait to find out but contact Jeremy now (joining the BMA first, if necessary) and send him all the supporting information and paperwork. The more you had to change to fit in with the PCT the better may be your chances. Please keep the LMC office advised about how you get on. SRL.

Note from the LMC office: To ensure your paperwork is not lost please address it to:

Jeremy Pymer, Industrial Relations Officer
BMA South East & Eastern Centre
Venture House, 15 High Street
Purley, Surrey, CR8 2XA

quoting the following heading/reference:

*"Employment/Self-Employment
Ref: Dr S Lockett + Job Title and PCT name"*

Election to the Norfolk & Suffolk constituency of the GPC

The closing date for the nomination of a voting member of the GPC in the Norfolk & Suffolk constituency was Friday 17th February and we understand that there is likely to be an election.

Please look out for the ballot papers and election addresses which are due to be sent out on, or shortly after, the 16th March with a closing date of the 7th April. Good local representation on the GPC is very important so please exercise your right *and vote*.

GMC GP Register

On 31st March the GMC will introduce a register of doctors who are eligible to work in general practice in the NHS. From that date all doctors working in general practice, other than GP Registrars, will be required to be on the GMC's GP Register. The plan is to populate the register by drawing data from the Medical Performers Lists held by PCTs (in Norfolk Eastern Support

Services compile these lists).

All GPs should have received a letter explaining the new system and asking them to confirm the accuracy of data. Provided you wish your name to go forward to the GMC GP Register you need do nothing more. If you do not wish your name to go forward (which will mean you will be unable to practice as a GP in the NHS after 31.03.06.) you will need to let the GMC and your PCT know. If you have not received a letter by the end of February 2006 please contact the GMC by email using gpregister@gmc-uk.org. The GMC will write to all GPs when the new GP register goes live to confirm individual inclusion.

New GPs can apply for inclusion on the GMC register (free of charge) by downloading an application form and fact sheet from www.gmc-uk.org. GP registrars are required to be on the GMC Register only when they have completed their training and hold a CCT.

If you have any queries locally please contact Ms Lisa Hanner at Eastern Support Services on Lisa.Hanner@norfolk.nhs.uk or 01603 307387

GPC Partnership Guidance for GPs

The latest guidance on GP Partnerships has been uploaded to the LMC website <http://www.norfolklmc.org.uk/pdf/partnershipagreementsfeb06.pdf>

This has been produced with considerable input from the BMA's legal department; further advice on partnerships is available to BMA members through the Association.

STUDENT HEALTHCARE WORKERS IMMUNISATION

In my day we were not advised to have any immunisations before becoming a medical student - the free orange juice and weekly bath throughout childhood meant we could fight off most things if we survived. But things are different now and the LMC is getting reports of prospective medical and other students (including those who have, so far, only a conditional offer of a place) being advised by their training-establishments-to-be to ask their GP for lists of the vaccinations they have already had, extra immunisations and immunity testing.

Sadly, the GPC's helpful Hepatitis B guidance of last year does not seem to have changed the tone and content of the missives from those sent in previous years. Practices are being put in a difficult position. In fact, most healthcare workers, certainly medical and nursing students, can complete their training and qualify without having to take part in any exposure prone procedures whatsoever, so you don't have to be totally paranoid for it to cross your mind that

what is happening may be an attempt to save the health schools' work and money at the expense of GPs, PCTs, laboratories and students themselves.

Now, if my former medical school wants my charity then it is at liberty to arrange for a young lady student to telephone, chat me up and send me a direct debit to fill in; of course, it has, and I did. What I don't want it to do is to try, in effect, to blackmail me and my staff into doing stuff that is not our job. The sort of letters they write to their prospective students can lead to a rapid deterioration in the GP/patient relationship and, no doubt, medical students deciding they don't want to do general practice because GPs are horrible and *only interested in one thing*.

It should be perfectly possible to set up a better pathway: for example, students could be advised that they will be immunized if and when it becomes necessary during their course; radical, I know. But if the powers-that-be insist on telling students - before they start or even know for certain that they have a place - that they should get immunizations and laboratory tests, it must be absolutely clear in the papers the student receives that there will be charges and that attendance will be necessary at a different practice and/or a hospital.

Please do let the LMC know if you are being pressurized and we will do what we can to apply some pressure back. SRL

STOP PRESS: the LMC is delighted to say that the UEA has agreed to review the paperwork it sends out and to ensure that it is consistent with current guidance. Let us hope other Health Schools will be as sensible.

New Dental Contract and Out of Hours Dentistry

You may be aware from reading the national press that the introduction of the dentists' new contract is not going particularly smoothly. This state of affairs also seems to apply to out-of-hours dentistry from 1st April 2006. We understand from the Norfolk Local Dental Committee that local PCTs are hoping to have a county-wide out of hours dental service - of some sorts - in place - in time. However, just how this will be provided is still unclear and that lack of clarity could cause extra work for general practice, AMC and A&E. We will bring you an update in the March flyer or earlier, via our email cascade to your Practice Manager, if matters develop - one way or the other!

CANCER AND QOF

One practice has noticed that its cancer review (QOF cancer indicator 2) tally is reducing because of patients joining its list with a "cancer since 1st April 2003" diagnosis who had not had a review (by their previous practice). Has anyone else come across this and, if so, have you spoken to your PCT about it (with a view to asking for exemption)? Certainly GPC advice is that these patients could be exception reported under (c) of the exception reporting guidance.

Practice Based Commissioning

From the notes of GPC Meeting: 17.02.06. The GPC remains supportive of the principles of PBC and the opportunities it presents to improve

services to patients. However, following publication of the recent DH guidance "PBC: Achieving Universal Coverage" (26 January 2006) GPC has some serious concerns that central policy has changed direction and that this could make implementation more difficult.

This guidance replaces the February 2005 DH guidance "Making PBC a reality: technical guidance" and GPs and LMCs should be mindful of this in their discussion with PCTs.

Debate of these issues resulted in a motion being passed stating that "The GPC has concerns that the specification for the PBC DES undermines the development of PBC" A rider was added stating "and that the GPC could not commend it to the profession in view of the recent guidance".

It is important to note that one major concern surrounding the DH guidance was an ambiguity in paragraph 48 concerning the use of freed-up resources to offset PCT deficits. The GPC has now received clarification that this does not apply to the 70% of freed-up resources that practices can reinvest in further improvements to services. It only relates to a last-resort use of the 30% that PCTs can retain. This will be clarified soon on the Q&A section of the Department's PBC website. Although the motion passed still reflects the wider concerns of the GPC on the direction of PBC policy, it (particularly the rider) should be viewed partially in the context of this ambiguity in the guidance.

A GPC guidance note on the PBC DES will be released very soon, and will be followed by further PBC guidance as PBC develops.

Blue Badge Scheme

We understand that Norfolk Social Services have agreed a new process for Blue Badge applications with the six Norfolk Primary Care Trusts.

In future NSS will be gathering more information from applicants which they believe will result in a reduction in the number of requests for completion of form D(BB)7 by GPs

We are delighted that this will reduce GP bureaucracy, wish those responsible for some of the other forms that come our way would carry out similar reviews and hope this was not a major source of income for any constituents.

The New GMS Contract 2006/7 & PMS

A copy of the Revisions to the GMS Contract 2006/7 was emailed to all Practice Managers on 20th February and a copy posted on the LMC website. This is just a reminder to all PMS practices not to dismiss this as not being relevant to you. It is a very important document as it contains all the information you need about QOF and enhanced services.

Reinventing the Wheel Chair Form

The LMC office receives complaints about these forms; your LMC Secretary has met with those in Norwich who were responsible for drafting them. The most irritating thing about the form is the stern injunction that it will be sent back if incompletely filled in - but there follow several very-non-GP-friendly questions. The department wanted a "universal" form but, as there are no

less than eleven, different, assessment clinics for different problems (such as learning disability,

poor language skills, neurological and amputations) this has led to an over complex form. That is certainly true for the type of patient a GP, rather than, for example, a community OT or physiotherapist, is likely to refer.

We discussed a number of ways of making them (the forms!) more GP friendly. The LMC will continue to be involved and do all it can to ensure a better form or referral process comes along. It will, no doubt, take a long time - because it always does.

Recent Website Postings
norfolklmc.org.uk

- ▶ Local Dental Committee's advice to Dentists on Dental extraction and Warfarin
- ▶ FAQs on Referral Management
- ▶ Changes to the GMS Contract 2006/7
- ▶ Focus on QOF and What Has Changed
- ▶ HM Revenue & Customs VAT Information Sheet "Dispensing Doctors and VAT"
- ▶ TAG latest "traffic light" Guidance
- ▶ Allergy Recording on GP Systems

Advertisement

Dr Emily Cary is available for sessional/locum work from April 1st 2006 (except Mondays, Wednesday and Thursday afternoons from 19th April to August) Ideally within a 40 minute drive of central Norwich.

Contact: 07974 734265

email: emilycary@hotmail.com

address: 8 Albert Terrace, Norwich NR2 2JD.

Advertisement

Thetford, Norfolk

**Full-time replacement (Partner/Salaried)
will consider part-time, job share**

Friendly, well-organised, progressive practice of 12,600 patients. 6 Partners + FC doctor, committed to highest standards of patient care, is looking to replace retiring Senior Partner, from April 2006. Enthusiasm, teamwork and ability to see lighter side of life helpful.

Full nursing team, high QOF points, new Phoenix system in preparation for NPfIT, 6 weeks holiday + 1 week study leave, 1 day off a week to pursue other interests. No OOH (but sessions available in town if interested), excellent primary care team (low staff turnover), visiting in-house consultants, opportunity to buy into the premises if interested.

Weekly clinical meetings, fortnightly practice meetings (with a good meal out afterwards)

A happy working environment is as important as a successful one.

For formal applications and practice profile please contact: Sue Morgan, Practice Director, Grove Surgery, Grove Lane, Thetford, IP24 2HY. 01842 851080 or email: susan.morgan@nhs.net. Informal enquiries or visits also welcome.