



If enclosed in your envelope is a request to clarify you locum list contact details, please do so ASAP and return to [ann\\_dee@btconnect.com](mailto:ann_dee@btconnect.com)

## Practice Managers' Newsletter/Mailings



Practice Managers have recently been sent guidance on:

- ▷ **The Appraisal Toolkit - Downtime**
- ▷ **Authorisation of Antivirals After Stand Down of NPFS**
- ▷ **Access to Health Services for Military Veterans - Priority Treatment**
- ▷ **Advice on Private Sector Screening**
- ▷ **Reforming the Medical Statement including guidance on fit notes and**
- ▷ **Defibrillators and Emergency Life saving Skills Review**

## Pethidine use by Norfolk Midwives

At the February Clinical Governance meeting the LMC was informed that Norfolk midwives are going to arrange their own processes for accessing Pethidine for use in labour. If any GP gets a further request please complete a QIR form (Norfolk Knowledge) and tell the LMC.

## DoH Alert (2010)001 - Reduction of Medication Errors in Care Homes for Older People

A recent DoH study has revealed many problems with medication in care homes; I am sure this won't come as a great surprise - but the figures are really quite startling. Norfolk PCT (and it no doubt applies to GtY&W as well) has been told to do something about it and, I guess, we would all like to think we are not poisoning our care-home patients - so I am sure we should do what we can. The main findings of the study were that the residents, whose mean age was 85 years, were on an average of eight medications each and on any one day seven out of ten patients experienced at least one medication error. "Error" covers a wide range of events: the less serious would include the drug chart not being properly completed - so its not clear whether the patient has taken the medication and, if not, whether they declined it or whether the carer forgot to give it, or simply forgot to fill in the chart. More serious errors would include incorrect medication or duplicate medication being given, and potentially serious interactions. A common source of confusion is after medication has been changed - either by a visiting GP or because a patient has recently been an in-patient or out-patient at the hospital - but the repeat prescription list has not been updated.

Recent examples of potentially dangerous errors that have come to the attention of the Norfolk prescribing team include: a home where a resident had been prescribed both Kemadrin & Procyclidine and the home was ordering & administering both (and presumably the surgery was issuing repeats for both) as they hadn't realised it was the same drug. In another instance a lady had been started on Warfarin, but had continued to take Aspirin & Clopidogrel. Staff were noticing bruising but no-one had made the link. One of the PCT's Pharmacists liaised with the GP to find that a hospital letter instructing them to stop Aspirin & Clopidogrel hadn't been actioned.

Norfolk PCT hosted an initial meeting including the LMC, the LPC, and Local Authority officers with responsibility for homes. Whilst there will doubtless be a few more meetings I think the actions for general practice are pretty straightforward: the single most important being to do everything possible to ensure that repeat prescription lists are up-to-date. Please consider whether your processes for computing changes after home visits or after medication has been changed by a third party are as robust as they possibly can be. There will be plenty of actions as a result for pharmacists, homes and those who monitor the homes - I think General Practice has probably got off relatively lightly. You will hear more about this issue in due course, but you may well find it interesting auditing your own practices for such problems or, at the very least, discussing the issue at your governance meetings. SRL, Feb 2010

## BODY DONATION FOR MEDICAL EDUCATION - Anatomy Bequeathals at The UEA

People have bequeathed their bodies for anatomical examination since the Anatomy Act was passed in 1928. These kind-hearted individuals often wish to benefit medical students and other trainee healthcare professionals by "leaving their body for research". In the past Cambridge University has been the main centre for processing body donations for the East Anglia region, however UEA has recently set up a centre to cover Norfolk and Nth Suffolk and uses these donations to teach anatomy to undergraduate and postgraduate students. Legislation was changed when the Human Tissue Act (2004) was passed. Under this new Act individuals still have to sign a form, however this must now also be witnessed. It is very important that those wishing to bequeath their bodies have the correct paperwork in order that their wishes may be honoured. A note in their medical notes or Will alone is often not suitable unless the wording is absolutely correct. For example stating that the individual wishes to "leave their body for medical research" is not acceptable, it must say "leave their body for anatomical examination, medical education and research". The correct wording can be found on the HTA website. Often people will contact their GP to enquire about body donation. Please refer all enquiries in the Norfolk and Nth Suffolk area to The UEA (see below). We are happy for the individual's GP to contact us to make an enquiry, likewise we are happy to speak to individuals themselves. We can send out a donation pack containing more information along with a consent form which can only be obtained from us so that we may keep a record of interest. We have sent flyers to practices together with our contact details, however we have asked that these are not left in reception areas as we are not allowed to advertise. If you would like additional flyers or have any further questions, please get in touch with us at Anatomy Bequeathals, HTA Designated Individual Dr David Heylings, School of Medicine Health Policy and Practice, UEA, NR4 7TJ. Tel: 01603 591104 or log on to <http://www.hta.gov.uk/donations.cfm>

## BMA 2010 research grants - available to apply for now

The BMA was among the first of the professional bodies to award grants and prizes to encourage and further medical research. Today, around eleven research grants are administered under the auspices of the Board of Science, all funded by past bequests to the BMA. Grants totalling approximately £500,000 are awarded annually. Applications are invited from medical practitioners and/or research scientists and are for either research in progress or prospective research. Go to [www.bma.org.uk/about\\_bma/awards\\_grants/researchgrants.jsp](http://www.bma.org.uk/about_bma/awards_grants/researchgrants.jsp). The application deadline is **12 March 2010**. Subject specifications for each grant vary. For example, in 2010, research areas include heart disease, cancer, inflammatory bowel disease and schizophrenia. If you have any queries please contact: [info.sciencegrants@bma.org.uk](mailto:info.sciencegrants@bma.org.uk) or telephone 020 7383 6755.

Find the GPC's Sessional GP Winter 2010 Newsletter at [www.bma.org.uk/representation/branch\\_committees/general\\_prac/sessionalnews0110.jsp](http://www.bma.org.uk/representation/branch_committees/general_prac/sessionalnews0110.jsp)

## Flu Pandemic

The National Pandemic Flu Service has been stood down. Antivirals will now only be authorised via health care professionals. Collection points will continue to 31 March. Practices need to ensure communications to patients - eg websites, posters and leaflets - exclude reference to The NPFS and that they can respond to any queries. Practices have been advised to continue vaccinating at "risk groups" opportunistically beyond the end of March for which they will be paid (excluding the related DES concessions). **Therefore to make the most of the LES - try and vaccinate as many of your "at risk" patients before 31st March.** The DoH advises practices to stop vaccinating the Under 5s not at risk from the end of March and the JCVI has suggested that the vaccine can now be offered as a travel vaccine for visitors to southern hemisphere countries during their flu season.

## The King's Fund Inquiry into the Quality of Care in General Practice

The King's Fund has launched an on-line survey about the quality of care in general practice. **The GPC believes it is absolutely essential that every GP responds** as there will be many who will use this to criticise GPs.

[http://www.kingsfund.org.uk/research/projects/gp\\_inquiry/index.html](http://www.kingsfund.org.uk/research/projects/gp_inquiry/index.html)

## "Look after our NHS" Campaign

The BMA has launched its "Look after our NHS" Campaign. GPs will be receiving a pack of materials containing a brochure, public poster & a questionnaire. More copies are available at : <http://www.lookafterournhs.org.uk/>

## Survey of Sessional GPs

Last year, the GPC set up a Working Group to review the arrangements for the representation of Sessional (salaried and locum) GPs within the GPC and BMA, and at a local level. As part of its review, the Working Group has put together a survey for Sessional GPs, who are members of the BMA. The survey will be vital in informing the Working Group and helping it make recommendations on how Sessional GPs will be represented at a national and local level. The results of the survey will also be used as part of next year's evidence to the Doctors and Dentists Review Body (DDRB) on the remuneration and working patterns of Sessional GPs. Sessional GP members who have not received the questionnaire by the end of February, or have questions about this process should contact the BMA's research department at: [info.hperu@bma.org.uk](mailto:info.hperu@bma.org.uk).

## Performance Management Frameworks

There is a national requirement for all PCTs to provide a Public Facing Balanced Scorecard, which will be available for the public and also, as part of the World Class Commissioning initiative, an internal scorecard to be linked with a Performance Management Framework. All PCTs are having to do this and the LMC is working closely with NHS Norfolk and NHS GtY&W to try to ensure that any such scorecards are accurate, are used in an appropriate way to drive up quality without being over burdensome to practices and are used fairly. We live in a world where the economic downturn is going to increase pressures whilst at the same time the DoH is committed to driving up quality and efficiency. Lots of initiatives will not, therefore, go away, although I actually think they will show that General Practice in Norfolk and GtY&W is already of a very high quality. We will continue to work as constructively as possible with the PCTs and would value any constructive criticism or learn of any problems that you encounter. In the meantime please may I ask you to make sure that you look carefully at any information you are sent by the PCT and if there are inaccuracies let the PCT know so that it can be corrected. IH

## Plowright Medical Centre, Swaffham

### Salaried GP(s) required for up to 8 sessions

IMMEDIATE VACANCY / NEGOTIABLE START DATE

A friendly, proactive practice looking to recruit. Due to retirement, up to 8 sessions available for a caring, compassionate individual or job share.

◆ 4 doctor dispensing practice, 5300 patients ◆ Main & branch surgeries – Swaffham / Necton ◆ Working from an award winning premises ◆ High QOF points ◆ EMIS LV Computer System ◆ Excellent nursing and support teams ◆ Forward thinking, highly organised internal systems ◆ Access to local community hospital with GP managed beds ◆ Above average remuneration, with flexible package and bonus scheme option. For further details/practice profile, please contact David Cockayne, Practice Manager, Plowright Medical Centre, 1 Jack Boddy Way, Swaffham. PE37 7HJ Tel: 01760 726680 Web: [www.plowrightmedicalcentre.co.uk](http://www.plowrightmedicalcentre.co.uk) Email: [david.cockayne@nhs.net](mailto:david.cockayne@nhs.net)

## Part Time additional Partner in North Norfolk

A fantastic opportunity to join a young(ish), dynamic and highly committed team based in Sheringham. Sheringham Medical Practice is seeking a Part Time Additional Partner. We are a 6 partner, PMS, dispensing practice based within a modern Health Centre shared with Community Members of the local primary health care team.

◆ Forward-thinking, innovative Partnership ◆ Purpose built recently modernized (LIFT) premises ◆ Enthusiastic and cohesive Practice Nursing team ◆ Dispensing ◆ Cottage Hospital beds/local Community Hospital ◆ Training Practice for post graduate Registrars ◆ Lovely surrounding countryside and good local schools

For further information, email [sheringham.managers@nhs.net](mailto:sheringham.managers@nhs.net) visit our website at <http://www.sheringhammedical.nhs.uk/>, or 01263 820512

## Long-Term Half Time Locum with Potential View to Partnership

We also need a Long-Term Half Time Locum to work with the practice over the next 3-6 months. Due to the practice recruiting a new half-time partner it is happy to consider the Locum position with a view to partnership.

## "MAKING THE MOST OF BEING A SALARIED GP" BMA SEMINARS

The BMA is organising a series of seminars specifically for Salaried GPs to:

**Advise** on employment rights for nGMS, PMS, APMS and PCO-employed GPs - including sickness, maternity and redundancy issues, as well as giving general guidance on contractual rights following maternity leave and at the end of FCS and retainer scheme funding. **Outline** in detail the benefits of the model/minimum salaried GP contract negotiated by the BMA, and how to ensure that at least these minimum conditions are obtained. **Provide** helpful tips for successful negotiations on salary, terms and conditions, and contract changes for use with current and new employers, with practice sessions. **Provide** an interactive setting, with the opportunity for delegates to ask questions on the day.

**Dates of seminars:** 23 March The Moller Centre, Cambridge / 20 April Life Conference & Banqueting Centre, Newcastle / 20 May Holiday Inn, Taunton/

4 June BMA House, London / 7 September Bar Convent, York / 20 September Birmingham Medical Institute / 11 October Park Inn Hotel, Brighton / 25 Oct Park Plaza Hotel, Nottingham / 9 November Manchester Conference Centre / 15 November Southampton Solent University. **Registration Fees:**

The costs to attend these half day seminars are £46.00 inc VAT for BMA Members, £80.50 inc VAT for Non-members. (Note: non-members are entitled to the BMA rate if they join the BMA when registering). A sandwich lunch and refreshments will be provided. For further information call BMA conferences on 020 7383 6605/6137. For further details about these seminars please visit [www.bma.org.uk/conferences](http://www.bma.org.uk/conferences). For queries, please contact BMA conferences on 020 7383 6605/6137 or by email to [confunit@bma.org.uk](mailto:confunit@bma.org.uk).