



FEBRUARY  
2011

# Norfolk & Waveney LMC

Serving GPs in Norfolk and Waveney

**Norfolk & Waveney LMC**  
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## APPRAISAL

**From the Medical Secretary:** I belong to a GP generation in which most of us believed that our personal, professional, responsibility to keep up to date and to have high ethical standards would be sufficient to keep us on the straight and narrow. Unfortunately, Harold Shipman, pathologists storing bits without permission and various hospital scandals mean that it is now hard to sustain such a view within the profession, let alone in the public mind. Appraisal has been going for some years now and re-accreditation in some form will start soon.

For most GPs, appraisals have been fairly positive and helpful and my impression is that our PCTs have done all that could reasonably be expected of them in organising and funding the system. I understand that our appraisers are trusted and reasonably remunerated. There are differences between Norfolk and Great Yarmouth & Waveney - one being that GY&W is continuing to fund the national website for (at least) a little longer - so the information that GPs have already entered won't suddenly become inaccessible.

I have been advised by GY&W PCT that some of their GPs are less enthusiastic than others about engaging with the appraisal process. If this is the case, can I remind such colleagues that appraisal is required and will continue to be required for a doctor to carry on in professional practice. Can I also remind you that appraisers are professional colleagues with their own busy schedules and lives to lead - so please bear this in mind when agreeing times and dates, and only cancel in the case of genuine emergency. On the other hand, if the information from GY&W PCT, and the general impression that appraisal works pretty well, are incorrect, ie if GP constituents anywhere in Norfolk or Waveney feel that the appraisal system does not work well for them, please bring those concerns to the LMC office - we would be only too willing to look into them. SRL

**From the Chairman:** We are also aware that there has been a problem with appraisals becoming booked in the last quarter of the year. There maybe advantages in having your appraisal earlier in that it gives you more flexibility should you become ill or some other factor means you are not able to undertake your planned appraisal and you run out of time. Ideally you would have an appraisal every 12 months but it is not unreasonable to bring this forward by a couple of months if more convenient for you and your appraiser. We recommend a mutual discussion first, but if you're having problems then please do contact the PCT appraisal team or the LMC. IH

**Bank Holidays:** NHS Norfolk is including advice in the GP Bulletin about preparing for the run of bank holidays coming up. We know practices are very aware of the importance of having enough acute slots available as well as the need to make sure that patients order their medication well in advance and that palliative care patients do not run out of medication. Practices have a great deal of experience in managing demand before and after bank holidays and we think the PCT is only trying to be helpful by flagging up some of the demands experienced over the recent Xmas/New Year break.

### Consultation on the Redesign of Sure Start Children's Centres in Norfolk

Practices with local Sure Start Centres should be aware of a 12 week consultation, closing on the 18.04.11. > [www.engagespace.co.uk/engage/norfolk/](http://www.engagespace.co.uk/engage/norfolk/) It is especially important to respond if you feel "your" centre provides a useful service - particularly if you can provide supporting evidence/arguments.

#### Tinzaparin

NHS Norfolk has confirmed that its contracts with private healthcare providers (eg SPIRE) for orthopaedic procedures include the provision of a full course of Tinzaparin. You should not be asked to prescribe - if you are contact Eugene.Carragher@norfolk.nhs.uk

#### Bowel Cancer

For information: The NHS has placed full page advertisements in the local press which - beneath the picture of a doctor - advise that "If for the last 3 weeks you've had blood in your poo or it's been looser, don't sit there just tell me" and goes on to recommend readers to see their GP, which may account for an increase in patients presenting with these symptoms.

#### Clinical waste pre-acceptance audit

Look out for the GPC guidance on Clinical Waste, which is due to be published shortly. The LMC Office will forward the document to practices once received.

#### PCT Commissioned Care Home Beds

NHSN has confirmed that it currently commissions intermediate care beds in the following care homes. We understand the contracts include an element for medical cover. If you are providing care over and above GMS/PMS to patients occupying these particular NHS commissioned beds (only) speak to the home regarding your entitlement to payment.

Ford Place, Thetford - St Michael's Court, Aylsham  
 Saxlingham Hall Nursing Home - All Hallows Hospital  
 Walcott Hall Nursing Home - All Hallows Nursing Home

## WEST NORFOLK & WISBECH GP COMMISSIONING CONSORTIUM

The LMC has been asked to carry out the election for the Interim GP Executive of the West Norfolk & Wisbech GPCC and is delighted to do so. Nominations will be invited from GP Performers who either work or reside in the area served by the WNPBC or by Wisbech Practices. The Interim Executive will serve for one year from 1st April. 2011, during which time it will ready the GPCC for approval (by the NHS Commissioning Board) as a shadow consortium for the year 2012/13.

The nomination papers should be with your shortly; I am afraid that the timetable will be quite tight so if you intend to stand please watch out for the papers, start thinking about your personal statement and prepare the ground with your partners/spouses! While GPs residing in, but not working in, the area, and those working only as locums in the area, are very welcome to stand, we have been advised that the voting constituency will be principals and salaried doctors working in West Norfolk and Wisbech Practices.

The WN&W GPCC is anxious to contact all eligible GPs but there is a chance that the LMC's records are not complete, especially for "resident GPs" and those working only as locums. As this Flyer is circulated to all the GPs known to the LMC, if you are a WN GP who is reading your own flyer then you should receive the nomination papers. Obviously if none come, contact the LMC office. Or, if you know any colleagues who may wish to stand but who don't receive any papers, please tell them to contact the LMC office urgently.

**REVALIDATION** When writing about revalidation traditionally I've been able to say "revalidation is two years away" because it has been for the last 10 years or more. It now looks as if it's probably 18 months away with a go live date of Dec 2012/Jan 2013 so we would expect the first revalidation folders being submitted in 2013. We do however have to take account of the experiences from the pilots and pressure to make sure the system is workable and not over costly - (GPC watching this space). There have been some simplifications to the proposed areas of information that require submitting and these have been divided into four basic headings:

- 1 General information including personal data, PDP, statements of probity and participation in annual appraisal
- 2 Feedback, including multi-sourced feedback, the patient survey, review of complaints and positive feedback
- 3 Quality of practice, including clinical audits, reviews of other roles, significant event audits.
- 4 The requirement for multi-source feedback patient questionnaire and audit has reduced to one in five years each.

Only complaints that activate the practice complaints procedure, or are referred to the PCT, need be submitted for review. Learning credits remain at 50 and if you are adding credits for impact you'll need to provide evidence. The first revalidation folders are likely to be submitted in 2013 and these will be based on evidence collected from 1 April 2012. Those who undertake revalidation first will be asked to submit proportionally less evidence than GPs revalidated in later years, so there may actually be an advantage to going early! There is still work to be done on supporting special groups such as peripatetic locums. All this makes it even more important that you undertake your annual appraisal. Not only is it a requirement to remain on the PCT list, but you'll also need participation in the appraisal as part of your revalidation evidence. IH

### Prescribing and Dispensing

There are a number of current developments of which practices, especially dispensing practices, should be aware. A rurality review is pending, largely as a result of the PNAs. The LMC (and the LPC) input into the process, but when a field fills with houses it becomes hard to argue that it is still a field. We don't want to start any hares running but, if there has been significant change within your dispensing area, do take a realistic view in your business planning - your dispensing income will be affected if the area is redesignated.

We are seeing quite a number of practices interested in opening or sponsoring pharmacies near to, or within, their premises. There are circumstances when this almost certainly makes business sense, but one issue which affects the LMC, and probably the public perception of dispensing practices, is if the LMC and practices argue for the excellence of GP dispensing one day and then start supporting a pharmacy (provided it is "their pharmacy") the next day. There is an element of rug-pulling-from-beneath-the-feet here that means the pro-dispensing argument may be far harder to sustain in the future.

Whenever there are changes in pharmacies and/or rurality, patients who have previously been on a practice's dispensing list will no longer be so. Especially in cases where practices themselves have an interest in a pharmacy it may be unclear to some practice staff exactly which patients can still use the practice dispensary and which ones need to go to a pharmacy. Please be very vigilant about this as the computers at the PCT, linked to the Prescription Pricing Authority, contain analysable information on who has been dispensed to - and dispensing to prescribing patients could be construed as fraud.

All the local Pharmaceutical Needs Assessments have been published, but the legislation that was to be enacted at the same time - the new "control of entry" regulations for pharmacists - has slipped - they are unlikely to be in force for at least three months. The implications of this are not entirely clear but there may be a rush of pharmacy applications where "gaps" in pharmaceutical services have been identified by PNAs and/or applications for 100 hour pharmacies from those who are concerned that the "control of entry" regulations may hamper them from applying. I am sure this will mean significant extra work for the PCT, practices and the LMC as "comments" will be required.

It is some time since I mentioned this final issue, but dispensing practices are reminded that the Disability Discrimination Act applies to them, as to pharmacists, so dispensing staff need to carry out a proper assessment to ensure that the patient receives medication in an appropriate container, for example. Pharmacists are funded for this work under their contract and funding was factored in to GP dispensing payments, when the Act came into force. I assume that practices which signed up to the dispensing quality scheme (which included a staff training criterion) are up to speed - but practices that didn't sign up, or where there have been recent staff changes, may wish to check that they are compliant. SRL

### Responding to Complaints

At a recent meeting of the Norfolk PCT Primary Care Clinical Governance Committee two examples were given of responses by practices to patients in response to similar "complaints". The opening paragraph from one was: "I am sorry that you felt the need to write a letter of complaint to NHS Norfolk, it is never our intention to upset our patients in this way. I am always happy to see our patients to discuss practice and individual matters..." The second practice wrote: "The PCT have communicated your complaint to me and I am obliged to respond..."

However irritated you are by a complaint, even if you feel it was vexatious or wholly inappropriate, I do, perhaps, need to remind practices that you are aiming for speedy closure rather than a prolongation of hostilities. Most complainants simply want an explanation and apology (if appropriate) and the tone of the first response can be very important. I think all of us know that if we were on the receiving end of one or other of those letters which one would make us less likely to pursue the complaint!

Another thing that commonly irritates complainants, and therefore may reduce the chances of a rapid, stress-reducing resolution, is when the complainant feels there has been an unnecessary delay. So, where there is no allegation of serious clinical failing, it may not be necessary to refer to your defence organization - or, if you do, try to get a rapid reply. Delay is often seen by the complainant as the practice simply not being very interested in the complaint, or being very guilty and taking ages concocting a reply.

Still on the same subject - the CQC, with which all practices will have to register by April 2012, has issued some guidelines about complaints. It may be that the complaint reporting processes set up by the PCT will allow the easy collection of evidence for practices to justify their processes to the CQC. But I would not want to over-egg the pudding - it is currently unclear what the reporting pathways will end up being and what organisations and quangos will exist to receive them in the future. Norfolk PCT has, at least, clearly stated that it will endeavour to ensure that GP practices are not asked to duplicate work.SL

### FULL TIME PARTNERSHIP OPPORTUNITY—NORTH NORFOLK

A vacancy will arise in June 2011, to work with ten doctors, (seven partners), to ensure we remain one of the leading training and research practices in the EoE. Along with outstanding support from our NP led nursing team, you will help ensure that we continue providing the best possible medical care to our 15,000 patients.

Our state of the art £5m new build is due completion in early November '11 and will enable us to provide integrated care alongside our Social and Community Services colleagues, and house our dispensary as well as a new pharmacy. On-site day-surgery and mobile diagnostic facilities will be fully utilized to provide better patient care locally. North Norfolk Consortium has been given 2nd wave pathfinder status and as the largest of the 18 practices in the group, we shall be closely involved in developing the commissioning of patient services. As well as achieving very high QOF results last year, the practice won a National award for piloting an obesity management programme and also reached the National Standard to achieve 'You're Welcome' Accreditation. The partners would like to interview and appoint a suitable applicant ASAP. Visits to the practice at any time are welcome. Application packs available from the Practice Manager, email: Ann.Kerrison@nhs.net

### PART TIME LOCUM - COLTISHALL MEDICAL PRACTICE

We are looking for a keen, enthusiastic GP Locum to cover maternity leave, for 6 sessions per week starting 27.06.11 for a minimum of 7 months. Sessions include 1 duty day (8 - 6.30 pm inc 2 sessions) and one extended hours starting at 7 am, with a requirement to work some sessions at our branch surgery at Spixworth. Home visits and completion of paperwork also required. We are an EMIS LV Paper light GMS practice with a list size of 8000 with Dispensary at main surgery. You would be working with a friendly team - 3 partners, 2 Salaried, Nurse Practitioner, Practice Nurses, HCA.  
CV to nikki.crawford@nhs.net. For further information please tel 01603 737593

### GP Lectures On Line

We have been contacted by Dr Gary Rogers, Fleggburgh Practice, whose enterprising GP Education and Training website has just gone live. The test website address and the guest password are:

**http://gplecturesv3.paston.co.uk,**  
**U: guest@gplectures.co.uk, P: guest2011**

He would be delighted if local GPs would look at the website and get back to him if they have any comments that might improve it. He is also keen to hear from GPs who would like to contribute to GP Lectures - currently looking for single issue lectures; also a lecturer who could deliver a regular research paper and/or guidance. Interested? Contact Gary Rogers at gary.rogers@nhs.net

### Old Catton Medical Practice Full Time Partner from 01.08.11.

7-9 sessions considered): Closing Date 31.03.11

Pleasant, purpose-built, practice-owned premises on the northern edge of Norwich. Partners committed to the continuing enhancement of the Practice and their role within GP Commissioning. Opportunities for development of special interests. List size 7,800 and growing. GMS. TPP SystemOne High QOF & ES

More info on request or go to [www.oldcattonsurgery.nhs.uk](http://www.oldcattonsurgery.nhs.uk), informal visit welcome. To speak to Drs Keane, Antilla or Rani. Ring 01603 415519. For other information contact Kerry Bobbin, PM on [kbobbin@nhs.net](mailto:kbobbin@nhs.net)

### VACANCY FOR PART-TIME GP PARTNER—LOWESTOFT

EMIS LV Practice with 4800 Patients. Part Time GP Partner required for 4 sessions per week to include administration and one day on-call. Surgery is housed in two spacious Victorian houses. You will be supported by a single handed Full-time GP and a full complement of clinical and administrative staff. Good QoF. No buy-in necessary. Informal visits and enquiries encouraged.

Please apply with your full CV and letter to: Mrs Sue Gooding, London Road South Surgery, 366 London Road South, Lowestoft, Suffolk, NR33 0BQ, Email: [sgooding@nhs.net](mailto:sgooding@nhs.net), Tel: 01502 539046