

NORFOLK LOCAL MEDICAL COMMITTEE

Wymondham Medical Centre
The Surgery, Postmill Close
Wymondham, Norfolk, NR18 0RF
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Tel: 01953 608060
Fax: 01953 608061
e-mail: Norloc.Medcom@btinternet.com
Principals & Non-Principals Edition

NEWSLETTER March – April 2003

Childcare Facilities

Avid readers of the flyer will recall a recent item on the availability (in theory) of NHS childcare facilities for GPs and practice staff. The LMC has continued to remind PCTs of the available funding - via the Norfolk, Suffolk & Cambridgeshire Workforce Development Confederation. However, very little has happened across the county so far. We think that it's pretty obvious that such facilities can only improve GP recruitment and retention. If you agree, please write to your PCT and ask it what it is doing about it.

NNUH Consultants

We have had a preliminary meeting with the Consultant Staff Committee to see if regular clinician to clinician meetings would be a good idea. The outcome was very favourable on both sides and we can't wait to get down to business.

Please will all GPs consider sending the LMC examples where there has been poor communication between ourselves and our consultant colleagues, and suggestions for how this can be improved.

Child Protection

All GPs are expected to attend Level 1 Child Protection training this year - a recommendation following the Lauren Wright enquiry. Many PCTs are including this training in their incentive scheme, which the LMC supports. One of the very sobering realities we all face with trying to manage a case of suspected child abuse is that Norfolk Social Services is desperately short of capacity to handle referrals and its threshold of "Significant Harm" is disproportionately high. We must realise, therefore, that our duty to respond to concerns does not end with a referral. We must remain vigilant of the case and if concerns do persist, continue to re-refer until it has reached the NSS threshold. We also strongly recommend that all referrals should be in writing, even if your initial response is a telephone referral.

Advertisement

GP RETAINER

Dr Sharon Phillips is seeking 2-4 sessions per week as a GP Retainer, preferably in central/southern Norfolk. She may be contacted on 01603 741807

"Superannuation for Locum Work"

GP Principals and Assistants who also do GP locum work can now claim for their locum work to count towards superannuation. This rule has been backdated to 1st April 2002. While these GPs do need to complete their application forms for any locum work undertaken between April 2002 to March 2003 a.s.a.p they do not need to panic too much as the NHS Pensions Agency has not set a deadline for submission of the forms. Further details about this will shortly be posted on the NHS Pensions Agency website (www.nhs.gov.uk) and

Cancer Referrals to the NNUH

Does it matter if a pro-forma is not used or is received at the hospital end more than 24 hours later? It most certainly does. We have seen the results of a recent survey into what happens in these cases - and the patient receiving their appointment may be very significantly delayed, which does raise medico-legal issues.

The LMC strongly advises GPs that the only currently appropriate referral pathway for suspected cancer is to fax an official pro-forma, to the right number, the same day as the decision to refer. It is probably good practice to telephone to ensure that the fax has been received. One recent example was faxed to a local pub by mistake. If GPs want to write a "personal" letter as well, that's fine, but of course it may be to the "wrong" consultant.

We think that the NNUH should introduce a "fax-back" service in response to these referrals; it seems to work well at the QEH and the West Suffolk.

Violent Patients

A special message to GPs in the West Norfolk PCT area. We know that there is still no alternative provision for violent patients in your area despite our repeatedly reminding WNPCT by 'phone, email, letter and direct meeting. The LMC is totally fed up with this and finds the current situation utterly unacceptable. GPs in this area can reasonably assist in "forcing" the PCT to introduce a scheme - the latest, final, deadline was last October - by refusing to accept allocated patients who have been removed for, or are guilty of, recent violent behaviour towards GPs or their staff. At the very least, practices could quite legitimately remove them after eight days. There are perfectly acceptable schemes elsewhere in Norfolk and Suffolk and we cannot think of a good reason why WNPCT can't make similar provision.

Schools requesting "Little Johnny" letters

Once again we have had a report of a school asking a GP for a "bleedin' obvious" type letter, but on this occasion the GP's quite appropriate reply that this was not ToS, was not necessary, was a waste of time and incurred a fee anyway, was challenged by the

head who "threatened" to take the matter to the BMA and the local MP if the GP didn't recant and apologise!

GPs should not accept this bullying/emotional blackmail tactic. Please tell the office if this has been



tried on you. You do not have to do these letters and you may charge a reasonable fee if you choose to do so. If the school has an internal policy to get letters from doctors it has nothing to do with the NHS.

Examination Season: Similarly, as we approach the examination season, the usual crop of requests for letters saying why "Big Johnny" couldn't sit his macramé practicals will be turning up in practices. Don't forget that the LMC prepared a pro forma - entitled "Medical Certification For School or College Examinations" which some practices have found very effective. For a copy, paper or electronic, contact the LMC office.

will include FAQs.

Wanted

Saturday Morning Locum Cover

at Aldborough Surgery, near Aylsham. Dr Philip Wood (a single-handed GP) needs cover for some Saturday mornings during August and September with a view to a longer-term arrangement. He is on holiday during this time and his usual locum is not available. The practice uses EMIS. The requirements are to see urgent cases - usually less than 5 - and a short pre-booked surgery from 9-10.30 at 15 minute appointments. Once every blue moon there is a visit to do! This generally means being in the surgery from 9-11 am and hanging around within the area until noon. Ideally, but not essentially, being available via 'phone from 7-9 am would be an advantage. Fee - generous. If you are interested please 'phone Mrs Ruth Lambert, PM, on 01263 768602.

In the February Edition of the Flyer we published the results to date. However, in two constituencies elections were necessary, the results of which are as follows:

Broadland: Dr M Gaskin

Dr B Kelly
Dr G Rattner
Dr I Tolley

North Norfolk:

Dr A Dhese
Dr J J Harris-Hall
Dr I Mitchell
Dr S Morris

Norfolk LMC - 2003-2006 Election

“The New GMS Contract – So What’s happening?”

An SHO colleague of mine from the old days would have been able to answer this perfectly - he was from Grenada and he remains the most laconic and laid-back individual I have ever known. Most questions asked of him by either his consultant or his patients were usually answered in a Caribbean drawl with “Who knows, man.....who knows ?” I think he would have been spot-on with this question.

However, to show willing and to show that your LMC is actively trying to make some sense of it, the following is a brief synopsis of the state of play as of 31/3/03. As readers know, the Carr-Hill formula and the population data used to calculate the Notional Lists have been discredited and effectively withdrawn, but possibly only temporarily. The ballot has been postponed and there is no new proposed opening or closing date. There has been the predictable hyperbole in the comics and the two frequently-used web discussion forums (BMA contract forum and Drs.net) have been dominated by vociferous and, it seems, increasingly hysterical calls for mass resignations, resignations of the GPC negotiators, or a mass “No” vote, interspersed with the occasional voice of reason and common sense, talking in terms of babies and bathwater etc.

We have also no reason to doubt, yet, Dr Holden’s admission that the ballot would have to be over by 25/4/03 in order for a yes vote to trigger the appropriate primary legislation *this year*. There have been suggestions that the ballot should be delayed by a year, but the concern would be that the financial settlement attached to the contract - which we are told is a substantial rise in expenditure - may be at risk. One has only to look at events in Iraq to see how very real this could be.

Meanwhile, this LMC knows of fellow LMCs who have actually started recommending to their GPs on how to vote - and “No” is the general theme. We think this is far too premature, which was a position emphasised when the full Committee reached “the new contract” in the agenda last week. Save trawling over the same old ifs and buts there really wasn’t anything new to debate and we are all, as a profession, left a little washed up. Let’s hope the tide will come in again pretty soon.

At the moment, we understand that the concepts of Global Sum, based on a weighted list, the essential services, the quality payments, and the various enhanced services are still in the frame. Conspiracy theories suggest that the complicated nature of all this disguises no significant rise in monies actually coming to general practice (as opposed to “primary care” as the NHS Confederation will keep saying). The promise to ensure that practice income can only be protected or rise may be seen as a welcome safety net, or a crack-papery exercise.

The GPC released details of the replacement interim arrangements on 28/3/03 and has introduced the concept of the Minimum Practice Income Guarantee (MPIG) which will be put to the profession as part of the new contract proposals. The MPIG proposal had been initially drawn up by the negotiating team and the NHS Confederation and modified to take account of the GPC’s comments. Health Ministers have also agreed to the proposal.

A brief summary of the MPIG is attached.

THE MINIMUM PRACTICE INCOME GUARANTEE

the transitional protection scheme will be replaced by a new Minimum Practice Income Guarantee (MPIG) that will ensure that all practices start under the new contract from a neutral position, i.e. the MPIG will ensure that the gap between practices’ global sum allocations and the equivalents of their current income from Red Book receipts (but **solely** for those items that read across from the Red Book into the global sum) is bridged

the MPIG will be uprated in the same way as the global sum

practices will, in addition, have an unrestricted ability to access funds through the quality and outcomes framework - preparation payments, aspiration payments and achievement payments - subject to a baseline level of quality payments, set at the value of 100 points in 2004/05 and 150 points in 2005/06

practices will also have income from the guaranteed floor for enhanced services, seniority payments, and access to guaranteed funding for IT and premises.

The practice income and GPs’ income is important, but its not going to be the last word. GPs would also do well to remind themselves of the fundamental problems which the profession highlighted in the original ballot last year, ie why we wanted a new contract.

Does the contract really allow GPs sufficient control over their workload?

How does it really ensure patients’ actual needs influence their expectations?

Does it really permit GPs to practise in a civilized, unrushed, and evidence - based fashion?

Does it really encourage school leavers, medical students, junior doctors to aim for a career in general practice?

Does it really prevent our senior and experienced GPs from retiring early?

Does it really deliver funds direct to GP practices without the PCTs viring, withholding, redirecting, top slicing, or hiding much of it first?

And does it really deliver a professional salary proportionate to the responsibility we have both to our patients and the NHS - arguably one of the most cost efficient healthcare systems in the world?

And ...What’s the alternative?

Individual GPs will surely vote on the basis of the answers they come up with to these and other basic questions. GPs are in seriously short supply, the government needs something to shout about, so surely a radical new contract should have GPs clapping and cheering in the streets and not just scratching our heads and thinking “who knows man,....who knows?”

Peter Harvey
Norfolk LMC Secretary
March 31, 2003