

NORFOLK LOCAL MEDICAL COMMITTEE

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Principals' Edition

NEWSLETTER MAY 2003

A NEW GMS CONTRACT – BALLOT OR BUST ?

The light coverage of the new contract in the Flyer during the last few months has been deliberate and doesn't reflect the degree of importance which the LMC attaches to it. There has been ample coverage in the comics, frequent letters from the GPC Chairman, the local roadshows and, for those interested enough, plenty of coverage on the GPC website and its discussion forum. Additionally, of course, the situation changes from day to day and, as we write this, the GPC is reaching the end of a two week breathing space to come up with some answers to the remaining problems. However, it's time to state where Norfolk LMC is positioned.

The four Norfolk representatives to the Special Conference voted against the six-month delay and the Committee unanimously decided, at its May meeting, that in its opinion the ballot should go ahead as soon as possible, and based on what we know now. The LMC felt that the Big Picture gains - out of hours, practice-based funding and no new work without new money - are much more weighty, and hence not worth risking, than the relatively minor and eminently negotiable problems with funding formulae, seniority and pensions. Our principal concern prior to the Special Conference was that PMS practices should have clear, unambiguous advice and guidance regarding the terms of their potential return to GMS and a resolution calling for this was passed overwhelmingly. We now think that it is Ballot or Bust.

NORFOLK LMC MEMBERSHIP NON PRINCIPALS and PMS PERFORMERS CONSTITUENCY

Due to a change in circumstances Dr Peter Harvey has decided to stand down from this Constituency (whilst remaining Medical Secretary). A ballot of NPs has taken place and we are pleased to announce that Dr Kathryn Green will be joining Drs Kirsty Husk, John Martin and Andrew Latten as a NP representatives on the Norfolk LMC.

Important: >From 1st June 2003 Norfolk LMC's email address will be norfolklmc@btconnect.com

Deaths in the Community – Guidance

Last month we sent GPs a copy of our latest guidance and many of you have commented how useful it is. We didn't send it to any residential or nursing homes because we don't have a reliable list of addresses but please feel free to send a copy to the care homes in your area.

Dental cases

We're still getting reports of dental cases presenting to GPs in and out of hours for a variety of reasons, ranging from patients not being registered with a dentist or there being no dental appointments and/or dentists available to dentists themselves referring cases of toothache to GPs!

Please don't treat dental cases; a GP makes him/herself very exposed in terms of future liability and litigation, even for analgesia for toothache. We are in the process of working with the LMC and Eastern Support Services to

update our official guidance - in the meantime please keep the examples coming in.

Catch-up Hib Jabs

The GPC has negotiated for GMS GPs in England to receive the Higher Rate B item-of-service fee for every child aged 6 months to under 4 years who is vaccinated with the Hib booster during the campaign period.

The campaign started on 12 May 2003 and runs for four months. The payment though will be available for six months from 12 May 2003 and there is additional flexibility so that the fee will be available beyond that period where the additional dose follows a primary course commenced within the four-month target for completion, eg commenced on or by 12 September 2003. The fee will be available if children over four years of age have been called to see their GP and the vaccination is given within the six months from 12 May 2003.

Norfolk LMC has written to all PCTs seeking their confirmation that PMS practices will receive similar funding.

NSCWDC - what is it ?

Readers will be heartened to learn that the Norfolk LMC is, in fact, a stakeholder in the Norfolk, Suffolk and Cambridgeshire Workforce Development Confederation. The NSCWDC is a rambling alliance of just about anybody who is even remotely connected with the possibility that they might occasionally come across someone who might actually, or possibly, be interested in working in some form or other in the NHS - which seems to be most of the population!

There is a Chairman, a Chief Executive, a Board overseeing three Directorates - and it has money - lots of it. The Confederation will receive £114 million this year to pursue its aim of "recruiting more staff and working differently"

Why tell you this? Well, the NSCWDC was responsible for the childcare funding fiasco. Anglia LMCs is hopeful that it will soon secure a place for a GP on the Board. In this event if anyone in Norfolk Practices or Norfolk PCTs has any suggestions for training or other facilities which could help GP or practice staff recruitment and/or retention - let the LMC office know. Check it out on www.nscwdc.nhs.uk

NHS complaints

The NHS complaints system is due for a re-organisation soon. The latest paper "NHS Complaints Reform - Making Things Right" (www.doh.gov.uk/complaints/) claims that there is insufficient public confidence in the Independent Review Process - hence new organisations are going to get involved soon - for example Patients' Forums, the Independent Complaints Advisory Service, and (son of CHI) - CHAI. So be it - but there is also a call for PCTs to be more directly responsible for what happens to complaints in their area. Currently the "old" complaints team has been largely preserved and kept within Eastern Support Services. We wouldn't want to see this team broken up, or PCTs doing their own thing, and we will try and ensure this doesn't happen.

Paperless Practices "To Bin or not to Bin"

We've had notice of a problem locally, a problem that is reflected across the country, namely "paperless" practices binning hospital letters without making scanned copies. When the patient moves practice this could be an issue for the recipient practice, it could also be an issue if the system were tested in court.

This is what the GPC has told us:

"The GPC is aware of the lack of clarity on the issue of retaining documents that form part of the patient record once an electronic copy has been created. This is an extremely complex area, which was discussed recently by the GPC IM&T Subcommittee and the RCGP/GPC Joint Computing Group (JCG).

We approached the Health Department and it recently commissioned the JCG to revise the Good Practice Guidelines for electronic patient records to incorporate guidance on scanning documents. A new edition will be published as soon as possible

Whether a practice should destroy documents containing patient data that have been transcribed into a computer system remains unanswered from a legal perspective and only future case law will determine whether this practice is acceptable. Currently, the decision rests with the individual practice, however, clearly a way forward for practices is required.

Following consideration of the issues, we believe that it is only acceptable to destroy the original documents if an image of the documents in their original form can be produced, i.e. it must not be possible to make alterations to the scanned version (we are seeking agreement on this point from the indemnity organisations). We understand that this is the position the legal profession has adopted for its own documents and that TIFF v4 meets this requirement.

If practices intend to scan documents but are not using TIFF v4 (or equivalent), any letters received should be kept and stored. We would deem it unnecessary for the originals to be filed in the patient's old paper record as this would take the practice more time, e.g. pulling the record, filing in date order etc, but this protocol would allow the GP to produce the original if he/she was required by law to do so. The number of file formats should be constrained, files must have a meaningful index and file names should relate to the patient".

Generic Referrals

The LMC believes that in general referrals to secondary care, particularly those to consultants' outpatients, are best directed anonymously ("Dear colleague") to the department rather than to a named consultant. There is evidence that this speeds up the referral process and ensures that the most "appropriate" consultant sees the patient. A worst case scenario would be for a "named" consultant to return the referral because it did not fall within his/her precise field, accompanied by an invitation for the GP to re-refer.

Of course there are times when the "named" consultant is the correct addressee but these are likely to be exceptional.

Please bear in mind that often the consultant doesn't actually read the referral before agreeing to see the patient - these days this is done by a central (non-medical) team, unfortunately.

The Freedom of Information Act

A letter regarding GPs' responsibilities to have a publication scheme in place from 31st October 2003 arrived in practices (out of the blue) earlier this month.

The LMC office is looking into this further but in the meanwhile it can confirm that:

- All NHS bodies, including GPs and other independent contractors, are required by law to have a publication scheme in place that has received prior approval from the Information Commissioner from 31.10.03.

- The Act will be implemented in full by 01.01.05. When the general right of access to

information held by public authorities comes into force

- A fee may be charged - details of which will come into force before January 2005

- Model publication schemes have been developed for GPs by the NHS FOI Project Board and approved by the Information Commissioner for a period of four years from 31.10.03. On the other hand a practice may design its own and submit this for approval by the Information Commissioner.

For further information contact the LMC office or log on to the Freedom of Information Act Website @ www.foi.nhs.uk (to access click on any "i")

Internet based health information for people living in Norfolk

People living in Norfolk now have two new sources of internet based health information. The Health Information Team has launched their website www.heron.nhs.uk in tandem with the health information section of the Netways website www.library.norfolk.gov.uk/netways/health/index

Heron is a comprehensive and searchable source of almost 1000 self-help support groups, local NHS services and statutory and voluntary agencies as well as quick links to other useful NHS sites

Health Netway is divided into topics and provides quick links to reliable and good quality websites