

NORFOLK LOCAL MEDICAL COMMITTEE

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JULY 2003 FLYER

Implementing the new GP Contract

Dear Colleague

Primary Care Trusts are charged with implementing the new contract and whilst the LMC is working closely with PCTs there will be difficulties on both sides until further information is forthcoming from the centre on specific details and funding.

By now each PCT will have a nominated lead and will be working with a steering group to formulate an action plan. They will need to assess their present funding and any additional funds and be factoring in infrastructure costs, particular the cost to move to 100% reimbursement for IT and possible premises developments etc.

Over the next couple of months we are expecting quite a lot of guidance which we hope will be issued jointly by the GPC and NHS Confederation so that we are all clear about what we are being expected to take on and what the funding arrangements will be.

We have already asked each PCT to advise us on the funding identified for enhanced services and also to clarify the situation regarding IT.

Similarly, we have sought confirmation from each PCT that it is asking practices if they wish to exercise their right to opt-out of out of hours services. We appreciate that this very much a chicken and egg situation. Practices cannot make a firm decision until they know the financial implications but equally they cannot decide if they wish to continue to do this work until they know the arrangements under which they would be asked to work in the future. We believe that for most GPs the ability to opt-out of OOH was a major incentive when voting for the new contract and therefore would wish to see this implemented asap. This means that PCTs will need to take bold steps now if they are going to realise this goal.

We anticipate that September/October/November are going to be frenetic months and we would urge practices to spend August assessing their business strategy for implementing the new contract, not only clarifying which services they wish to opt out of, but also considering which additional enhanced services they wish to provide

We need to clarify the situation regarding additional funding which may be available to practices in this financial year and practices need to review their likely IT requirements and also assess their premises to see if there are any modifications which are likely to be needed.

The reality is that PCTs have not yet got the pots of gold from the Treasury and therefore are not going to promise anything until they have clarification. We will obviously be pushing hard to make sure that any elements that have been promised in the new contract are delivered as soon as possible in line with the national agreement. We feel that no practice should agree to take on any services which are funded below the nationally agreed standard. We intend to keep you informed of developments via the a dedicated flyer, and will also keep PMs as up to speed as possible by updating them electronically with the latest information from the GPC and others immediately it becomes available.

Ian Hume
Chairman

Occupational Health Services

The Occupational Health Service for GPs and their staff has published its first six monthly report having been introduced last October. GPs are reminded that this service is funded by the PCTs and is entirely free of charge.

Occupational Health HQ has moved to Aldwych House in Bethel Street, Norwich and is now serving its regular clinics around the county. Uptake of its services is increasing but is nowhere near capacity yet. Remember the free pre-employment medicals and all the other advice and services that it offers; Hilary Winch is the person to contact, on 01603 287035.

Hepatitis C

On the subject of occupational health, from this year some health care workers must demonstrate sero-negativity to Hep C, but only if they

commenced practice during, and after, 2003 and are in a career which *relies* on doing Exposure Prone Procedures (EPP). This means doctors and nurses involved in surgical or invasive procedures where there is a risk of exposure via a sharp injury to an infected patient's blood. If you have any concern that this may affect you or your staff, check with Occupational Health.

FP10s for Tractor Feed Printers

FP10s for tractor feed/continuous feed printers will be withdrawn in March 2004. Under the new GMS contract the cost of replacement of printers should be met fully by the PCT (the same should apply to PMS practices). PCTs should allocate sufficient funding to meet the necessary costs. PCTs should be carrying out an inventory of current GP systems to inform any necessary upgrades required for the new contract and practices may wish to raise the issue of new FP10 printers at that time.

Registration of PMS Doctors

Eastern Support Services has recently written to PMS practices asking for their assistance in compiling a PMS equivalent to the GMS Services List. Legislation requiring this has been anticipated for over a year, but is not yet on the horizon.

The LMC supports this initiative and has been consulted throughout. It serves to ensure that all GPs have the same access to the security and information that being on the List will bring. We envisage that all GPs will be on one unified list within a few years.

Idiot's Guide to "RFA-99v.1.2"

Many of you may have been puzzled by this common piece of jargon in relation to computer systems. "RFA" stands for "Requirements For

Accreditation” and is a set of performance standards issued by the NHS Information Authority in Exeter. We don’t know what the “99” refers to; possibly this is the year when it was first published, but the current “gold standard” is version 1.2, which was issued in November 2001.

The NHSIA sets out to test all GP software on the market “using a core set of requirements, which all GP systems should be capable of performing, and is a way of influencing the development of GP computing”. The consequences are that all current and future central government reimbursement is only for systems satisfying version 1.1 or higher. Check how your choice of system performs at **DisplayText cannot span more than one line!**
 . So now you know.

Patient Group Directions not for general practice

Some PCTs have been trying to get practice nurses to sign up to PGDs, typically for the administration of vaccines. This is totally inappropriate, not least because the principal reason for a PGD is in anticipation of treating groups of persons unidentified at the time of presentation. Furthermore, practice nurses are clinically answerable to the (employing) GP who takes the liability - not the PCT. Please let the office know urgently if your PNs have been roped in to signing one. GPs and practice nurses should be reassured that they may continue to supply and administer to their registered patients medications such as influenza vaccine, provided a clear written instruction or protocol exists, without the need to sign up to a PGD.

Insurance and Genetic Tests

The Association of British Insurers (ABI) has produced an information leaflet for patients about the use of genetic information by insurance companies. It explains what is meant by a “predictive genetic test” and sets out the terms of the current moratorium on the use of unfavourable predictive genetic test results for insurance policies up to a certain level (which runs until November 2006).

The leaflet also includes a list of FAQs as well as details on how to make a complaint. The leaflet “Insurance and genetic tests, what you need to know” is available from: **DisplayText cannot span more than one line!**
or from the LMC office.

Notice

Higher Professional Education for GPs in Norfolk & Suffolk

The **Higher Professional Education Scheme** has been up and running in Eastern Deanery for 18 months and the feedback from participants has been very positive. GPs (**both principals and non-principals**) who have completed their vocational training within the last year are eligible to join the scheme. The government has made funds available to support such doctors to be out of practice for up to 20 days a year, and participants also receive a small education allowance. The next intake to the scheme is in September 2003. If you have completed your vocational training since 01.08.02. And are interested in joining the scheme or finding out more, please let me know **as soon as possible**, preferably by email.

NB Don’t delay - you cannot join the scheme if you wait more than 1 year after finishing your VTS. Apply to:

Dr Mary Nichols
(HPE Programme Director,
Norfolk and Suffolk)
76A Norwich Road, Wymondham, NR18 0SZ

Tel: 01953 604342
E-mail: mary.nichols@bigfoot.com

Child Protection Referrals Feedback Forms

Following recent high profile cases it is now considered proper practice for GPs to maintain vigilance on cases that they have referred to Social Services and to ensure that the referral has not only been received but acted on in a timely way. To this end there exists a standard “referral received” feedback form which Norfolk Social Services should send in response to your referral.

Please keep an eye out for these and get your practice to chase NSS if you don’t receive one.

Do you work as a Clinical Assistant or Hospital Practitioner ?

We are hoping to make some progress on the appalling rates of pay and unrealistic calculations of sessional lengths by getting involved directly with Local Negotiating Committees of the hospital trusts in Norfolk. We will be seeking volunteers who actually do this sort of work to represent the LMC and if you are interested please let the office know. Otherwise we will be “finding” volunteers ourselves!

GPs’ Preferred Contact Numbers

We recently wrote to your practice managers asking for a “preferred contact number” which could be used by hospital consultants who need to get hold of a GP urgently about mutual patients or to return a GP’s telephone call. An example would be the practice secretary’s direct dial number.

When we met the NNUH consultants last month we were told that this was a very real problem for them. Dialling the regular practice telephone number often resulted in engaged tones, “press 5 for a visit”, or a referral to an out of hours answering service. The consultants promised that these numbers would be guarded on their own secretaries’ lives! Please confirm with your PM that your practice has returned one of our forms or just let our office know directly. Thanks.

Medical Consent Forms

The BMA & the Law Society have produced a new consent form which will improve protection for the public when they agree to release their medical record. It is hoped that the new form, which needs not only the signature of the patient but also that of the solicitor confirming that s/he has explained to their client the implications of the release of this information, will demonstrate that the patient’s informed consent has been gained before health records are disclosed. Details have been emailed to your Practice Manager.