



## To All Salaried and Self Employed Doctors

*If you haven't contacted the LMC office to confirm that you are working in Norfolk/GtY&W general practice this is your last chance. Just a few more of you getting in touch would mean at least one more Salaried and Freelance position on the Committee. Please email [norfolkllmc@btconnect.com](mailto:norfolkllmc@btconnect.com) or 'phone 01953 608060 by Wednesday 28th January*

### Choose & Book

Following the item in the December flyer regarding Choose & Book we now have preliminary confirmation from Norfolk PCT that the Choose & Book LES will continue in 2009/10. We have raised this with GtY&W PCT and will email Great Yarmouth and Waveney practices as soon as we have a reply.

### Cremation Regulations 2008 with thanks to Notts LMCs

As highlighted in earlier flyers the long-awaited amendments to the Cremation Regulations bring additional responsibilities for doctors completing cremation forms. These are enshrined in new forms now available. The old crem forms may not be used after the 31.01.09. See [Guidance on www.justice.gov.uk/guidance/cremation.htm](http://www.justice.gov.uk/guidance/cremation.htm). The key points can be summarised as follows:

- ▶ Medical Referees are enjoined to stick to the letter of the new regulations and reject any forms which fail to comply, including forms where the doctors completing them have not answered all the questions or if any answers are illegible.
- ▶ The Cremation Form 5 doctor should always properly check the Cremation 4 Forms and query any inconsistencies.
- ▶ The doctor completing Cremation Form 4 is expected to have treated the deceased during the last illness and have normally seen the deceased within 14 days of death
- ▶ To be regarded as the "Medical Attendant" a "demonstrable prior period of care" or the presence of the certifying doctor at death, is normally required. No-one falling outside this definition will be allowed to complete the form other than exceptionally and after consultation with the Coroner.
- ▶ Modes of death, eg "multi-organ failure" or "heart attack" are unacceptable as a cause of death; the Medical Referee is likely to reject forms without a proper cause of death.
- ▶ "Old Age" as a stand-alone cause of death for over 80s is acceptable for registration purposes but medical referees have been asked to exercise caution if this is given as cause of death and may insist on further enquiries.
- ▶ Doctors completing Form 5 must be able to contact the people named in questions 14, 15 and 16 on Form 4, so full contact details must be given.
- ▶ Cremation Form 5 doctors must be registered medical practitioners of at least 5 years standing and cannot be a partner or work

- ▶ colleague of the Cremation Form 4 doctor, or a relative of the deceased.
- ▶ The two doctors must be truly independent of one another, ie not on the same team in hospital, a member of the same practice or even a locum at the same surgery.

- ▶ Doctors completing Forms 4 and 5 should be aware that the applicant for cremation has a new right to inspect these forms. If some of the information requested in the forms, in particular questions 9 and 12 of Cremation Form 4, have been given to the doctor by the deceased in confidence, the doctor may consider providing the information to the Medical Referee on a separate sheet of paper, attached to the form, explaining the reasons for this and why the information should not be disclosed.

### Disability Rights Norfolk

Disability Rights Norfolk contacts practices begging for reports about patients who have sought help in appealing against benefit decisions.

There are a couple of issues: no funding is ever offered - so there is an element of "moral blackmail"; also there is an implicit implication that GPs can't have expressed themselves carefully and correctly when (if) they provided the original information - so they can "do better" on request.

Every government seems to have a stated aim of reducing benefit payments; when this policy is being pursued vigorously then this might influence assessors and decision makers - so one would expect more patients to lose benefits and, therefore, for there to be more appeals. Is there a general experience that this is going on now - and are practices getting more letters from DRN as a result?

We know these letters really irritate some GPs while others, no doubt, relish feeling that they are helping their patients take on a system that seems out to get them. Some feedback would be helpful to frame a letter to DRN. Either we could ask them to cease writing to GPs, or we could try to work with them so that if there is (at least sometimes) a need for GPs to write such reports we can try to agree the best format and how the work should be minimised and funded.

Guidance from the Department of Work and Pensions, which can be accessed at

## LMC ELECTION COUNTDOWN Be there for the 100th Anniversary of LMCs



### "The Wind of Change"

I was seven when "Super-Mac" said that (and five when he had said "...most of our people have never had it so good"). Maybe if I was writing about the nGMS contract I would have used the latter quote - although I would have had to put it in the past tense.

**This week of Patrick McGoohan's death I would, of course, have really liked to use "I am not a number, I am a free man" (I was fifteen and have never recovered) but, alas, not even my random neural pathways could come up with any link to the LMC election.**

**So, "The wind of change ..." it is. Every seat on the LMC is available. Even if you think the current members have been doing a good job then new blood is always welcome and strengthens the Committee. If you have been less impressed by the LMC's performance then join and help it change for the better. You will gain knowledge and experience while helping your practice and all Norfolk GPs.**

**The nomination papers will be with you shortly: please fill them in and send them off. SRL, Medical Secretary**

<http://www.dwp.gov.uk/healthandwork/faq.asp>, makes it very clear that GPs do not have to do this work unless they want to - so any feedback we have will help us take this forward.

### 084 Numbers

The DoH is considering prohibiting the use of 084 numbers in the NHS and possibly across the entire nation and has issued a consultation document which can be viewed and responded to at [www.dh.gov.uk/en.Consultations/Liveconsultations/DH\\_091879](http://www.dh.gov.uk/en.Consultations/Liveconsultations/DH_091879)

### Prevalence and QOF Changes

If you haven't calculated how you will stand following the introduction of raw prevalence on income from the QOF from 1st April 2009 and 2010, we recommend you to go [http://www.bma.org.uk/employmentandcontracts/independent\\_contractors/quality\\_outcomes\\_framework/QOFPprevalence.jsp](http://www.bma.org.uk/employmentandcontracts/independent_contractors/quality_outcomes_framework/QOFPprevalence.jsp) (Please note that this a different link to the one published in our email to all practices on 28.11.08).

At present a 5% cut-off is applied at the bottom of the national range of prevalence. Contractors below this are treated as having the same prevalence as the cut-off point. Once the cut-off has been applied a square root transformation is made to all the contractor prevalence figures which means that the prevalence distribution is compressed to a narrower range. Following the transformation the contractor figures are re-based around the new national average to give the Adjusted Practice Disease Factor (APDF).

These adjustments are being removed in two stages, the square root transformation with effect from 1/4/9 and the 5% cut off from 1/4/10.

We know that Norfolk PCT has prepared a breakdown of these changes based upon the spreadsheet calculator we supplied and, once it has checked the figures against DoH data, should be contacting practices. Initial results indicate that the majority of Norfolk practices will be "winners" but if you don't think you fall into that category please get in touch with the PCT (copying the LMC in). This calculator was also forwarded to GtY&W PCT and we have reminded them that they should be calculating these changes and contacting practices.

#### QOF Consultation - reminder

Every LMC will be responding to this consultation. The deadline is 2/2/9 so there is still time for you to make your views known. The GPC's response has been emailed to all practices to help with your reply. To quote the GPC Chairman ..... **"for such a large part of our contact to be put out to consultation with everybody and anybody and to make GPs just one of the stakeholders is disgraceful and GPs need to make their views very clear".**

#### VAT Changes and PA Items

Drug/medicine reimbursements to dispensing doctors and for the PA arrangements are set out in Section 17 of the SFE - Para 17.3(c)

*"(c) an allowance to cover VAT is payable on the purchase of any products listed in Paras 17.4(a) to (e) and which are provided in accordance with Para 52(1)(b) in Part 3 of Schedule 4 of the 2004 Regulations. The allowance is to be calculated by applying the rate of VAT applying at the time of a claim to the basic price of the product after the discount calculated in accordance with Part 1 of Annex 6 has been deducted...."*

In other words the SFE does not need to be changed each time the rate of VAT is adjusted and therefore there should be no operational problems for practices. The claim process is covered by Para 17.15 of the SFE.

#### FOIA Schemes

The new model publication scheme to be adopted by all public authorities can be found at the following link. GP practices are classed under this banner and The Commissioner will assume the "authority" has adopted the scheme unless he hears otherwise.  
[http://www.ico.gov.uk/upload/documents/library/freedom\\_of\\_information/detailed\\_specialist\\_guides/doctors\\_guidance.pdf](http://www.ico.gov.uk/upload/documents/library/freedom_of_information/detailed_specialist_guides/doctors_guidance.pdf)

#### Breast Feeding Figures - NHS Norfolk

The PCT has requested that we ask practices to take advantage of the various opportunities there are to report breast-feeding status. One is, I believe, the "Red Book" - while carrying out child health surveillance, another by tick-boxes - when carrying out childhood immunisations.

Apparently the returns are quite low. There may be a number of reasons for this: rumour has it that once upon a time practices were told that nothing was done with the information from the Red Book tear-out-sheet. Also, of course, patients may not have their Red Books with them. Nevertheless, I am assured that the PCT is going to make a genuine attempt to improve breast-feeding rates; I am sure that we all think this would be a good thing. To monitor their success,

and to analyse which groups and individuals need most help timely and accurate data is required. So please do all you can to ensure this information is submitted.

As you can probably tell from the vagueness of this item it is a very long time since I have been involved in child health surveillance (probably before we had a nurse at both our surgeries so doctors jabbed) - I may be a bit off beam here. If there are any particular difficulties in recording and transmitting this information that you would like me to take up with the powers that be please tell the LMC office. SRL

#### Advertisements

#### FULL-TIME Replacement PARTNER N O R W I C H

- 3.5 Whole time equivalent partners
- 5960 patients, GMS practice
- InPS/Vision computer system, paperlight
- High QOF achievement
- Traditional practice owned premises, recently adapted

We are a happy, democratic, well organised team who believe in quality of care for our patients and quality of life for ourselves.

Applications with CV to Mrs Rosemary Moore, Practice Manager, Newmarket Road Surgery, 7 Newmarket Road, Norwich, NR2 2HL. Informal enquiries/visits welcome by arrangement. Please 'phone 01603 621006 and ask for Dr Barnard or Dr Copson. Closing Date 21 February 2009.

#### SALARIED GP THETFORD, NORFOLK

We are a friendly, well-organised practice of 12,600 patients committed to the highest standards of patient care within the ever-changing goalposts of General Practice. Enthusiasm, teamwork and an ability to see the lighter side of life are essential. A happy working environment is as important as a successful one!

- 5 Partners
- 1 Salaried GP
- Nurse Practitioner
- Excellent supportive nursing, reception and administrative team
- 8 sessions per week
- 6 weeks annual leave

Informal enquiries/visits welcome. Please write with CV to Sue Morgan, Practice Director, Grove Surgery, Grove Lane, Thetford IP24 2HY, Tel 01842 851080 or email [susan.morgan@nhs.net](mailto:susan.morgan@nhs.net)

#### Locum Opportunities

##### (1) Locum GP Special Allocation Scheme

The EoE Ambulance Service runs the Special Allocation Scheme on behalf of NHS Norfolk and Great Yarmouth & Waveney PCT. The scheme provides GMS care to patients who have been removed from routine General Practice care as a result of unreasonable behaviour, with a view

to rehabilitating back to main-stem GMS. Currently the scheme provides 2 clinic sessions per week, Monday and Thursday afternoon. These take place at the following locations with full security measures in place to ensure clinician safety - Norwich Community Hospital and Bradwell Clinic, GtY. We are seeking an experienced GP to undertake the Thursday sessions during February and March 2009, some Monday clinic cover is also required. The scheme can be flexible so if you have the capacity to either do Norwich or GtY please contact us to discuss.

##### (2) Locum GP Complaint Management & Clinical Performance Monitoring (2 days pw)

The EoE Ambulance Service runs the GP Urgent Care OOH Service on behalf of NHS Norfolk. We are looking for an experienced GP, for an initial 2 month period (February and March 2009) to undertake complaint management and clinical performance monitoring on behalf of the OOH Service. You will have sound knowledge and experience of OOH working, as well as experience of providing clinical supervision. Ideally you will demonstrate experience of complaint and incident investigation in line with the NHS complaints procedure, with an ability to handle complaints sensitively and impartially. In addition you will demonstrate the ability to liaise with medical colleagues including performance monitoring.

**Sessional rates will be discussed upon enquiry. A prompt response is appreciated, thank you. Informal enquiries to Dr Scott Turner or Gail Thurston via 01603 424255**

#### OPPORTUNITY TO TEACH UNDERGRADUATE MEDICAL STUDENTS

In September 2009 the UEA School of Medicine, Health Policy & Practice will enter its 8<sup>th</sup> year, having successfully graduated our third cohort of new doctors! Primary care placements continue to be the most highly evaluated part of our student feedback on the course. We also consistently get feedback from GPs who currently work with us who say that this is now one of the best parts of their jobs and that it is a great way of refreshing and maintaining their knowledge. We want to spread the remaining opportunities for teaching to as many practices as possible. This year we are looking for between 7 and 10 practices to teach years 1 (Thursday 17 days), year 4 (Monday 18 days) year 5 Unit 12 (Wednesday 14 days) and Year 5 Unit 13 (Tues, Wednesday, Thursday 12 days).

If you think you have what it takes to be part of training our future doctors, please get in touch with us for further details. Don't be put off by barriers such as inexperience, as we provide full support to any new practice that joins our group of committed and valued tutors. There is a full information pack with the application form available from [c.allan@uea.ac.uk](mailto:c.allan@uea.ac.uk), which we can email to you. You can also ask questions of GPs who support the practice-based teaching. For details of the teaching and remuneration package please contact us using the details below.

Please can we have your completed application forms by 20 February 2009. We hope to interview in the week commencing 09.03.09.