

NORFOLK LOCAL MEDICAL COMMITTEE

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✿ Happy Easter ✿ Happy Easter ✿ Happy Easter ✿ Happy Easter ✿

ENHANCED SERVICES UPDATE

The LMC continues to have dialogue with the Norfolk Primary Care Trusts about the current and proposed development of enhanced services. We have circulated to all practices, via your practice manager, the GPC's useful document about agreeing the enhanced service spending floor and are sharing this with the PCTs as we meet with them. This document, entitled "Agreeing Enhanced Services Floors: GPC Guidance for LMCs", reinforces the principles that we have been adopting.

By now PCTs should have developed their enhanced services strategies for next year. For some this maybe the same as for 2004/5, with inflation uplift. We are told that these plans have been developed in conjunction with GPs by way of forum meetings, primary care development groups etc. With six PCTs there are six different approaches.

Do you feel you have been able to have meaningful discussions with your PCT either in a forum or at practice level? If not let us know. There is no point the LMC taking a stand against a policy that is agreed by the local practices, conversely if the process has been a whitewash then we want to expose it as one.

We are endeavouring to ensure that the minimum spend on enhanced services is achieved and will challenge dubious schemes. We need to look at next year's spend to make sure that it is legitimately allocated and challenge any work that remains unfunded or under-resourced

We are currently looking at the feedback we have received up until now in response to the item in the February flyer. If you are unhappy with the services you are being offered let us know in the next two weeks. We are considering the proposals from each PCT and plan to produce more guidance shortly.

In the meantime many thanks to those of you who have already responded.

SUBFERTILITY SERVICES

You may have seen a confusing letter from West Norfolk PCT (acting on behalf of all Norfolk PCTs) dated 12th November 2005, which implied that the tests GPs need to do as part of

the sub-fertility referral process have changed.

While at least one Strategic Health Authority Committee is meeting and looking at a Norfolk, Suffolk and Cambridgeshire wide policy, the LMC is not aware that any change has occurred in the Norfolk contract and therefore believes that you only need to carry out the agreed investigations under that contract. These do not include tests for Hep B and HIV, nor injections of subfertility medication. Regarding the former, if you happen to have results available all well and good but GPs should not initiate them.

Regarding injections, GPs should not be doing these. If patients do experience problems, in or out of hours, the advice of the Norfolk-wide Subfertility Plenary Group is that these patients should contact their local hospital concerned with subfertility.



this is aware that they have not responded - and doesn't think they have to - it would be extremely helpful if they would reply and explain their circumstances.

"Removing Patients who live outside your Practice Area"

Your PMS or GMS contract specifies your responsibilities to your patients, and PCT, on these matters. Please remember, though, that neighbouring practices will be affected. They may be consulted by the PCT but the LMC suggests that it would be more courteous for practices to speak directly to their colleagues at an early stage. Your neighbours may even be able to help or suggest joint solutions if workload and/or travelling times are the problem. Their plans may be relevant.

Do we want to encourage PCTs to think that they need to "manage" practices who don't talk to each other?

PENSIONS

The following documents are now available from the Pensions Agency Website:

- ▶ **Annual Certificate of Pensionable Profits (along with a guidance note)**
- ▶ **The new GP "Solo" Form**

We have sent this link to practice managers and understand that Eastern Support Services will be writing to everyone before Easter.

In the meantime you may want to log on to www.nhs.gov.uk. >latest news

CRB CHECKS

PCTs are reporting that a number of doctors have not responded to the letters about CRB checks. Some of these may be registrars who have moved away or doctors who, for some reason or another, have decided to cease practice. But, it would be very helpful if PCTs could have actual confirmation otherwise names will remain on the list with potential confusion and associated bureaucracy. So if anybody who reads

Cholesterol Testing at Pharmacies

We have had reports that free cholesterol tests carried out in pharmacies are resulting in low-risk patients appearing in GP surgeries - wasting time and increasing doctor (and patient) stress and unnecessary investigations.

Has anyone got any good evidence so the LMC can try and take this forward? If it seems to be happening in your area it may be worth speaking to the pharmacist and keeping LMC informed

NON-SMOKING POLICY - NNUH

The LMC was invited to comment on the introduction of a non-smoking policy at the NNUH.

It responded, commenting that whilst the proposals were in line with BMA policy, it was important that patients were aware of the smoking ban prior to attending the hospital. Patients needed to be given self-help advice and



be directed to national schemes to



support non-smoking behaviour. Blanket statements such as "go and see your GP" are not acceptable.

The Trust's policy needs to be sensitive to patients' needs and for there to be clear directions on the exclusions under the policy. For example, it would not be acceptable for patients to take an early discharge from hospital simply to circumvent the ban. Neither do we want to see patients attending the surgery pre-operatively to get an exemption letter from the GP so they can smoke whilst in hospital. The position about exemptions needs to be taken at the hospital.

MMR Catch Up Campaign

We are very pleased to be able to confirm that the "central cluster" PCTs (Broadland, North Norfolk, Norwich & Southern) have agreed to pay for the MMR Catch Up Campaign - backdated to 1st January 2005. Hopefully you have all been recording any activity to date.

For 2005/6 it will be a Locally Enhanced Service.

Payment will follow the national benchmark pricing for influenza and pneumococcal immms.

For practices in West Norfolk and Gt Yarmouth PCTs - we are still unsure whether this campaign has been formally launched in your areas. However, if it has please do not do the work for nothing.

If the "central cluster" PCTs can accept that this is "non-core work", that it must be paid for and reimbursement back dated, and a service commissioned in future - so should WNPCT and GtYtPCT. Don't forget, the DoH agreed back in May 2004 that PCTs wishing to undertake a catch up exercise that involved general practice must properly commission this work.

Let us know if you run into difficulties.

THE CAMERON FUND

The Cameron Fund is a charity which supports GPs and their dependants in times of poverty, hardship and distress - indeed Norfolk LMC has, for many years, made a generous donation to this fund on behalf of the county's GPs.

The Council of Management of the Fund is made up of sixteen trustees, each of whom represents a particular area of Great Britain. There are two representatives for Cambs, Beds, Herts, Norfolk, Suffolk & Essex. Dr John Carlton of King's Lynn, who has been our local representative, is standing down at the AGM on the 16th June, thereby creating a vacancy. Norfolk LMC has been asked to advertise for candidates to succeed Dr Carlton. If more than one candidate is proposed a postal ballot amongst registered members of the Fund will take place.

The nominee must be a registered member of the Cameron Fund and the proposer must be a member also. Potential candidates who are not members can apply for membership and the application form is available on www.cameronfund.org.uk.

We understand being a trustee will involve attending quarterly meetings. If you are interested please let the LMC office know.

We would like to take this opportunity to thank Dr Carlton for representing our area on this very worthwhile organisation which, since it came into being, has distributed over £3 million in benefits and has assisted over 900 individuals or families in need.

NNUH INSTITUTE OF MEDICAL EDUCATION (NANIME) CHARITY TRUST

Five projects are being considered at the March Trustees' meeting. They are from: (N&N) Pharmacy, (N&N) Audiology, (N&N) Orthopaedic Surgery, (N&N) Nursing and (N&N) ENT.

In the year ended 31st August 2004 the Trust approved eight applications, granting a total of £37,072.40. Over the lifetime of the Charity, little has gone into General Practice even though there are those who believe that a lot of the assets (currently £343,843) came from the sponsorship of courses, exhibitions and meetings provided by drug reps who hoped thereby to "educate" GPs.

Please watch out for the Trust Newsletter and rack your brains for any projects of an educational nature that you would like to work up.

Simon Lockett
GP Trustee

PMS

Our attention has been drawn (by a PMS practice) to a useful position paper prepared by Avon Local Medical Committee on the impact of the New GMS Contract on PMS.

We have spoken to Avon who are happy for us to share it with Norfolk's PMS Practices. It is dated July 2004 but Avon do not think anything has changed materially since it was prepared. To view this please log on to www.firstpracticemanagement.co.uk/nGMS_PMS/Avon_LMC.doc

Doctors who might find themselves "not on the list"

This flyer is read widely and may find its way to registrars and locums to whom this item relates.

PCTs have advised the LMC that they have sometimes had no responses from attempts to contact doctors on their Performers List. PCTs will not automatically remove names from the list solely for failure to

