

NORFOLK LOCAL MEDICAL COMMITTEE

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Electronic Flyers

In the January edition we offered the flyer in electronic format. To date only eight out of one hundred and twenty practices has taken up our offer - so the remaining 93.4% of practices will continue to receive it in paper format.

Watch out, AIDS is still about

The CMO's letter of 13th September 2007: "Improving the detection and diagnosis of HIV in non-HIV specialties including primary care" suggested that there is a lot of undiagnosed HIV about and therefore GPs should be doing their best to pick it up (well you now what I mean).

I recently checked with local specialists whether this applies in Norfolk & Waveney and, sadly, they are sure that it does.

So, think of it in those tired patients with inexplicable symptoms - ie most of the people you see if your surgeries are anything like mine. SRL.

Chairperson - Norfolk Child Death Review Panel

The Norfolk Safeguarding Children Board wish to appoint a chairperson for the Child Death Review Panel.

This is an exciting opportunity to lead a countywide multi-agency group. The panel meet on a monthly basis. There is administrative and professional support and the post holder will have close working links with the Serious Cases Review Panel and the Operational Board of the Norfolk Local Safeguarding Children Board.

If you have a good knowledge of paediatric medicine and public health and would like to find out more about this challenging post please contact Dr Caroline Ball, chair of the LSCB (01379 668173) or Dr Sue Zeitlin designated doctor (07887650874/01603 508939) The post will be advertised nationally shortly and it is hoped to make an appointment mid April.

Dentist involvement in Smoking Cessation

Some dentists have now had the training to be Level 2 smoking advisors but the dental formulary doesn't allow them to prescribe anything. Obviously they can recommend over the counter nicotine treatment (NRT) but they cannot prescribe and it is apparently unlikely that they will ever be able to prescribe drugs to assist smoking cessation. If a dentist recommends prescribable treatment for a patient to their GP then the GP has got a number of options.

He or she could take the view that the assessment was carried out competently and, after a quick check of the patient's history and medication, issue the prescription, expecting the dentist to continue to monitor the anti smoking process. Or the GP could take the view that, while the dentist had done some of the work, more work was involved in prescribing (checking that the drug was safe and appropriate) so, somehow, the fee should be divided. Unfortunately there is no provision for this

within the current rules but Dr Bryan Heap, NPCT Clinical Director, has agreed that it would be reasonable in this situation for the GP and his staff to carry out further, proper assessments so that they can legitimately be paid under the existing rules. This would, of course, double the cost to the NHS - but is probably worth it if it helps the patient stop smoking! This is a pragmatic, if inelegant, solution and GPs and dentists should be grateful to Dr Heap for this display of common sense.

0844 numbers - information for surgeries

There was a recent parliamentary debate on the charges patients are paying when ringing practice 0844 numbers, in particular when they are using mobile phones. The GPC has since

looked into this and it would appear that where 0844 numbers are used by practices, there should be mention of the charge for phone calls in the practice's information leaflet. There is no need for a message on the actual telephone system

itself. While patients' telephone providers may have a variety of charges, in any practice information the price relevant to most consumers should be stated. The GPC has asked LMCs to cascade this information.

Norfolk & Norwich Medical Benevolent Society Introductory Pack

The NNMBS was established in 1786 and is still going strong. It is not a charity but a friendly society. For more than 200 years it has provided financial support in times of need for its members, their widows and widowers, their children and dependents. Because it has been going so long, the reserves are not insignificant and the subscription pretty nominal. You are urged to consider joining the Society as it forms a "historical link" with past Norfolk doctors, and also because it benefits others - and would benefit you if you get health or financial problems.

The website address is: www.nnbms.org.uk where there are more details including a membership application form that I urge you to

complete and send off now.

Simon Lockett, GP Member of NNMBS

Darzi Centres

The LMC has been told a bit about the Norfolk proposals, but has heard nothing at all from Great Yarmouth and Waveney. There is no clear evidence that any Darzi Centres are needed locally - indeed figures suggest that, even if there is a need in parts of the UK, there isn't here. Nevertheless, our impression is that the political force behind them is unstoppable - at least until the next election. One will be appearing in each PCT - although the imposed timetable means it is far from clear that they will be appearing where they could do the most good for patients.

We understand that any practices that see this as a good idea will get an opportunity to declare an interest (for the Norfolk centre) in the very near future: this would not commit them to proceeding. We understand that that there will be **no further opportunity** to do so. The Norfolk one will be somewhere in Norwich - exactly where has not been decided. The successful bidder may well have an input.

I am not really sure whether the entrepreneurial spirit shown, for example, in early fundholding days, is still out there or if it has been laid to rest by the less than competent handling of practice based commissioning. Also, trust in PCTs and politicians would be pretty essential for a practice thinking of taking on a huge commitment like this - but who knows? Maybe it is an opportunity (as well as a threat) for somebody.

"Standards for Better Health" Quality Assurance Tool

There have been a number of queries about this document (recently sent out to practices by Norfolk PCT). I think it is true to say that the comments made to the office have been about the bureaucratic nature of the document, the extra work it will cause practices, concern about the timescale (especially if the practice is one that gets an early "clinical governance quality visit") and a question about whether it is something that practices actually have to do. I don't think we have had any practice say it thinks it is a jolly good idea and will make their job simpler, although I suspect that that is how the PCT would have hoped that it would be received.

It would be hard to dispute that most, possibly all, of the standards listed are what we, as sometime users, would want NHS organisations to (at least attempt to) adhere to. There are some that seem geared more towards secondary than primary care but none are so outlandish that I would be terribly keen on defending a practice that said that it planned to do the opposite of what is said in the document. Far more likely, of course, is a practice saying it is doing all that is necessary, or as much as is realistic in the current climate with the

resources available, but that using the tool actually takes away time and resources that could be better spent actually doing all the other things we are supposed to be doing. Practices might also be concerned that being honest and stating that they aspire to certain standards, but are not quite there yet, could risk threat, or even persecution.

My view on whether practices need to do (something like) this is that they probably do. It is a very long time since I felt I knew the GMS Regulations and the SFA off by heart (the SFA was the Red Book). But certainly the last time I looked at the current GMS and PMS Regulations, I felt that practices do now have a responsibility to adhere to national standards much as there is now a responsibility for GPs to be appraised (which was not there before).

Obviously I haven't seen every single PMS contract and I may be looking at the Regulations with my vision still distorted by last year's retinal tear and by my time in PCG - and PCT - land. I would be very happy to be advised by those who have the time and the energy to search their contracts that they can demonstrate that they can ignore the document. I do know that it has been worked on by PCTs and, more importantly to my way of thinking, LMCs in other parts of the country where they have had time to consider the issues very carefully. I think that a practice, for its own internal reasons, needs to know whether or not it is achieving the standards listed in this document and to have its arguments very clear if it wishes to dispute whether any of them should not apply to it, or to practices in general.

As ever there are issues about timing, consultation and communication but I would suggest that it is entirely right and proper for practices to work through this document and be completely honest with the PCT about their own situations. If all practices demonstrate difficulty meeting one or more standards then this may point to a systemic problem that may be capable of remedy - perhaps by means of additional resources for practices. The PCT would find it very hard to refuse to find the funds in those circumstances.

Needless to say, if practices feel that the PCT is being anything other than supportive and helpful when problems come to light through the use of this tool, then the LMC must know. That being said, we have received no feedback from other LMCs (where such a document has been in use for some time) suggesting that there have been any problems.

Dental Prescribing

We occasionally get reports of patients bowling up at practices claiming their dentist cannot prescribe analgesia. We sometimes suspect that patients could be telling "porkies" so thought it might be useful for you to know precisely what dentists can prescribe - from the "horses" mouth!

"We (dentists) have a full range of analgesics that we can prescribe on the formulary which includes dihydrocodiene and pethidine in addition to the standard Ibuprofen/paracetamol and aspirin. All of this is in the BNF Page 872". Nick Stolls, Norfolk LDC Secretary

Energy Use in GP Premises - Certificates

From the 1st October 2008 legislation comes into

force which will require the display of energy certificates. This only applies to "buildings with a total useful floor area of over 1,000m² occupied by public authorities and by institutions providing public services to a large number of persons and therefore frequently visited by those persons". We understand this will apply to GP surgeries.

If you are unsure whether your premises qualifies you could contact the Energy Performance of Buildings Directive helpline on 0845 365 2468; if you are still unsure try Trading Standards as they will be checking compliance and dishing out the fines (up to £1500)! If you do have to comply we suggest you start collecting meter readings etc now to ensure you have sufficient data ready for 1st October.

GP Appraisal System in Norfolk PCT

The LMC has discussed the recent letter from Martin Payne about appraisal.

The LMC is very grateful for the hard work done by appraiser colleagues but does not feel it is time to make changes to what is an educational and supportive process. We think it is wrong to try to link in revalidation, relicensure and recertification before the full details of each are known and that doing so risks reducing the value of appraisal itself.

We note that the Royal College of General Practitioners, in its "Principles of GP Appraisal" paper of March 2008, is looking at exactly this issue. The LMC does not always see eye to eye with the RCGP but notes that the College will "continue to work with all key stakeholders in the further development of proposals for relicensure and recertification of general practitioners". We would suggest, therefore, that if there is a local will (among appraisers) to make changes this should involve all key stakeholders - this most certainly should include the whole GP body and the LMC. We also note that the last sentence of the College's conclusion states "it is envisaged that detailed proposals will be completed in 2008, piloted in 2009 with subsequent refinement and made available for general rollout during 2010".

This seems a more sensible timetable (and fits very nicely with the Secretary's post-pensions-judicial-review-judgement retirement plans)! It means that proper piloting can be carried out, and refinements made, by those who are particularly interested in this subject rather than attempting to subject all Norfolk GPs to changes before they have been properly piloted.

The LMC has every confidence in local GPs and is sure they will be able to cope with the requirements of relicensure and recertification once the details are known.

Norfolk Police and Hep B Vaccination

We are very pleased, at long last, to be able to confirm having received an assurance from Norfolk Constabulary's Occupational Health Manager that it has commenced an "in house" vaccination programme and that all staff at risk will be immunised over the coming months.

Its Infection Control leaflet has been updated with this information and all new staff will be given this at their occupational health appointment. Similarly, the Blood Bourne Virus policy has been updated and post incident

support should be co-ordinated through occupational health (or A&E outside working hours). If anyone slips through and ends up at your surgery please refer them to Mr J Kent Ferguson, Occupational Health Manager, Norfolk Constabulary, tel 01953 423872.

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Experienced GP recently returned to Norfolk after working in Canada. Available for short and long term locum work and very interested in part-time salaried position. Currently based in Hethersett. Please email Dr Nina Blinkhorn at ninaa4@googlegmail.com.

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Alexandra & Crestview Surgeries

North Lowestoft training practice on two sites requires an additional half-time salaried GP

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Stalham, Norfolk

Part-time (2/3) Salaried Doctor required with a view to a Partnership

We are a 4 doctor, rural, teaching and dispensing PMS practice with 7800, in a small market town on the edge of the Norfolk Broads. Two of the partners wish to reduce their hours and we are looking for a part-time (2/3) salaried doctor from August 2008 with a view to a partnership. We have excellent practice owned premises, terrific staff, above average practice income, very good local hospitals (attached medical school) and post-graduate education facilities.

If you would like further details please contact Mrs Sally Ross-Benham, PM, on 01692 582000 or email sally.ross-benham@nhs.net. Drs Hood, Coysh, Dhesi & Harris, Staithe Surgery, Lower Staithe Road, Stalham, Norfolk NR12 9BU We would be delighted to arrange a visit.

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Locum Doctors available Norwich Area - Contact Mr S Farrow on 01603 486602 or email simon.farrow@nhs.net

A Word of Warning from Devon LMC

Just over two years ago a patient died in Devon from an anaphylactic reaction to penicillin given to him by a locum GP in a "paperless" (and actually very good) practice. The computer record did not reflect the words in red ink that were on the front of the paper record that this patient had had a near anaphylactic response to penicillin in the

past. The patient was reportedly asked about allergies but somehow did not report this. We believe we have fought off the corporate manslaughter charge against the practice and the locum has continued to work with LMC and Occupational Health support BUT is still awaiting a CPS decision as to whether prosecution will follow. Dr Peter Jolliffe, Devon LMC.