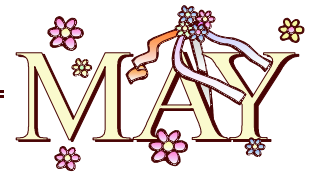


NORFOLK LOCAL MEDICAL COMMITTEE

Wymondham Medical Centre, Postmill Close, Wymondham, NR18 0RF
tel: 01953 608060 fax: 01953 608061 email: norfolklmc@btconnect.com
www.norfolklmc.org.uk

May 2007



"May you live in interesting times"

Your Chairman and Secretary attended a joint GPC/LMC Secretaries meeting on 19th April. It was an opportunity to share evidence and impressions of how GPs are feeling and to discuss with, and influence, the GPC so it can best help and lead GPs in the interesting times in which we find ourselves.

Those present were reminded of the events that have brought us to where we are: the (intentional) increase in practice income under the new contract presented sometimes as a positive by government but also spun negatively when it suits government and by most of the media; the failure of negotiations in 2006/07 with the profession only being offered new work and efficiency savings which would have resulted in a pay cut *and* new work; the Review Body being asked to be involved by the profession and told it had no place to do so by government but it agreeing with the profession that it had a legitimate role - but then deciding that there was not sufficient evidence to recommend anything other than a 0% pay rise for GPs this year.

Some "experts" spoke briefly: Jon Ford: the BMA economist on the financial context and historic GP funding (GP income has actually been well maintained by the Review Body process over the years; current GP income is perceived as very good indeed even by the most supportive and figures rather support this), Linda Millington: the BMA Head of Media Relations (they do a good job in spite of what the comics sometimes imply; however much our patients love us they will think we are greedy if we take any action in pursuit of a pay increase that harms - or could be spun to suggest it may harm - patients), Jonathan Waters: BMA Legal Services on the legal aspects of "Collective Action" (trying to paraphrase a lawyer is rarely wise but in essence the law is very complicated and penalties for getting it wrong can be huge; LMCs are not trade unions, they cannot call on doctors to participate in any form of Collective Action and LMCs must never induce any doctor to breach their contract).

The consensus view was that GPs should be kept fully informed about what they have to do and what they do not have to do, encouraged and supported to make decisions based on the business needs of their practices and the care needs of their patients rather than the wishes of the DoH, SHA and PCT, that we should continue to provide excellent services and all help to gather the evidence which will make sure the Review Body gets it right next time.

VAT and Cremation Forms

There has been confusing advice, none more than the HMRC website which, at the time of writing, still insists that VAT is chargeable on cremation certificates.

We can categorically confirm that completion of cremation forms **will be exempt** under the burial and cremation provisions, Schedule 9, Group 8, Item 2. So, although they will no longer be covered by the health exemption from 1 May, they will **continue to be exempt** under these alternative provisions, and there will be **no requirement for doctors to charge VAT** on completion of forms **B, C, F** and **FF**.

As far as the LMC is aware there is no sign of any DES for C&B*, and the longer that practices work for nothing the less likely is the DoH to agree one.

The LMC office has written to both PCTs asking for clarification of their intentions - it has also written to the provider trusts explaining that many practices had ceased Choosing and Booking and that it would be absolutely unacceptable if their written referrals received less prioritisation than those made through C&B.

*Stop Press: We have today heard that the GPC has negotiated a continuation of the C&B and Access enhanced services - although no details are currently to hand.

exist in Norfolk so, sadly, I have to reiterate the advice I gave in the February Flyer on "Charging Patients" - anything that might look like charging patients for services you are providing as their NHS GP is very risky.

If you are tempted to chance it then I suggest you reread the BMA guidance circulated by the LMC in February in conjunction with your GMS or PMS contract - which should clearly state what you may charge for. It is not a long list and it has not really changed from the old contract. Sections 72 and 74 of "Good Medical Practice" may also be relevant.

If you did want to do something like this I can only suggest that the least dangerous course to pursue might be to open a donations account, make it clear what sort of things the money will be spent on and invite donations from the general body of patients; you must avoid anything that looks like coercion, so involving a patient group might be wise.

It probably seems a forlorn hope at the present time, but one of these days something will be sorted out to ensure that practice expenses feed into (increased) pay awards. If practices avoid paying legitimate expenses or try to circumvent them then sooner or later this will reduce pay for all GPs - as it will appear that practices can be run on less than what is really required.

Choose & Book

Rumour has it that after the Easter break, the use of Choose and Book has returned to its previous levels, if not higher. At the moment practices appear to be continuing to do what they were doing before the DES disappeared. This could mean that we think that the benefit to practices and patients makes it worth doing for no reimbursement, or that we are waiting and hoping that a new DES or LES will appear.

There may be good reasons for continuing to use Choose and Book unfunded - if the system works well for your practice, you feel it benefits patients and/or you and patients like it.

But - unless there is something specific in your practice's contract with the PCT to say you must continue doing C&B for nothing (or rather, at the cost of your time and/or that of your administrative staff) - or you have promised to continue as the price for some new piece of computer kit - you do have a choice.

To Charge or Not to Charge

A Reminder

In the current financial situation, with the zero per cent pay rise amounting to a significant pay cut, it is not surprising that practices are looking for all sorts of ways to reduce costs and/or increase income. Practices are certainly encouraged not to take on unfunded and underfunded work and shedding it if it becomes unfunded. Sometimes patients express a willingness to help - especially when they believe they are getting services from their doctor which are over and above the norm.

A recent query to the LMC office was about patients funding the supplies required for 24 hour BP and ECG machines. I can advise you that in some parts of the country there are Local Enhanced Services supporting practices which provide such special investigations. These do not



GPC Survey of GPs

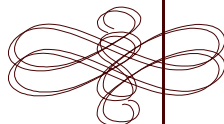
The GPC discussed the content of the forthcoming GPC survey of GPs. This survey of GP opinion is partly a response to the DDRB's zero pay award for GPs and the breakdown of negotiations between the GPC and NHS Employers for 2007-08. However, it is also a good opportunity to survey GP opinion on a wider range of current issues such as professional morale and NHS reforms. A national survey of GP opinion was last carried out by the GPC in

2001 as a precursor to the nGMS negotiations and repeating some of the questions asked in this survey will make certain comparisons possible. The intention would be to survey the whole profession across the UK, including GP registrars and sessional GPs, as was done in 2001. It is hoped that the results of this year's survey will provide:

- engagement of the profession in the decision-making process
- important information to support our DDRB evidence
- an analysis of GPs' opinions about the NHS which can help inform BMA policy and our press work
- guidance on GPs' appetite for further action, including industrial action, in the future

We anticipate that the survey will go out to GPs around the end of May, with results in early July. The GPC will do its best to encourage GPs to respond to the survey. LMCs will also have an important role to play in encouraging GPs to take part.

Discussions are taking place in the wider BMA about a survey of public opinion and a survey of other doctors. It is expected that a number of common questions on NHS reforms will be used in all three questionnaires.



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Closing Date 15th June 2007.

Summer Partnership Deed Offer

Over the years the LMC flyer has carried reminders on how important it is for practices to have an up to date partnership deed. It is still, therefore, extremely disconcerting when you learn of instances where a partnership deed doesn't exist or if it does it is out of date and doesn't reflect the current state of the practice.

The LMC office has received a communication from Lockharts' Solicitors offering a discount of 15% off the cost of the first draft of its Deeds to GPs. Their usual price for the first draft of a

Deed is £1,750+ VAT but for any practice that contacts the company and forwards a Commencement fee, which is included in the price for the first draft of the Deed, before the end of July 2007 this cost will be reduced to £1,487.50 + VAT. For further information please get in touch with the LMC office.

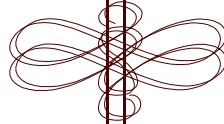
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Informal visit welcome please contact Mike Hall (Practice Manager) or Dr Will Mirza, Prospect Medical Practice, 95 Aylsham Road, Norwich NR3 2HW Tel: 01603 488477



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Tender for the Provision of Forensic Medical Examiners

Applications are invited from suitably qualified and experienced contractors who wish to provide Forensic Medical Examiner Services to Norfolk Constabulary.

Expressions of interest should be made in writing or via email to the address below or telephone for further details - by not later than 1st June 2007.

Miss Lisa R Harris, Assistant Procurement Officer, Norfolk Constabulary, Operations and Communications Centre, Jubilee House, Falconers Chase, Wymondham, Norfolk, NR18 0WW. Tel: 01953 423746 Fax 01953 424910 email: harrisl@norfolk.pnn.police.uk.

This contract will commence on the 1st November 2007

Norfolk Policy for the Care of Gender Dysphoric Patients

We have been asked to remind GPs of the route for referrals for any patients that they have who are gender dysphoric.

There has been a recent incident where a patient was referred by a GP locum directly to Charing Cross Hospital and did not enter the Norfolk system and was then given a date for surgery for which no funding was available. Although the patient wasn't actually disadvantaged in terms of

the date of referral there was a raising of expectation having received a specific date for the operation that led to considerable emotional distress in the patient. The current policy is on the Knowledge Norfolk website The referral pathway is from GPs, Psychiatrists and Mental Health Teams direct to Dr Ted Olive. Depending on the nature of the referral the patient may be seen first by Barbara Ross, Gender Counsellor or Dr Olive and Ms Ross together. For issues around commissioning should be directed to Helen Izatt, Contracts Manager - Tertiary & Special Cases, Norfolk PCT. Contact details on Norfolk Knowledge.

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or e-mail: alison.hoyle@nhs.net

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Woodcock Road, Surgery, Norwich

Maternity Locum Cover

Locum cover required due to maternity leave commencing 3rd September for up to 8 months for 9 sessions per fortnight.

For more information please contact Mrs Cherry Tythcott, PM, Woodcock Road Surgery, 29 Woodcock Road, Norwich NR3 3UA or email cherry.tythcott@nhs.net

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GP Locum required

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Dr Kevin Elsby on 01263 732839 or email to
the.naturalist@ntlworld.com.