

NORFOLK LOCAL MEDICAL COMMITTEE



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April 2008

“Support Your Surgery Campaign”

Every practice in England has been sent a “Support Your Surgery” campaign pack. A few either did not receive their pack* or else the senior partner hid it under the desk thinking it was just another promotion! The campaign is being augmented by adverts in the national press so most people should be aware that something is going on. The leaflets and posters speak for themselves and I hope everyone feels able to display them. I would be interested in feedback.

One of the criticisms we get at GPC is that not enough is done to defend the system that has developed over the years resulting in our modern general practice. This has evolved to give increasing flexibility and workforce diversification but at its heart still lies a list-based system that offers continuity of care from a stable practice base whilst, at the same time, allowing room to adapt to local factors. This is in stark contrast to the “one-size fits all” model presently being pushed centrally. Despite being told that local conditions will be taken into account, the thrust seems to be for every PCT to have at least one new health centre. It is because present policy looks as if it will put our model of general practice under threat that we need to put our concerns into the public arena. The government can then put its side of the argument and the public can decide. The campaign is aimed at a policy not a political party.

We have already been accused in the press of scaremongering and we certainly must not exaggerate our case; however if your practice is in close proximity to a Darzi centre - it will be affected. Both Norfolk & GtY&W PCTs have said that they will be looking to put more Darzi centres across their patches and all this before they have any evidence of cost-effectiveness or demand or even a clear primary care strategy! Also, by definition, if they spend the money on Darzi centres they cannot also spend it on traditional surgeries so the knock-on effect will not be restricted to practices in the shadow of these centres - it will affect everyone. Dispensing surgeries also face additional uncertainty so whether we are urban or rural practices we are all under threat.

It is important that practices keep to the script and read the supporting letters that accompany the pack - especially the legal letter. We must act professionally at all times - we are taking the high moral ground. Having the leaflets and petition in the surgery does not mean that people have to pick up a leaflet or sign the petition. Obviously they may want to raise some of the issues when they consult so deal with the presenting problem and answer any other enquiries as you would do normally. Involve your patient groups. We expect to see some sort of backlash and criticism of the BMA once the national media campaign hits home. The campaign timing is short to make the greatest impact, however do not expect our problems to go away in the short-term - the roots of this go deep. It will raise public awareness which we expect to continue long after the campaign finishes. It also means we will be in the spotlight and will need to ensure that we deliver on our promises to local patients.

Ian Hume, LMC Chairman
Norfolk & Suffolk GPC Representative

*Contact the LMC office (norfolklmc@btconnect.com) and we will order you another one

Ordering additional campaign material Practices can order additional campaign material from www.supportyoursurgery.org.uk. They will need the unique code printed on the top right of the covering letter that came with their pack. Practices that have mislaid their unique code should contact *askBMA* for a new code - 0870 60 60 828. If you need packs in different languages these are also available. Note: The Norwich Meeting re NHS Norfolk's proposals for a Darzi Centre to be held at Carrow Road at 6 pm on 4th June. As far as we know there are no public meetings planned in Great Yarmouth.

Meeting with Suffolk Local Pharmaceutical Committee

Norfolk LMC meets regularly, though not frequently, with the officers of the other representative committees. At the creation of the Gt&WPCT, while the GPs elected to be represented by Norfolk LMC, the pharmacists elected to be represented by Suffolk LPC. We recently met their Secretary and discussed matters of mutual concern.

I don't know whether this is reassuring or not, but local pharmacists are as flummoxed by the Pharmacy White Paper as are GPs. They are not convinced that the suggestions made in it will prove particularly helpful for pharmacies or for patients, at least in this part of the world. We were advised that there is an intention to train more pharmacists, but it may take as long as ten years before the new schools of pharmacy lead to fully fledged pharmacists. The more rural and remote the area, the less likely there is to be competition for pharmacist work. Changes in pharmacy, for example 100 hour pharmacies, mop up a huge amount of available pharmacist time. This may well mean that the threat to dispensing that many have seen in the White Paper is not

imminent - as the pharmacist resource that would be needed to take over that work simply does not exist. There may not even be enough of a pharmacy resource available to do work for which pharmacists are trained - such as enhanced or advanced services - because they do not have the time to do what they are mainly there to do.

So, I guess our conversation led us to feel that, not only are our pharmacist colleagues not a threat, but also that they are struggling, just as we are, to make sense of government policy as transmitted through the PCTs. It is pretty obvious that where we can work together it makes sense to work together. There should be clear benefits for practices and pharmacists if, for example, MURs can be done on the patients who most need them and some repeat prescription work can be shifted to pharmacies. So we would strongly suggest that you talk to your neighbourhood pharmacist and discuss ways of working together, if you don't already do so. This probably seems easier if it is an independent pharmacy but, we understood from our discussions, even the bigger local and national companies will have individuals that you should be able to talk to, perhaps area managers, who

might be able to influence their local branches to work in mutually beneficial ways with general practice. SRL

LMC Meeting with the Consultant Staff Committee at the NNUH

LMC members recently had a very useful meeting with Drs Magdi Naguib and Lorna Kerr, then Chair and Vice Chair of the Consultant Staff Committee at the NNUH. Some issues of mutual interest were discussed. You may find the following of interest.

Practices' and the LMC's concerns about delays in discharge letters and other service failings (largely due to lack of secretarial resource) have led to changes within the NNUH with better staffing arrangements. So it seems it is worth bringing up issues with anybody that might be able to exert pressure: the LMC, your local PBC group, the PCT and the consultant responsible for the care of the patient, also the Chairman, Medical Director and Chief Executive of the unit.

SUPPORT NHS GENERAL PRACTICE

Don't forget to return your patient petitions to the BMA
on Friday 6th June

GPs sometimes wonder why reports are available for some X-rays and not for others. Clearly any X-rays ordered from primary care should receive a timely report; those carried out in, and requested by, secondary care are not all reported by the radiologists so there may be no report. The clinical team looking after the patient may have seen the X-ray and documented the result and the resulting actions within the text of the hospital medical record - but this will not be accessible to primary care without quite a bit of hassle.

Another scenario that has changed since many of us worked in hospitals is that clerking, routine examinations and tests of patients admitted to hospital for elective procedures now consist of the bare minimum that should ensure that the patient will wake up again. It cannot be assumed that a recent assessment and procedure in hospital guarantees that other aspects of the patient's health have been asked about or thought about - so any reassurances gained from knowing that secondary care recently looked after your patient are probably ill founded.

INRs: We all agreed that something needs to be done about high INRs occurring at the end of the working week when repeat checks and dosage manipulation are needed over the weekend - but there is no available service. Bright ideas to all parties please.

There was agreement that stroke care could be improved further (although it is light years ahead of what went on when the Secretary started in practice) and the NNUH may at some stage be bidding to become a centre where early scanning and, if appropriate, anticoagulation, can take place. Apparently the expertise needed to decide this in stroke is far higher than in the case of myocardial infarction - so what the resource and people cost might be is anybody's guess.

Care of the dying: we all agreed that many people die in an inappropriate bed in the acute unit but we were also agreed that there are unlikely to be any simple solutions as the resources (financial and people) are simply not available for a gold standard palliative care service able to provide perfect deaths at home as well as in dedicated units like PBL, or nursing homes and community hospitals near the patient's family.

Psychiatric Interface: the NNUH sometimes feels it struggles to get psychiatric input (and we can certainly be sympathetic with that) but sorting out the problem isn't really in GPs' gift. No doubt the NNUH and the Norfolk & Waveney Mental Healthcare Trust would be delighted to take more money from the PCTs to provide a new service but, it seems to the LMC, this is something that two foundation trusts ought to be able to sort between themselves. Surely, working together properly can't be something the PCTs have forgotten to put in their contracts? SRL

Superannuation

Message from Sue Sargeant, Contractor Service Manager, Services to Primary Care, NHS Norfolk. Sue has asked me to pass on the following message regarding the changes in the employee's contributions from 1st April. She needs to make all locum GPs and any doctors sending in GP solo forms aware of the changes in the rates and to make sure they send a cheque for the correct amount. If they are unsure which percentage they should be paying they can call her on 01603 697411 or, preferably, email her at sue.sargeant@norfolk-pct.nhs.uk. All doctors in partnership should already be aware of their correct tier as it is shown on their monthly practice payments. Any incorrect forms and

cheques the PCT receives will be returned advising of the correct percentage.

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Theatre Royal Surgery

We're casting for a candidate to play all the usual comedy and drama roles in semi-rural general practice. Audience of 9500 guaranteed! Educational abilities and outside interests welcome.

Lively, friendly, teaching and part-dispensing company of actors. Approximately ¾ time salaried doctor with a view to partnership. Closing date 09.06.08. Auditions 18.06.08.

For comprehensive information pack and application form tel 01362 852812 or email enquiries@theatresurgery.com, telephone or write to The Practice Manager, Theatre Royal Surgery, 27 Theatre Street, Dereham. NR19 2EN

The Pharmacy White Paper

The DDA is holding an event at Dunston Hall on 3rd July at 7pm. Contact 07734 719583. or email elizabeth.stacey@uk.netgrs.com

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Wensum Valley Medical Practice

Salaried GP Opportunity in Norwich
3 - 5 days per week

We are seeking a Salaried Doctor to work in a busy group practice with a list size of 12 000. We operate from 3 sites primarily covering an inner city area. Working in partnership with the community trust, local schools and non statutory agencies, we are able to offer access to a wide range of services including sexual health, substance misuse and crisis intervention.

We are looking for a flexible person who enjoys the challenges this type of work presents and is comfortable working in a dynamic and innovative culture.

For further information or to request an information pack, please email the Practice Manager, mary.taylor@nhs.net

Salaried GPs and Extended Hours

The GPC is aware that many salaried GPs are being asked to change their hours of work as a result of practices taking on, or considering taking on, the extended hours DES/LES. The GPC, in conjunction with the BMA Regional Services, has produced a guidance note for salaried GPs available from www.bma.org.uk/ap.nsf/Content/exthourssalgp.s0408. This covers:

- ▶ What action a salaried GP should take if their employer wants to change their hours of work
- ▶ Points for the salaried GP to consider before making a decision
- ▶ How an employer may change the salaried GP's hours/terms and conditions
- ▶ Points for the salaried GP to consider in responding to the employer's proposal
- ▶ Action to take if their hours are unilaterally changed
- ▶ Action that the salaried GP should take if their hours are changed with their agreement

A copy was circulated to practices 07.05.08.

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Advanced Musculoskeletal Research and Practice at the UEA, Norwich

Starting in September 2008 the Advanced Musculoskeletal Research and Practice program is designed to suit the needs of Medical Staff, Nurses and Allied Health Professionals wishing to become Expert Musculoskeletal Clinicians in an environment where professional collaboration is increasingly important. Routes of study include the MSc/Postgraduate Diploma/Postgraduate Certificate in Advanced Musculoskeletal Research/Practice. Find out more at our Open Evening on 10th July 6-8 pm. Contact Emma Roper on 01603 593085 or foh.pgt@uea.ac.uk

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Salaried GP , Longwater Lane, Costessey

Innovative, forward thinking PMS practice on the outskirts of Norwich seeks a Salaried GP due to retirement and expansion. Commencement date 01.12.08. Possibility of partnership in the future. 8 sessions per week. Planned move to new premises in late 2009. SystmOne, paperlight. 8200 List size - forecast to increase to approx 18,000 over the next 5 years. Please send CV to Ms Jan Hardinge, Managing Partner, Costessey Medical Practice, Longwater Lane, Old Costessey, NR8 5AH

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I am currently working as a salaried GP in Norwich. I am looking for locum work in Norwich and surrounding area, especially on Tuesdays - short or long-term. Please contact Dr Rajesh Selvam on 07745962050

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F/T Salaried GP - Norfolk/Suffolk Border

We are looking for a highly motivated doctor to join our well organised, thriving and friendly practice in a beautiful part of the country. On offer:

- Teaching practice - trainees & medical students
- Smart purpose-built premises with dispensary
- Patient list size 10,500
- Team of 10 GPs and 10 Nurses
- Weekly educational meeting
- High achieving QOF points
- Future prospects

Interested? View our website on www.bungaymedical.co.uk. Please send CV and hand-written letter to: Sarah Harris, PM, Bungay Medical Practice, 28 St Johns Road, Bungay, Suffolk, NR35 1LP.

Closing Date Friday 4th July 2008

Part IIs and a Caution from GPC

If you are experiencing difficulty finding a GP to sign a Part II contact the LMC office - we have the names of some doctors who are happy to do this. Also (and we are sure it is not happening in our area) the GPC believes there may be instances where doctors have signed Form B or C without having seen and examined the body and would remind everyone that this is a criminal offence and we don't think it would be looked upon too kindly by the GMC either!