

# NORFOLK LOCAL MEDICAL COMMITTEE

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November 2005

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## Initiative to Track Cancer Waits

The LMC is aware of a proposal to cause GPs extra work because PCTs and Trusts can't communicate properly. Bearing in mind that this is not an unusual scenario, the LMC is concerned lest it becomes a precedent. The proposal, which may have been agreed by the PEC and the GP body in North Norfolk, is that practices send a duplicate FAX to the PCT when making a cancer referral to the Trust. Objections raised by GPs have included confidentiality issues and the unnecessary bureaucracy. The PCT seems to feel that removing the "clinical details" solves the confidentiality issues (even though the PCT will have information that a named patient is suspected of having "cancer" and, of course, if this is a "solution" it only increases the work for practices). The PCT seems to believe that it is impossible either to set up such a system with the Trust or to trust the Trust to see patients within the target time (without PCT prodding).

It is in our patients' best interested to have a system that deals expeditiously with suspected cancer cases and there is nothing wrong in empowering patients so that they are aware of potential waiting times. However, if information is to be shared with a third party they should consent. Individual practitioners will need to act in the best interests of their patients. A whole system approach seems more sensible in this instance.

The LMC suggests that practices do not accept this dubious new work until and unless we all agree it is necessary and proper.

The likely joining together of Norfolk PCTs may lead to some of the odder ideas of individual PCTs going away; unfortunately it is at least as likely that the opposite will occur - so it is really important that we do not accept individual PCT idiosyncrasies because we hope they will go away next year - it is perfectly possible that, instead, all Norfolk GPs will be stuck with them if we do nothing now.

## Controlled Waste Transfer Notes

(from Carol Lendrum, Deputy Facilities Manager, Eastern Support Services).....

GP practices will receive, through the post, a Controlled Waste Transfer Note from White Rose Environmental. It is a legal requirement both for the practice, as producer of the waste and White Rose, as the carrier of the waste, to hold a valid Controlled Waste Transfer note. Therefore on receipt please sign both copies and return one to White Rose in the envelope provided and retain

## Norfolk LMC Election 2006-2009

### Profit-sharing partners

The election for the 2006 to 2009 LMC takes place next March. The LMC has decided to retain the current PCT based constituencies for those doctors formerly known as "GP Principals". Although there is likely to be one overall Norfolk PCT with some new locality structure, it seems pointless to try to guess what form that will take - so we have chosen not to define new LMC constituencies yet.

### Vote of Confidence for Salaried and Freelance GPs

The salaried and freelance GPs' constituency has become (much) bigger. GPC guidance is that any doctor who works in a practice that pays its LMC levies (ie all Norfolk practices) can stand for, and vote in, the LMC election.

If you are a Salaried or Freelance GP there will be a brief questionnaire attached to this flyer. Please complete and return this (by mail or fax) to the LMC office if you wish to be eligible to stand for and/or vote in the "Salaried/Freelance GP" constituency in the forthcoming election. We need this information to determine the precise constituency so an urgent response would be appreciated - in any case by not later than 31st December 2005.

the other at the practice. The practice copy should be held on file for a period of two years.

## PBC - Don't put your money where your mouth is?!

A recent Strategic Health Authority organised event was well received. There were five presentations from parts of the country where practice based commissioning is progressing and is being properly funded. It is not unlikely that it is progressing *because it is* properly funded.

Some of you, reading this, may be convinced that PBC is exactly what you and your patients need. You may be right, but if you are prepared to use your time and your staff's time doing it on the cheap could you please bear in mind that it sends an extremely unhelpful message to government - that GPs are happy to fund it themselves.

What chance does that give the Negotiators to get proper funding for this additional work in

parts of the country where PCTs have deficits and they can't (or won't) fund PCB properly?

## Tomorrow's Children

This Human Fertilisation & Embryology Authority report is now available on the HFEA's web site at [www.hfea.gov.uk](http://www.hfea.gov.uk). Significant changes have been made to welfare of the child risk-assessments. The Authority says that "medical and social information will now be collected from the patients themselves, with follow-up to GPs or other agencies only when clinics judge there to be a risk of serious harm".

Accordingly, this information should no longer be requested routinely as part of the referral process.

## Phlebotomy

Our thanks to the eight Norfolk practices who responded to the August Flyer item. The officers were particularly impressed by the practice which was able to say:

"In our case we provide the number of hours of phlebotomy that we are funded. This does not meet all the need and we concentrate on less mobile patients and direct the others to the phlebotomy clinics in the city."

If all practices did the sums and took the same stand things would surely improve.

## Performance issues

We have been asked by a PCT clinical governance lead to run again an item reminding you that all doctors have a professional responsibility to take action if they believe a colleague's performance may be impaired. It may well be the case that salaried and freelance GPs are less well supported by practices' clinical governance and education systems and are therefore more vulnerable. Please do all you can to involve and support your locums' training needs.

## Refuse Collection - West Norfolk

The LMC office has written to Kings Lynn and West Norfolk Borough Council explaining that it is not part of GPs' responsibility, nor that of their practice nurses, to write letters to the council explaining that a patient, or those they live with, cannot manage the rubbish bins.

The Council has written out to householders suggesting that on receipt of a letter from a health professional (GP, Practice Nurse or Occupational Therapist) the binmen will collect and return the bins to and from the door. It

seems unfortunate that the Council doesn't seem inclined to take their council-tax-payers' →

word that they have difficulty in manoeuvring the bins. We have asked them to withdraw this advice immediately.

### Removal of Pacemakers from corpses

There still appears to be some confusion regarding who pays for the removal of pacemakers. We certainly know that some funeral directors continue to do this and charge the family.

If GPs remove a pacemaker this is reimbursable under the Collaborative Arrangements (similar to Blue Badges and Child Protection Case Conferences). There is a nationally agreed fee of £67.50 which should be submitted to Eastern Support Services on form NSSCP1.

### “Why Choose Day Surgery”

Just in case the message has not got through, this event organised by the Arthur South Day Procedures Unit at the NNUH for Monday 28th November, has had to be cancelled due to lack of support. Just in case you were planning to turn up!

### Firearms & Shotgun Certificates Guidance from the GPC

The BMA Ethics Department guidance on firearms applications is available at [www.bma.org.uk/ap.nsf/Content/Firearms](http://www.bma.org.uk/ap.nsf/Content/Firearms).

In exceptional circumstances a doctor may have good reason to believe that an individual either applying for a firearms certificate, or already in possession of one, may represent a danger either to themselves or to others. In these circumstances doctors should strongly encourage the applicant to reconsider or revoke their application. If the applicant refuses, the doctor should consider breaching confidentiality and telling a senior police officer - usually the Chief Constable of the County or the Commissioner of the Metropolitan Police - of their concerns.

Consent should initially be sought from the applicant for contacting the police, but if it is not possible to obtain consent the doctor should consider making his or her concerns known without consent wherever feasible. It is good practice to discuss the reasons for this with the applicant beforehand.

### Health Professions Council

GPs are often approached by health professionals for certification of fitness to practise. This is owing to a Health Professions Council requirement that health professionals obtain a medical report from a GP, for which the individual is expected to pay.

GPs are under no obligation to undertake this work and, although it is not a contract issue, they should be very wary of doing so. GPs should not sign any forms indicating fitness to practise unless they are completely satisfied about the accuracy of the report. The GPC is working with the Cabinet Office's "Better Regulation Executive" to try to resolve these issues.

### Freedom of Information Act

The Information Commissioner's Office has a helpline where practices may obtain assistance in making decisions with regard to the FoIA. Ring 01625 545745.

### Oh Yes You Do - OH NO YOU DON'T

Its that time of year again - pantomimes, plays in village halls etc. These are accompanied by the inevitable requests for GPs to supply notes saying that little Jane or Johnny are medically "fit to perform" - at least they aren't asking you to comment upon their potential talent - or lack thereof.

The parents often present an "Application for a Licence" under "The Children (Performances) Regulations 1968 which calls for a "recent medical certificate confirming that the child has been examined by a medically qualified person and is fit to take part in the performances for which the licence is requested". These forms sometimes emanate from Norfolk Education Services Centre at Attleborough which is the local licensing agency.

Our advice remains, namely that in most instances parental approval only is required. The only exceptions are (1) *productions* (not rehearsals) which require the child to work for 6 or more days in one week *and* one or more days the following week, or (2) *productions which are recorded for broadcast on TV or film*. Obviously in these exceptional cases you may agree to provide a medical certificate and you may charge.

### Changes to the Misuse of Drugs Regulations 2001

These came into effect (very quietly) on 14th November. In essence the changes involve:

- ▶ Removing the requirement to hand write scripts for controlled drugs
- ▶ Introducing a statutory framework to permit electronic controlled drug registers
- ▶ amending the definition of "extended formulary nurse prescribers" and the circumstances in which they can prescribe controlled drugs
- ▶ adding ascorbic acid to the list of products exempted from the prohibition on supply to drug misusers

### Form Med 4 for Social Security purposes

Just a reminder, when you complete a Med 4 for Social Security Purposes, to make sure that, under "Doctor's remarks" you state whether or not your patient can travel a reasonable distance to a medical examination as a result of their condition. If you do not it will be automatically assumed that they are fit to travel.

If, subsequently, the patient claims that s/he is not able to make the journey you will be obliged, under your contractual obligations, to provide organisations such as Jobcentre Plus and Medical Services with a letter of

confirmation for which you may not make a charge.

sent to their GP to obtain a Med 3. We will be writing and would appreciate any more examples that may be out there

Talking of home visits.....

### Domiciliary Audiology Visits

Although this is not a contractual obligation it would be very helpful, when making an initial referral to the NNUH Audiology Unit, that you tell them whether you believe the patient will require a domiciliary visit - eg because they are housebound. This will save the department having to bother you at a later date to check this.

### Seasonal Giving

Last month we included an item on The Cameron Fund. This month we would like to mention The Royal Medical Benevolent Fund. Its President, Sir Barry Jackson, has written out inviting doctors to visit the RMBF website at [www.rmbf.org](http://www.rmbf.org) where, via the site map you can read about doctors and their dependants who have been assisted by the Fund. There is an opportunity to purchase a selection of gifts and, even better, to make a donation.

### The Civil Contingencies Act

The Civil Contingencies Act 2004 places an obligation of compliance upon NHS Trusts (not GPs). However, in case of emergencies, practices may wish to draw up a risk assessment for their own internal use. Whilst, hopefully, the risk of major terrorist attack is low in Norfolk, severe damage to practice premises by wind, rain, floods etc is more likely. What would your practice do in the event of major damage to its premises and subsequent interruption of services?

#### *Advertisement*

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### Med 3s & Private Consultations

We are receiving reports that patients attending BUPA, The Sandringham Hospital etc are being