



Patient Survey

The GP Patient Survey for the first part of 2009 has now been finalised and will be available to patients soon. As in previous years, practices will be sent posters to advertise the survey. While the GPC has been represented on the stakeholder group set up to advise on the content of the survey, not all of its concerns have been addressed, though it is possible that the GPC may be able to have more influence over this as the government plans to make the survey quarterly in future. For instance, the length of the survey is one of the key issues on which the GPC has expressed concern. The GPC will produce a response and guidance when the survey is released.

Changes to Cremation Regulations

New cremation regulations come into force in January 2009. The main policy changes are that they now allow bereaved families to inspect the medical forms of a deceased family member before cremation takes place. Families will also be able to draw the medical referee's attention to any concerns about unexpected symptoms or discrepancies in the case. There have been some changes to the forms, most notably cremation Forms B and C (which two separate medical practitioners have to complete) are now called cremation forms 4 and 5.

These regulations are an interim measure and will precede longer-term Department of Health plans to create the role of a Medical Examiner who will deal with all deaths. The fee GPs may claim remains the same.

Further information go to http://www.opsi.gov.uk/si/si2008/pdf/uksi_20082841_en.pdf

GP Appraisers

If they haven't already done so GP appraisers are recommended to check whether their PCT indemnifies their appraiser work - this is because some (and possibly all) of the medical defence organisations do not cover such work. Also, self employed doctors who work as appraisers should ensure that they are employed by the PCT for their appraiser work. This is to ensure that this work will be NHS pensionable. For more details see www.bma.org.uk/ap.nsf/Content/locumsasappraisers0805

LMC ELECTION COUNTDOWN



"Be There for the 100th Anniversary of LMCs"

"I have a dream"

No, not that dream - I am not going to tell you about that one. I blame the simvastatin. I have a dream of a return to the golden age when GPs and NHS managers seemed to be on the same side, which I think of as before 1990. Sadly that is, probably, just a dream. But I also have a vision, which I am sure is more realistic than my dream, of a strong and assertive Norfolk LMC negotiating with interested parties to ensure that traditional general practice, with all its strengths, continues to provide excellent services to patients in Norfolk, Great Yarmouth and Waveney. To be able to do this, the Committee requires a keen and conscientious membership, representative and thoughtful, which will argue over policy and then argue for it.

The next election is for the LMC from April 2009 for three years. Please consider standing.

Simon Lockett
Medical Secretary

and on the subject of Defence Societies.....

Defence Society cover for carrying out Mental Capacity Deprivation of Liberty Assessments

There are mixed messages out in email/internet land regarding additional insurance to cover these assessments. So, if you are one of the small group of doctors who are either approved under Section 12 of the Mental Health Act or have at least three years post registration experience in the diagnosis or treatment of mental disorder, and therefore might find yourselves being asked to undertake one of these assessments, we recommend you check with your Defence Society.

It is also not entirely clear what the situation is with regard to assessments under other Regulations made under the Mental Capacity Act 2005 (as amended by the Mental Health Act 2007) - so again, it might be worth checking.

QOF Prevalence Data

Changes to prevalence are to be introduced with the square root transformation being removed with effect from 1st April 2009 and the 5% cut-off with effect from 1st April 2010. A spreadsheet calculator has been produced by Dr Paul Roblin

Crestview Meeting for GtY&W GPs 7.pm 02.12.08.

on the agenda:

PCT Draft 5 Year Plan
PMS/GMS Review
Future of Community Services
Estates Strategy and Development of GP Premises
GP Led Health Centre(s)
Enhanced Services

with the assistance of the BMA's Health Policy and Economic Research Unit (HPERU) to provide an estimate of in the income gained or lost by practices arising from the two stage process of moving from the current methodology for adjusting for practice prevalence to a

system based on raw prevalence. By the time you receive this flyer Ian Hume, LMC Chair, will have written to your Practice Manager attaching the link to the spreadsheet calculator.

Benefit and Income Support paid on incapacity grounds for new customers. The GPC has had written confirmation from the Information Commissioner and the GMC that they find the proposals and safeguards around verbal consent for the release of medical information following the introduction of the ESA acceptable. The ESA will also mean...

- ▶ GPs will still be asked to provide **statements of incapacity for work** (usually on a Med 3) until the Work Capability Assessment is carried out, usually within the first 13 weeks of a patient's claim
- ▶ GPs may also be asked to complete form **ESA113**. This is similar to form IB113. Form ESA113 can be completed from medical records and GPs are not required to carry out a separate examination of the patient
- ▶ GPs may also be asked to complete form **DS1500** to provide information about patients who are terminally ill or who are not expected to live longer than 6 months. This is a factual report in which GPs provide details of the patient's condition and any current, planned or future treatment. GPs are not expected to give an opinion on prognosis or life expectancy. Doctors may claim a fee of £17 for completion of a DS1500. VAT registered practices should also charge VAT.

CREATE HEALTH - Requests for GPs to prescribe fertility medication

We have been advised by a constituent that this lot are trying it on. Don't have anything to do with it. This advice is on "prescriber responsibility" grounds. There are other reasons why you shouldn't. The NHS drug budget should not be used if the patient does not meet the criteria for NHS care or, if an NHS organisation is making the request, it is likely to have been commissioned to prescribe. The prescribing responsibility issue is paramount - these are specialist drugs.

Employment and Support Allowance (ESA) Claims

From 27th October 2008 the Employment and Support Allowance (ESA) has replaced Incapacity

At present there has been no change to the arrangements whereby the DWP obtain information for Disability Living and Attendance Allowances on DBD series forms for which the DWP pay £13.50 and, where appropriate, VAT. Visit www.dwp.gov.uk/esa

Employment Checks

October 2009 sees the introduction of the Independent Safeguarding Authority (ISA) vetting and barring scheme which is designed to work in conjunction with current CRB checks but will not only apply to all GPs but also practice staff who may work in an area with access to potentially vulnerable adults or children, and to any employee who could have access to records and personal information relating to potentially vulnerable individuals. In essence, anyone working in a practice, including receptionists and cleaners will require checking via the new scheme. It will be a requirement for anyone wishing to apply for these positions to be registered with the ISA. Fees will apply to carry out checks. Go to NHS Employers FAQs - <http://www.nhsemployers.org/primary/primary-4252.cfm>

Requests from PCTs for Flu Vaccination data on behalf of the Health Protection Agency

Circumstances have changed and therefore so has our advice. Having consulted with the Chairman of the Clinical and Prescribing Subcommittee at the BMA and the Chairman of the Contracts and Performance Subcommittee we are advised that this data is required under the Directions and that therefore practices should comply with the request. Evidently, where in the past PCTs took data directly, it would seem now that data needs to be sent to the HPA to enable payments for the flu vaccinations to take place. Sorry - something else to add to your workload!

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The Paston Surgery
9-11 Park Lane, North Walsham NR28 0BQ
01692 403015

LOCUM/SALARIED GP REQUIRED TO COVER MATERNITY LEAVE

Friendly, North Norfolk Market Town Practice, seeks willing and flexible long-term locum/salaried GP to work six sessions a week plus some on-call for 6 months, commencing Monday 23rd March to Friday 18th September 2009. Payment rate/salary negotiable.

We are a Teaching and Training Practice and there are opportunities for further professional development if needed or desired. Enquiries to:

Mrs Belinda Harvey, Office Manager
Paston Surgery, 9-11 Park Lane
North Walsham
Norfolk, NR28 0BQ
Tel: 01692 502855 (dd) or email
belinda.harvey@nhs.net

Charitable Donations

At its November meeting the LMC agreed to make its customary annual donations to the Christmas Appeals of its chosen charities. These are £1,100 to the Royal Medical Benevolent Fund and £1,100 to The Cameron Fund, both of which support doctors and their families who

have fallen on hard or distressing times, and £200 to The Sick Doctors Trust Addicted Physicians Programme whose most important function is the provision of a confidential service of friendship, support, information and advice, direct to the individual sick doctor.

LMC Annual Conference of Secretaries 2008

A few sound-bites from the speakers, some encouraging some not so:

"Partnership agreements written before 2004 may not be worth the paper they are written on"

Current relationship with the government is a "bit better"

Performance Management - "PCTs would have no option but to take action if practices consistently scored poorly on QOF, even though QOF is voluntary"

Relationship with PCTs - Where possible try and say "Yes...but" rather than "No"

Know which battles are worth fighting and be clear about the "optimum outcome", the "fall back position" and the "bottom line". SP

QOF and the Government's proposals

This definitely falls in the less encouraging category. A consultation has been launched entitled "Developing the Quality and Outcomes Framework: Proposals for a new, independent process" which proposes that NICE lead a new process overseeing the review and development of health and clinical indicators from April 2009 and that in addition to the nationally GPC-NHS Employers agreed indicators, PCTs will be able to select additional indicators to reflect local priorities.

The GPC and LMCs remain committed to a UK-wide process and urge all GPs to respond to the consultation which is available at www.dh.gov.uk/en/Consultations/Liveconsultations/DH_089778. Deadline 2nd February 2009. There are also a series of national events to gather views and feedback. There are none in East Anglia, the nearest being London and Birmingham.

Med 3s and Patients with several jobs

With the current financial situation more people are likely to have more than one job. When they are off sick for more than seven days this can pose a problem for the GP regarding issuing a Med 3. The following Q&A appears on the DWP FAQ site:

Q Can a GP issue a duplicate medical certificate (statement) to a patient who has two part time jobs?

A No. You can only issue a duplicate statement (Med 3/5) if the original statement has been lost. You should clearly mark it "duplicate". You must advise people with more than one employer to submit the certificate to their main employer, who can note the details of the

LMC Contact Details:
Telephone: 01953 608060
Fax: 01953 608061

Email: norfolkmmc@btconnect.com

advice you have given. They can then present the certificate to their second employer.

The FAQ page can be found at:
<http://www.dwp.gov.uk/heathandwork/faq.asp>

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DEREHAM, NORFOLK TWO PARTNERSHIPS 1.5 fte

Owing to the impending retirement of our Senior Partner and reorganisation of duties, we are looking for two enthusiastic partners to join us in the friendly market town of Dereham. Ideally you will be able to start on 1st June 2009.

- ▶ GMS 5 partner practice, 9500 list size
- ▶ Two year old, purpose built, premises
- ▶ No property buy-in
- ▶ Maximum Clinical QOF
- ▶ Appreciative Patients
- ▶ iSoft Premiere
- ▶ 30 minutes from the historic city of Norwich and the North Norfolk coast
- ▶ Access to excellent sporting, recreational and cultural amenities

The partners are still talking (to each other) after nineteen years and are able to go home for lunch. Work/life balance is important to us.

Closing date 9th January 2009
Applications in writing, enclosing a CV to:
Richard Hall, Practice Manager
Orchard Surgery, Commercial Road
Dereham, Norfolk, NR19 1AE
telephone 01362 656942 to arrange an informal visit. www.orchardsurgerydereham.co.uk

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Norfolk trained female GP returning to UK in March 2009 after 2 years in Africa looking for full/part-time work.

Please contact: Dr Katja Bourne
at katjabourne@doctors.org.uk

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Female GP looking for locum sessions in and around Norwich. Available all weekdays except Thursday afternoons.

Please contact Dr P P Singh, 07792590180/ 01603 304609 or email drpunitha@yahoo.com

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Wanted - Partnership or Salaried Post (ideally 6-7 Sessions) - from March 2009.

Please contact Dr Marco Satterly on marco_satterly@yahoo.co.uk