



Norfolk & Waveney Local Medical Committee

Serving the General Practitioners in Norfolk & Waveney



LMC VACANCIES

The LMC currently has vacancies in the following constituencies:

- ⌘ **The Great Yarmouth part of the GtY&W constituency**
- ⌘ **Salaried and Freelance constituency**

Norfolk and Waveney LMC is a large committee and there is never any shortage of comment and debate at the meetings, but there are a couple of constituencies that are definitely under-represented. Accordingly, we are especially keen to recruit to the "Salaried and Freelance" and to the Great Yarmouth part of the "Great Yarmouth and Waveney" constituencies.

The competencies required are two that all GPs possess (the ability to listen and the ability to speak) and one that some GPs struggle with – time available. But the commitment is (currently) only eleven meetings a year with travel and time fairly funded.

This would be a good time to get involved. For Salaried and Freelance GPs "BMA News" this week carries the headline "New era dawns for sessional GPs" over a story stating that sessional GPs want a stronger voice. Centrally this will be through the strengthened "GPC Sessional GPs' subcommittee", locally it will be through Norfolk & Waveney LMC: join now and speak up. For all GPs, the post-White Paper future is replete with opportunities and threats. Being on the LMC is a good way of knowing more - in order to manage the threats, profit from the opportunities and, just maybe, help the GP-led NHS become a success. SL

REVALIDATION

The GPC has reported as follows:

- A plan to launch revalidation in late 2010, subject to a test of readiness in summer 2012 which involves a number of key criteria having to be met (this follows the decision by the SoS to extend the revalidation piloting period for a year)
- Commitments to simplify and streamline the process making it sufficiently flexible to apply to non-mainstream doctors and to ensure that it is cost effective. The GMC will work with its revalidation partners to ensure that this occurs.

MISFILED PATIENT NOTES

Below is an article written by Dr John Grenville, Derbyshire LMC Secretary, and feature in their newsletter, after becoming aware that the Tribunals Service, for one, employs members of staff to look through patient records received from GP practices, to ensure that they do not fall foul of the Data Protection Act by passing onwards information that they have received by mistake. Norfolk & Waveney LMC is not aware of this being a common problem locally, but would like to remind practices of this pitfall.

"We all know that occasionally things get misfiled in patients' notes, particularly letters, reports and results that have to be scanned in. Sometimes items are scanned into the wrong patient's record. This creates a problem if the patient's records subsequently become the subject of a request for release, e.g. to a new practice, to the patient, to a solicitor, to an insurance company, etc. If you respond to a request for records under the Data Protection Act but accidentally send them with a misfiled letter relating to another patient you are in breach of the Act by virtue of releasing confidential health information about the patient whose letter has been misfiled. We would urge practices who do not have one to draw up and implement a protocol for checking that misfiled items are not included when a patient's record is sent away from the practice."



CARE QUALITY COMMISSION (CQC)

NHS GP practices do not yet have to comply with CQC standards. They will begin to be invited to apply for registration from 1 October 2011 in time for 1st April 2012 (note: PCMS practices should be registered with the CQC because PCTs need to be registered from 1st April 2010.) The GPC plans to produce a guide in spring 2011 on how to complete the application form and tips on how practices can comply with each of the CQC standards.

SESSIONAL GPs - BMA SUBCOMMITTEE RESULTS OF ELECTION

For results of the election go to www.bma.org.uk/. Amongst the 16 new members the only one from the EoE is based in Essex. However, the LMC office was very pleased to see Dr Jessica Harris' name on the list. Jessica was a salaried doctor in Norwich and a long-time NP member of Norfolk LMC before she moved with her family to Oxford.

FERTILITY REFERRAL FORM

The LMC included the following item in its mailing to practice managers on the 11th November 2010:

The LMC has no doubt that three of the pieces of work requested of practices in the current Fertility Referral Form are not, in fact, core general practice work. It believes that practices (and patients) should not be penalised in any way if there was no clinical need for the GP to arrange the tests - so the practice has not carried them out.

The particular pieces of work are:

- Semen analysis
- 21 day Progesterone
- Chlamydia screening/testing

We are well aware that many practices kindly do perform or arrange these tests. GPs who do so believe, probably correctly, that it smoothes their patients' way through the system. They may, or may not, be aware that it also saves secondary-care budgets at general practice's expense.

Of course, it may well be, as I have pointed out previously, that neither primary care nor secondary care is actually funded to do these tests (which, of course, begs its own questions). But we know that the majority of practices actually do the tests – what a kind-hearted lot you are - meaning general practice is paying almost all the price. So you might think that secondary care would be grateful and only too willing to do the few tests asked of them. But comments received in the office suggest that some secondary care colleagues are far from gracious when asked to do this.

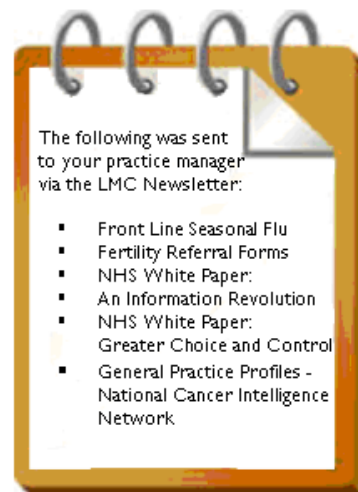
GP colleagues who are confident that GP commissioning will work, probably believe that this is an excellent example of something that will be managed better after April 2013. Arranging these tests in general practice may well be cheaper, quicker and more convenient for patients than commissioning them from secondary care – so doing them in practice may well be the norm when GPs hold real budgets. This argument may be right, but why wait until 2013 to come up with a fair arrangement? And, of course, such views may be over optimistic – has there been any discernible progress in sorting out tariffs so those who do the work get paid for it? So please be very careful about the precedents you set now, for your budgets then. SL



TIPS FROM A RECENT CONFERENCE

At a presentation on "Employment Law for People Managers" we picked up a few points, which we thought we would pass on.

- Flexible Working - The DHS has standard forms FW(A) to FW(F), which were highly recommended as apparently they help manage staff expectations.
Go to: <http://bis.ecgroup.net/Publications/EmploymentMatters/Work-LifeBalance.aspx>
- The Equality Act 2010 came into force on 01.10.10. Amongst other issues it sets out 7 types of Discrimination. One that caught our eye was "Harassment by a third party: employers are potentially liable for the harassment of staff or customers by people they don't directly employ". It was confirmed that this category would include patients.
For more information go to www.equalityhumanrights.com.
- Sickness Absence. HSE has produced useful guidance and helpful booklets.
Go to: <http://www.hse.gov.uk/msd/campaigns/pdf/managingabsence.pdf>



The following was sent to your practice manager via the LMC Newsletter:

- Front Line Seasonal Flu
- Fertility Referral Forms
- NHS White Paper: An Information Revolution
- NHS White Paper: Greater Choice and Control
- General Practice Profiles - National Cancer Intelligence Network

FREELANCE DOCTORS AND SMART CARDS

The LMC office would be interested to know if any of its constituents who work as freelance/locum doctors have ever had a damaged or lost smart card and if so how easy or difficult they found it to get a replacement. Please email any horror stories or fairytales to norfolkmc@btconnect.com

THE WHITE PAPER

- "The form and structure of GP-led commissioning consortia" - GPC Guide*
- "Shadow consortia: Developing and electing transitional leadership" - GPC Guide*
- Pathfinder Pilots. The EoE LMCs have nominated Dr Peter Graves, Chief Executive of the Beds & Herts LMC, to sit on the Pathfinder Panel. This is due to meet on the 03.12.10 to look at the 24 applications received from across the EoE.

(*Circulated to your Practice Manager and available from the LMC Office or www.bma.org.uk/healthcare_policy/nhs_white_paper/gpcwhitepaperguidance.jsp)

LMCS' BUYING GROUP

Reports from other LMCs indicate that practices using the Buying Group are finding the prices it has negotiated very competitive. If you haven't tried why not use the Procurement Expertise of Burns Associates who will provide practices, on request, with a free, bespoke price comparison analysis (based on existing invoices) to demonstrate savings on major deals compared with the practices' current suppliers.

Email Gary Burns Associates: gary@burns17.fsnet.co.uk or more information).

SALARIED GPs NOFOLK- CLOSING DATE 10.12.10

First Health is looking for talented GPs to join our growing team in West Norfolk. We are a private limited company owned by NHS staff committed to excellent care in areas of deprivation. You will have the opportunity to influence our innovative care models for patients in the context of a widely integrated primary health care team. Plans are in place for state of the art premises allowing on site diagnostics and social care staff close to hand.

Includes NHS pension and payment for MDU. Salary from £80k including a performance related element. Requires 8 clinical sessions and 1 CPD session per week, with 6 weeks holiday. Specialist development encouraged. The Practices use Vision (transferring to SystemOne in the New Year). APMS contract.

Please contact Fiona Reynolds on: 07771 822913 for additional information. Informal enquiries are most welcome. Please send letter of application and CV to:

Fiona.reynolds@firsthealth.co.uk

THE BREAST UNIT AT THE NNUH

From January 1st 2011, The Breast Unit at The NNUH is changing its policy for Breast Cancer clinical follow up. Most Breast Cancer patients will now be discharged from clinical review after three years following diagnosis. This is in accordance with NICE Guidelines. Their mammographic follow up will remain unchanged and once discharged they will have access to a dedicated telephone helpline to the Breast Care Nurses for advice and information. Any new breast related symptoms should be a GP referral back to The Symptomatic Breast Clinic in the usual way. The Clinical Lead for this unit is Mr Simon Pain.

PARTICIPANTS REQUIRED FOR RESEARCH INTO HOW NEWLY QUALIFIED GPs CURRENTLY EXPERIENCE PROFESSIONAL LEARNING.

Eligible participants: Actively working GPs who will be in their first 5 years after qualification during the period December 2010 - March 2011.

Background to study: Today's newly qualified GPs may feel unsupported in their professional learning following transition from the training environment to that of a qualified practitioner. This study will develop knowledge about their learning experiences, contributing to initiatives to support the learning of GPs within their first 5 years following qualification.

What is involved: Either participation in a 60-90 minute focus group meeting or a 30-45 minute semi-structured interview. Both will be audio-recorded. Focus groups will be run in December 2010 - January 2011, interviews from February - March 2011. Reasonable travel costs will be reimbursed for focus group participants and light refreshments will be provided.

Other information: This study will be conducted by a GP as part of a Masters dissertation project at the University of East Anglia. It has been subjected to IRAS ethical approval and all participants will be free to withdraw from the study at any time.

If you are interested in taking part please e-mail the lead researcher, Dr Alice Shiner, to obtain further details: A.Shiner@uea.ac.uk
University contact details: Professor Amanda Howe, Professor of Primary Care, MED1 Building, UEA, Norwich, NR4 7TJ

