

NORFOLK LOCAL MEDICAL COMMITTEE

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Hep B and Renal Patients

One of our most alert constituents contacted the LMC office to say that the practice had been asked to immunise a renal patient against Hepatitis B (four injections over a period of months) by the King's Lynn Dialysis Centre.

The GMS contract (Additional Services para 72.1) states we must "offer to provide to patients all vaccinations and immunisations (excluding *childhood vaccinations and immunisations*) of a type and in the circumstances for which a fee was provided for under the 2003-04 Statement of Fees and Allowances made under Regulation 34 of the National Health Service (General Medical Services) Regulations 1992 other than influenza vaccination."

Paragraph 27/Schedule 1 of the SFA does not include Hepatitis B immunisation, so this immunisation is not included in our current contract.

With the renal workload likely to increase because of the QOF ("chronic kidney disease") it seems likely that we will be asked to do more and more such immunisations by the hospitals.

Be vigilant: this work is **not** included in either essential or additional services - so we strongly suggest you say "no".

We will discuss with the commissioners whether the Acute Units are already funded to do this work - in which case the hospitals may like to negotiate suitable payments - either directly with practices or with the PCTs - so they can fund an enhanced service.

Quality and Outcomes Framework 2007/8

The same eagle-eyed constituent noticed in recent correspondence from Norfolk PCT three questionable items. NPCT has listened to the arguments with the following results.

1. "All submitted protocols must be dated and signed as seen by staff members" - NPCT agrees that this is over and above the requirement of the QoF and Nikki Cocks has contacted practice managers directly.
2. "Education 7" - There was some confusion because the PCT had (for understandable reasons) attempted to combine Education 7 and Education 10. Practices need to send in twelve significant events dating from 2005 - and provided three of those are dated within the last year then this will cover Education 10 as well.
3. "Management 9" - The checklist was intended to help practices but the LMC, of course, holds the view that, for QOF purposes, practices should work to the requirements of the SFE and not feel that they have to do anything in addition.

This may be also of interest to our GtY&W

Constituents.



WANTED

Following the resignation of Dr Chris Price Norfolk LMC is seeking a doctor to complete its four strong Salaried and Self-employed Practitioners Constituency. Currently this constituency comprises two self employed and one salaried doctor (who works in the GtY&W PCT area). Therefore ideally we would like to recruit a salaried doctor working in the Norfolk PCT area.

For more information please contact the LMC office. If there is more than one candidate there will be an election.

"Improving Communication" "The Exchange of Information & Patient Care"

The GPC and the Central Consultants and Specialists Committee at the BMA have recently produced a document about communication between primary and secondary care and visa-versa (link below). There is nothing very surprising in this document as it really contains everything that we would expect in communication between ourselves and our hospital colleagues.

Communication is a two-way process. I am sure that most referral letters from primary care are of a high quality and contain all the relevant information. Equally I am sure that when patients turn up at A&E or are admitted out of hours the information the hospital has may well be incomplete. There is also the issue that sometimes patients do things without us knowing, such as not taking their medication, and clearly there is no way we would know what is going on in these circumstances. Unfortunately we have plenty of examples of information coming out of the hospitals that is either incomplete, late or never arrives at all.

I have taken this up, particularly with the NNUH, which has promised to provide increased secretarial support; it is also introducing electronic discharge notes. I have also written to the Medical Directors of all the Norfolk & GtY&W based provider trusts enclosing this document so that hospital clinicians are aware and hopefully we shall see improvements in communication. This is particularly important as we appear to be taking on a greater burden of responsibility for our patients once they are discharged from hospital, and we are also increasingly being asked to prescribe. We need to have the information in order to make informed decisions and to be able to discuss issues with our patients.

We will continue to monitor the communications we receive from acute trusts but hopefully this document is a marker for what we should be

expecting as a gold standard. Please let us know if you are continuing to receive inadequate information. IH, November 2007
Link: bma.org.uk > "improving communication, the exchange of information and patient care"

Partnerships

In his latest newsletter for LMCs the Chairman of the GPC, Dr Laurence Buckman says that he is becoming more and more concerned about the failure of principal colleagues to advertise partnerships for their younger or non-principal colleagues. Dr Buckman believes that not only does this look bad to the wider NHS but it appears to the press and the Department that the profession is out to exploit non-principals who might wish to become partners and that it is creating an under-class of GP who will be ripe for APMS picking. He encourages the profession to think about how it can encourage partnerships to expand rather than contract and to put out a message that this outcome will be better for traditional general practice.

Interestingly, this message was reinforced at the recent Conference of LMC Secretaries. Dr Judy Gilley former GPC Negotiator/CE of Beds & Herts LMC, whose consultancy firm has worked with many LMCs, presented the findings of a major diversity review that she had undertaken for the Londonwide LMCs. Amongst the findings of its focus groups was evidence of a definite reduction in the number of partners despite a desire on the part of salaried doctors to take up partnerships. If this trend continues there is a very real possibility that future generations of GPs will not develop the skills necessary to take forward the independent contractor status of general practice. May we suggest this is possible food for thought when practices are considering their future medical skillmix?

Clozapine and Influenza

The LMC is delighted that the NPCT has agreed that flu immunisations will be appropriately given to patients on Clozapine. Careful inspection of the drugs data sheet shows that this is appropriate and the PCT is to be commended on this decision. You are invited to consider other atypicals and indeed any other medication that might mean influenza immunisation is appropriate on the same grounds so that we can ask in good time for next year's round of flu contracting. We have also written to GtY&W PCT and will be chasing them for a response as their patients are also seen by the Norfolk & Waveney Mental Health Trust.

Flu Vaccines & Norfolk Social Services Front Line Employees

Norfolk LMC has once again agreed with Norfolk Social Services (NSS) that its "front line" employees, who do not fall into the "at risk" categories, may have an opportunity to receive a flu vaccine.

As in previous years, the patient will present a proforma produced by NSS, which will also act as an invoice. This must be completed and submitted to Eastern Support Services for payment. ESS, in turn, will be reimbursed by NSS. NSS is offering a fee of £17.50 per vaccination but, as it is a private arrangement, practices are under no obligation to take on this work. However, the LMC does believe that it is important for Social Services front line staff to remain well during any influenza outbreak as they provide a vital supporting role for some of our most vulnerable patients. Therefore we would urge practices to take part in the scheme -

manpower and vaccine supplies permitting.

Also, as in previous years, Social Services is trying to encourage the owners of Care Homes to have their staff vaccinated - on the same basis - ie the patient will present with a proforma - but in this instance the £17.50 is payable by the care home.

Please note that as this is being provided as a quasi occupational health measure for registered patients with no health-related risk factors, and funded by an outside organisation, an NHS script would not seem appropriate.

Note: This scheme applies to practices with patients who are NSS employees - which could include practices in Waveney.

MMR Catch-up Campaign

I am delighted to say that Norfolk PCT has expressed a willingness to continue to fund the work practices do immunising young people as part of the MMR Catch Up Campaign. This should really have ceased at the end of March but Norfolk PCT acknowledges that practices are still doing this work and so is willing to carry on payment for this year only. So if you are still chasing up people you are strongly advised to do the work and claim for it this year. (Again, let us know if this is a issue in GtY&W).

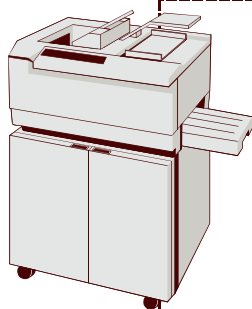
Patients taking CDs abroad

You may wish to note that the Home Office requirements for personal import/export licences for persons who intend to travel with their controlled drug medication will change with effect from 1st January. Broadly, a personal licence will not now be required for periods of travel of 3 months or less regardless of the amount of drug(s) being carried. Any person travelling for longer than three months will, in normal circumstances, be expected to make arrangements to have their medication prescribed by a practitioner in the country they are visiting. (See Home Office Web: <http://drugs.homeoffice.gov.uk/drugs-laws/licensing/personal/>)

Targeted Insurance Reports

The office has to admit that it had never heard of "targeted" insurance reports but understands from practices that requests are becoming more frequent. Insurance companies are asking for details around a specific area, eg cholesterol, and are expecting to pay less than for the normal insurance report. This is despite practices telling us that these "targeted" reports take nearly or as much time as "traditional" reports.

We passed this by the GPC, who advise that the Professional Fees Committee of the BMA is aware of the situation and disagrees with the concept of targeted reports. Therefore, if GPs do wish to do the work they should charge at their own rate.



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Interested? Contact the LMC Office.

Note: The copier depicted is an older less sexy model!

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- ▶ 5500 Patients
- ▶ Teaching Practice
- ▶ MRCGP or other postgraduate training
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- ▶ Closing Date: 11 January 2008

Email for enquiries to: thomasina.neil@nhs.net or willowwood.surgery@nhs.net or telephone 01603 425608. Applications to be in writing to Thomasina Neil, Practice Manager, Willow Wood Surgery, Sprowston Primary Care Centre, Norwich, NR7 8TT

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Locum available. Experienced GP based in Norwich available for locum work around Norwich and East Norfolk. Please contact Dr Francis Harrison on 01603 622799 or francis.harrison@nhs.net.

Advertisement

Newly qualified GP looking for locum work (short term, long term), salaried post or partnership if appropriate. Able to work full/part time from 25.01.08. Please contact Dr M Iqbal. Mobile 07877443813 or email driqbal07@gmail.com

Hep B immunisation for Employees at Risk

Following a recent query the office thought it

would be useful to remind practices of the GPC's excellent Guidance (originally sent to practices in 2005) and especially to the "model letters" to patients who request a vaccination and to their employers. As requests of this nature appear to be on the increase it might be sensible to download these model letters - just in case you need them! They can be found on the LMC's website or down-

loaded from bma.org.uk > hep b immunisation for employees at risk.

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Part-time Salaried GP - Swaffham

An opportunity has arisen to join a friendly, flexible but progressive GMS Dispensing/Teaching Practice (6,300 patients)

- Six sessions per week
- Paperlite EMIS Computer
- High QOF achievement
- No out of hours commitment
- Branch surgeries
- Medical Student training status
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- Access to beds at local community hospital
- Innovation and new ideas welcome

We have an excellent multi-disciplinary team including practice nurses, health care assistants and district nurses working on the premises. The practice is located within a beautiful barn conversion set in a thriving market town.

To apply please send a CV with covering letter to: Mrs C Bantick, Practice Manager, Manor Farm Medical Centre, Mangate Street, Swaffham, Norfolk PE37 7QN, Tel: 01760 724843, or carol.bantick@nhs.net or telephone Dr Killeen on 07721-598550 for an informal discussion.

Informal enquiries or visits are most welcome

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Full time Fixed Share Partner GP (10 sessions per week)

Enthusiastic and motivated full time Partner required to replace our retiring Senior Partner and join our friendly, successful and well organised practice. We are a PMS practice with a list size of 15,000 patients. We are aspiring to bring ourselves up to the standard required to become a Training Practice and would therefore like our new partner to have, or soon to be taking, MRCGP in order for them to eventually take on this challenge.

- ▶ Gorleston - Small seaside town, good schools and Leisure Facilities
- ▶ 9 Partners - EMIS, paperlight
- ▶ Fully integrated team with excellent nursing and administrative support
- ▶ No OOH or weekends but local shifts available if interested
- ▶ High QOF targets achieved
- ▶ Actively engaged in PBC
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Please send CV with covering letter to Mrs Dawn
Jermamy, Practice Manager, The Central
Surgery, Sussex Road, Gorleston, Great
Yarmouth, Norfolk, NR31 6QB. Tel: 01493
414141, E-mail: dawn.jermamy@nhs.net.

For an informal chat or visit contact Dr Tom
Pace or Dawn Jermamy. Closing Date: 21.12.07.
Practice Website: www.centralsurgery.com