

# NORFOLK LOCAL MEDICAL COMMITTEE

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November Flyer

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Principals' Edition

## AUTHORISING HOME REMEDIES

The GPC Prescribing Subcommittee discussed recently produced guidance by the Royal Pharmaceutical Society of Great Britain whereby GPs are being asked to authorise lists of "homely remedies" for patients in care or residential homes. The Prescribing Subcommittee takes the view that patients living in the community do not need authorisation to use OTC medicines and those in care or residential homes should be treated no differently. This is not considered to be an acceptable use of GP time or a relevant clinical request. All doctors are advised not to accede to requests from these homes to authorise "homely remedy" lists.

## DON'T PUT YOUR DAUGHTER ON THE STAGE (without a doctor's note)

We've had a flurry of reports of parents seeking doctor's notes of fitness to go on the stage for a panto or a play or suchlike.

We identified one "culprit" as the Norwich Theatre Royal itself, who then blamed the Educational Authority, who then blamed the Network for Employment of Children. The LMC tracked down the Network Chairman, Mr Ian Hart, who said "rubbish" they don't normally need doctor's notes. The requirement for a medical practitioner's note is enshrined in the 1968 Children's (Performances) Regulations:- most instances need parental approval only. 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 day the following week, or (2) *productions which are recorded for broadcast on TV or film*. Obviously, in these exceptional cases, the GP being asked may reasonably charge a suitable fee. For the majority spurious requests the GP may reasonably decline, citing the Regulations, or, again charge a reasonable fee if so disposed. Ideally the fee should be paid by the organisation putting on the production, and not the child's parents. If you are asked and would like to have a moan at someone, try Mr J Ball on 01953 456545.

## REMOVING PACEMAKERS FROM CORPSES

An interesting item appeared in Pulse last month, written by the very knowledgeable Christine Dewbury (Wessex LMC Secretary). GPs may remove pacemakers, but undertakers can as well if they want. Apparently it doesn't matter who removes them but the relatives **should not** be charged. DoH guidance (Health Notice (83) 6) states that the responsibility for the fee for removal should be met by the Health Authority (for HA read PCT). The going rate in Medeconomics is £69 - we suggest you claim via Eastern Support Services (the Collaborative Arrangements).

## What's new on our Website [www.norfolklmc.org.uk](http://www.norfolklmc.org.uk)

*This month, we have added:*

- READ codes for exception reporting
- Amended Exceptional Treatments Referrals Information
- November Norfolk Prescriber
- GMS2 Update from the GPC
- Local GP Meetings, including our own GMS2 Roadshows
- Focus on Quality Payments

*....and more besides*

Don't forget the "Latest News", dozens of good links and the handy "Search" and "Contact Us" facilities to help you make best use of the site.

## NEW CONTRACT LMC SURVEY RESULTS

Whilst late results were still trickling in when we prepared this flyer, 75 practices had replied with a good response across PCTs. Full details for each individual PCT area are being discussed at our "GMS2" roadshows.

**Response rate** - 70% of replies were from GMS practices. Virtually no practices are going to drop any additional services. The replies to the Enhanced Services questions were mixed and illustrated the difficulty practices have in conceiving the situation under GMS2 - which requires a shift from ad-hoc, mainly un-funded, activities to specified, commissioned services with defined service outlines and pricing. We are using the results to demonstrate to PCTs where there may be a greater or lesser enthusiasm for the various services.

**Enhanced Services** which, by and large, practices wish to provide are anticoagulation, rheumatology drug monitoring, and minor injuries. About half of practices indicated an interest in specialist depression services and coil fitting. Only around a quarter of practices said "yes probably" to specialist services for MS, alcohol abuse, & drug abuse; the latter two tended to be from practices where this is a prevalent problem and they are already working in these areas. There was little enthusiasm for services for sexual health, first response, intra partum care or homeless patients

The **Saturday morning** question was answered imaginatively by many practices, who saw no difficulty in answering "yes" to both being prepared to open if the PCT funded it and to not opening if they didn't have to. Readers should be reminded of the plain fact that no GMS practice will have to open for surgeries on Saturdays from 1st April 2004. There was little enthusiasm for local rotas of Saturday surgeries and even less of you in favour of taking on neighbouring practices' lists for Saturdays.

Finally, the replies from the **miscellaneous services** question were very helpful and we have compiled a large list of the examples cited. We will present these to PCTs as areas of care which will have to be commissioned. Otherwise GPs will start saying NO.

A fuller report with updates from each road show will appear on the website.

## NEW GMS CONTRACT

### Latest Local Issues

Each PCT has its own GMS2 implementation group and each group has a GP member. In turn, the county-wide group of GMS2 PCT leads meets monthly with the LMC and ESS. There are as many still-unresolved issues as there are clarified and the LMC will continue to press for information and clarity from both this forum and from the GPC. Currently, top of our list includes Minor surgery DES, quality and aspiration payments for PMS practices, calculating seniority and applying it to employed GPs, the MPIG calculation for PMS returners, consultation procedures over enhanced services including setting and pricing contracts, improving IT funding, software for aspiration payments and the out of hours transition phase. All latest guidance and updates from the GPC and the Dept of Health are posted on our website as soon as we get them (Resources > New GMS contract) and were emailed to your Practice Manager.

### The SchARR Report LMCs in the 21<sup>st</sup> Century "A Jolly Good Read"

The University of Sheffield's School of Health and Related Research was commissioned by the GPC to produce the above report, which was published this month. It's not a bad read, and is the definitive and best-ever survey of LMCs in England. (Rather ashamedly, we didn't return our survey response in time, entirely an unfortunate combination of holiday and forgetfulness). However, we would have been pretty much middle of any range of responses to most things. The most telling comments were the Report's astonishment at the very low level of administrative and managerial support within most LMCs, which are now dealing with many PCTs, all of which have much greater managerial capacity. Norfolk LMC continue to adapt to these changes, including the move to practice-based lists and funding, which will require adjustments in the way it raises its levy to ensure fairness and equity. We hope to produce a consultation paper in the New Year. (To read this report visit the LMC Website> GP Representation)

### Sub-contracted surgery and problems arising therefrom

The NNUH Orthopaedic Department is subcontracting surgery to third parties as part of an attempt to achieve its waiting list targets. For example is hip operations being done at Bury St Edmonds. An issue around who is responsible for dealing with

post-operative problems following discharge has arisen, a GP having had trouble admitting a patient to either hospital. We have now received definitive advice that the West Suffolk should deal with problems during the first 6 weeks of the post-discharge period. However, if complications require *immediate* assessment and/or treatment they should be treated as emergencies and referred to the *nearest* District General Hospital. Clearly this will become an enormous issue when Patient Choice is rolled out next year.

### Advertisement

#### The Carole Brown Health Centre

West Norfolk PCT formally invites written expressions of interest from General Practitioners wishing to run The Carole Brown Health Centre, Dersingham, Norfolk.

Following the recent split of The Heacham Group Practice, West Norfolk PCT has taken over responsibility for this surgery. An outline specification of service is available on request.

**Written expressions of interest should be submitted by 29th December to:**

*Nigel Day, Head of Primary Care  
West Norfolk Primary Care Trust  
St James', Extons Road  
King's Lynn, PE30 5NU*

### Norwich "Evening News" 16<sup>th</sup> October 2003 NNUH - "Its all the GPs' fault"

Many Norwich GPs saw the offending front page headline "GPs are blamed for ops crisis" which arose from the reporting of a public NNUH Board Meeting. It was claimed that the dramatic increase in emergency admissions was felt by the hospital's Medical Director to be due to GPs over-referring as they were becoming increasingly defensive in their practice.

As the LMC Medical Secretary was hopelessly misquoted in the same article we felt it was likely that the press had probably manipulated the story to generate some news. Thus, we did not seek to respond to The Evening News, which would have enjoyed stirring up a slanging match between GPs and the hospital, instead we undertook informal communications with the NNUH management and with the Medical Director. We have had convincing clarifications from them, refuting the substance of the story and confirming their high opinion of the standard of Norfolk's GP

referrals. These, together comprehensive latest figures on referrals and admissions, tell a far different story. GP emergency referrals and admissions are up very slightly in line with a national trend. The biggest factors are self-referral emergency attendances and admissions from A&E - nothing to do with GPs. We are satisfied that the NNUH management does have a satisfactory grasp of the facts and we will continue to pursue collaboration and mutual problem solving rather than confrontation.

### BRIDGING THE IT FUNDING SHORTFALL

The Department of Health has openly admitted that the allocation of funds to PCTs to pay for IT upgrades in preparation of the New Contract is short of what is required. However, it seems that this was just a cunning plan to force PCTs to spend what little they received actually on IT in the first place - children and sweetshops analogy seems to apply.

However, we have a copy of a letter from the Health Minister to the GPC Chairman which guarantees that sufficient funding is available and how to get PCTs to get hold of it. We have posted this on our website (Resources > New GP contract > GPC guidance). We suggest the next step is a phone call to your PCT.

### Stop Press

#### LMC "New Contract" Roadshows

The first meeting took place (for Broadland GPs) on the 17<sup>th</sup> November, just as copy for this newsletter was being finalised, and we are looking forward to the other five. The issue generating most interest and debate is how to define and commission the "other" services which would need to be provided within National or Local Enhanced Services. In other words, how to end the "John Wayne" element of current GMS. We are compiling what will become a definitive list of such services and are sharing this with GPs at the meetings; it will be published shortly after the meetings are completed.

Another new spanner has appeared this week, namely details on applying local prevalence factors to the Quality Points, which looks as if it will be much more radical and influential than we first thought. We will continue posting news and developments on the website as soon as we learn of them - so keep checking.