



Norfolk & Waveney LMC

Serving GPs in Norfolk & Waveney

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LMC 2012-15 NOMINATION PAPERS ACCOMPANIED THIS MAILING

PIP BREAST IMPLANTS - SIZE MATTERS

I'm not sure how many of you have had queries/concerns raised about PIP breast implants. I spoke to Miss Sassoon, Consultant Plastic & Reconstructive Surgeon, at NNUH, who took part in an EDP hosted Q&A web session to help women affected by the PIP scandal so hopefully not too many problems will be coming in your direction. I have also been assured that no NHS providers in Norfolk and Waveney have been using the PIP implants.

Apparently the PIP implants in question are quite large; all breast implants can fail but larger ones carry a greater risk. Patients normally present with clinical symptoms such as pain and GPs have a duty of care to treat them, whether they've been seen under the NHS or privately, if they are symptomatic. If they are asymptomatic the chance of needing surgery is much reduced and they need to have a balanced discussion with their surgeon as to whether the risk of surgery outweighs the risk of implant failure. The first port of call will be the clinic that inserted the implants which should know if they were PIP implants. I believe that most of the private providers are still in business so patients should be able to contact them directly. Where they have gone out of business or refuse to see their patients, then we will have to care for them in the NHS. Please let us know if there are problems. IH

PERFORMANCE MATTERS

As a follow-up to my November "Performance" Flyer item, I reviewed a 2009 report from the National Clinical Assessment Service (NCAS) – which covered the first eight years of its existence. NCAS works with health organisations and individual practitioners where there is a concern about the performance of a dentist, doctor or pharmacist. The complete report can be downloaded from the NCAS web site: www.ncas.npsa.nhs.uk/resources/publications/caseworkanalyses/. The headline figures seem consistent with local experience. Because GP ethnicity information is not recorded centrally, some of the analysis of that particular parameter could not be carried out for GPs - but there is no obvious reason to think that the results for GPs would be wildly different than those for colleagues working in the hospital and community (H&C) sector.

Referrals to NCAS appear to vary consistently with age. The referral rate amongst H&C doctors over 50 is five times the rate for those below 40; for GPs over 60 the referral rate is 7 times that for those under 40. In the H&C sector modelling showed that referral to NCAS was significantly more likely among non-white practitioners *qualifying outside the UK*, but there was no evidence that non-white *UK qualified practitioners* were at a greater referral risk. About two thirds of NCAS referrals include concerns about clinical difficulties and/or governance/safety issues; about 1 case in 6 involves misconduct alone - although the proportion involving misconduct alongside other concerns is larger. The majority of cases include more than one area of concern.

Health concerns were noted in about 1 case in 4. Certain phrases used by referrers are noted including anxiety/stress/burnout - mentioned in 6% of cases, alcohol or drug misuse mentioned in 9%, depression/hypomania noted in 6% and cognitive impairment suspected in 5%. Analysis of suspension/exclusion (rather than of *referral* to NCAS) on an ethnicity basis was not possible for GPs, but the risk of suspension for GPs was shown to rise beyond the age of 50 and to be higher among men than women. NCAS looked at 313 hospital and community exclusions and 193 GP suspensions. More than half of excluded hospital and community practitioners resumed work in the same organisation - although often with restrictions. Amongst GPs only about one third returned to work - with removal from the Performers' List the outcome in more than two fifths of cases. 144 practitioners who underwent NCAS assessments and returned to work were reviewed after 12-18 months. Two thirds were still in employment at that time - so this is a relatively encouraging finding. Of course, no one wants to get into performance difficulties and to be referred either to local procedures, NCAS or the GMC but we all know that no doctor is perfect so, if you are unlucky enough to run into these sorts of difficulties, remember many others have been there before, have got through the experience and gone back to work. SL

REFERRAL MADNESS

Just occasionally a local GP takes on one of the many madneses in the system, and triumphs. I wish this happened a lot more often, but thankfully it happens just often enough to sustain those GPs and managers who haven't completely given up trying to make a difference. Maybe it would be nice to have a "This month's madneses" column in the Flyer; I suspect we wouldn't be short of filler. On the other hand, it would probably make depressing reading with the "new problems" section overwhelming "problems solved". But it is good to report a victory.

The issue was the NCH&C School Nursing Enuresis Service, which was said to be only available through "choose and book". When it was pointed out that "choose and book" was not accessible to paediatricians, and be that no service has a right to decline GP referrals which contain the necessary referral information, this ridiculous requirement was dropped. SL

CHARGES FOR PODIATRY SUPPLIES

The LMC was made aware by a keen sighted practice that the podiatrists sometimes gave patients a list of supplies that could be purchased from the podiatry department. The implication was that the department was interested in the resources the sales would generate and that patients might end up buying items that were available on prescription - and many of these patients do not pay a prescription charge.

The Clinical Governance team at the PCT has taken this forward with the Community Trust. The Podiatrists stated that this initiative was simply meant to help patients obtain subsidised supplies at cost, which otherwise they would have had to buy "over-the-counter". Also that the supplies were for incidental conditions found on foot inspection - not the condition for which the patient had been referred and was receiving treatment - for which any necessary dressings or equipment should be provided through the NHS. While this probably is the explanation, the patient who had originally handed in the list to their practice had not had this explanation given to them and it may be that those in the front line of the Podiatry Department sometimes give the list to patients with an inadequate explanation - so patients could end up paying for supplies that they should have had either on prescription or as part of their treatment pathway. If you hear that this is happening, and that patients are being incorrectly advised by the podiatrists, please let the LMC office know, and/or send in a QIR form to the PCT (with a copy to the LMC).

BMA 2012 RESEARCH GRANTS to apply go to www.bma.org.uk/researchgrants. Deadline 16.03.12.

"CONTINUING CARE"

Just before Christmas, practices in Great Yarmouth & Waveney received an email on the subject of "Continuing Care". Concern has been expressed to the LMC that this email was, in effect, asking GPs to reconsider their proper role as patient advocate.

The email gave the frightening facts about the Continuing Care budget, explained a little about the system for judging applications (which is as fair as it can be) and asked GPs to be cautious when considering supporting appeals against a decision by the Continuing Care Panel.

The mention of the budget, followed by the suggestion that GPs might now change their actions was, perhaps, an unfortunate juxtaposition - it could imply to outsiders that GPs might only take the issue seriously because the budget is to be taken from PCTs and placed in the hands of commissioning consortia. It could further be taken as implying that GPs had not acted properly previously because the NHS money being spent was not money that GPs could use. I am sure these implications were not intended.

I had the misfortune to Chair a Continuing Care Panel for several years. At some stage in every meeting I thought how ridiculous it was to try and discriminate between the various care needs of patients. But, unfortunately, that is the system we are stuck with: NHS care is free at the point of contact whereas Social Services care is means-tested. Until and unless this changes, it is inevitable that there has to be some sort of process to inform the accountants of the proportion of patients' needs that are the result of their ill health, and what due to their social needs.

If GPs were to do anything other than support their patients by giving factual information to Continuing Care Panels, as and when requested, then that would clearly be improper. I believe that GPs generally, quite rightly, bend over backwards to help their patients. If there is evidence that GPs have told lies in reports to Continuing Care Panels then that needs dealing with through other channels; but I am concerned that this e-mail, sent as it was to all practices in Great Yarmouth and Waveney, implies that there is evidence, or at least a perception, that improper behaviour is widespread.

I hope that the Clinical Consortia will ensure that the "rationing of care" debate gets a hearing at last - politicians have prevented this from happening for many years. If there is not enough money to fund the NHS that voters want, then that is a central, political, issue. While I would completely agree with the e-mail in its clear statement that there are limited funds, and that money spent on one thing cannot be spent on something else, GPs must continue to do their best for their patients and provide true and clear information, whether making a clinical referral, or writing, signing and taking responsibility for a report to a Continuing Care Panel or, indeed, to any other body.

There is another, unconnected, issue about the Continuing Care process. Preparing these reports can be a substantial piece of work for practices. The LMC believes both that the bureaucracy involved should be reduced as much as is possible, and that the issue of proper funding for providing these reports is not closed - even though there is currently no reimbursement on offer. SL

CERVICAL CYTOLOGY TRAINING UPDATE - The DoH has written to all PCTs confirming that there is no contractual requirement for GPs or nurses to have cervical cytology update training, unless it is expressly agreed as part of local PMS/APMS contractual arrangements. PCTs should continue to monitor the quality of cytology services and take action if this reveals any evidence of shortcoming. Also, as part of their clinical governance processes, practices should ensure that all who take cervical smear samples have the competencies necessary to undertake them. These are principles that apply to the range of training issues relating to GPs and GP practices and are in line with an outcomes based approach to commissioning, contacting and monitoring.

The LMC is not aware of NHS Norfolk and Waveney placing such demands on practices, however, please let the LMC office know if this is not the case.

HOSPITAL SICK NOTES - "Patients who have been away from work ill for seven days or less do not need a sick note from their doctor...if you are away for more than seven days in a row while under the care of a hospital doctor, you will need a sick note from that doctor"

This is an extract from the NNUH's "Information for Patients and Visitors" leaflet (a copy of which is on our website). GPs should not be requested to write a sick note for a patient whilst they are under the care of the hospital. If you are; may we suggest you share with them the above extract.

LOANING EQUIPMENT TO PATIENTS

A practice has reported patients moving away and taking equipment on loan from the practice (bought from NHS funds not amenity funds) with them. They asked if, in future, they could charge a refundable deposit.. We checked with the GPC who came back with the following advice:

"The advice from the GPC lawyer was that under the GMS/PMS Regulations practices cannot profit from patients. However, requesting a deposit against property does not constitute a 'charge' and does not allow the practice to profit from the patient. A deposit against property would therefore not breach charging regulations and the practice would be able to do this, although they should not refer to it as a 'charge'. Regarding the word "charge" we wondered if "financial guarantee" might fill the bill?

ADVERTS

Due to the flyer content/number of adverts this month we have had to summarise the adverts below. For full details please visit www.norfolkwaveneylmc.org.uk > monthly newsletters

PARISH FIELDS PRACTICE, DISS—PARTNER

Start date: 1.04.12 (or soon after) Initially half time, with intention of increasing to full time from Nov '12.

Practice: friendly, caring and committed to high quality care and QOF achievement. Semi rural market town/dispensing/GMS. List: 7600. 4WTE. Exciting plans for a major redevelopment.

Application: Please send application and CV to Simone Johnson, PM, The Parish Fields Practice, Health Centre, Mount Street, Diss. IP22 4WG
Tel 01379 646749 Email: simone.johnson@nhs.net

ATTLEBOROUGH SURGERIES—LOCUM DOCTOR

Start date: Mid-Feb '12 for approx 7 mths, 6 sessions pw (Mon, Tues & Thurs)

Application: Please apply in writing enclosing C.V. and references to: Mrs L McLean, PM, Attleborough Surgeries, Station Road, Attleborough NR17 2AS

LAWNS PRACTICE, DISS—PARTNER/SALARIED GP

Start date: April 2012

Commitment: 8 sessions per week (will consider job share)

Practice: friendly, semi rural market town dispensing. List 6,500. Purpose built health centre. High quality care. Supportive staff.

Application: For an informal chat: Dr Pantazis, 01379 643077. CV and covering letter to Ann Steele, PM, Lawns Practice, Mount Street, Diss, IP22 4WG.

Closing date: 29th February 2012.

CASTLE PARTNERSHIP, GURNEY SURGERY PART-TIME PARTNER & SALARIED GP

An enthusiastic part time partner (6.5 sessions) and a Salaried GP (6 sessions) to join our busy City Centre practice.

Contact Frances McKenzie for an informal discussion and/or application pack.
Tel: 01603 251326 or frances.mckenzie@nhs.net www.castle-partnership.co.uk

GP PARTNERSHIP/SALARIED POST REQUIRED FROM JUNE 2012

Experienced and motivated F/T partner seeks new practice and challenge
14 years in same practice

Greater Norwich area preferred. Please contact Dr Pinney: philip.pinney2@nhs.net

Legal Issues in Clinical Practice / Advanced Legal Issues in Clinical Practice / Contemporary Dilemmas in Healthcare Law

3 CPD Short Courses at the UEA - Delivered by Dr Heywood. Senior Lecturer in Law. Explore the relationship between the disciplines of law and medicine.

Visit: www.uea.ac.uk/professionaldevelopment/Law

EATING DISORDERS WORKSHOP FOR PRIMARY CARE Norfolk Community Eating Disorder Service

Dates and Locations: 02/02/12 12.30-4 King's Lynn, 13/03/12 9-12.30 Norwich, 20/03/12 9-12.30 Wymondham, 17/04/12 12.30-4 North Walsham
www.b-eat.co.uk/support-us/professional-services/training/

**DR ROGER GROGONO
DR IAN HUME
DR MICHELLE MCCARTHY
DR SUSAN CLARKE
DR NORMAN WILDE**

PARISH FIELDS PRACTICE

THE HEALTH CENTRE, MOUNT STREET, DISS, NORFOLK IP22 4WG

Part time partner - Diss - Norfolk

Available from 1st April 2012 or soon after due to reduction in commitment in April and a retirement in November.

Initially half time, with the intention of increasing to full time from November 2012.

We are a friendly and caring practice committed to high quality care and high achievement. Semi rural market town / dispensing practice. List size 7600. 4WTE. We have exciting plans for a major redevelopment of the health centre which are at an advanced stage. GMS contract. We offer a full range of normal services. We welcome informal enquiries and visits.

Please send your application and CV to Simone Johnson, Practice Manager, The Parish Fields Practice, Health Centre, Mount Street, Diss. IP22 4WG Tel 01379 646749 Email: simone.johnson@nhs.net
Website: www.parityfields.co.uk

**CASTLE PARTNERSHIP, GURNEY SURGERY, NORWICH
PART-TIME PARTNER & SALARIED GP**

We are looking for an enthusiastic part time partner (6.5 sessions) and a Salaried GP (6 sessions) to join our busy City Centre practice.

Please contact Frances McKenzie for an informal discussion and/or application pack.
Tel: 01603 251326 or frances.mckenzie@nhs.net

www.castle-partnership.co.uk

ATTLEBOROUGH SURGERIES, NORFOLK NR17 2AS

A locum doctor is needed to cover maternity leave mid February 2012. The successful candidate will be required for approx seven months doing 6 sessions per week (Monday, Tuesday and Thursday)

Please apply in writing enclosing C.V. and references to:-
Mrs Lucy McLean, Practice Manager, Attleborough Surgeries, Station Road, Attleborough Norfolk NR17 2AS or by email to lucy.mclean@nhs.net

**GP PARTNERSHIP/SALARIED POST REQUIRED
FROM JUNE 2012**

Experienced and motivated F/T partner seeks new practice and challenge 14 years in same practice

Greater Norwich area preferred contact phil-ip.pinney2@nhs.net or call 07747731592 for discussion.

**LAWNS PRACTICE, DISS
GP PARTNERSHIP VACANCY**

Our senior partner is retiring after 31 years in practice and we wish to replace him with a partner or salaried GP to work 8 sessions per week starting in April 2012. We are willing to consider a job share. We are a friendly semi rural dispensing practice based in a market town. We care for 6,500 patients from our purpose built health centre which we share with another practice. We pride ourselves on the high quality of our clinical care. We are wonderfully supported by our fantastic practice staff and a talented team of in house district nurses, physiotherapists, health visitors, occupational and speech therapists and podiatrist.

We wish to appoint an enthusiastic doctor who is passionate about developing and improving services to our patients.

Please visit www.lawnsGP.com for more information about our practice. For an informal chat telephone Dr Andreas Pantazis on 01379 643077 or apply by sending your CV and a covering hand written letter to Ann Steele, Practice Manager, Lawns Practice, Mount Street, Diss, Norfolk, IP22 4WG.

Closing date: 29th February 2012.

Legal Issues in Clinical Practice / Advanced Legal Issues in Clinical Practice / Contemporary Dilemmas in Healthcare Law

CPD Short Courses at the University of East Anglia - Delivered by Dr Rob Heywood. Senior Lecturer in Law, UEA Law School.

Heard of John Hector Bolam? Heard of Victoria Gillick? Heard of Tony Bland or Debbie Purdy? Over the last 30 years the law has had an increasing influence across a range of areas in medical practice. Well known phrases such as 'compensation culture', 'risk management' and 'defensive medicine' have dominated medico-legal discourse. Understandably amongst some clinicians there may well be a perception that the law operates as a threat, hanging like the Sword of Damocles delicately poised and ready to fall at the first sign of an error or mistake. However, is this view accurate? What is the true impact of the law on medical practice? Dr Rob Heywood, Senior Lecturer in Medical Law at the UEA, is offering three short CPD courses aimed at clinicians at all levels which seek to explore the relationship between the disciplines of law and medicine. These courses will offer an insight into a number of contemporary medico-legal issues which have featured lately and will provide a slightly different interpretation of the law, one which does not view the two fields of law and medicine as being in direct opposition, but which views them as being harmonious and capable of working together to improve standards of care in clinical practice.

Further information available at: <http://www.uea.ac.uk/professionaldevelopment/Law>