

NORFOLK LOCAL MEDICAL COMMITTEE

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October 2003

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Principals' Edition

GMS2 - LMC MEETINGS

The LMC office has arranged a series of meetings for GPs and their Practice Managers.

It will be an opportunity for the LMC to hear your views and to share the results of its recent Practice Surveys, particularly around the commissioning of locally enhanced services within your PCT. The meetings will be PCT area specific - so that the LMC can be briefed on the messages you want it to take back to your primary care trust and the meetings are intended for GPs and their Practice Managers only.

Further information will be sent out in early November to ascertain numbers etc but in the meantime please put the appropriate date in your diary:

Broadland GPs Monday 17th November 7 pm for 7.30 Aylsham Lodge Hotel

North Norfolk GPs Thursday 20th November 7 pm for 7.30 The Dales, Upper Sheringham

Norwich GPs Monday 24th November 7 pm for 7.30 The Quality Inn, Bowthorpe

Southern Norfolk GPs Monday 1st December 7 pm for 7.30 Park Farm Hotel, Hethersett

Gt Yarmouth GPs Tuesday 2nd December 7 pm for 7.30 The Imperial Hotel, Gt Yarmouth

West Norfolk GPs Thursday 4th December 7 pm for 7.30 Knights Hill, North Wootton

PGEA has been applied for and the evenings will start with a buffet

website, but also on Resources > Professional Partners > Dentists. The flow chart is one A4 sheet which can be printed off and posted on noticeboards in surgeries or co-op bases. We have also asked the LDC for it to be displayed in dentists' surgeries.

The LMC Website - what's new ?

We've had hundreds of "hits" during September, with most visitors looking at several pages per visit. If you haven't used the site yet, please be aware that all the latest news is posted there, together with the growing resources facility. For example in the last month we have we have posted:

- ▶ all the latest GPC updates on the new contract
- ▶ our new guidelines for managing dental cases
- ▶ the READ codes for the Quality payments, - and more besides (see flyer items).

2002-2003 Annual Report

This year's report is unapologetically flimsy. The GP world has moved on since March 2002 and ample documentation and records of committee activity from the last year is already available from the LMC meeting minutes and flyers. Every hour spent on writing a long annual report is an hour we can't spend preparing for the new contract. We hope members understand and support this.....and are not *too* disappointed. The AR traditionally contains the certified accounts. Unfortunately these are still with the accountants and will be published at a later date.

results in time for the series of meetings planned for November and December.

Discharge Information on patients going to Care Homes

We've recently agreed with the NNUH that wards will be "allowed" to send discharge information direct to the Care Home with the patient with a faxed copy to the GP practice. The latter would be the patient's "new" GP if the Care Home is in a new-to-the-patient practice area and the ward will establish with the Home which practice it will be. The ward will telephone the practice to ensure that the fax has been received.

Why wait for the flyer when it's all available on the website?
www.norfolklmc.org.uk.

Golf Trolleys and other stories

In the last month we've had a larger than usual postbag about inappropriate requests for letters. Amongst the more ridiculous were:- a medical certificate for hiring a golf buggy, ditto using a golf trolley, fitness to fly (several) and fitness to appear in a Shakespeare play - what if the part required a disability or lingering death?

GMS2 Survey

Many thanks to the many practices which have returned the survey; if you haven't done so yet please try to get around to completing and returning it. The "early returns" suggest that the results will be very interesting and invaluable when it comes down to PCTs setting priorities for enhanced services. We hope to publish

Patients Presenting with Dental Conditions

At last some real progress on this - we have agreed guidance and a flow-chart with both the Local Dental Committee and ESS, which tackles every scenario of patients presenting to GPs with dental complaints. Currently under Latest News on the

There is a serious side of course, and that is the time this all wastes in our brave new 48 hour access world. Please send examples to the office and we will deal with all of them and please be firm and either decline or insist on a reasonable fee from the party requiring the letter/certificate. One of the fitness to fly examples never had her resultant GP's letter looked at anyway! →

Filling in Locum Pension Forms

A plea from some of our locum members - please will practices enter the GROSS (ie total) fee paid to the locum and not make deductions, such as what was paid for travel. An expenses deduction is already factored into the amount the locum can subsequently superannuate when they send the return to the pensions agency.

Sick Notes and Hospital treatment - the saga continues

Despite an undertaking by various Important People at the NNUH GPs are still reporting that patients are not getting sick notes for the appropriate time following a hospital stay or treatment episode. We have provided a paragraph about this for the new version of the hospital's patient information leaflet and continue to write to various departments reminding them of hospital doctors' responsibilities. There is lots of information on this on our website, under Resources > Forms and Certificates > Certification of Illness and sickness. As for our other major providers, the QEJ and the NMHCT have at least responded and say they will look into it, but nothing from the JPH.

GPs working in Hospital Trusts

Again - a long standing issue where there has been some recent progress. "Officially", a hospital's own Local Negotiating Committee (LNC) should negotiate terms and conditions on behalf of GPs working as assistants / practitioners / associates. However, at the NNUH for example, this has drifted to becoming an issue for each directorate to manage, resulting in a wide range between what specialities pay their GPs. We have, at last, got hold of an anonymous break-down of the terms and conditions of all of the GPs currently in post with the NNUH. We also recently attended a LNC meeting at the trust where the consultants present were unanimously supportive of GPs and in favour of both uniform and realistic rates of pay. The LMC has been asked to nominate a GP member to the LNC and we would like to hear from any GP constituent who works in the trust and would like to do this (the LNC meets every 2 or 3 months, always on a Thursday at 5pm).

Meanwhile, if you are a GP working for the NNUH as a **Clinical Assistant** (and there are at least nine at present) we would strongly recommend that you use the LNC to re-negotiate as a Practitioner or Associate Specialist, or pass your details to the LMC office who will act on your behalf.

Similarly, if you work in either the QEJ or the JPH and are experiencing similar difficulties do please let us know.

Non Routine and Exceptional Treatments

We've had an interesting update from our representative on the Exceptional Cases Panel, (Dr. Cameron Campbell). This panel looks at all the referrals in Norfolk for exceptional outpatient assessments or surgical procedures, such as breast augmentation, subfertility, hair removal, M.E. etc. The panel considered 108 cases at its September meeting and approved just under half of these. We noted that the panel feels that a psychiatric assessment for potential cosmetic breast surgery is *unhelpful* and, whilst photographs of the patient are not necessarily appropriate, current guidelines do suggest that these are made available. The panel sent out a memo for GPs about such referrals, which we have put on the website in Resources > Maintaining standards > On-line info.

BECCA research project

The UEA, Age Concern and Norfolk and Norwich Voluntary Services are conducting a research project looking at carers of demented people. It's a randomised trial comparing "just" supporting carers with written information, with active support in the form of "befriending" - to see whether this leads to less expenditure and better outcomes. Why mention this? Well, the project needs hundreds of subjects and is offering GPs reasonable payments for "introductions" and "recruitments" to the project. We have to look at our records to document demented people and those who are carers. If you are interested, Liz Hooper can come to the practice and talk about it, and the leaflet, including Liz's email, is on the website under Resources > patient care in the community > counselling, self help etc

Medicines Support Service

GPs may have started to come across this new scheme which allows specially designated pharmacists to assess patients for suitability for either Monitored Dosage Systems (MDS) or Medication Administration Record (MAR) Charts, to assist the accuracy of, and compliance with, issued medication. This will nearly always entail the elderly frail or confused patient. We saw the draft scheme last July and thought it was OK and the latest version has a few details which we'd change, but overall we support this. Dispensing practices can get involved in the supply of

the MDS or MARs (provided free) and can receive £3 per week / £5 per month per patient respectively once accredited. If you haven't come across this yet speak to your PCT Pharmacy Advisor.

Pathology Screening for Students

The following is a reminder we have received from Dr Margaret Sillis, Consultant Clinical Scientist from the Microbiology Dept at the NNUH

"May we remind GPs that all work on prospective students of universities or other institutions of further education (except rubella screening in females) is classified as Fee Paying Services and will, therefore, be charged at Category 2 rates. Testing will only be performed where it is indicated to whom the bill should be sent. Please ensure that your patients are aware that they will be charged for these tests before the sample is taken"

Note: Upon enquiry the LMC office understands that CAT 2 prices are currently:

Hep B surface antigen	£ 18.06
Hep B surface antibody	£ 22.28
Anti Hepatitis Bs	£ 22.28
Anti Hepatitis Bc	£ 22.28
Hep C	£ 30.39
Varicella zoster	£ 30.39
Rubella (males only)	£ 20.99

Non-GP Referrals to the NNUH

Norfolk GPs will now be comfortable with working alongside other healthcare professionals in the modern skill-mix derived primary care services. For example, community paramedics may visit and assess patients with chest pain or injuries, both in and out of hours. Or specialist nurse practitioners in the surgery take prime responsibility for asthma or rheumatology cases. However, some GPs report that when non-medical colleagues attempt to admit patients for secondary care, some Departments "insist" that the patient is assessed by a GP before they will accept the admission.

Recent informal discussions with the NNUH consultants confirmed that, of those departments represented, they had no difficulty with accepting referrals direct, and asked the LMC to notify them of instances where there were difficulties. Please let the office know if a non-medical colleague appropriately requested an admission but faced the "GP assess as well" barrier.