

NORFOLK LOCAL MEDICAL COMMITTEE

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October 2005 Flyer

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CREMATION CONFUSION

The differing requirements for the completion of death certificates and cremation forms can cause problems. Post Shipman the medical referees, for understandable reasons, need to observe the letter of the law. On the other hand, the Home Office itself has given advice that there is room for manoeuvre. For example in the (not uncommon) situation when the doctor who saw the patient most recently is on leave, a colleague may be able to sign the cremation form if they know the patient, even if they have not seen him or her in the last couple of weeks. Also, it is not compulsory for the form C doctor to have "seen" the form B doctor, but he or she must confirm that the (telephone) enquiries were "adequate". All parties are agreed that you must not say you have seen the doctor if you have not or seen the patient in the last two weeks if you have not.

Quite what discretion there is (for example how long before death a partner may have seen the patient in the example given above) remains to be clarified. The LMC is in correspondence with a referee and will, it hopes, be able to issue further guidance in due course. In the meantime if you want a copy of the latest central advice please contact the office.

TB, or not TB

A constituent drew the LMC's attention to the "Tuberculosis: anyone can get it" cards in surgeries. He felt it was ironic that such a campaign started just as universal BCG availability stopped. The LMC agreed, but upon consulting the suggested site-www.immunisation.nhs.uk - discovered it was wrong. What we had assumed was a penny-pinching withdrawal of a life preserving service, which used to protect everyone against an increasingly common and nasty disease was, rather, "an *improved* program of targeted vaccination ..." so now you know! Incidentally, the FAQs link from the BCG section seemed to take forever - frequently asked, but not so often answered, maybe.

"Your Health, Your Care, Your Say"

And speaking of spin if you have only seen edited highlights of the on-line consultation exercise you might be tempted to think you would find it by typing "gullible" into Google (rather than "Your Health, Your Care, Your Say"). The "when you need help, how, when, where and from whom do you want to get it?" section positively invites the response "GPs and practice nurses, anywhere and at any time that suits me and, while I am there, I want the opportunity to see a community nurse, social worker and housing or benefits adviser, too." But if you work your way through the exercise

you will see it is not quite that flagrant, you are at least invited to choose one option as being most helpful, so we may only have to jump through one hoop at a time, rather than all of them together, when the (no doubt well thought out and fully funded) changes resulting from the White Paper come upon us. The most popular choice in this "availability" section could even turn out to be "to be able to spend more time with the doctor or practice nurse". Wouldn't it be nice if the next NHS re-organisation had that radical idea at its foundation?

Other sections ask some reasonable questions, so you may feel you wish to contribute. Nothing is asked about willingness to pay more tax or to take part in informed debates on "rationing" - surprise, surprise.

Jury Service

Still on last month's subject of insurance cover for absences due to jury service, another practice tells us that its insurance policy - "Office & Surgery Insurance" issued by the Norwich Union - covers absences due to jury service, including time travelling, to the nearest half day.

The LMC office is still in negotiation with the PCTs to have jury service included in the countywide Locum Doctor Policy. Whatever the outcome of these negotiations it will probably not include your practice manager, so it might still be worthwhile looking to cover this kind of risk.

Request for Equipment

Dr Judi Agnew, LMC Member, is involved in a church project to support a new medical clinic in Gwoza, a town in NE Nigeria. The clinic will deal mainly with minor trauma and obstetric and gynae cases. Dr Agnew would be grateful to receive any minor-op type equipment, or stethoscopes or sphygmometers that you might otherwise be throwing out, that could be sterilized and used. She would be willing to either pay postage or collect if not too far away (she is based in North Norfolk). Items could also be brought to the LMC office or sent along with an LMC member to the monthly LMC meeting.

Dr Agnew can be contacted on 01263 587313 or on judiagnew@hotmail.com

Re-organisation of the Oxygen Service

You may or may not be aware that from 1st February 2006 a new integrated contract for the provision of oxygen to patients will come into force. Pharmacist will not longer hold supplies.

Under the new arrangements oxygen will be ordered on a new form and provision will be through BOC. Your PCT Pharmaceutical Adviser should be writing to explain the new process. Practices will need to give their PCT details of patients currently receiving prescriptions for cylinder oxygen (either standard or portable). The PCT will, in turn, obtain the patient's consent to share this information with BOC. DeVilbiss will contact patients using concentrators to obtain their consent to pass information direct to BOC. Norfolk LMC (along with our colleagues in Suffolk & Cambs LMCs) has given its support both for the release of patient information to the PCT and also the proposed process.

Client Focused Evaluation Programme Patient Questionnaire

The LMC office has obtained a 10% "early bird" discount for IPQs from CFEP UK Surveys, so long as practices apply before 31st May 2006 (unless the practice is already receiving a discount through their PCT). If you are interested the contact is Tina Bealing (tina.bealing@cfep.co.uk), at CFEP UK Surveys on 01392 252740 or www.cfep.co.uk.

Defence Cover and Salaried/Locum/ Out of Hours Doctors

When a doctor applies to be included on the "Performers List" of a Norfolk PCT Eastern Support Services, as a matter of good practice, asks for a sight of their defence cover. However ESS cannot insist as it is not part of the Regulations and cannot delay an application on this count. Where they do obtain this information they currently have no mechanism for following it up annually. We mention this in case practices are assuming that "being on the Performers List" guarantees that the doctor has up to date defence society cover. Please bear this in mind when employing a salaried/locum doctor and make the appropriate checks.

Regarding OOH, AMC has checks in place that are regularly followed up and in the case of foreign doctors their policies are translated.

"Partnerships in General Practice"

Those who attended the "Partnership" Event on the 11th October heard very helpful presentations on partnership deeds, pensions, planning for succession and finance. At the end of his 45 minute presentation on partnership deeds Mr Andrew Lockhart-Mirams announced that his firm was prepared to offer Norfolk Practices a £200 discount if the practice had requested and returned a completed Partnership Questionnaire by 31st

January 2006. For full details please contact the LMC office or log on to norfolklmc.org.uk > "New Partnership Deed offer for the Norfolk LMC". Points of particular interest to practices covered by this paper include "Partnerships at Will" and "Partnership Property".

The former explains that should a new partner join after the Deed has been signed without having formally acknowledged that they together with all the other partners agree to be bound by the terms of the old Partnership Deed or having signed a legally binding document, even if they are on probation, the partnership will immediately become a Partnership at Will which means that it may be dissolved at any stage, by any partner, without notice.

Regarding "Partnership Property" Lockhart's paper explains what should be done if or when the interests of property owning partners and those of incoming partners diverge insofar as partnership property is concerned.

Normalisation

Following pressure from LMCs and the GPC The DoH has stated that it fully understands GPs' frustrations at the delay in sorting out the mechanism for correcting the over/under payments to practices' global sums due to errors in the Exeter software and that it is currently working to ensure the calculations are 100% correct before publication.

Medical Records

There are reports nationally of practices forwarding incomplete medical records when a patient transfers. This usually means they don't print and forward letters and other reports that are often scanned and "attached" to the GP electronic patient record (EPR). Sometimes the incompleteness is highlighted by a note advertising that the records are "available on request" but other times the gaps in the record are only obvious when the records are under review (e.g. for a medical report). The Joint GP IT Committee has asked LMCs to remind practices that they are required to forward the complete medical record when requested to do so by their PCO. However, fully summarised "paper-light" records will generally be sufficient, providing they have been carefully examined to ensure that no important patient details have been omitted.

Practices are reminded that it is their duty to ensure that all scanned letters and supporting documentation are explicitly linked in the appropriate place within the patient's records to ensure that vital information is transferred safely and efficiently and that the context is maintained.

Trainers' Pay

The 34th DDRB Report recommended that all approved GP trainers should receive a separate payment of £750 per annum towards their CPD costs regardless of whether they have a GP Registrar in post. It became apparent that this payment was not included in the Strategic Health Authorities and GP Registrar (Amendment) Directions 2005.

Following pressure from the GPC the Health Department has confirmed that this payment will be made to all GP trainers this year. The GPC is currently awaiting confirmation on

when and how trainers will receive the £750.

A Freudian Slip?

An extract from a consultant's letter sent to A West Norfolk GP..... *"On examination she looked well and was not clinically anaemic. Abdominal examination was normal apart from her old scars. Rectal examination revealed relatively poor tone both in the lavatory ani and external sphincters."*

Flu Vaccines and Norfolk Social Services Front Line Employees

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

As per 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. These vaccinations attract a fee of £17.50 but, as it is a private arrangement, you 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.

"Charity Begins at Home?"

There have been so many calls on our charitable pockets (especially in the last twelve months) it is easy to get charity fatigue and forget some of the worthy causes closer to home. We have been approached by The Cameron Fund, which provides help and support solely for GPs and their dependents in poverty, hardship or distress. It was set up in 1970 with the monies remaining from the group practice loan scheme and since then has distributed nearly £4m in benefits and assisted over 900 individuals or their families/dependents. It currently provides much needed assistance to 70 GPs/dependents.

The Chairman, Dr R J Givans, has written to all LMCs explaining that in the past the Fund had benefited from individual donations from GPs as a direct debt from their income. The new contract payment arrangements mean that in future such deductions are not possible from individuals but need to come from practice units. If you were one of those GPs and would like the donation to be "practice" based, or maybe your practice would like to start making a contribution, please contact the LMC office or email secretary@cameronfund.org.uk.

The LMC has again authorised its customary charitable donations. £1,000 each to The

Cameron Fund & The Royal Medical Benevolent Fund & £200 to The Sick Doctors Trust.

Reporting X-ray Results - NNUH

We have received a report that on occasion X-rays have failed to be reported on and GPs have experienced difficulty getting a response from the Radiology Department at the NNUH. The NNUH says that all GP & Triage requested X-rays are reported on and if there are any problems the service manager would like them brought to her attention promptly. We are unsure if this is a widespread problem - if you have had similar experiences please get in touch with the LMC office.

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Full Time Partner

Orchard Surgery, Dereham, Norfolk.

A fantastic opportunity to join an expanding practice. The existing four full-time partners have worked together for sixteen years and surprisingly still speak to each other!

We can offer all the usual things - high QOF earnings, no on-call, no buy-in costs, paperlite etc etc and will be moving into a new, purpose-built, surgery in May 2006.

This is a very exciting time for the practice and a perfect time for someone new to join our team. In addition we believe our working relationship is the best on offer.

Contact Rachel Crampton, Practice Manager, for further details and a practice information pack. Tel: 01362 693029. Closing Date 1/12/5

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BUPA Wellness, Norwich

BUPA Wellness has vacancies for sessional doctors to perform health assessments. Experience in health assessment not essential but full vocational training plus five years' experience is.

Sessions are half-days with four patients. BUPA premises are pleasant and well-equipped with plenty of time to see the patients, who are generally well-motivated and appreciative. These sessions are ideal for part-time doctors who don't want ongoing commitments.

If you are interested or would like more information please contact Dr Steven Griffiths, Acting Physician in Charge, BUPA Health Assessment Centre, Old Watton Road, Colney, Norwich NR4 7TA. Tel: 01603 505011, Fax 01603 453633 or email HUDSONF@BUPA.COM

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Doctor Seeking Salaried Post

Norwich/Suburbs

7 Clinical Sessions + 1 PDP + usual salary package

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email: salah.estifanos@nhs.net

tel: 07768874452