

NORFOLK LOCAL MEDICAL COMMITTEE

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September 2004

September 2004 Flyer

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Out-of -Hours Complaints/Concerns

LMC believes the introduction of the new OOH Service has gone exceptionally well given the scale of the task and it wishes to congratulate all concerned. Nevertheless, and inevitably, complaints from patients and concerns from GPs and practices still occur and the office has received a number of queries as to where such issues should be raised. The LMC's understanding is that, in the first instance these should be directed to Mr M Devlin, Complaints Co-ordinator at The East Anglian Ambulance Trust, on 01603 422786 or email him at mike.devlin@eaamb.nhs.uk

PMS - Advice from the GPC

PMS transitional arrangements: PMS contracts must be brought into line with the PMS Agreements Regulations by 30 September. This can be done by agreeing variations to existing contracts, but some PCTs are seeking to impose new block contracts on all PMS practices in their area. The GPC has received reports of some of these block contracts introducing unfavourable new financial terms to agreements, or of attempts to introduce variations to existing agreements to similar effect.

Legal advice on this issue has been circulated to LMCs (emailed to all Norfolk PMS practices on 15.09.04.). This advice stressed that the GMS and PMS Transitional and Consequential Provisions Order 2004 (SI 2004/865) **does not** permit a PCT to change a Pilot Scheme Agreement to any extent beyond that necessary to comply with the PMS Agreements Regulations. A PCT cannot vary a PMS Agreement simply because it wishes to introduce new financial terms, or reduce existing provisions.

There is no regulatory authority for varying financial arrangements, other than under Article 66 of the GMS and PMS Transitional and Consequential Provisions Order 2004, whereby the Secretary of State can by directions require that a pilot scheme be varied. This is unlikely to be used extensively

as each direction would be a "one-off" and would require detailed Departmental scrutiny. If practices cannot agree to the relevant changes by 30 September 2004, they should say so and on or after the 1 October 2004 the PCT will be restricted to changing existing Agreements to ensure compliance with the PMS Agreements Regulations.

It is inaccurate for PCTs to state that they cannot continue to make payments unless the necessary variations are made or unless new contracts are signed. Payments under the existing agreement must continue.

PMS out-of-hours opt-out price: The centrally recommended method for calculating the out-of-hours opt-out price for PMS practices has been changed. Original advice suggested a fixed sum of £6,000. However, the method now being proposed is to calculate the average national opt-out price per patient in GMS (for 2003/04 - £3.31) and then to apply this to PMS by

multiplying it by raw list size. Access the DoH guidance on this at www.dh.gov.uk/assetRoot/04/08/79/43/04087943.doc

New GPC guidance: The GPC has produced new guidance on PMS (emailed by LMC to all practices on 15th September) which is concerned mainly with the changes to PMS resulting from the new GMS contract. It is available on the PMS section (see "guidance", then "PMS agreements") of the GPC website at www.bma.org.uk/ap.nsf/Content/___Hub+gpc+pm+gps

The Ayling Enquiry

Among other things, this well publicised report criticises various bodies and individuals, including an LMC, for the length of time taken passing on concerns about a doctor whose alleged behaviour suggested the possibility of patients being harmed.

All LMCs have a supportive role for GPs and practices which this LMC will always endeavour to fulfil, but now, post Ayling and post Shipman, significant concerns about performance or behaviour must be passed on to the appropriate PCT by those who suspect them. If the LMC is involved, and it seems that there may be a case to answer, the LMC will have to pass on the information if it has not already been passed on. For the avoidance of doubt, this item is not intended to reduce the LMC's workload but to remind everyone of a vital, though admittedly hard, obligation that comes with our professional standing.

Flu Immunisation Social Services and Care Home Staff

NSS Front Line Employees: Norfolk Social Services wishes its front line employees, who do not fall in the "at risk" categories, to have an opportunity to receive a flu vaccination. As per last year, 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 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 that Social Services front line staff remain well during any influenza outbreak as they provide vital support for our most vulnerable patients. Therefore we would urge practices to take part in the scheme - *manpower and vaccine supplies permitting.*

Social Services is also encouraging the owners of Care Homes to have their staff vaccinated - on the same basis - ie the patient will present with a proforma, but in these instances the £17 is payable by the care home. Please note that as this is being provided as a quasi occupational

PATIENT CONFIDENTIALITY and QOF VISITS

The LMC has considered the Department of Health Directions on Confidentiality and Disclosure of Information for General Medical Services, Personal Medical Services and Alternative Provider Services. This document was published on 2nd September 2004 and was circulated to all Practice Managers and PCTs on the 8th September.

The LMC believes that the Directions are clear and wishes to highlight to constituent GPs, both those being QOFed and those involved in QOFing, that Paragraph 31 states:

"In cases where patient identifiable information is required the PCT should, wherever possible, discuss the issue of the disclosure with the individual concerned and seek consent to disclosure."

The LMC interprets "disclosure" as the act of revealing confidential clinical information about an identifiable patient to any member of the QOF team.

The "individual concerned" is the patient.

The LMC's view is that it should always be possible for a PCT to seek consent, as clearly QOF visits are arranged some time in advance.

Therefore, the LMC's recommendation is that no GP should request or reveal such information on a QOF visit - unless there is clear, written, evidence of patient consent..

In writing thus, the LMC simply seeks to publicise what is right and proper; there is certainly no desire to add a layer of bureaucracy to a process which should be "high trust, low bureaucracy". The LMC does sympathise with hard-pressed PCTs who will have more work to do if they believe inspection of individual patient records is essential.

health measure for registered patients with no health-related risk factors, and funded by an outside organisation, an NHS script would not seem appropriate

Pensions

The following GPC guidance was emailed to all Practices on the 17th September 2004.

Focus on Pensions Overview
Focus on Pension Flexibility
Focus on Dynamising Factor
Focus on Superannuation Contributions

These documents are also available on/
www.bma.org.uk/ap.nsf/Content/_HubGMScontractguidance

Employees - Discipline and Grievances The New Rules

All employers need to be aware that new rules will apply from 1st October 2004 on the way they should handle matters which might find their way to an Employment Tribunal. This affects not only disciplinary and dismissal procedures but also a range of other issues which can be raised by employees. The LMC office is aware that many Practice Managers have this well in hand, but for those of you who are interested, eg GPs with a responsibility for staffing issues, ACAS has launched an on-line learning package to assist with the development of disciplinary and grievance procedures. Go to www.acas.org.uk and click on the "training" tab.

Similarly, the BMA and ACAS are presenting the new rules, tailored to the needs of GPs and PMs, in the form of half day seminars. The only drawback is that these are sponsored by the BMA Leeds office - rather a long way to travel. Details are on the BMA website, www.bma.org.uk. To date the LMC office is unaware of a more local event.

IT

QMAS: is software which has been developed for the new GMS contract so that practices can assess their achievement under the new contract and estimate prevalence. QMAS will provide a link to the Exeter payment system to enable quality payments to be made. QMAS is being rolled out and practices should be aware that the prevalence estimations are likely to fluctuate quite significantly over the coming months. This is because the calculations are dependent on data received from other practices, not just their own. As more practices use QMAS and submit their clinical reports, this will settle down. A "Focus on" guidance on QMAS is currently being prepared by the GPC.

System Choice: The National Programme for IT (NPfIT) has recently issued some guidance for existing suppliers. The GPC and RCGP have issued a second statement on system choice to remind LMCs and practices of the policy, which has been agreed with NPfIT. Three fundamental tenets are:

- ▶ GPs will not be forced to move to any system that has functionality that is less than their existing system
- ▶ That moves to new systems will not be contemplated until data migration issues have been resolved
- ▶ That the JGPITC is the body that will

assess, on behalf of GPs, whether new systems are fit for purpose
full details available from
www.bma.org.uk/ap.nsf/Content/gppracsystechoice0904.

Appraisal Funding

Following the item in last month's flyer we now understand that an agreement for funding appraisal has been reached with the Department of Health in England. This agreement means that an appraisal premium of £0.26 per patient will be added to practices' global sums. An equivalent increase will be made to PMS baselines. It is clear that this is not intended, necessarily, to cover the full costs of appraisal.

The negotiators are still agreeing the wording of the accompanying guidance where it will be necessary to be clear that previous, more advantageous local agreements should continue to be honoured by PCTs, and that PMS and locum GPs should be treated on an equivalent basis as GMS GPs.

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Southern Norfolk Practice looking for locum cover for two sessions a week - flexible - long or short term engagements. For contact details please ring the LMC office on 01953 608060

Certificates for persons undergoing community service or on probation

The office continues to receive reports of patients who are on probation or undergoing community service orders turning up at the surgery asking for a certificate to confirm that they were "Not well yesterday" or for a period of illness of less than seven days.

"Making a Difference" the national guidance from the Cabinet Office says that this should not be happening. However, the message has not got through from the Home Office to the Probation Service and the Courts, who still ask for certs.

The LMC office has reached agreement with the Assistant Chief Officer for the National Probation Service in Norfolk that they will give these persons three episodes of illness without a certificate and then will return them to court. This should exclude the GP altogether. Hopefully this will put an end to these requests. Let us know if it does not.

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Large practice in Southern Norfolk urgently seeks locum cover for approx five sessions a week from October to December. For contact details please ring the LMC Office on 01603 608060

The Ministry of Silly Requests (With apologies to Monty Python)

This one has the potential for becoming a real nuisance as it comes from Thompson Holidays. Be warned - if your patient thinks s/he would like assistance at an airport Thompson are now requiring a letter from the doctor!

Fitness to Drive

The DVLA guide to fitness to drive, updated for September 2004, helps doctors in advising their patients whether or not their medical

condition is notifiable to DVLA and of the likely outcome of medical enquiries. Read the Guide on http://www.dvla.gov.uk/at_a_glance/content.htm or download this 44 page booklet in pdf.

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For further details and practice profile contact Elizabeth Batstone, Practice Manager, St James Medical Practice, County Court Road, King's Lynn, PE30 5SY, telephone 01553 774221. Elizabeth.Batstone@nhs.net Please apply in writing enclosing a cv to Elizabeth Batstone.

Electronic GPRs - Good Practice

The Joint GP IT Committee of the GPC and RCGP has approved guidelines on completion of electronic GP reports, which are available on the BMA website. It is essential that practices refer to these before using electronic reporting systems http://www.bma.org.uk/ap.nsf/Content/GoodPracticeGPreports0804?OpenDocument&Highlight=2_eGPR,-,Electronic,Medical,Reports

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