

Report

Annual Conference of Representatives of Local Medical Committees 11 & 12 June 2009.

The 2009 LMC Annual Conference took place in the usual rather airless subterranean venue and could be described as, at best, lacklustre. I am not trying to dredge up sympathy for your representatives because it probably is the case that most of you who were in your surgeries at the same time would have preferred to be at Conference, but I can tell you that it would be a damn close run thing as far as I am concerned.

Conference started on the last day of the tube strike. This meant a difficult journey and late arrival for your Secretary. Even more frustrating was the fact that the Northern Line turned out to have been working, so I paid over the odds to get a taxi, arrived late and missed what is usually the best part of Conference: the Chairman's speech. I didn't know, therefore, whether to feel happy or sad when I was told this year's speech had not been up to the usual high standard. Apparently the lawyers had removed all the jokes. The underground the next day was again fine and I found myself sitting next to Dr Buckman himself – who was conversing with another GP colleague on the other side of him for most of the journey while I pondered the etiquette of interrupting and introducing myself when the first line of questioning was likely to reveal that I had a) missed his speech and b) didn't actually mind too much. Sitting far back in my seat did give me a chance to formulate some classic neo-political non-answers so, when the question did finally arrive, (in a slightly different format from what I expected) namely: "what did I think of the previous day at Conference", I came up with something like: "Perhaps I had been to too many Conferences because I seem to have heard all the arguments before and nowadays I wasn't sure that we could make much of a difference". It then occurred to me that this would not be a terribly welcome a message to the Chairman of the Committee whose task it is **to make a difference** so I quickly bailed out into some pleasantries to the effect that it was a good job that he and his colleagues did have the energy and enthusiasm to continue to pursue our prospects. I then came out with the only positive I could think about general practice at the moment: "at least the pension is looking good."

There is a risk that this whole article will consist of preamble because the motions, which were, after all, the reason we were there, were almost entirely straight-forward statements of existing policies or the bleedin' obvious. They were on the agenda, I assume, so democracy could be seen to be done. However, as the GPC is actually pretty democratic, with representatives who know well what GPs are thinking, it would be weird if GPC policies were wildly different from what GPs as a body want. Of course, what the GPC tries to achieve has to be passed through a what-might-actually-be-possible filter when dealing with the Government of the day.

I could list the motions that were passed, but I fear that would simply confirm the points I have just made; however the minutes are readily available on the BMA website, or via the LMC office, if you are anxious to read them.

Sadly the day of the quirky, or simply bonkers, motions actually being debated seem long gone and so the doctors who are desperate to speak, either because they are hoping to be elected by Conference to some position or other, or because they think they are terribly amusing, only have a chance to do so by using extremely contrived techniques. A favourite is objecting to a tiny part of a motion on (generally spurious) grounds or by dressing up strangely or, perhaps on the second day, by having bent the ear of an agenda committee member at the Conference Dinner when they were a bit too far gone to put up much resistance. I think it would be true to say that almost all of the attempts at humour at the Conference failed dismally and many were deeply embarrassing.

If you have been reading this article looking for an articulate and intelligent review of Conference you may well think that it has itself been facetious and a waste of time, much as I am accusing some Conference speakers of being. You may well be right. Don't let me put anybody off who is thinking of going into medical politics and thereby making a difference. Indeed, I hope you will be encouraged by this account knowing that you will be immeasurably better than all of those who spoke while suffering from terminal drabness on the 11th and 12th June 2009. **SRL, Medical Secretary**

GP Access workshop

A series of workshops, supported by the RCGP and BMA, are being planned to support practices with access and responsiveness.

Please help to shape them by clicking on the link below and completing the short survey.

http://www.surveymonkey.com/s.aspx?sm=WE4YIVrJDygzEtCnQ7PCAaw_3d_3d

All the data are anonymous and the results are automatically captured electronically. The same set of questions will be used in a survey via Management in Practice, to capture practice manager views.

Below is a link to the BMA's conference for salaried and locum GPs entitled:

'Recognise Your Talents, Realise Opportunities'

It is taking place at the BMA 13th November 2009

www.bma.org.uk/whats_on/SESSGP09.jsp?page=1

Access to Health Records

Health professionals often receive requests from people who wish to view or obtain copies of their own health records or those of others. Sometimes these requests come directly from the patient and at other times the requests may be from third parties. Health professions may also receive requests for access to the records of deceased patients.

Guidance for the Health professionals in the United Kingdom is available from the LMC office and sets out the circumstances in which health professionals may receive, and respond to, requests for access to health records. This is also available from www.norfolkmmc.org.uk.

Front Line Seasonal Flu



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

As in 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 Anglian Support Partnership for payment. ASP, in turn, will be reimbursed by Norfolk Social Services. NSS is offering a fee of £17.50 per vaccination but, as it is a private arrangement, practices 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.

Note: This scheme applies to practices with patients who are NSS employees - which could very likely include practices in Waveney.

THIS DOES NOT APPLY TO SWINE FLU

Local Improvement Networks (LINKs)

The DoH defines a LINK as a 'network of local people and organisations, funded by the Government and supported by independent organisations know as a Host to promote and support the involvement of people in the commissioning, provision and scrutiny or local health and social care services.

LINKs have taken over the responsibility of patient and public involvement forums and are responsible for finding out what people want from their health and social care services. From April 2008, every local authority was required to have a LINK and enable LINK activities to take place.

There are two duties that a GP must comply with in relation to LINKs: providing information and allowing visits from LINKs representatives.

The BMA has produced a set of FAQs for practices and LMCs that provide information on the introduction of LINKs and how this will affect GPs and practices in England:

To view this document visit:

http://www.bma.org.uk/employmentandcontracts/independent_contractors/managing_your_practice/links.jsp

Focus on the Dispensing Doctors Fee Scale

The GPC and NHSE have agreed a new fee scale for dispensing doctors, which will begin on 1 October 2009.

This has been emailed to all dispensing practices and is available from www.norfolkllmc.org.uk

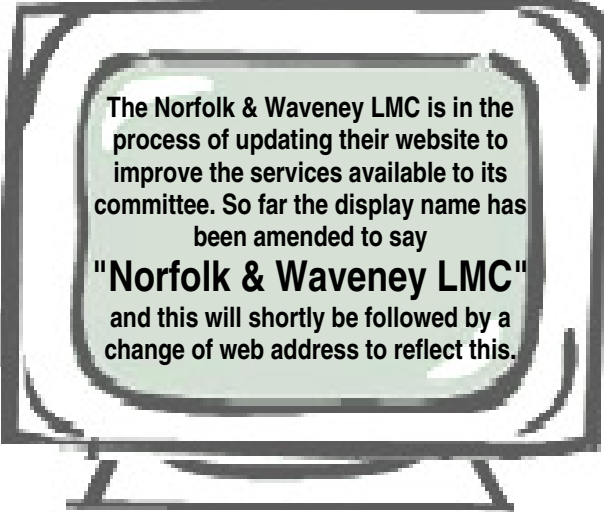
Bungay Medical Practice, Full-time Partner, Norfolk/Suffolk Border

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For an informal discussion please ring Sarah Harris, Practice Manager, on 01986 892055. Closing Date Friday 9th October 2009



The Norfolk & Waveney LMC is in the process of updating their website to improve the services available to its committee. So far the display name has been amended to say **"Norfolk & Waveney LMC"** and this will shortly be followed by a change of web address to reflect this.

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