

Norfolk Local Medical Committee

SPRING
2009

Serving the General Practitioners in Norfolk and Great Yarmouth & Waveney

Broadland: The election for the Broadland Constituency was a very close run thing and in the end it had to be determined in accordance with the committees constitution by drawing lots. As a result the following Doctors will be representing their Broadland Colleagues:

Dr Mark Gaskin
Dr Peter Lawson
Dr Philip Pinney
Dr Gil Rattner
Dr Ian Tolley



Salaried and self-employed Constituency: Several names have come forward to fill the vacancy and it is likely that an election will take place. Anyone else interested please contact the LMC office.

Vacancies: There are also vacancies on the Southern Norfolk and Waveney Constituencies to which the new Committee may wish to co-opt. Again, expressions of interest are welcome.



The LMC and PCTs

If you are told that the LMC has been consulted, or has agreed a policy, what does that mean? Usually, not what you might think. The LMC is The Local Medical **Committee** - ie the full committee of 40 or so GPs. For the LMC to "agree" anything with a PCT the PCT would have to refer the matter formally to the LMC, information would need to be gathered and collated, questions and requests for clarification would probably go back and forth and the LMC would discuss - possibly over several meetings; not a quick process. It rarely happens nowadays - there are few statutory decisions for which the PCT is obliged to obtain the LMC's **agreement**.

In the August 2008 Flyer I wrote an article that I entitled: "TRUST". I wrote that there was some evidence of improving relationships between PCTs and the LMC - resulting in more "working together". An example of what had been achieved was the improved Extended-Hours LES - after constructive discussions between the LMC Officers and the Norfolk PCT Primary Care team. In that case the improvements on offer were available to all Norfolk PCT practices. Then I explained that LMC Officers and members were also invited to meetings where the outcomes might, on the face of it, only benefit some practices - with a neutral, or even negative, effect on other practices. Indeed, some meetings might be entirely "damage limitation" from the LMC point of view - ie every practice might feel worse off as a result of the PCT's actions after that meeting - but the results would probably have been even worse without LMC involvement. I gave some Norfolk examples of potentially sensitive meetings:

The GP Action Group - where matters such as changes in practice areas, closure of branch surgeries and locum payments for sickness and maternity leave are discussed, The Estates Groups - where primary care premises developments are discussed, the GMS/PMS Rapid Action Group - where differential funding in favour of more poorly funded practices is considered.

When an LMC representative is involved in this sort of meeting, he or she is attempting to nudge the PCT towards the best position for Norfolk & GtY&W General Practice. The PCTs in their turn also want something: generally help avoiding unintended gaffes, help in improving communication and, sometimes, help in getting its policies right. In essence, a negotiation is going on. And, as with most negotiations, what emerges is not what either party would have ideally wanted - but, rather, a compromise. It gets really difficult when this process is not understood by others - often those who have not been directly involved.

When the process has been as described in the previous paragraph it would be wholly incorrect for a PCT, or one of its officers, to say that the matter in question has been "agreed with the LMC". That is clearly not the case. The process for agreeing with LMC was explained at the beginning of this article. I suspect the usual scenario in which this claim is made is when a PCT staffer is being hard pressed by a GP or Practice Manager and, lacking any other fig leaf to cover their discomfiture, resorts to saying that the "LMC has agreed" the PCT's policy or action.

Why am I writing this article now? Well, it isn't that I am worried that LMC Officers or members will be ostracised by GP colleagues for trying to work with the PCTs - but failing to get everything we, as GPs, would want. The important point is that when the LMC is said to have agreed something, even if it were actually true (which it usually isn't), that does not mean that the LMC can't help and advise practices that want guidance in resisting a PCT decision.

Currently the new Norfolk PCT Locum Policy is causing a lot of grief for practices. There was some LMC input - ie the PCT was told on several occasions what we didn't like about it. The LMC has not "agreed it" and will do all it can to help practices that are disadvantaged by it. Simon Lockett 23.03.09

Norfolk & Waveney Mental Health Care Trust: Prescribing

We are advised that the N&WHMCT has now agreed that it will be:

- ✗ Supplying 14 days on discharge prescriptions with a proviso to supply less if particular medication worries (but default is 14 days)
- ✗ FP10s for post clinic prescribing for initiation of urgent treatment (limit to 7 days)

Please let the LMC office know if this does not appear to be the happening.

BMA Half-day Seminars for Salaried GPs

Wednesday 27th May 2009 - Oxford

Tuesday 22nd September - BMA House, London

For more information go to www.bma.org.uk/conferences.

These events aim to:

- ✗ Advise on employment rights and sickness, maternity and redundancy, as well as contractual rights
- ✗ Outline in detail the benefits of model/minimum salaried GP contract negotiated by BMA
- ✗ Provide tips for successful negotiations on salary, terms and conditions etc

If you have any further enquiries please contact the LMC Office.

Spire Hospital Norwich & Sick Certificates

The LMC raised this issue when it met with the Spire Hospital Director last autumn and is pleased to have been copied into the following extract from the minutes of the Spire Medical Society:

" GP complaints have been received about patients being seen by consultants at Spire being discharged without sickness certificates and then attending the GP surgery to request a sick note. Statutory sick pay (SSP) forms (white) are held on both the wards and in outpatients and can be provided to consultants upon request. For patients being discharged from the wards after surgery, if you require the RMO to complete the sickness certificate, please inform the RMO of 1) how long the patient should refrain from work, and 2) the diagnosis of disorder causing absence from work, so they can accurately complete the SSP form on your behalf for your patient. Nurses can complete the SSP form (yellow) which covers the duration of the patients stay in hospital. "

Revalidation

RCGP proposals:

The RCGP will be publicising its current vision for revalidation in early April 2009. This will be in the form of a "living" document which will be [available on the College website](#). The RCGP is keen to receive feedback on this (which can be submitted via its website), and will be amending the document as necessary to reflect the comments received.

The RCGP document will provide an indication to GPs of the type of data that they will need to start collecting from April 2009 for the revalidation process.

Revalidation Costs:

The GPC wants to ensure that revalidation, appraisal and remediation are adequately supported. Work is currently underway to assess an estimate of the funding that will be required.

Outstanding Issues:

The GPC and RCGP are currently working together to try to remedy many of the outstanding issues, for example the need to ensure that revalidation meets the needs of peripatetic GP locums and to ensure that is not unnecessarily onerous. The RCGP hopes that GPs concerns will be addressed by their document, but also welcomes further ideas.

LMC Note: As part of this process LMCs have been asked to confirm the commitment of PCTs to the appraisal process. We are pleased to say that both Norfolk and Great Yarmouth & Waveney appear to be meeting all their responsibilities to the principals, salaried & freelance doctors on their Performers Lists.

NHS Norfolk commissioned Care Beds

A while ago we reported that NHS Norfolk was commissioning beds in care homes in order to reduce pressures on the NNUH etc. What was not apparent was whether or not they were also commissioning the medical care for those patients. The following commissioned beds will change but we have assurance from the PCT that it will update us as and when new agreements are in place.

Home	Area	Block Purchase Beds	Spot Purchase
All Hallows Hospital	Ditchingham, Bungay	8	
All Hallows Nursing Home	Bungay	6	
Saxlingham Hall Nursing Home	Saxlingham Nethergate	12	
Walcot Hall Nursing Home	Walcot Green, Diss	3	3
Lincoln House	Swanton Morley	11	
Ford Place	Thetford	4	4
Dussingdale	Dussingdale, Norwich	6	5
Woodlands	Hellesdon, Norwich	6	5
Oakwood House	Colney, Norwich	3	
High Haven	Downham Market	10	
West Fields	Swaffham	1	

We also have confirmation that within NHS Norfolk's agreement with all homes they will have commissioned medical cover. If you have been asked to look after patients in any of these establishments do check whether they are occupying [NHS Norfolk commissioned beds](#) and if so, you should be reimbursed for that care (so long as it is supra GMS).

Mental Capacity Act 2005 - Deprivation of liberty safeguards

The aim of the deprivation of liberty safeguards is to provide legal protection for those vulnerable adults who are not detained under the Mental Health Act 1983, but are nevertheless restricted in their freedom owing to their inability to consent to care or accept treatment. The deprivation of liberty safeguards will come into effect from 1 April 2009 and will cover mentally incapacitated adults in hospitals as well as those in care homes registered under the Care Standards Act 2000. [More details are available on the Department of Health website.](#)

Doctors are eligible to undertake a mental health assessment as part of these procedures provided they are three years post-registration and they must have undertaken the deprivation of liberty safeguards Mental Health Assessors training programme made available by the Royal College of Psychiatrists. This is now available online, free of charge, to all NHS funded doctors in England. [Doctors can register online.](#)

This work is not part of essential services for GPs; the Department of Health is unwilling to agree to a national fee for this work and the BMA's Professional Fees Committee advises doctors only to undertake this work if they have agreed the level and payment arrangements for the work in advance. Responsibility for payment lies with the PCT or local social services authority according to whether the person is in hospital or a registered home at the time of the assessment. However, in some areas, PCTs and LSSAs may have made joint local arrangements. For further information please [contact askbma.](#)

Following the article in the October 2008 Flyer we now understand that Dr David Ling has been co-opted to the Spire Medical Advisory Committee to offer a voice to Norfolk and Suffolk GPs.

He would welcome feedback from GP colleagues - to contact him please email david.ling@nhs.net.

Advertisement

Recently qualified female GP from Norwich GPVTS available to work 4-6 sessions/ week in Norwich.

Please contact Dr S Sivamalar - Mobile number 07850316635 or email yesmalar@gmail.com

The following useful documents are available from the LMC website or office:

- ✗ GPC Focus on Salaried GPs - June 2004 (revised February 2009)
- ✗ Information & Guidance on Prescribing in General Practice (September 2004 - but current)
- ✗ Overseas Visitors - Who is Eligible for NHS Treatment? (April 2006 - but current)
- ✗ FAQs: Patient Registration (March 2009)
- ✗ Managing Disputes with PCOs (March 2009)

THIS MONTH LOOK OUT FOR:

- The new QOF 2009/10 Guidelines
- "Focus on 2009/10
- GMS Contract agreement

This information has been sent out to all Practice Managers



On behalf of the LMC we would like to wish you all a very Happy Easter.