



Salaried and Freelance Doctor Constituency

The Committee is pleased to confirm that **Dr Amer Shaikh** has been co-opted to the vacancy on this LMC constituency.

Flu Pandemic



The GPC's Q&A Sheet: This has been distributed to all practices. Further guidance will be emailed as soon as it is received.

Death in Service Benefits: The GPC is urging the DoH to secure death in service benefits for Peripatetic Locum GPs during the pandemic.

Indemnity Arrangements: As long as GPs are doing GP things they are covered by the MDOs and if they do anything in hospital they are covered by NHS indemnity. GPs transferred to non primary care roles will be subject to NHSLA indemnity. In such situations GPs should be provided with written evidence by their contracting body confirming that they have been commissioned to provide services on its behalf. They must continue to remain members of their Defence Organisations. It will be the responsibility of employers of retired GPs to provide them with indemnity cover; therefore the GPC advises that individual GPs do not employ retired GPs themselves as they will be liable for provision of their indemnity. The MDOs have provided guidance on their websites confirming the above arrangements. The GPC is seeking a written statement from the DH supporting the imposition of NHSA indemnity for GPs working outside of primary care settings and for retired GPs employed by PCOs.

Fitness to fly notes: After discussion with the airlines the GPC has confirmed that **GPs will not have to give out fitness to fly notes.**

Holiday Insurance Cancellation Certificates: The Association of British Insurers has stated that it will accept the submission of the antiviral authorisation number and the label from the Tamiflu packet as evidence of a patient having had flu.

Somebody Else's Child - Everybody's Responsibility

The British Association for Adoption & Fostering has launched a new campaign which is aimed at health care professionals. The campaign is called "Somebody Else's Child" and is concerned with private fostering. This is an arrangement for 28 day or more when children are cared for by someone other than a close relative. By law, parents and carers must notify their local authority before entering into these arrangements. But sadly many don't.

There are an estimated 10,000 children living in private fostering arrangements in England and Wales, but last year only just over 1,500 were notified to local authorities. While most of these children will be safe, others may be at risk of abuse and neglect at the hands of their private foster carers. Without social services intervention this could go on for years.

Although the legal responsibility lies with the parent and the carer, the campaign is urging anyone who works with children to play their part. If you know of a child living with someone who isn't a direct relative, for 28 days or more, then please don't ignore it. You should either speak to the child's carer, if appropriate, or inform your local social services. Keeping children safe is the responsibility of the whole community. **For more information visit the campaign website - www.privatefostering.org.uk**

Fertility Services

On several occasions we have written about what we see as the inappropriate level of information being requested from GPs; with the introduction of the new Level 1, 2 & 3 system discussions are still ongoing with the commissioners. In the meantime may we urge anyone making a referral to Level 2 to be certain to use the **latest** proforma (downloaded from Norfolk Knowledge), which has amended wording, primarily "results if available" and "incomplete proformas **may be** returned". We do not recommend using the proformas issued by the Level 2 Providers (JPH & QEHL).

Improving Access to Psychological Therapies (IAPT)

The GPC is promoting a CD-ROM compiled by the DoH regarding Practice Based Commissioning and the Improving Access to Psychological Therapies programme. It contains a number of documents about how the IAPT programme works, as well as a business case for those interested in commissioning the service.

**If you would like a copy contact the LMC office.
For further information please go to the IAPT website <http://www.iapt.nhs.uk> or contact the primary care lead, Dr Alan Cohen at alan.cohen@dh.gsi.gov.uk**

Premises Appeals System

A Judicial Review (JR) on appeals against current market rent valuations was launched against the FHSU Appeal Unit by Primary Health Properties PLC (PHP). They challenged the FHSU's decision to seek advice from the CEO of the Valuation Office Agency at the appeal stage when determining a dispute as to the level of rent that should be reimbursed to the GP tenants. The High Court ruled in favour of PHP in that the connections between the District Valuer and CEO were too close for justice to be "seen to be done" and gave rise to apparent bias. Subsequently the GPC met with Paul Burns, Chief Officer of the FSHU, to discuss this ruling and they had been in contact with RICS to seek an independent valuation from members of their medical panel. The GPC believes that this arrangement is fair and appropriate, but it will be watching the outcome carefully and is asking LMCs to act as its eyes and ears.

Therefore if your practice has any concerns with or had benefits from the new arrangements please let the office know.

Mental Health Services in Southern Norfolk

Following concerns around adult community mental services in Southern Norfolk and the ability to access consultant advice the N&WMHT has confirmed that it has appointed Dr Ruta Skriniskiene, a Locum Consultant Psychiatrist for Primary Care, whose job it is to liaise with GPs, primary care staff, primary care Link Workers and secondary care to support the assessment and treatment of people in Southern Norfolk with mental health problems. GPs can contact her on 01603 421280 (mobile: 07824 409310) to discuss individual patients or obtain general advice and support on mental health issues. However, referral pathways have not changed. The Trust has also confirmed that GPs who wish to discuss cases under the care of the Community Mental Health Team should contact the Care Co-ordinator or Dr William Crook on 01603 421280. Drs Skriniskiene and Crook are available to meet with GPs to discuss any matters relating to mental health services.

If you would like to arrange a meeting please contact Chris Utku (Service Manager, Adults, South Norfolk) on 01603 421417 or email chris.utku@nwmhp.nhs.uk.

DoH Survey of Clinical DES update

The DoH is undertaking a survey of five practices in each PCT to establish the extent of uptake of the 08/09 clinical DESs. Although the GPC was not consulted about this survey, it thinks it is a reasonable endeavour which could support the GPC's negotiating position. Practices are therefore asked to co-operate with any requests for information for this survey.

Licence to Practise

The GMC will be introducing licence to practise on 16th November 2009 from which date any doctor wishing to practise medicine in the UK will, by law, need to hold both registration and a licence to practise. All doctors should have received a leaflet reminding them about their licensing options.

For more information go to www.gmc-uk.org/licensing and if you have any questions about licensing you can email licensing@gmc-uk.org

Primary Care Foundation Report into Urgent and Same Day Care

This report is full of good ideas and a health warning to PCOs not to force practices to improve access in a mechanical way. Some of the stuff is old, or practices may be doing it already, but the guide contains some interesting ways of solving access problems on the LMC website or at www.primarycarefoundation.co.uk.

Confirmation and Certification of Death

Updated guidance on the above is now available from the LMC website or the LMC office. It aims to clarify the distinction between confirming and certifying death in relation to GPs' obligations. It covers legal obligations, cremation forms, and expected and unexpected deaths.

SCAM "The Physician & Therapists Guide"

Its nearly August so it must be that time again. Last August we warned practitioners about signing up to something called the "Physician & Therapists Guide" published by an organisation called NovaAG based in Switzerland and which had quite considerable financial implications hidden in the small print. Communications now seem to be emanating from Portugal but our advice remains, do not sign up. For anyone who has already signed please ensure you cancel the contract formally so that it does not roll over for a further twelve months.

BMA Employer Advisory Service

The BMA Employer Advisory Service provides practices with free* comprehensive, impartial and authoritative advice on a huge range of employer-related matters. Its team of specially trained and experienced advisers is ready and able to deal with queries on issues such as recruiting and employing staff, contracts and terms and conditions of service, appraisals and performance management, disciplinary procedures and dismissals. They are also well versed in current employment legislation, discrimination, the development of appropriate HR policies, and how to implement best practice. Call the BMA Employer Advisory Service on 0300 123 123 3 anytime between 8.30am and 6pm (Monday to Friday, except UK-wide bank holidays) or email your query to support@bma.org.uk.

*To access the service at least one partner needs to be a BMA member

A Community Eating Disorder Service Breakfast Seminar by Newmarket House Clinic on behalf of NHS Norfolk

"The Medical Management of Eating Disorders"
7.30 - 9.30 am, Tuesday 15th September 2009
Park Farm Hotel, Hethersett

For further details please call Francesca Grandi on 01603 229612

Harleston, Norfolk - Salaried GP

Vacancy from October 09 in market town on Norfolk/Suffolk border

- 6-8 clinical sessions/week – job share considered
- PMS – dispensing practice, 9000 patients
- INPS Vision 3 hosted system

For information or to request an information pack please contact:

**Terri Clare Business Manager, Harleston Medical Practice,
Bullock Fair Close, Harleston, Norfolk, IP20 9AT
Tel: 01379 852166 Email: tclare@nhs.net**

Great Yarmouth, Norfolk

South Quay Surgery is looking for a temporary full time Salaried GP. The position is initially for 6 months but may be extended to 1 year.

- 9 sessions per week, 6 weeks annual leave & CPD allowance pro rata.
- EMIS PCS, 6,100 patients.
- Extended hours including Saturday mornings (rota basis)
- Training practice for F2 doctor placements and Year 4 medical students.
- Being a team player is essential to join our established dedicated team.
- A good sense of humour will also be needed.

Start date 1 November 09.

**Enquires and applications to: Sarah-Jane Smith, Practice Manager, 35-36 South Quay, Great Yarmouth, Norfolk, NR30 2RG.
Tel 01493 843196 E Mail sarah-jane.smith@nhs.net**

Falkland Surgery, Great Yarmouth - Locum required to cover Maternity Leave

Friendly Practice in Bradwell, Great Yarmouth seeks locum to work 4/6 sessions a week plus some on call for 4 months, commencing Monday 5th October to w/e 29th January 2010.

Please contact Vanessa Cordingley, Practice manager for more details on 01493 442233 or via email: Vanessa.cordingley@nhs.net

Locum Work

Experienced GP seeking locum work in Norfolk. Available from 3.8.09.

Contact details: maureen.tilford@nhs.net or call mobile: 07711746915.

LEVY PAYMENTS

I am afraid that the LMC needs to increase the amount it raises from practices.

During the early years of the new GMS Contract, Norfolk LMC kept its levy at a modest level and subsequently, because practice incomes have been falling, the LMC has increased the levies less than was needed to match its outgoings. In both 07/08 and 08/09 LMC expenditure exceeded income. Its modest reserves have now been reduced such that, if income and expenditure were to continue at their current rate, the Committee would become overdrawn this year. The LMC will therefore be asking the PCTs to increase practices' deductions by an additional 5%. The Committee regrets doing this, but believes that in the current political climate it is even more important that there is an effective LMC working for Norfolk and Waveney GPs. Unfortunately, this requires resources.

It is hoped that the new LMC Buying Group will benefit practices and, at the very least, offset the effects of this levy increase.

To put it in context, the average annual levy deduction this LMC requested prior to this increase was 32.95p per patient; afterwards it will be 34.6p. Nearby LMCs have advised us that their figures vary between 42p and 65p. To look at the figures in another way, in 2003/04 (the last year before the new GP contract) the total drawn by the LMC was £210,000 of which around £35,000 was paid centrally to the GP Defence Fund: ie £175,000 was used for the LMC's running expenses. In 2008/09 the sums were £290,287 total, with £56,000 paid centrally, so the component for running expenses was £234,537. However, since 2006 the LMC has served an additional 14 (Waveney) practices: 69+ GPs. Correcting for this, the levy which funds the Committee has increased around 16.5% since 2003/04 whereas, as you know, GP superannuable income increased by approximately 55% after the new contract.

The Committee believes that these figures demonstrate the excellent value provided by Norfolk LMC and its tireless office staff. Nevertheless, the LMC is carrying out a review of its expenditure: in particular assessing the meetings it attends on behalf of Norfolk GPs, to ensure that we go to the ones where we can make a difference.

The levy calculations are not entirely straightforward. While the LMC will request 5% more over the next year, this will not equate exactly to a 5% increase for each practice. It is possible that some practices' contributions will increase, while some may even reduce from last year's figures. There are a number of reasons for this.

Norfolk LMC believes that the fairest way of calculating the levies is on superannuable income - as a proxy for the profit GPs make from their NHS General Practice work. Since the new GP Contract (and to the benefit of all our pensions) more of what we earn is superannuable. But the true figures are only known retrospectively. It seems most accurate to use actual figures - even though this means that contributions are based on a previous year's income. The PCT incorporated the newly available, confirmed, figures into its spreadsheets early this NHS financial year, which is one reason why some practices may have already noticed a change in their levy payments, even though the *total amount* drawn down from all practices has not changed.

An additional complication is that the PCT has recently started to include the superannuable pay of employed doctors; apparently this is the first year in which the PCT has had this information available. This has led to some significant changes - practices with several salaried doctors are likely to have found themselves contributing more - even though the LMC had not, until now, asked for any extra. Your Treasurer has come to the conclusion that it is correct for employed doctors' income to be included. After all, the LMC represents all GPs - partners and employed - so the status of the doctors shouldn't make any difference. Also, "total doctor income" (from partners and salaried colleagues) ought to be a better proxy for practice "fair levy shares" than the income of partners alone.

The Treasurer has asked the PCT to provide "what if" spreadsheets to try to decide whether there are any big losers. But if any practices believe the changes impact upon them unfairly then please contact the LMC office; also if there are other problems, or any questions, please do not hesitate to contact the LMC office.

Simon Lockett
Medical Secretary and Treasurer
Norfolk & Waveney Local Medical Committee