

# LMC NEWS

## Cornwall & Isles of Scilly Local Medical Committee

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**No. 179 January 2006**

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Items for the Newsletter are always welcome, and should be sent to the Editor, Rosalind Winter, at The Sedgemoor Centre, Priory Road, St Austell PL25 5AS (Tel 01726 627978, Fax 01726 76247, e-mail [ros@kernow-lmc.demon.co.uk](mailto:ros@kernow-lmc.demon.co.uk)). See also our website at [www.kernow-lmc.co.uk](http://www.kernow-lmc.co.uk)

### EUROPEAN CITY GUIDE

Many thanks for the following alert from Sally Al-Zaidy, Senior Policy Executive, GPC Secretariat:

*A BMA member has drawn our attention to the company 'European City Guide,' having received threatening correspondence from them relating to a payment of £700 for inclusion in their CD Rom promoting small businesses, which, needless to say, the GP did not agree to in the first place. Such marketing tactics are quite common and most GPs will not be taken in by this kind of thing, but I thought I would pass this information on as ECG's tactics appear to be particularly aggressive.*

*There is also an online campaign against this company at <http://www.stopecg.org/> which provides more information.*

### GMS CORRECTION FACTOR - CORRECTION!

The GPC would like to reassure GPs that the 13 January *GP* "exclusive" headlined *GMS correction factor to end* is a complete misrepresentation. There is no intention to cut correction factors, nor to depart from the blue book agreement that future inflationary or cost of living uplifts to core GMS funding will apply equally to the global sum and the correction factor. The GPC has contacted NHS employers with a view to issuing a joint statement rebutting this article. The GPC is also contacting the editor of *GP* to correct the publication's complete misconstruction of statements made, and is considering what further action to take.

### PATIENT CHOICE

The ill-judged attempt over the Christmas period by Patricia Hewitt to bounce GPs into offering Choose and Book, or an alternative Manual Choice system, seems to have caused more exasperation than anything else amongst the profession's representatives.

GPC Chairman Dr Hamish Meldrum said: *"GPs have always discussed choice when referring patients to secondary care. It's part of being a family doctor to talk with our patients about the need for a referral and where they might go. So it's wrong to imply there has been no choice in the past. Over the past 10 years or so, successive governments have tended to limit choice by mechanisms such as extra contractual referrals, making it more difficult to give patients the full range of choice of hospitals they might want."* On the information sources outlining the choices on offer, Dr Meldrum said: *"While we welcome anything that gives patients more information about possible services, in order to avoid being misleading that information must always be kept accurate and up to date."* Dr Meldrum also pointed out that in many parts of the country the electronic Choose and Book system was not fully operational.

**The LMC reminds GPs that currently Choose and Book is not a GMS contractual requirement, nor is any manual "choice" system devised by PCTs in the hope of somehow fulfilling Ms Hewitt's unreasonable claims. By all means offer this if you think it works and will benefit your patients, if you don't mind not being funded for the extra work involved, and if you have the time to provide it. Otherwise, why not just wait until the new Choice and Booking DES is introduced, with funding, in April 2006 (details not yet available - expected towards the end of January).**

**IT SERVICE LEVEL AGREEMENT (SLA)**

The GPC has discussed the latest draft of the SLA which has been redrafted by the Department of Health's lawyers. Following the redraft the document now reads more like guidance for PCTs and practices. This was not what was envisaged in the original contract agreement, and the GPC will continue to press for a legally binding Service Level Agreement document. In the meantime, the current document will be published early in the new year to provide greater clarity on IT issues than has previously been the case.

**CAMELFORD, NORTH CORNWALL - FULL-TIME PARTNER VACANCY**

We are a 2- partner GMS practice in a growing town in rural North Cornwall seeking a full-time partner due to the retirement of the senior partner.

The practice is friendly, progressive, well-organised, forward-thinking and fully computerised, with two branch surgeries one of which is dispensing.

List size approx 3200  
 Computerised Microtest system  
 Working towards paper-light  
 Excellent and well organised nursing support  
 Nurse-led clinics  
 Full supporting administrative team  
 High QOF Achiever

Please send expressions of interest and a copy of the current C.V. to:

Mrs N Sherry, Practice Manager,  
 The Medical Centre  
 Churchfield  
 Camelford PL32 9YT  
 Or ring for an informal chat on 01840 213893

**YELVERTON SURGERY - PRACTICE MANAGER VACANCY**

Yelverton Surgery in Devon are seeking an experienced manager for our 5 Doctor, 7000 patient general medical practice in West Devon. We would welcome applicants with or without NHS experience

Our ideal candidate would be a graduate with a proven management record who is keen to develop a career in a primary care setting

Negotiable hours. Starting salary negotiable according to experience but in excess of £30k for the right candidate. Access to NHS pension scheme.

For a detailed job pack please contact Mrs Pam Smith on 01822 852202 or [pam.smith2@nhs.net](mailto:pam.smith2@nhs.net).  
 Closing date Wed 18.1.06.

**SUPERANNUATION: EMPLOYER AND EMPLOYEE CONTRIBUTIONS**

From April 2004 the total funding and responsibility for pension costs was moved to the independent contractor, including the 14% employer contributions. The additional funding needed for employer and employee superannuation contributions was transferred into PMS baselines and GMS global sums and through increased QOF payments. Further information on this can be found in the GPC's *Focus on superannuation contributions – second update* at [www.bma.org.uk/ap.nsf/Content/FocusOnSuper0904](http://www.bma.org.uk/ap.nsf/Content/FocusOnSuper0904)

For many practices, the GPC is aware that the additional funding was insufficient to cover the increased costs of employer contributions. However for PMS practices some locally agreed contracts include a clause that sets out a clear obligation on the PCT to reimburse fully the 14% of superannuation contributions. The obligations on the PCT are dependent on each locally-agreed contract and, although the GPC believes that these costs should be reimbursed in full where stated, because PMS contracts are negotiated on a local basis, the Department of Health is unable to issue national guidance on this matter.

However, a successful legal challenge has been made on this issue recently, and if any practices whose contracts include the appropriate clause have firm evidence that has not been paid, this could be one route to take. The GPC is happy to advise on such cases.

### **PATIENTS PRESENTING WITH DENTAL PROBLEMS - PRECIS OF NEW GPC GUIDANCE**

The GPC has recently revised its existing guidance: the full document is available on request from the LMC Office or the BMA website.

#### **Emergency dental services**

General Dental Practitioners have an ethical responsibility to provide reasonable access to advice and emergency treatment for their patients, including those seen under a private contract. This does not however mean that a dentist has to be personally available to see patients 24 hours a day. From April 2006 NHS dentists will no longer have a registered list of patients and will lose the continuing care responsibility together with the obligation to provide emergency dental care. A dentist's immediate responsibility will be to patients who are currently undergoing or have recently completed a course of dental treatment with them. The General Dental Council's principles are that dental professionals are responsible for putting patients' interests first and that they must cooperate with other members of the dental team and healthcare colleagues in the interests of patients. A dentist would therefore have an ethical responsibility to make appropriate arrangements to ensure that patients for whom responsibility has been accepted have access to emergency treatment outside normal working hours and that such arrangements are made known to patients.

PCTs are responsible for the provision of out of hours care, and most will provide emergency out of hours dental treatment. From April 2006 PCTs may also buy in-hours open access emergency sessions from dentists.

#### **GPs' obligations**

When dental patients contact their GPs when they require emergency dental treatment, GPs should be aware of the following legal and contractual obligations:

Before refusing to treat a patient asking for emergency dental treatment, a GP must ascertain that the condition requires only dental treatment. As always, GPs must put themselves in a proper position to judge the nature of the patient's condition by undertaking reasonable enquiries.

Having established an apparent dental problem, GPs should refer the patient to a dentist or local emergency service, and, if this fails, the patient should contact the local Patient Advice and Liaison Service (PALS) in normal hours, or NHS Direct out of hours

If a GP chooses to treat a dental patient such treatment would be provided under GMS, and the level of skill and degree of care the GP would be expected to exercise is that of a general medical practitioner. The determination of a complaint by a PCT against a GP would take this into account. GPs should not, however, attempt to manage a condition requiring dental skills unless they have the appropriate training and expertise. Both the civil courts and the GMC require doctors to have appropriate skills for any treatment they offer. Even in cases where the patient is not registered with a dentist, and is unable to contact a local emergency dental service, the treatment of dental problems is not the responsibility of GPs. In such circumstances, the patient should be referred to the nearest accident and emergency department.

#### **Prescribing**

Dentists treating patients under the NHS are obliged to prescribe from the dental practitioners' formulary, which allows prescription of a limited range of drugs. Any dentist who refuses to issue an NHS prescription to an NHS patient or refuses to supply the appropriate drug, having determined a need, could be found either in breach of the NHS terms of service, or guilty of serious professional misconduct.

If, after seeing a dentist, a patient asks their GP for an NHS prescription, the GP should make a reasonable investigation into the patient's condition and accept responsibility for that aspect of a patient's condition before issuing an NHS prescription. GPs should be cautious about accepting a patient's understanding of dental advice and, although they may take a dentist's advice into consideration, GPs should satisfy themselves that what they prescribe is appropriate to the patient's condition.

If a patient asks a GP to supply an NHS prescription the GP must refuse unless they are sure they are able to accept sole responsibility for that prescribing decision. If a legitimate need for an NHS prescription cannot be established, it should not be provided. This would apply to patients seeking an NHS prescription following the issue of a private prescription or recommendation of a drug by a dentist.

#### **Recommendations for local arrangements**

GPs should ensure that any patient presenting with dental problems knows how to obtain emergency dental care.

Dentists normally prescribe both NHS and private

### LMC PRACTICE MANAGERS' CONFERENCE EVALUATION

Overall the evaluation for the Conference was very positive. The hotel received many favourable remarks, with the helpful, friendly staff and the food being singled out for special comments. The majority of respondents were happy to have the next Conference at the same hotel, but there were some who suggested *"It may be an idea to vary the venue, so that the same people don't always have the longest drive"*.

The Presentations were quite well received, with Practice-Based Commissioning by Mr Andrew Lockhart Mirams scoring top marks, but along with the other presentations many responders thought that *"Hand-outs would be useful"*.

One of the major benefits of the event seems to have been the chance to network and meet other Practice Managers, with the over-night stay being a major factor in this, as after dinner there was plenty of time to relax and socialize.

Many excellent ideas were put forward in the space for general comments including the following:

*"I found the day too long it is difficult to concentrate after lunch. I would have preferred a half day the day before (afternoon), dinner then a morning session the day after"*.

*"Stayed overnight - having protected quality time with colleagues is of enormous value and we never get the opportunity otherwise. Thought it was extremely well organised and the content very relevant to today. Well done LMC!"*

Everyone (including the person who didn't have one positive comment to make about anything) would like to attend another conference and to this end we are already beginning to make tentative plans for another to be held late this year. Bearing in mind the comment *"Interesting too clinical - but as it is first one and we did not give out ideas. Next one needs to be PM/Admin driven more,"* we are looking for practice managers who would be willing to help shape this year's conference. **If you are prepared to share your ideas, please contact Ros or Dawn at the LMC office as soon as possible.**

The full Conference evaluation is available: if you would like a copy please contact us.

### SW PENINSULA CONFERENCE FOR SESSIONAL GPs

The LMC has been asked by the Deanery to publicise this conference by printing the following letter, which we hope readers will draw the attention of GP Non-Principals.

Dear Sessional GP

It is with great pleasure that I invite you to the first ever South West Peninsula Deanery Conference for GPs on the Flexible Careers and Retainers Schemes, to be held on 30<sup>th</sup> March at the St Mellion Hotel Golf and Country Club, near Saltash, Cornwall.

Although the conference is aimed at GPs on the above schemes, we are in a position to invite **all Sessional GPs**, and believe all Sessional GPs will find it useful. If you know Sessional GPs who might be interested in coming, please forward this to them.

My vision for the conference is to use it as a forum looking at how you see your career developing, where work fits into the bigger picture and enabling you to make work as fulfilling and enjoyable as possible. We are planning an exciting mixture of lectures and interactive, skills-based sessions; we hope you will all come away feeling enthused about your careers and with something useful to put into your personal development plans.

In addition to this I see this as an opportunity to network with GPs from all over the peninsula. Also, this is your chance for you to feed back directly to us at the Deanery on what your experiences have been and what sort of support you want from us.

Above all this is YOUR conference and I am keen to make it as valuable for you as possible. I want you, the conference delegates, to have your say in the final design of the conference. Please tell me if there are specific topics you would like covered and I will do my best to include them.

The conference will last all day, and lunch will be provided. I am delighted to be able to offer this invitation **AT NO COST TO YOU!**

I would urge you to make the most of this excellent opportunity and do your best to attend. A formal invitation with programme will be sent out shortly. In the interim, please let me know your thoughts/requests for topics you would like covered.

St Mellion provides a great conference setting. Check their website for details. [www.st-mellion.co.uk](http://www.st-mellion.co.uk)

Best wishes

**Dr Vik Mohan**

**Associate Director, SWest Peninsula Deanery**  
**vikas.mohan@peninsuladeanery.ac.uk**



**DR BASIL BILE WRITES ...**

I am awaiting with bated breath an announcement any moment now from our dearly beloved Uninteresting Bits of Cornwall PCT that they are unilaterally appointing a Community Brain Surgeon to my practice. If our experience at the Abandonhope Surgery is anything to go by when we were recently rather sneakily landed with a Community Matron, we will be expected to train the neurological scalpel-wielder more or less from scratch in exactly how to tidy up an intracerebral haemorrhage. To add insult to injury we will no doubt have to do this in our own time and at our own expense and without so much as a by-your-leave or thank-you from our chums in Peeceetee Land. Mind you, dear readers, what I know about brain surgery would be pretty cost effective to impart, as even at my professional training fee of two quid a minute it would only set back the PCT some fifty pence in total. What my highly esteemed and ever avuncular partner, Dr Ginger Thighchapper, knows about community matroning could probably be written on the back of a small postage stamp in capital letters with a felt tip pen, but that didn't stop him closeting himself in his consulting room for hours on end giving our willowy blonde "matron" the benefit of some intensive one-to-one attention. Sabrina will certainly be leaving our practice a wiser person for his selfless efforts.

In my (admittedly what now appears to have been pathetically limited) experience, Matrons have without exception been already fully trained and worldly wise when they take up posts in the NHS, hence presumably their somewhat forbidding title, not to mention some fairly impressive upper lip foliage. Ah well, one lives and learns.

Meanwhile the nonsense of Choke and Booze

rumbles on apace. According to recent government hype splashed all over the front pages of the penny dreadfuls, we are supposedly offering a choice to each punter of four providers for every conceivable condition from piles to priapism, and all in a geographically challenged county where even a trip to the corner shop for a packet of strawberry flavoured condoms can take the best part of a week. The target of having 70% of all practices participating in this gormless pursuit by the end of the year was always going to be a triumph of hope over reality. The reality has however been gloriously stunning. I am grovellingly indebted to one Stephen Holby for pointing out that in a league table of 28 participants the SW Peninsula SHA came an exciting 7th, meaning that 21 SHA's did not get as high as our stonking 3% take-up. Doesn't it make you feel glad to be alive?

Finally Practice Based Commissioning is desperately trying to lurch into action despite ever delayed crucial guidance from HM Gov. It is rumoured that PCGs will be revived by certain bolshie family docs in the Grand Duchy to act as vehicles for seeing off the threat of potentially predatory baskets, hopefully ensuring services are commissioned to local practices rather than to opportunistic interlopers. The penpushers would of course have apoplexy if the term PCG was resurrected, so Basil can exclusively reveal that the South East Cornwall gang will be known as the ECG (Eastern Commissioning Group) while the NBG (Northern Bartering Group) will rule the roost North Cornwall way. Meanwhile in the Wild West I am led to understand that the Western Authority Negotiating Commissioning And Referrals Society is having a rethink about its name.....