

# LMC NEWS

## Cornwall & Isles of Scilly Local Medical Committee

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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). See also*

### **DDRB CPD PAYMENT**

The recent DDRB report recommended only a 2.2% uplift for GP trainers, and made no recommendation for a £750 CPD payment for 2006/07.

The GPC and LMC would like to be kept informed of any GP trainers who did not receive the CPD payment for 2005/06, so please let the LMC Office know if this applies to you.

### **LMC OFFICE - THE END OF AN EARACHE!**

From: Rosalind Winter, LMC Secretary

I have finally fixed on a retirement date, just in time to enjoy the best of what looks like being a lovely summer. My last day in the office will be Friday 28 July, although I may be doing some further work for the LMC on a consultancy basis during the autumn, and possibly also helping out with the Triennial LMC Election next Spring.

Dawn Molenkamp, who started with us as a temp last October, and rapidly (in about two days!) made herself indispensable, will be taking over as LMC Secretary from the end of July, and I know you will all give her every support. Many Practice Managers and GPs met Dawn at the LMC Practice Managers' Conference last November, and so already know how lucky we are to have found her.

I am also delighted to be able to report that we will shortly be welcoming a new member of the LMC team, when David Purser joins us from Central Cornwall PCT at the end of June. The older generation amongst us will experience a very pleasing sense of déjà vu at this news, remembering David's father, Ron Purser, former FHA Chief Executive, who joined us in 1991 as LMC Consultant and Adviser, and was of enormous help to me in particular when I took up the LMC Secretary post in the September of that year. David will initially be concentrating on "special projects" such as LIFT and Practice Based Commissioning, where his existing expertise and experience in PCT World will be invaluable.

### SHA RECONFIGURATION

The LMC has received the following from Mrs Thelma Holland, SHA Chief Executive.

“As you will recall, the Department of Health has been seeking recommendations for reconfiguration of Strategic Health Authorities to meet the new responsibilities of *Commissioning a Patient-led NHS*.

Following local consultation, this SHA concluded that it would be appropriate to recommend to the Secretary of State that there should be a single SHA covering the South West (South West Strategic Health Authority) incorporating the present Avon, Gloucestershire and Wiltshire SHA, Dorset and Somerset SHA and our own South West Peninsula SHA. Our reasoning is set out in the paper considered by the Board which is available on our web-site [www.swpsa.nhs.uk](http://www.swpsa.nhs.uk)

“I am pleased to say that the Secretary of State has agreed our recommendation and we will now move forward with our colleagues to prepare for the establishment of the new SHA on 1 July. We hope the appointment of the Chair and the Chief Executive will be speedily concluded and I will let you know as soon as possible who they will be.

“In making its recommendation, the Board was very conscious of the importance of maintaining and building on the links that the present SHA has developed with organisations in the Peninsula. The Board also appreciated

that many of those who replied to consultation were concerned that a new larger SHA would be very remote from local issues. I would like to reassure you that we take these concerns very seriously and will be seeking to build into the working arrangements of the new SHA appropriate mechanisms to ensure we can continue to work in partnership at a Peninsula-level where this remains appropriate.

“New arrangements for PCTs, which will complement those for the new SHAs, are still being reviewed by the Department of Health’s External Panel, but I will let you know the outcome for the establishment of PCTs in Devon and Cornwall as soon as the Secretary of State confirms them. Our Board paper on which the recommendation to the Secretary of State was based is also available on the SHA website.”

There is no confirmation yet of the new PCT configuration for Cornwall and IoS, although we understand that the existing three PCTs are likely to merge to form a single body, probably in October this year. This is the configuration that was vigorously recommended by the LMC during the last public consultation on the subject, eight or nine years ago. Better late than never - but what a shame the NHS invested all those years and all that money on maintaining three organisations instead of one.

### CHOOSE & BOOK UPDATE

NHS Connecting for Health has announced that Choose & Book Release 3.0 is available from 2 May. No local action is required.

Release 3.0 represents significant functional developments and NHS Connecting for Health advises current users to familiarise themselves with the new functionality. GPs or practice staff should contact their PCT if they wish to arrange formal Release 3.0 training. Self-learning tools are available from the C&B website: [www.chooseandbook.nhs.uk/release3](http://www.chooseandbook.nhs.uk/release3).

For GPs not currently using C&B, NHS Connecting for Health has released a new film, *Choose & Book – Making it work for you in primary care*, which includes interviews with GPs, practice staff and patients using the service and gives a useful perspective for those currently undertaking or about to start C&B implementation. To order a copy on DVD (ref 2232) or on CD (ref 2233), telephone 08453 700760 or visit:

<http://information.connectingforhealth.nhs.uk/>

The National Choice and Choose and Book team will host a countrywide series of roadshows for Practice Managers in May, entitled "Delivering Choice through Choose & Book," which will look at challenges and opportunities for practices working through both the policy and the technical changes to their working life. To find out more, and book places go to [www.keystone-group.co.uk/chooseandbook](http://www.keystone-group.co.uk/chooseandbook)

### ST IVES - GP WANTED

A successful, innovative and well-organised training practice located in this beautiful seaside town seeks an enthusiastic and well-motivated GP to share its commitment to delivering high quality services to patients.

GMS practice with a list size of 4,600; maximum QOF achievement; excellent premises; fully computerised (Synergy); GP registrar training & undergraduate teaching (Peninsula Medical School); supportive partners, 3 practice nurses and superb administrative team; on-site community services including physiotherapy & pharmacy; community hospital. Applications from doctors with special interests/GPwSI would be particularly welcome.

We are happy to consider applicants seeking part-time (minimum 4 sessions) commitment or greater (maximum 8 sessions). Start October 2006 or after.

Please send written application (CV and covering letter) to Sue Hall, Practice Manager, Stennack Surgery, St Ives, Cornwall. TR26 1RU.

For further information, enquiries or informal visits contact Sue Hall Tel: 01736 793333 Fax: 01736 793746 [Sue.Hall@stennackr.cornwall.nhs.uk](mailto:Sue.Hall@stennackr.cornwall.nhs.uk)

**Closing date 2<sup>nd</sup> June 2006**  
**Interviews 3<sup>rd</sup> July 2006**

## **OVERSEAS VISITORS - WHO IS ELIGIBLE FOR TREATMENT?**

New GPC Guidance on overseas visitors' eligibility for treatment is now available from the BMA website. To summarise some of the main points of the Guidance:

There is lack of clarity in the NHS regulations about overseas visitors' eligibility for NHS medical services. The Department of Health held a consultation in 2004 '*Proposals to Exclude Overseas Visitors from Eligibility to Free NHS Primary Medical Services*' but no action has yet been taken in relation to this, and updated guidance from the DoH is awaited. Meanwhile HSC 1999/018 still applies. The GPC finds the uncertainty unsatisfactory and would welcome clear, non-discriminatory guidance for primary medical services contractors.

### **Patients stating they are temporary visitors to the UK**

As NHS contractors, GPs have a duty to provide immediately necessary treatment to any patient within their practice area regardless of whether that patient is otherwise entitled to NHS care. GPs are entitled to use their clinical judgement to determine what constitutes INT. This may include INT that is required to treat not only new conditions but also pre-existing conditions that have become exacerbated during the stay in the UK, as well as prescriptions for medication without which the patient's symptoms may become exacerbated.

In theory, GPs can use their discretion regarding treatment of overseas patients. They can register overseas visitors as temporary residents or, if they are in the UK for over three months, can accept them on their lists. Once accepted on a practice's list these patients are entitled to free NHS primary medical services (but not necessarily other NHS services), but like all NHS patients they may be subject to prescription and hospital charges. So in practice current regulations mean that practices have the discretion to offer NHS treatment to most people, whether or not they are overseas visitors. A person who is not automatically eligible for NHS care and has not been accepted onto a practice list or as a TR can still be treated by a GP but on a private basis, for which they can be charged.

### **Residents of European Economic Area countries**

The regulations on the European Health Insurance card state that "EU residents who are temporarily visiting another member state are entitled to receive any necessary treatment which their state of health requires during their stay, on the same terms as a resident of the country being visited. This includes on-going medical care for pre-existing conditions i.e. medication, blood tests and injections." GPs remain entitled to charge for treatment that is not immediately necessary.

All those covered by the social security system of a member state and who are eligible for care in that state

are entitled to be issued with the European Health Insurance Card. It should be used by those staying temporarily, not permanently, in another member state. The card only relates to necessary care; it will not cover someone who decides to have treatment for a condition in another member state and does not confer any extra rights above and beyond the old E111.

EEA countries include: Austria, Belgium, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Irish Republic, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden. Switzerland is included by special arrangement.

### **Bilateral healthcare agreements**

Bilateral healthcare agreements have more significance for hospital treatment than for primary care. However, in theory, as with all overseas patients, GPs have discretion to accept patients from a country with a bilateral healthcare agreement as TRs or on their practice list. Alternatively, they can offer to treat privately on a fee-paying basis (except for INT or emergency treatment). Countries with a bilateral healthcare agreement with the UK are: Armenia, Azerbaijan, Belarus, Bosnia, Bulgaria, Croatia, Georgia, Gibraltar, Yugoslavia (Serbia & Montenegro), Kazakhstan, Kirgizstan, Macedonia, Moldova, New Zealand, Romania, Russia, Tajikistan, Turkmenistan, Ukraine, Uzbekistan and residents of Anguilla, Australia, Barbados, British Virgin Islands, Channel Islands, Falkland Islands, Iceland, Isle of Man, Montserrat, St Helena, Turks and Caicos Islands.

### **Visits specifically for medical treatment**

Any visitor who attends specifically for medical treatment is not normally entitled to NHS services, although, under certain circumstances, particularly relating to EEA countries, eligibility may exist.

### **Patients stating they plan to reside in the UK**

#### **Registering overseas visitors**

Practices should manage an application for registration from an overseas visitor who is in the area for a period of more than six months in the same way as any other applicant, which means that if the practice is unwilling to accept the patient, it must give reasons that are not discriminatory. A practice may decline to accept the person as an NHS patient, inform them of their eligibility to NHS services and offer to treat the patient privately. Dependents who accompany those who are working or are students in the UK for more than six months are entitled to NHS services based on the eligibility of the student/worker.

### GMS CONTRACT REVIEW

The changes to the Statement of Financial Entitlements (SFE) that support the GMS contract revisions came into force on 1 April. The revised SFE has been published on the Department of Health website and the GPC has issued an accompanying guidance detailing the main changes:

[www.bma.org.uk/ap.nsf/Content/focussfe](http://www.bma.org.uk/ap.nsf/Content/focussfe)

All practices should have received 2 copies of the Joint GPC-NHSE guidance detailing the revisions.

Directions to support the new DESs will be issued in June. PCTs must offer all DESs, unamended, to all practices, but the GPC is aware of reports that, for Practice Based Commissioning, some PCTs are proposing LESs in place of the agreed DESs, and asking practices to sign up to these as alternatives. The GPC's position is that PCTs must offer the nationally agreed DESs and cannot alter their content, although they can issue additional LESs for work over and above that already in the DES.

The GPC is also aware of problems arising with the implementation of the choice and booking DES, including problems with availability of appointments for booking that are beyond practices' control. These have been raised with the Choose & Book national team. The GPC is also aware that there are still problems with the introduction of eGFR, as some labs across the country are currently not providing eGFR results required for the CK1 indicator in the revised QOF. SHA leads were given clear instructions to implement this and the GPC will be working to ensure that all have complied. (see page 5 of this Newsletter). With regard to dispensing, discussions are nearing closure on the new Dispensary Quality Scheme.

Stage 2 of the contract review negotiations will take place during 2006-07. Negotiations have not yet begun although GPC negotiators have met with NHS Employers to identify the main areas for discussion. This includes the conclusion of the formula review and issues arising from the White Paper. The negotiators will continue to discuss further the strategy on how to approach Stage 2 negotiations and report to the profession in due course.

#### MEASLES

From: Maggie Barlow, Public Health Specialist,  
SW Peninsula Health Protection Unit - C&IoS Team

The last few months have seen a national increase in confirmed Measles cases. Although this is currently focussed on travelling families, there is a risk of transmission to the general population. In Cornwall, five Measles notifications have been received so far in 2006; none has been laboratory confirmed. It will be valuable to have such confirmation of future cases.

We would be grateful if suspected cases of Measles are notified by telephone to the Cornwall & IoS Health Protection Team on **01726 627881**. A salivary test kit will then be sent to the surgery for that patient. The test should ideally be carried out between two and four weeks after onset of symptoms. (A salivary test kit can also be used to confirm Mumps or Rubella).

The C&IoS HPU Team will also assist in the management of any outbreak situations, should they arise.

#### eGFR

From Shona Blass, GPC Senior Policy Executive

We are aware that some GPs may seek information on referral in relation to eGFR results. We hope the following guidelines produced by the Renal Association to underpin the renal NSF will be of value. These contain referral criteria based upon eGFR results.

<http://www.renal.org/CKDguide/full/Conciseguid141205.pdf>

#### NEW GPC GUIDANCE

The following new Guidance from the GPC is available on the GPC website, or by request from the LMC Office.

LMCs members have all received copies with their latest meetings papers:

- **Implementing the IM&T DES: Data Accreditation**
- **APMS**

### HOME OXYGEN UPDATE

Extracts from an email from **Carla Miller,**  
**Primary Care Contracting Advisor - South West**

The Department of Health and NHS have been working closely with the new oxygen supply companies to develop transitional plans to support continuity of supply and the safe transfer of all patients to the new service. The new contracting arrangements were introduced on 1 February, and transitional arrangements will operate until 31 July. Because of problems during the first month of the transitional period a senior NHS lead was appointed to help ensure smooth and effective implementation of the new arrangements on 1 August. The DH Contract Management Unit, DH and SHA have been working closely with suppliers to ensure that proposed transitional plans are robust and fit for purpose. Good progress has been made but further work is still required. Each plan has been developed to meet the needs of the region(s) the suppliers operate in and is being assessed on an individual basis. Meanwhile, advice to patients remains the same:

*Where patients who require cylinders have not yet been transferred to the new service, they should continue to seek a prescription (FP10) from their GP and take it to one of the community pharmacies that continue to supply oxygen cylinders. NB GPs should write a HOOF at the same time as the first prescription and fax this to the oxygen supply company, then continue to issue FP10s until the patient has been transferred to the new supplier.*

#### HOOF

A new HOOF is being developed for primary care practitioners to use if they choose to. A simpler order form has been piloted in the Thames Valley and early feedback indicates that a simpler form would be welcome.

#### SUIs

We hope to issue agreed guidance shortly on reporting serious untoward incidents and other adverse incidents involving the home oxygen service.

#### Communications

A new communications strategy and a tactical plan are being developed. The home oxygen section of the PCC website will be updated to include refreshed Q & As and dedicated patient and clinician sections. The news bulletin will continue to be issued, but as we are aware that there is now a very high number of subscribers including patients and journalists, we may decide that it is more appropriate to communicate some updates – such as this – to you via the NHS cascade system.

This has been a difficult time for some PCTs, primary and secondary care and we would like to thank everyone for their hard work and commitment in the transition period. Please be assured that everything possible is being done to expedite a safe and smooth transition.

### IM & T

#### Support Services Guidance (SLA)

The IM&T Support Services Guidance (previously referred to as the Service Level Agreement or SLA) is now available on the Department of Health's website at the following link:

[www.dh.gov.uk/assetRoot/04/13/38/67/04133867.pdf](http://www.dh.gov.uk/assetRoot/04/13/38/67/04133867.pdf)

#### System Choice

LMCs can access the recent guidance issued on system choice at the following link:

[www.connectingforhealth.nhs.uk/delivery/serviceimplementation/engagement/gps/systems\\_of\\_choice/gpsoc.pdf](http://www.connectingforhealth.nhs.uk/delivery/serviceimplementation/engagement/gps/systems_of_choice/gpsoc.pdf)

#### Read Codes for the new QoF

The Read Codes for the new Quality and Outcomes Framework can be accessed at the following link:

[www.primarycarecontracting.nhs.uk/145.php](http://www.primarycarecontracting.nhs.uk/145.php)

### FREEDOM OF INFORMATION ACT

The Information Commissioner has decided to extend the lifetimes of current practice publication schemes for at least two years, which means that there will not after all be a requirement for GP practices to rewrite their schemes and submit them for approval by October this year.

Practices are still required to keep their existing schemes up to date, and notify the Information Commissioner of any changes or deletions.

The Information Commissioner will be producing guidance about the anomalous position regarding the records of deceased patients. A date for the publication of this guidance is not yet available. Meanwhile, however, the IC will give advice on a case by case basis, should practices require it.

### **BUPA FOUNDATION AWARDS 2006**

We have been asked to distribute information on the 2006 BUPA Foundation Awards, which recognise exceptional achievement in health care and research.

The BUPA Foundation Awards, which is now in its 27th year, promote excellence in six key categories:

- Care: for the development of care for older people
- Communication: for effective communications between health care professionals and patients
- Clinical excellence: for work that demonstrates an improved clinical outcome for patients
- Health at work: for excellence in occupational medicine
- Epidemiology: for excellence in the epidemiological study of human disease
- Research: for the best emerging medical researcher in the UK.

All entrants are invited to send in short applications profiling their work. Winners will receive a prize of £10,000 in each category. Applications are invited from clinicians, researchers and allied health care professionals. Applications for the Health at Work Award will also be accepted from professional practitioners who are not required to be medically qualified.

For full details visit [www.bupafoundation.co.uk](http://www.bupafoundation.co.uk)

For applications forms contact:

The Awards Administrator, The BUPA Foundation, 5th Floor, BUPA House, 15-19 Bloomsbury Way, London WC1A 2BA  
Tel 020 7656 2246  
Email [iona@chessells23.fsnet.co.uk](mailto:iona@chessells23.fsnet.co.uk)

### **SALARIED GPs: PRESCRIBING NUMBERS**

Following pressure from the GPC, Sessional GPs and Clinical and Prescribing Subcommittees, the GPC is pleased to report that Salaried GPs are now entitled to have their own prescribing number. PCTs can apply to the NHS Information Centre (GMS Team) for an individual unique number for each of the Salaried GPs on their Performers' List. The LMC therefore advises Salaried GPs to contact their PCT for a prescribing number.

The GPC continues to make representations for locum GPs also to have a unique prescribing number.

### **PRACTICE BASED COMMISSIONING**

An email was sent to all Strategic Health Authority (SHA) PBC-leads by the Department of Health's PBC Implementation Team on 5 April, re-emphasising that practices should receive or access a minimum of 70% of freed-up resources, and that only the remaining percentage should be retained by PCTs at the end of the year, **regardless of their financial position**. The relevant extract of this guidance is:

“We expect PCTs to adhere to the agreement that of any resources freed up against the practice budget under PBC, at least 70% should be available to the practice for reinvestment in patient services, and up to 30% to the PCT. Adhering to this agreement is important in providing appropriate incentives for practices to take up PBC and to progress service redesign.”

The guidance is also available online at the following website (go to the 'PBC news' section then the 'Statement on budget setting' article):

[www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/Commissioning/PracticeBasedCommissioning/fs/en](http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/Commissioning/PracticeBasedCommissioning/fs/en)

The GPC welcomed this further clarification from the DH, but felt that it could have been more strongly worded and would not necessarily prevent misinterpretation on this point at a local level. As a result, the GPC will issue guidance in due course which will suggest some clauses for practices and consortia to include in their contracts with PCTs, in order to avoid disagreement on the division of freed-up resources at the end of the year.

**SALARIED GP VACANCY - LOSTWITHIEL**

Lostwithiel Medical Practice in South East Cornwall are looking for a Salaried GP

- 4-6 sessions per week
- Semi-rural dispensing practice
- 4,800 patients
- To start July/August 2006

Applications/enquiries to:

Dr R. W. Howe or Mrs A. Bone,  
Lostwithiel Medical Practice, North Street,  
Lostwithiel, PL22 0EF  
tel. 01208 872589  
e-mail:  
amanda.bone@lostwithiel.cornwall.nhs.uk

**POLKYTH SURGERY, ST AUSTELL -  
SALARIED DOCTOR VACANCIES**

Excited about the future of General Practice?  
Not intimidated by the changes but seeing them  
as a challenge?

We are looking for salaried doctors to join our  
forward-thinking surgery, dedicated to improving  
the service to our patients whilst maintaining our  
treasured quality of life in one of the most  
sought-after corners of the country.

- Potential for flexible working hours
- Excellent salary
- Full compliment of dedicated and  
hardworking staff
- Exceptional QOF achievements and BIGGER  
plans for the future!
- Envious reputation
- Special interests encouraged
- Infamous Christmas parties!!

Come and show us why you could become an  
important part of our plans.

If you're who we are looking for, send us your  
CV and a covering letter or feel free to contact  
Dr Travis or Dr Tempest for an informal chat or  
visit. Tel: 01726 75555

Closing date: 31 May 2006

**PAYROLL, PENSIONS, BOOK-KEEPING,  
ROTAS, OFFICE MANAGEMENT**

**From: Helen Gilbert**

**Need a hand?**

As you are no doubt aware, within days of  
taking over the Out of Hours service, Serco  
announced plans for a major overhaul of  
KernowDoc's management and admin structure.  
Among the twenty or so posts to go was mine –  
Finance Manager and Pensions Officer.  
Having worked with the GPs and Practice  
Managers of Cornwall and IoS for more than  
seven years in the finance and rota fields, I am  
sure you know what I can do and the standard of  
my work. I will be made redundant on Friday  
26 May and from then on I would like to offer  
my services to any Cornish GP practices in need  
of temporary or part-time help, for example  
covering sickness, holiday, maternity or special  
projects.

Reasonable rates, references available.

Please contact me if I can be of use to you.

**e-mail:** [helen@armcot.freeserve.co.uk](mailto:helen@armcot.freeserve.co.uk)

**Tel:** 01736-810544

**Mobile:** 07836-770075

**Address:** Armoury Cottage, St Buryan,  
Penzance TR19 6BB

**FLU PANDEMIC PREPARATION**

There is now a section on the BMA website,  
open to all GPs, on flu pandemic preparations:

[http://www.bma.org.uk/ap.nsf/Content/  
Hubflupandemicpreparations](http://www.bma.org.uk/ap.nsf/Content/Hubflupandemicpreparations)

You will find within it a Service Continuity Plan  
and relevant guidance on creating an  
individualised Plan for your practice. It is  
intended that more items will be added to this  
part of the website in due course.

**DR BASIL BILE WRITES ...**

GP Partnerships are damaging the NHS according to experts now crawling out of the woodwork at a suspiciously alarming rate, prompted and prodded no doubt by 10 Downing Street. Since the Titanic was built by "experts" don't expect me to go overboard with enthusiasm to embrace their point of view. Kingsley Manning, former adviser to the Health Select Committee, said GP partnerships hindered the ability of practices to take on more work and take part in Practice Based Commissioning. In the new competitive market he banged on, the 1948 model with partnerships of equity partners was doomed. Apparently we need to create more corporate (or was it corpulent?) structures to increase productivity and cut costs. Roy Silly Lilley (honoured by an invitation to Devon LMC's forthcoming beano which I hope you will attend dear readers taking plenty of rotten fruit) continues this anti family doc theme by stating that "*GP partnerships are the curse of the NHS*" adding that "*GPs would rather buy their mistress a fur coat than reinvest profits back in their practice*".

Well first of all can I say that I sincerely hope my mistress is not reading this, or she may be in danger of developing expectations well above her station. Secondly, female partners do not have mistresses unless they are of a certain persuasion, so I find his remarks repugnantly sexist and have forwarded them to the equal opportunities board. Thirdly, for your information Mr Smartarse Lilley, I have been reinvesting profits in my practice for the last 25 years, hence the rather splendid goldfish bowl in the surgery waiting room, magnificently cost effective

for the NHS as the one fish it contains is made of plastic. If only secondary care trusts had been as wise and responsible with their investment the NHS might not be in the not-so-pretty pickle it currently is, led there I would remind you by the likes of Health Select Committee advisers and independent health analysts such as La Manning and Le Lilley. Sadly even the BMA in the cuddly shape of GPC deputy chair Dr Laurence Buckman agrees that practices need to merge to work in fewer bigger blocks. I guess the salaried partner status of our surgery cat Dr Tabitha could be at risk if we were to enter into some sort of collaborative arrangement with a neighbouring outfit not used to innovative thinking.

The GPC has also stated in recent weeks that it has some anecdotal evidence that some PCTs were biased towards alternative providers. Well thank goodness we can all sleep safely in our beds in Cornwall and the Isles of Scilly knowing for certain that is NOT the case in our neck of the woods! According to the GPC the only way we GPs can compete in the new world is by drawing up a painstakingly detailed business plan and giving a first class presentation for the selection panel. With any luck the brown envelope stuffed with used fivers won't then be necessary and can be invested in some plastic seaweed for the waiting room tank. Anyone want to join me in a bigger block? Applications, complete with painstakingly detailed business plan and fur coat, to Dr B.Bile c/o Ms Ann Summers, LMC Secretary General, St Austell YMCA. Well stuffed brown envelopes mandatory....