

LMC NEWS

Cornwall & Isles of Scilly Local Medical Committee

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No. 185 May/June 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). See also our website at www.kernow-lmc.co.uk

ANNUAL MEETING OF GPs IN CORNWALL AND THE ISLES OF SCILLY

NOTICE is hereby given that the Sixteenth Annual Meeting of GPs in Cornwall & the Isles of Scilly will be held on Tuesday 11 July 2006 at 5pm, at The Rugby Club, Tregorrick Park, St Austell.

This meeting will follow on after the July LMC meeting, and will be a brief, formal meeting for the purpose of signing off the Annual Report and Accounts for 2005 (already approved by the LMC at its May meeting). All GPs in Cornwall and IoS, Principal and Non-Principal, are welcome to attend. Copies of the Annual Report, together with the Minutes of the 2005 Annual Meeting, will be sent to all practices shortly. Further copies are available on request from the LMC Office.

An Extraordinary Meeting of GPs in Cornwall & IoS is planned for later in the year, when the agenda is likely to include presentations on Practice Based Commissioning, and on the new Pharmacy Contract and its likely effects on General Practice.

PRIMARY CARE OUT OF HOURS SERVICES

As reported earlier this year, the LMC is conducting a survey of ten practices around the county to assess the impact of primary care out of hours services upon in-hours services in the two months before and after the hand-over from KernowDoc to Serco.

GPs have surrendered their 24-hour contractual responsibility, and the LMC's remit in respect of out of hours services is therefore now confined to:

- representing the interests of its GP constituents in respect of workload issues, including pensions.
- ensuring that, if there should be a significant increase in the in-hours workload, this is drawn to the attention of the PCTs who are responsible for commissioning the service.
- reporting to the appropriate authority (PCT or GMC) if there is reason to believe that patient safety is being seriously compromised.

It is not part of the LMC's remit to monitor the *quality* of the out of hours service: that is the PCTs' job. It is therefore not appropriate for the LMC to take up the many individual complaints which we have been receiving from GPs and patients about the quality of service now being provided: instead, we advise that all complaints should be made in writing to Serco and to the appropriate PCT Chair, with a copy to the GP or patient's MP (in order to ensure that the complaint does not simply vanish into the ether because no one is quite sure whose responsibility it is to deal with it - we have already had reported instances of Serco staff refusing to accept complaints because "that's nothing to do with us - you need to talk to the PCT").

We would also appreciate receiving copies of complaints at the LMC Office, in case they do in fact include aspects which are appropriate to the LMC's remit in respect of out of hours services.

CORNWALL SUICIDE AUDIT

From Dr Stuart Davison, Mental Health Lead, North and East Cornwall PCT

Dear Colleague,

Below is letter that will be sent out as part of this audit. I hope you will feel able to contribute to this study which will provide valuable information and help to prevent some avoidable tragedies. We are one of four areas who have been chosen by NIME (National Institute for Mental Health in England) to pilot this study. Eventually it will be rolled out nationwide.

Downderry Building
St Ingung Country Offices
St Ingunger, Lanivet, PL30 5HS
Tel 01208 252525 Fax 01208 252500
sara.roberts@nepct.cornwall.nhs.uk

In professional confidence

Dear Dr -----

Suicide audit in Cornwall

The Government's commitment to see a reduction in the death rate from suicide and undetermined injury is set out in the Department of Health's National Suicide Prevention Strategy for England. In Cornwall we have a local suicide strategy, which is to be monitored and informed by the results of a suicide audit programme.

The death certificate of your patient, the late -----, date of birth **.**.19**, suggests that he/she might have died by suicide.

Completion of the attached questionnaire about this patient has been commenced. I would be most grateful if you would fill in as much of the remaining information as you are able to. If you need hard copies of the patient's notes please request them from the Primary Care Support Agency (PCSA). Would you please then return the questionnaire to Sara Roberts, Public Health Specialist, in the enclosed envelope, and return the patient's notes to the PCSA.

All deaths with a Coroners' "Open Verdict" are included in this enquiry. If you don't think that this particular patient died by suicide, please record this opinion on the questionnaire.

The purpose of the suicide audit is to monitor trends, produce periodic reports and assess performance against the local suicide strategy. The outcomes will drive service review, with the aim of seeing a continued reduction in the rate of suicide across Cornwall.

Please note that, whilst the information collected for this audit will be treated as confidential, under exceptional circumstances (e.g. via court order) it might be made available to the public. Please bear this in mind when completing the questionnaire.

If you have any questions about this audit and how the results will be used please contact Sara Roberts on 01208 252540.

Thank you very much for your time and trouble.

Yours sincerely

Denis Cronin
Director of Public Health
N&E Cornwall PCT

Dr David Miles
Director of Public Health
West of Cornwall PCT

Felicity Owen
Director of Public Health
Central Cornwall

B&B

Short-term Bed & Breakfast accommodation available for Locum Doctors, Bank Nurses etc. Homely, friendly en-suite rooms available within walking distance of St. Austell Town Centre.

Reasonable rates.

Please telephone or e.mail Mrs Carol Faux for details: Telephone 01726 64443

e.mail casa.mia@tiscali.co.uk

SALARIED POST/LONG-TERM LOCUM WANTED

From Dr. Stephen Ward-Booth
BChB, MRCP, DFFP

I am relocating from Devon to Cornwall due to wife's job for a minimum of one year (October 2006 to October 2007), and am seeking a salaried post or long term locum within commuting distance of Truro.

Hardworking, flexible, decent CV and references.

For details please contact me on 07905123457/01803849139 or at swardbooth@nhs.net

DRUGS AND THERAPEUTICS BULLETIN

The Department of Health has withdrawn its contract from the Drugs and Therapeutics Bulletin, which means that GPs will no longer receive it free every month.

The GPC Chairman has written to both Sir Liam Donaldson, Chief Medical Officer, and to Andy Burnham, Minister of State for Delivery and Quality, to ask that they reconsider this decision in light of the value the Drugs and Therapeutics Bulletin gives to general practitioners in aiding prescribing decisions.

The GPC is concerned that this is a short-sighted move, and will probably end up costing the NHS far more than it saves in the long run.

VAULT SMEARS

In February this year, GPs were notified of a review of "ceasing" rules relating to vault smears.

This resulted in the development of new national software to be applied from March 2006, under which the National Cervical Screening Call/Recall system would no longer issue results or invitation letters for vault samples, and all results and further follow-up would become the responsibility of the sample taker.

However, following feedback from various sites, both locally and nationally, the issue of vault smears has now been discussed by the National Colposcopy Group and the NHSCSP, and as a result the release of the new software has been put on hold until January 2007, when new guidance/protocols on follow-up of this category of patient will be issued.

FREEDOM OF INFORMATION ACT AND QUALITY AND OUTCOMES FRAMEWORK DATA

It is likely that many practices will soon be receiving requests from the media under the Freedom of Information Act for details of their QOF results for this year.

Advice on this issue from the GPC on the FOI Q&As on the BMA website still stands:

19. We are receiving requests for Quality and Outcomes Framework (QOF) data. Should we disclose this information or is it exempt?

A: Under Section 22 of the Freedom of Information Act, data which is intended for publication would normally be exempt from disclosure. Consequently it is legitimate to refuse to disclose information on QOF before it is published.

(Once QOF data have been published, practices receiving FOI requests can simply refer enquirers to the appropriate websites).

COUNTER FRAUD AND SECURITY MANAGEMENT

From: Tracey Rogers, Corporate Support Manager/Local Security Management Specialist

NHS Security Management Services, launched in 2003 as part of the Counter Fraud and Security Management (CFSMS), part of the newly formed Business Services Authority responsible for the management of security within the NHS. With the NHS in a constant state of change and service reform, areas as detailed within the strategy document along with the CFSMS statutory instructions are likely to impact on community and acute sites' existing security systems. To address this, the Directors with the responsibility for security management within the various health bodies in Cornwall have formed a Countywide Counter Fraud and Security Management Group, to develop a comprehensive approach to ensuring a safe and secure environment and pro-active methodology to security. The Group meets quarterly with the aim of:

- Compliancy with the Secretary of State Directions
- Compliance with the Health Care Commissions Standards for Better Health
- H&S at Work Act re Violence and Aggression
- Sharing good practice
- Unification of policies and procedures while addressing local requirements
- Promoting a pro-active approach to security
- Developing concordats between public sector bodies
- Identifying specialised training for all staff
- Specific training such as Conflict Resolution
- Identification of potential offenders
- Criminal Legislation
- Safe storage of toxins, pathogens and controlled medication
- Protection of property and assets
- Enhanced powers for NHS bodies

The Group's remit extends to the protection of all NHS resources, including protecting staff from violence and abuse, equipment from vandalism and theft, buildings from wilful damage and patients from the consequences of all security breaches. To address the issues of violence and aggression, it has produced the NHS Security Management Charter, which can be found at <http://www.cfsms.nhs.uk/pub/sms/documents>.

There are Local Security Management Specialists (LSMS) across the county working within the Community and Acute service and specifically tasked with investigating incidents of violence and aggression, theft and criminal damage. Through co-operation and a joint approach to security matters, LSMSs and Countywide Security Advisors will reduce losses to the NHS.

If you would like to attend meetings or have a particular concern you would like to see discussed, please contact Mark Steer Mark.Steer@cpt.cornwall.nhs.uk

MEDICAL PERFORMERS' LIST

It has just come to light that a Salaried GP has been working for a Cornish practice and for KernowDoc without being on a Medical Performers List.

We have been asked to remind Practice Managers that all GP Non-Principals who work in the practice - Locums, Retainers, Salaried GPs - must be on a Medical Performers List in England, **and that it is the responsibility of the practice to verify this before employing the doctor.** Being on a Performers' List in Wales or Scotland does not cover a doctor for working in England.

All doctors who are on a Medical Performers' List will have had a letter from their PCT confirming this, which they should be able to show to the Practice Manager. Alternatively, if the doctor is on the Medical Performers' List in Cornwall and Isles of Scilly, the Practice Manager can verify this by looking on the Intranet site or by contacting Christine Pascoe at the PCSA.

GMS CONTRACT REVIEW

The GPC Negotiators have given an update on their approach to stage 2 of the GMS contract review taking place during 2006/07. The GPC is aware of widespread and serious concern amongst the profession that the principles of the GMS contract negotiated in 2003 are being eroded, and equally aware of the very clear message that any further moves in this direction would be unacceptable. This stance will provide the basis for the GPC's negotiations with NHS Employers.

To preserve the value of the contract in real terms, after two years of zero inflationary uplifts, the GPC believes that an appropriate increase, applied to global sum/correction factor, QOF and DES values is an absolute necessity in 2007/08. Additionally the GPC position is clear that any new initiatives must be supported by appropriate levels of further investment.

Work continues on the review of the GMS allocation formula. The main brief for the Formula Review Group was to evaluate whether the current formula delivers a fair distribution of resources, based on those factors currently included in the formula, those in the original commission, and the introduction of additional factors where they are supported by evidence, and make recommendations on whether fairer distribution could be achieved. The Group will present its report in the next few months. However early findings from the detailed work undertaken has shown that the existing formula may not be as unfit for purpose as many intuitively feel it is, and that the main problem is the grossly inadequate level of funding.

Further information will be provided to the profession as negotiations progress.

OLYMPIC TORCH "INVITATION" VIRUS HOAX

Many thanks to Dr Andrew Crawshaw for the substance of the following:

If you receive a message about an "Invitation" virus, please take no notice - this is not a virus. It is a hoax (see <http://www.hoax-slayer.com/olympic-torch-virus-hoax.html> for details). The message claims that an email with an attached file called "Invitation" contains a virus that will open an Olympic Torch that destroys the computer's hard drive. A recent example:

WARNING

You should be alert during the next days: Do not open any message with an attached file called "Invitation" regardless of who sent it. It is a virus that opens an Olympic Torch which "burns" the whole hard disc C of your computer. This virus will be received from someone who has your e-mail address in his/her contact list, that is why you should send this e-mail to all your contacts. It is better to receive this message 25 times than to receive the virus and open it. If you receive a mail called "invitation",

though sent by a friend, do not open it and shut down your computer immediately. This is the worst virus announced by CNN, it has been classified by Microsoft as the most destructive virus ever. This virus was discovered by McAfee yesterday, and there is no repair yet for this kind of virus. This virus simply destroys the Zero Sector of the Hard Disc, where the vital information is kept.

SEND THIS E-MAIL TO EVERYONE YOU KNOW, COPY THIS E-MAIL AND SEND IT TO YOUR FRIENDS AND REMEMBER: IF YOU SEND IT TO THEM, YOU WILL BENEFIT ALL OF US.

These claims are untrue, and the message is simply a rehash of the long running "Virtual Card for You" virus hoax, and should not be taken seriously. If you receive this hoax message, please do not forward it to others. Virus hoaxes such as this one do nothing more than clutter inboxes and spread misinformation.

If you receive a virus warning via email, always take the time to check the veracity of the message on a reputable anti-virus or anti-hoax website.

DISPENSING GPs - CHANGES TO FP10 ENDORSEMENT

There has been a change in the way the PPD (formerly the PPA) deals with reimbursement of drugs in Part VIII of the Drug Tariff, which has the potential to affect a number of dispensing practices.

From 1 April, if an item is prescribed generically but a proprietary brand is dispensed, reimbursement will be made at the generic price if the item is in Part VIII of the Drug Tariff, regardless of any endorsement the practice may have made on the FP10.

If dispensing doctors intend to dispense a proprietary brand they **must also prescribe it by brand name and not as an endorsement**. (This only applies to Part VIII products).

The PPD did not consult the GPC about these changes nor the accompanying guidance, and the GPC is aware that some practices have been affected financially as a result. The GPC and Dispensing Doctors' Association (DDA) have been in contact with the PPD to discuss this, and have been told that the PPD has a team working through the April 2006 dispensed prescriptions to confirm whether dispensing practices are providing a dispensing endorsement for Part VIII generic prescriptions.

The PPD have begun to contact the affected practices to confirm that they have received the dispensing endorsement guidance that was sent at the beginning of March 2006. They are going through the endorsing guidance to ensure they both understand the reason for the change in the process and what they can do to reduce unnecessary endorsements and reassuring those dispensing practices that during April, May and June 2006 dispensed prescriptions reimbursement will not be impacted by the change in the process.

The PPD have asked the GPC to assure dispensing practices of the action being taken but that it will take some time for all of the affected dispensing practices to be contacted. Any individual dispensing practices that wish to contact the NHSBSA should ring on 0191 203 5408; the staff manning that number have been fully briefed.

One copy of the PPD guidance has been sent by the LMC Office to every dispensing practice in Cornwall and IoS: further copies are available on request.

**PATIENT DEMOGRAPHIC SERVICE -
LETTER TO GPs FROM BMA AND RCGP**

Dear Colleague,

We recently raised concerns about security issues within PDS and the encouraging response and resultant collaborative work between the profession and *NHS Connecting for Health* has gone a good way towards starting to resolve these.

One such piece of work has been the production of this booklet which explains the purpose of and the need for a Patient Demographic Service (PDS) and gives reassurance that this will not contain clinical information. There are still important issues related to the sharing of demographic data and we must remain vigilant and aware of our responsibilities within general practice. Administrative staff who have permission to use 'Choose and Book' will have access to the demographic information of a large number of patients. We are pleased to hear that joint work is underway looking into a number of possible mechanisms to limit and appropriately focus these access rights whilst still allowing patients to be reliably identified, regardless of where they present for healthcare.

At the moment there is no clinical record content available on the spine. We are in discussion with *Connecting for Health* to ensure that there are simple and secure ways to ensure that only appropriate and adequately trained professionals can alter the consent for sharing flag which is currently sitting on the spine. As we start to realise the benefits of shared records the quality of the information and the ways in which we ensure it is stored and managed are likely to come under more scrutiny. Educating ourselves and our colleagues is an important part of this process. The new IM&T DES provides a route to funding for the education to attain the necessary skills in recording information and the governance requirements as set out in the Good Practice guidelines for general practice electronic patient records.

We welcome plans to restructure the governance bodies overseeing the NHS Care Records Service which will ensure that clinical "sign off" is required before new applications are released into practice. It is through encouraging clinical engagement and collaboration in this process that we believe we will best be able to work in the best interests of our patients and to protect their confidentiality.

Dr Mayur Lakhani
Chairman, RCGP

Dr Hamish Meldrum
Chairman, GPC

IM&T DES

Following the release of *Implementing the IM&T DES: Data accreditation* (www.bma.org.uk/ap.nsf/Content/imtdes0406) in April, the GPC has issued the following further clarification about the expected time-frames of the DES:

The resources available for the IM&T DES are spread over two financial years. Practices therefore have until 31 March 2008 to meet the requirements of the entire DES. Planning for the work of the DES should already be under way in practices and PCTs.

The first stage of the process is the practice's submission to the PCT of a plan for the take-up of the DES. Templates and supporting documentation are being prepared centrally to enable PCTs and practices to ensure they cover all requirements of the planning process (although it is recognised that many PCTs may have already prepared their own documentation).

A major component of the DES is the data accreditation process. The PRIMIS+ team have developed training resources designed to equip their facilitator network to assist practices in preparing for the data accreditation work. Practices should engage with their facilitator(s) to improve their data quality and apply for accreditation.

PCTs will need to prepare to assess practices' data accreditation standards. The PRIMIS+ team will make available courses for assessors by September of this year. In order to access training, it is essential that PCTs identify appropriate assessors for the accreditation process before September. Templates and supporting documentation to support assessors are also being prepared by the PRIMIS+ team.

The menu of e-audits which will be used for the quantitative analyses of practice data will be published in the summer after they have been piloted for validity.



PENINSULA

MEDICAL SCHOOL

UNIVERSITIES OF EXETER & PLYMOUTH

CLINICAL SMALL GROUP LEARNING TUTORS

The Peninsula Medical School is a joint initiative between the Universities of Plymouth and Exeter and the NHS. It is the fastest growing medical school in the UK and has an impressive track record in research and teaching. The success of the School has been confirmed by the award of a significant expansion in undergraduate medical student numbers and also by the establishment, following a national competition, of the Peninsula Dental School, the first new dental school in the UK for over 30 years.

These are part time appointments available within the Institute of Clinical Education at Peninsula Medical School at both Exeter and Plymouth locations.

Small group learning is one of several key components of the Peninsula Medical School curriculum and we are seeking a number of medically qualified small group learning tutors to facilitate the delivery and development of the undergraduate medical course. You will have a medical degree and have full registration with the GMC and Medical Defence Organisation. The role will require providing facilitation of small group learning in different educational contexts within the programme. These include problem based learning groups, applied human science groups, teaching in the life science resource centre and in the clinical skills resource centre.

Candidates should have an interest in medical education and be prepared to contribute to course management, curriculum development and quality assurances as appropriate to the role(s) assigned).

Previous experience of small group facilitation is highly desirable although further training will be provided specific to the roles as part of an induction to the School.

The post holders will either have a substantive contract with an NHS Trust in the peninsula or be working in general practice and will be given an honorary contract with the Medical School (through the University of Exeter or Plymouth depending on location). The post holder will be eligible for an honorary Lecturer or Senior Lecturer title as appropriate to experience.

Remuneration will be to the NHS Trust through a Service Level Agreement with the Strategic Health Authority or through the G.P practice. Negotiation of changes to job plans will be through the NHS Trust appropriate Directorate and the hospital sub dean or GP practice.

Informal enquiries should be made to Dr Margaret Somerville on 01752 238039 Or Dr Margaret Elzubeir on 01752 238035 although applications must be made in accordance with the details shown below.

For a detailed job description and an application pack please email jobs@pms.ac.uk or request via the job vacancies section of the PMS website <http://www.pms.ac.uk> or telephone 01752 437448 quoting reference no: 6681/PMS.

CLOSING DATE: 12 NOON, FRIDAY 16th JUNE 2006

DR BASIL BILE WRITES ...**WORLD EXCLUSIVE**

In what is being described as the night of the long knives, LMC Chairman Dr Phil Dumbit wielded his axe ruthlessly in a cabinet reshuffle that shook the world of medical politics to its core (hard core in the case of Cornwall LMC). Out went the Ghastly Gunnislake Gob after allegations of sexual harassment when he offered to show LMC assistant administrator Ms Sunrise Molestrangler his pet python. Out went Ashtray Rooster for repeatedly interrupting LMC meetings for countless toilet breaks. And out went Mary Tightfit for laughing at the Gunnislake Gob's pet python which escaped during one of Ashtray's toilet breaks. To cap it all in another shock disclosure long-serving LMC Secretary General Ms Ann Summers announced she was leaving in the summer to spend more time on her gardener [*Shouldn't that be on her garden?* - Ed] [*No - mind your own business* - Basil], although her recent mysterious ankle injury may have hastened her departure. This followed the publication on the front page of the Gorran Haven Gazette of photographs of her falling from a pole in a lap dancing club in Mevagissey whilst skilfully managing not to spill a single drop of her G&T. You have to admire her spirit, not of course forgetting her tonic. Skimpy Straps, the manufacturers of the G-string she was wearing at the time of the sickening accident, denied the garment had anything to do with the injury she sustained, although they now stand to lose millions in sponsorship deals since Ms Summers has been declared unfit to go to the world cup with the England squad.

Rumours are rife that Dr Dumbit has

completely lost the plot, especially since Vice-Chairman Rabid Rob has been allowed to keep his grace and favour home in Camborne. His desperate attempt to halt the LMC's alarming slump in the opinion polls by the hasty injection into the cabinet of young unknown Dr Dicky Clappedout of no fixed abode and the former trappist monk Dr Interruptio Zabaglione from the Rump Peninsula may prove to be too little too late.

It hardly helps that the comics recently sported headlines such as "*Hewitt Bullish on GPs hours*" and "*Death Knell for the Personal Doctor*". In my ever humble opinion, describing our batty Sec of State for Health as "silly mooish" might be more to the point than "bullish", but I realise that would be horribly politically incorrect on two counts. Firstly it would upset the women's rights movement and secondly it would upset the animal rights movement, so I will withdraw the remark instantly as I have no wish to have my home daubed with any more graffiti than currently exists. "*Highest paid GPs in Europe*" is scrawled on my front door in felt tip pen, whilst "*We want evening surgeries*" adorns my garden fence in luminous white paint. A Miss Patricia Halfwit of Westminster is helping Devon and Cornwall police with their enquiries.

Mind you our home did have rather a lot of obscenities decorating its walls when we bought it in the first place. It seemed a real bargain at the time, being as it was a disused public toilet going for a knock-down price. However, as Belinda never fails to remind me, it was my idea to call it "The Cottage" which has led unfortunately to some rather sordid misunderstandings with late night visitors.....