

LMC NEWS

Cornwall & Isles of Scilly Local Medical Committee

IN THIS MONTH'S NEWSLETTER :-

No. 186 June 2006

- Patient transport services 1
- 3-level rating system for GPs? 1
- Personal administration: SFE changes 2
- Bones and Joint Awareness Week 3
- Mermaid Centre news 3
- Customer excellence award 3
- Choice & Booking DES and Referral Management . 3
- Flu pandemic planning 4
- National Patient Database - GPC view 4
- First Practice Management 4
- Performing Rights issues 5
- Pharmacy matters 5
- Scam alert 5
- Dr Basil Bile writes 6

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

PATIENT TRANSPORT SERVICES

The LMC has just been notified by the Practice Managers' Forum of new arrangements by the PCTs for the administration of non-urgent patient transport services, previously commissioned from WAST. These arrangements apparently comprise imposing a substantial additional workload on General Practice, including a complicated fax form to be completed by hand by the practice. In the past we understand that the patient was simply given a number to arrange transport, an arrangement which the Patients' Forum thought they had been assured would continue.

Administering patient transport services has never been part of GMS, and practices are entitled to decline any such new workload that falls outside their contracts. The LMC will be discussing the matter with the PCTs, and until it is resolved we suggest that practices continue as in the past to give patients the Transport Access Patients (TAPs) number, 01872 223388, and advise them that if they have any problems arranging their transport with TAPs, they should call the PTS Project Manager, Ms Pam Price, on 01872 266388 extension 227.

Non-urgent ambulance transport will continue to be provided by WAST, on 01752 774777.

THREE-LEVEL RATING SYSTEM FOR GPs?

Commenting on the RCGP proposal, reported in *The Times* of 6 June, that GP surgeries should be inspected for a three-level rating system, GPC Chairman Dr Hamish Meldrum said:

"We already have a brand new quality rating system in general practice. It is called the Quality and Outcomes Framework and was introduced in April 2004 as part of the new GP contract. Today's announcement of a separate rating system seems a bit like reinventing the wheel.

"Rather than being a crude measure of three levels as proposed today, the QOF covers not only clinical quality but the way a practice is run and responsiveness to patients. Practice scores are in the public domain and I am proud to say the average score for UK practices was well over 90%. We already have a valid and reliable measure to show the public what sort of service they are getting from their family doctor practice.

"We are always willing to consider and discuss practicable and deliverable ways of demonstrating quality of service. I would need to see much more detail of what is proposed but there is a danger that if this new idea is introduced on top of the existing QOF inspections, annual appraisals and imminent revalidation for doctors, so much time will be taken up with proving quality that there will be insufficient time to provide patients with the services they need."

He added: "The government has recently abandoned the crude star rating system for hospitals because it didn't work. It seems very strange they are now considering such a scheme for GP surgeries."

Meanwhile LMC staff have faxed *The Times* article to Dr Basil Bile, himself an honorary member of RCGP, we understand, and we eagerly await his considered comments on the scheme "to award Michelin-style stars, so that patients can tell the quality of care offered." In anticipation we have ordered in a stock of fireproof envelopes for dispatching next month's LMC Newsletter.

The LMC Office will be closed from Wednesday to Friday 14 to 16 June inclusive, as we shall all be away at the Annual Conference of Representatives of LMCs

PERSONAL ADMINISTRATION: CHANGES UNDER THE SFE 2006

GPs may be aware that the Personal Administration Fee has now altered under the SFE 2006. Below is a brief description of the changes for non-dispensing practices. A GPC *Focus On* document will be published in due course outlining the changes to dispensing practices of the recent negotiations.

For many years the payment of personally administered items under the old and new contract included:

- The basic price of the drug
- An on cost allowance of 10.5%
- A small container allowance
- An appropriate dispensing fee
- An allowance to cover VAT
- Exceptional expenses

As a result of the dispensing negotiations the personal administration system for all doctors has changed in the SFE 2006. The on cost and container allowance have gone but the dispensing fee has been enhanced. These are the relevant paragraphs from the SFE 2006:

- 17.3 The amounts payable in relation to the provision of drugs and appliances are—
- (a) the basic price of the drug or appliance, which is the price as calculated in accordance with Part II, Clause 8 (Basic Price), clause 10 (A, B and C) (Quantity to be Supplied), clause 11 (Broken Bulk), clause 13 (Drug Preparations Requiring Reconstitution from Granules or Powder) and Part VII (Lists of Drugs with a Commonly Used Pack Size) of the Drug Tariff, less a discount calculated in accordance with Part 1 of Annex G;
 - (b) the appropriate dispensing fee, as set out in Part 2 of Annex G (in respect of contractors authorised or required to provide dispensing services in accordance with Part 3 of Schedule 6 to the 2004 Regulations) or Part 3 of Annex G (in respect of all other contractors);
 - (c) an allowance to cover the VAT payable on the purchase of any products listed in paragraph 17.4 (a)-(e) and which are provided in accordance with paragraph 52(1)(b) in Part 3 of Schedule 6 to the 2004 Regulations. The allowance is to be calculated by applying the rate of VAT applying at the time of a claim to the basic price of the product after the discount calculated in accordance with Part 1 of Annex G has been deducted; and
 - (d) exceptional expenses, as provided for in Part II, clause 12 (Out of Pocket Expenses), of the Drug Tariff.

Personally administered drugs and appliances, and those used for diagnosis

17.4 A contractor who is providing services under a GMS contract may, whether or not the contractor is authorised or required to provide dispensing services to specific patients, be entitled to the payments listed in paragraph 17.3. This applies only in relation to the following products—

- (a) vaccines, anaesthetics and injections;
- (b) the following diagnostic reagents: Dick Test; Schick Test; Protein Sensitisation Test Solutions; and Tuberculin Tests (i.e. Koch Test, Mantoux Test, Patch Test and Diagnostic Jelly);
- (c) intrauterine contraceptive devices (including drug-releasing IUCDs, contraceptive caps and diaphragms);
- (d) pessaries which are appliances; and
- (e) sutures (including skin closure strips).

17.5 In respect of these products, subject to the provisions of this Section, the PCT must pay to all contractors under their GMS contracts the payments listed in paragraph 17.3, as calculated in accordance with this Section – if the products are provided in accordance with paragraph 52(1)(b) in Part 3 of Schedule 6 to the 2004 Regulations.

BONES AND JOINT AWARENESS WEEK**14 - 17 JUNE 2006****Educational Update**

Arthritis, osteoporosis and other musculoskeletal conditions - the greatest causes of long-term disability and pain

11.00 - 14.00 June 15 2006

At the Knowledge Spa, Royal Cornwall Hospital, Truro

For primary and secondary care physicians who wish to be updated in the management of these common conditions which can now be effectively prevented and treated.

11.00 - 12.00 Exhibiton of ways to prevent and manage musculoskeletal conditions

12.00 - 13.00 Musculoskeletal conditions - an update on management by Prof A D Woolf, Department of Rheumatology, RCHT

13.00 - 14.00 Exhibition and buffet lunch

Please register your interest in participating in this meeting by contacting Mrs Madeline Homewood at bjstrategies@rcht.cornwall.nhs.uk

MERMAID CENTRE, RCHT

From Sue Wilson, RCHT

Please ensure that all relevant staff in your practice are aware that with effect from 5 June 2006 the booking of symptomatic appointments is moving to the Central Booking Team at Royal Cornwall Hospital.

The contact telephone number for any queries will be 01872 253409 and the fax number will be 01872 252838.

Please send symptomatic breast referrals to the Booking Team, Carlyon House, Royal Cornwall Hospital. Please continue to send all 2 week urgent referrals through the two week Referral Office by fax to 01872 252300.

The Team Leader responsible for overseeing the booking of symptomatic referrals is Debra Peters who can be contacted on 01872 253525.

CUSTOMER EXCELLENCE

Congratulations to LMC Secretary-Elect Dawn Molenkamp, who took joint first place in this year's Customer Excellence Awards at the Truro College Business Centre, in conjunction with Cornwall Chamber of Commerce and Industry Annual Business Awards.

Dawn received her trophy from former Bank of England Chairman Lord George in a ceremony at the College last month.

CHOICE AND BOOKING DES AND REFERRAL MANAGEMENT

At its May meeting, the LMC expressed concern that North and East Cornwall PCT's dictat that under Choose and Book **all** orthopaedic patients must be referred to Liskeard Community Hospital will mean that GPs cannot not qualify for the new Choice and Booking DES because they cannot offer their patients a choice.

However, in the latest Patient Experience Survey Briefing from NHS Primary Care Contracting, we find that one of the two DES-qualifying factors is not, after all, that the patient recalls being offered a choice by the GP. Instead, the patient has to recall "*a conversation with GP about a choice of secondary care provider.*" So where Referral Management applies, make sure that you have a really memorable conversation with your patient about the fact that the PCT has decided that the much-vaunted patient choice will not be available in their case. Or, as Henry Ford would have said, certainly you can have a choice of colours, so long as they're all black.

Incidentally, when you do have the DES-qualifying conversation with your patient, whether s/he is subject to referral management or not, **do make sure you get him/her to sign a piece of paper confirming that the conversation has taken place** - after all, how many patients will actually remember this eight or nine months later, when they have to fill in their Patient Experience Surveys, upon which your claim for your DES payment will depend?

FLU PANDEMIC PLANNING

In response to the potential threat of a flu pandemic the GPC and Royal College of General Practitioners (RCGP) have been working together through a joint RCGP/GPC Emergency Planning Group (Pandemic Influenza). The aim of the Group is to provide advice and guidance specific to GPs on a range of issues that will need to be engaged in the event of a pandemic.

GP practices are advised to have service continuity plans, for reasons of clinical governance and business planning. Most practices are now in the process of considering what plans need to be put in place in the event of an influenza pandemic.

The joint RCGP/GPC Emergency Planning Group has produced a framework that practices can use to build their own plans, together with a worked example and a PowerPoint toolkit to help practices in developing their own plans.

Practices are very welcome to use the planning framework, but they should be aware that it is intended only to be used as a guide, and that most practices may want to amend it to meet their own needs. In light of this, the framework and guidance can help stimulate discussion amongst practice staff to assist in drawing up their own plans.

In the event of a pandemic, or any major incident, practices will need to liaise with neighbouring practices, their PCT, and other healthcare providers. Practices are urged to share and discuss their plans with other relevant stakeholders.

The joint RCGP/GPC Flu Pandemic Emergency Planning Group's practical guide to help practices plan for and respond to the threat of pandemic flu, *Infection Control for General Medical Practices*, is available at:

<http://www.bma.org.uk/ap.nsf/Content/Hubflupandemicpreparations>

where you will also find links to:

- RCGP/GPC - Service continuity planning framework with comments
- RCGP/GPC - Service continuity planning framework worked example
- Primary care emergency planning toolkit

NATIONAL PATIENT INFORMATION DATABASE - THE GPC VIEW

Dr Hamish Meldrum, GPC Chairman, said recently:

"Family doctors have been in the forefront of using modern technology but have been concerned that the national scheme for an electronic database of patient information is trying to do too much too quickly and could threaten patient confidentiality.

"GPs are anxious to see that the various concerns are addressed before the scheme is rolled out. The BMA's GPs' Committee position is that **patients should be given the opportunity to provide an informed consent before their health record details are put on a national database.** This is particularly important as there is so much uncertainty and a lack of public information at the moment."

LMC members from Cornwall & IoS will debate this and other issues at the Annual Conference of Representatives of LMCs on 15 and 16 June. Our reps are Drs Phil Dommett, Sarah Gray, Bob Harvey, and Alan Middleton, with Drs Paul Abbott, Richard Clapp and Shelagh McCormick attending as Observers.

FIRST PRACTICE MANAGEMENT

From: Ray Wilcox, Director, First Practice Management

First Practice Management is a well-established company providing information and support to medical practices and Practice Managers throughout the UK. One of the services we offer to medical practices is a comprehensive recruitment and selection service for a new practice manager, a service now used by many practices. I know that the LMCs have been asked from time to time whether they know of any company that provides such a service and I hope you will not mind my writing to give you details of what we offer. First our website can be viewed at

www.firstpracticemanagement.co.uk

The extensive section on practice manager recruitment can be seen by going to

http://firstpracticemanagement.co.uk/careers_recruitment/recruitment_overview_PM.htm

and finally the ultimate test of having provided a satisfactory service can be seen from the positive GP comments on the testimonials page at

http://firstpracticemanagement.co.uk/careers_recruitment/testimonials.asp

I would be very grateful if you could bear *First Practice Management* in mind if you are approached for advice about manager recruitment. If there are any questions I can answer then please don't hesitate to call on 01603 813912.

PERFORMING RIGHTS AND MUSIC IN GENERAL PRACTICE

In response to requests from several practices, here is some more detailed advice on the question of whether/when practices are required to pay for music played on their premises.

For telephone music played while "on hold" there is a licence fee of £110.92 + VAT (for 1-5 lines) or £149.74 + VAT (for 6-15 lines). However, if the system supplier has put the music on the system (eg BT or NTL) then the supplier is responsible for obtaining the licence and paying the fee, and the practice doesn't need to worry.

Sarah Hale of the Devon LMCs (many thanks!) tells us that the PRA is currently conducting a "Health" campaign, targeting GP surgeries and dentists who are using music without the appropriate licence. See their website for detailed information: www.prs.co.uk/health.

Some general points:

- If you are already playing music in the waiting room you will need to pay a higher charge for the first year and then a standard charge for subsequent years.
- If you are not playing music but are going to do so in the near future, you will be charged at the standard rate.
- The tariff depends on the number of seats in the waiting room.
- If you are using a CD player as well as a TV/ radio, the number of seats included in the fee reduces.
- Any extra seats incur an extra charge.

Practices are responsible for checking whether they should also be paying for a PPL (Phonographic Performance Limited) licence: see their website at www.ppluk.com. The fee for the PPL licence goes to record companies and performers, and the fee for the PRA licence goes to composers and publishers. The PPL fee is £88.11 plus VAT per annum, regardless of the capacity of the waiting room or how frequently recordings are played.

PHARMACY MATTERS

At its May meeting, the LMC welcomed the Chairman and Chief Executive of the Local Pharmaceutical Committee and the PCT Pharmacy Advisers to discuss issues arising from the new Pharmacy Contract and other matters. This was a highly useful meeting, which we hope will be the first of a regular series.

A number of papers were tabled:

- Medicines Use Review and Prescription Intervention Service Protocol (PCTs' protocol)
- Medicines Use Review (LPC explanatory leaflet)
- Monitored Dosing Systems (LPC explanatory leaflet)
- Disability Discrimination Act Assessment Tool

Please contact the LMC Office if you would like a copy of any of these documents. We hope to publish a summary of each document in future Newsletters.

SCAM ALERT

Many thanks to Devon LMCs for the following:

If you receive a card through your door from a company called PDS (Parcel Delivery Service) to say they have a parcel awaiting collection, and to contact them on 0906 6611911 **DO NOT CALL THEM**, as this is a scam.

If you call them and start to hear a recorded message you will already have been billed £15 on your telephone bill.

If you do receive such a card, please contact Royal Mail Fraud on 02072396655 or ICSTIS at <http://www.icstis.org.uk>

GPs WHOSE PERFORMANCE GIVES CAUSE FOR CONCERN

On Tuesday 7 November the LMC will be running a training course for GPs, PCT lay members and others who are interested in serving as panellists on the LMC/PCT/PCSA Procedure for GPs Whose Performance Gives Cause for Concern.

The greater the pool of trained panellists the better, so if you think you may be interested in taking part, please let Dawn Molenkamp have your name, and she will be in touch with you nearer the date with details of what the day involves.

DR BASIL BILE WRITES ...

Our chums recently newly in residence at Cudmore House, Kernow Urgent Profits Services (KUPS) or some such name, seem to be attracting a lot of media attention of late, and to be honest I am a tad envious. After all, there's supposed to be no such thing as bad publicity. Firstly there was a great trumpeting and harrumphing back in the spring when lambs are gambolling in the fields and PCTs are gambling with contracts to alternative providers. "*Cornish Doctors will treat Cornish Patients*" bellowed the headline in the Western Morning News. "*It is not our intention to bring GPs from outside the Cornwall area*" oozed one Timothy Flannel, managing director. "*Local GPs would be employed because of their skilled knowledge of the area*" trilled journo Petra Mann. It has come as something of a surprise a couple of months down the line, Tim and Petra old fruits, to discover that doctors born in Berlin, Munich and Hamburg are apparently considered to be Cornish, but then life is full of surprises. Truro better watch out if it wants to remain as the Grand Duchy's capital city.

The Sunday Times then announced that nationally "*GP care outside 9-to-5 was chaotic*". Thank goodness that was not going to be the case here in our neck of the woods, as we had been emphatically reassured by none other than the Cornish PCTs' equivalent of Peter Mandelson and Alistair Campbell all rolled into one, Mr Peter Trust-Me-I'm-Not-a-Doctor. "*We have a duty to provide the best service we can for the taxpayer,*" he pontificated. Well that's all right then. No risk of Cornish patients ringing up their Out of Hours provider to be told we're too busy to see you and examine you but we'll fax you a prescription instead. Phew - what a relief!

You can therefore imagine mine and Peter Trust-Me-I'm-Not-a Doctor's jointly shared

shock and disbelief when we read over our plates of bite-size shredded wheat and semi-skimmed milk one morning last month the local newspaper headlines "HEALTH GIANT UNDER ATTACK" and "OUT-OF-HOURS HEALTH FIRM ATTACKED." You could have knocked us both over with a feather! Suggestions were being floated that a catalogue of complaints had been made by the punters, and that Cornwall County Councillors were moaning that an allegedly inferior service was operating out of hours compared to that provided for many years by Kernowquack. Full marks to managing director Mr Preston North End for protesting that the fuss was just "*a bit of noise*" and that "*the previous executive team was placed on gardening leave to help us move forward*". I am sure that the Lovely Lesley and the not quite so lovely Phil Tremoan will be hugely reassured to hear that. While I'm at it, can I offer my congrats on the admirably firm line you have taken, Mr North End, by stopping the provision of coffee, tea, milk and sugar for the duty doctors. There is far too much namby-pamby molly-coddling of the medical profession, so jolly well done. I was a trifle disappointed to see that you have decided to still provide toilet paper for the medical workforce, but presumably that will be the cheap raspy type that brings tears to the eyes on contact with the perineum.

Any remaining doubts I was harbouring, dear readers, were swept majestically aside by Mr Antique Lecher for stating with mellifluous sincerity that he personally was "*very pleased with the range of services now available*". I am sure it is only a matter of time before Cornish patients, councillors and doctors agree with him. At present they are obviously not quite grasping the issues with his perspicacity. Ho hum...