

LMC NEWS

Cornwall & Isles of Scilly Local Medical Committee

IN THIS MONTH'S NEWSLETTER :-

No. 188 August 2006

- GP trainers' grant..... 1
- LMC Office 1
- GP prescribing for infertility..... 2
- New DES directions and SFE Amendment..... 2
- BMA seminar for GPs and Practice Managers 2
- Notification of food poisoning 3
- Document management systems 3
- Nurseries administering medicines 3
- Peninsula Medical School Supporting Academic Programme 3
- Changes to patient involvement..... 4
- Self-care partnership and the Expert Patient Programme 4
- Maternity locum cover - Bodmin 5
- Misuse of Drugs Regulations 5
- Targeted reports..... 5
- Dr Basil Bile writes 4

Items for the Newsletter are always welcome, and should be sent to the Editor, David Purser, at Sedgemoor Centre, Priory Road, St Austell PL25 5AS (Tel 01726 627978, Fax 01726 76247, e-mail david@kernow-lmc.demon.co.uk).

See also our website at www.kernow-lmc.co.uk

GP TRAINERS' GRANT

For some time the GPC has been seeking a review of the GP trainers' grant, and an initial review has now been conducted by the Department of Health, involving BMA representation. Further research is also required, and the GPC hopes that this will be conducted in time to be considered by the Doctors and Dentists Review Body.

The GPC will continue to push for an increase in the level of remuneration for GP training practices in order to reflect, for example, the level of commitment required, the continuing professional development costs, premises costs and administration costs.

LMC OFFICE

From: Rosalind Winter, LMC Secretary

We now have a new computer system at the LMC Office, including 3 email addresses instead of one. So in future for David Purser and Dawn Molenkamp respectively email:

David@kernow-lmc.demon.co.uk or
Dawn@kernow-lmc.demon.co.uk

If in doubt, send your email to Dawn, who will be in the office every day, rather than to David, who will only be in two days a week.

My last day in the office will be this Friday, 28 July, but the LMC's original email address, ros@kernow-lmc.demon.co.uk, should continue to work for the foreseeable future. However, although it seemed to be working all last week, several people have told me that they sent emails which have not arrived; so if you're expecting to hear from me and haven't, please send your message again. If it arrives before Friday, I'll respond; if not, Dawn or David will.

Future Newsletter contributions should go to David, who will be editing the Newsletter for the time being. Everything else that you would normally send to me should in future be sent to Dawn as LMC Secretary Elect.

It has been a pleasure and a privilege to work for the last 15 years as LMC Secretary for Cornwall and IoS, and it would be hard to imagine a nicer bunch of people to work with than GPs, Practice staff, and indeed NHS staff in general. I hope to see lots of you at my farewell drinks at Pine Lodge in St Austell, from 6pm on Tuesday, 19 September - please let Dawn know if you're planning to be there, as we would hate to run out of supplies ...

GP PRESCRIBING FOR INFERTILITY

At its July meeting the LMC discussed a letter to GPs from Dr Peter Knibbs, Chair of Central Cornwall PEC, on behalf of all three PCTs, intended to assist GPs who come under pressure to provide NHS prescriptions for private patients undergoing infertility treatment. Unfortunately the letter caused some confusion and debate because it conflated two separate issues, that of NHS rationing of services, and medico-legal responsibility for prescribing.

The LMC's position on both issues is unchanged. We accept that financial constraints mean that not every patient who wants it can be offered NHS infertility treatment, and we consider the PCTs' criteria for selection of patients for NHS treatment to be perfectly reasonable. We deplore the behaviour of infertility clinics which encourage private patients to put pressure on GPs to provide NHS prescriptions. If patients qualify for NHS treatment they will receive it; if they don't, it would be quite wrong for GPs to subvert the PCTs' rationing decisions by prescribing in this way, or for clinics to encourage patients to pressurise GPs to do so.

More importantly, however, it is almost always inappropriate for GPs to prescribe these drugs in the primary care setting: this can only safely be done where the GP is confident that s/he has the knowledge, expertise and monitoring facilities to take full responsibility for every aspect of the prescribing and monitoring process. As your defence organisation will confirm, if your signature is on the prescription, you are solely responsible if anything goes wrong. You will not be able to off-load any of that responsibility onto the consultant who sent the patient to you and who may even have advised you what to prescribe - his/her medical indemnity will not cover your prescribing, and since you acted against the advice of the medical defence bodies, we don't think yours will either. You are, of course, perfectly entitled to use your clinical judgement and prescribe if you choose to do so; but LMC advice in these circumstances is a resounding DON'T.

NEW DES DIRECTIONS & SFE AMENDMENT

The new DES Directions and an amendment to the GMS Statement of Financial Entitlements (SFE) have now been published. These incorporate the new Directed Enhanced Services which were agreed as part of the revisions to the GMS contract for 2006/07. The new DES Directions can be downloaded at:

http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsLegislation/PublicationsLegislationArticle/fs/en?CONTENT_ID=4136869&chk=pZaxRJ

The new SFE sections (7A, 7B, 7C and 7D) detailing the four new payments can be downloaded at:

http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsLegislation/PublicationsLegislationArticle/fs/en?CONTENT_ID=4136722&chk=b5dZwk

BMA REGIONAL SEMINAR FOR GPs AND PRACTICE MANAGERS

From: Caroline Clark, BMA South West Centre Coordinator Phone: 0117 945 3112 Fax: 0207 554 6808 www.bma.org.uk

BMA Regional Services is offering a seminar to GPs and Practice Managers, covering a range of issues which may impact on you in your role as a GP and as an employer of staff. We are keen to encourage as many doctors as possible to access what we are sure will be a seminar which is both relevant and helpful in assisting GPs and Practice Managers in the management of issues arising out of running a GP practice.

The cost of the seminar is £10 for BMA members or the Practice Managers of BMA members, and £40 for non-members.

An application form and full information on the content of the seminar can be found on the website by using this link:

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

Please return the completed form and payment to me at the BMA South West Centre, 4th Floor, Centre Gate Colston Avenue, Bristol BS1 4TR. If you have any queries or concerns regarding the seminar please contact the BMA South West Centre as above or on telephone number 0117 945 3100.

NOTIFICATION OF FOOD POISONING

**From: Maggie Barlow, Public Health Specialist,
Cornwall & IoS Health Protection Team**

Each year the Cornwall & IoS Health Protection Team receives approximately 1,100 notifications and lab reports of suspected Food Poisoning.

Food poisoning and suspected food poisoning are notifiable diseases (under the Public Health (Control of Disease) Act 1984, and the Public Health (Infectious Diseases) Regulations 1982), and should be reported to the Consultant in Communicable Disease Control, as Proper Officer for the Local Authority. The completed notification forms should be sent to the Local Authority in the first instance, in a timely manner. The prime purpose of the notifications system is speed in detecting possible outbreaks and epidemics. This prompts local investigation and appropriate action to control the disease. These data are also used for the analysis of local and national trends.

Environmental Health Officers (EHOs) lead the investigation to identify the source of infection, lessen the risk to public health and obtain as accurate a food history as possible. Investigations are aided considerably by results of microbiological tests on stool specimens from those affected. We would therefore be most grateful if GPs could request faecal samples from cases of suspected food poisoning. Please remember to label the form "suspected food poisoning" and include any details about whether the case is a food handler, has recently travelled or eaten out.

DOCUMENT MANAGEMENT SYSTEMS

As part of the GP2GP project, some third party document management systems are currently unable to extract and pass on scanned documents in electronic format. As a result, practices are having to send paper copies. The GPC is working with third party suppliers to ensure that this is resolved and practices are able to transfer these documents along with the core clinical record. The GPC is recommending to CfH that DMS should be considered as 'core' GP IT systems, and that controlled implementation of GP2GP should begin.

NURSERIES ADMINISTERING MEDICINES

A piece in the latest Devon LMCs' Newsletter prompts us to repeat previous advice about what to do when a nursery or other child-minding organisation announces to parents that OFSTED has ruled that staff can only administer medicines such as calpol, cough medicines, etc, if they have been prescribed by GP or they can produce a GP's letter authorising staff to give these medicines to the child. This is of course nonsense: all that the staff need is a letter from the parents authorising the staff to administer whatever medicines the parents see fit.

PMS: SUPPORTING ACADEMIC PROGRAMME

Year 5 Community Block Lead for Supporting Academic Programme One year fixed term initially

The Plymouth Locality of the Peninsula Medical School is seeking to appoint a GP, with an interest and experience of Clinical Teaching, to help arrange, coordinate and provide the delivery of the Supporting Academic Programme within the Year 5 Community block, which includes delivery of group teaching sessions on a variety of community based topics. The individual must be available for one fixed session a week on Wednesday mornings. Teaching will be delivered from two sites, the John Bull Building, Tamar Science Park, Plymouth and Torbay Hospital. This post is an exciting opportunity to contribute substantively to the clinical education of medical students.

Please contact Jodene Prior for further details of the role and the person specification.

(Jodene.prior@pms.ac.uk Tel: 01752 437354)

**Closing Date 4th August 2006
Interviews will be held in the afternoon on
Wednesday 16th August 2006**

CHANGES TO PATIENT INVOLVEMENT

The government has just announced plans to give patients more power and say over how their local health services are organised and run.

This is important to practices because patient views will be sought not just on acute and other community services, but on primary care, and it is therefore useful to understand their intentions.

They will abolish the recently introduced "patient forums" by establishing a countywide Local Involvement Network (LINKs). They will cover acute and community settings and will work closely with the Overview and Scrutiny Committee of the local authorities.

When commissioning services and operating PBC, PCTs will be required to involve patients in how services are organised, publish an assessment of local needs, the quality of current services, patient satisfaction levels and plans for future investment. Whilst retaining responsibility for future investment, some PCT specialist support services to improve their commissioning functions can be tendered.

PCTs and practices are reminded of the need to ensure all functions of the commissioning cycle are delivered.

Key elements are:

- Information to support commissioners is important as well as better clinical engagement
- PBC is at the heart of the process
- PCTs must set up local incentive schemes
- Improved community engagement
- Ensuring that patients have a greater say
- An outline on how commissioners are able to use open tendering
- Seek views on an approach to community petitions, and what the triggers should be (eg how many signatures on a petition should trigger a PCT review)

For the document see: <http://www.dh.gov.uk/assetRoot/04/13/70/41/04137041.pdf>, the Update and Commissioning, including the commissioning cycle is on <http://www.dh.gov.uk/assetRoot/04/13/72/27/04137227.pdf>

SELF CARE IN PARTNERSHIP AND THE EXPERT PATIENT PROGRAMME

The GPC representative from the BMA's Patient Liaison Group has presented a paper describing a number of initiatives within the BMA in relation to the Expert Patient Programme which encourages patients with long term conditions to engage in self care. The 2005 BMA discussion paper on the Expert Patients Programme (EPP) is available at the following link: www.bma.org.uk/ap.nsf/Content/EPP?OpenDocument&Highlight=2,Expert,patient,programme.

A joint self care in partnership event is being planned for October 10 to bring together GPs, patients and key leaders in the field to explore how the self care programme can benefit patients, GPs and the healthcare system. The BMA has also begun work on a policy paper on self management for patients.

The GPC welcomed the paper and hoped that GPs would play an integral part in its development. It was felt that many GPs did not understand the Expert Patient Programme and how it could help their work and patients' lives. If it worked effectively, it should help reduce demand in GP workload as well as increasing the confidence and quality of life of patients, but GPs would also need to engage in a cultural change with regard to their attitudes to patients.

Details of the October event are:

Self care in partnership: Building patients' skills through self care training programmes with their doctor's support

Tuesday 10 October 2006 - BMA House, London

This first joint BMA/Expert Patients Programme conference brings together GPs, patients, and key leaders in the field to explore how self care training programmes can help patients, doctors and the healthcare system.

The conference aims to:

- Show how self care fits into health care
- Present research evidence on self-management programmes
- Help GPs develop their knowledge and skills in supporting self care
- Help GPs learn about the role of self care programmes in meeting a range of standards in the Quality and Outcomes Framework

We would be delighted if you were able to join us for this event. The cost of the conference is £25.00 + VAT. For more information and to book your place, please visit www.bma.org.uk/epp If you have any questions about the conference, please contact BMA Conferences on 020 7383 6605/6137 or by email at confunit@bma.org.uk

WANTED

Maternity Cover Locum

From 1 September 2006 for large, paper-light practice, involved in Choose and Book and Practice Based Commissioning, high scoring QOF 2004/5 and 2005/6. Teaching practice with PMS students and Foundation doctors.

6 sessions per week (days/times to be agreed) for a minimum of 3 months – maybe longer

Please contact Sally Poxon, Practice Manager,
Carnewater. Practice, Dennison Road,
Bodmin PL31 2LB
01208 256200

“CAUSE FOR CONCERN” TRAINING

A date for your diaries:

The LMC will be holding a Training Day on Tuesday 7 November 2006, probably in Truro, on the LMC/PCT/PCSA Procedure for GPs whose Performance gives Cause for Concern.

The training will be partly for PCT, PCSA, Practice and other staff who want to learn about the purpose of the Procedure, how it operates and how to access it; and partly for GPs, PCT Lay Members and others, who are willing to participate in the Procedure as members of Performance Advisory Groups, Visiting Teams and Screening Panels.

If you are interested in attending, please email the LMC Office so that we can add you to a database to use when we come to send out more detailed information.

MISUSE OF DRUGS REGS

Below are links to the final version of the Prescribing Guidance (replacing interim guidance published on 9 March 2006), and new guidance on record-keeping, from the Home Office/Department of Health. Both pieces of guidance support the changes in the amendments to the Misuse of Drugs Regulations which came into force on 7 July 2006.

http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4136726&chk=iVKg6W

http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4131465&chk=qsfbI9

TARGETED REPORTS

There has been much discussion lately on the national LMC Secretaries' ListServer about recent attempts by some insurance companies to obtain information on the cheap by offering a fee of £20 for completing a 4-page “Targeted Report.”

The BMA's Professional Fees Committee (PFC) has been informed by the Association of British Insurers (ABI) of their intention to introduce Targeted Reports, and are aware that the reports are currently being piloted. The PFC have received a number of queries recently, indicating that they are now in wider use. The BMA has not supported the introduction of Targeted Reports, and therefore there is no fee agreement with the ABI. Whilst the BMA/ABI agreement remains in place for GP and Supplementary Reports, the PFC would suggest that doctors charge at their own rate for undertaking Targeted Reports - although there is, of course, no obligation on the doctor to undertake this work if s/he chooses not to do so.

To which we would add: if you do agree to do this work, set your own fee with the insurance company, and don't let them have the report until you have received their payment, or at the very least their written agreement to pay whatever you think it appropriate to charge.

DR BASIL BILE WRITES ...

The British Medical Journal is of course required reading matter for a practitioner of my standing in the profession. Frankly it would be better if it had a sports section, a problem page, a dishy doc of the month photo shoot and some cartoons to liven it all up a bit but my application is in the pipeline for the post of BMJ Editor should it become vacant, so watch this space. In the meantime I will continue to wade through all the tedious dross in the shape of research papers of no interest to anyone except for the poor souls who have written them, in the hope of stumbling upon some snippet of information of import to me in my role as organ grinder in the daily grind of family doctery.

It was whilst on one such intellectual foraging expedition that I happened upon the headline in its news roundup section in the June 24th issue "*GPs being paid more for doing less, MPs are told*". Some upstart wally by the name of Bonnie Sibbald, deputy director of the National Primary Research and Development Centre at Manchester University, has had the barefaced gall to conduct a survey of 1,000 GPs that showed that on average we are now earning £15,000 a year more in return for working four hours less per week compared with before the new contract. She did however grudgingly admit that the quality of care had improved when she shared this information with the House of Commons select committee on health last week. Asked whether she thought this was justified Prof Sibbald retorted "no" but felt "we are getting something for our money as the quality of care has improved". I would have thought that improved quality of care was what it was all about you batty bint! As for working four hours less per week, by the time I have wearily turned out the light in my consulting room at 8.00pm each weekday evening after wading through all the required additional

mountains of crap in relation to practice based commissioning, choose and book, QOF and God knows what else, it feels like I am doing an extra four hours per bally week rather than less. So put that in your pipe and smoke it Bonnie old fruit.

Prof Sibbald might want to consider that I am also putting my own health at risk since as 8.00pm approaches I am usually the last soul left in the building and am forced as the distressing pangs of night starvation kick-in to set off on a desperate nightly search for where the receptionists at the Abandonhope surgery craftily hide their chocolate hob-nobs. Unfortunately the New Scientist, that regular pisser-on of my fireworks, warns that many biscuits contain substances called "trans fats" or "hydrogenated fats", responsible for causing pot bellies. Work done on monkeys during a 6 year trial by one Kylie Kavanagh in North Carolina showed that the apes fed the trans fats had 30% more abdominal fat than their counterparts. I am enormously relieved to hear that my pot belly is the direct result of the new contract and has nothing whatsoever to do with my lack of exercise and fondness for draught Guinness. Perhaps you might care to share that with Belinda next time you see her as at present Chez Bile is awash with oily fish, minimalist salads and early morning route marches across bog infested fields with the moth-eaten Labradors.

Meanwhile, I have to say in relation to this month's column it has come to a pretty pass when I am being held to account by members of my profession glorifying in names such as Bonnie and Kylie. Presumably it is only a matter of time before the President of the GMC is called Wayne and that of the BMA Snoopdog or even Foufou Trixiebelles....