# LMC NEWS

## Cornwall & Isles of Scilly Local Medical Committee

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**No. 190 October 2006**


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*Items for the Newsletter 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) or*

### Referral Management Centre

The PCT continues to make changes to the way referrals are managed. Earlier this month the LMC was advised that orthopaedic referrals were to be referred to the Referral Management Centre (RMC) for West of Cornwall, and Central patients. Referrals from October will be intercepted and unless specifically written for a consultant, will be referred onto the unit of choice of the RMC. It is not understood how the choice agenda works with this approach.

It was understood that this was the only use of this approach. The LMC has now been approached by the PCT to agree extending this system to cataract referrals. We are sending a representative. The LMC understands the need to make best use of resources but wishes to see a clear plan which also explains how this fits with the discussion a GP will have had with a patient and the choice agenda (which is another PCT target) .

### Pre operative screening—MRSA treatment

The confusing position for practices continues in that in some of the old PCT areas you will be being paid for MRSA / pre operative screening and in others you will not.

It is the understanding of the LMC that practices falling under the old West of Cornwall PCT will be paid whilst others will receive no additional payments for this transfer of work.

Practices are reminded of the advice from the Director of Commissioning, Mr Phil Orwin produced in the Mid April 2006 newsletter that providers are fully funded for this work and if you receive any request for these tests or assessments to be carried out the issue is referred back to Joe McEvoy at the PCT.

In respect of MRSA treatment again this is being covered in the West and despite raising it as a concern nothing has been heard from the other PCTS.

Naturally this display of individuality where the patient suffers (or the practices in the majority of the county provide for nothing, a service which elsewhere they have decided is an extra), is one of the areas we shall be discussing with the new PCT as soon as possible.

### Proposed new website

The office staff are beavering away and in between organising the Christmas bash and making coffee have been asked to consider how we can make the web site even more useful, even clearer and simple to use. If there are any subjects, links or comments you have which are relevant to this subject we would love to hear from you.
(Contact Dawn on 01726 627978 or dawn@kernow-lmc.demon.co.uk)

## QOF Visits

Its that time of year again for the QOF visit and these have been discussed at practice manager meetings, but I hope the following is useful.

The latest guidance on the visit is on the Department of Health website on http://www.dh.gov.uk/assetRoot/04/08/21/71/04082171.PDF

The PCT also circulated a newsletter in July 2006, and has sent out an agenda for the review visits. The intention being there should be no surprises either way, hence if you cannot field say a clinical lead on the day, please warn them in advance.

The visiting team consists of a PCT QOF lead, a GP and a lay person or lay representative.

The review has three main purposes:

- To review the contractors's current achievement and to provide the PCT with an assessment of likely achievement;
- To confirm that data collection and quality are accurate;
- To discuss the contractor's aspirations for the following year

The QOF process has proved to be very successful and hence large amounts of public money are being spent on it. This means it's reasonable that the PCTs have a process that gives then assurances about your claims. However the specifications for each point are quite clear and whilst an individual visting members may have a view about best practice, that may not be relevant for the QOF point to be earned.

Equally important is the fact that the visit is to provide a view on your likely achievement when the snapshot at the end of March occurs. The PCT visiting team understand that at this point you may be low in certain areas, but are trying to establish whether it is likely that you will achieve the targets you set at year end. You may wish to consider looking at each area and coming up with plans to achieve the points.

The visit should avoid disruption to the contractor . The visit will take many parts with the GP clinical lead, PCT Manager and lay Assessor all looking at different areas. Where the agenda looks at standards for better health this will be where the PCT Manager links the QOF work you have done with the Standards for Better Health Targets the NHS has.

The visiting team will then examine and discuss those areas and where issues are raised agree a remedial action plan. The team will also discuss your future plans within QOF and next years aspirations for QOF.

After the visit a report should be written setting out the main findings, conclusions and subsequent actions. A draft report should first be seen by the practice, and here you can challenge any factual aerrors and comment on its opinions and conclusions. The draft should be sent to you within 2 weeks and finalised within 4 weeks.The final report is to be cleared by the PCT Chief Executive.

The visit should not contain anything on clinical governance or prescribing, unless you are happy to discuss them at this time or unless they are directly relevant to the QOF.

Practices are reminded that QOF is voluntary.

The visits should be supportive and encouraging. It is very unlikely that you come out of the visit without an action list, that is to be expected because you should be working towards a March deadline

If you wish the LMC can be present, although obviously we would struggle to attend every one of the 77 visits.

Finally there is a dispute resolution if you end up disagreeing. But lets hope that it does not get to that.

## Crem Fees

There has been some debate nationally about crem fees and who is responsible for getting a second doctor to do part 2. We thought a quick reminder might be helpful.

The fees for forms B and C are paid by the funeral director. If the funeral director is a member of the National Association of Funeral Directors (NAFD) , the National Society of Allied and Independent Funeral Directors (SAIF) and the Co-Operative Funeral Services managers Association, then a fee has been negotiated and agreed nationally. These are from 1 October 2005, mileage at 56.4 p per mile, Form B— certificate of medical treatment £62.00 and Form C— confirmatory of medical certificate. All other fees have to be agreed locally.

With regard to the two signatures in some cases it appears that the first GP signing arranges for a second. There are very good reasons why this should not be a regular arrangement, and indeed post Shipman, that the first GP does not get involved.

If however you have had the arrangement where the first GP does arrange the second, please do not suddenly stop as this will just impact on families at what for most is a very difficult time. You should start a discussion with the other local practices and funeral undertakers so that any changes are managed carefully. If its is helpful the LMC could create a list of participating GPs, but it would only be as useful as the information that GPs and practices give us, and getting 100% return rate is always a lot of work.

## SERCO—Out of Hours

The past few months has seen a considerable number of exchanges of information, letters, concerns and worries about the out of hours service. In order to ensure that future concerns are treated appropriately, and recognising that the service is a PCT commissioned one over which the LMC has the opportunity to express a limited view, we thought a quick clear guide on whom to take problems would be helpful.

A copy will be sent to you soon, it will differentiate between those issues which should go straight to the PCT, SERCO or come to the LMC. It will also include contact names and telephone numbers.

Finally on out of hours we understand that the PCT is actively monitoring the contract and that SERCO have appointed a new Operations Director, Michelle Preston, who is seeking to meet with the LMC and GPs across the county, as well as recruiting a Service Manager and Lead Nurse. A structure I am beginning to recognise.

## Occupational Health service for GPs

A message from Dr Basil Bile, GP, Abandonhope Surgery, St Salive, Cornwall

**GREEN CARD**

Enclosed with this month's issue of the LMC Newsletter is a little something to add a touch of class to your wallets and handbags, ye practitioners of the noble art of Family Doctery in the South West Peninsula. So dislodge those beastly Black, piffling Platinum and ghastly Gold cards from their higher perches (clever use of words eh?) and replace them with something Green.

Those dedicated souls at the Occupational Health for Primary Care in Devon and Cornwall office (Dr Long-Gone's old boy-scout tent erected on the grass verge in the Tamar Science Park) have for many moons provided a bally magnificent service for the stressed out primary care docs who ply their trade in this neck of the woods.

There are three important questions that arise.
Firstly: Who to contact in your hour of need?
Secondly: How to contact them?
Thirdly: Who is going to win the 3.30 at Exeter?

This wonderful little two dimensional non-IT gismo will provide the punter with the answers to two out of three of those posers, but for the moment I can't remember which two.

Keep it somewhere safe. Wear it close to your heart. And most of all use it confident in the knowledge that it is a prompt confidential service tailored to the needs of GPs in the modern NHS, run by people who understand the stresses, strains and sheer frustration of trying to do one's best in the front line of an ever changing under-resourced landscape.

You can access support for yourself or a colleague by using it. The LMC, the PCTs and The Out of Hours Providers know of its existence and support the work the OH service does on behalf of us all.

Meanwhile I am hoping that the Occupational Health Service for Primary Care in Devon and Cornwall can come up with a shorter and snappier title. How about "Mend-A-Doc?"

Yours until the next NHS Reform

Basil x

## Expert Patient Programme

Following the recent item on **'Self care in partnership and the Expert Patient Programme'** in your August newsletter I felt it would be useful to inform you about the delivery of the Expert Patient Programme in Cornwall. The project was developed by the DoH to bring over to the UK the concept of lay led management programmes for chronic disease. These programmes were developed and researched by Professor Kate Lorig at Stanford University in California. I personally became aware of the work as a physiotherapist in Rheumatology where the programmes have been used in the management of arthritis.

The Expert Patient Programme then was developed as a generic chronic disease self management course and piloted in the PCTs in 2004. Since then the PCTs have been working with the DoH to mainstream this programme as part of PCT provided community services. It is an important element of the current agenda to promote self care and self management of long term conditions and as it is delivered by trained volunteer patient tutors can tick a number of boxes!!

It is often difficult for health care professionals to embrace the concept of patients teaching other patients how to manage their condition- I was one of them!! But the tutors receive intensive training; follow a very structured programme with a tutor manual and comprehensive quality assurance. I am always very impressed how the tutors manage a mixed group of patients with a wide range of health problems and the complex issues that can evolve.

The course is held over a six weekly sessions in a variety of community settings across the county. The content includes action planning, fatigue and symptom control, communication techniques (including with health professionals) use of health resources, relaxation etc.
The course has been evaluated nationally and results to date show:

- 9% fewer visits to GPs
- 6% fewer visits to A/E
- 9% fewer OP visits

15% increase in use of pharmacists
So the Expert Patient Programme has much to offer both patients with chronic health problems and health professionals needing to provide services within limited resources.

Our plans for mainstreaming the programme are under review as we await the outcome of the reconfiguration of the PCTs and the development of a Community Interest Company which it is anticipated will take over the delivery of EPP. The additional investment in EPP indicated in the white paper 'Our health, our care, our say' has all been invested in the CIC rather than direct to PCTs.

We have 8 tutors across Cornwall supported by a part –time project manager and admin staff. We would like to be able to offer every patient on practice chronic disease registers across the county a place on the Expert Patient Programme but with current resources this would be impractical. We hope with the development of practice based commissioning and potential choice of providers of EPP this will become a reality. In the meantime we would be happy to receive referrals to EPP and would be happy to come and talk to individual practices about EPP.

For further details contact::**Cathie Shipwright- project manager EPP**
Falmouth Hospital Trescobeas Rd, Falmouth
TR11 2JA
**01326 434762**
cathie.shipwright@centralpct.cornwall.nhs.uk
www.expertpatients.nhs.uk

## *eGFR*

There has been confusion about whether RCHT labs are going to provide this service, and whether the PCT has commissioned it. We have had the labs recently start and now stop because of the confusion.

We are now able to report that the PCT has requested RCHT to provide the test analysis, which of course you need for quality medicine and QOF points.

We have also been advised that the following web site, allows you to make the calculation, if you need to urgently

www.renal.org./eGFRcalc/GFR.pl

## DISPENSING PRACTICES – VAT

### HOW TO ANALYSE THE PCSA DRUG STATEMENTS

Dispensing practices will be aware of the need to analyse their income between sources that are standard rated, zero rated, exempt or outside the scope for VAT purposes.

Unfortunately the monthly statements issued by the PCSA are in the same format as they were before dispensing practices had to register for VAT, and so are not in a format that is useful for preparing the VAT return. In particular there is no distinction on the statement between reimbursements for dispensed drugs (zero rated) and personally administered drugs (outside the scope).

We are suggesting that practices adopt the following approach in analysing their dispensing income:

The VAT reimbursement shown on the statement is the VAT relating to personally administered drugs only. Therefore the value of personally administered drugs can be calculated by taking this VAT figure and multiplying by 117.5% and dividing by 17.5% (or, if you prefer, multiplying by 6.7143).

The value of dispensed drugs can then be calculated by
- adding the basic price reimbursed;
- adding the VAT reimbursed;
- deducting the discount;
- deducting the value of personally administered drugs calculated in (1) above.

Dispensing fees should strictly be split according to the number of prescriptions issued for personally administered items versus dispensed items. However, having analysed drug income between personally administered and dispensed drugs, it is reasonable to split dispensing fees in the same ratio. Whilst strictly this may not be absolutely accurate, it provides a workable solution that avoids having to refer to any other records, and will provide an answer that is not materially different to the VAT to be reclaimed. Fees relating to personally administered drugs should be added to exempt income and the fees relating to dispensed drugs is added to zero-rated income.

We have prepared an Excel spreadsheet that automates this process, so that all that is required is to enter the figures from the drugs statement for each doctor each month. If anyone would like a copy of the spreadsheet please contact Luke Bennett at lbennett@winterrule.co.uk

Luke Bennett
Winter Rule
Chartered Accountants
August 2006

## News from the GPC—

The following items have been raised as national issues and are reported to keep you informed:

There has been much debate about the use of **Apollo for QOF** verification purposes. To that end it has been formally reviewed by the GPC and approved for that purpose alone. Any other use has not been approved and would constitute misues of information. If you do not allow it to be used you may reduce the monies that can be paid to you.

Apollo has not been approved for the national survey which is still under discuss between the GPC and the Department of Health. At present how this will happen has not been agreed.

The GPC issued guidance earlier this year on **PBC consortium working**. The advice listed the main legal entities that practices may consider. These included Company limited by guarantee, company limited by shares ( both private and public), limited liability partnership and community interest company. The GPC is seeking clarification from the Department of Health about how these companies would be considered with regard to the NHS pension scheme. You will be advised when clarification is received, in the meantime, if you do wish to form and operate one of these companies you are advised in the meantime to contact the NHS Pensions Agency directly to enquire about you rights to access the scheme whilst working for one of these other companies.
( David Purser 01726 627978)

## *Guidance on the Healthcare Commissioning Diabetes Survey*

The office understands that whilst the GPC were not fully consulted about this survey, they are broadly content with its contents. *Although practices are not required to do so, they can participate if they so wish.*

The GPC has discussed concerns with the Information Commissioner who is satisfied that such disclousures are justified in the circumstances, and the survey is fully compliant with the Data Protection Act. The GPC does however advise that the honorary contract sent out with the documentation is not necessary, and you should decline to sign it.
Practices are also reminded that you needto:

- In order to comply with the Data Protection Act, practices will need to keep a record of the reasons for the disclosure (as set out in the guidance accompanying the scheme), and a list of the names and addresses of the patients whose details have been disclosed.
- Practice should make clear to patients in their surgeries via leaflets and posters exactly how patient information is being used. If it is a small group or number of patients we believe that it would be considered reasonable for you to contact each one and inform them. We are concerned that just having a poster in the waiting room may not be considered to be sufficient notification to the patient .

The LMC is disappointed that another, less invasive system could not have been found given the time available when they started this idea.

## *RCGP Tamar Faculty McConaghey Symposium*

RCGP Tamar Faculty
The McConaghey Symposium 2006
'Establishing a Scientific Journal of General Practice: Mac's Legacy'
7 pm, Wednesday, 8 November 2006
Dinner (optional) at 8.15 pm
The Arundell Arms Hotel, Lifton
A Symposium celebrating the centenary of the birth of Dr McConaghey,
founding editor of the Journal of the Royal College of General Practitioners.
Chaired by Sir Denis Pereira Gray, past and present editors of the Journal
will speak on different aspects of their editorship.
For further details, please contact the Faculty Administrator,

DR BASIL BILE WRITES……

**BASIL'S ELEGY**
**ON THE DEPARTURE OF A GAME OLD GAL**

It is a very emotional, significant and historic moment we are all here to celebrate tonight. Yes you've guessed it playmates, Rabid Rob Harvey has just reached the milestone of going a whole 24 hours without being gratuitously rude to a PCT minion.

But we are also here this evening to see a grand old gal launched down the slipway of well-earned retirement into the calmer seas of Gin and Elliman's Rub. Ms Ann Summers, long time holder of the post of Secretary General of the Cornwall and I'll be Silly Local Moaning Committee, is slipping her moorings and escaping from the maelstrom of medical politics. She is ascending the curtain invisible, she is joining the Chiltern hundreds, she is slinging her hook, she is flicking a V-sign at old father time, she has decided discretion to be the better part of valour, she is seizing the tiller of opportunity, she is doing a runner, she is throwing in the towel, she is bellowing "a plague on all your houses", she is saying "you can stuff your job", she is releasing the handbrake and rolling down the hill, she is cashing in her chips, she is giving us the bum's rush, she is fleeing the scene of the crime, she is saying adios amigos, ciao, adieu, and "sod this for a game of marbles". She is, alas, no more.

For fifteen one hundreths of a century this brave little woman has functioned as the right hand of a succession of gormless LMC Chairmen. Their right hand, ladies and gentlemen. Their right hand. And when you pause to ponder, as you must, just what most of them use their right hand for, that is an act of such supreme dedication and selflessness that the mind truly boggles and one is forced to bow the knee in true humility to be in the presence of such unassuming greatness.

She must have shed tears of molten lava to have been lumbered with the poor human material that fate, that cruellest of cruel masters, chose to saddle her with in her time as the LMC's general factotum. The list of LMC Chairmen during her period in office reads like a roll call at a school for special needs children. Ashtray Rooster. The Gunnislake Gob. Dr Bumbleton. The Absent Abbott. Dr Dumbitt. For three years at a time she had to suffer each of these insufferable fools, wiping their brows, boosting their egos, oiling their wheels, unclogging their cogs, preening their priorities, pandering to their every whim. Mind you it could have been worse. Far,far worse. Garrulous Emetic-Jones might have been elected as LMC Chairman.

But this was a woman with a remarkable brain, ladies and gentlemen, an intellect that must have been straining at the leash to express itself whilst surrounded by such monumental mental mediocrity. She was fully entitled to call herself Doctor, being as she was a woman of letters, a fud, a PhD. Her treatise, her opus, her crowning achievement, was a research project looking at The Sexual Proclivities of Latvian Monks at Harvest Time. Published as a classic piece of research it is to be found well thumbed on the top shelf at WH Smiths, wedged as it is between the Kama Sutra and Health and Efficiency's Badminton Annual (the volume complete with the "Spot the Shuttlecock" competition).

Ann Summers is a woman of many parts. Some public. Some private. I understand her gardener Sven has kept a photographic record with his Brownie 127 camera of both her public and her private parts.

Hobbies Ann has many. She could have gone in for toxopholy, taxidermy, philately, or even lepidoptery, but instead Ms Summers plumped for campanology.

As former LMC Chairman Dr Aimless Bumbleton observed, there is nothing like spending a night under canvas. It had to be gently explained to the old duffer by the rest of the LMC Cabinet that campanology is nothing to do with camping but pertains to the ancient art of bell ringing. Mind you, you have to admire her barefaced cheek. It's not every gal who gets the chance to pull in church.

Talking of tents, which we weren't but Dr Bumbleton was, she has long been associated with the Girl Guide movement. Her sterling efforts in this worthy endeavour have resulted in her having bestowed upon her one of the highest honours Baden Powell's girlie mob can come up with. She has recently been promoted to the rank of Great Hedgehog for the South West Peninsula.

Ann has not only served Cornish GPs and the Girl Guide movement with honour, but also her Country. It is little known outside ministry of defence circles that Ms Summers has a steely military background and worked in the past as a Signals Officer in Her Majesty's Armed Forces, her favourite signals being the Harvey-Smith, and indicating left whilst turning right in her long suffering and much abused third world automobile.

Her distinguished academic background drew her, like a moth to a bally light, to Stratford Upon Avon, where she was employed by the Royal Shakespeare Company. Her acquired knowledge there of beautiful language construction became obvious to LMC Chairmen when they dictated letters to her. Their version would start out along the lines of *"Dear Sir, I would like to meet with you to discuss some concerns we have…"* which became immediately transmogrified under the influence of her waspish literary skills to *"Listen here you snivelling little toe rag, we know where you live…."*

Ann will be sadly missed by all of those who practice the noble art of moaning continuously about their lot as Family Doctors. Enjoy your well-earned respite old fruit, on the Costa-del-Meva, and pause if you sometimes of an evening, with your nightly pint of Gin and Tonic clasped closely to your bosom, to spare us lesser mortals an occasional thought.

Ms Ann Summers Phd, LMC Secretary General Extraordinaire, Great Hedgehog, Signals Officer, Shakespearian Writer, Campanologist and General Good Egg, this has been your life according to Dr Basil Bile………..

## Presents for Ros

Many of you have been very generous over the past few weeks for the collection for Ros's retirement collection. Strangely she seemed to leave at the same time as Ann Summers but there was not collection for her.

The collection allowed the minds of the LMC to come up with an amazing list of things they all wanted, and then we asked Ros and purchased the following:

- A zip wire ride at Eden
- Advanced silversmithing course
- A computer with photo printer
- A garden swing.
- Balloon trip

At her leaving do, Ros thanked everybody for their generosity.

## Another retirement

Another retirement, after 28 years service, man and boy Mark Gripper has announced that he will be retiring from the LMC. As the longest service member Mark was worried that dodging the chair was starting to prove very difficult and is leaving.

The Committee would like to record its great appreciation to Mark for all his work over the years. Sometimes there is no substitute for experience.