LMC NEWS

Cornwall & Isles of Scilly Local Medical Committee

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The New PCT

Following the appointment of the Chair and Chief Executive, the new PCT has now been given its non-executive Directors. The PCT has e-mailed you all with their details. With only one who is a member of an existing board it means that we really do have a fresh start in Cornwall and the Isles of Scilly.

It is likely that Director appointments will not be known until the second half of November. If they are new appointments this will give the new organisation very little time to make any of the changes it needs to to achieve the targets for this year.

Elections at the LMC

Nominations forms will be distributed in early January for the triennial LMC elections. This is an exciting opportunity for those of you with an interest in the future of General Practice to be involved. Yes there are committees, but that seems to be the way the NHS does business, GPs also like being involved. The Committee needs people from all parts of the county, and both sexes. We don't need experts on anything in particular, the important part is that you represent the GPs in your area, understand what's happening there, the concerns and delights of your colleagues and are prepared to get involved. Obviously members receive travel expenses and fees to cover locum expenses or their time.

If you are interested; chat to your partners first, and if it helps please contact an existing member to understand the role.

National News

Nationally things just keep on moving. The government has just launched a new discussion document on how urgent care services can be improved in the future. This could lead to major changes which would effect not just general practices but also patients and is being watched by the GPC with concern. If you are wondering how, what about separating urgent care from chronic disease management, and linking the urgent care with community teams and the A & E dept, social services etc.

Health reference forms for trainee Dentists

Lots of queries about this nationally. However the BMA's Professional Fees Committee has released the following message:

" The General Dental Council (GDC) have introduced a requirement that states all prospective registraints must have a health reference form completed by their GP. The BMA has a number of concerns regarding the current guidance notes to doctors and the wording of the application form and has met with the GDC to highlight these concerns. The GDC has confirmed that it will be reviewing the document and will consult the Assocoation on these changes.

The Professional Fees Committee notes that the completion of health reference forms does not form part of a GPs terms and conditions and therefore an appropriate fee maybe levied by the GP to the patient concerned".

My understanding is that it requires examination and investigations and although we cannot suggest a fee, it would be expected that you charge a realistic fee bearing in mind the time required. If however you do not want to do them I am certain other people would be only too happy to do so.

Changes at the LMC

You will be please to know that we have been reviewing how we operate, in an effort to make certain that you are kept informed as much as possible and we represent your interests as well as possible. Over the coming weeks you should start to see some of the changes following that review.

Initially the LMC will be considering a paper this month outlining some ideas including introducing a easy to use message board for all GPs in Cornwall, revising the web site, and considering the links between the LMC representatives and practices in their area. The design of the Newsletter is under review . We have prepared a budget for the year which will mean that in future the amounts requested quarterly from you should be even over the year, which will aid both your cash flow and ours.

Cancer care in Cornwall— Preliminary Announcement

There have been many developments in the world of Cancer Services in recent years, both in respect of the treatments available to patients and how these are delivered. There will be further mandatory changes following NICE guidance. Primary care has often complained about a lack of communication, aware that it is important to understand the process, to explain it to patients and to be able to interact effectively with other clinicians.

The Cancer Local Implementation Group is responsible for delivery of services in their broadest sense and the setting of priorities. It has recognised a lack of opportunity for dialogue and has therefore put together an unprecedented multidisciplinary programme of lectures and workshops scheduled for early 2007 This is intended to inform and develop the interface with primary care.

The day has been organised in a spirit of co-operation and there will be no charges to delegates and no speaker fees. We would hope that at least one clinician and the practice manager from each practice will attend. Detailed programme and booking forms will be available later.

Meanwhile look at your rota and prepare to come along, learn, talk to the experts, make those QoF points much easier to get and help us develop a better service together.

eGFR

Yes folks it's on again, you may refer for the tests.

We understand however that the implications of identifying more people needing treatment have yet to be taken into account and will no doubt be something decided on in your PBC groups. Out of interest this has been a topic that has caused concerned about the lateness of availablility of the tests across the country

Apollo

Just to recap - The Department of Health has contracted with a commercial organisation to conduct a national Patient Experience Survey. To be able to carry out this survey they need to be able to access patients who have used the NHS recently. They are still wondering how to do this and plan using Apollo. The final contents of the survey were not agreed with the GPC. Advice from the GPC has now been circulated to practices. For the moment, apart from for QOF reports, you are advised not to press "yes" or "No" when Apollo software invities anyone in the practice to do so. If you have downloaded it, do not agree or disagree to the patient consent prompt that will appear. The PCT can use the Exeter system to get the patientnames and addresses

There appears to be some serious concerns about the type of questions patients will be asked and how their names are sought, i.e. from the GP system or from the Hospital system.

It all seems a bit of a mess but we will keep you up to date with the advice we receive.

Deaths Out of Hours

Following a recent incident when a Serco doctor visited a deceased patient and referred the matter to the coroner, KUCS has given some clarification. They hold special files for expected deaths, in which the patient's doctor indicates whether or not he/she will be able to issue a death certificate if the death occurs out of hours. If this is not possible without reference to the coroner (e.g. if there has been a recent operation or trauma) it may still be possible to avoid a post mortem. The patient's own doctor will need to indicate that (subject to the discretion of the doctor confirming death) the body could be removed to the local undertaker pending discussion with the coroner during working hours. This may avoid unnecessary post mortems whilst not upsetting the coroner or compromising safeguards.
The visiting doctor still has the decision as to whether this is acceptable and if in doubt will call the coroner's office. We plan to hold a meeting with the Coroner in the New Year.

Patient Experience Survey (PES)

Each practice will have received a late note of advice regarding the PES from the LMC and a "Focus on" from the GPC. This will have given us all an idea of the importance of the matter. The main issues are:

- that the survey is being used to achieve a political aim, rather than the original one of really finding out about patient experiences, by the use of leading questions;
- that when the answers come out there will be no funding to address the "proven" demand for say Weekend surgeries;
- that the government will then point out the increases in GP earnings and pass the buck over to us, the fact that the increase has really come about in areas where the NHS measures quality more intensively than in any other area of its business must mean that they did not mean to deliver such a quality service in the first place;
- the fact that the pay increase was partly to attract people into the profession, do you remember the headlines about lack of medical students going into general practice, perhaps they did not mean to solve that either?
- that one of the reasons the last contract was accepted was the ability to control workload and opening hours by not doing Saturday mornings and opting out of OOH cover.

So that's the national picture when our negotiators are also in very difficult discussions about pensions again.
Then we come, to the very real concerns about patient information, confidentiality and the Data Protection Act. As the system used (Apollo) would have looked for patients who were seen over a recent period and sending them questionaires. This begs a number of questions; individual concerns about where it could lead to next, e.g. all patients on the CHD register receive a different type of questionaire sponsored by 'x' company. This would mean clinical information being passed to a third party over which the practice would have no control or influence, yet would have been liable for allowing the information to be used. This was widely thought to be untenable.

Victims of Domestic Violence

Some GPs are being contacted by the police to provide statement of injury for victims of domestic violence.

The following advice comes from Derbyshire LMC who are experiencing the same issues regarding minor injuries.

GPs have no obligation to document a patient's injuries for medico-legal purposes and, indeed, the LMC advises you not to get involved in such work unless you have a special interest in it. The police and insurance companies are well aware that GPs' NHS contracts (whether PMS or GMS) do not include this work. The Association of Chief Police Officers is signed up to the Cabinet Office Regulatory Impact Unit's initiative to reduce paperwork for GPs and this specifically excludes sending victims of crime to GPs for documentation of their injuries.

Sometimes, of course, what a patient says he has been told does not accord with the message that the police officer or insurance clerk thought he had given him! Nevertheless, if on questioning a patient you are sure that he has been told to come and see you for documentation of his injuries you should write to the divisional commander or the insurance company asking them to desist from giving patients such advice.

When a patient does come to you with injuries you should undertake any immediately necessary treatment to save life or prevent further harm and either refer them to the appropriate provider of minor or major injury services or reassure them, as appropriate.

The LMC suggests that an adequate note for NHS purposes might read, for example, "Alleged assault. On examination, bruising to face. No evidence of bony injury. Reassured." Do not write a note attempting to describe the injuries in detail or to date them.

Sooner or later you will be called as a key witness in a court case and be open to criticism if you have tried to go beyond the duties of a general practitioner without appropriate training.

Medical records of deceased patients.

It is becoming more and more frequent that GPs and surgeries are being contacted by Insurance Companies for copies of deceased patients notes, and on being informed that they no longer hold them the Insurance Companies are contacting the PCT, who are sending the notes to the practice to be copied,

Insurance companies have no right to see the medical records of a deceased patient, even if they have authority from the next of kin.

It would appear they are looking for ways to get out of paying up on the policy by trying to find anything in the patients records that may hint at 'careless living', when in fact they are at fault for not comissioning a medical examination before accepting the insuree. Any details given to the insurance company should be limited to the circumstances immediately relating to the cause of death.

It has been agreed with Adrian Tyas at the PCSA that in future they will not release medical records under these circumstances unless specifically requested to do so by a GP.

It's panto season again!

Questions have been raised about parents asking for certificates for their children to take part in the local panto, and stating that they are in good health. Sadly, whilst this is the time of good will, this service is not an NHS one and if you are asked, you are able to charge a realistic fee for this service. You should agree the amount beforehand, and obviously if the parent is not happy with the fee, they can go to another GP.

WANTED MEDICAL SECRETARY

To work in a rural practice. A variety of administration work with a knowledge of medical terminology and computers.
8 Hours a week, flexible
Salary negotiable.
Please contact Fran Hough, Practice Manager
On 01326 280205

How to deal with an out of hours issue

This article has been written following a meeting with Kernow Urgent Care Services (KUCS) and various discussions with the PCT on how GPs and the LMC deal with issues concerning the out of hours service. It is designed to make certain you approach the right person with the right issue.

There are a number of types of issues, they cover the following:

Contractural with the general practitioner workforce arround rates of pay, hours, type of work etc – contact LMC Dawn Molekamp 01726 627978

Effects of out of hours provision on daytime work of practices – contact Dawn Molekamp 01726 627978

Complaints about individual doctors' perceived competence, behaviour, manner, training, health – contact KUCS Medical Director, if no progress then contact David Miles 01209 888222, it would be useful to keep the LMC informed of these instances

Operational, how calls have been handled, services deployed, communications between staff etc – contact Nikki Ainsworth 01872 222400

Contractural between the PCT and KUCS, what has been contracted for and what is expected, national standards etc – contact Jenny Bowden on 01209 888222

Specific patient related complaints – contact Nikki Ainsworth 01872 222400

Impact of KUCS on other health provision e.g. community nursing, ambulance etc – contact Jenny Bowden on 01209 888222

Where GPs, working for KUCS, wish the LMC to be involved, it can. It cannot fix rates of pay, terms and conditions of service for employees of KUCS, but can be involved as an intermediary in negotiations. It can also offer advice. members who have paid a non-principled GP levy rate.

Where there has been a transfer of work we need to know, particulary when this is the result of a systematic or policy decision either by KUCS or the PCT.

Where it has been brough to the attention of the LMC that a doctor may be incompetent the LMC may do any of the following: raise the issue with KUCS (via their complaints officer Nikki Ainsworth), pass to the Director of Public Health for the PCT to deal with under Cause for Concern Procedure, or refer to the GMC directly.

Where there are complaints about individual patient care, the patient should be directed to the KUCS complaints officer, and to write their complaint to them, if that fails to resolve the issue satisfactorily then they should contact the PCT directly.

We hope that this quick guide is useful, if there is any further clarification please contact us.

Standards for Better Health

There has been much chat between LMCs on the issue of Standards for Better Health. These are standards set by the Department of Health against which Trusts test everything they do. It lies separately from the other targets, guidelines and best practice. They are not part of the new GMS contract and therefore although PCTs will be wanting to chat about them and practice progress with them, this is optional for you. Your PMS contract will probably depend on local wording.

Excessive Prescribing

In other areas the PCTs are threatening practices with financial threats if excessive prescribing continues. To aid such discussions the GPC has produced guidance to aid understanding of the issues and what is and what is not possible within the regulations wording. Locally the PCT has produced a policy on excessive prescribing and is in discussion with the LMC on the subject.

LMC Representation on Committees

This is in many ways an exciting time to be in primary care and, yes honestly, organisations are opening up and trying to involve General Practice in decisions. Practice Based Commissioning will take on many of these issues and address the needs of localities. The role of the LMC in representing the profession is being discussed nationally but it remains the only statutory representative committee. It has a long term objective role in overseeing the work and conditions of General Practice and examines in detail the impact of any proposed changes.

The LMC tries hard to honour its role as true representatives of the profession but even so finds it difficult to represent all of your views!

Many groups ask for a GP representative, only for that voice to be misrepresented in later policy decisions. We would ask colleagues to consider that if they are contributing to discussions which form policy likely to impact on primary care that you ask for additional, specific LMC representation to be included. The likelihood is that if the issue is one which is affecting you and your patients, it will be affecting LMC members as well. The county wide remit of the LMC also ensures that where lessons are learnt elsewhere we can try to make certain they are picked up all over.

Please make sure the group you attend are clear on the type of your representation. We need to ensure good communication, so please liaise with the LMC to keep us informed. Where there is a requirement for a representative of the profession county wide then it should be from the LMC. Lastly we are not suggesting that individual GPs should not be involved, but that we as a profession are clear between ourselves who is representing what.

Meeting the New Chief

The last few years have seen a widening gulf between primary care and the PCT . However as we move into new times and can report a very positive first meeting between the new Chief Executive of the PCT, Ann James, Phil Dommett and David Purser from the LMC.

All parties agreed that we must try harder to communicate. We also agreed that general practice is a core stakeholder and we now need to work together. This was accepted as including 'no surprises' but an open book approach. This means that if we have a burning issue we should approach the PCT first to see if it can be resolved and ensure they are forewarned if it can't.

This makes sense as it is not in our own interest for patients to continue to have their trust in the local NHS undermined unnecessarily.

What not to wear

Many of you might have seen the article from the Guardian, and probably elsewhere, which reported:
“East Lancashire Hospitals NHS Trust wants to ban doctors and nurses from wearing novelty socks because they are "unprofessional". Uniformed staff could face disciplinary action if they sport such characters as Homer Simpson, Mr Blobby and Wallace and Gromit on their ankles. The proposal forms part of a new dress code being discussed by the trust's board. The trust wants a "corporate image which presents a professional and business-like approach". The new code would also ban opaque clothing, clothing that is too tight or too loose, and plunging necklines.” (Ed note - did they really mean opaque?)

We have not heard of any such approaches locally but understand that our Chair is taking this seriously and has banished his diamante and sequined top to his weekend only wardrobe.

A Message from the New Chief Executive.

When the new Cornwall and Isles of Scilly PCT was established in October of this year I announced that the PCT's first priority would be to undertake a strategic review of healthcare across the county and the Isles of Scilly to establish a clear and positive future direction for the improvement of local healthcare. That review is now in train. It will cover all health services including primary care services, hospital services and mental health services and an independent reference group will act as a sounding board for the review.

I felt that a comprehensive review was necessary because we live in a time of great change and few areas are changing more rapidly than the NHS. Better drugs, more services in the community, new technologies and advanced clinical techniques are all helping to improve the quality of life and extend life expectancy. Such changes mean more people are being treated outside of their local hospital and the time people spend in hospital for relatively routine procedures is being reduced.

Almost 90% of contact with NHS patients now occurs in the community. Procedures that once upon a time could only take place in hospital can now take place in clinics or GP surgeries. We are also seeing great change in the way in which the NHS is managed and organised. A series of initiatives such as practice based commissioning, payment by results and increased choice for patients are all revolutionising the delivery of health services. All these developments offer an encouragement to improve the way in which we deliver healthcare in Cornwall and the Isles of Scilly.

In the few weeks since the new PCT was established I have been in no doubt about the passion that people feel for their local NHS. I hope and believe we can harness this strength of feeling and use it constructively.

My objective is to help improve services whilst ensuring that the NHS in this area is able to live within its means. Only if we achieve both of these objectives will we be able to develop a health service we can be proud of in the years ahead.

The strategic review will be informed by a period of engagement and discussion during which the PCT will seek out the concerns and views of local communities, interest groups and other key stakeholders. I am determined the review will be conducted in partnership with all the local key players including local GPs, other healthcare providers, the public, NHS staff, social care partners and other stakeholders. Specifically we will be working through GP locality commissioning groups to seek the views of local GPs between now and the middle of January. The role of GPs as commissioners will be crucial to shaping the direction of the NHS, and therefore I believe it is vital that you have an opportunity to help shape the Review outcomes.

But I would also encourage GPs to send their views about the development of local healthcare direct to me or to **the Engagement Organiser at Cornwall & Isles of Scilly PCT, Sedgemoor Centre, Priory Road, St Austell, Cornwall, PL25 5AS.** Alternatively you can email your ideas to events@ciospct.cornwall.nhs.uk .

I look forward to meeting more of you personally in the weeks and months ahead.

Ann James

DR BASIL BILE WRITES……

"GP Premises a National Disgrace" moaned that happiest of happy rags, *Pulse* Newspaper, on its front page recently. "*Informing, Supporting and Championing"* it boasts on its masthead. "*Thoroughly Depressing its GP readership"* would be more to the bally point. I can't remember its last cheerful contribution to the primary care debate, but then maybe I'm just a grumpy old fart.

Its frontpiece on the parlous state of GP Premises was accompanied by a photo of a strange looking cove in a shocking pink cardy and a military style moustache. *"Cramped, stuffy and leaking"* it said under his picture. Well I think publicly humiliating the chap is an absolute disgrace. I can well believe he is cramped and stuffy but let's face it, the bounder is trying his damnedest to loosen up by sporting the pink jumper, and if he's got problems with bladder control I hardly think it helps to announce it quite so brazenly to the world. Whatever happened to patient confidentiality? Oh yes, silly me, I forgot; it went down the pan with the new NHS IT system.

Apparently in some areas of the country almost all GP Premises are substandard. Well that is certainly not a charge that can be levelled at the Abandonhope Surgery in the bustling little Cornish village of St.Salive. We have:

- Hot and cold running water (down the walls from a leaking pipe or two)
- Air Conditioning (hole in the roof)
- Children's Play Area (the pavement and main road outside the surgery)
- Disabled Access (everyone hobbles after stubbing their toes on our door stop)
- Animal Corner to amuse the kids (surgery cat trying to decapitate the surgery rat in the entrance lobby)
- Patients have Easy Access to their Medical Records (and anybody else's for that matter by leaning over the counter and helping themselves whilst our receptionist files her nails)
- Patient Participation Group (as my door doesn't shut properly everyone in the waiting room can join in every consultation by adding their own advice to mine)
- Premises Extension (downwards when the floor in junior partner Clint Thrust's consulting room vanished down a tin mine shaft, tragically not whilst he was in the room as he had been practicing Yoga positions in the coffee room at the time and we had been forced to call out the local fire brigade to disentangle him from the radiator)
- Imaginative use of existing space (we have converted the staff toilet into a minor ops suite for those procedures that can be done with the patient sitting rather than lying down, in the process allowing our employees to use a bucket on the back lawn for their ablutions, much to the delight of the old folk in the local residential home lounge that overlooks the back of our surgery)

Recycled Fuel used to heat patients in winter (bonfire of NICE guidelines in middle of waiting room carpet)

The fault for all of this underfunding of family doc habitats lies firmly at the feet of our chums in Peeceetee Land, on account of the fact that as per bally usual they haven't got the dosh, presumably as large dollops of the stuff are having to be used as golden handshakes for all the poor souls who are being forced to walk the plank as part of yet another NHS administrative reorganisation. However, the shuffling of the red tape pack by cardsharp Ian "another-one-bites-the-dust" Carruthers up at the Strategic HA brings with it an exciting addition to the local landscape. New Grand Duchy PCT Chief Exec Ann James rode into town on the first day of October, scattering tumbleweed and pesky varmints as she came. Whether she will be "Annie-get-your-gun" or "Calamity James" remains be seen, but as she headed for the Last Chance Saloon toting her shooters there were mutterings from the local undertaker that he ain't sure he's got enough coffins to cope with the big shoot-out that will inevitably follow at High Noon. Watch this space pardners…..