

LMC NEWS

Cornwall & Isles of Scilly Local Medical Committee

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Dawn Molenkamp is the secretary and can be e-mailed on dawn@kernow-lmc.demon.co.uk

New LMC Website

After months of little or no updating on our website, we are pleased to be able to tell you that the new Cornwall and Isles of Scilly LMC is under construction.

The basic website can be viewed at www.kernowlmc.org.uk

Work on the site is ongoing and changes and additions are being made daily. In the next few weeks there will be more documents loaded, and a message board facility available.

Keep an eye on the site as shortly after the LMC election results are announced the mugshots of the committee will be posted.

The electronic patient record House of Commons inquiry

Practitioners might be interested to learn that the Health Committee is a Select Committee of the House of Commons and is undertaking an inquiry into the development of the electronic patient record. The inquiry will focus on:

- What information will be held on the new local and national electronic record systems, including whether patients may prevent their personal data being placed on systems:
- Who will have access to locally and nationally held information and under what circumstances:
- Whether patient confidentiality can be adequately protected:
- How data held on the new systems can and should be used for purposes other than the delivery of care e.g. clinical research: and
- Current progress on the development of the NHS Care Records Service and the National Data Spine and why delivery of the new systems is up to 2 years behind schedule.

Organisations and individuals are invited to submit written evidence. This should be in WORD or rich text format—not PDF format—and sent by e-mail to healthcommem@parliament.uk. The body of the e-mail must include a contact name, telephone number and postal address. The e-mail should also make clear who the submission is from. The deadline is Friday 16 March 2007. Submissions should be in the form of a self contained memo, no more than 3,000 words, paragraphs must be numbered and the document must include an executive summary. There are loads of rules and if you wish to submit evidence please contact the LMC office and we will send you a copy of the complete list of do's and don'ts.

KUCS Complaints

Readers will remember that the November 2006 edition of the newsletter contained details of to whom complaints / concerns / suggestions to regarding the out of hours services should be addressed include Nikki Ainsworth for Serco. We have been advised that Nikki has left the organisation, and all such contacts should be made to:

KUCS.Goveranceandcomplaints@cornwall.nhs.uk

This would include all issues such as the actual operation, call handling, services deployed and specific patient complaints.

Prescribing—statins, PPIs, Ace inhibitors

Where there have been a significant reductions in the price of drugs, e.g. through the Drug Tariff for Statins, PPIs and ACE Inhibitors, the LMC endorses the PCT Prescribing Team's view that new prescriptions within those classes should in general be for the more cost effective products, and where possible and appropriate existing patients should be changed to those more cost effective products.

DLA and AA report fees rise

The Department for Work and Pensions has agreed to an increase in fees paid to GPs for the completion of factual reports for disability living allowance and attendance allowance and has confirmed that a new fee of £33.50 will be effective from 1 January 2007.

CRB Checks for Nurses & HCAs

This has been the subject of a debate between LMCs and the local office thought you would appreciate a reminder of the requirements. At present the law states that for positions in the NHS, CRB disclosures **can** be obtained for:

'Any employment or other work which is concerned with the provision of health services and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to persons in receipt of such services in the course of his normal duties.'

NHS Employers advises that only the courts can provide an authoritative legal interpretation of this provision but that NHS Employers suggests that:

- anyone employed by a NHS care provider (directly, or under contract) is concerned with the provision of health service(s)
- most NHS staff, but not all, *have access to patients in the course of their normal duties*
- Porters or cleaners who spend time on wards would be included, but not staff who merely pass through wards without interacting with patients.

NHS Employers advises that in addition to directly-employed staff, employers will need to consider vetting for contract staff. **It is not a legal requirement for all NHS recruits to undergo CRB checks.** CRB checks on practice staff are not funded and, until they are, **GPC advises that GPs should only require their staff to have them when this is judged appropriate by the GP.**

GPs pay, the press and the public

The LMC is concerned at the recent false image of GPs that has been created, It is the general consensus of the LMC locally that we should not portray GPs more forcefully. However, it has been suggested that practices have some statistics ready to use as appropriate, possibly in the form of a poster in waiting rooms. If it is required the LMC is prepared to provide some printed materials to all practices.

Unfortunately the press often like a short hand for a story which does not reflect the reality and this time its general practice that has attracted its intention. We just have to try locally to redress the situation. The government / Department of Health are being supportive in their most recent announcements on the work GPs are doing for the funding, is just not being reported.

Correcting some misinformation about general practice

Following the recent media coverage which many of you will have seen, we thought our patients might find it useful to be aware of the following facts:

- There are approximately 36,000 GPs in the UK
- It takes 6 years to train as a doctor and then a further 3 years to train to become a GP.
- Each patient on average sees their GP 4 times per year – this means, there are over 250,000,000 GP/patient consultations per year; 15% of the entire population see a GP in a two week period.
- The average practice in the UK has about 6,000 registered patients and 3 - 4 GPs. The average full time GP looks after 1,700 – 1,800 patients.
- The average face to face contact with a GP costs £20, compared to £24 in a Walk in Centre, £27 for a telephone contact with NHS Direct, £75 for an attendance at A&E and between £100 – 300 for each attendance at a hospital Out Patient Department.
- GPs are paid LESS than 20 pence per patient per day to provide all the day to day care that is required. This is less than the cost of a daily newspaper.
- Surgeries are open from 8 am to 6.30 pm Monday to Friday.
- Some GPs additionally provide care outside these times, via locally based out of hours services.
- GPs refer about 10% of patients seen to hospital specialities, which means that nearly 90% of all health needs of the British population are managed entirely in general practice.
- In a recent Government survey it was found that patients were more satisfied with their GPs than they were with the hospital service. General Practice in the NHS was the most popular of all public services.
- In a recent Government White Paper, they stated that “by international standards general practice in England is efficient and of high quality. Indeed many countries view with envy our system of list based general practice”.
- GPs are now paid differently in that nearly 50% of their income is via quality performance-related pay.
- The performance-related pay is based on achievements made in the Quality and Outcome Framework (QOF). This consists of over 100 targets of which 76 cover 10 important disease areas, measuring performance against proven standards. This has contributed to the largest and most admired clinical database in the world.
- The Government has transferred all its responsibility for funding part of GPs’ pensions to the GPs and then claimed this was a part of a pay rise.

Global Sum Formula

There is a review currently underway on the existing formula. A report has been released for consultation, and we are trying to make sense of it so we can comment. Nationally this is being discussed by our negotiators and when something concrete comes out we will of course draw your attention to it.

Choose and Book—LES

For whatever reason we can't fathom, but the PCT amongst all its target has two which are being regarded as most important. These are the achievement of the Choose and Book target and financial balance.

To help achieve the former the PCT has now circulated details of a LES to assist practice to achieve some activity. Whilst we think its rather late in the day, the LMC welcomes this support to practices, and would encourage any practice with implementation concerns to contact the PCT before the end of February, as the count will be over March/April.

Financial balance is taking a lot of attention and you may be approached over the next couple of weeks about you practice can help.

We think that the potential prize gained by achieving targets this year means that, if general practice can help, we should do so.

Practice Nurse Vacancy—Penzance

Part time (approx 20hrs) Practice Nurse required to fill retirement vacancy from July 2007. This post will require knowledge of Chronic Disease Management especially in the areas of COPD, Asthma & Diabetes.

For further details, application form & job description please contact Lesley Searle, Practice Manager on 01736 363361.

Issue of Med 3 and Med 5 forms

LMC's have been asked about the rules for issuing Med 3 forms in light of a recent report that a GP was suspended by the GMC for not seeing a patient when signing a Med 3.

It appears that when a Med 3 has been issued after an initial consultation many GPs will issue subsequent repeat certificates based upon a telephone consultation to avoid 'wasting' an appointment slot just for this purpose.

However, the issuing of these medical certificates is strictly regulated by law and the official rules are quite clear on the matter. They are set out in **DWP - A guide for Registered Medical Practitioners** which is available at:

http://www.dwp.gov.uk/medical/guides_detailed.asp#IB204

The **Social Security (Medical Evidence) Regulations 1976**, as amended, set out the format and rules for completion of medical statements of incapacity. Providers of NHS primary medical services are required to issue certificates on the prescribed forms and in accordance with these Regulations.

The rules state quite specifically in relation to Med 3s;

'You must examine the patient on the day, or the day before, you issue this statement (Note: Although a certificate can be issued to a patient's representative, this does not override the necessity of seeing the patient on the day, or the day before, a Med 3 or Med 4 is issued).'

In situations where it is not possible to arrange a face to face consultation the GP may issue a Med 5 if the advice to stay off work is based upon a previous examination. The rules for using a med 5 are also set out clearly in the DWP guide.

VAT on Medical Services

VAT to be charged on some services from 1 May 2007

HM Revenue and Customs (HMRC) have announced that following a case heard in the European Court of Justice, changes are required to UK VAT law to ensure that domestic legislation remains in line with European Union law. The changes will take effect from 1 May 2007 and will result in VAT having to be charged on some services that were previously exempt from VAT.

Primary purpose test

Broadly, where the primary purpose of the medical service is the protection, maintenance or restoration of the health of an individual then the medical service will remain exempt from VAT.

Alternatively, where the purpose of the medical examination or report is to enable a third party to decide on a course of action, VAT will have to be charged at 17.5%. Primary health care provided through either the NHS or privately will continue to be exempt from VAT.

Exception to the primary purpose test – insurance

Some services relating to insurance policies will still be exempt from VAT even though the primary purpose is to provide information to third parties. This is because insurance transactions are covered by a different VAT exemption. As a result medicals and reports provided in connection with the administration of insurance policies or the handling of insurance claims remain exempt from VAT.

Practices that are already VAT registered

For dispensing practices that are already VAT registered the change in rules will not result in a major change to accounting procedures. The difficulties will be in ensuring that the staff responsible for invoicing and collecting charges know whether or not VAT should be charged. Where a service is subject to VAT, the price paid by the patient will need to be increased by 17.5% and this VAT inclusive cost publicised in any schedule of charges. The VAT paid by the patient will then be included as output VAT on the VAT return.

Practices that are not VAT registered

These changes will only impact practices that are not currently VAT registered if the value of supplies on which VAT is chargeable will exceed the VAT registration limit – currently £61,000 per annum.

There may be some larger partnerships where this limit will be exceeded and those practices will have to register for VAT for the first time. The administration burden of dealing with VAT registration is considerable, and most practices will want to avoid this if possible.

When assessing the likely value of taxable supplies it is important to consider partnership income from all sources. For example, if a practice charges another practice for management services, this would be have to be included in the value of supplies on which VAT is chargeable, and may take a practice over the VAT registration limit.

Partnership income or individual partner's income?

The VAT registration limit of £61,000 applies to the supplies made by the partnership. There is a separate limit for each individual partner. Therefore it is important to distinguish between partnership income and the partners' personal private income. Partnerships that are worried about exceeding the VAT limit may want to consider whether private partnership income could instead be earned directly by individual partners. Any change of this nature would first require detailed consideration of the VAT anti-avoidance rules.

Conclusion

Both VAT registered and non registered practices will have to take a detailed look at their non NHS income streams to ensure they comply with their VAT responsibilities, and take specialist advice from their own accountants.

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DR BASIL BILES WRITES:

When I opened up my copy of the Daily Torygraph to discover the unwelcome news that our much beloved Sec of State for Health Patsy Halfwit intended to “*Cap*” GPs’ take home pay, a certain frisson shivered through my bowl of early morning Porridge Oats. The thought of the aforementioned Government Minister in her best strident school mistressy mode, admonishingly brandishing a Dutch Cap and heading towards my unsuspecting accountant as he innocently tots up my hard earned wads, quite put me off my lightly boiled egg and toast soldiers. Fortunately the amount of twenty pound notes that you can fit in to the average Dutch Cap is not very many in my limited experience of such matters at the Mevagissey Pole Dancing Club. LMC Chairman Dr Phil Dumbit is probably more versed in such things than I, being as he is a man-of-the-world, or a man-of-Falmouth at any rate. So as long as Patricia sticks to the cap as the vessel she proposes to use to skim off some of our well earned loot and does not stray in the direction of the capacious Femidom then all should be tickettyboo. I rather fear most of my annual take home dosh could be safely accommodated in a Femidom, if not my entire lifetime earnings. I don’t know who invented the Femidom, but whoever it was had a quite remarkable sense of the ridiculous, talking of which brings me back full barmy circle to our Health Supremo.

It must have been her, or more probably that former Tavistock Times junior reporter Alistair Tailspin Campbell, who planted the very obvious Blair inspired GP-bashing editorial in the Independent newspaper recently. Well, as our slack-jawed former GPC negotiator Dr Simon Fraud recently helpfully pointed out to the mass media, the truth is the Government’s negotiators erroneously believed GPs were not already doing a damn fine job and therefore needed to be bribed by waving a nice big juicy carrot under our noses in order to get us to sharpen up our act. The fact that we

were already practicing our noble art at an astoundingly excellent level hitherto completely unsuspected by HM Gov is hardly our fault, and to accuse us of being greedy because we do exactly what we were asked to do and then eat the carrot in one glorious gulp just about takes the bally biscuit, er... carrot. The fact that we were only expected to manage to guzzle down half of the proffered root vegetable is hardly our problem.

For those of you who understandably feel somewhat stressed at being on the receiving end of all this politically orchestrated anti-doctor propaganda at the present time I would urge you all not to respond to the stress in the manner of a certain Romanian surgeon, Mr Naum Ciomo. During an operation on a patient’s testicle he accidentally cut the urethra, at which point he flew into a temper and in terrible-tot tantrum mode grabbed a scalpel and proceeded to slice off the poor man’s member, before chopping it into three pieces and then storming out of the operating theatre. He subsequently blamed his somewhat colourful conduct on personal problems. His unfortunate and stunningly forgiving patient, one Mr Radonescu, has received £100,000 to spend on a penis reconstruction operation. Hopefully he will have the common sense not to ask Mr Ciomu to do it, at least until the surgeon has got his personal problems sorted out. I can hardly wait for the opportunity afforded by Patsy Halfwit’s latest on-the-hoof pronouncement about operations being carried out in GP Surgeries instead of in hospitals. Heaven help my customers if they happen upon me when I am having personal problems. It might be an idea to have a tube of superglue handy just in case...