

LMC NEWS

Cornwall & Isles of Scilly Local Medical Committee

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National spine and opting out

The good news is that more information is going to be circulated. The bad news is that for a patient to be opted out of the system, they have to be included in it. Its almost as good as the famous Catch 22. The LMC has strongly opposed any imposed system that makes patients have to choose to opt out.

At this stage you do not need to do anything, and neither do your patients. When this area is going to be loaded onto the national spine we will all receive letters and then patients can decide whether to opt out, or at least as far as they can.

If a patient does contact you in the meantime, we have been advised that you can read code they with 93C3, and that will be accepted as opting out.

Patients wishing to understand more can be referred to:<http://www.connectingforhealth.nhs.uk/crdb/docs/nhscrgenglish.pdf>

Flu Pandemic Plan

Practices are reminded that it really would be a worthwhile exercise to consider how they would each manage when a flu pandemic hits us.

Not only will you face a large number of calls and requests for advice and appointments, it will be at a time when you might lose 25% to 40% of your clinical and administrative workforce through flu, and even more because all schools will close, and thus your staff with children may need to be caring for them at home.

The Department of Health has produced advice this month on:

<http://www.dh.gov.uk/en>

Publicationsandstatistics/Publications/
PublicationsPolicyAndGuidance/DH_073183

This includes links to BMA and RCGP documents which may help you.

The PCT will be sending out advice in a shortened form and obviously all national documents are over many pages and most of it is irrelevant to general practice.

Exciting things to note are that a national hotline will be set up for patients to ring for advice, where suitably trained people will work through an algorithm with each caller, separate from NHS direct. Locally the PCT will be setting up a coordination centre which will be issuing us all with advice.

You will need to find a way of coping, including, it is suggested, having a separate waiting area for flu patients, appropriate protective clothing for clinicians and other staff,

Locally and nationally they are also concerned about ensuring that shops are still functioning, supplies are delivered.

For the moment you are advised to watch for further advice and start to plan for your own services now.

7th Plymouth Symposium on Obesity and the Metabolic Syndrome

You are invited to attend the above symposium on Thursday, 10 May 2007, 8.45am to 5.00pm at Derriford Hospital, Plymouth.

The title is 'Making it work', and the day will look at what underlies obesity and diabetes risk, studies across Europe, American intervention programmes and plans for Plymouth.

A range of speakers with national and international standing will be attending. There are a range of fees depending on whether you are a student, members of PMS etc.

If you are interested please contact:
Mrs Kerry Godley-McAvoy, University Medicine, Level 7, Derriford Hospital, Plymouth, PL6 8DH
Telephone 01752 763498
Fax 01752 792471
E - m a i l k e r r y . g o f l e y - m c a v o y @ p h n t . s w e s t . n h s . u k

LMC Conference

The two day event at Crantock went very well, our thanks to all those who attended and supported us.

This year the conference was more adventurous with speakers with a national perspective adding to the local flavour.

Initial analysis of the feedback has showed us that the event was well received by those attending and we are being encouraged to put on another event next year.

Supermarkets to host GP practices

Nationally plans have been released by the DoH to set up contracts for 30 of the most under doctored areas in England. It seems anybody will be free to bid for the contracts. It is likely they will include early morning, evening and weekend clinics. This will no doubt impact on our services. We hope that there will be as much openness about the details of these contracts as the GMS contract, but whatever, watch this initiative.

Enhanced Services

A letter has been agreed between the LMC and the PCT. This we hope summarises the current situation regarding enhanced services. The past few years has seen the PCTs establishing individual enhanced services with the result that patients in some parts of the county can receive a service not available in others, also practices are being supported to provide services in some places that others are either not providing or doing so without financial support.

This letter summaries the current situation where existing enhanced services are being continued and where further work needs to be completed before an enhanced service can be rolled out. It highlights the main priorities that the LMC has been concentrating upon for the past few months.

Pay Cut

Because the national pay award has been negative there are many national discussions going on about actions that general practice can and should take, and those preferring a longer strategy and considering the future.

In the light of the recent pay cut, LMCs nationally have been proposing boycotts of various target driven enhanced services, where patient care is unlikely to be compromised. e.g. C&B and PBC. We would value the comments of practices in Cornwall, which we will take to the GPC meeting in London on April 19th.

FOCUS ON READ CODES – QOF 2006-07

Time is fast running out for QOF work for this year , and so we reprint the guidance you have separately received below:

This guidance has been produced to clarify some of the continuing issues that still exist within the Datasets and Business Rules (D&BRs) for the revised QOF (April 2006). Version 9 is the most recently published and is available at the following website:

<http://www.primarycarecontracting.nhs.uk/145.php>

The production of the datasets and business rules (D&BRs) using read and other coding systems were and continue to be generated by Connecting for Health (CfH), on behalf of the Department of Health, based on the final version of the QOF indicators. The D&BRs then go out to four country review, where IT experts in the various nations review their accuracy and comment on any flaws they see. Once they have been signed off by four country review, the system suppliers are given them to make the relevant changes to their system. The NHS Employers and General Practitioners Committee do not have any lever over the time frame to which the system suppliers upload the changes onto their systems.

Invariably once the read codes are used in practice, queries and issues arise that despite the review process, had not been anticipated. In order to make the datasets and business rules more closely reflect the QOF indicators and the work practices do on them, they are periodically revised to address issues raised. Version 9 most accurately reflects the QOF now. However, there are some issues that GPC is already aware of and which we wish to inform practices about. The GPC is currently considering other identified problems, and welcomes comments regarding any particular issues with the D&BRs that practices identify.

Summary of main ongoing issues for QOF 2006-07

This list is not exhaustive, but includes a few important areas that may affect a practice's QOF achievement.

1. Mental Health - There is no 'resolved' code that can be used that will remove patients from the Mental Health register. Although Read code 212T - 'Psychosis.....(etc).....resolved' does exist as a read code it will not act to remove a patient from the mental health register.

The reason for not including this in the rule set is because it relates to a number of conditions. Therefore it is legitimate to exception report patients annually whose condition has resolved.

2. Mental Health – The rule set for Mental Health no longer makes use of a 'Mental Health Register' using Read Codes 9H6.. or 9H8.. but relies on encoding of patients with a psychosis diagnosis – therefore practices may find a reduction in their number of patients for MH6 and MH9.

3. At present clinical areas relying on episode codes may not behave in a predictable manner on a given practice system if not encoded precisely. In many instances the Datasets require the date of the Latest First and New Episode. Some practices do not routinely use these labels. Where the Latest First and New Episodes are not available at a given practice, the GP System Suppliers (in agreement with CfH) interpret the patient records, based on the evidence that the practice has recorded. CfH are seeking clarification as to the nature of episode support on GP Systems in the future. If at the end of the year a practice and PCT can agree that the QMAS results do not reflect the reality of the episodes defined in the D&BRs, then the PCT can agree to amend numerators and/or denominators accordingly.

4. The effect of Repeat Dispensing has not yet been built into the business rules. It will be looked at but at present those using repeat dispensing should be aware that the prescription of drug intervals vary from 6 months to 15 months. Therefore if a practice issues a 12/12 repeat prescription in June, that patient would not be recognised as being prescribed to. If this affects a practice it should raise this with the PCT who can use their discretion to adjust the QOF results (e.g. numerators or denominators) once they have been provided with the appropriate evidence.

PCT NICE audit

The advice from the LMC remains that you do not complete the audit sent out by the PCT. You do not have to, it was created by somebody in isolation, we have offered to discuss it with the PCT and will let you know the outcome as soon as we do.

Further information on Decontamination of Medical Devices

Further to last months mention of this important subject we are now advised that more guidance is currently awaiting approval by the CMO, who is presumably adjusting his CPD programme already to take this into account.

RCGP Tamar Faculty Annual Study Day—10 May 2007

The next study day is being held at Yealmpton and is entitled "Looking to the Future".

The morning session will be on "the Future of Relicensing and Reaccreditation" and the afternoon on the "Future of General Practice—opportunities to sub-specialise"

If you are interested please contact the Faculty Office of 01392 262744 or e-mail on liz.bell@pms.ac.uk

Locum Advert

Experienced, British trained General Practitioner is looking for GP locum work in the Cornwall region for periods of up to 2-3 weeks duration (not July or August). Full GMC registration and on GP register. Full C>V> and references available. Home on Vancouver Island, British Columbia, Canada, could be available for a house swap for a physician wanting to holiday there while away from their practices.

Please reply to kmldoc@telus.net and include locum rates
Dr Keith M Laycock

Patient Information Confidentiality

The LMC remains very concerned about practices being asked to release confidential information about patients. The latest request is about the national diabetes audit. Whilst we understand the issues, if it were about other conditions we feel the reaction would be different. It also does not get over the basic issue of who is guarding patients information, and ensuring it is used appropriately. Our fear is that it is only GPs at the moment taking this matter seriously.

Salaried GP Position

Salaried GP position North Cornwall

Start Date - April/May 2007

4 sessions per week – Mondays and one other full day.

Neetside surgery is a small (currently 1500 patients) practice which is rapidly expanding due to new housing in the area. We are a small, experienced, cohesive and friendly team working from extremely temporary premises (although we hope to move to a bigger site within the next few months). Our patients get a very caring service. We are involved with medical student teaching and the local Cottage Hospital at Stratton, with an excellent working relationship with the Community Team.

We are looking for someone who is friendly and committed, willing to be involved in student teaching and clinical meetings, who wants to see a practice develop and ideally be involved in that development.

If you are interested, please contact Mike Dowling at Neetside surgery, Bude Tel 01288 356809, or email Mike.Dowling@Cornwall.NHS.UK

Choose and Book—Jane Price

Such a pleasure to be invited to contribute to your esteemed organ rather than featuring unwittingly on the back page. In recent weeks, Cornwall's Choose and Book utilisation has reached 46%, which is a testament to the altruism and hard work of 70 of the county's practices. But 46% isn't 90% and 31st March is looming ever larger. Fortunately, much as May week is always in June, the NHS measures March targets based on April performance so we have a little time yet.

Why are all practices not already putting 90% of their referrals through Choose and Book, because some undoubtedly are and a few have managed over 100% (hmmm) There are several reasons and here's what we are doing to help you with each of them:

Capacity (lack of). You refer your patient through Choose and Book. They can't get an appointment. Days or, worryingly, weeks later, they come back and tell you.

Help is at hand by new national guidance every patient is guaranteed an appointment with their chosen provider, though not necessarily at their first choice of location. Better still, this will be achieved without any extra work for you or your staff and without any adverse impact on your DES/LES performance, and best of all it works.

To help make a success of this, the booking window is no more and appointment slots are starting to be reserved for Choose and Book patients only.

User education. This is a euphemism and it it's a euphemism for things, which go wrong, and in your surgeries as often as anywhere else. If that Rapid Access Chest Pain Clinic patient is really routine, have you referred to the right service? And did you realise that if you ask for an "RCH" appointment what your patient will be offered is appointments at Treliske. And nowhere else.

Please continue to log all your technical and non-technical C & B problems via. the

Cornwall IT Service desk on 01209 881717, read Simon Barton's Newsletter and encourage your staff to attend our C & B Learning Exchanges. 6th March in Saltash, May in North Cornwall and July in Falmouth.

Processes and systems within your practice. We have practices who genuinely believe "we're putting everything through Choose and Book we can", which is fine unless they are achieving 15% Choose and Book utilisation, which some of them are. If you want to succeed with Choose and Book, follow Brannel's example and think paperless.

Support your practice team. If your secretary brings a referral letter to you and says she thinks it could have gone through Choose and Book she's probably right.

The numbers. In the great tradition of the NHS we have been collecting the same referral data (known as QM08) ever since I can remember. In 2007 for the first time we use that data at practice level, and guess what? It's not perfect and it includes lots of things it shouldn't. We are working hard to sort this out with great support from Pool and a number of other practices.

To sum up – the PCT does recognise the hard work which is going on in practices and will do all it can to support you. Like it or loathe it, Choose and Book is here to stay as it's part of a wider programme which includes for example Electronic Transmission of Prescriptions. During the next year we will see it become "the" system for all secondary care referrals including those to diagnostics and therapies; and including the opportunity to use C & B to ask for Advice and Guidance with the possibility of avoiding a referral and attendance.

We know it's not perfect but it will only get better with your feedback, your support and your hard work alongside everything that is going on in every hospital across the country to make sure Chose and Book gives patients a reliable, quick and flexible service.

DR BASIL BILE WRITES

So, we are now in the New Chinese Year, The Year of The Pig. Since Her Majesty's Government have made a complete pig's ear of the NHS in previous years it does not bode well for the next twelve bally months that we will be actually in the year of the porker. However I can think of no one better suited to be cast in the role of Miss Piggy than our very own and dearly beloved Secretary of State for Health, Miss Patricia Halfwit. I have no doubt that "Being Hewitt ignorant", "making a Hewitt of oneself," and "being as happy as a Hewitt in the brown stuff", will doubtless all be expressions that will shortly find their way affectionately into the English Dictionary of Common Usage.

Just to add to my current sate of paranoia I read the headline "*GPs to be given five-yearly MOTs*" on the front page of my Daily Torygraph. Let us fervently hope that my silencer and big end pass muster when I am inspected on the ramp. No one quite knows what form this horror will take as the information coming forth is gloriously vague which is hardly surprising as the source is none other than Mr Charisma himself, the Government's Chief Medical Officer Professor Sir Liam Donaldson, a man who at his most alert and active can best be described as resembling a constipated polar bear with advanced myxoedema. It is a bit rich that a doctor who probably most recently laid his mitts on a patient during the last millennium should be presuming to tell the rest of us practitioners of the noble art how to mind our professional Ps and Qs. Prof Sir Liam said, and I quote: "most doctors know of another doctor whom, on balance, they would prefer not to treat their own family". And I wonder, Liam old fruit, which member of the medical profession most of us would least want anywhere near us or our loved ones in a moment of urgent clinical need?

The CMO is not content to stop there mind you. He is also in the business of totally knackered Professionally Led Regulation. According to his proposals the Geriatric Moaning Council is going to be stripped of its adjudication powers and a Quango will be set up in its place, not using the current Criminal "sure beyond reasonable doubt" level of proof before striking someone off the

bally medical register but dropping to the less certain civil burden of proof based on a sliding scale, ie the proverbial slippery slope. Translated in to plainspeak this means they will probably be tossing a coin, and almost certainly a double sided one at that. The worry is that innocent docs may be for the undeserving chop. Since innocence and I have long been strangers it bothers me not one jot and let's face it, dear readers, I have had a good run for my money. But for the majority of the rest of you staying on the medical register could become a bit of a lottery. The BBC could well broadcast it live on a Saturday night, just before Match of The Day. Dump A Doc. The balls would be selected one at a time by Liam out of a lucky dip bag, the numbers on each ball being used to assemble the GMC Registration number of the unlucky contestant. This would confirm my belief that the new system is likely to be a load of balls. Alternatively Doctors about whom there was cause for concern could be gathered together in a Big Brother House and voted off the medical register on live TV by the public over the phone. The possibilities are endless.

Add to this the advice that doctors face disciplinary action for wearing novelty socks on the basis that Homer Simpson and Mr Blobby socks present an unprofessional image, and that exhausted doctors are more likely to be involved in car crashes than other drivers, then frankly I can hardly wait to be struck off by the government's new regulatory body. But things could be worse. Spare a thought for poor Phyllis Read of Tiverton. The 74 year old was chatting to a friend by the canal whilst sitting on her mobility scooter when she accidentally flicked the reverse gear and went plunging backwards in to the murky water. "We had to take a rake to retrieve her false teeth from the bottom of the canal" said her daughter Heather. Worryingly there was no mention that Phyllis herself had been retrieved from the canal. I suppose with the loss of NHS dentistry in so many parts of the United Kingdom we can hardly be surprised that people's priorities are being distorted, especially given the cost of non-subsidised dentures...