

LMC NEWS

Cornwall & Isles of Scilly Local Medical Committee

IN THIS MONTH'S NEWSLETTER :-

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Safeguarding patient services, maintaining cost-effectiveness

This LMC has been considering its approach to the DDRB pay cut this year, and attended the recent national meeting where the GPC consulted with all LMC's on future strategy. Broadly it was agreed to carry out a number of actions, or in actions, and to start a positive press campaign about the work of general practice.

We will be sending practices out more details as soon as we receive them, in the meantime it is important that you will have seen the paper referred to in the next article. If you have not, the web link takes you to it.

Safeguarding patient services, maintaining cost-effectiveness

Dear LMC

This year's DDRB report heralded a second year with no increase in funding to GP practices for the core elements of the contract, despite rising costs and inflation. Its decision will put practices across the country under considerable financial pressure. There can be no doubt that GPs' first priority will be to safeguard patient services from the effects of a reduced practice income. Despite financial pressures they will also wish to continue to reward practice staff fairly.

While it may not be possible to bridge the gap between rising costs and a zero increase in practice income, it is likely that GPs will want to review their practice workload and costs to explore decisions and actions they could take when trying to balance the practice's books. In much the same way that tight NHS budgets have resulted in pressure on hospitals to review their services, primary care providers will now need to take tough business-minded decisions to minimise the effects on both the practice and patient services. This guidance identifies a number of measures to help practices with their business planning.

On a related note, practices should be aware that many of last year's DESs finished at the end of March 2007 (details can be found at the back of the guidance). To date there has been no discussion about replacing these DESs in England. GPs across the UK are under no obligation to continue to provide the services covered by expired DESs. The GPC will keep GPs informed of any developments in this area.

(See attached file: Safeguarding patient services, maintaining cost-effectiveness - April 2007.doc)

This guidance can also be found on the BMAs' website at: <http://www.bma.org.uk/ap.nsf/Content/safepatientsserv0407>

Regards
Fleur Nielsen
Assistant Secretary,
GPC secretariat

MATERNITY LOCUM—Redruth

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MATERNITY LOCUM

We are a small friendly practice looking to engage a locum to cover maternity leave from end of July to mid January 2008 an average of 6 sessions per week.

We are a three doctor practice with approx. 4,000 patients, excellent nursing and admin support. High QOF achievement, fully computerised (Microtest).

**All enquires to Mrs Joy Adamson
Practice Manager on 01209 203071 or
email**

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The NHS Confederation and general practice

As many of you will be aware the NHS confederation acts as the employers side in discussions with the GPC. It has recently issued a press release in response to the GPC document Safeguarding patients, maintaining cost-effectiveness which is more than confused.

It firstly condemns general practice for thinking about cutting back services to patients as being out of touch of the mood of patients and the public, and encourages general practice to be like a small business looking at ways of improving services and seeking efficiency savings.

This seems to miss the point that the paper was encouraging practices to manage their services efficiently, it did not rule out improving services, just discussed whether it makes sense in a world where the practice budget will see a decrease in budgets in real terms to continue to provide things which it is not paid for.

It beggers belief that the NHS Confederation can peddle this stuff when we are all aware of PCTs with Community Nursing teams at such a stretch that they can no longer function properly and the staff face a constant battle to survive. If it is acceptable for hospitals and PCT's to make adjustments on financial grounds, why not practices?

Breast Surgery

Surgery for breast cancer patients will be moved back to St Michaels Hospital over the next couple of months and it is hoped that this will enable all such women to be seen in a dedicated unit. Women who have had more extensive surgery will be offered early discharge if they have a closed drainage system in place and can manage this at home. All such women will be assessed by the acute care at home team on the day before discharge and provided with an information book detailing who to ring if they are worried. Clinical responsibility for drain management will be held by the hospital team and the discharging ward will answer out of hours queries. The ACAH team (or District Nurses in North and East) will visit or contact daily and will deal with any problems. They will remove the drain when appropriate (usually on the 7th day). Primary care should not become involved but you may be aware of patients for whom these arrangements have been made.

A NOTE FROM THE CHAIRMAN:

Dear Colleague

As my period of office as Chairman is finishing this month, I felt I should put a few thoughts in the newsletter about where we are now. The past three years has seen enormous change and at a frantic pace. The new contract, the advent of Practice Based Commissioning, total reorganisation of the PCTs, the change to private providers in the Out of Hours service and in some secondary care areas, and Choose and Book (to name just a few). For general practice, you could call it challenging. Maybe I would have done in 1989 when I started as a partner! Now I consider the pace of change and the obsession with targets driven by political whims to be deeply damaging to the practice of medicine as we know it.

The LMC has tried hard to remain rational and consistent during this time. Despite the chaos in the PCTs and in hospital trusts, general practice has largely achieved what we have set out to achieve.

The measurable aspects, such as QoF targets and enhanced service uptakes have been phenomenal; we have conducted successive flu vaccination campaigns without virtually any fuss, and access targets have been achieved. We have started to take on the deeply flawed Choose and Book process, we cope with successive winter pressures without a crisis, and we are considered within the South West as being frontrunners in Practice Based Commissioning!

The LMC has remained the only democratically elected mouthpiece for the profession and it has been extremely frustrating when that has been ignored. All practices suffer if we do not have agreement over the implementation of new schemes, or when individuals and practices are thwarted in their attempt to be heard. We warned in December 2005 of the potential dangers of opting for the private sector with the Out of Hours, and we considered the selection process flawed. However, even the MPs ignored us, so it is ironic that lately there has been such a fuss by them. We hope that not only Serco, but all other potential providers and future PCT bosses will learn from this experience.

I remain optimistic, (perhaps naively so). We have a new PCT chief executive and set of directors. There are early signs that they are prepared to work with general practitioners through the LMC, and ensure that changes are only implemented when they are necessary and well designed. I have stuck my neck out in support of some short term targets considered absolutes by those outside Cornwall who remain in real control. Hopefully, the whole Cornish Health Economy will derive benefit. The PCT must now refocus on the needs of practices. The proper resourcing of all new activities will remain an absolute requirement, and the ability to decide what to take on in individual practices must be retained.

The profession faces very tough challenges in the era of media manipulation and government hypocrisy over relinquishing central control. If we are to survive these challenges, I believe we must work with the PCT and provider trusts to ensure that when we do make the necessary adaptations they are the correct ones and will survive the test of time.

It has been an honour and sometimes even a pleasure to serve the interests of general practice in Cornwall over the past three years, I wish you all well for the future.

Kind regards

Phil Dommett

Mental Health Services Re-organisation

The LMC is aware that the PCT is considering going out to tender on what we all know as the 5% service, or a counselling service for those with a mild to moderate mental health illness.

What the initial meetings have shown is that because inflation has not been added for nearly 10 years, and the rest of the service has received growth and inflation, the 5% has shrunk to between 2 and 3%, and that there are concerns that one provider should be found for all patients. Naturally we are making the case for more counselling in a primary care setting, and a plurality of providers, as we believe the government wants. You may wish to consider this issue at local GP PBC groups.

Changes in Death Certification

You attention is drawn to this important change.

Recent guidance has been the subject of much discussion between LMCs on the change in death certification.

Recent guidance (not regulation) following criticisms by Dame Janet Smith in the Shipman Inquiry 3rd report advises Registrars and Coroners not to accept 'Old Age' as a sole cause of death in people under 80.

You are advised that if you feel able to certify this as the cause of death in somebody under 80, and cannot be more precise, you should speak to the Coroner (not the Coroner's Office) before completing the MCCD. You should explain the circumstances and make it clear you can certify either Old Age or you can't certify at all, and the Coroner will need to take the case. If he tells you the law requires you to issue an MCCD but that he / she will not accept "Old Age"!, inform him you will have to certify as "cause unascertained".

Please contact the LMC office if there are problems

PIS, the LMC and the PCT

All practices will now have received both written and verbal contact about the request for signing back PIS money owed up to the end of this financial year, including savings yet to be confirmed. As the letter indicated, the LMC were consulted, and we agreed that practices could be contacted. The first written communication was received about three weeks ago, and was not suitable, so it was hastily amended. It still did not put over the picture as we saw it, but the time was too short to argue further. We specifically made it clear to the PCT, that the LMC could not support the scheme, it was for individual practices to decide; it could, and did approve of the contact to practices, and suggested the contents of the letter and the way of approaching practices personally. The LMC's support was on verbal assurances as follows:

- the scheme was legal and acceptable to the auditors; that it was totally optional;
- that practices would receive a detailed description via direct contact from a senior PCT manager;
- that they would not be under pressure,
- that the practice must be sure that they were individually convinced of the scheme's appropriateness for them.
- there had to be at least the same benefits to the practice under the promised new system next year.

We were convinced of the bigger picture requirement for Cornwall, and are now receiving unconfirmed reports that the aims were achieved.

We will now be working as quickly as possible to ensure that the development of general practice is given top priority as this has not happened with previous administrations.

Thank you for your support, and apologies to those practices who were left feeling ill-informed or set up by our rapid negotiations, the delivery of the proposals.

Report from the LMC on the pay cut this year

Nationally this issue has been debated at considerable length. We don't need to go into all the debate now, but it was important to balance the desire not to hurt patient services, with making the point that general practice cannot just be treated in this way.

To decide what to do the GPC recently held a meeting of LMC secretaries and also issued a paper (referred to on page one of this newsletter). It was agreed at that national meeting that:

- What action is taken must be tailored to local circumstances, for example stopping taking out sutures in Cornwall is probably not practical, but might be in cities where patients are near hospitals who are being paid for this work, when practices are not;
- There is uncertainty within the system at the moment
- General Practice needs to have a feeling of realism not pessimism, there is much that is very good about general practice in this country, let's tell people;
- LMC's must encourage GPs to act themselves on issues, however it would be too convenient for commissioners if all practices in an area were to stop the same service at the same time;
- Patients trust general practice far more so than politicians

So what's going to happen in the future:

- Information will be sent to LMC's to brief you.
- Further guidance will be sent to advise LMC's on their legal position with regard to advising practices on withdrawing services and the position of practices who withdraw these services.
- Provide further support to PMS practices.
- Local media activity and general practice.

We will keep you posted over the coming months as events develop.

There are a number of things that you can be doing now and they include:

Consider which services you currently provide which are not contacted for, these may include:

- Pre-op tests
- Post-op tests and suture removal
- MRSA treatment
- Information requests from the PCT e.g. Access survey, PRIMIS.
- Shared care without the shared bit.

If practices do end up taking action it would make sense that there is no overall pattern—if everybody takes one action it makes it easier to contact the service out.

As important as this is, it is vital that practices look at the existing contract and make certain they are complying with its terms and conditions

There are many statutory and contractual requirements in the contract and practices are advised to check this list and make certain they can demonstrate that they are complying with them.

DR BASIL BILE WRITES

I have always thought it most important to learn from the misfortunes of others. So when I read in the Guardian recently that a dentist had been struck off for cleaning his ears and fingernails with sterilised instruments intended for examining patients, not wearing surgical gloves, and for urinating in his consulting room sink, I promised myself a few long overdue changes to my own personal modus operandi.

- 1) Firstly I am going to stop using the pointy end of my patella hammer handle for picking my nose.
- 2) Secondly I am going to stop using the Sim's speculum as a shoe horn.
- 3) Thirdly I am going to stop using my gardening gloves when I examine patients
- 4) Fourthly I am most definitely going to stop urinating in my sink.

The latter has never been easy given my diminutive height and involved standing on my chair. With the passage of time other passages have narrowed and as the stream became weaker even this became problematical and the only solution was to kneel on the edge of the sink, a trifle precarious at the best of times. Anyhow, I am sure I can rely on you dear readers to keep this to yourselves. There are forces out there that would be glad to do me down given any useful ammo, and although all of this can be explained perfectly well by way of colourful eccentricity perhaps the least said the better, if you get my drift.

Meanwhile I have been the recipient of a jolly exciting letter from Peeceetee Land, making me an offer I can hardly refuse. I wonder if any of you have been so fortunate or was it just me? The missive came from the Acting Financial Director of the Whole of Cornwall Even The Boring Bits In Camborne and Sticker PCT, one Mr Luigi Don Corleone. It went like this:

Dear Dr Bile

I am afraid the PCT has fallen on hard times solely as a result, (so I am reliably informed by Her Holiness the Secretary of State for Health), of the greed and laziness of family doctors. I am therefore enclosing a form for you to sign and send back by return of post, waiving your right to receive any monies from us now or at any time in the foreseeable future.

Failure to comply with this reasonable request may result in a visit from the PCT Governance Team, equipped with thumbscrews and scrotal electrodes.

Yours

Luigi

p.s I know where you live

p.p.s obviously as I sent you this letter

p.p.p.s well actually I sent it to your surgery, but I can find out where you live

Needless to say my waiver is in the post.

I am afraid playmates it is not only financially that all is not well in the higher echelons of our National Health Service. We all know that women cannot read maps after research has shown that their brains are wired differently from men so they have less spatial awareness. Senior NHS Executives apparently can't read them either, especially if they happen to be part of a satellite navigation system. When Lynne Regent's Satnav instructed her to turn left at a railway level crossing as she motored home from work one evening, being an obedient NHS employee used to unquestioningly doing exactly what she was told to do, she did precisely that, and turned left at the railway level crossing. Sadly she took the instruction a little too literally and turned onto the railway track. This left her stuck on the Brighton-to-Hastings line. Train services were suspended and it took an hour to remove her vehicle from where she had parked it, causing chaos for commuters. You will be hugely reassured to know that Mrs Regent is Interim Director of Fitness For Purpose and Organisation Development for not one but two PCTs, the East Sussex Downs and Weald PCT and the Hastings and Rother PCT, and was previously a Chief Exec of Crawley PCT, where she was a member of a committee which aimed to reduce road casualties. Well at least she did her bit by getting her car off the road. As for being fit for purpose and organised, well perhaps with our luck she might replace Luigi as Cornwall PCT's Financial Director. In the meantime I wonder if Luigi will be using the same satellite navigation system to locate my address once he notices my waiver form has been signed by Dr M.Mouse?.....