

LMC NEWS

Cornwall & Isles of Scilly Local Medical Committee

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What patients think of their GP

Many of you will have been completing the CFEP surveys for some years now. Dr David Jenner of that organisation has recently released a three analysis of their "Improving Practice Questionnaire". Perhaps they have one of the best data bases of public opinion on general practice in the country.

So it's refreshing to hear that over 1.2 million patients, over the three year period, reported high satisfaction ratings, more than 8 out of ten reported that their visit to the practice was either excellent or very good. Over the three years, 21 out of the 27 subject areas improved. Indeed satisfaction with opening hours and appointment times have also shown a notable improvement. In any other part of the NHS this would have been lauded at proof of the success of government policy.

However it is worth bearing in mind the above when the soon to be released national survey carried out by the Department of Health hits the streets. This will undoubtedly tell us that GPs should be open weekends, evenings, be available during the day, provide continuity of care, provide more services in a primary care setting and be involved in loads of other worthwhile initiatives such as PBC and Choose and Book. It's strange to remember that most practices offered only a very limited emergency service on Saturdays as the politicians paint this picture of a past utopia that has been lost, but which in reality has not existed since Dr Findlay left the stage.

Nevertheless we will be pushed to respond to these demands and practices should be looking at their opening hours, and considering the contractual commitment and perhaps ask their patients and themselves how convenient their services are now.

Breathe Easy week

National Breathe Easy week starts on the 11 to 16 June.

The intention is to draw the public's attention to the problems of COPD and as part of that some respiratory nurses/ community matrons will be providing spirometry sessions in pharmacies, and at Eden.

Following those sessions you may have patients referred to you for more indepth investigation and possible treatment. This may be from a letter from the nurse the patient is given, or by word of mouth. The numbers of referred patients are not expected to be large but obviously it is helpful for practices to be forewarned.

Prescribing Incentive Scheme

Following recent communications about the PIS scheme, the PCT have sent us this update on the impact of the scheme:

Leading up to the end of the financial year Practices will have been contacted and sent correspondence requesting that Prescribing Incentive payments, and in some cases accumulated Prescribing balances, be waived in order to help the PCT improve its year end financial position.

On the whole Practices have responded extremely positively to this request which has helped the PCT be confident that it will now meet its agreement with the Strategic Health Authority (SHA) to contain the year end position within a target of an overspend of not more than £3.3m.

Arising from this the SHA has now agreed to return to the PCT, for 2006/07, £3.3m as part of an allocation which was due to be returned in 2007/08. In effect this will enable the PCT to deliver break even for the year. This will be the first year that the Cornwall PCT fraternity have achieved a break even position since the establishment of PCTs in 2002.

Commenting on the position Mike Lincoln, Acting Director of Finance, said "the fact that the PCT is now forecasting a break even position for 2006/07 is great news and a tremendous boost in financial morale for the PCT. Whilst there is no room for complacency, in terms of relaxing strong financial control, the PCT is in better financial health than for some time and there is every reason for cautious optimism as we move forward. The PCT are grateful to those Practices who have helped achieve the year end position. This provides an excellent example of our ability to work effectively together"

At the time of requesting Prescribing Incentive Scheme waivers the PCT announced two new initiatives for 2007/08 these being the Locality Development Scheme and the Practice Development Initiative. The PCT will now be working with Practices to take these forward during the early part of the new financial year.

Choose and Book

Like many practices we were amazed at the level of importance attached to this target by the new SHA.

Regardless of that, we do understand that Cornwall and Isles of Scilly is being credited with being in the top quartile of all PCTs nationally in terms of appointments made.

That we understand will assist the SHA in supporting the PCT, which we hope will translate into better patient care, and support for general practice.

Enhanced Services 2007/2008

Following recent negotiations between the LMC and the PCT you will be receiving, final details of all enhanced services for 07/08, with the next month.

The priority for both the LMC and PCT was to see equitable access to the schemes for practices and their patients across the county. You will need to read the specifications carefully when they arrive and send applications for those that you are interested in, but we anticipate many of them will be attractive.

The schemes will cover:

- 24 hour BP monitoring
- 24 hours ECG monitoring
- Insulin starts
- Minor injuries
- MRSA (simple and complex – see specification when it comes)
- A basket of treatment room activities carried out for secondary care

All schemes will be backdated to 1 April 2007.

The LMC understands that the Access and Choice and Booking DES will be rolled over for a further year. More details of this will be available shortly.

Your New LMC

Following the recent elections the new LMC members and their contact numbers are given below. Please remember that whilst the members do have their own opinions and we use those and that knowledge, they also need to know what you as constituents think. If you have any issues you want the LMC to raise please feel free to contact either one of the members or the LMC office.

Chairman: Dr Bob Harvey

Vice Chairman: Dr Richard Clapp

Members:

North and East Constituency

Abbott *(Boscastle), Jefferies (Liskeard), McCormick (Gunnislake), Stewart (Callington), Saitch (Wadebridge), Scaglioni* (Millbrook), Stead* (Bodmin), Waterhouse (Bude)

Central

Dommett *(Falmouth), Ellis (Penryn), Merrin (Perranporth), Priest (St Columb), Purohit (St Spephen), Middleton *(Fowey, James (St Austell) - 2 vacancies

West

Gethin (Illogan), Harvey* (Camborne), Hillary (Helston), Trevail (Pool), Edgerley (Mullion), 4 vacancies

Non-principal

Clapp*, Gray*, Jenkin, vaZiri

* indicates a member of the Cabinet

You will notice the number of vacancies, especially in the west of Cornwall, if you or one of you partners is interested in finding out more about the LMC and its work, please contact us, your time is supported financially, your opinions are valued, and perhaps now more than ever we need to make certain General Practice works together.

Blood Transfusion update

We are grateful to Dr Alan Agnew, who represents the LMC and practices on the RCHT Blood Transfusion Committee, who has advised us that following a new European and Department of Health Directive anyone involved in blood transfusion, from ordering blood, taking blood, administering transfusions or even transporting and storing blood should be appropriately trained.

Training for GP staff can be accessed through the RCHT intranet site.

Training for GPs is very easily accessible via a website and this is on www.doctors.net .uk, the free network for all UK doctors. Dr Richard Noble the Consultant haematologist at RCHT has written a short online learning course which normally takes 2 hours, a certificate of successful completion of training can then be printed off.

Practices, GPSWSIs and Educational organisers

Are you setting up an educational event, an educational away-day, an in-house update open to others or any other event which is designed to support the personal and professional development of your staff? If so, and you'd like others to attend, we'd very much like to hear about it. PIPC (The Peninsula Institute for Primary Care - formerly the Southwest Peninsula Deanery) will shortly have a link on its website to CPDForum. CPDForum is a multi-functional, interactive website which acts as a one-stop support for Continued Professional Development. One principal function of the site is to act as a notice board for quality assured, local and neighbouring educational events accessible by GPs and Primary Healthcare Professionals. If you would like your event to be posted on the website or if you are aware of other events happening in your area, I would love to hear from you. My contact details are: Lynn Collins 01803 849364 and the email address is : emailCPDforum@googlemail.com

Looking forward to your updates and best wishes for now,

Stop press - Dr Bile - Surgery Cleaner in Horse's Head Shock Horror Incident

You will be as distressed as I was to hear that my surgery cleaner was admitted to hospital after collapsing with a severe attack of the vapours last Friday morning at the Abandonhope Surgery. She had entered my consulting room as is her wont in order to empty my rubbish bin of discarded Snickers bar wrappers, only to discover what she thought was a dead body on my examination couch, with a brown haired head sticking out above the blanket. She was encountered screaming hysterically in the corridor at approx 7.45am when my partner Dr Hilda Bunnytunnel turned up in order to put in some creative overtime by massaging our QOF figures. I arrived in the midst of all this chaos while my manservant Tilbury was parking my Jag. On my couch was a horse's head (admittedly from a child's hobby horse) severed at the neck with a note attached to one ear.

"An Offer You Can't Refuse!

The rest of the horse sleeps with the fishes.

How's your swimming Doctor?

It could be a case of waive or be waved...

Luigi"

I am sure this has nothing whatsoever to do with my exceptionally responsible piece of journalistic prose in the last newsletter in relation to the misguided actions of a certain Luigi Don Corleone, the PCT's acting financial director. Nevertheless as a precaution I have instructed Tilbury to sleep in my bed for the time being. To be fearfully honest Belinda is not terribly chuffed with this arrangement, not least because he has a habit of passing an inordinate amount of wind....

Ever yours

Basil (lying low at a secret location in a somewhat crowded bed)

Lostwithiel Vacancy

A small, semi-rural Cornish practice seeks a salaried GP for three days per week.

Lostwithiel, is in south-east Cornwall on the River Fowey, has an established medical practice looking after 4,900 patients. A PMS practice, dispensing and friendly, aiming to provide a high quality personal service. October 2007 start date. Write with CV to:

Dr. R. William Howe,

Lostwithiel Medical Practice, North Street, LOSTWITHIEL, Cornwall, PL22 0EF

Camelford Medical Centre

Tel: 01840 213893

Contact either Dr Andrew Garrod or Nicky

Salaried GP Vacancy - 3/4 time 6 sessions

Emphasis on High Quality Holistic Patient Care, with a Human Touch.

Friendly Efficient Team of Nurses and Admin Staff.

GMS Practice with list of 3200.

High QOF Achiever.

Successful applicant needs to be keen to get involved in all aspects of practice, and to work with present Partner to shape its future.

Partnership Options Considered after 1 Year.

New Build Under Lift Planned within 2 Years.

Ideally situated for Beaches, Moors and good Leisure activities. Ideal family

Could your practice withstand the impact of pandemic influenza?

The LMC has received this guidance from the PCT and considers that practices should start to think about how they will manage should a pandemic occur.

The latest draft of 'Guidance on the provision of healthcare in a community setting in England', published by the Department of Health sets out a range of modelling assumptions to assess the likely impacts at GP practice level. The numbers of additional patients that would need to be assessed and treated at varying clinical attack rates are shown below. Note that we are now being asked to plan on a possible 50% attack rate, and an assessment rate by general practice of a third of these clinical cases (all children under age 7 for example will need to be seen prior to any offer of antivirals)

16 week pandemic wave	populati on	Assessment and treatment		
		50%	35%	25%
Clinical attack rate		50%	35%	25%
PCT population	540000	86400	60480	43200
Large GP practice	16000	2560	1792	1280
Average GP practice	7000	1120	784	560
Small GP practice	3000	480	336	240

(480 being the likely numbers being seen by a small practice over the pandemic if 50% attack rate)

Peak week		Assessment and treatment		
		50%	35%	25%
Clinical attack rates		50%	35%	25%
PCT population	540000	19008	13306	9504
Large GP practice	16000	563	394	282
Average GP practice	7000	246	172	123
Small GP practice	3000	106	74	53

(106 being the number of patients being seen by a small practice in the most critical week of the pandemic if 50% attack rate)

Additional impacts on practices will result from the possible loss of between 30 -35% of staff over a two to three week period at the local peak, and possible disruption to medical and other essential supplies and services. It cannot be assumed that staff will go off sick pro rata to the hours they work- what if all your full time staff are sick at the same time, leaving only the part time staff?

We recommend that practices put in place a core (basic) plan now, that can be developed further. This should include:

1. Business continuity arrangements (to include the eventuality of staff sickness, and school closures which may require some staff to make child minding their priority). This will also include the need for additional telephone advice capacity (although it is expected there will be local and national helplines too). Some practices may wish to consider combining resources with neighbouring practices.
 2. Define minimum safe staffing levels
 3. Identify routine clinical work that might be dropped.
 4. Plan segregation of surgery sessions – so that flu cases are seen at different sessions from other patients (the alternative is to have separate waiting rooms, entrances etc – which is impractical in most premises)
 5. Consider how to divide staff time to allow assessment of cases. (as the epidemic progresses it will be better to use staff who have returned from sick leave themselves). All children under the age of 7 who may be eligible for antivirals will need to be assessed within 12 hours of the request being made by the parents. Also patients with underlying medical conditions, and others developing complications or failing to respond to treatment may need to be seen and assessed.
 6. Dispensing practices will probably be asked to be part of the antiviral distribution process – there will be separate discussions about this.
 7. Plan frequent cleaning (several times a day) of all work surfaces etc with ordinary domestic cleaning agents. There will also be a need for good hand washing facilities for all staff.
- Consider provision of face masks (paper masks) for staff. A further option is to consider providing a box of such masks at the entrance of the premises for relevant patients to use.

Other support and guidance is available at

www.rcgp.org.uk/service_continuity/service_continuity_home.aspx and
www.bma.org.uk/ap.nsf/content/flupanprep

Dr Basil Bile writes:

THE ROOSTER FLIES THE COOP

The great and the good of the Grand Duchy's Familia Medica were gathered together to bid good ridd....er... a fond farewell to Man of Letters (mostly letters of complaint) Dr Ashtray Rooster. There was not a seat to be had (mainly because they didn't provide any) on Saturday May 5th at the Fool On The Hill Surgery in St Scives, located pertly as it is in the tropical Far Flung West of our little kingdom. Finally the years have caught up with Ashtray, as indeed have the police and the GMC, so he wisely decided to call it a day while he could still exit General Practice with some dignity intact.

The whole affair was masterminded by the delectable Ms Alberta Long-Haul, Practice Manager and Senior Partner's Personal Masseuse. A large banner proclaimed "I would go to the ends of the earth to see Dr Rooster" which was touching until a member of the audience pointed out it was a statement from the Tax Man.

Representing the younger generation the Lovely Lesley and Ms Wanda Lust, both former Kernowquack big-wigs, were present and holding aloft their "Sod Serco" banners. From the Local Moaning Committee a deputation had been sent consisting of disgraced former LMC Secretary Ms Ann Summers, her replacement Ms Sunrise Molestrangler, and Wally Wallet with his father Ron, ex FPC Chief Bottlewasher and LMC Advisor Extraordinaire.

From the world of family doctery I spotted the doctors Tightfit, along with Mark Grappler and Neil Walnut who with the notable exception of Dr Fireguard and yours truly were about the only two docs in the room still on the bally medical register, the others having being struck off, forcibly retired or both. In this category I include Dr Adam Cutt-Price, former doyenne of the St Moron practice who gave a harrowing account of Ashtray's incompetence as an angler, and Dr Harley Davidson, one time Impresario at the Port Seasick surgery, who gave an equally moving dissertation on the subject of Dr Rooster's failings as a master mariner. It was left to the man who has to inherit Ashtray's appalling legacy, Dr Silas Fireguard, to try to find some kind words to utter and you have to admire the blighter for his pluck and determination in addressing such a daunting task with so much enthusiasm. Full marks for effort old fruit.

The game old gal who struggles to the surgery every week with a home-made lemon meringue pie especially for Ashtray to personally consume fought back the tears. Three receptionists looking magnificent in leather cat suits introduced

themselves to me as Ashtray's Angels. Such dedication to one medical practitioner is really quite something. They then spoilt any illusion of loyalty to the great man by suggesting furtively in a corner of the cavernous waiting room that following the departure of Doc Rooster they would like me to consider their offer to become Basil's Belles. Naturally being a man of utter probity and high standards, and not wishing in any way to offend or upset AR on his special day, I accepted their offer unconditionally and with alacrity.

But to be fair, it has to be admitted (even by me) that Ashtray is a man of many parts; it's just that not all of them are fully functional. In his repertoire of achievement sit the posts of former LMC Chairman, LMC Cabinet Minister, GMSC Rep up at the BMA, Medical Director of Kernowquack, PCT PEC Chair (Boo! Hiss!) and latterly GMC and NCAS Performance Assessor and General Busybody. It is rumoured he even put in an occasional guest appearance at the surgery to see the odd patient. It struck me that a chap with such an impressive track record for putting himself around-a-bit deserved to go down in history in a positive hue so I took myself off to London and visited the British Library. There in the basement in a sealed room with its own special air supply and dim lighting are priceless historical documents and writings of great antiquity. You are only allowed to study these whilst wearing special white cotton gloves and in the presence of a chaperone. Here it is that back copies of the Cornwall and Isles of Scilly LMC Newsletter are to be found. Treating the tomes with appropriate reverence and respect I carried out my research over many hours to try to come up with references to old Rooster which I thought in the interests of historical record I had a duty to place before you. Imagine my shock to discover that all references to him had been tippexed out. When I indicated this to my chaperone she looked aghast.

"He sent me out to get him a glass of water" she said, "I was only gone for a few minutes"

"Who sent you for a glass of water?" enquired I with a rapidly sinking feeling.

"The man who was here last week, asking to see the back issues of the Cornwall LMC Newsletter."

"What was his name?"

"I can't remember"

"Did he have a bow tie, mad staring eyes and a stooping gait?"

"Yes-that's him! I remember now. He said his name was Rooster. Ashtray Rooster..."

I regret all those nice things I said about him now. My mother, the late Bathsheba Bile, always warned me never to trust a man who wore a bow tie....