

LMC NEWS

Cornwall & Isles of Scilly Local Medical Committee

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Enhanced Services Update

Getting a final agreement on enhanced services has been more complicated than we first thought. Unfortunately for both the LMC and the PCT, announcements by the Department of Health on the replacement of the Access DES and a continuation of Choose and Book meant that the PCT has faced a cost of £1.5m since we last wrote to you. The PCT has also supported a PBC incentive scheme.

Despite this both the LMC and PCT are committed to keeping valuable services, and equalising services across the county.

We have now reached an agreement on the majority of the DES, NES and LES services and more details will be circulated shortly from the PCT. It is likely that during the first year at least funding for expanded areas e.g. 24 hour BP monitoring will need to be capped and we are told rolled out slowly, although we do not know what that means at present.

Finally there is the important issue of the treatment room and procedures that secondary care are being paid for, yet general practice is often providing. Although this is nationally accepted as being outside of GMS due to a wide variety of factors including geography, many patients have been getting this care from their practices. The PCT's view is that this should be sorted out between the practice and the acute trust, but that they are happy to broker an agreement.

You will need to consider whether you wish to continue providing these services. For now the LMC recommends that you wait for the letter informing you of the process and discuss your options. If you decide to stop providing a service, you will need to discuss the matter with your locality lead from the PCT, and your Commissioning Group Chair and then write to the relevant Trust, copying the PCT and your commissioning group into that decision. The LMC will support practices deciding to cease providing these services, so long as these steps are taken.

Changes at the LMC

Unfortunately, due to family illness our recently appointed Chariman, Dr Bob Harvey, has had to tender his resignation. We all send him and his family our best wishes.

In a blast from the past, Dr Paul Abbott has volunteered to take over as Chairman for the remainder of this year, subject to agreement of the full LMC in July. Over the next few months we will decide what to do for next year. We are also looking at the membership of the cabinet to make certain we have not only a rotation of members, but also it acts as a breeding ground for future Chairs.

No doubt Dr Bile will welcome back the absent abbott in his own way- true to form,

Blue Card scheme for Practice Managers and Deputy Practice Managers

Many of you will be familiar with the 'Green Card' scheme and Doctors' Friends both of which provide emotional and psychological support for Primary Care doctors in Cornwall. We, at the OH Service, have for some time felt that PMs and their deputies should have access to a similar system of early support.

We envisage such support as being fairly informal but absolutely confidential (particularly over areas of personal/partnership relationships and business), and relating to old and tried ways of doing things or simply the sympathetic and knowing ear of someone who has 'been there'. We are asking PMs to volunteer to act in this supporting role – facilitated and supported by ourselves. Indeed several PMs have already expressed an interest in being involved in such a scheme. We have developed some ground rules as a basis for this support network which we can make available to any interested parties.

We appreciate that this will put time demands upon PMs (although we consider that these will not be great – no more than ½ hour in any 2 weeks), but we also appreciate that as paid employees, PMs must sanction their involvement with you, their employers.

We would hope for your wide support in this attempt to put in place more help for PMs who can, by the nature for their work, become very isolated. We would ask that if you have any concerns over this scheme or would simply like to find out more that you contact one of the OH Team on;

0117 9232381
info@abbottburke.co.uk

Payment to Trainers For CPD

Nationally the GPC has been applying pressure to the DoH about a £750CPD payment to GP trainers for 2006/07.

The DoH has confirmed that the SHA is responsible for funding this payment for 2006/07. It is hoped that by the end of July this money should have been paid out. Please let us know if this is not the case. Unfortunately this sum is not available for 2007/08.

Support for your business from the BMA

General Practice is getting more complicated every day, and for it to remain successful it has to be managed as a business.

To support you with this the BMS has been establishing a resource for BMA members. The LMC understands that the resource can be used to help practices explore how they can deliver care to their patients, look at new business models and make decisions.

It does not make any comments on the merits of any one system of care over another.

The first publication is entitled "Business structures—A guide for doctors', and was published in May 2007.

You can find this guide and information on further guidance on the BMA web site, you will need to be logged on to access it.

The site is:

<http://www.bma.org.uk/ap.nsf/Content/HubBMABusinessSupport>

Guide to the LMC

With this newsletter you will find a copy of a short guide to the LMC and its role and function. This has been produced in house, to save money, but we hope still provides a professional image of the organisation.

The LMC predates the NHS by some 40 years, and has been working for family doctors ever since. The guide takes you, briefly through the roles and responsibilities of the LMC from negotiating with the PCT for enhanced services through to practice contracts, sickness and other disputes with the PCT.

The guide also spends some time looking at the pastoral care that the LMC and its members provide to GPs in difficulty or distress, and to the wider community when involved in dealing with an "under-performance" issue, ill health or disciplinary matter.

The LMC is paid for by GPs from their NHS earnings and the fees are designed to reflect a level of expenditure on the service we provide.

Lastly there is a list of the current members.

If you wish to contact the LMC please ring the office and if we can't help you, we will try to sign post you. Equally you may wish to contact a member from your constituency and discuss the matter with them.

Tamiflu problem

We understand that in other parts of the country a company called Health Care Connections are advising large companies on Pandemic Flu, and as part of this are offering people a supply of oseltamivir for use in the event of contact with ill people during an outbreak.

Practices have received a letter asking them to inform Health Care Connections if there are grounds for the patient not to take the drug.

To date consent has not been supplied.

The company has been contacted and has agreed to change the contents of the letter. We understand that the company are changing things but if you are approached, please be careful and contact the company before hand to agree the fee you may wish to charge.

Smart card returns for staff leaving

Dr Barton from CITS has written to ask us to include the following in the newsletter.

" When a member of staff leaves a practices please would practices ensure that their smartcard rights are revoked.

This is done by submitting a form RA03 to the Cornwall registration Authority. The form can be downloaded from

<http://cww.cornwall.nhs.uk/citsnew/>

Then click "Smart Cards" then "RA Policy & Forms". If this is not done then the ex-employee could still access confidential patient, which is illegal.

It is suggested that this could be included in your leavers check-list which could include return keys, name badge, issue P45.

NHS Choices

The NHS launched a new website last week to give patients more information about the NHS. The website was designed and set up by Dr Foster for the Department of Health. Although it contains only basic information about your practice e.g. contact details, opening hours, names of Doctors, you are advised to check the information as it can be wrong.

Your editor was shocked to learn on checking it for his own practice that it was opening on Saturday mornings still, and closing one afternoon during the week, instead of the 8 to 6.30 Monday to Friday that is in operation.

Nurse Practitioner— Looe

Old Bridge Surgery, set in picturesque Looe, has an opportunity for an experienced Nurse Practitioner, arising from the retirement of one of our partners and the desire to expand the role of our nursing team. This is an exciting and challenging new role, designed to bridge the roles between the team of 6 GPs and the nurses. The varied work will require a good knowledge of chronic disease management clinics, and you will play a key part in developing clinical protocols and standards, triage clinics and in leading our experienced group of nurses.

You will be an excellent communicator, ideally be able to prescribe and have had previous responsibility for clinical teams.

For further information, application form and a job description, please write to Ron Dutton, Practice Manager, Old Bridge Surgery, East Looe, Cornwall PL13 1HA.

Closing date for applications is 31st July 2007

Salaried Doctor Vacancy—Polkyth Surgery, St Austell

Polkyth Surgery is a large, innovative Practice based in St Austell in Cornwall, close to the beach and the famous Eden Project. We have approximately 10,500+ patients served currently by 4 GP partners and 3 salaried GPs.

We are looking to recruit 2 flexible, motivated and committed salaried doctors to join our forward thinking team, dedicated to improving the service we offer to our patients in an ever changing NHS.

In return we offer:

- Potential for flexible working hours
- Excellent salary
- Protected admin/study time
- The support of a full compliment of dedicated and hardworking staff
- High QOF achievements
- Purpose build premises that are about to undergo substantial modernisation
- Special interests encouraged
- Active participation in the development of Practice Based Commissioning

If you are the one we are looking for, send us your CV and a covering letter or feel free to contact Dr Travis or Dr Tempest for an informal chat or visit. A Practice Profile is available on request.

Closing date for completed applications: Friday 20th July 2007

Approximate Start Date: October 2007 (this can be flexible to suit the right applicant)

Contact details:

Mrs K Clemes, Office Manager, Polkyth Surgery, 14 Carlyon Road, St Austell
PL25 4EG or telephone 01726 75555

Did you know that:

We thought the following would be interesting to all, and its always handy to have a new statistic to slip into conversation at that summer BBQ party that seems to be dragging....

Primary care is where 90% of NHS patients receive their treatment. More than 300 million consultations take place in primary care each year (UK) .

NHS Direct was launched in 1998 and handles over half a million calls every month, or 6 million a year The top 10 symptoms people call about are : fever; abdominal pains;vomiting;rash;cough diarrhoea; headache;cold or flu; toothache and chest pain.

In recent years more and more work is transferring from hospital to primary care. Over 5 million people in England live more than 10 miles from their nearest hospital

The National Survey of patients showed: "More than eight out of ten patients rate their overall satisfaction with their visit to the practice this year as either excellent (48.7%) or very good (32.3%). In 21 out of 27 subject areas, patients say things have improved and no areas show a drop in satisfaction with general practice. Satisfaction with opening hours and appointment times has shown a notable improvement in the past year. This is down to the hard work of GPs and their practice teams. Dr Hamish Meldrum commented. "The IPQ patient survey is officially approved as part of the Quality and Outcomes Framework of the new GP contract. Unlike the hugely expensive government survey sent to patients earlier this year, with loaded questions about opening times, this survey is unbiased and reliable. It tells us that over the three year period practices are responding to patients and offering them excellent access to first class healthcare. It's good news for family doctors and great news for patients."

GP Quality and Outcomes Framework : In 2005-06 the average practice score in England was 96.2% - which is 4.9% higher than the introductory year (2004-5) average score of 91.3%

Workforce in the NHS: The NHS employs about 1.3 million people including: more than 122,000 doctors (approx 44,000 of them GPs) approx 11,000 GP practices in the UK , 404,000 qualified nurses, midwives, health visitors and practice nurses ,18,000 qualified ambulance staff .

What worries the public? In the Oct 2006 polls, top of the list came race relations and immigration (40%) followed by **NHS. Hospitals (38%) in second place.** In third place was defence/foreign affairs, terrorism (37%). The worries about NHS/Hospitals had risen from 25% in Oct 1990 and from 2% in Oct 1974.

Awareness of Patient Choice: Only 29% knew they had a choice of hospital (69% said they were not aware of this) and only 30% said they were offered choice (64% said they weren't).

Patients rate the NHS better than the Public as a whole.

GP services - 81% of patients satisfied (cf 80% of public as a whole)

NB IPSOS MORI comments on the agreement between public/patients in response to general practice. *"GP services are used on average four to five times a year by every person in the UK, so when the public are surveyed about GP services almost all can respond on the basis of personal experience."*

In-patient services - 74% of patients satisfied (47% public)

Outpatient services - 70% patients satisfied (54% public)

Walk in Centres - 69% of patients satisfied (30% public)

NHS Direct - 71% of patients satisfied (36% public)

Priorities for healthcare funding

Q: Which if any illnesses or diseases do you think should be a national health priority?

Cancer 76% , Heart disease 41% , HIV/AIDS 20% , Diabetes 19% , Mental illness 16%

Alzheimer's disease 16% , Asthma 13% , Depression 11%

others followed with lower % . , (Anxiety was last with 6%)

Expectations of the NHS

People were asked which statement most closely matched their view.

Top with 40% was: "The NHS should provide the most effective drugs no matter how much they cost."

Next with 31% was: "The NHS should provide all drugs treatments no matter how much they cost."

Third with 28% was: "The NHS should provide the most effective drug treatments provided they represent good value for money"

Only 1% said they didn't know.

DR BASIL BILE WRITES...

It has been a month of bad headlines for those of us that inhabit the increasingly reviled and rubbish world of family doctory. Take your pick from this lot playmates:

- *"DOH to dump MPIG"*
- *"GPs face radical shake-up"*
- *"Doctors to stay open longer"*
- *"If Tesco can stay open till midnight why can't GPs?"*
- *"GPs face efficiency drive"*
- *"Family Doctors guilty of wasteful prescribing"*
- *"GPs over-prescribing antidepressants"*
- *"Cornwall LMC Chairman ate my hamster"*
- *"An underclass of salaried GP serfs"*

It was the last one that caught my finely tuned eye. Some hayseed GP from bucolic Suffolk was banging on in the 24th May issue of PULSE newspaper about his lot as a salaried GP and that he and his kind are being ruthlessly exploited by those of us who are profit sharing partners. He even hints darkly at industrial action being taken nationally by Salaried Docs against their GP employers. He says that despite apologists claiming that salaried posts are attractive to some doctors the truth is that the majority of them are not getting the opportunity to sign-up as profit-sharing partners because these posts are no longer being advertised. He goes on to say that much vaunted claims that Salaried GPs are better off because they can have a portfolio career, fixed hours, a defined workload and an emphasis on clinical rather than administrative work is a load of tosh, and that the difference in their workload does not justify the financial differentials with a significantly reduced income compared with parity partners.

Can I just say that the blighter is far too late to stop much overdue reform in my own practice at the Abandonhope Surgery in deepest darkest Cornwall. Thanks to innovative cutting edge thinking from our strategic management partner Ms Fenella Fruitfly, I can exclusively reveal to you dear readers our plans, on the solemn understanding that you do not share this information with my partners who will be told the good news at our next practice meeting. The

vision is for a realistic, robust and practical skill-mix of both Profit-sharing Partners and highly valued salaried colleagues working together in a mutually advantageous co-operative cost-effective atmosphere for the benefit of all patients including widows and orphans. In short I shall be the only profit-sharing partner and everyone else will be my salaried employees.

The advantages of this are tediously obvious but I will enumerate them anyway for the benefit of the less intellectually sharp.

1. This will be particularly attractive to women doctors who now make up 80% of the recruits in to General Practice ie they can ensure that without being lumbered with administrative duties they will have freed up time for shopping, cooking, cleaning, ironing, flower-pressing, washing the husband's car, and going to Pilates sessions.
2. Pressure on surgery car parking spaces will be drastically reduced as the Salaried Serf Docs (SSDs) will not be able to afford to buy or run a car on what I will be paying them
3. Decision making within the practice will be simplified. Decisions will be made by the profit-sharing partners (me) and carried out by the salaried doctors (everyone else)
4. Extended GP working hours as planned by new Premier Gordie Broon can be undertaken by the SSDs leaving me with the unpleasant duty of meeting with my accountant and bank manager to discuss overseas investment opportunities
5. Savings can also be made with soft toilet paper only being provided for the Profit-sharing Partner. Some of these savings can be invested in Sky TV for the Profit-sharing partner's loo.

It is as always good to know that I can sleep easy in my bed at night with a crystal clear conscience. Anyone thinking of applying to be an SSD should contact Ms Fruitfly for details. There is likely to be a rush so don't delay. Having a second source of income will be an advantage....