

LMC NEWS

Cornwall & Isles of Scilly Local Medical Committee

IN THIS MONTH'S NEWSLETTER :-

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Pre and Post op work

Confused and fed up, so are we. Most practices are still carrying out significant numbers of procedures each week without the finances to support them. Recently meetings with the PCT have led to a levelling up of many areas e.g. 24 hr BP monitoring but we have been advised this is best addressed through the commissioning route.

We have raised concerns directly with the Chief Executive and many other people within the PCT. We want this resolved quickly and would encourage you not to take any actions yet in terms of stopping the service. That said we understand fully the frustration at practice level and will support any practice that withdraws a service not financed, please let us know if you do.

NHS Review

In a stirring speech to the House of Commons the new Secretary of State for Health, a Mr Alan Johnson, recalled Nye Bevan in saying that "the NHS made society" more wholesome, more serene and spiritually healthier"

As I sit here serenely writing this piece, feeling wholesome and reading the rest of the speech its hard to work out what is happening. Certainly the language from the previous Secretary of State is different, there seems to have been a reaching out to the professions. I guess time will tell.

The most important item in the speech is the announcement of a NHS review, the review to be led by Professor Sir Ara Darzi. The review will, we are told, engage directly with patients, NHS staff and the public on 4 main areas:

- working with NHS staff to ensure that clinical decision making is at the heart of the future of the NHS and the pattern of service delivery;
- improving patient care, including high quality, joined up services for those suffering long-term or life-threatening conditions so that patients are treated with dignity in safe, clean conditions;
- ensuring that there is more accessible and convenient care integrated across primary and secondary providers, reflecting best value for money and offering services in the most appropriate settings for patients; and
- establishing a vision for the next decade for the Health Service which is based less on central direction, and more on patient control, choice and local accountability, and which ensures services are responsive to patients and local communities.

Depending on elections, this review will be clearly shaping Labour policy towards the NHS for many years. This means we need to contribute when we can, and watch when we can't.

Continuing Care Reports

We found this advice from Wessex LMC, and thought it was clear and useful. Thank you Wessex, it is repeated below:

More and more GPs are being asked to provide Continuing Care Reports.

A GP is required to always act in his patient's best interests and this information should only be provided with the patient's consent.

It is not obligatory to provide any report if it is;

- not part of the essential services as detailed in the New Contract and therefore included in the global sum.
- not included in the Schedule 4 List of Prescribed Certificates under the new GMS 2 regulations.

If a GP chooses to provide such a report he or she may charge a fee.

Practical Clarification

- A report is required purely for the purposes of making an administrative funding and/or rationing decision, and is not for the purposes of a clinical decision on treatment.

This is most definitely not essential services and a fee may be charged. It is sensible to agree the fee before compiling the report to avoid any subsequent misunderstanding.

- A full clinical assessment is required as part of a comprehensive care record

A consultant or other clinician in a multidisciplinary team would normally prepare this. If a GP is required to do so a fee may be charged. It is sensible to agree the fee before compiling the report to avoid any subsequent misunderstanding.

- A brief list of major diagnoses is required to assist a placement decision (palliative care for example)

This is part of essential clinical services and no fee is permitted.

- A brief list of major diagnoses is required to confirm a specific diagnosis that will enable a clinical practitioner to make an individual decision about treatment or support

This is part of essential services and no fee is permitted.

Cancer 2 week referrals

You will have all received a number of referral forms from the local NHS with a requirement that they are used for all referrals.

In the short term you can always attach a copy of a letter with the forms. We believe that once a person has been referred to an acute unit, the responsibility for that patient rests with the unit to whom they have been referred. If they are referred without the form there should be a clinician to clinician discussion. We understand that the PCT is making efforts to include the forms in the clinical system, it seems that it's the choose and book end of the system which is insisting on the forms. We have seen no evidence that Cornish GPs referrals out different to any other areas.

We recognize the additional work within primary care, and are trying to rationalize the system, in the meantime we know general practice will do what it needs to do to ensure patients are referred in accordance with the national guidance of 20045, on which the forms are based.

CHS, MS and Obs lists

After discussions with the LMC, the PCT has decided it does not need to continue to maintain these lists.

What does this mean for practices.

Well, it will ease your application process when a new GP joins, but with that will go the responsibility to making certain your practice checks that any new GP has the relevant experience and for those continuing to provide a service, that they either do sufficient numbers of procedures each year, conduct audits, and attend updates, or they attend a course. Again if a GP does very few of any procedure, it probably best not to continue to carry out these procedures.

There is obviously the responsibility of the individual practitioner, but with more and more salaried doctors, it more important than ever that practices have a system to ensure that these checks happen.

ROYAL CORNWALL HOSPITALS TRUST
Royal Cornwall Hospital
LOCUM STAFF GRADE
CONTRACEPTION & SEXUAL HEALTH
Available Immediately

Applications are invited for a Locum Staff Grade to join the Contraception & Sexual Health Service.

Applicants should be Accredited Doctors who hold DFFP and Letters of Competence IUD and SDI and who are providing contraception services within their own practice. The work is on a session basis in community clinics, which provide Level 3 Contraception Services at 17 sites across the county. Normal rate apply (i.e. £79.01 per week)

Applications are welcomed from those unable to work full time for personal reasons or those wishing to job-share.

For informal discussion, please contact Dr. Moyna Crarer, Acting Lead Clinician, on 01872 354393 or Annie Alifrangis, Service Co-ordinator, on 01872 354393.

To request a recruitment pack containing the job description and details of how to apply please e-mail RCHT.medicalstaffing@cornwall.nhs.uk please include the words "**Locum Staff Grade in Contraception & Sexual Health**" in the subject title of your email.

Alternatively please write to: -

Medical Staffing Department
Royal Cornwall Hospital
Lamorna House
Truro, Cornwall
TR1 3LJ

Telephone: (01872) 252476 / 253010 / 252479

Fax: 01872 252969

The Royal Cornwall Hospital is an Equal Opportunities Employer

New LMC Members

The LMC is delighted to welcome Dr Justin Randall from Narrowcliff Surgery in Newquay and Dr Nick Rogers from Falmouth Health Centre onto the Committee. This ensures we have really good county coverage apart from in the west of the county. We are happy to talk/visit any interested GPs. Remember that all locum costs are reimbursed and with the current uncertainties about GMS / PMS contracts we need as strong a membership as we can.

YOGA TRIAL FOR BACK PAIN

In the autumn, a randomised controlled trial funded by the Arthritis Research Campaign is due to start recruiting patients for a 12 week class "Yoga for healthy lower backs" course. This will be lead by Alison Trehwela, and would be based at the ZedShed , Jubilee Wharf , Penryn.

Patients need to be under 65 years, not to have attended yoga classes in the previous 12 months and not have symptoms suggestive of significant disc or nerve root pathology. Alison is the principal Yoga investigator on the Trial Team and has 23 years of experience in teaching Lyengar Yoga locally and a longstanding interest in the use of yoga for back problems.

GPs will be sent more details soon and will then be asked to recruit patients who may be willing to participate. It sounds a well designed trial, which could establish the place of yoga in the treatment of this common problem.

Camborne—Full time Partner

We are a friendly, four partner (5470 patient) practice with an expanding list size. We are looking for an enthusiastic doctor to replace a retiring partner from April 2008 who will take an active role in the future development of the Practice.

Purpose built premises, Own room, Undergraduate teaching, QOF achievement 989

Informal enquiries and visits welcome.

Application with CV and two references to:

Alison Butterill, Practice Manager
Phoenix Surgery, Rectory Road, Camborne,
TR14 7DL Tel 01209 714876

Salaried GP – Penryn ,Cornwall www.penryn.co.uk

Required for a busy PMS eight partner semi rural practice between Truro and Falmouth, to start September / October 2007

Approximately eight sessions per week

Hours and terms negotiable

6 weeks holiday plus one week's study leave

Established training practice (two trainers)

Undergraduate teaching

List size 14500 (expanding due to the combined university of Cornwall at Tremough campus)

Microtest clinical system

High QoF achievers

Two Branch Surgeries

Nurse practitioner

Excellent support staff (7 practice nurses, 2 phlebotomists, community team, social services)

Paperlight

No out of hours

Salary negotiable and within the BMA recommendations

Closing Date 7th August 2007

Written application with CV to

Ann Kerr, Practice Manager, The Penryn Surgery,

Saracen Way, Penryn

TR10 8HX

Old Bridge Surgery, Looe

PARTNERSHIP OPPORTUNITY

This is a chance to work in possibly the loveliest surgery location in the country. A reorganisation means that Old Bridge Surgery requires a new partner (between 6 and 8 sessions per week).

We have already achieved high standards of patient care & QoF achievement and want to continue with the surgery's development. With a list size of 9,800 patients and 2,000 holidaymakers per annum to care for, we are a busy GMS Practice, operating from our main site in Looe and 2 nearby part-time branch surgeries (one of which has an on-site dispensary). Our clinical system is Microtest, which enables the practice to run paper-lite. The Practice is in the process of recruiting a Nurse Practitioner to work with the existing team of nurses and Health Care Assistants. There are also on-site community staff, including a Community Matron.

We are ideally looking for someone to start in October 2007, but we are willing to wait for the right person.

That person will be an enthusiastic team worker and have a good sense of humour.

For further information and a Practice profile, please write to Ron Dutton, Practice Manager, Old Bridge Surgery, East Looe, Cornwall PL13 1HA telephone 01503 266965.

Closing date for applications is 17th August 2007

NHS Cervical Screening Programme - Audit of Invasive Cervical Cancer

As from 1st April 2007 the NHS Cervical Screening Programme requires all local cervical screening programmes to retrospectively audit each newly diagnosed case of invasive cervical cancer.

The objective of the NHSCSP is to reduce the incidence of and mortality from invasive cervical cancer and ascertain whether the programme is achieving its objectives. The effectiveness of the programme is currently reviewed by monitoring incidence and mortality rates but this data only depicts how effective the programme is not how effective it could be if the activities were all optimised.

National Audit

The aim of the audit is to identify areas of good practice, where the programme is failing and to monitor the effect of changes introduced to the NHSCSP. It will also provide educational feedback to all those involved in the NHSCSP.

The objectives of the audit are to identify screening uptake in women who have developed cervical cancer and compare screening histories of those women who have cervical cancer with those who do not. It will provide accurate comprehensive data on the disease that essentially represents the outcome of the screening programme and identify where systematic improvements can be made in national policy.

The audit process

When a case of invasive cancer has been clinically identified and confirmed by histology, Hospital Based Programme Co-ordinators are responsible for initiating the cascade of audit activities and collecting the data. The data will be collected from all units involved with the patients screening history.

General practice involvement

As part of this process GPs will be requested to complete a data collection form detailing the dates of any correspondence or special events relating the woman's smear history. Any audits undertaken as part of this process can form part of the significant event process as part of QoF.

Annually there are between 11-19 cases of invasive cervical cancer in Cornwall & the Isles of Scilly. Therefore it is expected that the individual practice workload involved for this audit will be minimal.

Data collection and reporting

All data collected will be sent to South West Quality Assurance Reference Centre QARC for national analysis the results of which will be published annually. On request the treating gynaecologist or oncologist will report the review of findings to the patient.

The full publication number 28 'Audit of Invasive Cancers' (published December 2006) can be viewed <http://www.cancerscreening.nhs.uk>.

Cancer Care in Cornwall

The Cancer LIG will be hosting a day of updating and discussion on 18th October 2007 at the Headland Hotel, Newquay. This will be free to participants and is intended both to inform and to allow a forum for discussion across the health community. A series of brief presentations in the morning will set the scene and the afternoon will consist of facilitated workshops. These will include the clinical leads, clinical nurse specialists and commissioners. They will allow discussion of the key issues of diagnosis, management and the interface between primary and secondary care as it relates to the specific tumour sites e.g., breast or skin. This is a valuable opportunity that is rarely possible in busy working lives. It should both fill a gap in your personal development plan and help to shape future services.

Details will be sent out to practices shortly but for any queries please contact Sarah Gray as the chair of the LIG via groupwise or ring 01872 242192

DR BASIL BILE WRITES...

Never mind Gordon Brown's new "cabinet of all the talents". Talent has fortunately never been a requirement for the Cornwall LMC Cabinet. This is exemplified by the sudden return to power in the Grand Duchy's family doc political hot seat, via the hugely democratic process of a bloodless coup, of none other than the Absent Abbott. Although it is always a mistake to return to past glories, AA has clearly checked on cricket fixtures and tee-times and decided once more to grace us all with his presence/absence depending on prevailing outdoor sporting conditions.

Usually LMC Chairman do their three year stint and then depart the scene in disgrace. The only concern I have with this break with tradition is the fear that it could pave the way for a second term of office from the likes of Dr Bumbleton or even the Ghastly Gunnislake Gob. After all, if the Liberal Democrats can be led by an old fogey who has lost the plot, then why shouldn't the Cornwall and Isles of Scilly LMC suffer the same dire fate? However while we are on the subject of old farts, we are safe from a return to the scene of the crime by Garrulous Emetic-Jones. Spies tell me he is now exhibiting dogs at Crufts, which is an improvement from making an exhibition of himself at LMC meetings.

The Absent Abbott, aided and abetted by his deputy Dickie "slow-hand" Clapp, is going to have his work cut out as we family docs sail into ever more shark infested waters. Even if New Labour don't scupper our chances of job-satisfaction the Tories might. The orgasmically glorious news of Patsy Halfwit's resignation as Sec of State for Bad Health was somewhat coitusly interrupted by an unwelcome utterance from shadow health secretary Andrew Lansley. *"GPs are paid as very senior public servants and they are required to take responsibility for the use of*

resources" he soundbit. The good news is that NICE (National Institute of Clinical Excuses) would be downgraded to an advisory body by the Tories and deciding what to prescribe would be down to GPs. Commissioning would be done by consortia of GPs and PCTs would simply allocate real budgets to practices, ie Son-of-Fundholding is born. Our pay will be divided in to three components by a Cameroonian regime. Firstly the anally retentive obsessive-compulsive QOF will be simplified allowing us to think for ourselves instead of all this painting-by-numbers twaddle. Secondly capitation based payments will once more come to the forefront. Thirdly we will be paid fees for out-of-hours care and opening at weekends. So whichever government we are saddled with it looks like it is cheerio to our brief mayfly existence as 5-day-a-week office-hour docs. Easy come easy go, as they say.

Taking to heart Mr Lansley's proclamation about us being like senior civil servants, I have ordered my pin-striped suit, bowler hat, lapel carnation, rolled-up copy of The Times and broly. I have also decided to take some action in relation to resources. I read in my paper this morning that contraceptives that are being distributed free in India (to control the country's population and restrict the AIDs virus) are being misused to strengthen roads, provide extra waterproofing for houses, and to carry water. I have therefore decided that the similar scheme in Cornwall that hands out free condoms to teenagers needs some intervention in order to prevent this abuse taking place in relation to NHS funded services. I have therefore spent the entire week-end puncturing all the condoms in our dispensary. I am sure Mr Lansley would have been proud of me.