

LMC NEWS

Cornwall & Isles of Scilly Local Medical Committee

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Items for the Newsletter should be sent to the Editor, David Purser, at Sedgemoor Centre, Priory Road, St Austell PL25 5AS (Tel 01726 627978, Fax 01726 76247, e-mail david@kernowlmc.org.uk ., Dawn Molenkamp is the LMC Secretary and can be e-mailed on dawn@kernowlmc.org.uk

**LMC Conference 2008
19 / 20 February**

A date for your diaries. The exact timetable and list of speakers is still to be confirmed, but the outline of the two day conference is:

- Day one: Aimed at Doctors and Practice Managers who are involved with strategic planning.
- Day two: Aimed at Practice Managers and staff who can translate planning into something more tangible.

We are looking at alternative venues for 2008, as we feel the Crantock Bay Hotel, who looked after us superbly for the past two conferences, is becoming a little limiting to our needs and the growing success of the conference.

The exciting business of booking speakers is just beginning in the office and we can disclose what we think is a rather exciting coup. Dr Laurence Buckman, the new Chair of the GPC, has been confirmed as keynote speaker. We have also secured the services of Lyn Young the Primary Care Adviser to the RCN to speak.

Various PCT issues

Your attention is drawn to a recent letter that goes through a number of current and important issues that the LMC is discussing with the PCT.

These issues include the recent request from the PCT for the Diabetic Audit the pre and post operative work.

We are now holding regular meetings with the PCT at which we shall try to get these issues resolved and will keep you informed of any progress.

If you decide to take any actions as a practice, please let us know by contacting Dawn at the LMC.

Cause for Concern

From time to time a doctor's performance may give cause for concern, and there may be numerous reasons for this. One area of LMC activity is the support and peer review for these doctors.

Jointly with the PCT we provide training for people willing to sit on screening panels and Performance Advisory Groups, who decide if there is a case to be answered, and if so recommend a course of action for the doctor causing concern. **We are at present desperately short of female GPs to sit on these panels.** No special skills are needed, as training is given. If you can help, please contact Dawn at the LMC office who can give you more details. Funding is provided for all aspects of these activities, which take place very infrequently.

Medication in Schools

I am certain you do not need reminding, but occasionally the issue of a school or pre-school refusing to administer OTC drugs to a child comes up, and we thought the following might be of use to you. We understand that sometimes the school quotes it as a OFSTED requirement.

This is rubbish, the following is an extract from OFSTED themselves:

Medicine (7.8)

You may give children non-prescription medication such as cough preparations, or teething gel but only with the *prior written agreement* of the parent and only when there is a health reason to do so. For all non-prescription medicines, parents should give written consent that specific

medication can be administered to their child when required. Written consent should be obtained from parents at the time you start looking after their child and checked at regular intervals so that you take account of any changes, for example where a child can no longer take a certain type of medication or may need an additional medication. You need to be careful when giving medication to children. Consider:

- finding out when, how much and why a child has had medicine before they come to you;
- recording details of the last dose, for example when it was given and the amount;
- contacting the parent by telephone before you give the child any medicine.
- making sure any medicine has not passed its expiry date;
- storing medicines of minded children and household members safely including cool storage for antibiotics;
- making sure you know about any self-held medication;
- making sure that the use of sun creams, lotions and nappy creams meet the needs and preferences of children and their parents;
- making sure children's individual emergency medication is available at all times.

As is unfortunately usual these days, people are quick to quote rules and regulations without knowing which ones they are, and as with a lot of urban myths, when questioned, many fail to materialise.

Smoking and home visits

Fresh from the computer there has been an exciting debate between LMC's on the issue of GPs and their staff visiting patients at home, who smoke. This obviously applies to salaried doctors.

The basic advice is that a member of staff is not protected by the Health Act which made workplaces smoke free, however the employee has a right not to be exposed to secondhand smoke.

Where this is a problem some local authorities have written to clients requesting that they do not smoke for one or two hours before a visit takes place some have added smoke free conditions into any service agreement with the client.

The RCN have produced a comprehensive guide which can be found on

http://www.rcn.org.uk/publications/pdf/protecting_community_staff_smoke.pdf

Charges to NHS Patients

The BMA have released guidance on charges to NHS patients last January.

Broadly, as now, private practice is still significantly restricted under the GMS contract. The GMS regulation 24, subsection 2 prevents contractors from charging their patients for most services.

There are however instances where a charge may be made. **However basic rule is that unless you are certain that the regulations allow for it, don't change.**

The guidance is found on

<http://www.bma.org.uk/ap.nsf/Content/chargestonhspats?OpenDocument&Login>

Treating US Visitors

Whilst problems with this may have never occurred to you, it has been the subject of discussion nationally. The concern being that if a UK GP sees an American resident, and that person eventually sues them, would the defence organisations cover them, even if it were in a US Court with their notoriously high damages.

The answer that has been gleaned is that. All the major MDOs to confirm their position in respect of this as follows:

All confirmed that there was no problem indemnifying the doctor for treating the US citizen for treatment in the UK against litigation in the UK Courts, but none would indemnify for a claim in US jurisdiction. However all agreed that, with civil litigation, the appropriate jurisdiction for a claim is generally that in which the service was provided. Patients who claim they have been negligently treated in the UK should sue in the UK.

In the hypothetical situation that such a claimant pressed ahead in the USA, it would be difficult for the claimant to show that US law should apply to clinical services provided in the UK. And, even if claimant tried and succeeded, the understanding is that the judgment would not be enforceable in the UK. Although this leaves a theoretical risk that an outstanding order could be enforced on a UK citizen if he or she were visiting the USA, again this is unlikely. Furthermore no MDO reported ever having seen a claim arising from treatment provided in the UK litigated in the USA.

Therefore, all MDOs believe that the requirements in respect to indemnity arrangements are still fulfilled in these circumstances and believe that there is no cause for concern. However, we would encourage any doctor who approaches you with questions on this matter to contact their MDO advisory team directly for advice.

The legal advice about registering US citizens in the practice is that, if the MDO say that they will cover GP's for treating patients on the UK territory, there is absolutely no reason why GP's cannot continue to treat these patients as there is no valid reason to object or remove them from the list. Therefore practices should not refuse to register or treat those patients, who are US citizens, in the UK who are entitled to NHS treatment as defined by the regulations.

PART TIME SALARIED GP REQUIRED WADEBRIDGE, NORTH CORNWALL

Our main surgery is situated in the centre of Wadebridge with a branch surgery in the coastal village of Rock. The practice area is semi-rural with approximately 7600 patients served currently by 6 partners (5 WTE). We are looking to recruit a flexible, motivated and committed salaried doctor for 5 sessions per week.

- HIGH QOF POINTS
- FULLY COMPUTERISED – PAPERLITE
- TRAINING PRACTICE
- FULL SUPPORTIVE MULTIDISCIPLINARY TEAM
- IN-HOUSE EDUCATIONAL TRAINING PROGRAMME
- 5 WEEKS HOLIDAY + 1 WEEKS STUDY LEAVE
- GMS PRACTICE
- DISPENSING

Post available from 1 January 2008

Informal visits & enquiries welcome. Practice profile available on request.

Please send CV and covering letter to: Mrs Sonia Geach, Practice Manager

Wadebridge & Camel Estuary Practice

Brooklyn, Wadebridge, Cornwall, PL27 7BS

Telephone 01208 812222. Email: sonia.geach@wadebridge.cornwall.nhs.uk

Police and recording of injuries to victims of crime

We understand that some police stations are asking victims of crime to present themselves at their practice for treatment and to get any injuries formally recorded. We would strongly suggest that you do not agree to this. The Police force should be using Police Medical Officers to do this work. You have probably not been trained to carry it out and when called as a witness might find your records not sufficient for the purposes of the court. Few of you will have received training on presenting evidence in court and therefore we suggest you leave well alone. We know that this may make it difficult for your patient but the local station should not be asking you to carry out this function, its their responsibility. We will advise you of the discussion we are having with the Force next week as soon as they are completed.

Carnewater, Bodmin—Salaried Doctor

Looking for Eden? Bodmin is Close

Expanding small town, with easy access to all that Cornwall has to offer, 6 partner practice of 10,800 patients seeks salaried GP for 4 sessions minimum, future partnership a possibility.

Health Centre based premises with rural branch surgery and beds in Community Hospital (a base for the out of hours service) Friendly efficient staff and full PHC Team including nurse practitioner and counsellors.

EMIS, paper light, higher targets met, dispensing.

Active involvement in postgraduate and undergraduate education.

New Community Hospital

New Practice premises under review

No out of hours requirement

We enjoy our work and our partnership and seek an appointment that will enhance that spirit.

Informal enquiries welcomed, information pack available

Closing date for applications: 14th September 2007

Interviews to be held on 29th September

Commencement date 2nd January (negotiable)

Enquiries/applications to:

Sally Poxon

Practice Manager

Carnewater Practice

Dennison Road

Bodmin

Cornwall

PL31 2LB

Tel: 01208 269988

Email: sally.poxon@nhs.net

Ben Charnaud revised hours

Please could we bring to your attention that Dr Ben Charnaud and his secretary, Lorraine, are now only available on Tuesdays and Wednesdays between 10.00am and 4.00pm. On all other occasions, if you require help, please contact the South & West Devon and Cornwall Occupational Health for Primary Care service on 01752 762116. Thank you.

GP involvement with the Health Screen Clinic – Advice to LMCs

The GPC is aware that a company called Health Screen Clinic has been targeting practices in different regions with regard to its screening services. The company involves the practice by paying a fee to rent space at the weekend to carry out in particular Abdominal Aortic Aneurysm screening. It also involves the practice in sending out letters to the target group of patients, on practice headed paper, inviting them to take up this private screening service.

LMCs have been asked to warn all practices in their area of the significant risks they take should they involve themselves with this company and its current business model. We are aware that some practices are signing contracts with this company without seeking advice from the LMC first.

The practices could be deemed in breach of their GMS or PMS contract for breaking regulation 24 in relation to fees and charges, as they are receiving an indirect fee for their involvement in letting this private company screen their patients. The level of involvement in the company's operations and the payment of a fee for rent, means that this goes beyond any allowance to rent practice space to an individual practitioner or company as permitted in the Premises Directions.

The practices are in breach of the Data Protection Act. They hold patient data as part of their NHS contract. It was never intended, and patients are not aware or indeed have consented to their personal data being utilised for the purpose of advertising private. The practices could be deemed to be in breach of the GMC's Good Medical Practice (probity guidance) and therefore may be open to 'fitness to practice' procedures.

The company Health Screen Clinic has most recently targeted practices in the Beds and Herts LMC area. They told the CE of the LMC that they have a letter from Andrew Young, Senior Policy Executive in which the GPC said that what the company were doing was permitted under GMS Regulations. This is the reality of that letter.

A letter was written from a GPC Senior Policy Executive in response to a query from an LMC. The letter was not addressed to the company, nor was it written in relation to a specific query from the company. The letter was addressed to the LMC and the professionals within it who have a strong background understanding of the regulatory and professional issues that GPs face.

The LMC subsequently advised one of their constituent practices, who chose not to involve themselves with the company. The company asked the practice why they wouldn't get involved and in the end the practice passed the letter on to the company. The company have since inappropriately, selectively quoted from it.

The GPC lawyer has now written to the company to clarify our view (as stated in the three points above) and to advise them to refrain from selectively quoting from the GPC to LMC correspondence.

And finally..... well before Basil

Some of you in the east of the Duchy might be aware that one of our number has developed an alternative "career" in his spare time by concentrating on acting/directing. Based at Sterts Theatre, a covered amphitheatre on the edge of Bodmin Moor, Steve Jefferies (for it is he) will be appearing as George in a forthcoming tour of Edward Albee's famous, Pulitzer Prize winning, play "Who's afraid of Virginia Woolf?"

For those of you unfamiliar with the play (everyone has heard of it, far fewer know it) the plot revolves around a middle aged American university lecturer and his wife, Martha, who invite a young teacher and his wife back to their home in the small hours for a drunken evening of mind games revelations and recriminations.

With such amusing party games as "Humiliate the host" "Get the guests" this play is a combination of coruscating comedy and disturbing drama that never fails to engage it's audience.

The production opened in April to rave reviews but had to close early as one of the cast ended up in hospital despite (or perhaps because of!) backstage medical intervention. Now recast, the production is touring Cornwall and Plymouth in September/October. Dates are:

Fri 21st Sep St Austell Arts Theatre 0845 0940428 (£6-00,noconcessions)

Sat 22nd Sep Penzance Acorn Theatre 01736 365520 (£8-50,concessions £7-00)

Wed 26th Sep Truro Helford Theatre (Truro College) 01872 262466 (£6-00,no concessions)

Fri 5th Oct Plymouth Barbican Theatre 01752 267131 (£8-50,concession£ 7-00)

Fri 12th Oct Liskeard Sterts Studio 01579 362962 (£8-50,concessions£ 7-00)

Sat 13th Oct Liskeard Sterts Studio 01579 362962 (£8-50,concessions £7-00)

Steve would greatly appreciate your support and those of your friends who love the theatre so that he doesn't have to spend the remainder of his Out of Hours time doing KUCS shifts to cover the costs of theatre hire! Any profits from the production will go to local charities.

DR BASIL BILE WRITES...

At the recent LMCs' Annual Conference up in Ken Livingstone's London, The Absent Abbott was holding forth surrounded by young acolytes all gazing reverentially upon his wise gnarled old features. The Ab Ab claimed he could diagnose pregnancy in female members of his staff, before even they themselves knew they were up the duff, on account of their sudden increase in "blonde moments". Amongst those sitting adoringly at his feet and hanging on to his every word were the not-noticeably-blonde but very-noticeably-preggers Dr Raya Sunshine, and the LMC's very own Aussie bottle-blonde with attitude, Dr Brucella "don't-mess-with-me-or-you'll-end-up-as-dingo-fodder" McTarmac.

Dr Sunshine had earlier practiced her imminent maternal duties by acting as carer for Drs Bumbleton and Dumbit on a theatre trip to see "Spamalot" in the West End. What with Dr Bumbleton's frequent need to go to the lavatory and Dr Dumbit's screaming fits at the scarey bits, poor Raya did not get to see much of the action on the stage. Looking after a baby should be a doddle by comparison.

On the last day of the conference Brucella, Raya and LMC Sec Ms Sunrise Molestrangler jumped into a black cab to head for the station. On arrival at Paddington Brucella squawked "this isn't my case you pommie b*****s!" and pushing buttons frantically on her mobile phone tried to contact the others still back at the hotel. This was sadly all to no avail as by now they were ensconced in a bar telling the barmaid that their wives didn't understand them. When they eventually arrived on the platform none of the suitcases in their possession bore any resemblance to the distraught aussie's. Eventually, and following some language which made even a passing tramp blush, Brucella was persuaded to open the suitcase she had grabbed at the hotel to see if there was anything in it to identify the owner. There was. It was her suitcase after

all. Going by The Absent Abbot's theory I can only presume she is expecting a happy event, probably sextuplets given the magnitude of her "blonde-moment".

Meanwhile whilst on one of my constant trawls of the written media looking for some small morsel of comfort I came across an item that made me chuckle. It was the headline "*Fat people live longer after a heart attack*" in the Times newspaper a few weeks back. No one seems to know exactly why but apparently cannabinoids (which I thought were people who liked to eat other people but turn out to be cannabis-like compounds produced naturally in the brain) are present in higher levels in the obese which may somehow have a role in improving their survival chances after a cardiac insult by dilating blood vessels. Fatties also have lower platelet counts than their slimmer bretheren, which may reduce the risk of a coronary thrombosis extending I suppose. Heinz Buttner (just a typo away from being Bunter), the head of interventional cardiology at Bad Krozingen in Germany who led the study on 1,676 weighty German and Swiss waddlers, lapsed into spoilsport mode by remarking rather unnecessarily that people who were obese should not delay trying to lose weight. Not me mate. I'm going to invest in some pork pies and clotted cream so I can enjoy all those cannabinoids that are swanning around in my cerebral hemispheres. I wonder if it is cannabinoids in the brains of ladies-in-pod that makes them have blonde-moments. Perhaps the Absent Abbott should join Dr Bunter's research team in Bad Krozingen. While he's at it he could take Brucella with him. Let us fervently hope there are no problems with her luggage. Anglo-German relations would never be the same again.....