

# LMC NEWS

## Cornwall & Isles of Scilly Local Medical Committee

**IN THIS MONTH'S NEWSLETTER :-**

**No. 201 September 2007**

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### **Pre and Post Op work**

The latest update on this agreement following the July newsletter is:

The PCT has held a meeting with RCHT to discuss the matter and are now organising a joint meeting to include representatives of the LMC.

The points about the impact on general practice, the costs and the savings on secondary care have all been made, and the PCT are being supportive in resolving this long running issue, and we remain hopeful. We still do not however, have any idea how long before a resolution is finally reached.

We will keep you informed of any developments as they happen, or when.....

### **Hours of opening**

Despite the national survey which showed large satisfaction levels in general practice, this one is not going away. The new Secretary of State for Health has spoken about the need for improved access to GPs twice in the last few days. Unfortunately nobody has yet spoken to the GPC about this issue, which seems a strange way of working with the profession.

In his latest speech (12 September 2007) in the house, there is considerable mention of the differences in QOF between Oxfordshire and Bradford, the fact that large numbers of people were going straight to A & E rather than their GP surgery. Again he emphasises the health inequalities are a major target, and their intention to do something about them. They are seeing access to primary care as a major influence on those inequalities, and hence the current attention.

The government are certainly keen that opening hours suit patients rather than practices. We will keep you posted but we know that the PCT has been set a target to improve access!

### **Review of Formula**

The joint GPC / Employers review of the GMS global sum formula has been recently published.

Whilst there were few submissions there are two clear camps, PCO's seem to want a change, whilst most GPs' / LMCs' asked for a steady state.

This is now being considered by the various parties, and we await to see what the GPC can negotiate for us. However they have already warned that any changes would

## **Cornwall & IoS LMC Conference 2008**

### **'The Changing Face of General Practice'**

This year we are running a full 2 day conference, to be held at the St Michael's Hotel, Gylngvase Beach, Falmouth on the 19th and 20th February 2008. We decided on a change of venue as we felt we had outgrown the Crantock Bay Hotel. We are hoping the new venue will provide a more spacious environment and slightly better facilities. The theme of this year's conference is 'The Changing Face of General Practice' and is open to all, Doctors, Practice Managers and Surgery Staff.

The first day is centered on several high profile speakers including Dr Laurence Buckman, the Chair of the GPC and Dr David Colin-Thome, The National Clinical Director of Primary Care. As this newsletter goes to press we are waiting confirmation from two other speakers, who will not only be able to give insight into ideas and views from opposing political fronts, but who are in the forefront of the ongoing reforms of the NHS.

The second day hopes to deliver a more practical view with contributions from Lynn Young, the RCN adviser to Primary Care, Sue Bates, the 2007 Practice Manager of the Year and Janet Hart from Cornwall & Isles of Scilly PCT who will be talking about the range of issues that the PALS team deal with.

Full details of the conference will be sent to you shortly, and due to the interest it is already generating we would advise booking early.

## **Road Traffic Accidents**

A reminder to all in general practice about the provisions of the Road Traffic Act 1988, whereby the first doctor providing emergency treatment to the victim of a road traffic accident is generally entitled to charge a fee.

The work that would be covered under this is the type that would have normally gone to an A & E department. The actual place of attendance is irrelevant. If the patient is seen by an A & E dept, then they can claim.

It is also worth while making certain that the patient understand that any records you may make are for the clinical work, and are not medico legal cataloguing.

The professional fees committee used to recommend a fee of £21.30 and £0.41p for every mile traveled to attend. Our understanding is that committee no longer sits and you will have to agree your own fees.

Many GPs in other areas feel its often not worth while claiming, but just in case your surgery is outside an accident spot.....

## **Diploma in Occupational Medicine**

I have been asked to draw your attention to the above course which starts this autumn and will be run at the Royal Institute of Public Health's headquarters at 28 Portland Place London.

It lasts for 10 days, and costs £1,700.

The course is designed for GPs seeking foundation training in occupational medicine with a view to obtaining the Faculty of Occupational Medicine's Diploma in Occupational Medicine Qualification. The course includes commercial and industrial sites.

If you are interested contact Jennifer Tatman on 020 7291 8353 or [jtatman@riph.org.uk](mailto:jtatman@riph.org.uk)

## OVERSEAS PATIENTS AND ASYLUM SEEKERS

This advice from our colleagues in Gloucestershire very nicely summarised and hence, with their permission, we have re-produced it for your information.

The Department of Health guidelines give 4 different categories

Asylum seekers (closely defined legally as those with an 'outstanding application for refuge in the UK' – so not illegal immigrants) are entitled to the same services as any person ordinarily resident in the UK. They need to prove their status as asylum seekers.

EEA visitors (i.e. European Union countries plus Iceland, Liechtenstein, Norway and Switzerland) are entitled under the NHS **to treatment which a GP decides is medically necessary**. The following types of healthcare services can be obtained by such eligible overseas visitors: blood tests, blood pressure checks, routine maternity care, cholesterol checks, insulin, oxygen, renal dialysis, warfarin tests. These visitors need only produce a **European Health Insurance Card**, or if that has been lost a Provisional Replacement Certificate, or (until the EHIC becomes universally available) a passport, identity or residence card. Exceptionally, visitors from Ireland need only provide a passport.

Visitors from countries with which UK has a bilateral agreement are entitled to

**'immediately necessary treatment'** on the NHS. They include :

The nationals of almost all of the former states of the USSR and New Zealand. Such nationals need to provide a **passport** only.

The residents of the following countries: Anguilla, Australia, Barbados, Bosnia-Herzegovina, British Virgin Islands, Channel Islands, Croatia, Falkland Islands, Gibraltar, Isle of Man, Macedonia, Montenegro, Montserrat, Serbia, St Helena and the Turks & Caicos Islands. Such residents can provide as proof a **passport or proof of residence (e.g. an identity or residence card)**.

All other visitors (including Americans, Canadians and Japanese, for instance) have no right to free primary care under the NHS. Of course if they later become ordinarily resident in UK then, whatever their nationality, they come under the normal NHS arrangements.

The above does not cover situations where people come to the UK without an explicit referral in order to access treatment. These people fall outside the NHS.

There is no further documentary requirement under the Dept of Health guidance.

## Trust Surpluses

After years of austerity its wonderful to note the latest financial projections in the SHA Board which show the NHS Trusts we use most as having the following projected year ends, as at the end of July 2007:

Cornwall and Isles of Scilly PCT	2,725,000
Cornwall Partnership Trust	0
Plymouth Hospitals Trust	15,700,000
Royal Cornwall Hospitals Trust	1,282,000

This should mean that the discussions that GPs are going to be involved in, about the direction of health services locally using PBC may have funds to make a difference.

## **CBI moans about general practice**

We thought that you would like to see the swift response from GPC about the CBI 's latest, ill researched report.

**“DON'T BLAME GPs FOR AN OCCUPATIONAL HEALTH FAILURE, SAYS BMA**

A failure of employers to provide their staff with a proper occupational health service lies at the root of the CBI's denigration of general practice, says the BMA today (18 Sept 07).

In a firm riposte to the CBI's criticisms of the family doctor service, Dr Laurence Buckman, chairman of the BMA's GPs Committee, said:

“The CBI and its members should put their own house in order before trying to heap the blame on general practice. If employees lose time from work to see their doctor it is either because they are ill and need care or because their employer has insisted they get a sick-note even for a temporary illness which has passed. This abuse of the sick-note system is a waste of the time of both working people and clinicians.”

Contrary to CBI claims, general practice has changed profoundly, says Dr Buckman, with GPs now doing much of the work previously carried out in hospitals. “It is surprising the CBI fails to recognise how general practice now offers patients care for things like diabetes, heart and chest problems and many other areas for which patients used to have a hospital appointment.

“Is it possible that the CBI is hoping that its members will be able to take part in future privatisation of the health service? If the best they can do is to describe an NHS of long ago, and vent their prejudices in this way, it might have been a good idea to find out the facts first. The reason why care is not fragmented amongst a number of doctors, as they unwisely suggest, is to prevent multiple attendances and confusion between different health professionals.”

On the question of booking appointments, part of the problem for GP practices has been the need to meet Government targets for 24-hour appointments despite the evidence that these are not what many patients want. “The majority of patients have no problem booking ahead if they do not need an urgent appointment, but it is difficult to make sure you can always offer large numbers of 24-hr appointment and still have enough left to allow forward booking. GPs are working to improve things for their patients.” said Dr Buckman.

He commented: “If the CBI really wishes to change things for their employees, a good starting point would be to talk to the people providing care to see if things can move forward. If its members think their staff are seeking medical appointments without any real cause, that seems to point to the need for a better occupational health service. Many employers seem to regard their sick employees' time as their own. It isn't. NHS general practice is there to treat patients and their care is what comes first and last.”

## **Single Handed Vacancy in South Devon**

An applicant is required to form a six month partnership with the current GP who plans to retire by October 2008, having been in post since October 1979. The ethos of the practice reflects traditional values and an holistic approach to health care. This nGMS practice of 1630 patients with an exceptionally well structured Lloyd George system and “In Practice” vision clinical support systems has constantly achieved near maximum QOF points.

The practice is served by a team of 3 receptionists, secretarial support, manager, nurse, volunteer group co-ordinator, carer support worker and the usual attached staff.

Please forward CV and handwritten application letter to:

Diane Redford, Practice Manager, 95 Upper Manor Road, Paignton. Devon. TQ3 2TQ

## VAT on Medical reports

A further update on VAT on medical reports for you.

As you know, from 1<sup>st</sup> May this year doctors who are registered for VAT had to charge this tax on medical reports (for which a fee is payable) supplied to the Department for Work and Pensions (DWP). There are no changes for doctors who are not VAT registered. Most of these reports will be requested by the Disability and Carers Services (DCS) in relation to claims for Disability Living Allowance and Attendance Allowance.

In order to add VAT to the fee the DCS need to know whether the doctor is VAT registered. The reports where VAT is chargeable are:

- GP factual report
- DS 1500

In order to facilitate these changes the DCS have made changes to their fee claim form (DBD36) which accompanies the GP report. Section B4 has been updated and will now include a section asking whether the doctor is VAT registered and if so to give their VAT number. Whenever this section has been completed the DCS will add VAT (at the standard rate of 17.5%) to the fee. The fee claim for DS1500 is included with the pack of forms. These forms are being amended in the same way as the GP fee claim form for the factual report. However doctors may already hold stocks of these reports and accompanying fee claims. In such cases the DCS has requested that doctors should write their VAT number on the fee claim or alternatively attach a VAT invoice. Whenever this additional information is supplied VAT will be added to the fee at the standard rate of 17.5%.

Further guidance regarding VAT on Medical Services can be found on the BMA website <http://www.bma.org.uk/ap.nsf/Content/VATonmedicalservices> or by clicking on to the "doctors' fees" link from the BMA website homepage.

Further guidance regarding the completion of forms and certificates for the Department can be found on [www.dwp.gov.uk/medical](http://www.dwp.gov.uk/medical).

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### Continuing Health Care Assessment

LMCs across the country have been discussing how the implementation of the National Guidance for Continuing Health Care and the rise in the number of assessment forms being requested.

Practices are reminded that the advice is that if brief clinical information is required then this should be provided, and no charge would be made.

If however, the continuing care team wants a report, as this was not in the list of defined reports that GPs are required to complete on the contract, a fee can be levied.

We cannot negotiate a fee for you as we would be assumed of price fixing. You need notify and agree the price before you carry out the report.

### GPs seeking Cornish practice

**2 experienced GPs are seeking additional sessions to add to an interesting portfolio career.**

Both of the GPs have experience working as principals and holding senior positions in other organisations. They have a wide range of skills, are willing to travel to the right practice and are happy to discuss all options.

Ideally they are looking for 2 sessions a week each, but are flexible and willing to offer additional cover during school holidays if required. Enthusiastic and experienced, each would be an asset to any practice.

Please contact **Box 003** at the LMC office.

## DR BASIL BILE WRITES...

Politically Correct Piffle imposed from up on high has a habit of really getting under a chap's skin and irritating big time, rather like having ground chilli peppers accidentally tipped down the front of your Y-fronts by the au-pair during breakfast following a misunderstanding over my trying to brush a crumb from the front of her T-shirt while the kids are squabbling over who's turn it is to have the plastic Homer Simpson in the packet of Bran Breks that Belinda's mother is currently choking to death on. As you can see there are still a few oases of unremitting joy amongst all the misery, but putting aside the barely suppressable pleasure of witnessing my mother-in-law's impending plastic cartoon character induced cyanotic apnoea (there must be a ruddy computer Read code for that) I return to my theme. To add insult to a long and ever-increasing list of injuries, we much-put-upon and insulted GPs are now supposed to work with local authorities to provide anger management classes for children with behavioural problems when all the little tykes actually need is a damn good clip round the ear. This no-brainer was supplanted on the monster raving looney scale only by the crass notion that we should also be prescribing air conditioning for patients. All this mind boggling tosh is being coordinated by something that labours under the vainglorious title of the "Commissioning Framework of Health and Wellbeing." It will come as no surprise to learn that this far-from-august body was set up by that former mobile disaster-zone, ex Health Secretary Patsy Halfwit.

Could it possibly get any worse? Oh yes Siree, indeed it do. We are in addition supposed to be prescribing country walks and bicycle rides as part of a government drive to tackle lazy lifestyles. Quite what they will make of all of this up in Newcastle when they receive my FP10s for *The Camel Trail, one to be taken qds* and *Use Cornish Coastal path once weekly as directed* gawd only knows. Mind you, let's look on the bright side. Profits for dispensing docs have taken a bit of a nosedive of late. Just think what the dispensing fee would be on an air-conditioning unit.

But perhaps the gold medal for the Most Ludicrous PC Health Initiative results from a survey by the Ipsos Mori Social Research Institute. This waste of public money commissioned by HM Gov concluded that the citizens of the UK wanted nurses to "*smile more and give the impression of caring*". Not to actually care the eagle-eyed amongst you will have noticed, but to "*give the impression*" of caring. My partners and I at the Abandonhope Surgery have as a result sent our senior nurses, Samantha Sourpuss and Cynthia Scowl, to attend a course at RADA. After just two lectures and one role play session the pair of them are strutting around the health centre corridors grinning like idiots, facial expressions singularly inappropriate when being confided in by old ladies that they have just had to take Tiddles, their pet cat and faithful companion of the last two decades, to the vet to be put down after he was savaged by next door's Pit Bull Terrier.

RCN spokesperson Alison Kitson responded to this Ipsos idiocy by opining that every nurse in the NHS would find this offensive and it only went to show that Whitehall is completely detached from the harsh reality of healthcare. Well spotted old fruit. The Ipsos survey also showed the public wanted flexible responsive customer-centred services. Well they have now got them. Our nurses smile from 9.00am to 6.00pm five days a week. We are just awaiting an announcement from Premier Gordie Broon that he is going to expect Practice Nurses to smile out of hours in the evenings and on Saturday mornings or he will be giving the contract to alternative providers. Presumably to the Edinburgh Festival Fringe Theatre Group. Meanwhile, due to the cost of the RADA course we have abandoned that and opted instead for giving our ministering angels Botox injections to secure permanent facial cheerfulness. I am sure Florence Nightingale must be spinning in her grave.....