

LMC NEWS

Cornwall & Isles of Scilly Local Medical Committee

IN THIS MONTH'S NEWSLETTER :-

No. 202 October 2007

Index

LMC Website	1
Extended Opening Hours	1
LMC Conference Update	2
Audit Commission Report 2006/07	2
Focus on Salaried GPs	2
Pension Contributions	3
Christmas Opening	3
Pre and Post Op Work	4
Drug Misuse forms	4
Overseas Visitors Flow Chart	4
LMC Email addresses	4
Patient Survey 2008	4
LMC E.mail contact	4
BMA response to Darzi Report	5
GPs seeks practice	5
Salaried GP required	5
Dr Bile writes	6

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 Executive Manager and can be e-mailed on dawn@kernowlmc.org.uk

LMC Website

The LMC website has added a message board for LMC members, Committee and Cabinet use.

To use the boards you will be required to register, and we can then allocate your membership to the appropriate boards, which will usually be within one working day.

If you have any queries about the website or message boards, please contact Dawn at the above address or via the website.
www.kernowlmc.org.uk

Extended Opening Hours

At long last the government has met with the GPC to start to discuss the issue extended opening hours.

We know what they government believe it wants, the Darzi report has told us that.

The GPC believes that any agreement on extended opening hours should be voluntary and properly funded. Whilst we agree with that, and also believe that practices should not be looking at offering extended hours now, before any national and local agreements are agreed, we also know that the PCT will be coming under pressure to deliver something, the question is what, and how much room for national negotiations are there in this one.

We have had a positive meeting with the PCT, who want to work with general practice, and as a first step will be trying to find out more about your own hours and appointments systems. This is reasonable under the existing contract and the LMC would encourage co-operation.

We have also spoken at length with the PCT on the need to find individual solutions to each practice and its population. The practices in Cornwall all cover very different populations and we are convinced that a single solutions would be a great mistake.

At this stage you do not need to feel pressurised into offering extended opening hours, you might want to look at your hours of opening within the current contract, and also do the workload analysis, so that you have evidence of demand, this will help you when negotiating with the PCT later.

Cornwall & IoS LMC Conference 2008

'The Changing Face of General Practice'

Although we have still to confirm a few speakers for the conference; included with the newsletter is a programme for each day of the conference, and a booking form.

The conference is open to all practice staff, not just GPs and Practice Managers, which is why this year we have dispensed with the term Practice Managers Conference.

If you require any more details or additional booking forms please contact Dawn or Susan at the office.

Focus on Salaried GPs

The BMA has just released a new version of its guidance "Focus on Salaried GPs" revised October 2007.

This guidance note has been produced by the GPC to explain in detail the minimum terms and conditions for salaried GPs (the Model Contract).

It now includes a detailed legal view on what counts as continuity of service, as well as calculating entitlement to maternity pay, sick pay and redundancy pay for those employed under the model salaried contract.

This guidance will be available on the BMA website soon.

Audit Commission Review of the NHS Financial Year 2006/07

The Audit Commission has recently published its review of the annual accounts. This showed that there were regional variations in how Trusts performed. Rating them on a 1 to 4 scale on how well they used NHS resources, auditors found that:

- 27% of trusts and PCTs were in the top categories performing well or strongly, compared with 12% in 2005/06
- 31% of trusts and PCTs scored 1 out of 4 and failed to meet minimum standards
- 8% of trusts and PCTs not only scored 1 for overall use of resources, but also failed across all three key areas, namely financial management, financial standing and value for money.
- With the areas increased to include Financial reporting, Internal Control, as well as Financial Management, Financial Standing, VFM, and an over all score, our local Trusts reported:
 - CIOS PCT, overall 2, 3 for financial reporting, 2 for every category
 - RCHT every section 1, the only Trust in the country to get this result.
 - PHT, all 2's except financial reporting which was a 3
 - CPT all 2s except Financial reporting and financial standing which were 3s.

Pension Contributions

Profitable GPs who have previously had their pensionable earnings capped will face a huge increase in superannuation contributions from 1 April 2008 as a result of the changes to the NHS Pension Scheme announced on 21 September.

GPs who joined the NHS Pension Scheme on or after 1 June 1989 have had their contributions capped in previous years, but this capping is being removed from 1 April 2008. This means that as well as suffering the increase in employee's contributions from 6% to 8.5%, they will be paying contributions on all their pensionable earnings.

What many GPs may also overlook is that the employer's contribution of 14% will also now be based on all pensionable earnings and not capped. Funding for employer contributions is factored into the global sum for GMS practices or baseline for PMS practices and this will not increase, so the GP will end up having to fund the extra contributions.

Take an example of a doctor with earnings of £150,000:

Pensionable income	£150,000	£150,000
Earnings cap	£112,800	N/A
Income on which contributions paid	£112,800	£150,000
	Contributions in 2007/08	Contributions in 2008/09
	£	£
Employer's at 14%	15,792	21,000
Employee's at 6%	6,768	
Employee's at 8.5%		12,750
Total contributions	22,560	33,750

This doctor will see an increase in his/her annual contributions of over £10,000 which will probably have to be matched with a reduction in drawings. If the GP pays added years the increase in contributions is even higher.

Whilst the GP will get tax relief on the contributions and benefit from an improved pension on retirement, the immediate increase in contributions over which he has no control could prove very painful.

Our thanks to Luke Bennett, from WinterRule, Accountants, Truro for this article.

Christmas Opening

When you wonder about this story, I nearly relate it to you as I think some points may need to be considered by Cornish practices when they are considering their opening hours over Christmas.

In another county the local out of hours co-op wrote to all practices asking whether practices wished them to roll the cover out over the intervening days between Christmas and New Year.

LMCs across the country advised them not to touch it, especially at the moment when we know PCTs are coming under pressure to provide extended hours. Practices under their existing contract have a duty to provide a service in core hours. as is appropriate to meet the needs of patients. Closing the practices for days at a time, with no comparable arrangements in place is not likely to be acceptable in terms of fulfilling the contract. The PCT would need to approve any such plan and application from a practice, and even it it were acceptable the headlines resulting from such a decision would be difficult to manage, let alone from the quality of the service you want to provide.

Pre and Post Op work

We promised to keep you informed, but hoped that it would be resolved quicker than it has been.

The PCT have been very supportive of the stance taken by the LMC and practices on this issue. They recognise the extra workload and the lack of funding. Unfortunately RCHT at a recent meeting did not, which has led to a conversation, we understand at the very highest level. Whilst they sort themselves out the PCT is looking at options to put in something for this year.

Again they will be supportive of any practice that stops providing the service, but obviously this is difficult when faced with real patients as we are, rather than numbers. Again we will keep you posted.

Drug Misuse and Dependence: Treatment Outcomes Profile form

The National Treatment Agency for Substance misuse had recently introduced a Treatment Outcomes Profile form to be completed at the start of every treatment journey, and every three months

thereafter, with the results returned to the NTA. The form asks clinicians to ask

patients about their criminal activity over the previous four weeks.

Questions have been asked about the consenting process, how this information is shared etc.

The BMA legal dept. has confirmed that on no account can the NTA ask GPs to enquire into the criminal activity of their patients, they advise that GPs do not complete the forms. This issue is being raised with the NTA and we will report back with any further updates.

Overseas Visitors Flow Chart

We have come across the reference below, which gives you access to a flow chart to decide whether or not somebody is eligible for free treatment in this country which we thought would be useful for you.

[http://www.dh.gov.uk/en/
Publicationsandstatistics/
Publications/
PublicationsPolicyAndGuidance/
DH_064150](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_064150)

Apologies for the length of the website address.

LMC e-mail addresses

**The LMC e-mail address will shortly be leaving the domain that you have used for many years. Please change your records, and address books.
Addresses are:**

dawn@kernowlmc.org.uk
david@kernowlmc.org.uk
susan@kernowlmc.org.uk

GP Patient Survey 2008

The arrangements for the next survey should be detailed in a letter which we understand will be issued next week. If you have signed up to the DES's on Improved Access Scheme and Choice and Booking you will need to be aware of the.

It is understood that practices will need to do nothing except be aware that it is happening, perhaps brief all staff so that any questions you get about the national survey compared with your own survey can be answered, and understand that you do not have to take any immediate action.

If any action is required the letter will make it clear. Some practices missed their boxes of questionnaires for the choice questions last year, it would be very unfortunate if that happened again.

BMA response to Darzi Report

Doctors urge the government to sit down and talk about the NHS

Following the launch of Lord Darzi's report today [Thursday 4 October], Deputy Chairman of the BMA's GPs Committee, Dr Richard Vautrey, has said doctors want to sit down with ministers and talk about key issues such as GP access and infection control.

He commented:

"We agree with Lord Darzi that the NHS needs to be patient centred and clinically led. The best way to develop a first class NHS is to sit down with patients and representatives of the BMA to decide how to tailor services to meet their needs. We have expressed a willingness to do this on many occasions and we hope the government will now sit down and discuss their concerns with us.

"It is important to remember that one size does not fit all when you are talking about healthcare. There needs to be local implementation of policies to suit local health needs. We are concerned that polyclinics could threaten patient care because they may centralise healthcare and take patients away from the personal service they receive from their family doctors. There are many practical and resource issues to be resolved and the BMA is anxious that we start productive discussions as soon as possible."

Dr Jonathan Fielden, Chairman of the BMA Consultant's Committee, added:

"As innovators in healthcare, consultants will look forward to seeing these positive statements of allowing clinicians to truly lead and drive change, in partnership with their patients, being turned into reality. For too long, finance has been the sole driver, this review must establish quality, patient care as our main goal.

"In this way, unshackled from political interference, we can deliver the personalised, safe, evidenced-based service our patients deserve. We must embed this ethos, and the training and research that backs it, at the heart of the NHS.

"We also agree that in the run up to its 60th anniversary we should secure the founding principles of the NHS and ensure that staff, patients and the public are fully engaged in playing their part in making the NHS the world class health service our country needs."

GP seeks East Cornwall practice for lasting relationship

Dr Genevieve (Gen) Riley. MB ChB Liverpool 1998.

BSc (1st class) DRCOG DFFP(with LoC
IUT) JCPTGP MRCCGP

Experienced, enthusiastic locum. Clinical skills tutor to PMS medical students.

Due to return from maternity leave in March/April 2007.

Looking for part-time long term locum work or more substantive post.

Based in Yelverton. Happy to travel to Plymouth, Tavistock, North Cornwall or towards Exeter.

For a copy of Genevieve's CV or to enquire about availability, please contact me via email: genriley@hotmail.com or mobile: 0784 147 5395.

Salaried GP for Callington & Gunnislake Cornwall

The Callington & Gunnislake Group Practice operates from two purpose-built health centres in the Tamar Valley, an area of outstanding natural beauty. The practice team of over 80 (including excellent community staff) provides high standards of healthcare for about 16,500 patients in a mainly rural area. The practice achieves excellent QOF scores and has the RCGP QPA award; offers a wide range of enhanced services; is fully computerised (Vision); and strives to provide a supportive environment for team members.

Due to growth, we need a part-time salaried GP to support the 13 GP partners. For further information, visit our website at www.call-gunn.org.uk. Please submit expressions of interest, including preferred hours and availability, to Glen Beckwith, Practice Manager, at glen.beckwith@call-gunn.cornwall.nhs.uk.

DR BASIL BILE WRITES...

I am thinking of setting up a GP Glee Club in order to cheer us all up. Headlines such as “GP Bashing puts morale on the slide” in the BMA News hardly helps us all to face each new day bravely. You can add to the gathering gloom the fact that Out of Hours duties (the very same that we only recently and with a massive heartfelt sigh of relief successfully divested ourselves of) are threatening to sweep down as a massive tidal wave and engulf us all once more. Certain of our brothers’ and sisters’ response to this latest kick-in-the crutch is to go into time-honoured King Canute mode by stolidly insisting they ain’t going to get their feet wet. Those about-to-get-thoroughly-damp souls obviously haven’t read the dark threats from HM Gov re removing 60 quality points from the QOF clinical areas and creating an “Extended Hours Access” domain worth, surprise surprise, 60 points. And what do points mean, punters? Points mean prizes!

Being Her Majesty’s duly elected Bunch of Spivs, Gordie Broon and company can do pretty much as they like, with or without the BMA’s timorous say-so. The result will be a significant wallet-wincing financial penalty for not playing ball with extended hours, although in theory only half of all practices have to engage as part of a top-down imposed PCT target. This would be a soothing balm were it not for the ever burgeoning reality of alternative providers to do the necessary if we don’t, ie Tesco’s, Toys-R-U’s and the Carkeel Garden Centre. Ho hum! Mind you dear readers, if all Cornish practices get together throughout the Grand Duchy and offer to do collectively between them one evening and one Saturday morning surgery a week, then I work out it would probably end up as a 1-in-350 rota at worst for each and every one of us. We would certainly get our junior partner, the dumb-but-keen Dr Clint Thrust, to do the work when the Abandonhope Surgery’s turn came round, so that would be a 1-in-0 rota for yours truly which personally I could live with. On a stoically optimistic note there are three years to achieve this gormless goal, by which time many of us may be permanently out-to-grass happily pottering in our greenhouses and reading the lonely hearts column in Saga

Magazine.

Predicatably however the Machievellian swine have even peed on our escape plan. You can throw in to the pot of misery the Chancellor of the Exchequer’s recent surreptitious fiddling with the capital gains tax system. This has well and truly clobbered the amount of hard grafted loot we long serving supplicants can take from our businesses when we retire, so that even slinging your hook to escape from all the proverbial brown stuff has become a poisoned chalice. Joy heaped upon further joy.

The need for a GP Glee club is therefore clearly timely as the LMC and the Devon and Cornwall GP Occupational Health Service can hardly be expected to cope unaided with all the emotional fall-out resulting from this systematised on-going unfair beastliness to Family Docs. But never fear playmates, Basil has a cunning plan. My inspiration for this measure comes from one of my partners, statuesque Hong Kong Chinese lady doc Ah Li Sun. Her husband is an entertainer apparently, presumably some sort of magician cove who does wonderful and amazing things with a variety of props including doves, ping pong balls and Mirena coils. I have therefore persuaded our League of Friends to purchase an old double-decker bus and I will be touring the Grand Duchy in it very shortly. Hard to miss, it will be bright purple with *Basil’s Happy Bus* painted in large gold lettering on the side. Aboard will be Ah Li Sun’s magic circle spouse. He is currently in his garden shed working on a sawing-a-lady-in-half act. It is at its early stages and as I really have no time for these tiresome health and safety regulations he needs an unwitting volunteer. The very first port of call for Basil’s Happy Bus will be a certain office block in the centre of St Austell. I am hoping dear readers that one Annie-Get-Your-Gun James, Chief Exec of Cornwall Peeceetee plc and reputedly a good sport, will be volunteering to submit herself to the uncertainties of a second-hand Black and Decker saw. Live entertainment is just the fillip that GP morale needs. Roll-up, roll-up! I can feel myself becoming ever more cheerful by the second...