

LMC NEWS

Cornwall & Isles of Scilly Local Medical Committee

IN THIS MONTH'S NEWSLETTER :-

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Season's Greetings 

Local Primary Care Strategy

The Cornwall and Isles of Scilly PCT have been working away at a local consultation document on the future strategy for Primary Care.

The LMC was invited to discuss this with the PCT on 4 December, and was pleased to be able to comment on this draft. Due to the nature of it being a draft, it is now being amended in the light of those comments and a version should be sent out to you shortly. It is important that you look at it and feed any comments through your Commissioning Group, your PCT link person and the LMC.

The PCT are looking at introducing a balanced scorecard, and we are discussing with them how to make this a useful tool for both the PCT and GPs rather than another tick box exercise.

Seasons Greetings

Another year has gone and we face the new year with some concern and some hope. It has been great working with practices, and we hope making a difference to the service you can deliver.

The LMC office can seem a world away from the practice, but it is just at the end of the phone, on the web and is staffed by people not robots. We will try to provide you with the support you need for the next year.

In the meantime our best wishes for this festive season and the new year to all working in general practice in Cornwall.

Dawn, David and Susan

Patients taking CDs abroad

Please see the message below we have received from the Home Office.

You may wish to note that the Home Office requirements for personal import/export licences for persons who intend to travel with their controlled drug medication will change with effect from 1 January 2008 and I have attached a note which sets out the changes.

Broadly, a personal licence will not now be required for periods of travel of 3 months or less regardless of the amount of drug(s) being carried. Any person travelling for longer than three months will, in normal circumstances, be expected to make arrangements to have their medication prescribed by a practitioner in the country they are visiting.

Our website at:

<http://www.drugs.homeoffice.gov.uk/drugs-laws/licensing/personal/>

will be updated in due course.

Conference Call

The LMC 2008 Conference is drawing closer and the response from GPs and Practice Managers is very good.

We would just like to remind everyone that this year we have taken away the titles of 'GP Conference' and 'Practice Manager Conference', and thrown both days open to all. We have had bookings from Practice Nurses as well as PMs and look forward to seeing new as well as familiar faces.

There are still rooms available, but they are being taken fast, so if you would like to stay overnight, we need to receive your booking as soon as possible.

The Conference is being held at the St Michael's Hotel, in Falmouth on 19th and 20th February 2008—booking form and programme are enclosed with this newsletter.

Corporate Manslaughter

The Ministry of Justice has confirmed that the new offence of corporate manslaughter under the Corporate Manslaughter and Corporate Homicide Act 2007 will come into force on 6 April 2008. This offence will provide for an organisation to be convicted where a gross failure in the way activities are managed or organised results in a person's death. It is the organisation itself, not individuals, that will face prosecution and, if found guilty, it will be liable to an unlimited fine. The courts will also be able to impose a publicity order, requiring the organisation to publicise details of its conviction and fine. The GPC advises that the partners of a practice could be held to be liable either individually or jointly under the Act if the way the practice/organisation's activities are managed or organised causes a person's death and amounts to a 'gross breach of duty of care' owed to the deceased. Thus the partners should ensure that they and their practice do not grossly breach their duty of care to patients or their staff. The partners may also want to review their practice's procedures on a regular basis. Secondly, GP partners may wish to check with their medical defence organisation (MDO) on the extent to which they would be covered for any fine that can be imposed under the Act.

New System for Notification of Infectious Diseases

The Health Protection Agency, Cornwall & Isles of Scilly Team will be writing to all practices soon to give details of the new notification system.

As you are aware it is a legal requirement under the Public Health (Control of Disease) Act 1984 and the Public Health (Infectious Diseases) regulations 1988 for doctors to notify the Consultant in Communicable Disease Control of cases of certain infectious diseases. There is also a new form for completion.

The Agency believes that the new system will have advantages in terms of speed.

Choose and Book

Many practices are using the system, not all. The LMC has been discussing ways in which the system can be more user friendly and better meet the needs of patients and GPs. The below is a list of areas that the PCT has been working on, which will hopefully help:

What's new in Choose and Book?

Cornwall and Isles of Scilly is ahead of the national average with **61% of referrals being made via. Choose and Book** last week

PCT is planning to "switch on" the **ability to Choose and Book an appointment with a named consultant** at RCHT

Orthopaedic referrals can now be made directly to orthopaedic clinics at RCHT or to the Clinical Assessment Service, via the Choice Helpline Team here in Cornwall or via the referral management centre in Plymouth to book an appointment at the Peninsula Treatment Centre Work is underway, with clinical input to **make navigating the Directory of Services** easier PCT is looking at options to **ease the pressure on practices and GPs** from patients whose booking does not go smoothly. Currently, these patients will often tend to contact their GP practice for help and support. The PCT is preparing an "easy to use" troubleshooting guide that could be handed to patients at the time of booking. This will take patients or their carers through a process of using the right help and advice available and reduce contact with the practices for help that can be provided elsewhere. This guide will include the telephone number of the local PCT Choice Helpline.

To give the maximum benefit to practices from this kind of support, they are being asked to **allow members of the PCT Choice Helpline to have proxy access to practices' C&B systems** to enable them to view the booking, to help with finding suitable solutions - for example in the event of no appointment slots being available at the patient's chosen location.

If granted, proxy access would be governed by a set of agreed rules, i.e.

Generic referrals could be changed in terms of the range of locations and specialists offered, including the offer of a DGH as opposed to a community hospital

Named Consultant referrals should not be changed to another Consultant, but different locations could be offered

In the event of a named Consultant referral being made, and there being a risk of the patient not being seen within the required timeframes, the Choice Helpline team would guarantee to contact the practice to discuss the range of options

PCT Choice Helpline staff are bound by the PCT **confidentiality and employment regulations**, in line with all NHS staff who handle patient information

Yet Another Survey

Just in case your patients ask, they maybe called upon to give their views of local health services within the primary care sector in Spring 2008.

This time the Healthcare Commission will be conducting the survey, which it carried out in all PCTS in 2003,2004, and 2005. Quoting from the letter:

" The survey aims to find out what services really feel like for those using them, and should enable you and your staff to determine the factors that are influencing peoples' experience of services in the area covered by your PCT. Benchmark reports will enable you to compare your trust with others. The Commission will use the results of the survey as part of the annual health check for 2007 / 08, and the department of Health will use it in reporting on the PSA targets on patient experience."

We understand that the sample will be about 1,200 within each PCT, this may mean less than 20 patients for an average practice. If you have want any further information you can contact:

Chris.Graham@HealthcareCommission.org.uk

Public Involvement in the NHS

The Department is currently conducting a consultation on the duties of a new body to be established. The aim of the Government is to strengthen the ability of local communities to influence what health and social care services are provided and how they are run. To help achieve this aim, legislation is currently before Parliament to establish Local Involvement Networks (LINKs). LINKs will be made up of individuals and groups from across the community. LINKs will be funded and supported to hold health and social care services to account.

The consultation document can be found on:

http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_078794

These LINKs would seem to replace the Patients Forum. This re seem to be significant rights of access to information, and responses within 20 Days, and access to buildings,, including GPs, but the details will follow the

Choose and Book—BMA view

'The official line taken by the Choose and Book team is that Choose and Book is by far the safest and quickest way to make patient referrals. In a choice environment where patients have the option of going to a wide range of providers, both NHS and independent sector, it is simply not practical to rely on the old paper referral method. DH and NHS CFH therefore encourage the use of Choose and Book, however, the service is **not** mandatory. The way in which Choose and Book is utilised by each hospital trust should be in accordance with their locally developed policies and procedures. A provider may only refuse to accept a referral on clinical grounds, or in accordance with the agreement of their commissioner. This view is also reflected in the recent guidance that the BMA has issued in using Choose and Book.

That guidance can be reached on:

<http://www.bma.org.uk/ap.nsf/Content/Chooseandbookguide?OpenDocument&Highlight=2,choose,book>

If you have any referrals sent back because they did not go through Choose and Book, please let Dawn know immediately.

Verbal consent for release of medical reports

Nationally the GPC has received reports that some banks and insurance firms are asking GPs to release an extract from their patients' medical records based on a verbal recording of their consent. In the note to the GP they say "as part of the telephone process we have explained your patients' rights and their options under the Act. Confirmation of their consent and whether they wish to see the report before it is released to us is also recorded in the attached document, a copy of which has been sent to the customer".

GPs should NOT release patient medical records based on this verbal consent agreement. The joint BMA ethics and ABI guidance on insurance and medical reports states that Doctors must not release information just because another person requests it, except where the disclosure is about a deceased person. The GMC requires doctors to obtain. Or have seen written consent to the disclosure from the patients or a person properly authorised to act on the patient's behalf.

Basically, just don't do it.

NHS Choices

In June 2007 avid readers will remember that they were advised that all practices in England were going to have their details included on the national web pages for patients entitled NHS Choices. You should by now have received a pack which includes details on how about how you can edit your own data.

You should take a few minutes out to look at your entry because many have been found to be incredibly inaccurate and reflect the practices' opening hours pre new contract.

Patients are being encouraged by the government to use this website to help them choose their GP, so it really is in your interests to ensure that your entry is up to date as soon as possible.

Insulin start course

Practices will be aware that they are now able to be supported financially in starting patients on Insulin. Courses are available for Insulin Initiators and for those requiring an update. Dates are available for next year. The details are to be found in the September 2007 to August 2008 skills programme, and places can be booked with Sally Palmer, who can be reached on 01208 251467 or sally.palmer@ciospct.cornwall.nhs.uk

GLEN BECKWITH (MCIPD)

I have extensive HR experience having worked in the private sector and NHS latterly as Practice Manager for Callington and Gunnislake Group Practice. I am now setting up my own HR consultancy business.

Are you pulling your hair out with staffing issues and do not know what to do? Or do not have the time?

I can offer and deliver sound practical HR advice and solutions for you on a wide range of areas. Nothing is too complicated and I would be happy to advise on a daily/weekly basis.

For a confidential discussion on your needs please do not hesitate to contact me at Treweege@aol.com or 07780-993980

Salaried GP The Mullion & Constantine Group Practice

The Mullion & Constantine Group Practice is looking for a salaried GP for a GMS 6 Partner Practice to start 04 Feb 2008.

The Practice achieves excellent QOF scores offering a wide range of enhanced services.

Approximately 6 Sessions per week
6 weeks holiday plus 1 week study leave

Established Training Practice & Under graduate teaching

List size 7,700 over 4 sites
Isoft Synergy Clinical System
Paperlight

Salary negotiable within BMA recommendations

Closing date 2nd January 2008

Written application with CV to
Neil Stevens (Practice Manager)

Mullion Health Centre
Nansmellyon Road
Mullion Helston
TR12 7DQ

ALVERTON PRACTICE PENZANCE – CORNWALL

We are looking for an enthusiastic and committed Salaried GP to join our friendly, forward thinking practice.

- 4 sessions to include Duty Doctor cover
- Friendly, busy PMS practice, 6500 patients over two sites
- Fully computerised & paperless
- Three consecutive years of maximum QOF points
- Training Practice
- Nurse Led Chronic Disease Management Clinics
- No OOH
- 6 weeks Annual Leave plus Study Leave
- Salary negotiable and dependant on experience
- Interest in Clinical Research advantageous but not essential

Supported by a dedicated team of 3 GP Partners, 1 Nurse Practitioner Partner, 2 Salaried GP's 4 Practice Nurses, 2 HCA's and excellent administrative staff.

Closing date for applications: Monday 7th January 2008

Urgent Supply of Repeat Medicines By Community Pharmacists

You will shortly be receiving details of the extension of a pilot scheme which operated in Newquay during the summer. This scheme allows community pharmacists, from the start of the Christmas holiday period until the end of March, to issue a supply of repeat medicines for patients who normally obtain repeat prescriptions for the medicine.

The service is only available when GP surgeries are closed, and the community pharmacy is open. Hence KUCS may be a major user of the service, and hopefully it will divert some patients from using a KUCS appointment when they really only require a repeat prescription.

Patients will be supplied with 5 days supply, temporary residents for the period of time of their stay. A triplicate form will be completed, and GPs will receive the top form giving details of the consultation and the medication supplied. It will not be advertised to patients, but referred into. For further information please contact Cathy Noakes on 01726 627923.

Pandemic Flu

A national pandemic framework was recently published, and the GPC will soon be producing a paper for LMCs. In the meantime we are encouraged to outline to GPs in our area that this will happen, that practices need to plan now for that eventuality, that when it does we should do everything primary care to deal with it

Salaried doctors and the LMC

The LMC still continues to gain its income from practices based on the number of partners in a practice. We want to make our services available to locum and salaried GPs as well, so if you are mainly locum, or salaried please contact Dawn and ask about paying your levy as we cannot continue to provide services free of charge.

Improvement Grants

The PCT recently invited practices to bid for improvement grant money to help meet the costs of essential Disabled Discrimination Act (DDA) works in line with the Premises Costs Directions 2004.

Only a small number of bids were received and the LMC and the PCT were rather disappointed with the response. The PCT is therefore looking to once again invite bids from practices and the LMC would wish to encourage practices to apply as it is important for all practices to ensure they comply with DDA standards.

A letter will be sent out shortly to all practices giving details of how to apply along with the criteria for application.

If you have any questions in the meantime please contact Sarah Flynn at the PCT

E-mail: Sarah.Flynn@ciospct.cornwall.nhs.uk
Tel: 01752 315037
Fax: 01752 841696

Complaints

During February and March of 2007, the Cornwall and Isles of Scilly Primary care Trust patient's Forum took part in the national Commission for Patient and Public Involvement in Health Care Watch Campaign. The campaign involved members visiting a number of NHS sites including a GP surgery. Positive aspects were that people said they were given enough space to discuss their illness, their appointment was handled in a positive way. They were treated with dignity. However 44% did not know how to make a formal complaint. The Forum has asked the PCT to be more proactive in its advertisement of complaints procedures and practices, including reminding all GPs that they should display a notice about how to complain, and that there should be an in-house process as the first stage of the complaint, with a named person in the practice. Further information can be obtained from Drew Wallbank on drew.wallbank@ciospct.cornwall.nhs.uk

Personal Demographic Service

A new guide to the Personal Demographic Service has been released aimed at general practice.

You can find it on the connecting for health website, and will also be receiving a communication from Dr Simon Barton about this.

The guide includes a variety of sections of interest to general practice including , what the database will contain and security of the system.

GP Patient Survey

The Department of Health has now released details of the survey for next year. Surgeries will receive packs in the week beginning 14 January 2008. Last year some practices did not do anything with them, and carefully stored them. If you want the enhanced services payment it will be vital you take part in the survey by handing out the questionnaire.

In previous years they have used Apollo as a means of identifying patients. All will be found from within the PCT "Exeter" system" this time.

If you have signed up to the DES you need do nothing at this stage for the Improved Access Scheme. The Choice / Choose and Book scheme will require practices to hand out questionnaires with a minimum of 150 patients and more for larger practices. Details of the whole scheme can be reached from the following website:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081112

This is the national survey that last year showed 84% of patients content with existing opening hours and yet months later we find ourselves discussing extended opening. You might want to make certain that your patients do understand what you provide at present for example by issuing a patient newsletter.

GPSoc

The national programme for IT, Connecting for Health has recently released a programme ensuring that practices can choose their IT system, from a list of accredited systems, without the PCT the telling the practice which system they must have.

The guidelines can be found at the Connecting for Health website, which unsurprisingly is:

www.connectingforhealth.nhs.uk

under the system and services section.

HPV Vaccine

The LMC has received sight of an early draft of information relating to the HPV vaccine. We hope that the following extracts will be useful to practices.

The Joint Committee on Vaccination and Immunisation and Department of Health have now recommended a national programme which PCTs will start to implement in the autumn of 2008. HPV will be introduced for girls aged 12 to 13 (school year 8) and every year thereafter.

A catchup programme will also be implemented. This will run for two years, from the autumn 2009, girls who will then be aged 16 to 18 will be immunised, and from autumn 2010 girls who will then be aged 15 to 17 will be immunised. Detailed guidance on age cohorts is to be issued.

Practitioners who face girls outside of the of the nationally agreed cohorts may exceptionally prescribe the vaccine within the product license if the clinical circumstances of the patient warrant such an action (e.g. the sexual history of the girl).

The cost of the drug will come from the prescribing budgets, and the GP would not be able to claim for prescribing or administering outside of the routine programme. Detailed guidance will be issued soon.

Who believes in Super Heroes? Well not me to be absolutely bally honest, at least not until now that is. A chap's natural inclination towards harrumphing disbelief was dealt a severe jolt in the goolies recently after flicking apprehensively through the dauntingly depressing pages of Pulse newspaper.

"How I Faced Challenge of Picking OOH Service Off Floor!" leapt out of the page and grabbed me by the throat. And who should be leering out at me inscrutably from his sensitively posed photie beneath the grandiose headline? Why none other than LMC Vice-Chairpersonage and matinee idol Dickie Claptrap. Given how firmly adherent to the jolly old floor the OOH service in the Grand Duchy appeared to be at one stage we can only be grateful that someone with the special qualities of DC was around to come to our rescue in our moment of need. The bloke is a diamond geezer if ever there was one and no mistake guvnor. With all the general weeping and wailing and gnashing of teeth about the quality of our OOH service, not to mention Cornish MPs discussing the issue in the Houses of Parliament lavatory, it all looked pretty damn gloomy. As the Pulse article says, KUCS has been dogged by controversy, missing quality targets and attracting patient complaints.

"I would get stopped in the village post office and asked about it" admitted Dr Claptrap in the Pulse article, adding that the service was *"sub-standard"*. Most of us would have shrugged our shoulders, blamed the Government and the PCT, and stumbled in embarrassment out of the Post Office trying to hide our copy of Hello Magazine inside the Financial Times.

But Daring Dick is made of sterner stuff. Our modest self effacing unsung hero has popped in to the nearest telephone box (conveniently sited by the aforementioned village post office), spun around a bit like the proverbial whirling dervish, and with a flash of cordite has transformed himself, complete with cape and fishnet tights.

Is it a bird? Is it a plane? Is it a flying pig?

No-it's SERCO MAN!

All together now-Da da da da da da da da
Da da da da da da da da
Sercoman!

Batman famously had to contend with The Penguin, The Riddler and The Joker in Gotham City. Daring Dickie's fiendish foes include Recorded-message Man, We-have-no-doctor-available-so-dial-999 Man, and the evil Phone-your-own-GP-first-thing-on-Monday-morning Man. We can all sleep soundly in our beds knowing that Sercoman is on vigilante patrol throughout the Grand Duchy during the wee small hours.

But it must be jolly lonely being a superhero and single-handedly bringing to heel all these dastardly villains. Even Batman had boy wonder Robin and the Batmobile to aid his ventures. So who can we find to accompany Dickie in his out of hours superheroistic exploits, and where dear readers will he find a suitably dashing Superhero mode of transportation?

Just as those in the LMC office were pondering upon such weighty matters LMC Secretary General Ms Sunrise Molestrangler happened to glance up from her duties of doing the Sun crossword puzzle (3 across-3 letters-"sat on the mat"-first letter "C"..) when she spotted a boyish looking man in short trousers and a cap climbing out of a Maserati in the Sedgemoor car park. Dr Ian Getfat. The ideal superhero's loyal companion driving the ideal superhero's modus transporti. The dashing duo is complete.

Meanwhile Sercoman has been quoted as saying that the Cornwall Out of Hours Service is now one of the best performing in the country. Hurrah! So yes, I do now believe in Superheroes, as well as in the existence of the Tooth Fairy and Father Christmas, talking of which may I wish all my readers (both of them) a very happy Christmas and a stress-free New Year.....