

LMC NEWS

Cornwall & Isles of Scilly Local Medical Committee

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LMC Conference

We have just confirmed our final two speakers for the conference.

Mr David Clark a motivational speaker and author, will be bringing a lighter note to the second day of the conference and Dr Ben Charnaud, a consultant psychiatrist who will also be speaking on the second day on dealing with stress. Both are highly entertaining speakers and not to be missed.

We have a very limited number of places still available on the first day, but very, very few. There is still room on the second day, although we have only a few rooms left from our allocation for those wishing to stay overnight; so if you wish to attend Please telephone the office to check availability. 01726 627978

GP Patient Survey

Last month you were reminded of the need to hand out the GP patient survey in accordance with the instructions.

Closer reading of the national specification now reveals that practices must hand out, **AND** MORI must have received a minimum of 150 questionnaire for an average practice (just under 6,000 patients). Insufficient questionnaires received by MORI **WILL** affect your paymenys under this scheme.

They should start being issued in the week commencing January 14, and before 28 March. Questionnaires need to be returned no later than 4 April to be counted.

If you wish to take part in this survey, and have signed up to the enhanced service, it is important that you establish a system to make certain enough questionnaires are given out to patients and returned to MORI or you practice will loose income it may have planned on.

Non Partners Levy

It was decided at a recent Committee Meeting to withdraw LMC services from Non Partner GPs who have not paid the levy. These services include the Newsletter, Doctor's Friend as well as the general advice given by the LMC.

The Committee regrets this decision, but as more and more GPs are becoming salaried, or working as locums, our income is being diluted, while the workload increases.

If you require a form please contact Dawn at the LMC office.

Extended Hours

The existing contract provides for practices to be responsible for their patients between 08.00am until 18.30pm Monday to Friday, except for weekends and bank holidays. All other hours have been opted out by Cornish practices and the PCT contracts for these hours with SERCO for an emergency out of hours service. That you all know. However a debate that has been raging nationally and locally have been about extended hours.

First of all, the LMC understands the government means by this, the extra hours outside of the core 08.00am to 18.30pm hours. The government is committed to seeing practices extend their opening hours this year.

Nationally the GPC has been trying to negotiate against difficult circumstances,. Initially they could not get to see ministers during the period government ministers were briefing the press about how general practice needs to be more accessible to patients. The Darzi report and the government have now made it clear that they wish to see practices opening extended hours by the end of the year.

However the LMC understands that we need to see this policy against a very different pattern of primary care , especially in many cities, which is strangely where most labour MPs are. Many of these cities have large commuter belts and very mobile populations. For these populations we can understand that primary care needs to be more flexible. The LMC is concerned that many of the advantages of traditional general practice, including continuity of care, a long term relationship between a patient, family and the doctor, will be lost in an attempt to address what is mostly an urban issue..

The LMC were hoping that a national agreement would be finally forthcoming, however nationally relationships are looking rocky, and the government has issued a "do it or else" now. Before this, we were negotiating with the PCT on the grounds that it looked like a political "must do" and that to ignore it would be doing our constituents a dis-service. The PCT has adopted a reasonable approach but ultimately is being given an imperative to make it happen, with or without local practice's co-operation.

Locally they are seeing this service as a clear distinction between a normal, GMS service, and an extended service which would provide clinics for those with pre-booked appointments, nothing else, no emergencies, no chronic disease management clinics, just pre-booked GMS appointments. The LMC has concerns about how practical this is, but nevertheless this seems to be the direction we are going in.

Nationally the GPC is preparing posters, leaflets for practices and letters we can all send to MPs, other candidates, the local councils and the press. They are also looking at the offer from the government and preparing advice on it. The suggestion at present is that GPs should stick together and not agree local schemes, especially without discussing them with the LMC, and the LMC with the GPC. The concerns nationally are that the dispute is about a few extra hours, and the government seems to be convinced that it can break a contract whenever it sees fit even though it persuaded GPs to sign it. That when it wants the government will use evidence to support its case, and when it does not, it will ignore evidence. Concern that again a top down, imposed, single solution across the country when local health communities should be capable of deciding this locally. For months now the government have been seeming to lead a campaign against general practice and there has been the constant threat of other providers, interested in shareholder dividends not long term patient care, if practices do not respond. And ignoring all the studies that have shown how effective and efficient general practice is. It seems sad that perhaps the government wants general practice to be as efficient as the rest of the health service.

That is however the world we live in. We will keep you posted on our local negotiations, you are advised to consider what you would do, the government seems to be looking for an extra hour per 2,000 patients, whether and how you might work with other practices, and perhaps most crucially, before agreeing anything outside of the core hours talk to the LMC, and we will if we need to, obtain advice nationally.

BMA press release regarding the extended hours

Sometimes it is easier just to copy an entire press release than to paraphrase it. This is the release dated 21 December 2007 which we thought you would find interesting.....

“Immediate release : 21 December 2007

BMA response to the government’s imposition of a draconian contract on GPs

Responding to the news that the government is imposing draconian contract terms on GPs to force them to extend opening hours in a way that will hit patient care, Dr Laurence Buckman, Chairman of the BMA’s GP Committee said:

“The government seems hell bent on tearing up a quality based contract designed to improve the health of patients and save lives less than four years after Gordon Brown approved it as Chancellor.

“These cuts will destabilise general practice and make it difficult for practices to maintain quality. An average practice with 6,000 patients could stand to lose £36,000 in resources¹. The government is showing a careless disregard for patients with diabetes, chronic lung disease, heart disease and those at risk of strokes - quality markers to improve the care of all these patient groups are being removed by the government to finance longer hours for commuters. GPs will do their best to continue to provide good quality care but Gordon Brown’s political objective will inevitably affect the chronically ill.”

“GPs were prepared to extend their hours and the BMA came up with a workable proposal. Imposing this alternative contract change on GPs sends a very negative message to all NHS staff about how little the Prime Minister values them. GPs have hit 95% of the government’s targets through the Quality and Outcomes Framework and their patient satisfaction record is high according to the government’s own survey².

“The BMA will poll GPs to seek their views and will continue with talks during the next thirteen weeks to try to achieve a better outcome not just for our members but for the future of the NHS and for patients. The government plans as announced today will destabilise and harm general practice services for patients.”

Ends

Notes to editors

¹ By removing points from the Quality and Outcomes Framework and introducing other changes the government has doubled the financial impact on practices compared to the deal on the table yesterday.

² The Government’s GP Patient Survey was published in July 2007. It surveyed over two million people and showed 84% of patients are happy with current opening hours. Only four in every hundred patients wanted extended opening hours in the evening and seven out of every hundred patients wanted Saturday surgeries. The survey cost £11 million.”

Certificates, copies and when to charge

Sometimes in the LMC office we get queries about copies of certificates, when a practice can charge patient and hence we hope the following might be a useful reminder.

The GMS contract provides that practices provides certificates, the circumstances and types are listed in part 16 of the contract, paragraph 471 to 472.

See also IB204

You should have all received, perhaps some time ago, a copy of the guide IB204, web page is:

http://www.dwp.gov.uk/medical/guides_detailed.asp#IB204

This confirms that a medical statement is:

- Completed in ink
- Completed and signed by a doctor
- Is issued once

A copy maybe issued if the original is lost and should be clearly marked duplicate, and should be provided by the practitioner who provided the original certificate.

So if a patient has 2 employers you should provide one certificate, the patient will present it to their main employer, who can note the details and then the employee can hand it to their second employer, you should not provide 2 copies.

PBC Guidance

<http://www.dh.gov.uk/en/Policyandguidance/Organisationpolicy/Commissioning/Practice-basedcommissioning/index.htm>

Is the Department of Health website giving all the guidance on PBC. The latest, dated 20 December gives some guidance on budget setting, incentives schemes and governance

Access to Health Services for Military Veterans

The Department of Health has issued guidance updating the rules for military veterans. This can be found on:

http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_081171

A veteran is defined as somebody who has served at least one day in the UK armed forces. GPs are asked, when referring a patient that they know to be a veteran to secondary care for a condition, that in their clinical opinion may be related to the veterans military service, to make this clear in the referral (as long as the patient wishes the referral to mention that they are a veteran). This should apply to all referrals from 1 January 2008.

With the reduction in waiting times, the Department of Health is expecting that the priority treatment provisions are less significant than they were. There are however occasions where a veteran could benefit from priority access. The DoH are suggesting however that veterans are mostly likely to present with service-related conditions requiring:

- Audiology services
- Mental health service
- Orthopaedic service

The issue of war pensions is more complicated, and although somebody may qualify for a referral to health services as a military veteran, that does not necessarily fulfil the criteria for the award of a war pension, and the patients needs to apply separately for that pension.

The contents of this article were taken from a letter from the NHS Chief Executive, gateway reference 9222, the link to which is given above

**Penalverne Surgery, Penzance
Partnership Opportunity.**

A full-time partnership opportunity.

3 partner, 1 FCS doctor, list size 5250.
PMS practice with a dispensing branch
surgery in Pendeen.

We are a friendly, forward-looking practice
with an excellent and supportive team, are
paperless and have high QOF
achievement. We are seeking an
enthusiastic partner to start from April 2008
(but we are willing to wait for the right
person), and welcome all applications with
CV, and any enquiries to:

Mrs L Searle, Penalverne Surgery,
Penalverne Drive, Penzance TR18 2RE.

Tel: 01736 36361

or email:

lesley.searle@penalverne.cornwall.nhs.uk

**Endoscopy Services at
Bodmin Treatment Centre**

The extended service now accommodates
2 week wait referred patients in addition to
routine.

The PCT has confirmed that the majority of
the Treliske Consultant Endoscopists are
now undertaking endoscopies at the
Bodmin TC, and as a result of this, both
routine and 2 week wait patients can now
be treated there.

You should have received a new referral
pathway, and further information. Advice
can be obtained from the Treatment Centre
on 01208 262520 or Nikki Hislop on 01209
886587.

GP and Practice Team Bulletin

Many of you will already be aware of this
site, and apologies for repeating it, but to
those who have not yet experienced its joy,
it produces a monthly newsletter from the
Department of Health for GPs and their
practice teams. It's always worth a quick
look to see what the department is
concentrating on now.

**GP Advert
St Keverne Health Centre**

An excellent opportunity for a local doctor
to join a friendly rural practice on the
Lizard Peninsula.

Two doctor dispensing practice (2800
patients)

Vacancy May 2008

Due to early retirement, we are looking for
someone with energy and enthusiasm able
to combine traditional values with vision
and commitment for the future.

Salaried full time GP, short term contract,
leading to equal partnership, subject to
mutual assessment.

For more information or to arrange an
informal visit, please contact Frances
Hough, Practice Manager, 01326 280205
or email : fran.hough@st-keverne.cornwall.nhs.uk

Closing date for applications is 7 February
2008

NHS Operating Framework

The NHS has released its operating
framework for 2008/2009. It sets out a brief
overview of the priorities of the NHS, and
includes some detail about how some
things are measured.

Those more involved in commissioning
might like to know about its existence,
section 2.32 to 2.36 deals specifically with
primary care.
It can be found on:

[http://www.dh.gov.uk/
Publicationsandstatistics/Publications/
PublicationsPolicyAndGuidance/
DH_081094](http://www.dh.gov.uk/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081094)

If you wish you can even see a video of
David Nicholson, Chief Executive of the
NHS discussing the framework from a link
on this site.

Interpretation and Translation New Services

The PCT is delighted to have recently agreed a contract with a local company, Jobline, and is now able to provide, and fund, interpretation and translation services for all GP practices. We want to make sure that all practices are fully aware of what is available, and how to access the services, and so have recently written to all Practice Managers with the full details.

Briefly, you now have access to three types of interpretation for your non English speaking patients – face to face interpreters, telephonic interpreters and written translations.

The PCT also has a newly ratified Interpretation and Translation Policy,

which is accessible via the internet at

<http://www.cornwall.nhs.uk/CIOSPCT/KeyDocuments/Policies.aspx> .

You may find it useful to read through the guidance, which also includes information about interpreting for deaf and hard of hearing patients. This is an enhancement of current services, and as with all new developments, will be subject to review; any feedback on the service would be welcomed.

Please contact PALS on 0845 170 8000 for further information.

Dr Basil Bile doesn't write....., but Dennis Drivel does

It is with a sense of both relief and regret that Dr Bile is unable to make his usual contribution to the Newsletter this month, so he has ask me, the venerable Dennis Drivel, to step into his shoes for a month. My immediate answer was, of course, to decline his generous offer as one can never be too careful about verroucae while this bird flu epidemic is sufficiently rife to render the swans mute.

As an alternative therefore, he invited me to make a small contribution to his infamous page and this I readily accepted as the lesser of the two evils by quite some considerable margin.

It turns out that the dear doctor is tied up with matters politic at a large intuition in Westminster. Now, when he said 'tied up', I am totally convinced this is a euphemism for being 'tied up'. A small clue was given when he was spotted leaving our beautiful county, capital-city-bound, wearing little more than a pair of lederhosen and a frilly blouse, cleats

akimbo. I do not, however, consider the stick of wet celery to be a particularly original idea, but was polite enough not to comment — well, not while he was still in ear-shot, anyway. Please do not attempt to bring an image of this figure to mind. It is guaranteed to stay with you for longer than is healthy, particularly as he mentioned something about being "chained to the railings" and "Downing Street"!

Far be it for me to criticise a man for his hobbies, but I do feel that when they encroach on his responsibility to serve his bed-side-fellows it really is a little extreme, perhaps even bordering on the obsessive. One can only hope that when the chief whip has finished with him he is still able to sit down for his next surgery without fidgeting sufficiently to un-nerve his patients. After all, 2008 is going to be the year when we need our patients on our side. Or has Bondage Bile just discovered the perfect approach to achieve this already?