

LMC NEWS

Cornwall & Isles of Scilly Local Medical Committee

IN THIS MONTH'S NEWSLETTER :-

No. 206 March 2008

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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 Elections

Readers will remember that Dr Paul Abbott stepped into the breach last year, when for personal reasons Dr Harvey had to resign as Chair of the LMC. It was always understood that this would be for a year and the LMC recently held elections and is delighted to announce that Dr Matthew Stead has been appointed as Chairman for the next two years. Dr Phil Dommert volunteered for the post of Deputy Chair, and both were elected. The Cabinet for the next 12 months comprises, (in alphabetical order): Paul Abbott, Richard Clapp, Phil Dommert, Sarah Gray, Shelagh McCormick, Francesco Scaglioni, Matthew Stead.

Pensions News

As you probably already are aware the judicial review into the action taken by the Secretary of State for Health to cap the dynamising factor for the GP pensions for the years 2004—2006, has now awarded the case to the BMA including costs. Whilst the DoH has leave to appeal, it seems as though in this element the contract is being upheld.

Choose and Book

The PCT has received a must achieve target of 90% of referrals going through the choose and book system. To help achieve this you will have received notification from Ann James that all RCHT referrals that do not go through the Choose and Book system will be taken by a referral management centre and patients will be contacted, appointments made and options for locations given. Where a named consultant has been used, that will continue to be used. The PCT has also written to you confirming that a LES will be offered for the forthcoming year. The specification will be written and circulated over the next two weeks.

Pre and Post Op

Practices are reminded that under this LES, MRSA treatment and screening is not included, this is covered under a separate LES with the PCT.

The PCT has audited the number of procedures and following that process will be shortly announcing details of the scheme for next year. We understand their commitment to deliver a scheme, but at present no details have been agreed,

Developing Patient Partnerships

We received this e-mail which we thought you should all see:

Dear all,

I am very sorry to have to tell you that Developing Patient Partnerships is to shut down this summer.

Over the past decade DPP has been at the forefront as a charity promoting self care, patient information and how to use the NHS responsibly and appropriately. Funding mostly came from a grant from the DH and they have resolutely refused to continue this despite much (vigorous) lobbying. As a charity we cannot continue without adequate income. All of the trustees have taken this decision with a heavy heart and we are all so angry when such a valuable resource is lost to the NHS due to political short sightedness. Perhaps it was only to be expected under this current regime.

In the past GPC and the BMA has been very supportive of DPP and this was greatly appreciated.

Mention must be made of the valuable input in the past from Simon Fradd, Ian Banks and John Chisholm.

The DPP staff have been given their notice and we are all extremely grateful to them for what they have done and the difference they have made to health care for many people in the UK.

David Wrigley

GPC Lancs/Cumbria

(Joint chair and trustee - DPP) www.dpp.org.uk

NHS Pension Changes

All contributing members of the NHS Pension Scheme should have received details of the changes that are being implemented on 1 April 2008.

For GPs the basics of your pension is being calculated as 1.4% of total career earnings, after dynamising remain, and for those on salaries the pension will be calculated on final pensionable pay.

However to purchase added years you will have registered your interest by 31 March. For those interested in additional annual pension after 1 April 2008 a new scheme will be operational whereby you can purchase extra pension, a maximum of £5,000 pa on retirement, and will pay a fixed amount each month, and commit to the purchase over a period of years, up to a maximum of 20 years or to normal retirement age if earlier.

An additional pension calculator will be available on the NHS Pensions Agency website to help with the calculation of this.

Ill Health retirement benefits are also being changed.

For those approaching retirement, there is a new flexibility whereby you can take up to 25% of the value of your pension as a tax free lump sum, in addition to the normal lump sum. Again the agency web site has a calculator on it.

Arrangements for the payment of pensions to spouses has also been announced. At present they can only be paid to a legally married husband or wife or to a registered civil partner. After 1 April 2008, spouses' pensions can be paid to nominated qualifying partners in exclusive long term committed relationship of at least two years. They must be also financially dependent or interdependent upon each other.

Contributions to the scheme will be tiered from 1 April 2008 as well:

Earnings up to £19,682 will be at 5%, from £19,683 to £65,002 the employee contributions will be at 6.5%, from £65,003 to £102,499 at 7.5% and onwards from £102,500 at 8.5%.

Whilst there are some other changes, the above represents the main ones. Further details can be found on the NHS Pensions Agency website on www.nhspa.gov.uk.

You should also seek advice, and if you are a BMA member there is a pensions department who help you, they can be contacted on 0207 383 6166

Extended Hours

The intention of the newsletter is just that, so we will not go over all the history of the recent debacle that has been the national negotiations, the vote and the lack of firm details even at this stage, but will summarise where we think we are.

The PCT have produced a LES which has demonstrated a number of areas of flexibility. The LMC was consulted on this enhanced service and was pleased to note the flexibilities and timescale. With regard to the national DES we have only seen a short letter with annex, which includes a "proposed" DES, and this has caused us to wonder whether more amendments are on their way. We are trying to get clarification and will advise you as soon as possible.

Practices will need to decide whether or not to opt for the extended hours. We have known for some time that it was coming, and regardless of surveys, the way it was handled nationally, we have to deal with the outcome. The LMC is not in a position to advise you whether to opt for this service however you should consider a number of factors:

- The practice will lose income, and the enhanced service is a way of making up some of that loss in your practice;
- If enough practices do not provide an extended hours service, then the PCT will contract with other suppliers to provide the service;
- It address the governments political agenda on GP pay, reduced hours and access, regardless of the facts as we know them.
- You may wish to consult with your own patients group and find out their preferences, your own recent practice based survey will also come in useful
- You may wish to consult with other local practices to explore sharing facilities, thus addressing concerns of loan worker

Whatever you decide to do, could you please let the LMC know so that we can build up a picture of what is happening in the county.

084 telephone numbers

The Director General, Commissioning & System Management, for the Department of Health, Mr Mark Britnell, has issued another letter (gateway reference 9483) to PCT Chief Executives concerning the use of 084 numbers when accessing local NHS Services. The intention is to ensure that patients telephoning practices do not pay more than a local geographical number. Because of concerns raised about the use of the 084 numbers the Department of Health is currently gathering evidence and views on the subject, and will soon be considering whether further action is necessary.

The letter also states that all primary care service providers should be alerted, those who are considering contracting or re-contracting for a new telephone system, especially those looking at 084 systems.

Salaried Doctors changes in contract

We understand that in another area of the country a practice has started to negotiate the extended hours cover it needs, by telling the doctors and staff of the changes regardless of their existing contracts. This could be a fast route to an employment tribunal. Practices can seek advice from a number of resources including AskBMA or ACAS so that they can receive expert legal advice on changing terms and conditions.

AskBMA and BMA Regional Services are able to advise both employer and employee members, if they receive a call from both parties then they will set up 'Chinese walls' to ensure that independent advice is given.

LMC Conference 2008

Now the dust had settled after what we believe was our best conference to date, it's time to provide a little feedback and look at how we can improve the conference in future years.

In the main, the evaluation from the conference was positive, but there were also some criticisms.

On the first day Dr Laurence Buckman was the star of the show (as we suspected he would be), followed very closely by our own Dr Andy Stewart and then Andrew Lansley. The speakers on the second day were very different, but well received with Lynn Young's presentation being the most popular, closely followed by Dr Ben Charnaud and David Clark who livened up the 'graveyard spot' immediately after lunch.

The venue received a mixed response in all areas, especially the catering arrangements on the first day and the location. Unfortunately in Cornwall, we are very limited on our choices, there are only a few hotels that can cater for the number of rooms we require and provide large enough conference facilities. If anyone can suggest a venue that has 35+ rooms, a conference room for 100+ delegates, convenient parking, and decent food all at a reasonable price please let us know, we would be delighted to hear of it.

We came in for some heavy criticism from a few practice managers about the content of the conference, and the fact they felt their conference had been hijacked by the doctors. This is a tricky situation for us, as most practice managers who attended the first day were delighted to hear the national, political agenda. As we were lucky enough, this year to be able to secure the services of these high profile speakers we felt it was a chance that could not, and should not be missed.

Putting together a list of speakers and subjects is not easy for the LMC office, we work for GPs and therefore our attention is on issues that are important to them, we aren't practice managers and don't know what subjects are hot on their agenda. Every year in about September/October we send out to all practice managers asking them what they want to see at the upcoming conference— last year we had two responses, one of which simply said 'workshops'. It's very difficult to put together a programme on this basis, and would urge all practice managers to let us know what they want at future conferences, we can't give them the speakers and topics they want to hear about if we don't know what those topics are.

On a positive note, many of the speakers donated their speaker fee to charity this year, and we were pleased to be able to present a cheque for £1,000 to BBC Radio Cornwall's Precious Lives appeal for Children's Hospice South West, as well as £200 to The Penhalligan Trust, which helps bereaved children in the county.

Charity Football Match 2 Volunteer medics needed

Radio Cornwall are organising a charity football match at Truro City Football Ground on Sunday 13th July, in aid of the Precious Lives appeal. The match will be between various personalities from BBC Spotlight and BBC Radio Cornwall and a team of Celebrities. A medic is needed for each side, so if anyone has this afternoon free and would like to volunteer, please contact Dawn at the LMC office on 01726 627978

National Planning Guidance

The Department of Health has produced a document entitled "Operational Plans 2008/09 - 2010/11". This contains the national planning guidance and "vital signs". The planning guidance explains how PCTs can use the "vital signs" to develop local operational plans to deliver against national priorities and inform decisions on local targets.

The Operating Framework published in December introduced the "vital signs" concept.

Nationally David Flory, the Director General—NHS Finance, Performance and Operations wishes to see the NHS play a dynamic role in shaping local partnerships to address the health needs of local communities. The published aim is "to create an environment where clinicians and managers have greater freedom to exercise their judgement and skill at a local level".

Practices involved in PBC will probably at the very least need to know about this document. It can be found on:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082542

RCGP Tamar Faculty Annual Study Day

All GPs, GP registers, practice nurses and managers invited to attend. To be held on Tuesday 20 May 2008, at Lanhydrock Hotel and Golf Club, Bodmin.

The items on the agenda are:

- What is the evidence base for Statins, and how should we use them?
- Drugs in and for sport
- How can GPs make best use of Extended Opening Hours?

Costs are £60.00 per member GP, Non-member GPs £70.00, Practice Nurses, Practice Managers and Students no charge.

To attend please contact Mrs E Bell, Tamar Faculty Administrator, Peninsular Medical School Primary Care, Smeall Building St Luke's Campus Exeter. EX1 2LU, telephone 01392 262744, fax 01392 432223 or e-mail on liz.bell@pms.ac.uk

Patient and Public Involvement in the NHS

The BMA has looked at the latest proposals from the government for patient involvement, and has published a report. This can be found on

<http://www.bma.org.uk/ap.nsf/Content/ppimarch2008>

The patient forum that many of us have just began to remember as a set of initials is now replaced by a LINKs or Local Involvement Network at the level of local authorities. For Cornwall and Isles of Scilly this would presumably mean one for Cornwall and perhaps a separate one for the Isles of Scilly. This will happen in April 2008.

The remit of LINKs is very wide and will include:

- To gather information
- To analyse the information and pass it on
- To be a means by which commissioners, the Overview and Scrutiny Committee and regulators access the views of the local population
- To encourage the public to participate in commissioning, scrutinising and reviewing services
- To be involved in the development of a prospectus-style document.

Like most changes there will be pros and cons for this latest change. The reduction in patient fora will be a benefit, however the loss of focus and the size of the agenda may swamp them. There are also worries that they maybe too closely allied to local authorities to be independent of local politics. At present there are no details of their funding, or composition.

Our man in Nepal

Briefing from our man in Nepal
Dear All

First to all apologies if I have already mentioned one or two things to some of you – it's difficult to remember quite what I have already said and to whom! Val & I have been here now for several weeks working in primary care set-up.

The clinic is a remarkable place, and oasis of endeavour and an attempt to make things work in Nepal, a country where so many things don't work much of the time, but people just accept it "but what can we do" is apparently a much used phrase here.

Every day we have power cuts – about 50% of the time in daylight hours and the clinic has a generator which is used in dark hours and not for day time power cuts as fuel is short. Power usually goes off at 9pm in the evening. Today there is no fuel and the buses have been cancelled, but we are told that somehow a couple of buses may run later.

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On the roads the rule of the jungle applies – size is power! Cyclists don't seem particularly distressed at being driven to the extreme margins of the roadways, seemingly just inches away from being forced off the road and to certain death. Val's daily cycling experience has an additional hazard which involves having to steer around any oncoming male cyclists – here in Nepal the men take priority in all things. However....confession time – Val and I were given the wink by the clinic not to take the bus ride, chose the soft option and took the plane – a very pleasant 25 mins hop in an 18 seater – the only hazard that we encountered was coming in to land when by my estimation we missed the tree tops by at least 5cms – I guess I was just being a bit of a wimp.

Meghauli itself is a village of 2000 souls but the clinic serves the whole district, a population of 50,000. Basically it is in the middle of no-where but has grown as it happens to be adjacent to the Chitwan National Park with rhino, crocs, tigers and deer of various types, monkey species and many others. Folk here are Ok subsistence farming if they have a little land, and I guess if you had an acre or so, you would be regarded as very comfortable. The landless are in the main dirt poor and can sometimes get labouring work at 100 nepali rupees daily, which is about 70p.

We have just had a Health camp day – this was a truly amazing experience. Most of the clinic staff piled into a very decrepit bus with an additional load of tables and boxes. We arrived to find one large barn like structure which accommodated 3 doctors, 2 medical students, 2 nurses and the pharmacy. The pharmacy consisted of drugs from base clinic which had been lobbed at random into old cardboard boxes,- there may well have been a system but the subtleties escaped me.

Our man in Nepal contd.....

I was privileged as I got a small shed next to the barn, my own table, nurse translator and the only examination couch in the outfit. I am concerned that I am beginning to get a bit of reputation as an eccentric, in particular insisting that patients undress before I examine them, an even lie down for abdominal examination.

Medically a lot of ordinary general practice problems with some quite sick people thrown into the mix. My man with cervical cord damage had superb signs and I discovered a 15 year old hypertensive girl who I think has nephritic syndrome. I did a home visit (travelling on the back of a motorbike) to see a man with Ca bronchus with SVC obstruction and the inevitable collection of cases of jum jum

Every evening we sit by a 'camp fire" – half an old oil drum which is situated outside our front door and filled with wood and logs. We have shared the bungalow with some Spanish folk, some Gibraltarians (both of whom were donors and visiting briefly to see the set up). We are now with said two German girls who are 5th year and whom I seem to be teaching most of the time.

Our jungle trip is provisionally booked for next week but is yet to be confirmed as of the 8 local elephants 4 have sent in sick notes (med 3s) and one has developed anxiety related to a somewhat unpleasant experience when it was chased by a rhino a couple of months back. Rhino-phobia is, I have to tell you, a not insignificant problem for a safari elephant in Chitwan National Park. If anyone has any clinical experience of this problem or has any pets with similar problems, please let me know as it is causing some consternation and distress to the mahoot as the elephant bolted last week with our four Spanish guests , one vomited due to motion sickness, the others returned white faced with fear.

Today Val and I were invited to breakfast and lunch with a 57 year old local schoolteacher plus teacher wife and found ourselves talking to a man who had travelled all over Europe, been a hotel manager and an administrator of two hospitals after a 12 years career in the Indian army. He joined the army after a short spell as a deck sweeper on the QE2. An impressive man to say the least, quite remarkable to find such a well educated, well travelled man in the middle of nowhere – however he had a pleasant bungalow, two very well stocked kitchen gardens which provide all their veg, three goats, 5 chickens and a cat to catch the rats and has obviously come here to retire. Their well is still manual as they have no electricity – they pinch the electricity from the main overhead cables – using a bamboo pole and a couple of metal hooks attached to wires that run to the house. As the electric is off a lot of the time, there is plenty of opportunity to affix said hooks when needed.

We have a wonderful cook called Darai who cooks inner tube strength omelettes, provides hot buffalo milk for the cereal. He cooks a variety of curry lunches and suppers and has so refined his techniques that whatever he cooks, tastes exactly the same – thats what I call consistency – a sort of standardization/ quality control No wine alas, but we have very acceptable beer from the fridge in the dining area of the our chalet . It took me 2 or 3 days of drink the ' not very cold' beer before I investigated the electrical integrity of the refrigeration apparatus only to find that it had no electrical wires of plug emerging from its rear. I have now commandeered a small space in the small kitchen fridge and tonight, hopefully, we will have ice cold beer.

Time to go – will send you another bulletin on developments in Megghauli in due course.

John Ashley Simpson- Royston..... Megghauli, Southern Nepal.....

ISSUED AT GMT 18.00. 8th Feb – Local time – bugger it, clock's stopped again.....

Please return ballot papers to LMC Office by 4 weeks from today's date addressed to Dr Harold Shipmate, Returning Officer, Second Cupboard on the left on shelf below LMC Chairman's Porn magazines, LMC Office, Sedgemoor Centre, Priory Rd, St Austell PL25 5AS.

Q1. Do you feel it is important to refrain from personal attacks when expressing concerns about Government policy on the NHS?

- Yes
- Definitely yes
- Most certainly yes

Q2. Do you think, after careful consideration of all the facts, that the Health Secretary is

- A bit of a tosser
- A complete tosser
- A complete and utter tosser

Q3. Do you feel the BMA's efforts to represent us recently can best be described as

- A shambles
- A complete shambles
- A complete and utter shambles
- They should be thoroughly ashamed of themselves
- They are a bunch of surrender monkeys

Q4. As a result of recent events is it your intention to

- Emigrate
- Retire
- Visit a massage parlour
- Get a takeaway curry
- Get pissed
- All of the above

Q5. In response to your PCT's request to work extended hours do you intend to lengthen your working week by

- One minute
- One second
- One millisecond
- One nanosecond

Q6. How many politicians do you trust with the NHS?

- None
- Nil
- Zero
- The one I bribed

Q7. Which figure most accurately reflects your annual income since the introduction of the new GP Contract?

- A trillion pounds
- A billion pounds
- A million pounds
- All of the above added together

[*Figures supplied by the Daily Mail*]

Q8. As a result of the new GP contract how many hours are you now working on average?

- One hour per week
- One hour per month
- I only turn up for work if I feel in the mood
- February 29th all day (except in leap years)

[*Figures supplied by the Daily Express*]

Q9. Are you feeling

- Sorry for your self
- Hungover
- Let down and abandoned
- High as a kite after accidentally overdosing on Viagra/HRT (delete as appropriate-both probably apply in Dr Garrulous Emetic Jones' case)

Q10. If you could say one thing to the Health Secretary would it be

- I like your tie
- Do you want to come back to my place?
- Give my fondest regards to Gordon
- This is going to hurt you more than it hurts me (Frying pan provided by LMC)

Results of the ballot will appear in the next issue of LMC News