

# LMC NEWS

## Cornwall & Isles of Scilly Local Medical Committee

IN THIS MONTH'S NEWSLETTER :-

No. 208 May 2008

### Index

<b>Your new Chair writes</b>	<b>1</b>
<b>Support Your Surgery</b>	<b>2</b>
<b>QOF changes</b>	<b>2</b>
<b>Cancer Conference</b>	<b>3</b>
<b>Extended Hours</b>	<b>3</b>
<b>GO Locum required</b>	<b>3</b>
<b>GP Trainers</b>	<b>3</b>
<b>Nurseries and drugs</b>	<b>3</b>
<b>Improvement</b>	<b>4</b>
<b>Older People MH</b>	<b>4</b>
<b>Choose &amp; Book LES</b>	<b>5</b>
<b>Health &amp; Safety</b>	<b>5</b>
<b>Dr Bile writes</b>	<b>6</b>

*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*

### A word from the Chair

Having now received the ball from Paul Abbott, who I would like to formally thank for stepping into the breach last year. I thought I would outline the main issues that the LMC has been facing over my first month, some are detailed in greater detail on other pages. Many emphasise the need for us to be prepared to be flexible as we go into a rather uncertain future. We know health services need community physicians, and I believe that the current model is the basis on which we should continue to provide care. That is the model the LMC will be striving to protect and grow. Enough of that, this is the snapshot: Three or four items dominated the last 6 weeks or so:

- **QOF payments:** should now have been paid to the vast majority of practices. The short lead time between the year end and the due date will change next year, with larger upfront payments and a delay for full payment until June. I hope practices

whose payments were delayed have received explanations/apologies.

•**Extended hours:** the LES agreed between PCT/LMC seems the best of a bad deal. The vast majority of practices are signed up to it, and hopefully we will not have to switch to the more restrictive DES.

•**New Health Centre:** The Darzi development for Cornwall IOS is now awaiting expressions of interest. We have stated doubts that the latest "pledges" from the Lord Darzi have been met, and would like to see evidence of need, clinical involvement and cost-effectiveness: we await a response.

•**Pharmacy White Paper:** further destabilisation. There has, I understand, been a "listening event" for SW region held in Bristol. I have yet to find a GP who heard about it before it was fully booked-I didn't. An LMC deputation is meeting with the PCT and LPC to look at local issues and promote some sort of joint response where there are areas of agreement. GP dispensing is vital for scattered rural communities, as is the income that helps to ensure the viability of rural branch surgeries.

**Please ensure that your patients are aware of potential changes and express their views to PCT and MPs.**

•19<sup>th</sup> May will see the BMA public campaign to **support General Practice**. Please use all means available to raise awareness of the threats to the excellent service we provide.

•**C+B:** the enhanced service spec. should now be out, and will be backdated. A 'problem line' for this and difficulties arising from the '18week' imperative should be available soon at the PCT (Terry Goldsworthy).

•Negotiations on the 'Treatment room basket' inch onward.

## Support Your Surgery

The BMA has launched its national campaign to defend and promote NHS GP services in England.

All practices should have received a campaign pack containing posters, leaflets, and stickers which will help practices inform the public about local plans. Practices will also be asked to encourage patients to sign a petition that will be presented to Downing Street in June, on the anniversary of the NHS at 60.

A variety of other activities are being considered, and practices will be kept informed as plans evolve these might include practice open days, encouraging local contact with MPs, and prospective candidates as well as other local politicians e.g. county counsellors.

Lest you think all this activity is unnecessary the South and West SHA / Cornwall and Isles of Scilly Primary Care Trust (PCT) is establishing a new GP led health centre as part of a national programme to improve access to primary health care. The PCT expect this service to be situated in the area covered by the following wards; Camborne North, Camborne South, Illogan South, Illogan North, Redruth North and Redruth South. The key national core criteria for the GP led health centre are:

- Service to be open 7 days a week, from 8am-8pm, 365 days per year
- Available for registered and non-registered patients
- To provide appointment based and walk-in services for patients

The GP led health centre is available to all residents of Cornwall, even if they are registered with another practice. The service will also be available to visitors on a walk-in basis.

Whilst this may appear attractive to some patients, it is likely that practices will see a loss of patients, if the ones that move tend to be the younger, and more healthy. This could leave practices with high need patients, and the loss of the income of those healthier patients, and quite probably one local practice will end up closing. If you want to read more the link is:

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

## QOF Payments

Payments to practices for the achievement in 2008 /09 have mostly been made by the end of April, or the first week of May. If this causes your practice cash flow problems and you feel that any queries about evidence were raised late in the month, thus making the late payment inevitable, you should contact Dr J Tilbury directly and discuss this.

Because next year the achievement payment will not be made until June, the GPC has negotiated that the aspiration payments will be increased to 70%. Unfortunately for that to happen the Statement of Financial Entitlements needs to be amended. This has not happened yet, and this means that the software has not been changed to pay the 70%. When the SFE is amended, the 70% arrears will be calculated automatically and paid.

PCTs are being informed that they should not make any local arrangements or payments as there will be a national catch-up which could not take into account such local payments.

**6th National Cancer Conference  
8 / 9 September 2008, Plymouth**

Plymouth hosts the 6th National Cancer Conference this year. There is a varied programme which includes primary care. The conference is being aimed at all health care professionals who are involved in cancer diagnosis, treatment and support. If you are interested the conference organiser is Jackie Close, and she can be contacted on 0777582750 or e-mail on [jackieclose@talktalk.net], or write to: 14 Haytor Drive, Ivybridge, Devon. PL21 0TN

**Extended Hours, Salaried Doctors and staff contracts**

As with any change in an employees terms and conditions, practices need to exercise care when implementing extended hours. The BMA / GPC have produced advice and it is available on

[http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFFocusextendaccess0408/\\$FILE/Focus\\_extended\\_access08.pdf](http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFFocusextendaccess0408/$FILE/Focus_extended_access08.pdf)

This covers:

1. What action a salaried GP should take if their employer wants to change their hours of work
2. Points for the salaried GP to consider before making a decision
3. How an employer may change the salaried GP's hours/terms and conditions
4. Points for the salaried GP to consider in responding to the employer's proposal
5. Action to take if their hours are unilaterally changed
6. Action that the salaried GP should take if their hours are changed with their agreement
7. BMA support available to BMA members

**GP Locum for Maternity Leave required**

Saltash Health Centre require a GP Locum to cover maternity leave from 25th August 2008 until 20 February 2009, 4 sessions per week plus extended hours on a rota which roughly works out at one evening 6.30pm to 8.00pm session and one early, 7.00am to 8.00am every 4 weeks. If interested please contact Lynn Chenery, Practice Manager on 01752 842281

**GP Trainers**

There has been an award of 2.2% uplift for GP trainers this year, and the DDRB have also confirmed that the £750 payment for continuing professional development should also be paid for a trainer with a trainee.

Thus trainers with a trainee should have received a payments for CPD for 2005-06, 2006-07, 2007-08 and now this year 2008-09. GPs should also note that if they have not been allocated a trainee for one year, a fallow year, they should still received the CPD payment, if however the next year is again fallow, they a payment would not be paid. We understand that these funds come from the deanery, and that the deanery has sought advice from the SHA, which is awaited.

**Nurseries, children and non prescribed medications**

We have picked up a some problem running in other parts of the country and repeat it here in case its of use. A practice complained that a local nursery would not give a child paracetamol without a prescription, as the guidelines will not allow them to do otherwise. The BMA has been in contacted with the Department for Children, Schools and Families and received the following advice:

- They understand that the current guidance that only prescribed medicines should be accepted has caused concern for some childcare providers;
- The guidance will be amended so that providers can accept and give non-prescription medication when they have parents written consent.
- This advice should now be with providers.
- It is on the Teachernet website

## Improvement

There is a wealth of improvement and supports for practice and the NHS, unfortunately some of the names are confusing similar. The following is a brief summary:

The **Improvement Foundation** is an independent company leading service improvement work across the public sector in the UK and overseas. It was originally established in 2000 as the National Primary Care Development Team, and started with advanced access in primary care, its purpose to spread innovation and best practice within primary care. The Improvement Foundation was formed out of this in April 2006 and now runs the biggest healthcare improvement programme in the UK. Now established as a private company it sells its expertise.

It can be found on:

<http://www.improvementfoundation.org/>

The **NHS Institute for Innovation and Improvement** supports the NHS to transform healthcare for patients and the public by rapidly developing and spreading new ways of working, new technology and world class leadership. The Institute offers a wide variety of advisory publications, training courses and support services to professionals of all levels operating within the NHS as well as external public and private sector organisations.

It can be found on:

[www.institute.nhs.uk/](http://www.institute.nhs.uk/)

It gives instant access to a growing range tools, books, journals and guides - all of which are freely available to registered users in both electronic and paper formats. There are many suggestions on this site, often for surgery redesign.

**NHS Improvement** has been launched into this competitive world. NHS Improvement is a newly formed national improvement programme working with clinical networks and NHS organisations to transform, deliver and sustain improvements across the entire pathway of care in cancer, cardiac, diagnostics and stroke services. Formed in April 2008 after a national review, NHS Improvement has brought together over eight years practical service improvement experience from the Cancer Services Collaborative 'Improvement Partnership', Diagnostics Service Improvement Programme, NHS Heart Improvement Programme, the longest running Improvement programmes within the NHS. It can be found on:

[www.improvement.nhs.uk/](http://www.improvement.nhs.uk/)

## Older Peoples Mental Health Services

The PCT is developing a Commissioning Plan for Dementia Care From national statistics and expectations there would be approximately 8,000 people on QOF dementia lists in Cornwall, there are currently only 2,500.

The objectives are to improve access, coverage and completeness of services across Cornwall and Isles of Scilly, to increase the capacity to assess, treat and support individuals and their carers at or close to home and to secure better integration and coloration.

The immediate steps being taken are:

- The production not a commissioning plan;
- Discussion over the summer months with relevant groups
- Design of a training programme.

The work is being led by Mr Ian Plaister from the PCT and will no doubt be important in how you care for this vulnerable group of people in the future.

## Choose and Book LES

A LES is being agreed with the PCT, this provides for you to retain the same income as last year. A total of 96p/patient is available and the LES has a number of elements :

1 - Awarded for the offering of choice to patients through an initial conversation with the GP. This should include discussion about the choice network, and the practice must have the appropriate booklets, advice and posters available for patients. 25% of the total funding is available for this ( i.e. 24p/patient)

2 - A second 25% is payable following validation of the national survey results, after the end of the financial year 2008/09

3 - An award for the usage of the choose and book system, this is based on the number of referrals put through the choose and book system, prorated according to the percentages achieved. 25% is paid following the PCT receipt of the agreement to provide this service, and a further 25% following validation of achievement using local and national data sources.

4 - A bonus paid to practices who achieve and maintain 90% usage of choose and book for at least 9 months of the financial year.

Where your ability to use the system is being impaired by it, you are still being encouraged to report any system failures, and keep a record.

Full details will be sent out by the PCT soon.

## Health and Safety Invitation

We recently received this information, and although we would not normally carry commercial courses, these are provided by the Occupational Health Service for practices in Cornwall and Devon.

### Calling all GP Partners.....

- **Are you confident you are meeting your health & safety obligations?**
- **Do you feel burdened by the whole idea of health & safety in the Practice?**
- **We have organised two separate courses geared to meet your responsibilities and allay your fears.**
- Both courses are tailored to meet the needs of GP Practices

**Course 1 – The Employer's Guide to Health and Safety - A half day course for the person who holds lead responsibility within the practice – the GP or the Practice Manager who holds delegated responsibility.** Provides an overview of the legal requirements together with pragmatic advice on keeping your staff (and patients!) safe and ensuring you do not fall foul of the law. **This course must be attended before a delegate from the Practice attends course 2** unless the Practice Manager has already attended one of our previous health and safety training courses. This is a half day event commencing at 9.00am and concluding with a buffet lunch at 12.30. **Cost £50.00 per delegate** including lunch.

**Course 2 - Managing Health & Safety and Risk Assessment - a full day course that is centred on Risk Assessment** but also gives practical advice on how to manage those risks identified and how to record the significant findings that are not only useful for staff but also evidence for the Regulatory bodies. **Cost £85 per delegate** including lunch.

For further information, please contact Sharon Trevarthen on 01752 762112 or via [sharon@abbottburke.co.uk](mailto:sharon@abbottburke.co.uk).

**“GP Reforms could force 1 in 10 surgeries to close”**

**“The Death of the Rural Dispensing GP”**

**“Argyle fail to make play-offs”**

Gloom and despondency enveloped the Bile household as I reviewed the material spread before me over the weekend breakfast table, scattered as it was amongst spillings of free range scrambled egg, citrus chunky marmalade, cholesterol lowering spread and budgie droppings following the recent escape of our value for money pet Eddie The Eagle from his cage, since when he has been nesting on top of the welsh dresser and swooping at mealtimes. He has a particular fancy for muesli, usually mine, so I am developing a taste for oats, dried fruit and nuts liberally mixed with blue feathers during his spring moult.

So who is going to sort this unholy mess out for us plyers of the noble trade of family doctery? Presumably our locally elected representatives, namely viz and to boot the Cornwall and Isles of Scilly (except Tresco as it is too posh to push) Local Moaning Committee. The organisation has recently undergone Zimbabwe-esque elections. Having had more leaders in recent times than the Italians the average punter could be forgiven for being a mite confused as to exactly whom might be ruling the LMC roost these days. Old fossils such as Ashtray Rooster and Garrulous Emetic-Jones have mercifully long since been escorted off the premises and consigned to the dustbin of LMC history, although sales of the top shelf autobiography *“My Part in the The Fall of Virginia Bottomley”* by Dr Alan Bumbleton have now reached double figures, ie 2, both copies apparently purchased by a Dr A.B. of Fowey. The fact that Dr Bumbleton has recently and rather shockingly shaved off his beard, thus showing his wife a part of his anatomy she had never seen before (and I’m not referring to his wallet) is not because of

trying to alter his appearance so that the Bottomley clan won’t spot him and beat him up. The explanation is rather more sanguine. Given his greying foliage he panicked when he heard about the forthcoming badger cull.

The Absent Abbott disgracefully failed to declare the result of the LMC ballot for the new LMC Cabinet for days and days, despite pressure from not only world leaders but also the lady on the checkout at the Saltash branch of Waitrose. Eventually it emerged that shamefully every single ballot paper had been spoiled as the LMC committee members had found the voting rules too complex to grasp after imbibing several pints of single transferable Tribute Ale in the case of the ladies and a litre of Meths and tonic for the gents. I am not sure that holding LMC meetings in the snug of the The Cold Speculum Public House on the outskirts of St Austell is a terribly good idea.

After a recount and a few puffs of white smoke from behind the bike sheds it emerged that Dr Matthew Groucho Stead of beautiful Bodmin is our new leader, replacing the Absent Abbott who to be fair had made it clear from the outset that he only wanted to do the job until the cricket season started. Groucho will be aided and abetted by none other than former LMC Chairpersonage Dr Phil Dumbitt who now returns to the scene of his former crimes as Vice-chairpersonage, replacing in the seedy process the outgoing Ricardo Clappo, the latter stepping down to devote more time to his caped crusader superhero activities in his alter ego guise of Sercoman.

So its over to you Groucho. For a start you can sort out why Argyle didn’t make the play-offs...