

LMC NEWS

Cornwall & Isles of Scilly Local Medical Committee

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No. 209 June 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 Executive Manager and can be e-mailed on dawn@kernowlmc.org.uk

Lawrence Buckman at LMC Conference

If you are feeling that the entire government is set against general practice, and we might just all give up and do something different instead, the link below takes you to a youtubesite which has part of our leaders speech to the LMCs during the arly part of June.

Its well worth a listen.

<http://ca.youtube.com/watch?v=oqYVVNHT7x8&eurl>

Practice Manager Vacancy For LMC Committee

Yes, the LMC is reaching out and acknowledging the vital role that Practice Managers have in a modern practice. It also acknowledges that practice managers have a particularly different role to those of say practice nurses and feels that the knowledge that a manager could bring to the LMC would be very useful.

The LMC is therefore looking to co-opt a Practice Manager to the LMC Committee. The role will be

- to influence LMC meetings using your knowledge as a Practice Manager
- To feedback to all Practice Managers any policy decisions by the LMC
- To act as a conduit for issues raised with practices managers by the PCT

This role will be supported by the LMC reimbursing your practice for attendance at meetings. Six LMC meetings are held every year - usually on the second or third Tuesday of alternative months: January, March, May, July, September and November . The venue is St Austell and the meetings commence at 2.30pm, normally ending around 5pm.

We are looking for a practice manager, whose practice currently has no representation on the LMC Committee, and if you feel you would like to be co-opted please contact Dawn for more details.

One Stop Shop for educational Resources in Cornwall and Devon

The Peninsula Deanery is keen to make certain that GP practices understand how they are supporting general practice with continuing education.

Via the Deanery website you can access the CPDForum

http://www.pms.ac.uk/peninsuladeanery_cms/index.php?option=com_content&task=view&id=154&Itemid=263

On this site you choose an area and click 'What's On'. This offers a wide-ranging list of educational resources. It is designed to support personal and professional development in Primary Care and provide an easily accessible, ongoing link with Appraisal for GPs. The deanery is using the notice board function to advertise and give details of interesting, informative and useful learning events taking place across the Peninsula.

To assist this process Lesley Seward has been appointed as Coach / Facilitator—GP Performance Team, Lesley works Tuesday to Thursday, her mobile number is 0777 260 8354, her e-mail is Lesley.seward@peninsuladeanery.ac.uk.

Events listed on the website will meet the Deanery's criteria, and might include:

Inhouse practice sessions, PCT initiatives, Trust events, LMC events, F2 events, VTS sessions, peer group learning sessions and commercially organised events

New NHS Primary Care Procurement

The BMA have issued a new guide to help practices considering bidding for any contracts in this new world.

The document is on:

[http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFPrimCareProcure08/\\$FILE/PrimCareprocurements.pdf](http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFPrimCareProcure08/$FILE/PrimCareprocurements.pdf)

This document provides factual guidance for GPs and LMCs on the procurement of new primary care services following the Interim Report of Lord Darzi's Next Stage Review.

It contains details of the new services, the process of their procurement, what local consultation is required and some broad guidance on tendering for these services through the Alternative Provider Medical Services contracting route.

If you want further support please contact Dawn at the LMC office who has a vast range of contacts and ideas to help.

Independent Regulation of Health and Social Care

The Government has just finished consulting on a proposal to establish a new integrated health and social care regulator. This sees that all health and social care providers that come within the future scope of registration will be required to register with the Care Quality Commission. There will of course be registration requirements.

What is different about this consultation is the proposal to register primary care providers. The document states that the main risks are because of the volume of consultations. Whilst it states that research evidence on error rates in primary care is limited, they do occur and include prescribing and prescriptions.

The new registration system will focus on regulated activities (broad service areas or types of care), rather than on settings. The setting in which the service is provided will be relevant only where this either increases or reduces the potential risk to the service user.

The new system clearly sees primary medical services as being a proposed regulated activity, but exactly how is left unanswered.

UK Border Agency

In other parts of the country, so it will come here soon, practices have been asked to provide a letter to confirm a patient is registered with the surgery. In another area the request was for a letter stating when they registered with a practice, the address first registered and the date of their last appointment.

This is not GMS, and was agreed as being unnecessary in the 2001 reducing bureaucratic burdens on GPs from the Cabinet Office.

It is being raised at a national level again, and you are advised not to provide these useless letters.

What ever next

The future for general practice has been mapped out by three organizations in the last few days, and its highly likely that all three will have great influence on the future of general practice in the UK. Whilst we digest all the implications, where they are clear, it worth while remembering the three, which I shall detail in the order that they were published.

- Firstly came the Conservative Party with “ Delivering Some of the best Health Care in Europe, Outcomes not targets”. This can be found on:

http://www.conservatives.com/tile.do?def=news.story.page&obj_id=145415

There is emphasis on quality, choice, empowered patients, outcomes and not targets, improved patient satisfaction, and given recent election results may be relevant to our futures.

- Next into the ring comes the RCGP with “Primary Care Federations - putting patients first”. This concentrates on the federated model of general practice:

http://www.rcgp.org.uk/news__events/news_room/news_releases_2008/gp_federations_doc.aspx

- Finally, and the one that worries now, but may not in the longer term is the Darzi “High Quality Care For All — Next Stage Review Final Report” which places an emphasis on quality, choice, empowered patients, empowering staff, measurements of quality. This can be found on:

<http://www.ournhs.nhs.uk/2008/06/30/high-quality-care-for-all-nsr-final-report-launched/>

Which ever one you look at, it will change what we do, how we do it, and how we are seen to be doing.

Police requesting GPs to act as Police Surgeons

We have received many queries from GP's who have been asked to see and note the injuries of their patients after an assault. This has previously been agreed as outside of GMS, many GPs would not wish to provide this service, and indeed few have been trained in giving evidence. To support this, the following letter has been sent to all police stations in Cornwall:

'Dear All,

I've received a complaint from the Executive Manager of the CIOS Local Medical Committee about an increase in the number of people that are being sent to General Practitioners, by the police, for injuries to be 'noted', so that we may then subsequently obtain 'medical evidence' about those injuries from that GP. We should not be asking victims of violent crime to go to their GP for this purpose. It takes up the doctor's time, dealing with someone who does not actually need medical attention - and that's what GPs are there for, to treat the sick, not act as evidence gatherers for the police!

If you deal with a victim, who you believe should see a doctor for treatment purposes, there is no problem with advising the victim to consult with their GP. In fact it's probably your duty to do so.

However, if they have minor injuries that would constitute common assault, it is evidentially sufficient for the witnessing officer to note those injuries and to make a statement - a doctor does *not* need to be involved here at all, in order that an offence of common assault be proved.

Medical evidence would only be required for ABH and GBH offences.

These more serious injuries will generally be the subject of initial treatment at A&E. It's different here because the A&E doctors have it written into their contracts that they should supply witness evidence to the police, when needed, and once a medical consent form has been signed. If you find yourself here, speak to your local PHU who will arrange for the medical evidence to be obtained for you.

If you are dealing with a case, where the injuries fall into the more serious category but treatment was not obtained after the injury was caused, and you wish to have the extent of the injuries evidenced, you should use one of the force police surgeons to make a formal examination of the victim. The police surgeons will have received some training in the field of medical jurisprudence and will give you far better evidence than the majority of GPs.

If you want comment on this email or to ask further questions about it, please drop me a line.

Tony Joslin

ECPHU Sergeant

Launceston and Newquay

Salaried GP—Polkyth, St Austell

Polkyth Surgery is a large, innovative Practice based in St Austell in Cornwall, close to the beach and the famous Eden Project. We have approximately 10,500+ patients served currently by 4 GP partners and 4 salaried GPs.

We are looking to recruit a flexible, motivated and committed salaried GP to join our forward thinking team, dedicated to improving the service we offer to our patients in an ever changing NHS. In return we offer:

- Potential for flexible working hours
- Excellent salary
- Protected admin/study time
- The support of a full compliment of dedicated and hardworking staff
- High QOF achievements
- Purpose build premises that have undergone substantial modernisation
- Special interests encouraged
- Active participation in the development of Practice Based Commissioning

If you are the one we are looking for, send us your CV and a covering letter or feel free to contact Dr Travis or Dr Tempest for an informal chat or visit. A Practice Profile is available on request.

Closing date for completed applications: Friday 1st August 2008

Approximate Start Date: October 2008 (this can be flexible to suit the right applicant)

Contact details: Mrs K Clemes, Practice Manager (Patient Services), Polkyth Surgery
14 Carlyon Road, St Austell. PL25 4EG. 01726 75555

BUSINESS/PRACTICE MANAGER—Looe

Old Bridge Surgery is a forward-looking Practice in a south coast Cornish fishing village, which is seeking a Business/Practice Manager to sustain our current developments and tackle forthcoming challenges of general practice.

The successful applicant must have sound knowledge of practice finance and IT skills in addition to excellent communication skills. Previous NHS an advantage.

The position is primarily for 5 days per week at a starting salary of £36K but would consider a 4 day week pro rata. Closing date for applications 25th July 2008.

Applications to: Mrs Alison Leighton, Old Bridge Surgery, Station Road, Looe PL13 1HA.

SALTASH HEALTH CENTRE GP

Full-time, 8 clinical session, salaried GP vacancy with the intention of partnership after two years

We are an enthusiastic 7 partner practice who enjoy our work and are keen to see general practice remaining at the core of the NHS.

LOCATION

The practice is centred in the town of Saltash, Cornwall. Situated on the west bank of the river Tamar, Saltash acts as a gateway between Devon and Cornwall. We cover the beautiful countryside of south east Cornwall but maintain the advantages of close proximity to the City of Plymouth.

THE PRACTICE

Committed to high quality care
List size 12,700 and rising
PMS practice
Modern, purpose built accommodation, partnership owned
Training practice for undergraduate students
Actively involved in PBC commissioning
Well-equipped physiotherapy suite
Integrated nursing team which includes 3 Nurse Practitioners (2 are Nurse Prescribers)
Paperless patient records
Microtest Clinical computer system
Very high QOF scores

APPLY

Please apply with CV and details of referees to Mrs Lynn Chenery, Practice Manager, Saltash Health Centre, Callington Road, Saltash, Cornwall. PL12 6DL

Visit our website: www.saltashhealth.co.uk
Practice profile available on request.
Email: Lynn.Chenery@saltash.cornwall.nhs.uk

THE MAN WITH THE GOLDEN SPECULUM

My name is Bond, Basildon Bond, and my true occupation and purpose cannot be revealed because of the restrictions of the Official Secretions Act. I had been summoned to see "G" in LMC GCHQ at a secret location on the 51st floor of the skyscraper Sedgemoor Building in central St Austell. He was known to us special agents in the secret service as Groucho because of his striking similarity to the Marx brother of that name. Access to him was controlled by his loyal and dedicated personal secretary, Miss Spendapenny.

I greeted her with my usual politically correct non-invasive-of-her-personal-space grope to which she responded with a cheerful insertion of her desktop letter opener into a part of my anatomy normally reserved for storing top secret documents.

"Oooh Basil, you are a one..." she simpered in a manner guaranteed to invoke a post bag full of letters of complaint from the Women's Liberation Movement. I skilfully removed my toupee and threw the hair through the air so it landed adroitly and, even if I say so myself, extremely expertly, upon a vacant hat stand hook. Spendapenny pushed a hidden button under her blouse and the bookcase slid soundlessly to one side to reveal G's inner sanctum. He was pacing up and down tapping his long cigar ash into an ashtray attached to his trouser belt by an extension prong. Either that or he was pleased to see me.

"Come in Basil !" G commanded. A DVD of the Marx Brothers' film "A Day At The Races" was playing on a huge screen that occupied the whole of one end wall. He offered me a cigar. I tucked it in beside Spendapenny's letter opener and promised him I would enjoy it later. G impatiently gesticulated for me to sit on the leather pouffe.

"Basil, this is likely to be your most dangerous assignment yet, not least because you will be pitted against one of the most determined and dastardly of foes. He takes no prisoners and is absolutely ruthless

in his pursuit of what we now know to be his Four Year Plan. We had a man on the inside up at the Sadistic Health Authority. Good chap, product of our Rame Peninsula cell, operated under the name of Francesco Zabaglione. His mission was to constantly interrupt during SHA meetings thus making it impossible for any decisions to be made. He proved highly effective until I am afraid he was attacked by an umbrella with a microbe laden point. It was stuck into his thigh during a particularly lengthy interjection, infusing a specially developed laryngitis strain in to his bloodstream. Zabaglione is a forlorn shadow of his previous self and can now hardly whisper. He did attempt to constantly interrupt their business sessions by using sign language, but a devious decision requiring all SHA Committee members to wear oven gloves during meetings put the kibosh on that little idea."

"So who is the cunning villain behind all of this G, and what is his devilish Four Year Plan?"

"Bully-boy cove by the name of Sir Liam Harrumphier, installed by the previous politburo. He makes Alan Sugar look like Mother Theresa and reduces grown men to blubbering heaps. He has been known to humiliate PCT Executives by sitting them in the naughty corner and forcing them to wear a dunce's cap"

"The utter cad and bounder. And the Four Year Plan?"

"Fiendishly simple Basil in its conception and evil effectiveness.

Year One: Replace all Profit-Sharing GP Partners in Cornwall with Salaried GPs.
Year Two: Replace all the Salaried GPs with Nurse Practitioners.
Year three: Replace all the Nurse Practitioners with Health Care Assistants.
And Year Four (and here he paused for effect) ..replace all the Health Care Assistants with Traffic Wardens."

"Egad" I ejaculated.

"That was a new pouffe..." G protested.