

LMC NEWS

Cornwall & Isles of Scilly Local Medical Committee

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No. 210 July 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

HPV

On the 21st July The DoH announced the extension of the scheme to girls in year 13. It is intended to extend the LES to this additional age cohort with the intention that this will be funded in an equivalent fashion.

It is likely that a national and local publicity campaign will be mounted in the week beginning 8th September 2008. All practices have been offered training. The key message for all is that this is an intervention to prevent cancer. It does not encourage underage sexual activity but is most effective if delivered before this starts.

Our latest information is that the quadrivalent vaccine, which has not been chosen for the programme, can be prescribed on FP10, and the cost borne by the practice prescribing budget, but we will give you more information on this next month

Cremation Forms

Like many other parts of the country, we have been aware that there are stresses in the system for the issue of Cremation Forms within a reasonable period to allow services to take place.

The recent changes, post –Shipman, mean that the “second part” doctor for the Form 544 needs to speak to at least two other people (including the “first part” doctor). This can be difficult if he or she is part – time, or if the necessary witnesses are not easy to contact.

We are also aware that the crematoria have imposed a 72 hour deadline for paperwork to arrive before the planned slot for cremation. Families are usually given the time and a date organised before any checks have been made with the doctors taking responsibility for the completing the paperwork. This can cause major stresses to all concerned. The same applies where the coroner is involved because the doctors are unhappy or unwilling to sign the death certificate or cremation forms.

We are aiming to improve the situation and are planning to set up a meeting between the LMC, the Coroner, possibly RCHT/PHT bereavement offices, and funeral director representatives (if such exist!).

We would be grateful if you could send us any points that you wish us to raise.

NHS Next Stage Review—Our vision for primary and community care

Well we have had the final Darzi report and within days of it the next phase for primary and community care was announced via the Department of Health website, although not many fanfares elsewhere.

This document sets out the current governments vision and ambitions for primary and community care. The patients will be more centre stage than ever before, not only responding to surveys on accessibility to GP services but also the quality of services. The income of practices will depend on this response. It looks to GPs as well as many others working together to give services that fit around local needs and giving patients greater choice of GP practice and better information.

On a clinical level all patients with long term conditions will be offered their own personalised care plan by 2010 and that named lead professionals are their for all with complex needs. People will be supported to stay healthy at work, and return to work more quickly, a vascular risk assessment programme for those aged 40 to 74 will be introduced.

The government also intends to press its quality agenda (see overall strategy for quality outlined in “High Quality for All”. This will introduce a programme of professional development to strengthen clinical leadership and skills for community nurses, health visitors and allied health professionals, Information tools to compare clinical quality, clinical productivity and patient experience in community services will be piloted

An independent, transparent process for developing and reviewing the indicators in QOF, including patients groups will be developed. The NHS will also collect, analyse and publish data on service quality. An accreditation scheme for general practice will be introduced.

Practice Based Commissioning is still regarded as central in achieving health improvement and high quality care. The government is looking for PBC to pilot new ways of working across primary, secondary and hospitals, and lead to more integrated care. The strategy also looks at the opportunities of the federated GP practice model as well as the social enterprise model for community services.

As with most government strategies there is a lot of change within the vision, and because it is a strategy not a lot of detail. How it will all work will come out over the next months and years, but which time the government may have changed and we have a different strategy to deal with, my guess is that much will be the same. This is a very short summary, the medical mags will provide more in depth summaries which you should look at. If you want to have some real fun, and save money on holiday reading, the document in its entirety or as separate sections can be found at:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085937

Now obviously the next election will get in the way of some of these ambitions, but many would be continued with by whatever colour government gets in, we think, so be prepared!

Darzi's final vision for primary care is positive though undermined by previous announcements

While many of the ambitions within the government's Vision for Primary and Community Care are welcome, previously announced government proposals will undermine the positive in this report, the BMA said today (Thursday 3 July 2008).

Commenting on Lord Darzi's report, Dr Laurence Buckman, Chairman of the BMA's GP Committee said:

"There is much within this vision for primary care that is positive. We are pleased that Lord Darzi recognises the talents and professionalism of GPs and wants them to have the freedom to provide the services their patients want, and more control over how they do it. Family doctors want to provide the best service they can to their patients and to expand what they can offer, with adequate staffing and resources. Some of the ideas are not new - patients have always been able to consult by phone and practices have always been funded on the basis of the number of patients who are registered with them. Many of the ideas, such as personal plans for all patients, faster and simpler access to a wider range of community based services and early intervention to improve the long-term outcomes for patients, are good and welcome. We particularly welcome the statement that "changes will be driven not through top-down targets but by giving responsibility to the staff at local level."

Commenting on the Minister of Health, Ben Bradshaw's comments about GP choice, Dr Buckman said:

"There are lots of opportunities to improve general practice within this report, unfortunately the government's recent behaviour towards GPs has destroyed any trust they had in the government's ability to run the NHS¹. GPs are a key part of the health workforce and rather than taking petty public swipes at family doctors as Ben Bradshaw has done, the government would be much better off working with us rather than against us. We want to see general practice be the best it can be for patients. While we welcome the good notions in this report, we are still to be convinced that previous government announcements, and by that I mean the polyclinic agenda, will do anything other than damage general practice and continuity of care for patients.

"Choice of a GP is a good thing for patients, but unnecessary and potentially destructive competition ends up wasting NHS resources. We know every Primary Care Trust has to build a 'GP-led health centre' or 'polyclinic' if they want any new money to invest in primary care. GPs and the one and a quarter million patients who signed our petition want to know why that money can't be used to improve existing practices. Lack of investment is the reason why patients in some areas have trouble registering with new surgeries. A practice may be full to bursting but when they ask the local Primary Care Trust for money to expand they're told there is none. We hope the £250 million extra investment promised by Lord Darzi, which is very welcome, is spent wisely."

Ends

Note to editors:

1. A recent BMA poll of 27,000 GPs published in March 2008 found that 97% of English GPs said they have no confidence in the government's handling of the NHS.

Pharmacy White Paper and working with the LPC

The LMC has received assurance from Dawn Primola, Minister of State for Public Health, that consultation on areas relevant to dispensing GPs will be carried out starting in August and through the autumn. In the meantime the PCT invited representatives of the Local Pharmaceutical Committee and LMC to meet to discuss the proposals in the Pharmacy White Paper. The PCT agreed to chair these meetings.

There is a natural tension between the LMC and LPC because of dispensing practices, and the two organisations agreed fairly quickly that we would start by working together on areas where we could work. We also understood that both organisations had to represent their members and that there would be occasions when conflicts existed between the two bodies.

We spoke about the benefits that could be gained by Medicine Use Reviews being targeted at patients that practices find hard to reach and monitor, and this is detailed below.

There was also discussion about the benefits of joint training, and this would be looked at in the future.

We also discussed the need for the Pharmacist to discuss with a GP a dosage where they have concerns about it, and not with a repeat dispensing clerk. Often the Pharmacist needs to be able to speak to somebody who can refer to the original documentation, and even where it has been a repeat may still feel that they need to discuss the prescription with a Doctor. We understand that during a surgery this may be difficult, but are certain all can appreciate the help this could be.

There was also discussions about how communications between Pharmacists and GPs could be improved, and although most pharmacies in Cornwall are now part of a large company, and thus practices may feel staff move often, we agreed to pursue this. Options could include practices inviting local pharmacists to the surgery as an ice breaker.

MURs

As mentioned above the LMC is pleased to be working with the LPC on matters of joint interest. One of the first ones we have identified is Medicine Use Reviews. The concerns were that they add value for the patient and do not replicate work already being done in the surgery.

It has been suggested that reviews of patients with Eczema, Psoriasis, Parkinson's Disease and Epilepsy would all be beneficial and further work will be done to see if any training is required. This will not stop reviews in other areas where a practice believes that it is already providing the service, but may concentrate on areas that we feel would be a more useful additional.

We will keep you informed as progress is made.

Influenza Pandemic

This is coming, they keep on telling us, and we had better be ready.

Apart from just planning how to cope when one hits us, practices will also be concerned that many of the payments they receive will be adversely affected because of their involvement in responding to the influenza pandemic.

National guidance from the BMA and NHS employers released in May sets out the principles, eligibility and calculation of payments. This can be found on:

<http://www.nhsemployers.org/pay-conditions/pay-conditions-3721.cfm>

PRACTICE NURSE REQUIRED – ISLES OF SCILLY

We require a motivated/enthusiastic part-time Practice Nurse to join our team to be responsible for Chronic Disease Management, Dressings, Vaccinations, Phlebotomy, ECG's etc. and to be computer literate
Salary dependant on experience/qualifications. Closing date for applications: Friday 15th August 2008

Please apply in writing with CV to: Alison Jenkins, Practice Manager, Health Centre, St. Mary's, Isles of Scilly, TR21 0HE

Petroc Group Practice—Full time Partner Required

Full Time Partner sought to replace retiring partner from November 1st 2008
We are a four sided practice stretching from St Columb Major in the south to Padstow in the north of the county. We are:

- GMS practice 15,000 patients
- Eight WTE partners + two salaried GPs
- Training and Teaching Practice
- Dispensing practice
- High QOF achievers
- Purpose built premises
- Highly committed staff
- Forward looking practice

The person we are looking for should be enthusiastic and committed to work with us to continue to provide high quality care. We are willing to consider salaried job share options. For further information about the practice visit our website at www.petrocgrouppractice.co.uk

To apply please send CV with covering letter to:

Mrs Julia Clothier—Practice Manager

The Surgery

Trekenning Road

St Columb Major

TR9 6RR

Tel 01637 880359

E-mail: Julia.clothier@petrocdocs.cornwall.nhs.uk

Closing Date : Friday August 15th 2008

Interviews: Friday September 5th 2008

Combined Predictive Model

The LMC is discussing with the PCT the Combined Predictive Model, and this may appear on a commissioning agenda with you shortly. Whilst we can see advantages in any system that helps the NHS target care more effectively, we have a number of concerns. They include concerns about support for those patients identified in the community needing assistance, the data going to a third party, who we find out is owned by BUPA, no idea about the pickup costs if found to be useful but believed to be tens of thousands, and apparently only a marginal improvement in the rate of identification over the existing system. If you feel encouraged in your area to take part in this exercise please let us know, in the meantime we will continue to pursue our concerns.

THE MAN WITH THE GOLDEN SPECULUM- Part The Second

[The story so far: Special agent Basildon Bond has been recruited by the Cornwall and Isles of Scilly LMC to take on dastardly bounder Sir Liam Harrumphier up at the Sadistic Health Authority who has sinister plans for... actually you can read last month's instalment you lazy buggers as I haven't got room to write the plot out here and anyway there's an evening surgery and the Daily Sport Sudoku to do yet, besides which... (Shut up Basil and get on with it: Ed)]

The Bakelite phone rang beside the portalo positioned by G's desk. He was a man who didn't like to be sold short or caught short. I saw the well earned furrows across Groucho's forehead deepen so much you could have set up a polyclinic in one of them. He grunted a couple of times and then hung up..two shirts, a pair of Captain Marvel underpants and his Bart Simpson socks. This man was fastidious with a capital F. He spun the whirlygig clothes line in annoyance and the pants flew off and landed on the head of his faithful secretary Miss Spendapenny who had silently glided in to the room on her battery powered roller blades.

"Just like old times G" she bantered good naturedly in her best Oxford High School for Gals accent from beneath the undergarment, but the great man was not amused.

"Take them off immediately" commanded G. "Definitely just like old times" she reposted, and as she handed the pants back to him I couldn't help noticing they had an artificially enhanced pouch. G caught my gaze. I asked for it back as I never knew when I might need it again. "That is where I keep my weapon...a six shooter repeater" he felt compelled to explain. "You can forget about the repeater part" sighed Spendapenny wistfully, or it might have been whistfully as she had always been a dab hand at cards, especially strip poker.

"Who was on the blower?" I enquired, using the patois of the late sixties, a time in the affairs of man most of you young whippersnappers reading this will only have

encountered in your history books at school.

"Things are worse than we expected Basil. Sir Liam's agents must have infiltrated the LMC Annual Conference in London. That was Dr Phil Dumbitt on the old dog-and-bone. The Cornwall LMC has just been humiliated in full view of the international media. Firstly, just as he was about to speak from the stage Cornwall delegate Ricardo Clappo had a tooth fall out, so we know Harrumphier has somehow managed to nobble the LMC Cabinet's personal dentist, and then to heap ignominy upon ignominy someone tipped off the rozzers that our LMC Conference Observers, The Absent Abbot and LMC Secretary General Ms Sunrise Molestrangler, had scived off to the disabled loo for a quick one to satisfy their depraved yearnings where they were caught inflagranto by Special Branch. Am afraid these days smoking in a restricted area is unlikely to get anything less than a hefty ten bob fine and thirty whacks with a slipper."

There was a sudden commotion in the ante room to G's Office.

"You ged outta my way you Pommie bastards!" Far from being alarmed G welcomed the intruder, although I noted at a safe distance while hiding under his desk from where he made the introductions.

"Basil- I want you to meet our new agent who will be working on this case with you. Aussie blonde bombshell Dolores Downunder"

Dolores shook her long blonde hair out of her eyes and eyed me up and down with barely concealed contempt. Then she reached across and seized my hand, crushing it in a vice like grip until my metacarpals cracked loudly.

"G'day! That'll stop you playing with yourself you Pommie perve!" she jested. Thank goodness I'm left handed I thought to myself....

To Be Continued....