

LMC NEWS

Cornwall & Isles of Scilly Local Medical Committee

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The Chairman writes

August is usually a quiet political month, and even Ben Bradshaw seems to have ceased his hate campaign against General Practice, or perhaps the exposure of his inaccurate and misleading assertions has given him pause for thought. I am not sure why we are under such sustained attack, but I think our ability to maintain public support whilst opposing DoH and Govt. policy makes us a target. The Lord Darzi has gone distinctly quiet on his pledge to involve clinicians in future change, and I am sceptical about whether this will be followed up with action. Sadly, his pronouncement came after the DoH required the PCT to procure a new surgery, which the LMC has opposed from the outset. In a county with excellent

GP provision it is madness to spend scarce resources on this centrally driven agenda, whilst the majority of our surgeries need extra consulting space, and adaptation to conform to the DDA. The PCT propounds that it has firm evidence of need for this new surgery, which, strangely, was only apparent after DoH edicts required that Cornwall must have one.

Dispensing remains a hot topic, but there is silence from above, and no news yet about the 'consultation'. Again, I think the strength of our support from the public took Ministers aback. There have been a series of, possibly speculative, applications to open pharmacies around the county, and where they will prejudice GMS provision we have opposed them. If the rules change to favour pharmacies against dispensing doctors, we can expect more of the same.

Your practice manager will have received details from the PCT about Contract Monitoring. It is within the PCT's rights to require this, and I agreed that the monitoring should focus on two areas, with Warfarin topping the list as most relevant and useful. I am strongly in favour of retaining the "high trust, low bureaucracy" spirit of the GMS2 contract; the LMC did not agree to more than a limited level of monitoring, and I leave it to you to decide whether to fill in the voluntary bits.

We are endeavouring to reengage with Devon and Plymouth LMC to ensure that Practices in the Gaza strip do not have agreements reached across the Tamar sprung on them. Where Cornwall has an interest, we hope to have a representative.

**GPC Letter to all GPs
From the Chair of the GPC**

You will have recently received a letter from the Chairman of the GPC, dated 7 August, whilst it does not replace the original, which you should read, its highlights are:

The DoH has started a consultation period on the implementation of the DDRB, which was simply to increase the Global Sum by 2.7%, leave QOF again, and reduce the MPIG. As long as the consultation is carried out, the DoH can unilaterally implement changes to the SFE, although any changes can not apply retrospectively, and hence we may face a change in say October to the fees and allowances.

Pensions continue to create problems, although the Judicial Review stated that the Secretary of State could not retrospectively back date changes, and include a cap, the Sec of State is now considering including a dynamising factor of 1.0 for the years 2006/07 and 2007/08.

Negotiations for 2009 continue, but even with this government being as popular as a protester in Beijing, they still appear very bullish about driving through changes we may not all embrace as a step forward.

The new clinical DES are intended to make up the shortfall between the national pay lift and 1.5%. These have been held up pending the agreement on the DDRB recommendations but once released will cover:

- Enhanced treatment of heart failure—improving both the quality and length of life for patients with left ventricular dysfunction through appropriate use of beta blockers
- Osteoporosis—identify and treating women with osteoporosis and a history of fragility, appropriately
- Health Checks for patients with learning disabilities
- Harmful drinking aimed at newly registered patients aged 16 and over identified as having problem drinking and delivering an evidence based brief intervention to those identified
- More comprehensive ethnicity recording of patients over a two year period.

Iwantgreatcare.org

Many of you will have used sites where past guests of hotels etc report back to help us choose our next holiday. The problems with these sites is that many of the reports will have been some time ago, the reviewer is unknown and the standards against which they mark are also unknown, and lastly the hotel etc has no chance or reply. That said many of us still use them.

Well they have now come to health services. The above site which gives your patients the an opportunity to comment on your care, perhaps even to slander you.

We understand that such sites cannot be stopped, freedom of speech etc, but you may wish to look at it occasionally to see whether you need to write to the web page editors and protest about its contents. Whether that will do any good, we don't know.

Theft from surgeries

We understand that recently two surgeries had staff handbags stolen. The thief then rang up the person, claiming to represent their banks security department and asking for their pin number. Luckily the member of staff spotted this and did not release it.

Under no circumstances should you give out your pin number over the phone to anybody even if they claim to be from your bank. Everyone should be reminded that banks security / fraud departments never ask for a pin number over the phone.

In a surgery environment its very difficult to keep tight security on all areas all the time, but staff need to be reminded that we must make it as difficult as possible.

Recently in Somerset a number of practices were targeted by some people who feigned illness, and spent a considerable amount of time in the surgery, until their moment when they could steal a bag and escape. Sadly without good quality CCTV there would be little the Police would do.

Practices must remind all staff not to leave valuable personal possessions in their consulting rooms: if they pop out of the room even for a moment, that could be all the time the thief needs.

As an aside one surgery recently had stolen half the waste pipe from under the patients toilet sink, it was not reported!

GP Maternity

After months of on off discussions the LMC were delighted to receive confirmation that the PCT would be paying maternity cover at the higher amount, backdated to 1 April 2008.

We are pleased to resolve this one at last.

Support your surgery

Over the three weeks of this campaign 1,236,085 signatures were collected and delivered to Downing Street.

This called on the government to invest in existing local GPO services and halt its plans for the increasing commercialisation of primary care in England.

This campaign is seen as very successful by the GPC and they have thanked all practices for their hard work.

Over the next few months a follow up campaign will be circulated so that we can make certain patients understand the real effects of government policy. Again your support in practices will be vital.

Lighter life

Many of you will have heard about adverts for the above company which charges patients hundreds of pounds to go on a diet based on a number of calories a day, requests a full medical check up from the patients GP and then three weekly check ups.

Naturally this is not GMS, and if you wish to provide this for your patients you can charge, as long as the patients understand that this will be private, and your rates are given beforehand.

This company has been popular in other parts of the country so expect some of your patients to use them.

**Part The Thir...Episode Thr...Chapter
Thr...oh soddit-Third Bit**

[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 to blah blah blah, dum de dum de dum, etc etc etc...]

I had just been introduced to newly recruited special agent Dolores Downunder, who was to accompany me on my mission to rid the world of the evil Sir Liam Harrumphier and his accomplices, in particular one Lord Dafti, a London Plumber who had been given the task by the Politburo Central Committee of destroying rural general practice by replacing it with a series of drive-in one-stop-shop self-service Health Hypermarkets. Rumour had it that the whole of Cornwall was to be converted in to one enormous Polyclinic based in Sticker village hall.

Dolores was a stunning blonde. I noted she had stunned Groucho's bodyguard on the way in with a flailing elbow to the bargain basement and he was rolling around on the floor clutching his credentials. At six foot six inches tall she was marginally taller than myself, a compact and useful four foot five. Had we ever hit the dance floor together it would have put a whole new complexion on the expression dancing cheek-to-cheek. In fact it would have put a whole new complexion on my complexion. I was used to women with hour glass figures, the trouble being that usually the sand had all run through to the bottom half of the glass. *[This is politically incorrect Basil: Ed]*

This chick however was assembled in a way to ensure maximum QOF points. *[Basil can I remind you of GMC directive no.44789B about treating colleagues with respect: Ed]*. G interrupted my reverie. My reverie looked quite put out.

"Basil I want you and Dolores to go and see unhinged LMC IT boffin Simon Le Bonk who will supply you with a few little nicknacks to assist in dealing with any unexpected dangers you may face during the course of your mission."

"I hate men with little nicknacks" Dolores almost spat the words out, as she looked at me witheringly.

"Well it is a very cold day" I feebly tried to explain. Anatomy was never my favourite

subject. She cut me short. Now I'm only four foot four.

Simon Le Bonk was an IT anorak who lived, breathed, ate and slept with computers. He no longer had thoughts, but instead sent e-mails to himself. His office consisted of an overlarge garden shed packed to the brim with bits of electronic equipment, spanners and screwdrivers. Sorry, that should have been Spaniards and screwdrivers.

He introduced us to Jose, Manuel and Felipe. He then proudly handed each of us what looked for all the world like a common or garden suppository.

"These contain a tracking device so we will know your exact location. Wear them at all times."

Dolores turned down my helpful and wholly reasonable offer that for security reasons we should fit each other with the devices to ensure compliance.

"What if I get nervous?" I enquired, well aware of my proclivity for developing gypsy tummy when the going got tough.

"The devices have a self inflating balloon which activates following insertion and facilitates retainment" Le Bonk informed us in a somewhat smug and self satisfied way.

"So how do we get them out again?" I very reasonably enquired.

He looked heavenward in exasperation at such a foolish question.

"You swallow one of these specially designed capsules" he explained as he doled out a pair of amoxicillin capsules with a drawing pin attached to one end. The man was a genius.

"And now" he said rather grandly, "the piece de resistance"

As I didn't speak Italian I struggled to catch his drift. Then from underneath a bench he pulled out a beautifully embossed container the size of a shoe box. He flung off the lid.

"There-what do you think of that?"

"It's a pair of shoes" observed Dolores tartly.

"Whoops, wrong box ..."

To be continued.....