

LMC NEWS

Cornwall & Isles of Scilly Local Medical Committee

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No. 212 September 2008

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Your Chairman writes

You will have started your HPV immunisations, and I recognise that it may produce some anomalies and difficulties. At least one of your Practice Nurses should have had further training and be able to cope with the vagaries of consent. I hope the brief guidance in this newsletter captures another grey area. We have the support of the PCT for this (non-directive) advice and would ask you to use common sense and good ethical practice. The LMC has not been vociferous about

the issues surrounding Cancer Services at RCHT. We are concerned to ensure a full range of treatments are available locally, where that is safe and in the best interest of patients, and are concerned that there should not be an erosion of provision; we do not feel we are best placed to make judgements on highly specialised treatments and outcome statistics in particular specialist areas, but continue to support RCHT as our main provider. MRSA eradication/suppression is a hot topic, and for whatever reasons our local statistics do not make happy reading. We are in discussion with the PCT about community based treatment: whether this discussion runs into the buffers of 'pre and post op care' (where we have an obdurate refusal by RCHT to acknowledge a transfer of care without a transfer of resources) remains to be seen. Whatever, MRSA is a major health topic and we need to take practical, evidence based steps to support its control.

We will be sending out further info on the Pharmacy White Paper. PLEASE log on to the DOH website and complete the consultation document, and encourage others to do likewise. Ben Bradshaw received just over 10 E-mails on one topic recently and described his office as "inundated": can we sink him!? Your practice Manager has had an E-mail from Dawn with an attachment explaining our position on dispensing: IF YOU WISH, HAND THIS, OR YOUR OWN VERSION, OUT TO PATIENTS WITH THEIR NEXT REPEAT PRESCRIPTION, AND POST IT TO YOUR PARISH/COUNTY COUNCILLORS. Copies can be downloaded from the LMC website- www.kernowlmc.org.uk

Pharmacy White Paper

This is an important consultation by the Department of Health which could affect all dispensing practices and patients. Its important that GPs understand the options, and where they currently dispense, we would encourage them to respond to the consultation.

The paper can be found on

http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_087324

As the LMC will be responding formally , and its view is not available yet the following points do seem to be important:

- Whether or not you practice income from dispensing subsidies the GMS service you provide, probably with extra staff and clinics seems not to matter as the Department does not believe that there should be cross subsidisation between the pharmacy services and the GMS services.
- General Practice should concentrate on the availability of services to patients, the convenience of getting medicines from the same place as the surgery, it's a rural one stop shop, and the matching of hours of availability.
- General Practitioners also operate in many small hamlets / villages where pharmacists have not set up because it is uneconomic and they provide a vital service, that if lost would cause severe disruption to many patients, often elderly, frequently infirm, and certainly of voting age.
- There is a huge concern that many of the options will reduce patient choice and lead to less convenient services.

The LMC is awaiting a formal briefing paper from the GPC and will keep practices informed when more information becomes available. In the meantime you can find not only the response form, but a letter from Dr Stead and the White paper on the LMC website (www.kernowlmc.org.uk).

Meanwhile if you have any comments you wish to be taken into account by the LMC when constructing its response, please send them into Dawn.

Multidisciplinary Meetings with Pharmacists

Readers will remember that in a previous edition (July 2008) the LMC had started meeting with the LPC under the chair of the PCT to discuss matters of interest. One area that came up was joint training, partly because training events should be useful anyway, but also it would aid better communication between the two professions.

We are now really please to give the details of the first two events. They are being held on 21st October 2008 at Wheal Martyn China Clay Country Park, and the 23 October at Crossroads Hotel, Scorrier. The subject for both evenings is dermatology and the speaker will be Paul Travis, GPwSI from Polkyth Surgery, St Austell. Both are being sponsored by James Steed from Wyeth and this means you will be fed.

Details will be sent out soon by Lynn Combes, Pharmaceutical Services Manager at the PCT.

Consultation Documents

There are always a number of national consultations happening. A useful webpage to see the latest from the Department of Health is on:

<http://www.dh.gov.uk/en/Consultations/Liveconsultations/index.htm>

Its here that you can find the consultation paper on pharmacy and dispensing:

http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_087324

More of which later, but as interesting is the Cornwall & Isles of Scilly PCT consultation on a Sexual Health Strategy for Cornwall, this can be found on:

<http://www.cornwall.nhs.uk/CIOSPCT/KeyDocuments/BoardPapers/2008070%20Sexual%20health%20Strategie.pdf>

Your comments are invited by end October 2008.

FREE Employment Law Seminars

Cornwall & IoS LMC in co-operation with Weyth Pharmaceuticals and Darius Ferrigno of the Law for Business Corporation are organising two free Employment Law seminars. These will be open to Practice Staff, including Practice Managers, Salaried GPs and Non-Principals. These seminars have been very popular and well attended in other LMC regions.

The first of the events will take place at St Michaels' Hotel in Falmouth on 14th November, and the second on 4th December at Lanhydrock Golf Club.

We will have further details regarding these seminars by the end of the first week in October. If you are interested in attending, or would like further details please contact Dawn or Susan at the LMC office.

Safeguarding Children—a Toolkit for General Practice

We have been advised by Dr Danny Lang, the Named Doctor for Safeguarding Children that the RCGP and NSPCC have recently launched the above toolkit.

This is available free of charge to all practices, whilst there are also two associated training packages which are only available to RCGP. The toolkit was written by GPs for GPs, and practices have been made aware of its existence when Dr Lang has been carrying out training visits to practices.

The PCT safeguarding Department recommends this toolkit to all practices in Cornwall and the Isles of Scilly and in particular section 2. This section can be used as a template for your practice policy, it will fulfil PCT requirements. The toolkit cannot be altered due to copyright, but pages 12 to 28 can be printed and the practice named and other details inserted.

The practice is lead is likely to be a GP with a specific interest in children

You can find the toolkit on the RCGP website under the Clinical Innovation and Research Centre.

New letterhead for LMC

Just a brief warning. The office thought it should try to clean up the letterhead, but do it in a way which meant spending nothing on graphic designers nor expensive computer programs. Hence Dawn and Matthew spent a few happy minutes crouched over a hot pc trying to design something which said Cornwall, medical and yet was clean and fresh.

So please look out for the new letterhead, and don't ignore a letter just because the header might look unfamiliar to you.

We await the view from the desk of Dr Bile with some trepidation on this latest change

APOLLO

The LMC remains opposed to the installation of this software on practice computers, and have yet to be reassured by the statements from its proponents.

Confidentiality retains its central role, and installing data mining software over which you, as data holder, have no control seems decidedly counterintuitive.

Support Your Surgery

Many of you will have read that some of the private sector firms originally interested in taking part in the new, post Darzi primary care have decided not to pursue. It seems that a mixture of the credit crunch and a realisation, that perhaps general practice was not as inefficient as they first thought has changed their minds.

Regardless of this the PCT marches on with its tendering for a new GP led Health Centre for the Camborne / Redruth area. The BMA have now launched its Phase 2 of the Support you Surgery campaign.

GPs are being urged to encourage patients to complain to the Overview and Scrutiny Committee and their MP if they think a new centre is being placed wrongly., or that proper consultations have not taken place.

The Chair and address for the Overview and Scrutiny Committee is:

Cllr Parkin, Chair, Overview and scrutiny Committee, Cornwall County Council, Treyew Road, Truro. TR1 3AY

Patients are advised to write to their MP at the House of Commons, the address of which is:

House of Commons, London, SW1A 0AA

HPV

Practices will have started their HPV imms and are already discovering the wrinkles. For those within the cohorts the advice should be clear and I don't propose an exhaustive or proscriptive list: use clinical judgement and experience of other immunisation programmes. The following are suggestions and may help provide a consistent approach across Practices. The cost to the NHS of Cervarix is greatly reduced when bulk purchased for the mass immunisation programme, but is the same as Gardasil when prescribed for those outside the cohorts.

I. Within cohort

A. Pt. requests Gardasil: Cervarix is the chosen vaccine for the programme, it may be appropriate to suggest another practice offer immunisation.

B. All immunised patients within cohort count towards your targets, wherever immunised and with either vaccine but you will need to have recorded this with the appropriate Read codes.

II. Outside cohort

A. Pt. requests immunisation: if clinically appropriate offer Cervarix on FP10 and record immunisation using appropriate Read codes. If this patient would later be offered immunisation under the program this will count towards your targets at that point.

B. Requesting contraception: counsel re HPV immunisation

C. Male *at risk*: Gardasil is licensed for male children and adolescents 9-15 years of age after clinical assessment. Cervarix will not protect against genital warts and is only licensed for females. For homosexual males over the age of 16 Gardasil is unlicensed but may be considered on clinical need.

Out of Hours

Practices are asked to remember that your practice is responsible for providing care to patients who make a request between 08:00 and 18:30, and until 18:30 on Christmas Eve. Obviously there may be times when you are unavoidably or unknowingly unavailable, but it is not K.U.C.S job to backfill for you.

MRSA Bacteraemia Recovery Plan

The national spotlight has fallen on RCHT as it has managed to be the second worst NHS Trust in England for MRSA Bacteraemia rates during 2008/09.

The PCT is looking at all options, with RCHT to reduce this rate, and the LMC is working with the PCT to ensure it targets its efforts in the most effective way. We will give practices more information when we have it.

COPD

Many practices have been working with the PCT on a variety of service initiatives to address the previous incidence of high admission rates.

The work has included a network of easy breathe groups, respiratory nurses, community matrons, the new whole systems approach, Met Office Healthy Outlook, and exercise programmes.

All the above have contributed to a reduction in non elective admissions from 855 days in 2004/5 to 572 in 2007/8.

The LMC understand that the feedback from patients and a number of practices have also been very positive about these services.

The LMC further understands from the PCT that it is very appreciative of the efforts of practices, staff and GPs in the care of these patients.

Focus On Extended Hours

Following the recent publication of the Extended Hours DES, the GPC guidance has now been updated and reissued. A FAQ section has been added. It can be found at:

<http://www.bma.org.uk/ap.nsf/Content/Focusextendaccess0408>

RCGP Tamar Faculty McConaghey Lecture 2008

RCGP Tamar Faculty McConaghey Lecture 2008

7.00 pm, Tuesday, 11 November 2008

The Arundell Arms Hotel, Lifton

**Speaker: Dr Des Spence, GP and columnist on the BMJ
'Money, Medicine and Marketing'**

**For further information, please contact the faculty office,
Tel 01392 262744, Email liz.bell@pms.ac.uk**

Governments Draft Legislative Programme 2008/09

The government has just published its draft programme for the next Parliamentary year and nesting in the 18 bills is one for the NHS. Quoting from the paper:

“The main purpose of the Bill is to: take forward those proposals arising from Lord Darzi’s ‘NHS Next Stage review@ of the NHS in England that would require legislation to enable their implementation.

The main elements of a Bill might be:

- In relation to publishing an NHS Constitution;
- To enable and encourage Primary Care Trusts to be more responsive to their local communities;
- To give greater scope for patients to shape the care they receive.

The main benefits of a Bill could be:

- To reinforce the core purpose and values of the NHSD and to introduce measures to make the NHS as effective at preventing ill health and promoting wellbeing as it at cure:
- To strengthen public involvement in Primary Care Trusts’ commissioning arrangements;
- To allow possibility for those patients, who wish to do so, to have greater control over the management of their care.”

Well, that’s clear.

TRAINING IN PSYCHOSEXUAL MEDICINE

The Institute of Psychosexual Medicine is a national body which organises training seminars and accreditation for doctors who seek to enhance their skills in responding to patients who complain of sexual difficulties.

Groups meet periodically for twelve hours each term. The seminar may last two, three or four hours to suit the members. The minimum is five. There are already three doctors interested in the I.P.M. Cornwall group.

After five terms in the basic seminar doctors may apply to sit the Diploma Examination. Nurses are welcome to attend I.P.M. training sessions. Their attendance at I.P.M. seminars counts towards the training requirements of the Association of Psychosexual Nursing.

Doctors who wish to train should be practising in the field of medicine where sexual problems are presented on a regular basis. Training is appropriate for those who seek to improve their skills in managing patients with sexual problems in their everyday work setting and also for those who wish to gain specialist qualification in order to accept referrals.

Seminar members should be prepared to present current work for discussion within the group.

For those who are interested in finding out more about the I.P.M. the website is www.ipm.org.uk and those who would like to join a training seminar in Cornwall please contact me on Coombsipmkernow@aol.com

Homecroft Surgery, Illogan—GP Vacancy

12 Month contract with a view to Partnership
7 sessions p.w. plus internal locum opportunity

List size 6000
Fully computerised
Good QOF achievement
GMS rural part dispensing practice
5 Partners
Members of West Cornwall PBC Group

Practice Profile available on request
Closing Date 31st October 2008. Proposed interview
mid November.

Apply with CV to:

Diana Daniels,
Practice Manager, Homecroft Surgery, Voguebeloth,
Redruth. TR16 4ET

or

Di.Daniels@homecroft.cornwall.nhs.uk

Lighter Life correction

Unfortunately the last newsletter included some inaccurate information on the above. A corrected versions is show below, and thanks to our colleagues at the BMA for spotting the mistake.

If a patient requests a full medical check from their GP and then three weekly check ups, the GP is only required to provide this if he/she considers it to be clinically necessary. However, if the GP does provide this (and here there is no medical report being requested, just a full check) then the GP cannot charge the patient as it is only possible to charge patients in very specific circumstances, as explained in the BMA's guidance on charging patients (which can be found at:
<http://www.bma.org.uk/ap.nsf/Content/chargestonhspats?OpenDocument&Login>)

Sessional Doctor required—Contraception Service. RCHT.

We are looking to recruit enthusiastic and adaptable doctors to work locum sessions for the Contraception Service. This includes a regular session from 15th September in our Launceston clinic 1st 2nd and 3rd Monday evenings and every 4th Tuesday lunchtime of the month. A comprehensive review of the Service is being undertaken with a view to advertise substantive sessions in the future on a more regular sessional basis, for example weekly.

Applicants must have the diploma of the faculty for Sexual and Reproductive Health. In addition, it would be desirable to hold Letters of Competence in Intrauterine techniques and Subdermal Implants, but the facility exists for further in-house training to obtain the letters of competence. The Service also holds regular meetings to aid in updating, reaccreditation and CPD.

The post would be a staff grade post paid at £81.52 per session

For more information about these posts please contact Dr Frances Fuller, Acting Clinical Lead and/or Annie Alifrangis, Service Coordinator at Truro Health Office 01872 354393.

Episode Four

[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 Harrumpher up at the Sadistic Health Authority who, along with his sidekick Lord Dafti, has sinister plans to destroy rural general practice...]

LMC boffin Simon Le Bonk was about to reveal to my fellow agent Aussie blonde bombshell Dolores Downunder and myself a piece of equipment to take on our mission. He theatrically threw off the lid of the box. I gasped. Dolores let her breath out in a series of short pants. I handed then back to her and blushing suggested she put them back on again. There, glinting and gleaming in the light filtering through the net curtains of the LMC garden shed, was a piece of medical equipment from a bygone age. But this was not the usual silver hue, this my friends was made of 14 carat gold, or maybe that should be 14 carrot judging by the freshly disturbed soil that clung to the container it was in.

“This was dug up in the garden of Dr Garrulous Emetic-Jones, former disgraced out-of-hours doyenne, in an early morning raid by the Bailiffs to seize goods and chattels on account of unpaid LMC subscription fees. I have made one or two little alterations to its inner structure...” Le Bonk droned on in anorak monotone.

“What is it?” enquired Dolores, looking in horror at the brutal metal contraption.

“That my dear is a Sims’ Speculum. But don’t be taken in by its exterior appearance. That is no ordinary Sim’s speculum. It has been cleverly adapted so that it...”

He never completed his sentence. In through the door clutching a document loped agitated LMC supremo Groucho, known to us agents as G. His entry was so abrupt that the tiny shed shuddered as the door slammed in to the wall and the mirror

fell on to the floor shattering into several segments

“What is it G?”

“B intercepted this from O who passed it on to L, L passed it to back to O who showed it to C, and K thought S ought to deal with it.”

“Sounds like bollocks to me” snorted Dolores.

G tried to ignore her which was not easy as she had started to shave her armpits with a shard of glass from the broken mirror.

“It’s an application to open pharmacies all over Cornwall,” explained G, his voice breaking with emotion. “It could spell the end for GP Dispensing...”

I seized the paper from his distraught grasp. The letter was addressed to Cornwall and Isles of Scilly Peeceetee Comptroller-in-Chief Ms Traffica Jams.

“Dere Ms Jams

I am riting to aply to open farmacies orl over cornworl . I plan to give free balloons to orl mi kustomers. Mi Godfather Sir Liam Harrumpher sendz his luv

Yors

Totali Barmi (aged six and a half)”

I laughed with relief.

“The Peeceetee will never allow this application to succeed”

“They just have...” moaned G, his features ashen.

To be continued.....