

LMC NEWS

Cornwall & Isles of Scilly Local Medical Committee

IN THIS MONTH'S NEWSLETTER :-

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Your Chairman writes

The Christmas edition of the LMC Newsletter is an opportunity to 'talk up' General Practice, and remind you all that our system of primary care remains a world beater in terms of cost, quality and availability, thanks to the hard work of practice teams across the Country. Whilst regulation and edict from the centre does cause frustration and anger, we continue our core business with professionalism, and adapt the more extreme examples so that they do not impinge too drastically on patient care. Perhaps because our model is so efficient, Practice Based Commissioning is due to attract further interest and encouragement- a recognition of the competence with which we can manage care.

There are still some queries flying around about data security. I hope the advice from Outlook and the LMC have resolved particular issues.

We must behave appropriately with the data we hold in trust from our patients, but we cannot take responsibility for, or police, the activities of third parties. Patient consent is a difficult area and with the proposed centralisation of 'care records' the Government seems keen to avoid the need for explicit consent to release data for any new project, perhaps in case it provides a precedent. I believe we store powerful information about individuals and populations, which is a huge resource for the good, but is available because patients trust us to hold it-we should be wary of sharing it without explicit consent. The LMC is proposing a small group with expertise to assist and advise on data protection at a local level, and provide pre-emptive advice on data handling which I hope will work hand in hand with the 'I.T.Forum'.

Less 'Christmasy' - GPs should be aware of a change in Cremation Certificates which comes into force on 1/1/9. I don't believe this has been well advertised, but details of the changes (which will require you to provide an explanation of how you arrived at your decision as to the cause of death) are available on the LMC website- www.kernowlmc.org.uk.

Recent horrific cases should remind us all that abuse happens. Have you reviewed your responsibilities in relation to children and vulnerable adults, and do you need to revisit the way your practice relates to Social Services?

Thanks to the LMC Cabinet and LMC for their hard work and good humour, and to Dawn, David and Sue in the office.

Finally, I deny absolutely the scurrilous allegation that either Phil or I were responsible for the midnight anti-terrorist squad raids on the LMC office and Dr Bile's practice during which various items of photographic equipment were removed, however we will both sleep more comfortably in our beds once the mole is discovered.

Merry Christmas
Matthew

Copying Patient Notes

After long discussions with the GPC and the Data Commissioners Office, we can now offer new guidelines on copying patient notes.

It has been confirmed that the intention of the act was never to make patient notes freely available to solicitors, consultants, or insurance companies, in pursuance of a claim. We understand the problems and expense some practices have had supplying multiple copies of notes to all and sundry.

The intention of the act was to make the notes available to the **patient**, and the LMC would suggest that where a request is received for a copy of the notes, that copy is sent to the patient, accompanied by a letter stating that it is the patient's responsibility to keep the original copy of the notes and their responsibility to supply copies to their solicitor, insurance company or whoever requires them to enable the claim to be processed. The maximum charge a practice can make for this is, at present £50.00 for paper records, or £10.00 for records held completely electronically.

If, of course, the notes are being used in a lengthy court case any additional notes should be supplied to the patient free of charge in the intervening 6 months, or longer if they are not too extensive.

The Data Commissioners office has informed the LMC that the £50 and £10 charges are at present being reviewed, and hopefully will be increased to a more realistic amount.

The Deanery and Training Places

This month sees us with two deanery stories. The first one has upset a number of people, is that they have adopted, apparently a one out, one in system for new places in the flexible training scheme. We have also learned that this is due to reaching the maximum capacity.

The second one may bring some joy to somebody. Dr Julia Oxenbury reports to us that they have now had agreement in principle from the SHA for the Deanery to invite bids from practices to develop a room / space for postgraduate training purposes to accommodate the year on year increase in GP Training numbers in 2009 / 10 and 11. This is likely to be a maximum of £10K and they anticipate an SLA with the practices to formalise arrangements. The Deanery welcomes **all** practices with an interest in training to apply and there will be a more formal application form coming out to you in the near future.

Free training to support Infant Feeding in Cornwall

Cornwall has in post two Infant Feeding Co-ordinators, Helen Shanahan and Stephanie Heard. The purpose of their role is to increase initiation and duration of breastfeeding in the county. In order to achieve this, both CIOSPCT and RCHT are undertaking UNICEF Baby Friendly accreditation. This is a programme of staff education, audit and evaluation in order to ensure that the most effective and highest quality of care is offered to families.

Current statistics indicate that about 75% of mothers in Cornwall initiate breastfeeding. However, there is a very steep 'drop off' following initiation, so that very many babies are receiving no breast milk at all by the age of two weeks. The health effects of low initiation and short duration of breastfeeding are well known, not least the increased number of infections, more frequent GP consultations and tendency to unhealthy weight gain of the artificially fed infant.

A county wide breastfeeding policy is in place to guide Midwifery, Health Visiting and Paediatric Nursing team members and may be viewed in the document library of the Intranet. It is also important that community teams continue to work in close partnership with General Practitioners in providing care to pregnant women and families. Free training is available to GPs, which will orientate them to developments in infant feeding and equip them to deal with common practice issues in a way which encourages and supports breastfeeding. The training package is produced by UNICEF and is two hours in duration. This training may be delivered to individual practices by arrangement, or to larger groups of GPs according to need. Practice Nurses may also attend the free infant feeding training which is already being delivered to Midwifery and Health Visiting teams across the county. To access training or to discuss any aspects of infant feeding please contact

Helen.shanahan@rcht.cornwall.nhs.uk or Stephanie.heard@ciospct.cornwall.nhs.uk

Focus on....the dynamising factor

Since 1 April 2008 there have been two pension schemes in operation for GPs; the amended NHS Pension Scheme applies to those who joined prior to that date and the new scheme to those who joined after that date.

The amended NHS Pension Scheme regulations provide for GPs pensions to be based on 1.4% of their total career dynamised earnings. The new NHS Pension Scheme regulations provide for GPs pensions to be based on 1.87% of their total career dynamised earnings. These earnings are dynamised (uprated) to maintain their value.

The focus on document can be read on: <http://www.bma.org.uk/ap.nsf/Content/focusdynamfactor0305>

Novachannel

We understand that Novachannel, a Swiss Company, have approached a significant number of practices and offered the chance to be included in a medical directory. Later they receive an invoice for 983 Euros, details of which is hidden in the small print of the offer. If they practice does not pay, they are then chased for payment and informed that this is a contract to be adhered to.

We understand, although this LMC has not tested this, that the Swiss Embassy have advised that if someone has been deceived into signing a contract, he or she, can challenge the contract by writing to the counterpart within one year of discovering the error stating that they have been deceived and consider the contract to be invalid. They have have stated that they consider the contract to be annulled, and that if a debt collection company or other representative of the counterpart insist that the money be paid, the debt collection company or representative should be informed that the contract has been annulled. The advice is further that only a judge has the power to state whether the contract is really valid. This advice has given on the basis of a person being deceived into signing a contract. The affected person would have to be able to prove that they have been deceived in order to legally rely on the advice.

If you have signed up in a state of confusion, its go to be worth while trying this.

The King's Fund calls for major overhaul of key government health reform

A major shake-up of one of the government's central health policy reforms to devolve greater power to GPs and deliver higher quality services to local communities is urgently needed, concludes a two-year study of practice based commissioning published today by The King's Fund.

The report says Lord Darzi's recent review of the NHS was right to commit the government to persevering with practice based commissioning as, if implemented well, it has the potential to help GPs plan and deliver better and more accessible services to patients, provide more choice of treatment and to use financial resources more effectively.

However, it concludes the policy has so far proved to be an expensive investment that has delivered little in terms of better services for patients or financial savings for the NHS since its introduction in 2005. Progress has been slow and appears to be stalling completely in some areas -- very few GPs are using it to commission new services despite family doctors having been paid almost £100 million in incentives payments alone. The report warns the government must commit to a fundamental reassessment of the policy and tackle waning enthusiasm among GPs if it is to build on the limited progress the scheme has made.

The King's Fund's analysis reveals that many of the barriers that have stalled progress should have been predicted given the experience of the previous Conservative government in the 1990s when it devolved budgets to family doctors through GP fundholding and its variants*. Lessons that could have been learnt included problems with engaging GPs; the need to give GP commissioners the freedom to contract independently by handing them real budgets for specific areas; and the importance of investing in managerial capacity to support and lead the process by ensuring the right skills, data systems and governance arrangements are in place. The fall-out from NHS reorganisations and the impact of financial deficits have also hamstrung innovation and progress.

Report co-author Nick Goodwin, Senior Fellow at The King's Fund, said: 'Practice based commissioning has the potential to deliver better services for patients and financial savings for the NHS, but progress has been painfully slow over the past three years. As a policy established to pump-prime the transition of care out of hospitals by investing in alternative care in local communities it has so far failed due to a lack of real investment, leadership, ambition and drive. The NHS must harness what remains of the limited enthusiasm of GPs and commit to a fundamental redesign of the policy if it's to live up to its potential.'

The King's Fund's Chief Executive Niall Dickson added: 'The government is right to keep faith with practice based commissioning but it must be prepared to set a clear direction, define the commissioning roles of both primary care trusts (PCTs) and practices, ensure GPs have access to the support they need to make it work and put in place the correct incentives. Now is the time for a fundamental reassessment of the policy.'

The report is based on an in-depth, two year analysis of practice based commissioning in four PCT areas in England, with the findings and conclusions tested in an expert seminar with key policymakers and health professionals. It found a strong commitment to making practice based commissioning work but very few GPs were using it to deliver new services for their patients. GPs in the study had limited time to engage in the policy and often lacked the skills and health care information they needed to make it work - they needed far greater support than was being provided by their PCTs. There was also concern over conflicts of interest in the role of GPs as both providers and commissioners of services, potentially restricting patient choice.

Kings Fund continued

The policy had helped to improve relationships between GPs and PCT managers in some cases but, in other areas, it had caused already poor relationships to deteriorate further. The lack of national guidance from the government had compounded these problems and had led to widespread disagreement between GPs and PCTs over their roles and responsibilities. There was also a strong feeling that the breakdown in relationships between the government and medical profession over the past year had discouraged some GPs and PCTs to invest enough time and energy in the policy.

The report makes a number of recommendations to overcome these barriers, including:

- The government should set out a clear vision for the future of practice based commissioning and provide national guidance for GPs and PCTs – that can be translated locally – on how best to implement the policy.
- The government should develop a new approach to commissioning where PCTs maintain responsibility for strategic, population-wide commissioning but be informed by GPs and other clinicians, while real budgets for specific services should be devolved to GPs and groups of practice based commissioners, providing them with more freedom and stronger incentives to develop innovative services for patients.
- High performing GPs and practice based commissioning groups should be rewarded with increased independence but should not become responsible for the entire health care budget. Budgets should only be devolved for tightly defined areas so that GPs can only commission specific services directly, which would reduce clinical and financial risks.

- Conflicts of interest in the role of GPs being both providers and commissioners of care should be tackled head on through robust governance arrangements to ensure that patient choice and the quality of GP referrals are not compromised and that clinical risk is managed.

From the Desk of Ms Ann Summers, LMC Secretary Emeritus

The Editor of the dear old LMC Newsletter has finally been nagged into giving me and my faithful gardener and masseur Sven a few miserable column inches to plug our first novel, *Ready, Steady, Dig!* which is due out in paperback just in time for Christmas (I did the words; Sven provided the title and kept the gin topped up in the intravenous drip). For publication purposes, Sven and I have adopted the pen-name Rosalind Winter, in honour of that small round person who used to do the tea and coffee at the LMC Office during my glory days as LMC Secretary and Supreme Commander.

The book will be available from 9 December from all good bookstores (any bookstore that doesn't stock it being, by definition, not good, and also long overdue for a twilight visit from Sven with his Viking throwing axe). It can also be ordered on line from Amazon.

I'm not expecting y'all to rush out and buy a copy (I well recall that GPs are compelled to lead a frugal, hand-to-mouth existence, often taking home little more in a week than most football megastars earn in a twelvemonth), but if you could see your way to persuading your local librarians to stock it, we would be hugely grateful.

We have already completed the first draft of a sequel, *Gnome or Mr Nice Guy*, which is due out some time next year.

(note from the Ed : adverts for non practice matters are only accepted for exceptional reasons and people, or where incriminating photographs are being held, apparently)

GP employment law courses 2009

Following the successful launch of our programme of employment law courses for GP Partners in 2008, BMA Regional Services are pleased to announce the dates for our programme of courses in 2009. Running throughout the year in venues across England, these courses will help you to keep track of employment legislation, best practice and human resources issues.

Managing Change will include recruitment and selection, contracts of employment, terminating employment, and redundancy and will help you to handle change among staff fairly and consistently.

Managing Performance will help you to get the most from your staff and will include performance management, dealing with staff grievances, handling disciplinary matters and absence.

For further information about the courses, including registration fees, please visit our website at <http://www.bma.org.uk/ap.nsf/Content/gpemploymentlaw09>

Places are strictly limited and will be allocated on a first come, first served basis. Reduced registration fees are available for BMA Members, to whom priority will be given. Practice Managers are also invited to attend and will pay the same registration fee as their GP Partner, depending on whether they are a Member or Non-Member of the BMA.

If you should have any questions about the courses or are unable to access the website, please contact BMA Conferences on 020 7383 6605/6923 or by email at confunit@bma.org.uk

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Fit for Work?

You will all have heard about the plans of the government for GPs to starting issuing “fit for work” certificates, rather than sickness certificates in the future. Whilst there remains a lot of national discussion about how this works, I thought it would be helpful to read the BMA press release on this subject. It is repeated below:

Overhaul of the sick note system is long Overdue, says BMA

(issued Tuesday 25 Nov 2008)

The package of measures announced today to get people back to work and to help them stay in work may be a step in the right direction, the BMA said today. Commenting on the government’s response to Dame Carol Black’s review of the health of the working-age population, Dr Laurence Buckman, Chairman of the BMA’s GP Committee, said:

“The BMA has been calling for the sick note system to be reviewed for over ten years and we believe a Fit for Work service to help people back into employment may be the right way forward. The new ‘fit note’ has potential, but we would like to see the findings of this evaluation because it’s crucial GPs can continue to act as the patient’s advocate and don’t end up policing the system for the Department for Work and Pensions.”

Dr Paul Nicholson, Chairman of the BMA’s Occupational Medicine Committee, said:

“We’re glad the government has recognised more needs to be done to help small and medium sized businesses deal with employee health, though we would have liked to have seen a commitment to making sure every worker has access to basic occupational health services. Employers do need to take more responsibility, particularly in difficult economic times like now, as work-related ill health problems may well become more common.”

[The story so far: Special agents Basildon Bond and Dolores Downunder have 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...]

I stooped down to rub my ankle which I had twisted in my efforts to avoid the arrow which had embedded itself in the wall beside me.

"It's got a note on it" exclaimed Dolores.

"My ankle? A note on it? This is an invasion of my priva..."

"You pommie shortarse - the note is on the arrow"

She reached purposefully upwards to grab the quivering shaft *[you watch your step Basil-this will be going out before the nine o'clock watershed – Ed.]* from the crumbling Cornish brickwork. She tore the fragment of parchment paper away from the medieval missile and read aloud the words inscribed upon it.

"Incriminating photographs of the LMC Chairman and Vice Chairman in a compromising position will be published unless the LMC give in to my demands-SLH"

"What demands?" I asked aloud.

There was a twang and a second arrow thudded into the wall. The note on it simply read *"I'll tell you later"*. Moments later there was another whoosh of air and a third annotated pointy thing joined the others, this time with a scroll the size of a bath towel attached.

"Oh alright, I'll tell you now. Firstly you must cooperate fully with Sir Michael Rawlplug of NASTIE (National Authority for Stopping Treatments If Expensive) and in future prescribe only peppermint tea for all diseases- a peppermint tea local QOF is

being introduced in the new year ; secondly you must cooperate fully with Lord Dafti and his excellent scheme to allow patients to rate doctors surgeries using a scoring system similar to the Egon Ronay restaurant guide; and thirdly LMC Chairman Groucho Stead must step down and be replaced by Lord Mandelson. If you fail to comply by the beginning of December you can expect to see the damning photographic evidence in a leading publication. You have been warned. Dictated by Sir Liam Harrumpher and signed in his absence."

"Well the third demand seems like a very reasonable suggestion but the rest of it sucks" observed my leggy companion.

"My sentiments exactly Dolores". At that moment my wrist watch started flashing and the unmistakable voice of "G" issued out of it in a crackling monotone.

"Basil, we have reason to believe that Sir Liam may have been in touch with you and made some unreasonable demands"

I confirmed that he had but thought it tactful to simply tell him about the first two demands only. My wrist watch continued with its crackling, along with some apple sauce and stuffing.

"Basil, we want you to proceed to the heavily guarded Sadistic Health Authority headquarters in Tornton situated in deepest Zummerzet. We have a mole on the inside who will get you past security. Posing as cleaners you must then get access to the fount of all evil himself and the rest is up to you. The future of General Practice in Cornwall lies in your hands Basil. And don't forget the golden speculum, which has been specially adapted so that..."

The reception crackled to a halt at that point, no doubt gummed up by the apple sauce and stuffing.

Dr Bile go on.....

"We have no time to lose Dolores. Time is of the essence. Time and tide waits for no man. The only things that start on time are those that you are late for. O let not Time deceive you, you cannot conquer time. Time is a great teacher but unfortunately it kills all its pupils. Time is the reef upon which all our frail mystic ships are wrecked. Time is the great physician. Time is money ...ouch!"

"Time you put a sock in it shorty" interrupted my aussie helpmate somewhat peremptorily as I had at least another dozen time quotations to impress you all with dear readers. But you know what they say- you can tell an Australian woman, but you can't tell her much. I removed the arrow from whence Dolores had skilfully inserted it. At least my piles would no longer need that awful banding procedure.

"Where's your set of wheels you pommie waste of space? Presumably an Aston Martin or Ferrari?"

I proudly strutted towards my specially adapted secret service vehicle. Dolores stood beside the latest sleek Jaguar.

"Not bad she murmured" through her generous lips.

"Mine's over here" I gestured as I strolled past the vulgar Jag and stooped to open the driver's door.

"What the hell is that??"

"It's a Fiat Panda"

"It's pink! Are you qu....."

"Yes, I'm afraid I am outed. I am quite colour blind. The man in the showroom told me it was British racing green..."

We leapt into our respective seats. I pressed a button enabling Dolores to sit her six foot five inch frame as comfortably

as possible by having her head out of the sun roof. The engine roared in to life at the sixth time of asking. My foot hit the accelerator pedal and we reached a speed of 30 miles an hour in only five minutes. These Italians certainly know how to build a car.....

Travelling at this speed will Basil and Dolores even reach Sir Liam before the December deadline? Will he carry out his horrendous threat and publish the incriminating photographs in a leading publication? Don't miss next month's thrilling episode of "The Man With The Golden Speculum".....

A HAPPY CHRISTMAS AND A PREPOSTEROUS NEW YEAR TO BOTH MY READERS- FROM BASIL X

