

# LMC NEWS

## Cornwall & Isles of Scilly Local Medical Committee

IN THIS MONTH'S NEWSLETTER :-

No. 215 January 2009

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### Your Chairman writes

Despite the need across the county for premises improvement, if only to comply with Disability legislation, Cornwall is to be blessed with a New "G.P.led centre", to be based in Pool and run by Nestor Healthcare PLC— the first effects in Cornwall of Lord Darzi's evidence based and clinically engaged reforms. The threat to practices in the West is real, the playing field will not be level, and large sums of money will disappear from the Cornish health economy. The LMC has always opposed this development.

The response to this challenge has to be that we raise our game and profile. Already more than 90% of practices provide extended hours, but this may need imaginative advertising. Your local G.P. is both immensely popular and hugely cost-efficient, but we need to ensure we improve access and know how to respond to local need. Where the LMC is allowed to scrutinise and comment on arrangements, we will, and where it can provide support, it will be available.

At last we have agreement with the PCT and RCHT that pre and post op work will be funded. Thanks to the efforts of the PCT and the ultimately magnanimous acceptance of RCHT, we are currently negotiating an item of service fee. Whilst no one will be able to retire early on this funding, at last work will be recompensed.

The DoH is currently 'consulting' on QOF— see [www.dh.gov.uk](http://www.dh.gov.uk) and I urge you to respond. The DoH and the Primary care Tsar view QOF as an incentive money which should move rapidly to new areas as targets are met and activities are embedded in GMS. No mention is made of how the future infrastructure costs are to be met, and whether this will form part of the NICE evaluation.

The LMC has had further discussions on Apollo software. Many of our fears have been allayed and we hope that written confirmation of the limitations that can be placed on the data extraction may allow us to recommend it to Practices. As far as QOF validation is concerned, this would make life easier for the PCT, but our regulations specify what can be asked of us, see page 6.

We keep on battling.....

**Cremation Regulations 2008  
IMPORTANT CHANGES FOR 2009**

Penmount Crematorium

Dear Colleague,

Cremation Regulations 2008

May we remind you that the above regulations come in to effect on 1 January 2009 but the old forms can be used until the 1st February. They are designed to modernise all previous regulations along with replacement of the existing Forms B, C and F. (old forms will be accepted no later than 1 February 2009)

Information regarding these changes can be found on the Ministry of Justice web site at <http://www.justice.gov.uk/guidance/cremation.htm>

Please note that we are required by law to implement these regulations from 1 January 2009 and we would strongly recommend you familiarise yourself with the Guidance for Medical Practitioners to be found on the above site. Please note in particular that the names and addresses are required for people who nursed the deceased or were present at death. Work address where appropriate is acceptable.

MFaulkner

IRG

Medical Referees, Penmount Crematorium

**MPIG, adjustment and correction**

In a recent the PCT monthly payment showed a reduction in MPIG, this was due to the correction factor being adjusted in accordance with the latest agreement. At the same time the Global sum increased. There was national concern about an error in the MPIG reduction, but we understand that this only applied to London practices.

**New Practice in Camborne Redruth announced by PCT**

The PCT has announced that Nestor Prime Care, an independent health and social care provider is the preferred bidder for the new GP-led service in Camborne - Redruth. The centre will be open 8am to 8pm, 7 days a week.

We do not know when the service will start but will obviously very interested in how it will work with existing practices, and how patient information for patients registered with other practices will be managed.

The LMC has viewed this development with extreme concern, and has lodged with the PCT many questions about the need for this service. The PCT were however convinced of the need to push ahead at full steam.

The LMC is concerned about the impact of this service on existing practices. Furthermore we have many concerns about how the service will run : we do not yet understand how clinical records will be shared or how responsibility will lie for those seen at weekends and evenings.

We will continue to press the case of existing practices.

This is not just a concern for those practices in the immediate vicinity, but all practices need to consider how they will respond to this changed environment. Any thoughts, worries or ideas please send into the LMC office.

## New Pandemic Flu Advice

The following press release from the BMA is reprinted, partly because it reads quite well and there is no reason to rewrite something just for the sake of it. It is however important that practices actually start to really consider this issue, and talk to each other about real options they will have available to them to manage, when the pandemic occurs.

The new guidance, produced jointly by the BMA's GPs committee (GPC) and the Royal College of General Practitioners (RCGP), and supported by the Department of Health in England, warns that a pandemic will put the NHS under "unprecedented pressure" and that general practice in particular will be "stretched beyond its current limits." It predicts that during the pandemic's peak an average GP practice could see an extra 186 cases of flu a week. The guidance says sensible preparation now will make the difference between just 'getting through' a pandemic and maximising the number of lives that can be saved.

There have been three pandemics in the last century which have caused public health emergencies and many experts believe another one is overdue. It is, however, impossible to predict its timing.

The BMA/RCGP guidance is intended as a practical guide for GPs and practice managers. It details how GP surgeries will be expected to adapt from their usual method of working and gives information and guidance on the following:

Every practice will have to follow "command and control arrangements" which will be monitored and co-ordinated by Primary Care Trusts to ensure there is a robust, uniform response.

- GP surgeries will be expected to 'buddy up' with neighbouring practices to share resources and exchange staff as necessary. The guidance recommends that practices should ensure these contingency plans are in place by 31 March 2009.
- There will be changes to the death certification process, including bringing in retired doctors to ease the pressure on local services.
- Patients with flu will get access to antiviral medicine via a new National Pandemic Flu Line Service, not via their GP surgery.
- Additional capacity in the health service will be created by prioritising services and patients in a systematic and ethical manner.
- How practices can minimise the spread of infection, for example by setting up separate waiting areas for patients with flu.

Dr Laurence Buckman, Chairman of the BMA's GP Committee, said:

"We've seen over Christmas how seasonal winter pressures put strain on the health service but this is in a situation where the system is still operating on a normal basis. During a pandemic the NHS would have to work differently - it's a major health emergency and as such requires a totally different way of helping patients. Family doctors need to be prepared for this and this guidance has been produced to help them with their planning. During a pandemic many people will get flu and a few will be very poorly, but there will still be people suffering from other illnesses and they will also need our full attention. So plans are being put in place now to make sure general practice and the health service not only copes during the crisis, but does the best it can do to minimise the spread and impact of a flu pandemic in the UK."

Dr Maureen Baker, Honorary Secretary at the RCGP said: "General Practice is a critically important service which needs to be able to function as well as possible during a flu pandemic. This guidance provides practices with clear instructions on the steps they need to take now and during the pandemic, so that they can look after people with flu, and other emergencies, as well as can be done in very difficult circumstances."

## Changes to QOF

You will all be aware that the Department of Health has started consultation on the development of the QOF process. The consultation ends on 2 February and the document can be found on:

[http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH\\_089778](http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_089778)

There are a number of worrying elements about this including the notion that once incentivised, and practices start doing a particular task, it becomes standard practice, rather than continuing to be needed to pay for extra work above reasonable GMS.

Naturally we will respond, and in the light of the dispensing decision who knows, it might even make a difference. Please send in your own views to the Department if you feel passionate about this item.

## Changes to Complaints system

The Department also sneaked out a consultation on changes to the complaints system just before Christmas, and gave until 6 January to comment. It can be found on:

[http://www.dh.gov.uk/en/Consultations/Closedconsultations/DH\\_091505](http://www.dh.gov.uk/en/Consultations/Closedconsultations/DH_091505)

There are some major differences and they include:

- Complainant can now complain to EITHER the practice or the PCT – previously to us only in the first instance.
- GP practice “expected” to copy to the PCT all complaints received locally, whether in writing, by e-mail or (when written up) over the telephone – within 3 days of receipt unless resolved on the spot.

All complaints – other than those raised with front line staff – to offer the complainant the opportunity to discuss how the complaint is to be handled – within 3 working days of receipt

## Pre and Post Op work

There are some subjects that seem to go on forever and slowly we all start to wonder if they will ever be resolved. The LMC is delighted to be able to report to all practices that we think we have finally achieved a long term agreement on payment to practices for work moved from a Trust to a practice. This is obviously includes pre and post op bloods, dressings etc.

Many practices will remember the previous deals involved a per capitation amount. Although we recognised this did not cover the costs, at least acknowledged that this was extra work for practices, that GMS / PMS did not cover.

Over the past year the PCT has felt that as it was already paying trusts for this work, it was reasonably an issue between the Trusts and practices. A number of meetings occurred, no progress was made. However just before Christmas, at a PCT facilitated meeting, the LMC representatives met with Representatives of RCHT and agreed the following:

- That this was work which was outside of the core GMS / PMS contract
- That the tariff paid to NHS Trusts included the full costs of each individual procedure, including the pre and post operative work
- That practices would, from 1 April 2009 be invoicing the PCT for this actual work completed on an item of service basis
- That the PCT would look to a capitation basis to cover 2008/09 because it was too late in the year to retrospectively introduce an item of service scheme
- That specific tasks would be included, any new ones to be approved by a joint committee with the PCT / LMC
- Because it was a cost per service basis, any increase in activity caused by changes in an acute Trust would lead to increased claims.

Final details are to follow, but dogged domination on this occasion has won through.

## Forensic Medical Examiners

We understand that Medacs Healthcare have been appointed to provide Forensic medical Services across the UK.

They are currently looking to recruit Doctors and will provide training where required. If you are interested please contact Alex Woods on 0800 44 22 12 or forward your CV to alex.woods@medaces.com

## Requests from the Police for information

Following a recent request for clarification from a local practice, we thought that the following advice would be useful for all members:

There has been some discussion this week on the listserver regarding police demands for the disclosure of patient information. Any information about identifiable patients is confidential, including who the patient's doctor is or when he or she attended the practice. A practice should seek more information from the police about why they are seeking the information before deciding whether it is appropriate to release information. The information needed will include:

Is it possible to obtain the patient's consent to disclosure? If not:

What is the crime and is it sufficiently serious for the public interest to prevail?

Is the patient, or are others, at risk of death or serious harm?

Would the task of preventing or detecting the crime be seriously prejudiced by refusing access to the medical record?

Is the information sought available from another source that would not necessitate a breach of doctor-patient confidentiality?

If it is not possible to obtain consent, and the doctor is not satisfied that a public interest disclosure is justified, the police may seek a court order.

For further information regarding confidentiality, please see the BMA Ethics department guidance at:

[http://www.bma.org.uk/health\\_promotion\\_ethics/confidentiality/ConfToolKit08.jsp](http://www.bma.org.uk/health_promotion_ethics/confidentiality/ConfToolKit08.jsp)

## FSA Warning

We repeat this message from the BMA in its entirety.

### **FSA issue warning over unauthorised insurance provider.**

Friday 16th January 2009: 08:49

**The Financial Services Authority has issued a consumer warning about Aquote, an unauthorised firm which has been selling a range of locum insurance policies to GP surgeries across the UK.**

The FSA said it believes Aquote is conducting regulated general insurance business and is not passing premiums on to relevant insurance providers.

Aquote trades from Administration Centre, The City Arc, 89 Worship Street, London, EC2 2BF and 65 High Street, Whitwell, Hitchin, Herts, SG4 8AH and conducts business on the internet from

[www.aquote.biz](http://www.aquote.biz) and [www.myaquote.com](http://www.myaquote.com)

The FSA stressed Aquote should not be confused with A Quote the motor and home insurance broker which is part of Hero Insurance Services.

The FSA added it believes Aquote is being run by the former director of Synergys Ethical Limited (Synergys) and is offering to renew old Synergys' client policies.

Synergys is the subject of a previous warning and the FSA said any customers who think they have taken out an insurance product through Aquote, or any Synergys customer looking to renew their existing policy may be affected.

"Affected customers are strongly advised to contact the insurance company with whom they believe their policy is held to check their cover status. If a customer was not given details of the insurance company providing cover and thinks they may not be covered they should take immediate steps to arrange new cover," the FSA added in a statement.

## QOF Validation

The LMC has been concerned at the increasing desire of the PCT to go beyond the contract when validating and approving QOF payments. The notion of audit by sample and included in all the national guidance and regulation seems to have been lost. We are continuing to discuss this important issue with the PCT but the contents of the latest letter will inform you of the progress so far.

" The LMC remains opposed to the imposition of number crunching and data collection by practices outside the regulations as laid down in our contract. Having read and reread these, I cannot see anywhere the requirement to distract staff from practice work to fulfill your expectations for the QOF validation exercise. The assessment process is clearly laid out, and the data that you can require from practices is specified. The PCT cannot require more as a routine validation exercise than our regulations state.

No practice would wish to be obstructive, but their *raison d'être* is patient care. The contract lays down reasonable negotiated limits to the time and effort practices should divert from their core tasks, and the LMC cannot support the level of data collation you are suggesting."

The regulations allow for computerised interrogation of the practice database, or for the validator to view a selection of records, but there is NO requirement on practices to go beyond that. The quotes below are from the relevant regulation, and indicate that you may be asked to justify exception reporting, but not that you will have to produce collated data before the visit.

" Practices will not be expected to report why individual patients were exception-reported".  
"Practices may be called on to justify why they have excepted patients from the QOF and this should be identifiable in the clinical record"

We will support any practice is adopting the above policy.

## Chlamydia Screening Appeal

30 seconds 4 times a week, that's all we were asking.

New Year usually means a determined refocus on improving our health. This is all too much effort and means depriving ourselves of things we like. Now a Chlamydia test, that's something easy to do and doesn't require giving anything up or starting something nasty. So little effort for so much gain.

This is probably the easiest health promotion message there is. In order to empower young people we have a positive, reaffirming statement that says "you're between 17 and 25, you're good looking, gorgeous, beautiful, so get a Chlamydia test and tick off 1 thing that's good for your health this year".

If every practice did 4 extra tests per week – less than 1 a day - we would meet our LAA target and continue to be the best Chlamydia service outside London.

That would also fit with the new Young Peoples Sexual Health LES that was sent out mid December.

Tests can be done in the surgery if it's a consultation for contraception or sexual health. If not then give each person a free postal kit with instructions to do the sample and put it in the post, they could also take one for their partner and you get a double hit.

Go on, do something easy for those young adults that happen across your path.

Pam Gates  
Chlamydia Service  
01209881727  
chlamydia-screening.service@cornwall.nhs.uk

**PORT ISAAC  
NORTH CORNWALL**

**SALARIED GP OPPORTUNITY**

- 6/8 sessions per week
  - PMS + dispensing practice
  - Split sited – modern purpose built owned premises serving 8,000 patients
    - Paperlight practice
    - Attractive salary
- Start date: 1 April 2009

We are a friendly, forward thinking practice covering 90 square miles in North Cornwall with an excellent primary health care team. We are now looking for an enthusiastic GP with a sense of humour to join our team.

**For further information/informal discussion please contact Anne Boney, Manager, The Surgery, Hillson Close, Port Isaac, PL29 3 TR. Telephone 01208 880222.**

**Email**

**[Anne.Boney@PortIsaac.cornwall.nhs.uk](mailto:Anne.Boney@PortIsaac.cornwall.nhs.uk)**

**Saltash Cornwall-situated on the west bank of the River Tamar  
Replacement partner**

Half time partner, 2 days per week, to start 1st July 2009.  
5 partner GMS practice with 6500 patients in purpose built premises  
EMIS LV paper light  
High QOF scores

Closing date 27 February

Applications to:  
Mrs Jean Ackrell  
Managing Partner  
Port View Surgery  
Higher Port View  
Saltash  
Cornwall  
PL12 4BU  
0844 477 3008  
[Jean.ackrell@portview.cornwall.nhs.uk](mailto:Jean.ackrell@portview.cornwall.nhs.uk)  
[www.portviewsurgery.com.uk](http://www.portviewsurgery.com.uk)

**Gynaecological Cancer Day  
30 January 2009**

Over the next five years cancer care will not just focus on the service provided by the specialist units. Issues of recognition and referral, treatment in community settings and the long term consequences of treatment will require closer working relationships between primary and secondary care. To begin this process the Peninsula Cancer Network will be organising a series of focussed events looking at the issues raised within specific tumour sites. The first will address Gynaecological Cancer where there are already significant overlaps between primary and secondary care as well as very specialist considerations.

This event will be held on Friday, 30<sup>th</sup> January at Roadford Lake. This will be a Peninsula-wide event which will be free to participants and accredited for 5 hours of education. Booking information was distributed in the autumn but there are a few remaining places. We are limited to 60 participants in total so anyone interested in attending is asked to send the attached registration form to Karen Ford at the Network Office as soon as possible.

[karen.ford2@nhs.net](mailto:karen.ford2@nhs.net)

**RCGP Tamar Faculty Study Day  
& AGM**

**'Mind over Matter'  
Tuesday, 28 April 2009  
Padbrook Park, Cullompton**

For further details, please contact the faculty office

Tel 01392 262744, Email

[liz.bell@pms.ac.uk](mailto:liz.bell@pms.ac.uk)

Cost: member GPs—£65.00 Non-member GP — £75.00, Gp Registers £30.00, Others £25.00  
Book by 14 April 2008

## Dr Bile go on.....Episode Seven

*[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...]*

The secret service Fiat Panda burned rubber as we headed at helter-skelter pace for the Sadistic Health Authority Headquarters. Then I realised I had the handbrake on and on releasing it the smell of burning rubber vanished into the morning air.

"What's that smell?" enquired my female antipodean companion. "Hums like an Aussie stag night"

"Burning rubber"

"Just like an Aussie stag night then. It's amazing what they get up to with those inflatable..."

Mercifully I never found out what former petty criminals relocated to our furthest colony got up to on their ghastly stag nights as I was forced to bring the pink vehicle to a shuddering halt by a headline on a board outside a newsagents shop.

*"Cornwall LMC Chair and Vice Chair photographed sleeping together-exclusive picture"*

I left Dolores in the car adjusting her tights after I had unfortunately laddered them by accidental injudicious use of the Panda's gear stick. To my horror I discovered that the periodical containing the incriminating photograph was none other than the December issue of the Cornwall LMC Newsletter itself. Sir Liam had carried out his threat to publish damaging images in a leading publication if we failed to give in to his unreasonable demands. The LMC Office had a mole. Groucho Stead needed to be warned.

I pressed the secret button on my Disney Novelty watch and the face of the LMC Supremo G's personal secretary Miss Spendapenny appeared on the tiny screen replacing that of Mickey Mouse.

"Is G there?" I asked urgently.

"He's out of the office" she whispered, "but there's been a development".

"You're not kidding..." I began as I was about to share with her the damaging newspaper headlines but she interrupted my delivery.

"G was at a meeting with Sir Liam Harrumpher

and local dignitaries. Groucho's bedmate Henrietta Tulle Gras was present. She was so incensed by the photograph being leaked to the press that she punched Sir Liam on the nose. He had to retire to the Gents to stem the blood."

Sir Liam was a dangerous man to make an enemy of. Henrietta was in grave danger.

"I'm sure that photo was touched up" I continued.

"It's not the only thing that has been" an Australian accent cut through the air like a jagged saw in timber. I had been joined by Dolores who was not best pleased about the state of her tights. I loved the way her nostrils flared open when she was angry. It was like an aircraft hanger up there.

The wrist watch spoke to me once more, but for some reason the Mickey Mouse face did not properly fade from the dial giving Miss Spendapenny large black ears sticking out of either side of the top of her head, actually something of an improvement.

"There's been a shock announcement from Her Majesty's Government in the House of Commons" she continued, unaware of her aural enhancement. "They are doing a mega U-turn as far as Dispensing Practices are concerned and despite their recently published White Paper *"Stuffing Dispensing GPs"* they have decided to allow us all to carry on as before. Strength of public opinion they say".

Now I came to think of it I had noted an absence of any major national GP-Bashing of late with the dentists coming under the cosh instead. One thing was certain, with his recently bloodied nose and Dispensing GPs being let off the hook, Sir Liam Harrumpher was not going to be a very happy bunny by the time we caught up with him in the heart of his lair at the Sadistic Health Authority.

"This time I'll drive and you can navigate" snorted Dolores, and picking me up by the scruff of the neck she deposited me through the sunroof and dumped me unceremoniously in to the passenger seat.

"Now which side of the road do you drive on over here?" she asked as the driving wheel came away from its mounting in her dainty grasp.

This was going to be a very memorable journey...

**To be continued.....**