

# LMC NEWS

## Cornwall & Isles of Scilly Local Medical Committee

IN THIS MONTH'S NEWSLETTER :-

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### Apollo and QOF Validation

The LMC Committee met on 17th March to discuss, among other issues, Apollo and QOF validation.

With regard to Apollo, the following statement has been issued:

**The LMC has received satisfactory reassurance from Apollo Medical Services and has changed its view with regard to this software. The LMC reminds those practices which choose to use the software of their duty to scrutinise each search carefully.**

This does not mean the LMC recommends Apollo, but has dropped its overall objections held prior to the explicit response of the company .

We would suggest you read the attached letter from Apollo, and make an informed decision, utilising any or all of the controls offered if you so wish.

If you choose to install Apollo and it will not work, or crashes your system you should speak to your hardware supplier and/or Apollo, as well as the PCT who should not penalise you for problems with their equipment.

With regard to QOF validation the following statement has been issued.

**LMC encourages probity and supports the system of audit and clinically lead scrutinising of exception reporting. The principle of law in England is innocent until proven guilty and practices should not be required to prove innocence at their cost.**

Making it a practice's responsibility to list every example of exemption reporting at a pre-payment stage, no matter how many clinical fields are chosen, is unacceptable, as is having to justify a clinical decision to a non-clinician.

The LMC stance on this is in line with the current guidance from the DoH and is backed by the BMA  
[http://www.dh.gov.uk/en/Healthcare/Primarycare/Primarycarecontracting/QOF/DH\\_4125653](http://www.dh.gov.uk/en/Healthcare/Primarycare/Primarycarecontracting/QOF/DH_4125653)

## Pre and Post Operative work

Following the announcement in last months newsletter that we are very close to finally agreeing a deal on pre and post operative work, I am pleased to give you an update.

The PCT is looking at a per capitation offer for the current year, but we have no more details yet.

For next year practices will be offered a LES based on:

- Removal of sutures and or staples arising from procedures outside the practice (£15)
- Wound dressings post operatively to a maximum of dressings per patient ( £20 / change of dressing)
- Pre-procedure examinations and tests requested by secondary care and which do not influence the decision to refer (£15)
- GNRH agonists pre-operatively and endometriosis pre-operatively (£20)
- Pre-operative bloods (£10)

This will mean that any increase in activity from any provider will be picked up, but we will need to monitor and inform the PCT if any providers do change their service, because they must ultimately pay for this service that we will be offering.

## Meetings with the LPC

Those readers with memories will recall that the LMC had been meeting with the LPC over the past few months to discuss matters of joint interest and the white paper on pharmaceutical provision.

At a recent meeting it was agreed again to hold some joint meetings across the county at which we hope to see a number of GPs and Pharmacists take the opportunity to get together. Last time we had a clinical theme, but this time will draw from a number of more administrative issues such as computer prescriptions. Meetings are being held in a positive way and we will keep you posted.

## LMC Conference 2009

This years conference is being held at the The Tregenna Castle Hotel , St Ives on Tuesday 20th and Wednesday 21st October.

The first day will be dealing with national and strategic issues with the second day having a more practical theme. Both days are open to anyone employed in general practice.

To those crying why, oh why St Ives. Well, we think we should go round the county when we can, there are only a very few hotels that can accommodate us now (number of delegates and number of rooms for people staying over), the Tregenna Castle has come up with a price which means we can keep the cost the same as last year. It's also accessible by car, coach and train.

The programme will follow in a few weeks, together a booking form.

## GPs, practices and advertising

Now that we have landed in the new world of competition, with commercial competitors providing services, the LMC thought it would be useful to remind GPs of the rules about advertising.

Whilst we are not actually encouraging you to take out full page advertisements in the local paper, it is worth while thinking about what you can do. Many patients do not understand all the services you provide nor how to access them, if they did it might make not only their use of the services more appropriate but also practice life easier.

The LMC also considers that if a practice is to advertise beyond the normal practice leaflet and web site, it should discuss the contents of the advert with local practices and of course comply with the guidance in Good Medical Practice for General Practitioners.

This guidance states that

### **Providing and publishing information about your services**

*60. If you publish information about your medical services, you must make sure the information is factual and verifiable.*

*61. You must not make unjustifiable claims about the quality or outcomes of your services in*

*any information you provide to patients. It must not offer guarantees of cures, nor exploit patient's vulnerability or lack of medical knowledge.*

*62. You must not put pressure on people to use a service, for example by arousing ill-founded*

*fears for their future health. (GMC, Good Medical Practice, 2006)*

### **Providing and publishing information about your services**

*Providing information to patients is an important and positive part of practice. Patients want to know what services are provided in the practice, which ones can only be used on your recommendation, and which ones they can access directly. They need to know about arrangements for out-of-hours care and when they will next be able to talk to a member of the practice team. This applies to written information (e.g. your practice leaflet), to your website and to any recorded telephone information. The information in your practice literature or website needs to be accurate and factual, and should avoid making comparisons with others. It should be reviewed regularly and kept up to date. Your responsibilities are to provide information for your own patients and to those thinking about registering with your practice. You should not go out and canvass or entice patients to join your practice.*

### **The exemplary GP**

- has a clear, accurate and up-to-date practice leaflet containing information about services provided, and has a clear and accurate website.*

### **The unacceptable GP**

- does not have a practice leaflet or website, or has one that is untrue or selfpromoting*
- does not give clear messages concerning out-of-hours arrangements and times when the practice is open*
- visits or phones prospective patients to encourage them to join the practice.*

There is therefore much that you can do to make certain your patients understand your services and how to access them.

## Personal Health Budgets

Following Lord Darzi's proposal in 'High Quality Care for all' in June 2008, the DH has launched a 3-year pilot programme on personal health budgets (PHBs). Here is the link to the recently published 'First Steps' document which reports on early lessons and invites expressions of interest in the pilot programme:

[http://www.dh.gov.uk/en/Healthcare/OurNHSourfuture/DH\\_090018](http://www.dh.gov.uk/en/Healthcare/OurNHSourfuture/DH_090018)

PCT-led pilot sites will be announced in May, and the **deadline for applications is 27 March**. The pilots will commence work later in the summer. If you or any of the practices in your LMC bid for, and are successfully selected as a pilot site, we would in due course be interested to know your experiences of the bidding process and the the pilot. We will be in touch about this later in the year.

1. 'Notional budget' where patients are made aware of the treatment options within a budget constraint and the financial implications of their choices, but the NHS (the commissioner) maintains all service coordination and contracting functions. The DH considers this to be an extension of personal care plans.
2. 'Real budget held by a third party' who helps the patient choose services. Both this and the 'notional' option are already possible within the existing legal framework.
3. 'Healthcare direct payments' are similar to the existing direct payment model in social care: individuals would be given cash payments to purchase and arrange the services they need. This option is subject to new legislation (the Health Bill) and if passed, this option would be piloted from summer 2010.

It is currently envisaged that only a very small number of patients, namely those with complex and multiple health needs who are long-term users of the health service, will find that their requirements lend themselves to a personal health budget. It is also anticipated that for the most part budgets will not cover the full scope of NHS services nor those services which might be considered 'core' services, such as acute/emergency care, rather they will cover specific aspects of care, for example mental health services or NHS Continuing Healthcare. However, we will have to wait and see how the pilots will actually develop over time.

Thanks to Richard Stebbings from the GPC for this article

## Health in Pregnancy Grant

You, your staff and practice maybe approached by expectant mums asking about grants. We hope the following will guide you through something else to remember!

From April 2009, expectant mums can claim a one-off, tax-free payment from H M Revenue and Customs, if they are at least 25 weeks pregnant. That payment is called the 'Health in Pregnancy Grant@.

It is payable if the expectant mum is 25 weeks pregnant or more, the expected date of delivery is on or after 6 April 2009 and they have been given health advice from a midwife or doctor.

It is not paid is the person is subject to immigration control or they are not present, ordinarily resident or have a right to reside in the UK.

The grant is a one off payment of £190 for each pregnancy.

Claim forms are available from midwives and doctors from 1 January 2009 onwards, and must be signed by the persons' midwife or doctor. It then needs to be received by HMRC within 31 days of the midwife or doctor signing. If the surgery or midwife does not have a form, there is a "Health in Pregnancy Grant" Helpline on 0845 3667885.

## Patient Participation Groups

The BMA's Patient Liaison Group has published its web resource on patient participation groups (PPGs) in primary care. The resource addresses the role of patient participation groups (PPGs) in primary care. It provides practical advice for GPs, practice managers and patients who may wish to set up a PPG in order to involve patients in the running of the practice. BMA members have contributed a number of case-studies to the resource that illustrate the benefits a successful PPG can bring to GP practices, as well as some of the challenges involved. The resource is available at:

[http://www.bma.org.uk/patients\\_public/whos\\_who\\_healthcare/ppgintro.jsp](http://www.bma.org.uk/patients_public/whos_who_healthcare/ppgintro.jsp)

**Salaried GP wanted  
Boscastle**

**FULL-TIME SALARIED GP  
OPPORTUNITY**

**WE OFFER:**

Attractive salary  
BMA model contract  
Full-time (including one study session/week)  
6 weeks annual leave  
No OOH/weekend cover  
Start date 01.05.09

**WE ARE:**

Friendly, well organised and forward thinking  
Offering high quality patient care  
Rural dispensing Practice  
PMS/training Practice  
High QoF achievers  
Paper-light  
Split-sited in modern purpose built premises serving 4900 patients

**For further information/informal discussion, please contact:  
Catherine Davey, Practice Manager  
Bottreaux Surgery, Boscastle, Cornwall  
PL35 OBG**

**Tel: 01840250209**

**Email:**

[catherine.davey@bottreaux.cornwall.nhs.uk](mailto:catherine.davey@bottreaux.cornwall.nhs.uk)

**RCGP Tamar Faculty Annual  
Study Day  
28 April 2009**

You are reminded that the above event is happening and will supply you with a study day on improving your everyday consulting skills.

Costs are members GPs , £65, non member GPs , £75, GP registrars , £30 and others at £25.

Bookings to be confirmed by 14 April with Mrs E Bell. Contact on 01392 262744, fax 01392 432223 or e-mail [liz.bell@pms.ac.uk](mailto:liz.bell@pms.ac.uk)

**GP Locum available**

**New Locum available from April 2009!  
Dr Annabelle Mascott**

Relocating from Sheffield to Falmouth April 2009.

Available for short, medium and long term locums. Hours flexible to suit.

MB BS MRCP DRCOG DCH FPCERT  
Masters in Medical Education  
RCGP Cert in Drug Dependency  
BASICS Cert in Pre-hospital emergency care  
GMC No 3107034  
Sheffield Medical Performers List 3107034-5EN00

For availability and full CV (password available on request) see [www.gplocumdirect.co.uk](http://www.gplocumdirect.co.uk)

Contact details: email

[annabelle Mascott@yahoo.co.uk](mailto:annabelle Mascott@yahoo.co.uk)

Phone 07525264617

**9th Peninsula Cancer Network  
Research & Development  
Symposium  
15 May 2009**

The above event is being held at Saunton Sands Hotel, Braunton. It starts at 9.45 with the first welcome and finishes at 16.00 with closing remarks.

The day will have a variety of speakers on:

- Prostate,
- Clinical genetics
- Radiotherapy,
- Medico legal matters
- Research in complementary therapies,
- Research fellow forum
- Keynote speech on Molecular Genetics.

There is no registration fee.

If you wish to attend please contact Ann Courtman on 01803 860660, or fax 01803 860678 or e-mail to [ann.courtman.nhs.net](mailto:ann.courtman.nhs.net)

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

Having reattached the steering wheel Dolores was chauffeuring me towards Sadistic Health Authority GCHQ in our Secret Service pink Fiat Panda, our only equipment being a gold coloured Sim's speculum in a shoe box, the usefulness of which remained a firmly locked mystery. It had not been a good few days. On top of everything else the Cornwall and Isles of Scilly Peeceetee had rebadged itself, no doubt at great expense, as "NHS Pointy-bit-of-England-sticking-out-at-the-bottom". NHS Pointy-bit-of-England-sticking-out-at-the-bottom had then announced it had given a contract for a new GP-led-up-the-garden-path Dafti Centre to Nest Of Vipers Healthcare PLC. Do they never learn?

My specially adapted Disney watch started beeping and the face of Groucho Stead appeared on the dial.

"Basil we want you to divert to Gunnerslake immediately"

"Where the hell is that?" protested Dolores who was itching to get to grips with Sir Liam.

"A bit of a hillbilly backwater I'm afraid, but you may have heard that a six stone beaver has escaped from captivity and been spotted in the area, felling trees and leaving tell-tale marks around the surviving stumps. We believe it broke loose from the Sadistic Health Authority GCHQ".

"What would Sir Liam want with a six stone beaver?"

"The Geriatric Moaning Council President Sir Gerald Kitkat is about to step down, and there are fears that when he goes he could be replaced by the first President of the

GMC not to be a doctor. Insider informants tell us the beaver was being trained up to be the first non-human president of the GMC, and given the damage it has done to trees in South East Cornwall along the banks of the Tamar, it doesn't bear thinking about what it might do to GPs."

I felt an icicle of fear trickling down the back of my neck, and then I realised I had been crapped on through the sun-roof by an incontinent pigeon. Since the LMC were our paymasters Dolores and I had no alternative other than to head to the God-forsaken wilderness where this overgrown hamster was wreaking arboretial havoc. With a squeal of tyres Dolores did a lady driver twenty three point turn and in no time at all (half an hour) we were facing in the opposite direction and wending our way down winding high hedged lanes to the part of Cornwall that time has forgotten. Never mind digital TV, they had only just started receiving BBC2 in this neck of the woods.

We parked by the banks of the Tamar, looking across into England. As it was getting decidedly chilly, Dolores had put on her wombat real fur coat. This was an error of judgement as the beaver, until now being an evasive will-o-the-wisp presence, was male and according to the newspapers likely to be lonely and looking for a mate. There was a sudden commotion in the undergrowth, and with a deafening rustling of foliage and a guttural snort a stocky hairy creature the size of a small pig launched itself at Dolores and wrapping its paws around one of her Ugg boots started..er..beavering away.

"Don't just stand there you pommie waste of space, do something.." implored my aussie companion.

I had to think fast. Immediately I knew what I had to do. I reached for my mobile phone and took a photo. Bill Oddie would probably pay me a fortune for it....

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