

LMC NEWS

Cornwall & Isles of Scilly Local Medical Committee

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No. 217 April 2009

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Your Chairman writes

Swine Flu is occupying the headlines, and I urge you to use the HPA Website for an up to date and sensible algorithm for managing suspected cases. Advice may change rapidly if incidence rises and case to case transmission appears, and we move to another level of response. Please revisit your Flu Pandemic Plan, and follow the HPA guidance – now is not the time for GPs to go their own way in managing a potential pandemic.

If the Seven Horses of the Apocalypse happen to bypass Cornish airspace and life as we know it continues, I can reassure you that the LMC is still committed to support Practices who are asked to provide unreasonable levels of data for QOF validation. I understand many practices experienced difficulties with the PCT preferred 'Apollo' software: we are meeting with the PCT to discuss how this can be better managed next year, and to discuss the broader issue of the testing and application of software that does not appear to do what it says on the box; meanwhile, I expect the PCT to adopt a tolerant approach given the difficulties practices have experienced, and the delays imposed by the late arrival of the DoH patient survey.

The PCT has an absolute commitment to World Class Commissioning (why do I feel the concept has been belittled by the choice of that trendy title?). As part of the process they are producing a 'Balanced Scorecard' to demonstrate the quality of Cornish primary care. Originally developed as a management stick to beat failing practices, we hope to work with the PCT to produce a version that will reflect fairly on quality, will not unreasonably weight particular 'flavour of the month' activities, and will be derived from data already held by the PCT. Quality assured and beurocracy-lite.

We should all have started collecting data for our next appraisals, and the LMC proposes running an awayday later this year as the requirements become clearer. We will also be running the two day conference later in the year

Lastly, my thanks to Richard Clapp who leaves the LMC Cabinet and Cornwall in search of the chalice that will finally poison him- Serco Medical Director, LMC Treasurer, LMC Vice Chair and GP have all failed to satisfy this restless Scotsman's masochistic streak. I am sorry I failed to make his life miserable enough to retain him, and wish him well!

Matthew

RCHT—the story continues

The report into the recent issues in the management at RCHT can be found on

<http://www.cornwall.nhs.uk/rcht/2007website/IndependentReviewOfManagementAndGovernanceAtTheRoyalCornwallHospitalsNHSTrust.pdf>

The continual changes at the Trust mean that they will have found it difficult to concentrate on the tasks in hand. Communication with primary care has been and continues to be unsteady in both its quality and frequency. The latest Medical Director has resigned.

The LMC has always been willing and keen to discuss how health care is changing and how primary care can play its part, we still are. We know that PBC and World Class Commissioning have many grand targets to achieve, and that much attention from the PCT and SHA will be on RCHT for the forthcoming months.

Small quiet zone, because nothing else fitted

GMC consults on changes to Fitness to Practise Rules

The GMC launched a two month consultation on 19 March 2009 into a package of proposed changes to its Fitness to Practise rules.

Proposed changes to the rules include:

- Provision for the Registrar to filter out vexatious complaints about a doctor at the point of initial consideration of a complaint. The total number of such complaints received by the GMC forms a very small proportion of the total.
- Extension of the circumstances under which a decision to conclude a complaint may be reviewed; a decision would not be reviewed more than two years after it was made other than in exceptional circumstances.

Paul Philip, Director of Standards and Fitness to Practise at the GMC, said,

“This open consultation forms part of our regular work in which we review and improve our procedures to ensure that they are fair, objective, transparent and free from unlawful discrimination, while maintaining their effectiveness and efficiency. We would like to encourage organisations such as defence bodies, patient organisations and Royal Colleges to give us their views on this package of proposed changes.”

- The consultation runs until 22 May 2009.

BMA launches consultation on how to improve GP services

The BMA has launched a consultation on how to improve GP services. It can be found on:

http://www.bma.org.uk/healthcare_policy/DevGP0309.jsp

“The General Practitioners Committee (GPC) wants to learn more about the way in which practices respond to patient expectations at a local level and what barriers practices encounter that prevent them making appropriate changes. We hope that this will ultimately help inform our discussions with the UK governments.

Throughout April 2009 we will be consulting as many national patient groups as possible about their expectations of general practice and asking GPs for examples of how they have improved patient services in their own practices. Most importantly we will be encouraging GPs to engage with their own patients to find out what patients value or would like to see improved in their practices. “

This is an opportunity to tell them how we can respond to the seemingly growing cries to get more large organisations involved in primary care. If this finally happens, we will be able to say we tried to stop the move to impersonal, contract led care. But we could not stop the commissioners.

Federated Practices

Many of you will have read the RCGP guidance on federated practices, a copy can be found on the LMC website.

What is also interesting is that the ideas in it have also featured in the DH document outlining their vision for practice –based commissioning.

It has also featured in recent BMA press releases, so what does all this attention to being federated mean.

We won't really know until a few years have passed. But one thought is that practices are now used to working together, they have provided out of hours services and now many GPs under a variety of guises also provide more complicated services for patients. All this has happened without major problems. Perhaps now is the time to consider the next stage of working together where you share some management resources as well as clinical.

Perhaps in response to the cries for 8 to 8 opening you consider how you could provide it between a number of practices. Within the federation you could still be independent, and separate businesses. This would obviously lose the benefits of small and more personal care, but if it is what the PCT wishes to commission then who better than local practices to provide it.

New Complaints procedure from 1 April 2009

With effect from 1 Apr 09 there will be a new complaints procedure for the health and social services. The guiding document is called 'Listening, Responding, Improving: a guide to better customer care.' It and its supporting leaflets and guidance sheets can be viewed via:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_095408

Releasing Patient Information

Following a recent enquiry from a practice concerning a request from the Police for information about a patient, his visits to the surgery, the consultations etc we thought a quick reminder might help. Patient data may be disclosed to an appropriate and secure authority and used for a secondary purposes (i.e. not for direct health care) if:

- they are anonymised or pseudonymised;
 - they are required by law;
 - the patient has given explicit consent;
 - the health professional is satisfied, in some limited circumstances, that the patient is aware of the use and has not objected to it, and so has effectively provided implied consent;
 - disclosure is authorised by the Patient Information Advisory Group (PIAG) under section 251 of the NHS Act 2006
 - the health professional is satisfied that the legal and professional criteria for disclosure without consent in the 'public interest' have been met.
 - confidentiality can be breached in the public interest or where somebody may suffer harm if the disclosure is not made
 - the level or nature of the crime is relevant in determining whether or not it warrants a breach of confidentiality. Each Doctor has to make the decision based on what seems reasonable in the individual case.
 - There is no problem if the patient has consented to the Doctor telling the police that he is registered with him.
 - in many of these cases, the context of the case can be relevant - at present all the police are asking is whether a specific person is registered with the Doctor but what will they do with that information?
 - we also have general advice that Doctors should cooperate with the police when they can do so but the GMC advises that information should not automatically be handed over simply because it is asked for.
- in summary, the Doctor is unlikely to be criticised for answering the question but he may need to consider what will be the implications of that. However the practice is not breaking the law in refusing to hand over those details until ordered to do so by a judge in accordance with the Criminal Law and Evidence Act (magistrates don't have those powers). A court order absolves the custodian of any risk of an action for breach of confidentiality.

National news of C & B

Another plank of the plan to modernise the IT of the NHS appears to be doing having a wobble.

All practices will have endured the Choose and Book system for some five years. In that time 5 NHS managers have tried to implement it locally, it is still not reliable, and still crashes.

We learn now that a recent study in James Cook University in Middlesbrough ENT department has found DNA rates were 50% higher for those using C & B than for those not using it.

Still mustn't grumble and we need to make the best of it after all PCT targets depend on it.

Illegal databases

The LMC was pleased to see that somebody other than itself has started to express concerns about the rise of government databases. The Joseph Rowntree Reform Trust, a well respected and not exactly radical organisation, has revealed in a recent report that it believes a quarter of all government databases are illegal and should be scrapped.

The Trust believes that the Detailed Care Record is almost certainly illegal. The Summary Care Record has significant problems and maybe illegal. It may need to be shrunk, split up or individuals need to be given the right to opt out. Rather wonderfully Choose and Book may even be illegal.

The government maintains that the report contains "no substantive evidence" on which to base its conclusions. However the very large public sector debt may produce a change in heart at the sector when suddenly the possibility that the data bases are illegal will suddenly become useful.

You can find the document on:
<http://www.jrrt.org.uk/> and then look on the right hand side in the news

Service veterans, QOF and organs

The NHS has been instructed by the government to remind GPs that ex-servicemen and women are entitled to priority treatment, The entitlement does not extend to somebody over another patient with a greater need.

The real fun is that no way has been found to link this right, with the choose and book system.

Stop Thief!

Just a timely reminder that about this time last year we started to see a number items stolen from surgeries. All surgery personal are reminded to keep a look out, and perhaps warn patients.

Where possible patients should have their freedom to wander in the surgeries restricted to public areas, and where possible, consulting rooms should be locked when not in use.

E-learning

The NHS is providing an e-learning module for short and long term catheters via its e-learning website.. It can be found on: www.corelearningunit.nhs.uk
"anyone with an NHS email address can register for the core learning unit. You need to go through the registration process and then login (5 mins) and then you will be able to see the 'my courses' section I have copied and pasted for you below. The two catheter modules are listed under 'UC'. There are additional infection prevention and control modules further up the list."
The PCT has asked that we bring this to your attention.

Cornwall Doctors Cricket Club seeks new members

Are you interested in Playing Cricket for the Cornwall Doctors Cricket Club "Methigion" ?

Methigion CC comprises a mixture of hospital doctors and GP's who enjoy playing cricket together against various teams in central Cornwall. It is a great chance to meet your colleagues in a sporting and social setting. It has even been known to offer career development opportunities. Ability is not a prerequisite to join the team, but is welcome. Youthful vigour is also welcome, but there is no age limit, fortunately for existing members, and enthusiasm is all that is required. Selection is based on getting your name on the team-sheet first, which is seldom a problem. We play most of our games on Wednesday evenings and are in the Cornwall Mining Evening League in which we play Camborne School of Mines, Stithians, Wendron and Perranarworthal this year.

Our home games are at Boscawen Park Truro. We also play friendly games with other Cornish teams, Trengilly Wartha pub, Truro School Staff, Cornwall County Council, St Erme, Lanhydrock to name but a few. The club has its own pads and bats, but I would recommend purchase of your own "box" as the club's own are quite "well travelled".

We have a long weekend tour of the Scilly Isles early in September when we play St Marys, Tresco and St Agnes. We are eager to welcome any new members on a regular or occasional basis, the present membership is currently much stronger on experience, than ability and youthful vigour!

If you are interested please contact Mark Gripper, at Chacewater or David Farrar of Bodmin both on Groupwise.

Controlled Drugs Management

An evening supported by the LMC and LPC is being organised looking at the changes in legislation and practice. Using case studies the evening will share practical advice and look forward to improving everyday CD management.

It is being held on 19 May at Lanhydrock Hotel and Golf Club, starting at 6,45 for buffet. Please contact Lynn Coombes on 01726 627986 to attend, or via group wise. A separate flyer is being sent.

King's Fund Inquiry Into quality of care in general practice

A new inquiry, which will report in September 2010, has been announced. It will be chaired by the chairman of the Kings Fund, Nial Dickson, and will be overseen by an expert panel which includes Dr Michael Dixon (Chair NHS Alliance) Prof Steve Field (Chair of RCGP) and others.

The inquiry will focus on the quality of care provided and the significant variations both in the standards of individual practice and the services provided.

The background paper states that there are significant variations in standards of care for example on quality of diagnosis where no agreed standard tools exist. The quality of GP referrals and the quality of prescribing.

Further details can be found on:

http://www.kingsfund.org.uk/what_we_do/press/gp_inquiry_press.html

You can even volunteer to test the inquiry's findings by registering at:

gpinquiry@kingsfund.org.uk

Appraisal and Revalidation

You will shortly be receiving a letter, or have received on from Rachel Crawley on the above. The RCGP has also recently issued a guide to the revalidation of General Practice all of which makes considerable reference to the facts that the system is changing significantly. In future GPs will be required to demonstrate a portfolio of evidence rather than just statements that cannot be substantiated. The new appraisals systems it not designed to judge competence. However appraisals will be more challenging.

To explain the changes the PCT and GP Appraisers will be holding a series of evening meeting to explain further the process.

Managing Cardiovascular Risk

ACADEME are bringing courses on managing cardiovascular risk in hard to reach patients to Plymouth. They are free to attend, and are sponsored by Boehringer Ingelheim Ltd.

The next one in Plymouth is on 9 July in the afternoon.

For more details and booking please go to:

www.academe.org.uk

Co-mentoring Peninsula Deanery event

You are cordially invited to:

The South West Peninsula Deanery Co-mentoring Evening 7pm Thursday 18th June Knowledge Spa, Truro

Would you benefit from more peer support?

Are you keen to learn more about how mentoring might help you to survive and thrive in general practice?

Would you like to form a co-mentoring pair, or mentoring group?

We believe passionately in the importance of good, regular peer support, for all GPs, and want to support you in building co-mentoring into your professional lives. Come and join us for an introduction to co-mentoring. (And if you have a colleague you'd like to have as your co-mentor, please persuade them to come too!)

For more details, and to book a place, email Susie on susanna.bate@peninsuladeanery.ac.uk
Closing date for applications 4th June

**Prince's Foundation for
Integrated Health**

All GPs are invited to become members of the Prince's Foundation for Integrated Health – it costs nothing and you will get regular newsletters/updates and information on integrated medicine and health. We believe that patients should be able to access the “best of both worlds” (conventional and complementary medicine) where safe, appropriate and evidence based. This recognises that only too often, in areas such as chronic tiredness and back and neck pain, for instance, there is not always a very good evidence base and we have to make the best of what we have. Integrated medicine enables GPs to have a wider range of options for their patients (even if they don't practice any complementary modalities themselves) and integrated health focuses on areas such as nutrition, education and the environment in improving our patients' health.

If you would like to join and find about integrated medicine and health or, if you already have an interest or practice it, then please join by going to www.fih.org.uk/gps.

**NHS Education
Peninsula GP Conference**

A two day conference will be held on 20 / 21 May at St Mellion Golf Club, near Saltash.

Day 1 topic include clinical updates by regional consultant specialists on allergies, cardiology and Liver Disease. Interactive workshops on diabetes,. The second day includes updates on knee problems, renal disease and vertigo, interactive workshops on family planning, rapport building, career planning, palliative care and finally a session from Mike Pringle on revalidation.

Costs are £80/day , £140 for 2 days.
£70 per day for sessional GPs, trainees, and other primary healthcare staff.
Contact via website or Judy Hollett on 01752430

**Part time GP required
Chacewater & Devoran surgeries**

We are looking for a part time salaried GP with the option of partnership starting 1st October 2009, for 4 sessions a week.

The position requires someone with a particular interest and expertise in women's health.

We are a rural dispensing practice and we train PMS students.

Please apply in writing with CV and referees to:

Mrs. Sue Gunn, Practice Manager,
The Health Centre, Chacewater, Truro. TR4
8QS

Tel: 01872 562202

Email:

susan.gunn@chacewater.cornwall.nhs.uk

Closing date: Monday 1st June, 2009
Interviews will be held at the end of June.

Informal enquiries/visits prior to application are welcome.

Please contact Mrs. Sue Gunn as above.

Revalidation

The flow of information on revalidation has started to increase recently. However as no decision has been made on the date for the introduction of revalidation and that the earliest this could commence would be 2011. This date is contained in proposals from the RCGP.

A decision will not be made on the final form of revalidation, including a revised system of appraisals until after a full assessment of pilot schemes, which are not due to be completed until the second half of 2010.

Nationally we have been given assurances that full details of the agreed revalidation arrangements will be given in plenty of time. For up to date information please look at the GMC webpage www.gmc-uk.org/doctors/licensing/revalidation

MRSA SCREENING INFORMATION

Background

Prevention of healthcare associated infection is a priority supported by the legislative framework set out in the Health Act (2006). Reduction of MRSA bacteraemia in particular is subject to national improvement targets as well as a requirement of standards for better health. Screening is a key strategy aimed at reducing incidence of bacteraemia by allowing the suppression of carriage immediately prior to healthcare interventions. This mitigates the risk of infection developing in the colonised patient and also reduces the risk of transmission to others. These are the underpinning principles of the national elective screening programme introduced by Lord Darzi.

Elective Screening

In line with national requirements all RCHT & Community Hospital elective admissions / attendances should be screened for MRSA. The current policy is that screening should take place as follows:

- At outpatient appointment on decision to admit
- In pre-admission clinic if not already screened in outpatients

In primary care when arranged by Consultants wishing to admit without prior appointment.

A positive result should not delay a patient's admission.

Treatment & Support for Patients found to be positive

If the patients are found to be carrying MRSA this information will be passed to an MRSA co-ordinator nurse attached to the admitting speciality. This nurse will;

- Contact the patient to give explanation and reassurance.
- Arrange for the suppression treatment to be dispensed from pharmacy to the GP practice or in some instances give the treatment directly to the patient in pre-assessment clinic.
- Advise the patient about collection and use of suppression treatment.

Risk assess those patients unable to use treatment and arrange for community nurse assistance if necessary.

GP Information

GPs will be informed of positive results via a letter attached to the treatment that is sent out from pharmacy. Where patients are given treatment in pre-assessment clinic the letter will be sent to the GP from the clinic.

GPs are advised to flag the patient's MRSA status for future reference in a way that stands out at each consultation (similar to the way drug allergies are flagged). Prescribing options will be altered for MRSA positive patients as described in the anti-microbial prescribing guidelines. Community or practice nurses and therapists will need to be informed as well to ensure correct choices are made from the wound formulary.

In Cornwall there are two other MRSA screening initiatives in progress as part of the cross community MRSA recovery plan designed to reverse the position of Cornwall as a national outlier with the highest rate of MRSA bacteraemia.

Unplanned admission screening

Emergency admissions in high risk groups are being screened and those found to be colonised are given suppression therapy and managed in isolation. This approach is being phased in by risk group and will be a national requirement by 2011 in any case.

Community high risk screening

A pilot study selecting patients for screening from district nursing and podiatry caseloads is in progress. Risk categories have been identified using local trend analysis. Colonised patients should be offered a maximum of two courses of suppression therapy which will need to be prescribed by the GP. Where suppression fails and chronic colonisation is acknowledged guidance will be produced aimed at reducing risk during future episodes of care.

GP information

GPs will be informed of positive findings from both the above screening routes either by discharge letter or direct report from the laboratory. The advice above on flagging the patient's records, amending prescribing options and informing nurses and therapists should be followed.

Advice to GP practices during swine flu alert

Carry on providing services as usual and emphasise this to patients who may be concerned

Ensure that any communication to patients is appropriate and proportionate – utilise nationally prepared posters and guidance if displaying information

Begin to think about protecting essential services and ensure business continuity plans are fit for purpose

Ensure continuing infection control measures including hand washing and respiratory hygiene are adhered to ie Cough and sneezes spread diseases etc

Be aware of and use the up to date algorithm for suspected cases – most up to date information can be found on www.hpa.org.uk

Work with receptionists to ensure that any suspected cases do not come to the surgery, are kept isolated, triaged and HPU are informed of any suspected cases

Useful websites

www.dh.gov.uk this main site headlines with swine flu information and links to NHS choices, and HPU websites

www.nhsdirect.nhs.uk

Dr Bile go on.....Episode nine

[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...]

The six stone of amorous beaver attached to Dolores right Ugg boot took some shifting, but in the end I picked up a nearby rock and clouted it firmly on its furry pate causing it to release its romantic grip.

"Ouch!"

"Sorry Dolores" I apologised, not realising I had caught her with the rock in my successful attempt to part her from her musty smelling assailant.

"I didn't say anything"

We both looked in amazement at the beaver. It quite clearly said "Ouch" again.

"You spoke" we both spluttered in unison to the demoralised hairy animal before us.

"Of course I can speak. I was a GP in Totnes before I foolishly signed up at the Sadistic Health Authority to be a medical advisor, falling into the evil clutches of Sir Liam. His henchmen forced me into his fiendish Revalidation Chamber along with a beaver they had stolen from some nature reserve, threw the switch, and after a blinding flash I am now skulking around river banks while a beaver in human guise is treating my patients in Totnes. Apparently our QOF score has improved no end."

My secret service Mickey Mouse watch stared flashing and the face of LMC Supremo Groucho Stead flickered once more in to view and his voice crackled through the riverbank air.

"Basil, you can abandon your mission at the riverside. It has just been announced that Professor Ruby Wax, leading expert on Depilatory Medicine, will be the new chief honcho at the GMC, so Sir Liam's plan to install the beaver as the first non-human president of the Geriatric Moaning Council has been thwarted and we will have a medic at the helm after all. We want you to proceed with all reasonable haste to SHA GCHQ and infiltrate Sir Liam's lair before he can come up with any more dastardly anti-GP schemes."

"Just my luck" moaned the beaver, "that's my one remaining career option down the pan."

Dolores stroked the poor creature.

"I'm sorry for rejecting you just now.." she began He cut her short. "It's alright. I'm no longer in the mood. I seem to have a headache" he observed, eyeing me balefully whilst rubbing a large haematoma on his scalp with a paw. I quickly dropped the rock and Dolores and I headed for the Secret Service Fiat Panda.

"Don't leave me" the beaver wailed mournfully.

Before I could utter any protestations Dolores had lifted him tenderly on to the back seat.

"He could be useful when we get inside SHA GCHQ" she explained. With my aussie companion bathing the critter's head wound I reclaimed the driving seat and we chugged our way to Tornton and our destiny, a showdown with Sir Liam Harrumphier and Lord Dafti, men who if they could get away with it would have GPs stacking supermarket shelves while the check-out girls saw the patients, 12 hours a day, 7 days a week, 52 weeks of the year. There was a time bomb ticking and Dolores and I had been entrusted with defusing it. We could not afford to fail.

It was getting dark by the time we arrived at our destination. Searchlight beams cut through the night sky. The growling of Doberman dogs patrolling the perimeter fence made the beaver quiver, but he pulled himself together.

"My only hope is to get back in that Revalidation Chamber. If I help you, will you help me?"

We nodded in mute assent, the unreality of entering into an agreement with a beaver being balanced by the fact the our leaders had foolishly entered in to an agreement with the Government over a new GP contract which was fast unravelling.

"I will crawl in through the sewage outlet and meet you inside" the former Totnes GP's voice emanated from the depths of the beaver's larynx and then he was gone. I didn't think the gaze that Dolores gave him as he scuttled away was entirely healthy, but refrained from saying so as upsetting a six foot six inch tall Australian of the female gender probably qualified as a dangerous sport and was not included in my locum insurance policy...

To be concluded...