

LMC NEWS

Cornwall & Isles of Scilly Local Medical Committee

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No. 219 June 2009

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Your Chairman writes

Practices should by now not only have received the payment for the pre and post operative work for the year 2008 to 2009 but also all the enhanced services available for this year including pre and post operative work.

This has taken years of negotiating and should stop all unplanned transfer of work between the acute sector and primary care. You will soon be receiving a list of the actual clinical areas to be covered, as opposed to the type of clinical activity being performed eg dressing. Could you all please make certain that you are recording the activity accurately (and it can be audited) and that if new work is transferred you let us

know about it and refuse it.

The LMC has recently spent considerable time with the PCT on swine flu planning, and more advice from the PCT is to be sent to your all shortly.

The QOF patient survey has resulted in national problems and locally many practices have lodged appeals. We have yet to hear from any practice that has been successful. The LMC is very disappointed at the way this has been managed by the PCT and would encourage any practice still disadvantaged by the survey and the PCT response to appeal again ensuring that results of your own survey are used to support your case.

The LMC has this month been represented at the national conference of LMCs in London. Representatives spoke on your behalf about the importance of better relationships between government, general practice and recognising what a great service looks like, the vital importance of data security and restricting its release to anybody, the need to keep a national QOF and not introduce a local element, and the need to restrict initiatives such as extended hours to services where need is demonstrated.

The Conference as a whole was somewhat at a lot because the secretary of State and the Minister for Primary Care had both just been changed. We await the views of their successors with interest.

Cornwall & Isles of Scilly LMC Conference 2009

We are very close to finalising the speakers for the 2009 Cornwall & Isles of Scilly Local Medical Committee Conference. Which will take place on Tuesday 20th and Wednesday 21st October at the Treganna Castle Hotel, St Ives.

Following last years format, the first day of the conference will feature speakers from NICE, The Royal College of General Practitioners and Connecting for Health. The second day is aimed at being more practical with topics ranging from 'How to Deal with the Press' presented by Rebecca Spargo, The BMA Press Officer to Patient Participation Groups, presented by Bob Bryant from The National Association of Patient Participation. We hope we have an interesting mix for you again this year and a full programme and booking form is being sent to practice managers under separate cover.

It has become increasing more difficult over the years to find a venue than can accommodate the numbers that now attend the Conference and provide a decent standard of accommodation, large conference room and value for money (no increase on last year), we hope this year we have achieved all of that.

We have also listened to some of your comments from the feedback forms and made some improvements, which we hope you will appreciate. As always, more information can obtained from the office.

Voluntary Levy

Thanks to a hefty rebate from the GPC this year, we are pleased to inform all GMS practices that no voluntary levy will be called for during the next three months. PMS practices will see the reduction in their voluntary levy when the next biannual payment is requested for in October 2009.

Joint Training with Pharmacists

Many will remember a couple of articles over the past two years on joint work with the PCT / LPC and one of the areas it has culminated on is some joint training sessions.

The first couple of rounds have been successfully held, the first being on dermatology and the second being on controlled drugs to which over 80 people attended. The next two are now being planned and it is planned to look at MURs and secondly at computer / electronic prescribing, systems and the future.

The LMC hopes that these not only provide a useful training and updating opportunity, but also an opportunity for closer working with pharmacists.

Flu pandemic

The PCT will be circulating more advice on the flu pandemic this week. There are a number of areas you will need to note, they include:

- By 30 June there were 12 laboratory confirmed cases of swine flu in Cornwall;
- We are still in containment mode. This means GPs can still swab patients with flu like illnesses. Clinicians can obtain further advice on when to swab patients by phoning the FLU RESPONSE CENTRE on 0845 425 1754.
- Practices will receive 10 swab kits from national supplies in the next few days (includes masks)
- The PCT is currently expanding the number of pharmacies that hold stocks of antivirals from 6 to 12. A full list is being sent to practices. GPs can issue FP10 prescriptions as a voucher which enables access to antivirals.
- The DoH is supplying the first batches of swine flu vaccine for the population in August, they will increase over three months and continue for 12 months.
- Because the phased delivery of the vaccine, there will need to be a prioritisation for vaccination of individuals and groups will be needed. The decisions on prioritisation will be taken on the basis of epidemiological evidence, vaccine supply and capacity of the NHS to implement this programme.
- This will however mean that because the vaccine is two doses, and it will arrive in a solution that need diluted, and there are two makes of vaccine, one needs a different dilution to the other, so beware!
- Finally because this is going to take a large amount of time the PCT are looking at options on how to supply this, for example schools might do children, can companies occupational health staff do those companies at risk. Regardless of this we believe that there maybe a considerable impact on primary care and you should be thinking now how your practice can respond.

Pandemic Flu masks the definitive answer

For all general purposes when dealing with influenza-infected individuals (in GP this will mean ILI likely to be influenza-related).

SURGICAL-TYPE MOISTURE-REPELLENT FACE MASKS are recommended for encounters within 1 metre distance of the patient's face. Reception staff, therefore may avoid the need for mask-wearing by remaining behind a counter. It is quite likely that any mask which provides a barrier to large droplets would be effective, but the surgical-type face masks are those recommended by DH infection control experts.

THE ONLY OCCASION on which a higher-specification mask is recommended is for 'aerosol-generating procedures'. These are produced by high-pressure waves used to atomise or propel infected liquids. In hospital practice, this includes tracheal intubation, bronchoscopy and tracheal toilet using high suction-when performed on patients with current influenza infection. Examples in GP would be uncommon-but airway toilet for a tracheostomised patient with active flu infection might be one-or possibly changing an ostomy bag in a patient with flu and watery diarrhoea. The relevant mask would be a FFP3 dust-mist, mask-type respirator properly applied to closely to fit the face.

Our thanks to Peter Holden from the GPC for this advice

Homely remedies

For those whose immediate reaction was.....WHAT. This title refers to the group of medicines that can be bought over the counter, in many cases from a variety of sources including corner shops and petrol stations and include paracetamol, aspirin etc.

We have had reported a number of residential homes requesting a letter from their GP to authorise them to administer these drugs to their residents. After discussion with the LPC we understand that this was at the behest of the home inspector. We have agreed that this does not need to be carried out by a GP, and that such requests can be addressed to a local pharmacist, if they can be resisted completely. We have also asked that the PCT, liaise with the Home Inspector and try to change their ruling.

The LMC is fully supportive of practices refusing such requests and knows of no reason why this should be requested.

Penalverne Surgery, Penzance

Petroc Group Practice

Penzance, Cornwall

Full time/Part time Salaried GP with view to Partnership

We are a 3 partner PMS Practice with purpose built main surgery in Penzance, and a dispensing rural branch surgery.

Small friendly practice with supportive and dedicated team, working together in a beautiful area with marvellous scope for outdoor interests.

Requests for a practice profile or more information please contact our Practice Manager,
Mrs Lesley Searle, Penalverne Surgery,
Penalverne Drive, Penzance, Cornwall
TR18 2RE. Tel: 01736 363361. Email:
lesley.searle@penalverne.cornwall.nhs.uk.

Please visit our website
www.penalvernesurgery.co.uk

The Petroc Group Practice require:

2 Salaried GPs

- Nine sessions per week pro rata
- Salary £75,000 pro rata
- Eight Partners GMS practice
- Training Practice
- 15,400 patients over four sites
- Dispensing Practice
- Microtest—paperlight

Please send CV with covering letter to:

Julia Clothier
Practice Manager
The Petroc Group Practice
The Surgery
Trekennyng Road
St Columb Major
TR9 6RR

Tel 01637 880359

Email:
juliaclothier@petrocdocs.cornwall.nhs.uk

Closing date is 24 July 2009

Patient Experience and Access:

By now you will have all been made aware of the PE7 and PE8 results from the National Patient Access Survey that link to your QoF achievement for 2008/09.

But did you know that your QoF achievement for 2009/10 in respect of PE7 and PE8 is already being aggregated.

From April 2009 the National Patient Survey is being conducted on a quarterly basis. The results of the four quarters will be aggregated to obtain your final. The time table for the 2009/10 survey is detailed in the table below.

	Survey Issued	First reminder	Final Reminder	Quarterly results	Annual results Aggregated survey data from all quarters
Quarter 1	April 2009	May 2009	June 09	Mid Aug 09	May 2010 (QoF results data to PCTS) July 2010 full results publication
Quarter 2	July 2009	Aug 09	Sept 09	Mid-Nov 09	
Quarter 3	October 2009	Nov 09	Dec 09	Mid-Feb 2010	
Quarter 4	January 2010	Feb 2010	Mar 2010	Mid May 09	

Please do not take your eye of the ball and be distracted with the 08/09 results. The following are some suggestions for you to consider in order to improve your patient experience results.

1: Patient Perception:

It is widely recognised by practices that the PCT and the SHA that this patient survey has a big link to patient perception. Therefore, you need to ensure you are actively promoting the systems you have in place around pre-booking and 48 hour access. Think of every opportunity you can for getting the message out there. How are patients going to know what is possible if they aren't told.

A document with some tips from the PCT's Communication Team on ways Practices can actively promote themselves to their patients will be e-mailed to practices shortly. Do not feel embarrassed about promoting the achievements and changes you have made and the new systems you have implemented.

Patient Experience and Access

2: Patient Participation Groups:

Practices need to consider establishing an active and proper Patient Participation Group. The national direction of travel for the NHS is around the patient focus. I have heard on the grapevine that the DH might also be promoting the use of PPGs – so you could be ahead of the game.

A good Patient Participation Group cannot only bring fresh eyes to your practice but can also actively promote the good work your practice has achieved within the wider community. You are referred to the National Association Patient Participation for more advice and support. In addition look out for the following events:

10th November – PCT's Practice Managers Meeting, Kingsley Village – there will be the opportunity to chat with three different practices have developed and used their patient participation groups.

21st October 2009 – Cornwall and IOS LMC Conference. Presentation by Mr Bob Bryant from the National Association of Patient Participation,

Data Security

The Information Commissioner has drawn attention to a risk identified during the Information Governance Assurance Programme work relating to the nature of GPs and their independent status. Each practice is legally responsible for holding data securely, and the Department of Health is looking at the national contract and considering how best to secure compliance with standards through contractual means in the future.

PCTs have a requirement to conduct a risk assessment for the transport of patient identifiable data in General Practice. Back up tape encryption to NHS CFH standards will provide significant protection in the event of the loss of a practice back up tape. NHS CFH has negotiated significant reductions on license and installation prices under the GP Systems of Choice Framework.

- all practices should be asked to sign a statement of compliance in respect of key security requirements (aligned with Data Handling Review requirements)
- All Practices should be using the NHS Information Governance Toolkit
- An on-line training package included targeted GP modules is provided free to users and meets the current contractual requirements for each Practice to have a trained IG lead. 80 workshops for Practices and PCTs are being provided in the Autumn
- All Practices should be aware that NHSmail provides a secure e-mail transfer solution and should be encouraged to migrate to NHSmail
- All practices should be aware that the N3 network provides a secure environment for data transfer
- All practices should be aware that GP2GP secure transfer increasing means that patient records can move securely between Practices

Source; Department of Health Gateway reference 10509

Dr Basil Bile writes....

I was removing excess nostril hair the other day in front of the bathroom mirror. We hear an awful lot about products for the fairer sex specially designed and marketed at great expense for the removal of unwanted body hair. I suppose in an ideal world I would simply like to relocate some of mine from my nostrils, ears and eyebrows where it seems to be exceptionally verdant and plant it on the top of my pate where these days there is a certain amount of trichomatous downsizing going on. Anyway, pausing from my exertions with the tweezers momentarily to allow my vision to clear after the excessive watering caused by the pain of the process, I found myself reflecting upon recent expenses scandals both in Parliament and up at the BBC. Noting the tremendous amount of benefit the Daily Torygraph has harvested as a result of its mole in high places I thought it was time to contact my insider hush-hush contact at LMC GCHQ. I can hardly wait to discharge my public duty to share with you the shocking facts that have emerged.

LMC Expenses most recent Financial Year

Ms Sunrise Molestrangler- Secretary General

*£2,109 on Peter Stuvysant Extra Long High Nicotine Cigarettes
£1,508 Marks and Spencers Ladies Underwear*

Dr Grouch Stead - Chief Executive and Chairperson

*£12,000 on trip to Hollywood to visit Grouch Marx Museum
£2,576 Marks and Spencers Ladies Underwear*

Dr Brucella McTarmac –Vice

*£14,555 handbags
£14,554 shoes
£14,556 Botox injections
£500 elocution lessons to eradicate orstrilian accent to enhance political career*

Dr Absent Abbot –Acting Chair and generally overacting and acting up

*£950 Moat Cleaning to remove cigarette ash
£11,500 Trip to watch Australia thrashing our boys to win the Ashes series
£1.50 Trip to watch Grimsby Town attempting to play football*

Dr Phil Dumbett –Acting Vice chair

*85 pence – Pencil
£500-Pencil Case*

Dr Basil Bile writes

Dr Giancarlo Gobbiotti – Speaker

£1,050 Spaghetti

£1,500 Fusilli

£1,555 Penne

£1,005 Macaroni

£ 3,000 bottles Chianti

£ 3,000 bottles Frascati

£2,000 bottles Peroni

£1,007 Walls Cornetto Ice Cream

£ 400 Throat Pastilles

Ex LMC Chairmen Pensions for life

Alan Bumbleton £1.6 m per annum

Gunnislake Gob £1.6 m per annum

Meanwhile I am struggling with the concept of Revalidation and Licensing for GPs. Hopefully once I am fully licensed I will be able to sell wines and spirits which will certainly augment the jolly old income once HMG's efforts to plunder our hard earned loot begin to bite. Part of this ghastly new fangled proving-we-are-fit-to-wear-the-stethy routine is that we will have to take part in some sort of audit. Personally the only audit I have ever undertaken has consisted of reading the Racing Times to check on starting prices and form. I was struggling to come up with anything worthwhile auditing when I espied an article in the Sunday Murdoch. A Welsh artist has got a £20,000 grant from the National Lottery to explore cultural attitudes towards women's bottoms. She has started by creating moulds in plaster of Paris of ladies behinds in an attempt to unearth the bottom's significance in contemporary culture. This sounds like just the sort of politically correct and appropriately academic sort of study I could properly undertake to ensure I am Revalidated successfully. I wonder if NHS Pointy-bit-of-England-sticking-out-at-the-bottom (formerly Cornwall and I'll Be Silly Peeceetee) would reimburse my very reasonable expenses. The patients I have in mind would require an awful lot of plaster...

(Note from Editor: unfortunately Basildon Bond is now on another, but more secret mission. We are however more than pleased to welcome back Basil who has been resting, sorry getting up to date for his revalidation. Oh to be a fly on the wall at that one!)