

LMC NEWS

Cornwall & Isles of Scilly Local Medical Committee

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No. 220 July 2009

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Your Chairman writes

There is an air of unpredictability currently, as we wait to see what 'flu throws at us, and whether the DoH will mitigate workload with suspension of QOF. Managing the immunisation of the population against H1N1 and seasonal 'flu as well as coping with everyday workload will be a challenge- and further demonstrate the flexibility and resilience of our model of Primary Care. As soon as we know the full details of the Imms programme we will let you know. Currently we expect patients to need 3 injections, one for seasonal flu and two at a 3 week interval for AH1N1. The priority groups for each type appear to be near diametric opposites, which will further confuse the management.

For the Daily Mail readers among you, please don't anticipate the riches that newspaper credit's the GPC with extracting from HMG, however there will be a negotiated payment.

We all recognise that the National Flu Line has not been perfect in its function. This is the first time anything like this has been attempted (and some may hope, the last) and it has diverted a huge, perhaps unmanageable, volume of work away from Primary Care. I hope and expect there will be a long cool look at the successes and failures, without Party Political point-scoring. The Pandemic is not over, a further peak of illness is expected nationally, and the influx of visitors through August may produce particular problems for Cornwall. I would like to congratulate our PCT on the cooperative and sensible way it has gone about things, and you and our Pharmacist colleagues for the way you have risen to the challenge.

Health Checks (a.k.a. vascular checks) feature later in this issue. From an originally limited and probably 'Wilson's criteria' compliant Darzi idea, this has pullulated into an amorphous 'voter-pleaser'. Whether, in the light of NHS spending cuts and that swine 'flu, these will be pushed through is a matter for speculation. Suffice it to say that we are meant to have trialled a process by April 2010. We are in negotiation with the PCT to try and create a silk purse.....

The LMC is hopeful that we will reach agreement later this year on the verification checks for QOF and some of the other figures demanded for audit purposes. Whilst accepting that these payments should be audited, we are keen to reduce the bureaucratic load on practices in this and other areas.

QOF appeals

Many practices have received refusals from the PCT after appealing against the PE7 and PE8 questions regarding the survey results.

We understand that the PCT will receive appeals against the refusal of their initial appeal if the practice can show that the practice has its own information which supports their claim that the survey is not representative, they can supply that information and appeal again.

Claims should be addressed to the Acting Director of Primary Care, Antek Lejk as soon as possible.

Health Checks

The latest from our DoH colleagues looks like a complete dogs dinner. Although the Department of Health has specifically allowed for services not to be market tested, and indeed some PCTs have decided to opt for the LES route for most of this service, in Cornwall the PCT seems to have opted for a three way split.

We not been able to see any details as yet, including any finances however the main headlines are:

- The service will be split into three sections
- The identification of people, invitation and recording of outcomes, and would be part of a LES. We are unclear on fees at this stage, nor indeed what happens for those patients for whose practice does not join the LES.
- A second part which would be the actual health check. This would be contestable. Expected to take 30 to 40 minutes, no rules as yet known.
- The third element would be the provision of remedial action for the patient including smoking cessation, diet, exercise etc. The PCT think that Practice Based Commissioning consortia might handle this.

The LMC has tried to discuss this with the LPC and PCT and reached an agreement with the LPC that there is a place for Pharmacists to reach many people we struggle to get into the surgery. They are also quite happy that practices are the most obvious place for the initial work and actual health check to be done.

European Company Fraud

Nationally practices are receiving invitations to register their company in the registry of European Companies for 2009/2010. They are then invited to complete and send a form to Euro Business Guide in Utrecht.

It states that updating is free, the small print informs about the initial subscription which is an eye watering bill of 990 Euros.

Please don't waste your money by getting caught in this fraud.

GPC elections

The GPC elections are upon us and the LMC is encouraging GPs to vote. There are three candidates this time, in strict alphabetical order of surname they are:
Charlie Daniels from Devon
Beth McCarron-Nash from North Cornwall
Mark McCartney from Liskeard
We are not following the Devon LMC example of carrying advertisement for a candidate, but will rely on your judgement.

Relations with the local NHS

We continue to be concerned that relations with the local NHS could be better, and that practices are asked for information in levels of detail before the LMC has agreed them.

The contract is quite clear about information requirements and many items in the PCT annual report are outside of the contract, at least for the moment. This together with the information for the balanced scorecard, data for the health checks etc can all be used by the PCT when contracting for services.

Do not feel the need to supply information outside the contract, especially on the Health Checks until all the elements of the service are known as this information could easily be used to contract out services.

HPV Vaccine

There is likely to be a cut off for accessing practices attainment in HPV and we think it maybe the end of August, as a new academic year starts in September. This may mean you will wish to concentrate on this area for the few weeks.

Apologies for the late notice, but we have only just heard this possibility, and it is still only a possibility.

Tamiflu / Relenza side effects

The MHRA has a dedicated page on their website where patients and Healthcare professionals can report adverse side effects for the antivirals Tamiflu and Relenza:

<http://swineflu.mhra.gov.uk/>

Cornwall Council

The recently formed Council has organised itself into 19 community networks and will be looking for a GP in each area to work with.

We recognise that practice patients may cross communities but practices will be asked to consider a representative and we think it would be sensible to try to find a willing volunteer, we fear no fee will be forthcoming.

Sick Notes and Swine Flu

There is still no guidance from the DoH / DWP on this issue. The LMC is supporting practitioners in issuing a Med 5. The flu line means that many patients will have received treatment without having been seen in the surgery. If a certificate is requested because the illness lasts longer than 6 working days this then places the GP in a difficult position where no certificate can be issued we recommend:

Issue a Med 5

Delete in the left hand column (A) 'I examined you' etc and replace with 'Swine flu diagnosed on(insert date). Then complete the dates of absence.

Add telephone consultation under 'Doctors remarks'.

This will mean that although the form has been used in a manner it was not intended for you will not have knowingly provided any false information.

It maybe the DWP will issue advice soon, this method is honest, stops contagious patients wandering about and infecting the rest of your patients.

Swine flu and latest advice

Latest guidance can always be found on BMA website:

http://www.bma.org.uk/health_promotion_ethics/influenza/panflugp/index.jsp

Swine flu and infection control

Most practices will have swung into operation their well honed pandemic plans and be operating very differently now than a few weeks ago.

Whilst alcohol rubs are now all over the place, and door handles are being wiped on an hourly basis there is still in some places a debate on other areas.

These have included waiting room magazines, children's toys etc, should they be excluded from waiting rooms or not.

The national advice is available on:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080771

The accepted view, by the way, was agreed is that they should be removed

Lower Lemon Street Surgery Truro

Two Vacancies

Due to the retirement of our two Senior Partners
An 8 session partner
4 session salaried partner

Required to join our clinical team of 7 Partners, 1 Salaried Partner, 5 Practice Nurses and 5 HCAs

We are a long established , busy but friendly practice

High QOF achievers

Training Practice

List size 13.5k

Vision clinical system

Due to move to Truro Health Park 2010

We are looking for two enthusiastic, self motivated GPs to join us in January 2010.

For further information and /or send your CV to:-

Mrs Lesley Dennis

Practice Manager

Lower Lemon Street Surgery

18 lemon Street

Truro

Cornwall

TR1 2LZ

01872 273133

Closing date 31st August 2009

New fund launched to support Patient Participation Groups

A new £20,000 fund has been launched today by the *Growing Patient Participation* campaign, to support Initiatives undertaken by Patient Participation Groups (PPGs). The *Making a Difference* fund is being made available as part of the campaign, to offer PPGs a chance to bid for financial support to help run local initiatives.

PPGs are groups of patients at general practice level, who meet on a regular basis to create a connection between their practice and the local community, and affect positive changes. The specific aims of each group depend on local needs, but all aim to involve patients in improving the health and well-being of the local community, helping to give patients a say in the way services are delivered, and to ensure their practice remains accountable, dynamic and responsive to their non-clinical needs.

The *Growing Patient Participation* campaign, a joint initiative run by the National Association for Patient Participation, NHS Alliance, Royal College of General Practitioners and British Medical Association, and supported by the Department of Health, aims to raise awareness of the good work being done, to encourage more widespread involvement and to support the creation of PPGs in more practices.

PPGs can bid for up to £4,000 of the £20,000 available, to fund a new initiative or support the continuation of valuable existing activities. All bids will be judged by a panel including the National Association for Patient Participation, PCT, PPG, GP and Practice Manager representatives. All types and sizes of initiative will be considered, however the successful bids must demonstrate that they are achievable, will respond to local patient needs, and will have a real impact on the health and well-being of the local population.

Awards will be made in two rounds. The deadline for application for the first round is 23rd November 2009. Awards will be made to successful bidders in December. The deadline for applications for the second round is 12th January 2010 and awards will be made in February. PPGs can apply by email or in writing. Application packs can be downloaded from www.growingppgs.com

Dr Graham Box, Chief Executive of the National Association for Patient Participation (NAPP) said: "Currently 41 per cent of general practices in England have a PPG, and evidence shows that they help to improve services, promote health and allow better communication between the practice and its patients. From a patient's dealing with reception staff and ease of booking an appointment, to their experience in the waiting room and the level of choice on offer, PPGs can be effective in ensuring the patient experience is as smooth and pleasant as possible. NAPP and the *Growing Patient Participation* campaign partners are delighted by the launch of this award, which will support PPGs in making a real difference to their practices and their communities. More than that, it will highlight the excellent, often undervalued work that is undertaken by PPGs."

Examples of the work of existing PPGs include:

- Advising the practice on the patient perspective
- Organising health promotion events
- Communicating with the wider patient body
- Running volunteer services and support groups to meet local needs
- Carrying out research into the views of those who use the practice (and their carers)
- Influencing the practice or the wider NHS to improve commissioning
- Fundraising to improve the services provided by the practice

For more information on PPGs and the national *Growing Patient Participation* campaign, and to sign up for campaign updates, visit www.growingppgs.com.

For more information or to arrange an interview, please contact the *Growing Patient Participation* campaign team on 020 7839 4321 or at campaign@growingppgs.com.

Dr Basil Bile writes

Amidst all this ballyhoo and balderdash around swine flu it is easy to forget that it was not that long ago that we were all quivering under our quilts at the thought of catching bird flu, with national panic sweeping the streets every time a sparrow fell out of the sky or a swan swooned. I can't help but feel mightily suspicious that this whole Swine Flu Hotline hogwash is just a dummy run for HM Gov getting patients to bypass their family docs to get phone diagnoses and prescriptions for a whole host of other medical conditions. Never mind a Flu Friend going to collect your Tamiflu after your diagnosis has been made by some job-opportunity teenager on the end of a chat line, following a hastily assembled flow chart whilst daydreaming about Whitney Houston. How long before your Clapp Chum collects your anti-chlamydia, your Acne Advocate your Oxytetracycline, or your Haemorrhoid Helpmate your anusol HC suppositories? Let's face it, spotty youths on help lines following flow charts would not only be cheaper than GPs, but also cost a damn sight less than Nurse Practitioners and Health Care Assistants to boot. I feel another spell of paranoia coming on.

Given that those boffins supposedly in the know about these things in the world of epidemiology and Public Health estimate that only 5% of those punters diagnosed with swine flu (and getting their on-line anti-virals) actually have the blasted infection, how those misguided souls in PeeCeeTee Land can continue to chastise us humble practitioners of the noble art of family doctery for our modest use of antibiotics, goodness only knows.

Ah well, we can all be buoyed up by the news on the front page of the Daily Maelstrom that we are earning £380,000 per year. Such a responsible and doughty organ as The Maelstrom would hardly print a duff story in such a prominent position, so I can only assume that my partners at the Abandonhope Surgery have been conning me out of a significant dollop of my hard earned financial just desserts these last few years. I now regret missing quite so many evening practice meetings to play golf in the summer or to attend on cold wintry nights the Adult Cinema Club in St Salive, an establishment which I will be able to enter at a considerable saving following a significant birthday next Spring.

My shifty (I very nearly omitted the f) partners have been in the habit lately of accidentally forgetting to tell me about financial meetings. Hilda Bunnytunnel, Clint Thrust, Silas Sicknote, PMT Pam, Desperate Doris and the rest of them are clearly secretly coining it in behind my back, and young Dr Thrust's insistence on driving around in a clapped out old Corsa held together with string and chewing gum no longer pulls the wool over my eyes I can tell you, as I now have no doubt whatsoever that the whippersnapper has a ruddy Rolls Royce parked around the corner. How could I have been so naïve?

I would have had it out with the practice accountant but he has recently and very suddenly retired at short notice and emigrated to Brazil in the self-same week. His farewell letter to us all, signed "so long suckers", should I suppose have alerted me to the fact that all was not smelling of roses in our money garden, but I had other things on my mind, not least "Danish Dentist On The Job" now showing at the St Salive Flea Pit. They don't make films like that any more. Come to think of it they don't show them anymore either, not after the local constabulary visited the premises unannounced. Mercifully I had nipped out of the auditorium to answer my bleep, thus avoiding having my collar felt by the boys in blue. That's the trouble with matinee performances, they do rather clash with my afternoon surgeries. Must address that in my personal learning plan. My appraiser is going to be sooo impressed....