

LMC NEWS

Cornwall & Isles of Scilly Local Medical Committee

IN THIS MONTH'S NEWSLETTER :-

No. 221 August 2009

Index

Your Chairman writes	1
QOF	2
Information Sharing protocol	2
Forensic medical post	2
Letter to Daily Mail	3
Dr Bile writes	4

Items for the Newsletter should be sent to the Editor, David Purser, at Sedgemoor Centre, Priory Road, St Austell PL25 5AS (Tel 01726 627978, Fax 01726 76247, e-mail david@kernowlmc.org.uk . Dawn Molenkamp is the LMC Executive Manager and can be e-mailed on dawn@kernowlmc.org.uk

Your Chairman writes

I still have not heard whether the GPC has reached agreement over H1N1 immunisation, but, looking at the figures, I cannot see any way that the priority groups can be immunised without the support of GPs and the use of practice nursing staff. . As soon as we know details, we will be liaising with the PCT to try and help you run things smoothly.

If you fancy a sleepless night you can download a simple calculator from the LMC website and manipulate the figures for your practice. The target population is about 22.5% of your practice population and about half of them fall into the top priority group, representing a large number needing three injections each, if seasonal flu imm is indicated. We have no way of knowing if the national press will print scare stories in the run up to immunisation and cause a reduction in the numbers presenting for immunisation, nor can we guess the time we will need to spend counselling some patients about the pros and cons.

These variables could make huge differences to the workload (and income) from the programme.

The GPC negotiators are indicating that we may know more about financial arrangements by the end of this week.

We have held out against the 'flu voucher' system in Cornwall, but the consensus statement from RCGP, DH and GPC means we should now switch to using the vouchers for under 13 yr olds and computer generated right hand side of an FP10 for all others; outside the surgery, a voucher should be issued for all patients. Your Practice Manager will receive supplies of vouchers. You will hear from the PCT separately on this.

The PCT has gone through its informal disputes procedure for those who wished to dispute the results of the 'patient experience questionnaire'; unsurprisingly, given the guidance from the Dept., the practices did not meet the criteria for an ex gratia payment. I hope the practices concerned will take this further with an appeal to the NHSAA,

Please support the Cornwall LMC conference to be held in sunny St Ives on Oct 20th and 21st . We have reflected on the very positive feedback we received after the conference last year and again organised a varied conference for you. Some great national and local speakers, the costs are reasonable and you get the chance to network with colleagues. Yes I know we are all busy, but can you afford to miss it?

contact :

Dawn@kernowlmc.org.uk

QOF

The LMC has been negotiating with the PCT the levels and type of investigation that will be carried out during the next few months. The last year saw a far more intensive campaign by the PCT brought about predominantly, we understand, by the internal auditors. This revealed few errors (we are all human) rather than any concerted effort to defraud. Apollo was finally used in the county and found to be wanting.

The latest discussion with the PCT indicated a move back towards the systems of the first few years of the contract. Obviously practices will still be encouraged to manage their QOF as accurately as they can and within the clear guidelines in the contract documentation. We hope that only a small percentage of practices will have an in depth examination of their QOF returns this year, whilst the rest can look after their patients in relative peace.

Information Sharing Protocol

A long discussion has ensued between the LMC and the PCT on the recently circulated joint paper from all statutory agencies in Cornwall and Isles of Scilly on an Information Sharing Protocol.

The desire for a protocol stems from various local and national enquires which suggested that statutory agencies, including GPs, had been slow to share information about vulnerable adults and children.

Concerns were raised that the way the proposed protocol would actually restrict the sharing of information and end up doing exactly the opposite to that which was intended. It was agreed to hold another meeting very soon to highlight the problem areas and see if an agreement could be reached.

The main issues are around consent and whether the practice is responding to a request for information, or volunteering it, and if so where the depository of information going to be that will be able to build up the picture of abuse

Forensic Medical Examiners

Devon & Cornwall Salary: Competitive + Benefits

Medacs Healthcare are the leading provider of Forensic Medical services across the UK and are seeking to recruit Forensic Medical Examiners.

The Role

Successful applicants will be expected to work as part of a team, participating in a rota to provide examinations of detainees and victims of crime, including sexual offences. Attendance at scenes of sudden and suspicious deaths will also be required, in addition to preparing statements for legal proceedings.

About You

Ideally you will be a Doctor/GP with a broad experience, post-registration training and an interest in forensic work. Experience in Forensic Medicine is not essential as you will be provided with specialist training as required.

All applicants should be fully qualified and registered with the GMC and a full driving licence is essential. In return, Medacs Healthcare offers a competitive salary and comprehensive benefits package including; Company Car (where required) • Company Mobile • 24/7 Support via a Dedicated Call Centre • Continuing Professional Development • Full Pastoral Support • Established Induction Programme Closing date for applications: 18th September 2009. To apply please call Julie Nicholls on 0800 442212 or forward your CV to julie.nicholls@medacs.com.

Copy of letter to Dail Mail

Lest you think that the GPC is taking the usual Daily Mail Doctor bashing lying down we have reprinted a recent letter from Laurence Buckman to that organ for your information.

Letters Editor
The Daily Mail
2 Derry Street
London
W8 5TT

Email: letters@dailymail.co.uk

4 August 2009

Dear Sir,

LETTER FOR PUBLICATION

Over the years GPs have grown used to the misleading, misrepresentative and often blatant untruths told about our profession by your paper. But the story printed on your front page today (*The GP earning £380,000 a year, Tuesday August 4 2009*) has got to be the worst example of a deliberate distortion of the truth that I have yet come across.

Your headline claims there is a GP who earns £380,000. In the body of the report it acknowledges that this is not the GP's pay but the amount that comes into the practice before expenses, such as electricity and gas bills, rent and staff costs, have been deducted. According to Inland Revenue figures these expenses account for approximately 45% of practice income, so the amount this particular GP would 'earn' in actual pay would be considerably less than you have claimed. Moreover in some cases where a GP employs a large number of salaried GPs, the expenses figure can be considerably higher than 45% of gross turnover.

You continue to mislead the public about GP earnings. You paint a picture of general practice which most GPs, and their patients, would struggle to recognise. Yes, GP pay has gone up in recent years and, yes, we no longer have responsibility for out-of-hours care, but many doctors still work in out-of-hours centres in addition to their in-hours work, and all of us still do home visits when they are needed - another thing you regularly claim we don't do.

The reason the new contract was brought in was because the UK was facing a recruitment crisis. No-one wanted to be a GP because people could see that they were overworked, putting in an unsustainable number of hours and, compared to the rest of Europe, were underpaid for a set of skills which takes at least nine years to acquire. Nowadays patients know that when they see their GP they are seeing a doctor who is not dangerously over-tired, who still puts their care first and who actively wants to be there to help patients in their area get the best care the NHS can provide.

Yours faithfully,

Dr Laurence Buckman

Separately from this letters have been written to the editor and the press complaints commission

Dr Basil Bile writes

I suppose one of a chap's worst nightmares is receiving an official looking envelope containing the disquieting information that

- a) You have been flashed by a speed camera whilst driving at 31 miles and hour in a 30 limit zone (not a velocity my junior partner Clint Thrust's Corsa is capable of achieving so this could never apply to him)
- b) Great Aunt Bertha has cut you out of her will so you will not be getting her priceless collection of Victorian doilies, dollies and dildos after all when the old bat finally shuffles of this mortal coil, or
- c) an audit of past University examination papers has shown that due to an administrative cock-up you were given a pass in your medical finals examination instead of being failed as you should have been.

It was in the latter coruscating category that four hapless Welsh medical students found themselves recently. The poor sods were immediately suspended from their junior doctor duties on the ward. At least they being young persons could resit their finals at an early opportunity with their recent swotting still fresh in their grey cells, whereas my decaying body parts have enough trouble trying to pass urine at the first attempt nowadays let alone knowledge tests. As a result I live in daily dread of the same envelope arriving, for I have long marvelled at the surprising news 35 years ago that I had passed my MBBS degree exam at the first attempt while Swotty Sweetbread had inconsolably, and to the amazed disbelief of London's finest medical educationalists, failed to come up to scratch. My assertion in my written paper that the Krebs Cycle was the first exercise bike had obviously not been as far wide of the mark as I had been led to believe by my clearly ill-informed housemates.

35 years on to be told you had been practicing for over 3 decades whilst unqualified raises the following palpitation-inducing consequences:

- Every woman you have ever examined in the course of your career could report you for indecent assault
- The PeeCeeTee would ask for you to refund 35 years pay
- Your pension would go tits up

On the bright side however you could not be on the Medical Register if you hadn't qualified in the first place, so a proverbial and gleeful two fingered salute to the Geriatric Moaning Council and all their pettifogging rules and regulations would be the order of the day. Also I would no longer be subjected to that infringement of my human rights that is the appraisal and revalidation process, which would be a relief as all those forged post graduate certificates and fictional audit studies are beginning to niggle a tad in the far flung depths of my vestigial conscience.

Hopefully as I struggle towards the finishing line of my epic and marathonic career, the discovery that Swotty Sweetbread's and my own final examination papers had been inadvertently muddled up in 1974 will escape detection until I am safely ensconced in front of my fireside, wearing a pair of my favourite slippers, supping a glass of vintage port and watching "Danish Dentist On The Job" on the History Channel.

Meanwhile I am afraid that I have to inform you all, in the strictest of confidence, of the conduct of one of my partners at the Abandonhope Surgery, Silas Sicknote. He came out of his consulting room last Friday with blood streaming out of his mouth saying he had to go home as he was having a haematemesis. Unfortunately for the blighter one of our keen eyed receptionists, Well-stacked Wilma, had spotted him reaching down and taking a joke-shop blood capsule out of his sock which she saw him put into his mouth and bite. Casting aside for a moment the revolting thought of chewing on anything that had been in his sock for a period of time longer than a millisecond, I acted immediately to deal with the situation. There will be no recurrence I can assure you. He is paying me £500 per month in used fivers in a brown envelope as a good-behaviour bond. In return I shall be saying nothing to anyone, apart from Wilma who will be getting £50 per month by way of an administration fee. Never let it be said that the medical profession is not capable of regulating itself...