

LMC NEWS

Cornwall & Isles of Scilly Local Medical Committee

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No. 222 September 2009

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Your Chairman writes

You will be aware that we now have a negotiated D.E.S. for swine flu immunisation. Practices will receive £5.25 for each of their patients immunised, as well as other incentives. It is vital that reporting and logging is accurate - READ codes are now available. Things are still fluid but the current state of play is:

- 1). The earliest a vaccine is expected for practice patients, is October 26th, realistically expect a delay on this of days not weeks.
- 2). There will be a small delivery to the PCT prior to this for particular at risk groups and vital staff, which may extend to pregnant women.
- 3). Training in immunisation will be offered by the PCT to appropriate Nursing & Residential Home staff in order that they can immunise 'priority 1' clients, but this will be at the discretion of the Homes.

4). Care staff and social care staff will be immunised through the PCT, not through surgeries.

5). You can immunise your own front line staff with NHS supplies or refer them to their own GP.

6). All housebound patients will be immunised by Community Nurses.

7). Ambulance staff and hospital staff will be immunised through their own occupational Health Service.

8). You will shortly receive supplies of syringes (fixed needles) and sharps boxes.

9). Each practice, irrespective of list size, will receive 500 doses of the GSK vaccine from DoH (not PCT), in 10 dose vials, which will last 24 hours after mixing.

10). Further supplies of vaccine may be available during the initial phase. Sharing supplies between small and large practices may be practicable if a cold chain is maintained.

11). Adhere absolutely to the priority groups. Do not start to immunise lower priority patients until you are sure you have sufficient supplies to provide 2 doses to higher priority patients.

12). Public communication materials will be supplied centrally, including, we hope, letters of invitation.

13). Any practice that envisages they will not be able to deliver the proposed D.E.S. should contact the PCT ASAP please.

I am sorry to say the LMC Conference for this year has been cancelled. Perhaps collecting large numbers together in the current climate would have been foolish.

GP and Practice Team Bulletin

Just a reminder that the DoH produces this encouraging work almost monthly for us. Some of the contents appear to read like a rallying chant for all things the Department and government are trying to do, and tend to ignore problems, however it is still useful.

It can be found at: www.dh.gov.uk/gpbulletin and in July covered :

- Flu pandemic
- The Medicines and Healthcare Products Regulatory Agency introduces a dedicated online system for reporting side effects of Tamiflu and Relenza
- High Quality Care for all, review of progress made but need to empower clinicians more in practice based commissioning
- Revised prostate cancer resource pack
- A guide to help you improve access
- Comments of the high satisfaction in the national patient survey
- Lord Darzi's guides on transforming community services
- A guide to help healthcare professionals promote supported self care and personalised care planning for long term conditions
- Care Quality Commissioning requirement for GP practices to registrar
- New charts for children growth rates
- Whistle blowing helpline and guidance for GPs - the DoH has contracted for Public Concern at Work to provide a free, independent and confidential helpline to all NHS staff who are unsure whether or how to raise a whistleblowing concern that has arisen at work, includes a GP policy pack. This also applies for your staff.

18 week waits

We have had a number of reports of patients opting to delay a surgical procedure due to pre booked holidays and been referred back to practices for readmission.

There is quite clear guidance from the Department of Health, we have received a copy, which states:

“ Clear communication between patients and clinicians at all stages of treatment is key to ensuring that patients are treated at a time which is convenient to them. If a patient is clear at the outset that they do not want to receive their treatment within 18 weeks, it may be more appropriate for the GP to retain responsibility for the patient until a time when referral to a consultant for treatment is convenient.

However, it is right that patients can decide to delay when they have their operation even after they have been referred. 18-week clocks for admitted patients can be paused to take account of patients who choose to wait before being admitted to hospital for treatment.

Primary Care Trusts should ensure that patients are not being denied reasonable choice over dates of appointments or being referred back to GPs unreasonably.”

Polkyth , St Austell GP Partnership

In recently refurbished, award winning premises, the team of 4 partners and currently 4 salaried doctors are looking to replace one of their number with a full time, prior share partner.

The surgery operates an innovative shift system with protected administration time, high QOF achievements, considerable enhanced services and a dermatology service for the patients of other practices under PBC.

We are looking for a hard working GP with skill and experience that recognises some times general practice is just a hard place to work and sometimes it's the best. Somebody that can work in a continually changing political environment, still come with ideas and has the ability to see opportunities wherever we are.

For an informal chat please contact either of the managing partners Drs Paul Travis or Pernell Tempest on 01726 75555. Applications will be by CV and a covering letter. The closing date for applications is 28 October, we are expecting to interview in mid November. Applications should be sent to: Mrs K Clemes, Practice Manager (Patient Services), Polkyth Surgery, 14 Carlyon Road, St Austell. PL25 4EG

Boscastle Practice Manager

**Required to cover maternity leave
37.5 hours per week**

Salary: negotiable according to experience

We require an experienced Practice Manager to lead our friendly, enthusiastic 2 partner, 1 salaried GP, 4900 patient, dispensing, training practice. The applicant must have good HR, finance and IT skills together with excellent interpersonal skills.

Please send your letter of application and CV including the names of two referees to:

Catherine Davey

Practice Manager, Bottreaux Surgery, Boscastle, Cornwall. PL35 0BG

Closing date: 16/10/09

GPs not on GMC list

The old chestnut of checking that people working in surgeries as GPs are currently on the GMC list has raised its head again with cases in other parts of the country where registration has lapsed through error. In a busy world its easy to forget something and practice are advised to have systems to check that their GPs have renewed their registration each year, and that they check locum registration each time they work.

Data Protection Act

Just a quick reminder that although practices must be registered under the above act, you can get confused with the status of your registration.

By which we mean that although GPs are classified as Public Bodies under the act and therefore potentially paying a £500 fee, **they actually only pay the £35 fee.**

0845 numbers

The Department has concluded its consultation on the use of 0845 numbers within the NHS.

It finds that the extra functions are appreciated but that people don't think they should pay more for this.

This will not go away, practices considering replacing their telephone systems are advised to consider the possible implications of this, and discuss it with the PCT.

Bowel Cancer Screening—Introductory Note for GPs

Our thanks to Dr Neil Walden

Bowel Cancer Screening is due to start in Cornwall for all men and women aged 60 to 69 and will be offered every two years to the eligible population. Audits of General Practice staff following the pilot in Bowel Cancer Screening demonstrated a modest impact on primary care workload, mainly in the areas of paperwork, administration and information provision to patients. As part of aiding General Practice in terms of this information provision, information packs will be provided to GP's and their staff which will help guide the patient through the process if they have any concerns at any stage.

You should be aware however that the process for many patients will be self explanatory and well guided by the systems put in place.

In brief a faecal occult blood test kit will be sent out to patients via regional hubs, completed by participants in their own home and an FOBt results meet criteria for concern an initial appointment will be offered with a screening nurse at a local screening centre. At this appointment a detailed explanation will be given of colonoscopy, the risks involved and possible alternative imaging for some patients.

At present Colonoscopy will be performed at RCHT and West Cornwall Hospitals. The ratification of Bodmin treatment centre for colonoscopy for Bowel Cancer Screening is proceeding at present. For East Cornwall patients in whom a Cancer is detected the option for treatment at Derriford will be discussed.

Although information will be supplied to GP's in the form of packs you may wish to seek further information at www.cancerscreening.nhs.uk/bowel/ipc-pack.html. This is the source of a link for a twenty four page information for Primary Care booklet or a four page summary for Primary Care.

Having been involved in the workshop meetings for Bowel Cancer Screening, I must assure you that a huge amount of work has gone on particularly in the Gastroenterology department at Royal Cornwall Hospital Treliske who have achieved the necessary standards and remit in order for Bowel Cancer Screening to commence.

GP seeks partnership/salaried/long term locum

Dr Simon Shaw MRCP GP MRCGP, enthusiastic character and innovative GP with a passion for general practice, prevention and community health development. Originally from Yorkshire, qualified Oxford 1997 and GP 2007 Dartford VTS. Available from Jan 2010.

Looking for substantial post partnership / salaried/ long term locum with view to position and for a better lifestyle with my wife.

Currently working as full time salaried GP for Bexley Care Trust. I have led on successful campaign for smoking cessation, a mobile clinic project, am a lead within sexual health and also run a GP education group. I have spent the past year on a Darzi Fellowship, management and leadership training for doctors and also have a background in community, arts and education. Please contact me on simon.shaw2@nhs.net or mobile 07956007293, for my CV

Countering Fraud in the NHS and the Role of the Local Counter Fraud Specialist

In August 1999, the Secretary of State for Health launched the Counter Fraud and Security Management specialist function to combat fraud and corruption in the NHS. The Secretary of State for Health Directions were later updated in 2004 enhancing the powers of the [Counter Fraud and Security Management Service \(CFSMS\)](#) to facilitate raising the profile of counter fraud activity in the NHS with the aim of reducing losses within the service to a minimum. CFSMS provide the strategic direction for counter fraud and corruption work in addition to operational resources. RSM Bentley Jennison is responsible for undertaking counter fraud work at NHS Cornwall and Isles of Scilly. Claire McGeachy is the lead Local Counter Fraud Specialist (LCFS) for the Trust and holds the required accreditation to undertake such work. The Trust is responsible for the administration of public funds for the purpose of providing health care to the community we serve. It is recognised that the existence of fraud and corruption threaten to prevent these funds providing maximum benefit to patients. The Trust takes a robust response to these threats as reflected in the Counter Fraud and Corruption Policy and by developing an organisational culture that is intolerant of fraud and corruption.

The role of the Local Counter Fraud Specialist (LCFS)

The LCFS is responsible for conducting both proactive and reactive counter fraud work for NHS Cornwall and Isles of Scilly. Proactive work includes the development of a counter-fraud culture within the Trust by ensuring that staff, patients and visitors alike adopt a zero-tolerance attitude towards fraud. The LCFS will also look to take an active role in the prevention of fraud through the review of relevant policies and procedures at the Trust. The importance of robust policies and procedure has been recognised as an effective measure to help prevent occurrences of fraud and whilst enabling the appropriate sanction action to be taken when fraud is discovered.

There is a requirement that all investigations within the NHS are conducted by an accredited counter fraud specialist. This is to ensure compliance with the regulative legislation that governs investigative work. Any fraud referrals are usually acknowledged within 48 hours notice of receipt. The LCFS will then verify the suspicions raised and investigate accordingly. Suspicions may be referred by staff, patients, visitors or others in any instance where the NHS has been defrauded either internally or externally. Through investigative experience, the LCFS is able to confidently and appropriately investigate cases, liaising with law enforcement agencies to ensure that the guilty are brought to account whilst protecting the integrity of the NHS. All staff play a vital role in helping reduce losses throughout the NHS. While a majority of people who work in the NHS are honest, there is a minority who will seek to defraud the NHS and its valuable resources.

In order to raise awareness of fraud issues Claire is keen to reach as many staff as possible. If you are interested in countering fraud within the NHS and would like to learn about the role of the LCFS she is happy to meet with individual staff, attend team briefings, attend workshops and deliver presentations about fraud in the NHS and how it can be combated. Please contact Claire directly by telephone or email to make appropriate arrangements.

Claire can be contacted using the following methods; Claire.mcgeachy@rsmbentleyjennison.com

Mobile: 07736 961 068. The National NHS Fraud and Corruption Reporting Line is a confidential reporting line operated by trained staff between 8am and 6pm - **0800 028 4060**. More information can be found by visiting www.cfsms.nhs.uk. Staff can raise concerns through the Public Concern at Work helpline which is operated from 9am to 6pm with an answer phone available at other times –

020 7404 6609. More information can be found by visiting www.pcaw.co.uk

Printed in the newsletter at the request of the counter fraud and security management service

Dr Basil Bile writes

So, not content with claiming for duck houses, moat cleaning and flip-flopping their second (not to mention third) homes, our lovable honourable members of parliament have decided 'tis time to take the pressure off themselves by rounding on the noble profession of family docs, or to be more precise, on our hard earned and wholly deserved twilight entitlements. For once is it not Ghastly Gordon (sounds like the title of a song the Beatles should have written and performed); On this particular occasion it is Cunning Cameron and his henchperson Oleaginous Osborne we have to thank.

"Tories Target Gold-plated Public Sector Pensions" howled the headline on the front page of, what else, the Daily Torygraph. So who are the notorious ne'r-do-wells the government-in-waiting are planning to target no sooner than they have their ample backsides deposited on the seats of power? Bloated Bankers, Rogue Landlords, Drug Dealers, Paedophiles, Bent Coppers and the BNP all spring to mind as deserving of our opprobium. But no dear reader, you are barking up the wrong woody plant entirely, for it is Family Doctors who are the priority here.

According to Andrew Porter, Political Editor of the Torygraph, Mr Osborne has drawn up plans that will BEGIN by looking at *highly paid GPs*. He has identified how some GPs "retire", take a full pension, only to be re-employed shortly afterwards. Whoops.

Well tosh and tiddle to that. I did consider taking my pension and returning after a mere 24 hours retirement when I was 30, a few weeks after becoming a partner at the Abandonhope Surgery, but a strong sense of moral rectitude, coupled with the fact that my pension at that stage would have been worth buffer-all, curtailed that particular ambition. I have waited patiently in the wings for three decades and now, just as it is my turn to land on the Collect £200 spot on the Monopoly Board of Life, I get a Go To Jail card instead. Boo-bally-hoo.

I am afraid this all calls for a drastic re-think in order to thwart our chums in Westminster who seem determined, irrespective of their political hue, to go all French Revolution and load us metaphorically onto the tumbrils before carting us off for a final appraisal session with Madame Guillotine. I can imagine there would be a fair few from Peeceetee Land in the front row doing their knitting when yours truly is hauled up before the baying mob.

Needless to say I do not feel it would be either appropriate or dignified for a man in my position to suffer any humiliating financial inconvenience as a result of the politics of envy, so I will retire as planned but I am afraid Belinda will have to continue to give her Karate and Chinese Tea (or whatever it is called) lessons and flower pressing evening classes for a few years yet. I had thought of suggesting she sold her body in order to help make ends meet, but sadly the ends no longer do meet so it might be better to keep them covered up.

But life has a habit of throwing a chap a life belt just as the jolly old perfect storm brews up. My partner Silas Sicknote came out of his consulting room on Friday morning covered in a dreadful florid rash.

"I've got German Measles, Basil" he whimpered mournfully, "I'd best go home rather than risk infecting any unprotected pregnant mums".

Well I had to agree with him there. He looked so frail I decided to help him out to his car in the surgery car park. As we crossed the tarmac there was an almighty thunderclap followed by a sudden heavy downpour. His spots vanished from his face as the red ink was washed away.

I marched the bounder back to his consulting room. In a spirit of comradely pastoral care that Gerrard's Angels at the Devon and Cornwall GP Occupational Health Service would have found thoroughly heart warming, I reassured him he would have my full support in return for a small financial consideration of £100 per week in used fivers in a plain brown paper envelope by way of an Occupational Health Insurance Scheme.

Who needs an inflation-proofed index-linked pension? Um.. well I do actually....