

# LMC NEWS

## Cornwall & Isles of Scilly Local Medical Committee

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### Police Search for a GP

We have received the following from the Devon and Cornwall Constabulary who are trying to trace a GP who attended to two dutch people on 16 November 2009 who were involved in a collision with a white van. One of these pedestrians has now died.

The police statement reads: "Having taken a statement from a paramedic at scene, he says there was an off duty female doctor at scene prior to his arrival who gave him update on condition of casualties and had drugs/ medical equipment in her car and helped put a line into the female casualty. The fact that there was a Doctor on scene was not previously know to police) No details of this doctor are known to police who would like to know her details.

A nurse at the scene has described the doctor as female/ early 50's and blond and she said

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description could be wrong with their attention being on more critical matters)

The incident happened at Carnon Downs, on 16 November 2009 at about 1035am. If you are that GP you are asked to contact the police on:

ANTHONY ZEE (TONY)

Investigator 55972

Serious Collisions Unit, Camborne Traffic.

➔ Internal: 61280

➔ Office: 01209 611280

➔ Mobile: 07740911729

[anthony.zee@devonandcornwall.pnn.police.uk](mailto:anthony.zee@devonandcornwall.pnn.police.uk)

### Your Surgery, Your Say

Last year the government imposed, against our advice, several changes to the patient experience survey. A by-product of these changes was that some practices ended up losing a significant element of their funding, partially because of low response rates among patients.

In order to help address this problem, GPC has developed the 'Your Surgery, Your Say' poster and leaflet for practices to display in their surgery. The poster and leaflet explain what the practice is doing to offer patients the best possible access, and also explains how patients can give their views directly to the practice. The poster also reminds patients of the importance of completing the Government's patient survey, and explains directly what many might not understand - that their practice's funding depends on their responses.

Copies of the poster and leaflet have been sent to all GP practices in England and Northern Ireland (not Scotland and Wales). The packs were posted on Thursday 14th January, and should arrive at most practices on either Friday 15th January or Monday 18th January. Electronic copies of the poster and leaflet are available on the BMA website, and practices can use these to print out additional copies for display. More details can be found on the BMA website

## HMRC looking at GP earnings

GPs are being warned that the HMRC are starting a series of new campaigns to make certain that all income is declared and taxed. They are starting with medical professionals. We know that in a busy practice most income is easily accounted by the GMS income. However there are other sources including out of hours sessions, insurance medicals etc and the HMRC will be trying to tie the expenditure of companies with the corresponding income declaration. The BMA press release stated:

Medical professionals are being encouraged under a new Tax Health Plan to tell HM Revenue & Customs (HMRC) if they have understated income. Those who contact HMRC by 31 March 2010 to make a voluntary disclosure will be able to put their tax affairs in order simply and on the best available terms. After that date, using information it holds about how much is paid to them, HMRC will carry out targeted investigations aimed at medical professionals who have not come forward. Substantial penalties or even criminal prosecution could follow for those who have undeclared tax liabilities.

The Health Plan is the first initiative in a new HMRC campaign focused on professionals. It is designed to make it easy for customers to put their tax affairs right and keep them that way.

Launching the campaign, Mike Wells, HMRC's Director of Risk and Intelligence, said:

"Our aim is to make it as easy as possible for people to come forward, make a full disclosure and benefit from the certainty of a reduced 10 per cent penalty that HMRC is making available to those who qualify for this opportunity. From April we will be using the information at our disposal to investigate medical professionals who have not declared their full income. I therefore strongly urge any in this group who think they may have outstanding tax liabilities on their income to get in touch with HMRC and get their tax affairs in order simply and on the best available terms. This is the first step in enabling those with undisclosed income or gains to avoid a full tax investigation together with much higher penalties. The message is clear: contact us before we contact you."

The Health Plan will operate in two stages:

- From 11 January to 31 March 2010, medical professionals can register their intention to make a voluntary disclosure with HMRC.
- By 30 June, those who have registered must have made their disclosure as well as arrangements to pay all tax interest and penalties due.

What do you have to do to notify your intention to make a disclosure?

- Ring HMRC on 0845 600 4508, or
- Use the e-form available via the link on the HMRC website: <http://www.hmrc.gov.uk/tax-health-plan/>

A dedicated team will be on hand to help. If HMRC receives a full and accurate disclosure of any income on which tax hasn't been paid, along with payment, by 30 June, those who qualify can expect a reduced penalty of 10 per cent.

The benefits of the Tax Health Plan are that you can avoid the possibility of:

- a penalty of up to 100 per cent of the tax due,
- an investigation resulting in criminal prosecution.

## **Election Fever Increases**

Nomination papers will be circulated soon to all GPs. Principals and Non-Principal GPs will all be given the opportunity to stand and if more nominations are received than places available, the electorate will be contact again and given the opportunity to vote for their preferred candidates.

We will also be circulating a form of job description which will outline the roles and responsibilities of a LMC member.

The intention is that the new Committee will be in place for 1st April 2010.

## **2010 /2011 contract**

At last something stays the same for two consecutive years apart from the fee.

Agreement has been reached between the GPC and the NHS employers on the Extended Hours and four clinical DES schemes, which will all be rolled into 2010/2011.

Full details can be found on:

<http://www.nhsemployers.org/PressReleases/2010/Pages/GMCContract.aspx>

There will be no changes to QOF in 2010/11 in line with the H1N1 vaccination agreement.

## **NHS Constitution Changes consultation**

The PCT has forwarded the following text.

“Invitation to take part in consultation on the NHS constitution

The NHS belongs to us all—this is the clear message contained with the NHS constitution, launched in 2009. The constitution brings together the history of the NHS and what staff, patients and the public can expect from the NHS, in one place, for the first time. It also brings together a number of rights, pledges and responsibilities for staff and patients.

The Department of Health is now proposing some changes to the Constitution around waiting times and health checks ( with special relevance to GPs) and is looking for your views on whether these are appropriate to be added and whether there are other issues that could be considered. Take part in the online consultation at:

[www.dh.gov.uk/nhsconstitution](http://www.dh.gov.uk/nhsconstitution) by 5 February 2010.”

There is a smattering of the NHS Charter from the John Major Government in the mid 1990's in this government initiative. This time however we seem to have a few more specific clinical pledges. The Charter was originally introduced in 1991, under the then Conservative government, and revised in 1995. When the Labour government took office in 1997, it instigated a review of the Charter, and the report produced later that year “ the new NHS Charter - a different approach” identifies many shortcomings.” Little happened with this and now we have an NHS constitution.....

## Ready, Steady Dig

Many thanks to LMC Newsletter readers who bought or borrowed from their local libraries a copy of my first novel, *Ready, Steady, Dig!* which was published in December 2008. It has done remarkably well, especially since being selected as a set text for a course on Creative Writing for Young People at the University of Dundee. All profits from the first edition have gone to The Smile Train, a charity which is very dear to my heart, which provides operations for children in Third World countries born with cleft lip and cleft palate. The first sequel, *Gnome or Mr Nice Guy*, has just been published by New Generation, and is available on line from Amazon and also from some bookshops. All profits from the first edition will go to the St Goran Bell Fund Appeal.

Dr Rosalind Winter

LMC Secretary 1991 to 2006

*Ed note : As one who has purchased and enjoyed both books can I just mention they are available from Amazon and other well know book emporiums.*

## Extended Hours

Nearly all practices in Cornwall are now providing extended hours. However, given the embarrassment a Mr T Blair of London suffered during the last election you may not be surprised to find out that the Department of Health is encouraging all PCTs to further increase the take up. This will be by either by encouraging practices who are not taking part to do so, or to contract with another provider.

They also refer to the NHS constitution which sets out a new right for patients:

*"We believe it is important for people to be able to see a GP at a time and place that is convenient for them. We are already committed to abolishing practice boundaries, to allow people to choose which GP practice they register with, regardless of where they live. Building on that, we intend to create a right to choose a GP practice offering extended access to evening and weekend appointments. We will need to engage with the profession to work through the details and we will seek to introduce this right as soon as practically possible."*

This is outlined in a letter to PCTs which can be found at:

[http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH\\_110754](http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_110754)

## RCGP CPD Meetings

Hi,

Hope you had a lovely Christmas and New year. Snow in Cornwall, although nice, does tend to cause so much hassle and unfortunately I had to cancel Caroline Dunstan's session on Adult Diabetes this month. I am hoping to reschedule it and will let you know asap. Apologies if you were not aware of the cancellation but please do not hesitate to ring me or the County Arms in case of similar mishaps in the future. By the way if there is any parking problem then possibly the superstores ( Aldi / Sainsbury's ) nearby can be considered ( at own risk of course! ).

Shipra

## Infection Prevention & Control Update

### Antimicrobial Prescribing Guidance

Local antimicrobial prescribing guidance was designed to acknowledge and address local patterns of resistance. Prescribing guidance is not always reflected in the sensitivities reported by Microbiology. Examples of this are reporting sensitivity to Tetracycline where local (RCHT facing) guidance would recommend Doxycycline or reporting sensitivity to Erythromycin where guidance would recommend Clarithromycin. The lab will be approached in the hope of removing this anomaly. Meanwhile please refer to guidance.

Communication can be improved between prescribing colleagues and (for community hospital inpatients) nursing staff if the following information is recorded;  
Indication for initial prescription and intended length of course (review or stop date on drug chart for inpatients).

### *Clostridium difficile* root cause analysis

A joint root cause analysis process has been agreed to investigate new cases of *Clostridium difficile*. Hospital and community infection prevention & control staff will collaborate in the analysis of the patient pathway with those leading care. Primary care interventions and prescribing in particular will be reviewed where appropriate. The aim will be to share learning across organisational boundaries.

A recent investigation found antimicrobial prescribing continued despite repeated negative MSU results – engagement with Microbiology is encouraged.

### Hygiene Code

An updated version of the hygiene code was published in December. This document confirms the inclusion of general practice into Care Quality Commission registration in 2012. The support programme to help ensure hygiene code compliance in time for CQC registration has begun. The baseline survey for all practices is online at;

<http://www.surveymonkey.com/s/KVFK3JD>

Audit and educational requirements will be informed by your responses. Please ensure that your practice has completed the survey which takes just a few moments having only 10 questions.

### Educational Resource

An educational resource, created in power-point but intended to be used interactively, has been sent to all practices. The resource will provide basic information on infection prevention and control for all levels of staff at the practice. This would be suitable for an annual update or, when combined with access to your own policies, suitable for induction of new staff. Records should be kept as evidence of completion within the practice.

*Lisa Johnson, Nurse Consultant*

## CRB Checks

In the past RCHT have applied for CRB checks on behalf of the PCT. They have recently decided that they will no longer be offering this facility to the PCT and therefore the PCT are unable to offer it to practices.

Practices should now look at umbrella companies who will perform the service for you for about the same fee as the PCT were charging. There are a number to choose from and in this case, as in many others, Google is your friend.

The ever accelerating tidal movement of oestrogen onto the gentle sands of the Family Doctor foreshores continues apace with news that by 2015 75% of GPs will be of the fairer sex, though exactly what fairness has to do with it goodness only knows. Suffice is to say that yours truly is feeling increasingly embattled on planet Primary Care as the march of the stilettos progresses relentlessly. In my early days a chap was a chap and was a doc, and a gal was a gal and was a nursie, and the world was a better place for it.

Still, in order to avoid becoming too depressed by the whole bang shoot I have been trying in my own humble way to stem the tide a tad, although I suspect that Cruella De Ville and my other lady partners are busily hatching a dastardly plot even as I innocently write this plaintive missive to you dear readers, doubtless giving birth to a scheme to ensure that the Profit Sharing Partners at the Abandonhope surgery are all women and the salaried GPs exclusively poor put-upon men.

Whilst on the subject of the battle of the sexes, I am sorry to have to relate to you all that I ended up in the proverbial hot liquid yet again last week following an entirely innocent and potentially very helpful suggestion in relation to Practice Meetings and a correspondingly excruciatingly carefully drafted clause for the Practice Agreement. Sadly my genuinely reflective comments were received with about as much enthusiasm as the inadvertent passage of wind under the duvet. All I suggested was that with the advances in modern medicine and hormonal treatments it must be possible to ensure that the female partners in the practice did not all have PMT to coincide with the monthly Partners Business Meeting. (Without this reasonable measure proceedings will continue to resemble a wrestling match between Attila the Hun and Bambi.)

The only response from the Abandonhope knitting circle was to erect a rather realistic life size working guillotine in my car parking space. Do you suppose, despite exercising my world famous tact, I might have inadvertently upset the girlies a smidgeon? There's no pleasing some people. With any luck they will be too busy reading Hello Magazine hidden inside their copies of the BMJ to notice I have left the toilet seat up again.

Meanwhile there have been seismic shifts in PeeCeeTee Land. We now have a grandly festooned Medical Director in place, who quietly slipped in through the back door with a blanket over his head to fool the assembled masses of the local and national press, namely the cub reporter from the Cornish Sheep Fanciers Gazette. And what is the identity of this person who is allegedly being paid a salary double that Jonothan Ross received from the BBC? I can reveal exclusively on these pages that NHS Pointy Bit of England's newly ensconced Medical Director is none other than former Tamar Thames and Seine Valley Health Empire's occasional Friday Partner, Dr Josiah Bilberry. He will now be in charge of revalidating all of the family doctors on Cornwall. It may or may not be of reassurance if I were to point out that to fail the revalidation process you will need to know less general practice medicine than JB.

Finally, I was driving in the central zone of the county the other day when I found myself completely and utterly lost. As luck would have it there was a bit of tottie by the side of the road so I drew up alongside and wound down the jolly old window to ask the way.

"Do you know the Bodmin turn off?" I enquired hopefully.

"Do I know the Bodmin turn off?" she retorted, "I'll say I do-I'm married to him!"

Fancy bumping into the LMC Chairman's missus like that. Small world isn't it?....