

LMC NEWS

Cornwall & Isles of Scilly Local Medical Committee

IN THIS MONTH'S NEWSLETTER :-

No. 226 February 2010

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Your Chairman writes

Revalidation comes a step closer, and those of you who attended the LMC AGM will have heard Prof Rubin give a reassuring and stimulating talk and Q+A . Cornwall and IOS PCT have been selected to pilot 'strengthened' appraisal this year, and Gps will have the chance to participate; whether this is an 'opt-in' or 'opt-out' it will be voluntary in the coming year and will give participating Gps and appraisers a foretaste. There is a grim inevitability about the withdrawal of the Appraisal Toolkit last week, and the information that the 'new' Toolkit to support strengthened appraisal is not yet up and running and is not compatible with its precursor. I suppose we should all think twice before committing sensitive personal information to software programmes and servers controlled by others, and ensure patient identifiable data is not transferred. The LMC is represented on the pilot project board and we will endeavour to ensure it

represented on the pilot project board and we will endeavour to ensure it remains a useful introduction to 2011.

The National Flu Line has closed, and H1Ni is no longer 'Virus of the Month' . We are now in the recrimination phase that seems to follow all major initiatives. General Practice again showed its worth, indeed the opening of the 'flu line deprived us of sensible prevalence data from Gps which might have altered the way the pandemic was dealt with. Our list based system also allowed for efficient immunisation which would not be possible if boundaries and lists were abolished. I understand that some practices had difficulty persuading Community services to immunise housebound patients- if you were disadvantaged can you let the LMC office know, please. There is an opportunity to feed back (printable) comments on local and regional arrangements, so please let the office have them!

LMC elections are coming up. Can I encourage you to send your completed nominations to the Returning Officer, our own Anne Summers, address below. It is your opportunity to influence the future in Cornwall, help and advise colleagues, and keep well up to date, so put your name forward- you don't have to be a budding Bumbleton or Bile.....

Rosalind Winter
Returning Officer,
Spindrift
Bodruggan Hill
Mevagissey
ST AUSTELL PL26 6PS

Look after our NHS

The BMA has been running its Look after our NHS for some months. This has been aimed at GPs and NHS professionals but its now ready for the next step and that is involving the public. The last campaign demonstrated a significant support for GPs and the services provided in surgeries. Below is the contents of a letter from Dr Hamish Meldrum, Chairman of the BMA Council and further details of the public part of this campaign.

You are being asked to display posters and make the leaflets that are circulated available for your patients.

“Dear colleague,

When we launched [Look after our NHS](#) last summer the campaign was targeted primarily at doctors. Today, we have the backing of [80% of doctors](#) for our position on NHS commercialisation and the campaign. With such strong support we are now ready to take our campaign to the public. We believe that, like doctors, they too will be concerned about what is happening to the NHS *when they know the facts*.

Public information campaign

Next week (15th February onwards) we're taking the campaign direct to the public with a leaflet and poster written and designed specifically for a public audience. These will be made available in GP surgery and hospital public areas via Practice Managers and Local Negotiating Committees (LNCs). The leaflet features a simple reply-card which we hope patients will use to tell us their views on NHS commercialisation. The campaign website – www.lookafterournhs.org.uk – has also been redesigned to be more public facing, with new content and features. This includes guidance and links to further sources of information should people wish to find out more, either about their local health services or about campaigning. The new site is due to go live Friday 12th February. Of course, it still continues to be an important resource for doctors.

Doctors can still support the campaign

All members in England will receive a pack of campaign materials which includes a new brochure on NHS reforms, a copy of the public poster and a simple questionnaire. These will also be mailed during the week of 15th February.

This is a crucial stage of the campaign. To maximise its effectiveness, we need the active support of as many doctors as possible. Please could you:

Ensure the poster is displayed prominently in public areas and that leaflets are easily available for patients to take away. More copies can be ordered at

www.lookafterournhs.org.uk, or by emailing info.lookafterournhs@bma.org.uk

Be prepared to talk to your patients and staff, when appropriate, about the issues.

If you've not already shared your views and experiences of market reforms with us, please complete the simple questionnaire in your mailing pack; you can also do this online at

www.lookafterournhs.org.uk

Help spread the campaign by putting the web address – www.lookafterournhs.org.uk – and campaign message ‘**Stop big business profiting from our NHS**’ on all outgoing emails.

These and other ideas can be found at www.lookafterournhs.org.uk If you have any queries, please email Helen Wright on hwright@bma.org.uk

Thank you for your support. Together, we can help put patients before profits.

Best wishes,

Dr. Hamish Meldrum,
Chairman, BMA Council”

PCT Provider Arm

PCTs have been under starters orders for some time to separate off their provider arms and are now faced with the new financial realities and have been informed that setting up another organisation is not an option. This means that

The PCTs have been told they have two options:

1. Find a new home for their provider organisation and the PCT will remain a commissioning organisation.
2. Retain the provider arm and then the PCT will become a provider trust, and another organisation will become the commissioner.

There will be discussions at local level to look at options, there will probably have to be a formal consultation on the proposals when they are know..

The options for the PCTs would seem to be:

1. An acute trust – There would be concerns about their focus and knowledge about primary care and community care. Concerns would also be great that community budgets would be plundered to preserve the acute hospital services.
2. Social Services – greater partnership working has taken place, many community needs are both health and social care,. In Cornwall with the new Council is another change possible without service problems
3. Mental health trusts – where they are free standing and providers of community based services they may provide an option. This goes back to Cornwall Healthcare Trust before the provider arm was separated off and this allowed the formation of CPT which now concentrates on mental health and learning disability services. As the Trust is moving towards Foundation Trust status this might be a distraction that they do not want or need..
4. Social enterprise or community interest companies – these are occurring in some areas but not many and not on a large enough scale to have significant impact. Seems to be the same as the Conservative party option of co-operatives, little of which is currently known.

The PCT ends up as a commissioning organisation, and so the circle of HA, PCG, PCT is now complete.

The LMC is concerned that in this shake up we loose the valued link between practices and community teams. There is also concern that front line budgets are squeezed with patients, practice staff and community staff ending up picking up more work with less resources.

If GPs are involved in discussions about the establishment of such organisations please let your local LMC know so that we may understand its impact on GMS / PMS.

Snip It Corner

- Guidance on cleanliness is available from the NPSA: <http://www.nrls.npsa.nhs.uk/resources/patient-safety-topics/environment/> and that updated National Specifications for cleanliness in the NHS (Primary Care services) will also be published soon.
- Practices might wish to consider prescribing for TRs to cover their holiday here and the trip home and not a normal supply.
- GP IT system survey -NHS Connecting for Health is undertaking a survey of GPs and their staff to gain an insight into opinions on various parts of the GP IT service. It will be used where appropriate to inform discussions with suppliers and enable service improvements in the most valuable areas. The survey does not take longer than 10 minutes to complete and there is space at the end to add additional information. You are encouraged to complete the survey which stays open until 5 March and can be found on: <http://www.survey.connectingforhealth.nhs.uk/gpsystem>

Practice Boundaries

The BMA today (Tuesday 26 January 2010) sets out its solution for how to reform GP practice boundaries* and make it easier for patients to see a GP in a place and at a time that is more convenient.

The government wants to abolish practice boundaries by October 2010 and the Conservatives have said they want patients to be able to register with the practice that best suits them (near their home or work). A government consultation on practice boundaries is to start shortly. The BMA paper, *Reforming General Practice Boundaries*, explores the possible consequences of completely abolishing practice boundaries and suggests a solution which, while not a total abolition, would significantly improve choice and access for patients without the huge cost, upheaval and unintended consequences that completely free registration would cause.

Dr Laurence Buckman, Chairman of the BMA's GPs Committee, said:

"Complete free choice of registration is a good idea in principle and we want patients to be able to choose the GP surgery that is right for them. However, we don't want it to come at the expense of continuity of care or for it to lead to increased risks for vulnerable patients and a widening of health inequalities." The BMA believes that total abolition of practice boundaries could have a number of unintended consequences. Examples of issues that would need to be addressed in advance of completely free registration include:

- How to reform the home visiting system so continuity of care for patients, who are registered with practices far from their home, isn't affected
- Current IT projects, such as the electronic patient record transfer project, would need to be accelerated so GPs could have access to full patient records in order to make safe clinical decisions
- How to avoid widening health inequalities – this could happen if frail people or those without access to private or affordable public transport are not able to access practices further from their home, while others can
- Systems would need to be put in place to protect and track 'at risk' patients who could be vulnerable if they are regularly re-registered at practices not within their social services boundary
- Funding arrangements for GP practices would need to be reformed to ensure that, with increased movement and changing patient demographics, funding for all practices is fair and equitable
- Popular practices that had reached the limit of physical capacity would need to be helped to improve their premises in order to match patient demand
- Primary Care Trust (PCT) funding would need to be completely changed in a way that would take into account the impact on hospitals and social services. This would be extremely complex if the patient lived in one trust but registered in another.

The General Practitioners Committee's solution is to combine a series of local improvements with a national change in the current "temporary resident" arrangements. Local solutions should include permitting the widening of the boundaries of all practices in an urban area so patients have greater choice, the introduction of videophone and webcam consultations, as well as formally allowing patients who move outside a practice boundary the option of staying with their GP. The change in the temporary resident arrangements would mean unregistered patients could be treated by a distant practice on an 'ad hoc' basis whenever necessary, while their normal GP practice would still oversee their care. It would have the added benefit of encouraging patients, who might otherwise inappropriately attend A&E, to go to the nearest GP surgery instead.

School Sickness Certificates

That old chestnut keeps raising its head, and we have received a copy of a letter sent to Dr John Canning, Chairman of the GPC Contracts and Performance Sub Committee from Isabel Nisbet, Acting Chief Executive of Office of the Qualifications and Examinations Register

Dear Dr Canning,

Thank you for your letter of 9 September 2009, addressed to Andrew Hall, which, following your second letter, sent on 15 December 2009 has been passed to me as Acting Chief Executive of Ofqual, for response.

Awarding Organisations make no requirement for pupils to obtain a medical certificate in support of an application for special consideration. Students are asked for information in support of their application, but this may take the form of a statement by the school. The Joint Council for Qualifications (JCQ) has confirmed that as far as they are concerned, if a student was absent from an examination as a result of illness and has the support of the school or centre to be absent, special consideration will be granted on that basis. Awarding organisations do not insist that medical proof is provided.

I am sure that you have considered the likelihood that the misconception stems from the conventional necessity for adults to produce a sick note after long periods of absence from work. In order to address this issue with the schools we have contacted the Department for Children Schools and Families and requested that they made local authorities aware (via their weekly email) of this message, which they have now done. We have also informed the Joint Council for Qualifications and have posted a notice on our website. In addition we will pass on this message to the teacher associations and unions.

I hope this response is useful, but I can assure you that the regulations do not ask for medical corroboration in these circumstances and that I do not believe any misconception stems from the awarding organisations.

MATERNITY LOCUM REQUIRED AT OLD BRIDGE SURGERY LOOE

From 12th May to 29th October, ideally Wed and Fri to cover 4 session Partner. Friendly 6 GP Partner (5WTE) practice with approx 10,000 patients in the pretty seaside town of Looe. M/Test/ Evolution.

In addition to above, locum also required to cover 21st Dec to 24th Dec & 29th Dec to 31st Dec to cover 8 session GP partner on sabbatical.

Contact Alison.Leighton@Looe.Cornwall.nhs.uk or Anita.Truss@Looe.Cornwall.nhs.uk

So, surprise heaped upon stunned astonishment, the so called GP Appraisal Toolkit turns out to be about as reliable as a papier mache condom. Those of you who are a few capsules short of a full calendar pack may well have misguidedly been entering all sorts of intimate details into this electronic black hole in the forlorn hope that it would be worth brownie points when it came to your appraisal. Well, tish and tiddle to that.

The devil looks after his own, and I trust you are now much wiser bunnies. I, along with other eminent old luddite fuddy-duddies such as Dr Alan Bumbleton, GP in residence at The Sunset Home for Disgraced Family Doctors in the Cornish backwater of Fogey, have steadfastly refused to be seduced by the notion that entering one's dark secrets onto the internet was ever anything other than the daftest of daft ideas for two very good reasons, namely and viz, 1) No guarantee of confidentiality and 2) the whole bang shoot is likely to crash at the very moment you are supposed to proudly display on screen why the GMC should not be consigning you to a spell in the clink.

I have to say also that calling it a "tool kit" is so pretentious even my pet parrot Tilbury fell off his perch laughing when I told him. Although he is limited in vocabulary to expressions such as "Who's a Peeceetee Boy then!" and "Mine's a pint" he is a stimulating companion despite recently having developed the inexplicable habit of depositing bird-droppings all over my LMC newsletter for some perverse reason.

A tool kit is something my father kept under the stairs and contained such useful articles as a large hammer with a loose handle that caused the head of the tool to fly off in an unpredictable direction, and a large rubber plunger that was designed to squirt water up your sleeve when trying to use it to unbung the sink. Hence my life-long suspicion of the term tool-kit, which does have a rather politically correct management jargon flavour to it when used out of its intended context. Frankly, as far as I am concerned you can stick it...um... back under the stairs. Whatever next, fellow travellers through the NHS maze, a "shopping trolley" for our learning needs perchance?

Meanwhile HM Gov in the guise of The Taxman is gunning for us good and proper. We in the professions (ie Medicine and Prostitution) have been offered an amnesty until the end of March to declare any income we had absentmindedly failed to enter on our tax return forms, ie piles of ash cash from filling in umpteen crem forms during the recent cruel winter months when we might well and very reasonably have been somewhat distracted from other matters by having to deal with the Government induced hysteria over swine flu. The matter of extensive private fees for personal massage treatment from a Miss Gloria La Grande at 3 The Sidings, Fowey, being entered as a professional expense on his tax return form, I will leave to the conscience of the doctor concerned. Can I leave that with you, Alan?

It is hardly surprising that with all of this going on I have left preparing for my appraisal a tad later than perhaps I should. I am rapidly constructing my portfolio in time for my interrogation by Miss Whiplash next week, so if any of you trusted professional colleagues have any spare Attendance at Post-graduate Course Certificates knocking around perhaps you would be kind enough, in a spirit of camaradie, to send them on to me by urgent courier. Drat, that damned parrot has just crapped all over my Appraisal forms....