

# LMC NEWS

## Cornwall & Isles of Scilly Local Medical Committee

IN THIS MONTH'S NEWSLETTER :-

No. 227 March 2010

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### Your new Chairman writes

I am glad of the opportunity to briefly introduce myself following my election as Chair of the LMC. Firstly I would like to thank, on your behalf, Matthew Stead for his leadership over the past 2 years as Chair-he remains as Vice-Chair, and I am grateful for his wisdom and judgement and in awe of his tenacity! I am a 6/9 Partner at Tamar Valley Health in East Cornwall, based at Gunnislake Health Centre.

Rumour is correct in that I grew up and trained in Australia but have lived in the Southwest for fifteen years and worked in Cornwall for nine!

When I'm not working to achieve the best possible conditions for Cornish GPs , or chipping away at the coalface in Gunnislake, I am official chauffeur and 'personal assistant' for my three daughters(!) and my husband is a Clinical Haematologist at Derriford Hospital. There is a great threat to the ethos and tradition of General Practice and the relentless cycle of change is likely to continue regardless of the result of the imminent general election. Finances are under close scrutiny from the DoH down and our PCT has some very significant "efficiency" savings to make over the next 5 years. Experience from elsewhere within the SHA is that PMS contracts have been coming under pressure, the future commissioning of LESSs is in doubt, and the implications for GP Practices of the Transforming Community Services agenda are unclear. We remain vigilant for attempts to transfer secondary care work to primary care without appropriate consultation and funding. There is also national concern about the roll-out of the Summary Care Record, although the Cornish programme has yet to start and we have no date for implementation. Revalidation looms ever larger and Cornwall is a pilot site for Strengthened Medical Appraisal. The LMC is represented on the steering group although the requirements for Revalidation remain in some confusion. The LMC will ensure your voice is heard at the PCT. With the support of the very experienced Cabinet, and the Office staff, I aim to fiercely protect the interest of all GPs in Cornwall and the IoS, both Partners and Sessional. If you wish to contact me : [shelagh.mccormick@call-gunn.cornwall.nhs.uk](mailto:shelagh.mccormick@call-gunn.cornwall.nhs.uk)

## BMA Course on Essential GP skills for trainees

The BMA's 2010 GP Trainees Conference, "Get Ahead: The Essential GP Trainee Skills Day" will take place on Friday 16<sup>th</sup> April at BMA House. If you want to make the most of your training, prepare for life as a qualified GP, and network with colleagues from across the country, this is the event for you.

Members of the General Practitioners Committee (GPC) will share their experiences and advice on subjects such as finding a partnership and options for sessional and locum working. Dr Laurence Buckman, the current Chairman of GPC will introduce the day, and a representative from The Careers Group will give advice on how to best present your CV and succeed at interviews.

You can find out more on the BMA website at: [http://www.bma.org.uk/whats\\_on/gpreg2010.jsp](http://www.bma.org.uk/whats_on/gpreg2010.jsp)

## BMA Seminar for salaried GPs

The BMA is organising a series of seminars aimed specifically at Salaried GPs. These seminars will be held in each of the SHA Regions – one per region, (ours is in Taunton on 20 May 2010). These events aim to:

- Advise on employment rights for nGMS, PMS, APMS and PCO-employed GPs – including sickness, maternity and redundancy issues, as well as giving general guidance on contractual rights following maternity leave and at the end of FCS and Retainer Scheme funding.
  - Outline in detail the benefits of the model/minimum salaried GP contract negotiated by the BMA, and how to ensure that at least these minimum are obtained.
  - Provide helpful tips for successful negotiations on salary, terms and conditions, and contract changes for use with current and new employers, with practice sessions.
- Provide an interactive setting, with the opportunity for delegates to ask questions on the day.

Could you please indicate on the registration form whether you are in a GMS, PMS or APMS practice, this will enable the speakers to tailor their advice appropriately.

### Registration Fees

The costs to attend these half day seminars are as follows:

£46.00 including VAT for BMA Members, £80.50 including VAT for Non-members

A sandwich lunch and refreshments will be provided.

Please note that Non-members are entitled to the BMA rate if they join the BMA when registering. For further information about this please call BMA Conferences on 020 7383 6605/6137.

## Just in Case Bags

The End-Of-Life Multidisciplinary group has been looking at the implementation of the Just In Case Bag (JICB) scheme throughout the county, many of you will have come across these already. The LMC have raised concerns with the PCT about the appropriateness of the GP providing a prescription for injectable CDs in the JICB, to be used by another Health Professional at an unspecified time in the future and which is therefore outwith the control of the prescribing GP. Following representations by the LMC this scheme has been examined further by the PCT to make certain it, and the administration of this system complies with the regulation on controlled drugs. Subsequently, the PCT have decided to suspend this scheme until it can be more fully examined, further guidance issued will comply with the regulations on controlled drugs.

## Your Local Medical Committee

As all GPs will be aware the county has recently hit election fever and the results of the LMC election are given below.. Although the Committee has attracted nearly the allocated number of members ( still very light in the West), it meant that no actual election was required.

Naturally at this time we thank those who have stood down. Some have given many years service to the Committee and the GPs of Cornwall, we thank them and trust that they will find the extra hours not spent in committees will be equally well used in future.

Recently retired from the Committee are:

- Simon Barton
- Rob Edgerley
- Mike Ellis
- Alan Middleton
- Jay Purohit
- Andy Stewart
- Chris Saitch
- Rob Waterhouse

The following nineteen GP Principals have been appointed to serve as members for the GP Principals' Constituency of the Cornwall and Isles of Scilly Local Medical Committee from March 2010 to February 2013:

Dr Paul Abbott	Dr Philip Dommett
Dr Ian Gethin	Dr Robert Harvey
Dr Andrew Hillary	Dr William Hynds
Dr Alistair James	Dr Stephen Jefferies
Dr Jonathan Katz	Dr Mark McCartney
Dr Shelagh McCormick	Dr Angus Macdonald
Dr Peter Merrin	Dr Martin Priest
Dr Justin Randell	Dr Nick Rogers
Dr Francesco Scaglioni	Dr Matthew Stead
Dr Philip Trevail	Dr Marion Williams

The following three GP Non-Principals are appointed to serve as members for the GP Non-Principals' Constituency of the Cornwall and Isles of Scilly Local Medical Committee from March 2010 to February 2013:

Dr Ben Ashmore                      Dr Sarah Gray                      Dr Victoria Olobia

## Snip it Corner

- The Cornwall CPD sessions have moved from the County Arms in Truro and will now be held at the Post Grad Centre, RCHT, every first Wednesday of the month, 7 to 9 pm. Next meeting is 7 April, subject work related stress lead by Kathy Applebee.
- The PCT have held a number of PGDs which are nearing expiry. They are not proposing to renew them . The LMC believe that in most circumstances in primary care Patient Group Directions are unnecessary, but some practice may wish to hold them or use them as a basis for their practice policy. If this applies to you, you will need to consider updating them as they may need updating.
- Appraisal toolkit is now off, sorry on, sorry crashed, no its working again-rejoice.

## General Practice Extraction Service – GPES

We have been asked to bring this future extraction of data from your system, presumably as data controllers you will be personally contacted before this happens. In the current system, combined with the hookey kookey on the summary care record heaven only knows if you will, if and when it will happen and what happens next. It has been approved by the BMA, RCGP and GMC so we should be reassured. It reads:

GPES publishes information governance principles and end to end process  
The NHS Information Centre has made available documents setting out practical proposals for operating the planned General Practice Extraction Service – GPES.

To be delivered in the final quarter of 2010, GPES aims to deliver and coordinate vital information from General Practice computer systems in order to help improve understanding of patterns of illness and deliver improvements in healthcare for patients.. Currently the systems in use to access and analyse general practice data do not easily share information between them, which makes it difficult to gain a complete and consistent picture of patient care in England. GPES aims to address this need, to support Department of Health and NHS initiatives which will improve patient care and make more efficient use of NHS resources.

GPES is only used as an extraction mechanism for approved data requirements and is not a long-term data repository i.e. after the information is delivered to the requesting organisation (DH or an NHS organisations operating nationally), it is always completely deleted.

Dr Ralph Sullivan, National Clinical Lead for General Practices, stated: "*This is a national project of national importance. GPES will close the significant information gap that exists within the NHS primary care arena; a gap that must be addressed if we are to meet the increasing demands for improved and effective patient care in the 21st Century.*"

General practice records are a valuable source of information, providing the potential for the NHS to learn more about the health needs of the population and how best to address those needs. Access to patient records is a privilege that should not be treated lightly though. To this end, and in line with the project's principles of openness, transparency and honesty, on the 3rd of March, GPES made available three key project documents which underpin the service:

- **GPES Benefits** - what the key benefits of a centrally managed service are to patients and to practices;
- **Information Governance Principles** - how GPES will protect patient privacy and the confidentiality of their data; and the
- **End to End process** - how GPES will work, from receiving to delivering a request for information.

These have been developed in collaboration with people from patient and professional organisations including the **British Medical Association, Royal College of General Practitioners, General Medical Council**, and the **National Information Governance Board**.

The documents are accessible from the [GPES homepage](#) which includes a feedback function should you be interested in commenting or providing feedback to the project.

With kind regards,

**Miles Garside**

GPES Stakeholder Engagement & Communications

Workstream Lead

The NHS Information Centre

Tel: 0113 254 2572

Mob: 0776 834 0596

## Budgets, QIPP and various things

The PCT is going to be faced with extreme pressure over the next years to look at all elements of its expenditure and that includes Primary Care.

The PCT has a number of areas in which it plans to make these savings, one is primary care and we are pleased to see that the LMC is represented in discussions about this as well as GPs from Commissioning Groups.

What can practices do at this stage? Largely it is a case of wait and see what comes out. Practices have always been conscious of costs and the need to run as efficiently as possible. Now might be the time to check over lots the expenditure items so that if income does reduce, your practice profits are ready to cope.

## Statement of Fitness for Work

Advice on these new forms can be found on:

<http://www.dwp.gov.uk/docs/fitnote-gp-guide.pdf>

This gives you the rationale behind the changes, a description of the forms and an outline of the way it will work, including you can now do a telephone consultation for these forms.

Usefully a number of forms have been withdrawn, this form replaces Med 3 and 5. Med

## DDRB

Doctors should have by now received details from the BMA on the DDRB and what the Department of Health has actually done. Naturally they are ignoring the review body. The headlines are:

- DDRB recommended an uplift of 1.34% in the overall value of GMS contract
- Department of Health awarded a gross uplift of 0.8% for 2010/11, they have assumed an efficiency saving of 1% of practice expenses
- 0.4% of the uplift to global sum, correction factor, QOF, enhanced services and locum payments in proportion to their spend
- 0.4% of the uplift to global payments
- Salaried GPs should be increased by 1% for 2010/2011

The full report can be accessed through:

[www.ome.uk.com/DDRB\\_Main\\_Reports.aspx](http://www.ome.uk.com/DDRB_Main_Reports.aspx)

## Full-time GP Partner - Bodmin Cornwall

Stillmoor House Medical Practice are looking to recruit a friendly and enthusiastic GP to join our Practice Team from June 2010.

List size 10500

6 GP Partner

Dispensing Practice

Closing date for applications 1st April 2010 - please send CV and covering letter to:

Mrs S Carthew, Practice Manager, Stillmoor House Medical Practice, Bell Lane, Bodmin, Cornwall. PL31 2JJ. or via e-mail to:

[sue.carthew@stillmoor.cornwall.nhs.uk](mailto:sue.carthew@stillmoor.cornwall.nhs.uk)

## **PMS Practice Alert**

For practices with a PMS contract the BMA has just issued advice should the PCT wish to review the contract. This lays out clearly the rules and should be read before any negotiations are started.

The web site link is:

[http://www.bma.org.uk/employmentandcontracts/independent\\_contractors/personal\\_medical\\_services\\_gps/reviewpmscontract.jsp](http://www.bma.org.uk/employmentandcontracts/independent_contractors/personal_medical_services_gps/reviewpmscontract.jsp)

The PCT has also requested LMC representation at any contract review meetings which we shall be pleased to provide.

## **Feeling warm?**

Perhaps its like the Met Office forecast last year but the Department of Health has just issued its planning document for the heat wave this summer.

I am uncertain from a first glance at the document whether the heat wave is an actual target, and whether we are required to reach at least a certain temperature level or whether

The website contains the short and pithy introductory letter from the department (3 pages), Heat wave plan (47 pages), Equalities Impact Assessment (22 pages) and three supporting (total 36 pages).

Regardless of the amount of advice, I just fear that this is the end of hope for a decent summer with fine ,warm breezes etc.

## **NICE consults on new QOF indicators**

NICE have launched a consultation on QOF indicators and it includes thirteen possible new ones including mental health, diabetes, palliative care.

They are seeking your views on implementation challenges, possible unintended consequences and impact on health inequalities. Comments will apparently be considered by the independent Primary Care QOF Advisory Committee in June along with the results of the pilot which saw the testing of potential new indicators across a representative sample of general practices.

NICE will then publish recommendations which will feed into the negotiations between the GPC and the Department of Health and NHS Employers.

The framework is available on:

<http://www.nice.org.uk/aboutnice/qof/indicatorsindevelopment.jsp>

If you do decide to respond could you please send a copy to this office.

**GPC Annual report has been published and can be found on:**

[http://www.bma.org.uk/about\\_bma/annual\\_reports/gpcannreport2010.jsp](http://www.bma.org.uk/about_bma/annual_reports/gpcannreport2010.jsp)

## H1N1 vaccines for travel use

GPs will have received a letter from Prof Salisbury, Director of Immunisation at the Department of Health informing you of the provision of H1N1 swine flu vaccine for protection of travellers to Southern Hemisphere countries.

GPs ARE able to charge patients for the administration of this vaccine, and can set their own rates unless the patient is in a group defined in the enhanced service as being in a group that should have had it under that enhanced service.

Guidance can be found on:

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_114372.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_114372.pdf)

## Choice and booking

The LMC has been in negotiation with the PCT about the payments for this enhanced service for the past two years and the arrangements for next year.

The only clear to have come out of considerable pressure from the LMC to the PCT is a confusing and unclear picture of exactly what they will pay for, and when.

The PCT have however agreed to keep a LES for choice and booking going for the next year, and to discuss future arrangements over the coming months. We recognise that this leaves practices with a dilemma. To continue anyway in the hope that a reasonable set of rules is finally agreed, or stop in the meantime.

We apologise for the lateness of this notification and will keep on pressing to make certain we gain a reasonable agreement as soon as possible.

## Inflation for Enhanced Services

The Department of Health in its Gateway reference letter 11615 under the title of Fairer Funding of GP Services set out the inflation award for 2009 / 2010 and how the award was to be used to reduce the number of practices relying on MPIG, an increase in QOF point value of 1.74 % and their expectation around enhanced services inflation.

The LMC is delighted to inform practices that the PCT has decided to honour this guidance for 2009/10.

We will press for a revised price list to be circulated asap and have started talking about inflation and enhanced service plans for 2010 / 2011. We hope that these will be with you shortly. The LMC has also started the process of reviewing, with the PCT, some of the details of the enhanced services to make certain that they reflect good clinical practice and are kept up to date, for example the drugs on the shared care list needs revising.

"Polysystems go national in huge work shift to GPs" quoth *Pulse* on its frontpiece, while *GP* newspaper preferred the splash "GPs denied five-figure sums on rent". So all good news so far then. Things can only get better, as they once used to sing at Labour Party Conferences, so I turned the page in hope and feasted my eyeballs on the second page goodies "Diabetes work to soar under Hba1c switch" in *Pulse* and "PCT plans will vaporise services" in *GP*. And no, there was no page three girl in either periodical. It's a wonder that large swathes of our profession don't top themselves every week after reading each issue of these gloom mongering penny dreadfuls. If I didn't know better I'd suspect that Government agents had infiltrated the editorial boards of both publications as part of Gordon Brown's cunning scheme to demoralise Family Docs.

Determined to look on the bright side in spite of the best efforts of the medical press, I took a swift swig of tepid coffee that had been hot at some stage long before Mrs Hildegard Grafterbotton had plonked herself down in my consulting room chair and started complaining of feeling tired all the time. If she saved the energy she expends in moaning about the ineffectiveness of every treatment, pill and intervention I have ever contrived to proffer in her direction in order to get her out of my room, she would be able to jog up and down Everest in no time at all and still have enough energy left over for a dozen press-ups. If there was ever a case for euthanasia it is Hildegard Grafterbotton. Her consent would be immaterial if you ask my humble opinion. But then you didn't ask for it, but you've got it anyway.

And the reason you've got it anyway is that in the latter stages of my admittedly stunningly successful career I have turned into a grumpy old man. This is something that not only am I not ashamed of, but am positively celebrating with champagne, caviar and fireworks, as recent research has suggested that grumpy people are higher up the evolutionary ladder than people who are easy-going. Needless to say it is the Yanks who have uncovered this previously unsuspected fact. Scientists from Harvard looked at two close relations of humans, namely the LMC Committee Member and the less advanced PCT Non-executive Director or Neds as they are known. The study, published in *Current Biology*, found that LMC members were much more aggressive, particularly as they got older. Adult Neds on the other hand, retained the playfulness they showed as juveniles. The unlikely named Victoria Wobber, the lead researcher, said the differences could be down to simple evolution. Frankly that really explains a lot of things that had been bothering me lately. The next target is to get Neds to breed in captivity.

The other good bit of news I have to share with you dear readers, as a welcome antidote to the grim reality foisted upon us by *Pulse* and *GP* week after week, is that Sex is good for pensioners. The fact that I am about to draw my pension is of pure coincidence in relation to my fervent interest in this matter, which simply stems from my wish to help my older patients have a more fulfilling life. An NHS Trust has issued a leaflet to pensioners entitled "Ageing well in Medway" telling them it is "never too late to experiment" with their sex lives. The project cost £13,700. Benefits for women included keeping the pelvic muscles toned and reducing incontinence while for men relieving congestion in the prostate gland was apparently a bonus. Bob Ainsley, 71, of Strood, told the Torygraph reporter tetchily "We don't need a leaflet to tell us we can have sex".

You might not mate, but I have ordered several dozen of the pamphlets and distributed them all around the house and garden. Belinda is bound to read one of them.....