

LMC NEWS

Cornwall & Isles of Scilly Local Medical Committee

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Your Chairman writes

April was a busy month with all the anticipation of a General Election and a possible change of government, along with speculation about the future of PCTs and SHAs in general. The focus on saving money is still very much at the forefront of the PCT's planning and as part of this the QIPP agenda is likely to dominate in the foreseeable future. The Primary Care QIPP group has already held meetings and the LMC has now been invited to send a representative as an Observer.

You can expect to hear more about this later in the year.

The LMC was pleased to hear, following robust discussion with the PCT, that there will indeed be the recommended 1.74% uplift to the LES payments for 09/10, their original position of a zero uplift being reversed at the eleventh hour. The C+B LES payments for Components One and Two for 08/09 and One for 09/10 should also now have been paid to Practices, and we will start negotiating soon on LES payment levels for 10/11.

The Pathfinder Revalidation Pilot continues and the steering group including myself will be allowed access to the software on a trial basis imminently-I hope you have all had the opportunity to attend one of the meetings that the PCT arranged around the County to inform GPs about what this entails, and are considering opting in. Since Revalidation is inevitable, and Strengthened Medical Appraisal will be a large part of this, grassroots GP influence is essential.

We are planning another Conference later in the year and Dawn is busy securing interesting and relevant Speakers, more information will be made available as it is confirmed. The 2008 conference was a huge success and I have high hopes for 2010 to be even better.

Shelagh McCormick
Chair

QIPP (Quality, Innovation, Productivity and Prevention)

The QIPP process expects us to free and reuse resources from those currently expended within the Duchy each year on healthcare. The PCT is being directed to make certain it is a success.

Practices should be aware that this process looks at the spend of the NHS and is based on a report by the management consultants McKinsey & Co. This report suggested areas where spend was over average and where health communities maybe able to find savings. The intention being that the savings are then reinvested in local health services. This reinvestment will be the only way that the health communities will be able to cope with continued rising demand and no growth monies.

The LMC will be involved in discussions that impact on general practice. All commissioning groups are also involved.

Working with pharmacists

NHS Employers, the GPC, the PSNC have produced two guides supporting GPs and community pharmacists in developing more effective relationships.

The guides cover the following areas:

- the funding and contractual arrangements for pharmacists and GPs
- the range of clinical and administrative functions that each profession provides
- various staff roles and responsibilities
- training and qualifications
- the key national bodies
- where to get more information on each profession

<http://www.nhsemployers.org/PayAndContracts/CommunityPharmacyContract/Pages/professional-relationships-guides.aspx>

We have been working constructively with the LPC for some time now and look for it to continue.

Department of Health view on how to increase quality in general practice

Published on 5 March was a document entitled "Systematic approaches to 'raising the bar' in primary care: what has been done to increase quality overall and specifically in those underperforming". It can be found on:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_115102.pdf

Naturally the LMC will be discussing this with the PCT to try to understand how it will use this guidance, indeed the next few weeks may be crucial it how it gets used. Regardless of which party gets into power, or indeed none of them the public finances will be clamped down on and we can expect all sectors of the NHS to be examined. This document indicates how the Department will approach the topic.

It starts off with support, incentives to practice to achieve, use of comparable data and ends quoting the exact paragraphs the PCT needs to quote when suspending a practice and finally removal from list.

This will not go away and practices should be looking at comparable data so that they can consider their existing systems and also have time to understand why they will appear as they do to a commissioner.

BMA Publishes 50 point plan for general practice

The BMA's GPs Committee (GPC) on Friday 2 April 2010 published a fifty point plan for the future of general practice in the UK.

Fit for the Future – the evolution of general practice makes recommendations for improvements in a number of areas including: Out-of-hours care, the Quality and Outcomes Framework (QOF), workforce, and Information Technology.

General practice is recognised throughout the world as being one of the most cost-effective, high-quality means of delivering patient care. However, the GPC has concerns about the current direction of travel in primary care, including the commercialisation of general practice in England and the divergence in key health policies between the four nations. *Fit for the future* represents the GPC's current thinking on how general practice should evolve.

Commenting on the launch of the document, Dr Laurence Buckman, Chairman of the GPC Committee, said:

"General practice has undergone huge changes in recent years and it continues to evolve. Some of these changes have been beneficial: the increasing range of services provided by GPs, for example, has been good for patients. Other changes, such as the growing role of big business in primary care, concern us. We know some aspects of general practice could be improved but we want this to be in a way that benefits patients, doesn't fragment the NHS and doesn't demoralise the workforce."

Recommendations in the BMA report include:

- * Increase the role of general practice in promoting public health by making it a requirement to consider, through piloting, how policy changes would address health inequalities.
- * Increase patient involvement in the planning and arranging of services by linking Patient Participation Groups.
- * Improve management, at a national level, of the GP workforce, in order to avoid shortages of GPs in areas which find it difficult to recruit.
- * Replace PFI projects with a new scheme to support sustainable practice developments.
- * Increase involvement of GPs in the commissioning of out-of-hours services.
- * All contract holders (e.g. GP partners or private companies) should have day-to-day involvement in the running of their surgery to ensure there is a firm commitment to local health services.

Fit for the future is the first in a series of documents from the GPC which will consider the evolution of general practice in the UK.

QOF—PE7 and PE8 Appeals

Many practices have been struggling to meet the demands of a swine flu campaign and still hits QOF targets. To assist practices the GPC will soon publish an updated document which will include an update of the joint GPC/NHSE FAQs on the Swine Flu Vaccination agreement.

The updated document will include a section on the process for calculating the uptake levels required to achieve patient survey easements.

Post natal depression / Baby checks

We have heard of instances where a Health Visitor has advised a practice nurse that it has been decided that it is now the duty of the practice nurse to ask, record and act on the depression questions at the baby's 2nd immunisation. They are the same questions as for QOF and the PHQ9.

We have confirmed with the PCT that this has not happened and that responsibility still lies with the Health

LMC Conference 2010

This years Conference will be held at St Michael's Hotel in Falmouth on Tuesday 5th October and Wednesday 6th October. The format of the conference will be the same as usual with the first day dealing with national issues and the second day, more practical local issues. We have managed to secure excellent rates with the hotel and therefore there will only be a very small increase in the price over previous years.

We will be able to start announcing the speaker list in the next issue of the LMC News, and hopefully be sending out the booking forms during June. We would advise you to book early as numbers this year will be limited.

PCT Job Advert—GP Champion for Chlamydia Screening Helping Primary Care to meet the needs of young people – Opportunity for a GP to work with the Chlamydia Screening Service to support the implementa- tion of a Chlamydia Screening LES in Primary Care - 12 month contract

Cornwall and Isles of Scilly PCT and the Cornwall Chlamydia Screening Service are seeking expressions of interest for a GP champion who is enthusiastic about young people, sexual health and Primary Care. This post will be approximately two sessions per week for 12 months to increase engagement and support of Chlamydia Screening within General Practice.

Specifically the role of the Champion is to work with the PCT, Chlamydia Screening Service and Primary care, actively engaging with General Practice teams to enable the Health Community to meet the National Chlamydia Screening target. It is envisaged this will include training, problem solving, innovation and the ability to address perceived barriers in a new and imaginative but practical way. This role will work closely with the Chlamydia Screening Service, building on achievements and contributing to service improvement.

We are entirely flexible with the hours of work and contract of employment. We would also be supportive of those wishing to undertake the role as a secondment.

If you are interested in this position please contact Denis Cronin, Associate Director of Public Health, 01752315028 denis.cronin@COISPCT.cornwall.nhs.uk
For further information on the service contact Pam Gates, Chlamydia Screening Coordinator, 01209 881727 pam.gates@cornwall.nhs.uk

Department of Health GP Bulletin

You will soon notice that the monthly hard copies of GP Bulletin has stopped and from April onwards it will no longer be posted out. If you want to continue to receive this document you are asked to sign to an e-mail version. If this would please you, you will need to send your name, practice address and e-mail address to:

Dh_gp_subscription@etdsolutions.com

Update from the PCT on revalidation

A Medical Revalidation Information Event was held on 28th April at St Mellion International Resort. This was an open meeting for all doctors to learn a little more about the proposed mechanisms for revalidation and to understand the opportunities available for doctors working in Cornwall to shape that process nationally as we are one of ten sites in England piloting the strengthened medical appraisal.

A series of further meetings is being developed based on the feedback of those doctors attending the previous sessions and to provide doctors with practical help and support for their strengthened medical appraisal.

One key learning point for all doctors regarding the recent problems with the NHS Appraisal Toolkit and to help to prepare for your appraisal for 2010/11 using the Revalidation Pilot Toolkit is to keep an electronic folder, where you can store information that you want to put in your appraisal portfolio. In so doing you will always have the information accessible to use.

If you have any questions or comments about the Medical Revalidation Pathfinder Pilot please contact Rachael Crawley - Rachael.Crawley@CIOSPCT.cornwall.nhs.uk

Cornwall CPD Programme

On the first WEDNESDAY of every month an educational and social meeting is being held in **TRURO** from 7pm till 9pm. The talk starts at 7:30pm.

Venue is **POST GRAD CENTRE**, Royal Cornwall Hospital, Truro TR1 3LJ.
Tel:01872 250000.

The meetings and refreshments are free for everyone thanks to the speakers and the **RCGP**. There is no need to book and they are aimed at all GPs and primary care professionals. RCGP membership is currently not required. For more details please check the RCGP [Tamar](#) Faculty [events](#) webpage.

5 May	<u>Antidepressants & Antipsychotics:</u>	Dr Greg Mather , Consultant Adult Psychiatry
2 June	<u>Headache:</u>	Dr David Kernick , RCGP Clinical Champion for Headache
7 July	<u>Q & A Session on HRT and Contraception:</u>	Dr Sarah Gray , Primary Care Lead in Women's Health
4 Aug	<u>Adult Diabetic Services:</u>	Ms Caroline Dunstan , Diabetes Specialist Nurse, CIOS PCT
1 Sep	<u>Managing Heart failure:</u>	Dr Sam Freegard , General Practitioner, St Ives

Plymouth Argyle have been relegated. The Greens are going down. The Green Army has been routed. So how could things possibly get worse, you might reasonably wonder? Well, wonder no longer dear readers. For a start Cornwall and Devon PCTs could merge to form a cumbersome great lumbering clumsy pantechnicon of a nightmarish organisation; or the general election could result in a hung parliament; or horror upon unspeakable horrors, the LMC could get a female Chairman... er...Chairthingy.

And guess what fellow travellers, rumour has it that 1) is highly possible with Annie Get-your-gun likely to be installed as Mega Peninsular Peeceetee Supremo; 2) may well have happened by the time you read this perceptive missive; and 3) has already happened thanks to the collective wisdom of our darlings, the duly elected members of the Cornwall and I'll Be Silly LMC.

At least it is a chance for a new start, with the old discredited LMC Cabinet being replaced by...er...the old discredited LMC Cabinet. So its farewell to Groucho, Brucella, Lady Penelope, The Absent Abbott, Phil Dumbit, Spaghettoni and Peter Meringue and it's hello to the breath of welcome fresh air that is... Groucho, Brucella, Lady Penelope, The Absent Abbott, Phil Dumbit, Spaghettoni and Peter Meringue.

Out with the old and in with the old. An old broom sweeps clean. It is the dawning of an old age.

But all is not as it once was my friends, and never can be again, given that Brucella McTarmac has emerged from the smoked filled room as Queen of all she surveys. Thatcherism rides again. Oestrogen rules. The handbag has already been called into pugilistic action with Groucho and Dumbit whacked sideways into next week for not opening the door for Her Maj as she approached her inner sanctum, while Ms Molestrangler has been despatched to buy Brucella's weekly requirement of fashion footwear. To be fair, she is superstitious and believes it to be bad luck if she wears the same pair of shoes twice. But then being an Aussie she probably only started wearing shoes for the first time when she was deported to the UK, so I guess the novelty hasn't worn off yet.

And what of the future if Cornwall and Devon PCTs merge, I hear you ask? Will the Local Medical Committees of Devon and Cornwall have to merge too? Which side of the bed will the Devon LMC Chairperson sleep, and which side Brucella? Will Peter Jollity power share with Ms Molestrangler? And who will put the cat out last thing at night? These are vitally important questions that need to be answered with honesty and transparency, and PDQ if you ask my ever humble opinion. Lives could depend on it.

Meanwhile back at The Abandonhope Surgery I have decided to ease myself into my dotage by going part-time. There was a lot of predictable grief from the anklebiters (as I affectionately refer to the younger partners, which come to think of it is all of them) who clearly were worried how they could possibly cope without my wise counsel 24/7, and kept suggesting that if a job's worth doing it's worth doing properly so why didn't I retire properly instead of going for a botched-up compromise of being a part timer. I was touched by their concern, but decided to pretend I hadn't heard and turned up for work anyway after Easter to find the locks had all been changed, Hilda Bunnytunnel had moved in to my consulting room, had put up frilly curtains and was painting her toenails with her feet upon my desk, and Clint Thrust had had the temerity to park his rusting hulk of a hatchback in my personal parking slot. At least the receptionists had opened a book of condolence in the waiting room, which would have been touching but I am most decidedly still alive.

I would have contacted the GP Occupational Health Service for support and advice, but the GP Coordinator for Cornwall, (none other than the ghastly Gunnislake Gob), is even older and more decrepit than me, not to mention deaf into the bargain necessitating my having to shout so loud down the phone that the chances of a confidential chat are precisely zilch. On top of that he said he could only meet with me if I chose a location that was zimmer-friendly....