

LMC NEWS

Cornwall & Isles of Scilly Local Medical Committee

IN THIS MONTH'S NEWSLETTER :-

No. 229 May 2010

Index

Your Chairman writes	1
BMA fees for life assurance	2
Cytology screening programme	2
BMA response to new govt plans	3
Laurence writes to the Daily Mail	3
Health Checks	4
Local Medical Officer	4
Salaried GP in St Stephens Advert	5
Partner GP Camelford advert	5
Microtest Safety Notice	5
BMA Reforms & Sessional GPs	6
NHS Fraud Awareness Month	7
LMC Conference	7
Dr Bile writes	8

Items for the Newsletter should be sent to the Editor, David Purser, at Sedgemoor Centre, Priory Road, St Austell PL25 5AS Tel 01726 627978, Fax 01726 76247, e-mail david@kernowlmc.org.uk . Dawn Molenkamp is the LMC Executive Manager and can be e-mailed on dawn@kernowlmc.org.uk

Your Chairman writes

.We have a new Secretary of State for Health in Andrew Lansley who has a track record of listening to and forging a good relationship with the profession both before and since the election. It is too soon to know what changes this will bring, and the need to make cuts across the public sector has not gone away. The QIPP agenda with it's mission to make savings of millions from the various PCT budgets (with a vague indication that it will be reinvested) continues apace. We have yet no clear idea of how it will directly affect General Practice but the LMC remains engaged. This month saw the advertisement of the OOH invitation to

submit expressions of interest, and it has a long lead time with an extension of Serco's contract until September 2011. Since the Coalition Government has indicated it's intention to hand back responsibility for commissioning OOH to GPs, we await events with interest as it is uncertain quite how this will evolve, as it will require re-negotiation of the GP contract. What is clear is that GPs will not be required to be the providers of last resort so don't despair.

The future of Revalidation appears uncertain with the BMA calling this week for major reassessment along with obvious disagreement between the BMA, GMC and RCGP. The Pathfinder pilot progresses slowly but the only thing that is certain is that nothing is certain! Keep up to date and listen to your Appraiser who has now had some training in Strengthened Medical Appraisal.

We have had some more discussions with the PCT and End of Life group about anticipatory prescribing following concerns about the just In Case bags, and will issue guidance soon.

June brings the LMCs Conference in London and two of our submitted motions have been chosen for debate, one opposing the abolition of Practice boundaries and one on reimbursement of drug costs for zero-discount drugs. Both issues are very relevant to many practices in Cornwall in particular as well as nationally. We will report back in the July newsletter. Roll on summer

BMA fees for life assurance

Just a reminder that BMA recommended fees for life assurance and income protection reports and examinations can be found on the BMA website, they are at present:

Effective date: 1 April 2009

Please note that reports should be provided in the manner requested and should be as complete as possible.

1. BMA recommended rates

a) GP report for insurance applicants (written or typed in template) £89.00

b) GP supplementary reports £22.70

Note: Patients have the right to see the report before it is sent to the insurance company. If a request is made, the insurance company should inform the GP and the patient has 21 days to arrange to see it.

c) Medical examinations undertaken on a GP's own patient £97.80

The competition rules mean that you / we cannot suggest a set of fees, but these fees are for guidance purposes only as it is ultimately up to the individual medical practitioner and the relevant insurance company to negotiate and agree an acceptable fee.

The website address is: <http://www.bma.org.uk/employmentandcontracts/fees/insurecomp.jsp>

C:\Documents and Settings\Susan\Local Settings\Temporary Internet Files\OLK2D8\A_BMA recommended fees for life assurance and income protection reports and examinations - The British Medical Association.mht

Changes to cervical cytology screening programme

From the first of April the cervical screening program will only accept samples taken in accordance with the schedule of the program and with all paperwork correctly completed. Most important is that the patient details are correct and the form marked to indicate that the cervix has been visualised. Out of date pots will result in the sample being recorded as inadequate.

A letter will be sent to the originator where the patient is:

Under 24.5 years old and not scheduled from a previous test.

25-49 and less than 30 months since previous routine negative test.

50-64 and less than 54 months since previous routine negative test.

65 and over with 3 consecutive routine negative tests, 2 of which were in the last 10 years.

The sample will be kept for 21 days to allow the option of private processing and will be discarded if there is no response within this time.

You are reminded that cytology is a screening test and not diagnostic. It is not a routine investigation for symptoms of bleeding or discharge. Young women with post coital or intermenstrual bleeding should always be examined. Although cervical cancer in young women is very rare it is disclosed on most occasions by unscheduled bleeding. An abnormal appearance of the cervix would justify referral under the 2 week wait procedures.

Further information can be found on

<http://www.swpho.nhs.uk/resource/item.aspx?RID=72109>

BMA response to the Coalition Governments . NHS plans

Please see below the press release from the BMA.

Responding to the Coalition Government's plans for the NHS, BMA Chairman, Dr Hamish Meldrum, said: "Doctors want to work constructively with the new Government and we are pleased that today's plans prioritise clinical engagement with the medical profession – it is essential that this dialogue is meaningful and does not just pay lip-service to the notion of involving clinicians in proposals for the health service. Despite some reassurances about funding, the NHS faces a challenging time ahead with considerable funding pressures and any plans the Government has to make for efficiency savings should be based on clear clinical evidence and involve doctors at all levels to ensure that quality of care for patients is protected."

Dr Meldrum added:

"The BMA wants to see a lot more detail about the Government's plans before responding to many of the specific policy areas. We are already aware of some of the proposals set out for GPs and we are willing and ready to discuss these with the Government. While we support sensible suggestions to improve patient access and choice, enabling patients to register with any GP practice they want will, in reality, be very complex, potentially more expensive and could threaten that important relationship between a doctor and his or her patients. We need to ask the Government whether, given the current financial pressures, now is the right time to embark on such a costly venture.

"We agree that producing the best possible health outcomes must be a priority. Doctors always want to strive to improve their clinical results; however, it is essential that mechanisms for collecting and publishing data are robust, evidence-based and meaningful to health professionals and patients.

"The idea of an independent board to oversee the day-to-day running of the NHS was first mooted by the BMA several years ago and the BMA also proposed more patient and public involvement at a local level. We will be very happy to discuss the development of these proposals with the Government."

Letter to Daily Mail from Laurence

This may make you feel better.

Dear Sir,

LETTER FOR PUBLICATION

I was saddened to read your editorial blaming GPs for the current state of out-of-hours services (*How do Britain's GPs sleep at night? Wednesday 5 May 2010*). As a GP I care about my patients and I want them to receive good care at all times, but I also feel your article missed out some key points and, in so doing, painted an unfair picture of my profession.

A significant number of family doctors do shifts for the out-of-hours organisations that are run by health authorities, and some are still responsible for providing the service themselves. While not all GPs do this they certainly don't just work 9 – 5 either. I regularly do a 12 hour day in my surgery and most GPs I know do the same.

The number of night time calls has gone up significantly in the last twenty years – from a few a week to a few a night. Back in 2004, when the new contract was brought in, it was that combined with long working days and low pay, compared to GPs in the rest of Europe, which meant no-one wanted to become a family doctor. The country was facing a real shortage of GPs and that would only have got worse if nothing had changed.

There are some good out-of-hours organisations which provide an excellent service, but too many are not like that. The BMA, as the doctors' organisation, believes that has to change. We want GPs to be more involved in the planning of out-of-hours, because we think that's the best way all patients will get the quality care they deserve.

Yours faithfully,

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

sent 5 May 2010

Health Checks and the Royal Cornwall Show

We have recently been asked to include this in the newsletter.

Dear Practice,

you may be aware that the PCT is currently piloting the Health Check Programme within the county. The health check is a 30 minute consultation for the 40-74 year olds. The consultation will gather info on the individual eg BMI, BP, Cholesterol (point of care testing) and also life style info (eg smoking, alcohol and exercise).

This information is processed through a risk engine (eg framingham or Qrisk) and a risk score is created which advises the individual what their 10 year % risk is for developing CHD, diabetes, chronic kidney disease and having a stroke. If appropriate the individual is then offered appropriate lifestyle intervention(s). The individual may well need to be followed up by their GP practice if high BP, cholesterol, BMI and/or a high risk score is identified. In addition the diabetes filter requires a fasting plasma glucose/HbA1C when the BP is high and/or BMI is over 30. There are currently 7 GP practices and 6 community pharmacies piloting this in Cornwall.

As part of the pilot we will also be offering health checks to visitors to the Royal Cornwall Show. We will only be able to carry out a maximum of 48 health checks during this time. However what it does mean is that we will have information to feed back to the individuals' GP practice and one or more of the patients may be from your practice.

What we intend to do is and fax the data we collect to the person's GP practice. I am attaching the assessment form we will be using so you can see the information we will be collecting. We would appreciate it if you could record any relevant information for each person in their computerised medical records. During this pilot we do have a LES for the recording of such information for the Health Checks and this stands at £2.50 for each health check assessment you enter the results of into your system. We will automatically pay practices under this LES when a health check is carried out on one of their patients provided the practice is able to advise us on the results of any follow up the patient is requested to have eg FPG/HbA1C.

If an individual receiving a health check is required a follow up at their GP practice the individual will be advised to make a routine appointment at their practice. We will also confirm this to the individual in writing at the time of the health check.

We have discussed this with the LMC and they are support of the approach we are taking. We hope that you too will be able to support us at this time.

It is expected that there will more opportunistic health checks carried out as the programme is developed and rolled out so this is likely to gradually increase over time.

What we would also appreciate is any feedback to how you think the process might be improved in terms of feeding back info to GP practices.

thanks

Donna Chapman

Lead Medical Officer

Cornwall and Isles of Scilly Community Health Services are looking to recruit to the post of Lead Medical Officer. It is envisaged that this role will be part-time working 4 sessions per week and in the first instance will be a fixed term post for 12 months.

The Lead Medical Officer will be a member of the Cornwall & Isles of Community Health Services Senior Management Team and will sit on the Cornwall & Isles of Scilly Community Health Board. The post holder will provide medical advice to the Managing Director and to the above groups, and will ensure appropriate medical engagement and input to service development, quality improvement and patient safety initiatives.

The post holder will work in partnership with the Deputy Director to lead the patient safety and quality improvement agenda to include clinical effectiveness and medicines management. The post holder will also play a significant role in the development of CHS corporate strategy and development and be responsible for the leadership and management of the medical workforce.

For an informal discussion / and or a copy of the job description please contact Kevin Baber, Managing Director Tel: 01726 627909 or e-mail Kevin.Baber@ciospct.cornwall.nhs.uk

**Brannel Surgery, St Stephen, St Austell, Cornwall
Salaried GP**

We are looking for a flexible, enthusiastic GP to join us.
5 – 6 sessions per week (over 3 days)
GMS Practice
2 partners
4800 patients (3850 Dispensing)
Purpose built modern building/
own room
No extended hours
High QOF points
Excellent Nursing and Admin support
Microtest Computer system
Enquiries welcome

Liz Cox, Practice Manager
01726 822254

liz.cox@brannel.cornwall.nhs.uk

**Camelford, North Cornwall –
Full-Time Partner**

We are a 2- partner GMS practice in a growing town in rural North Cornwall seeking a full-time partner.
The practice is friendly, progressive, well-organised, forward thinking and fully computerised with two branch surgeries one of which is dispensing.
List size approx 3200 ,computerised Microtest system, excellent and well organised nursing support, nurse-led clinics , full supporting administrative team
High QOF Achiever

Please send expressions of interest and a copy of the current C.V. to:

Mrs N Sherry

Practice Manager

The Medical Centre, Churchfield

Camelford. PL32 9YT

Or email:

nicky.sherry@camelford1.cornwall.nhs.uk

Microtest Safety Notice

We have received the following safety notice which wish to make certain all practices, on Microtest, have spotted and acted upon.

Multilex, the provider of the Practice Manager Evolution drug database, are in the process of moving to standardised DM+D (Dictionary of Medicines and Devices) names as mandated by the DOH. This is achieved by introducing replacement drugs as a new drug with a new name while marking the pre-DM+D drugs as inactive.

In some cases, these replacements will be for pre-DM+D drugs that you have yourself de-activated (for example high dosage versions of controlled drugs) and so it is important that you review your drug database at appropriate intervals and mark replacements as inactive where required.

This is not peculiar to the introduction of DM+D as it also applies to entirely new drugs which are introduced from time to time but which might meet your criteria for wanting them marked inactive. The introduction of DM+D has resulted in a much higher number of drug replacements than has been normal in the past.

Also

Following a recent CD incident it has been highlighted that drugs which practices de-activated on Microtest will be re-activated with the next update. With this in mind could practice who had de-activated high dose opiates as part of the GP PQS ensure that prescribers are aware that the higher dose could have reappeared on the drug picking list so extra care should be taken when selecting new medications.

The prescribing team have highlighted the issue with Microtest who are looking into a possible fix to avoid this happening in the future.

Any queries to your Microtest team please.

BMA announces sweeping reforms to how it represents Sessional GPs

- The BMA's General Practitioners Committee (GPC) today (Thursday, 3rd June 2010) announced a series of wide-ranging changes to the way sessional GPs are represented within the BMA, as part of a package of reforms aimed at bolstering the voice of this crucial group of doctors.

The report from the GPC Sessional GPs Working Group is based on conclusions drawn from a large-scale consultation process that included a survey of over 1800 sessional GP members and a review of the way Local Medical Committees (LMCs) represent these doctors locally. External stakeholders were also consulted and structured interviews carried out on representational issues with grassroots sessional GPs.

New reforms outlined in the report include:

Delegating authority to the Sessional GPs Subcommittee of GPC (SGPS) so that sessional GP representatives act on matters wholly or primarily relating to sessional GPs.

- The size of SGPS will be doubled to 16 members.
- The formation of an SGPS executive committee, which will meet regularly and with the GPC's negotiating team when necessary.
- Four permanent seats on GPC for the SGPS executive committee, in addition to the sessional GPs already elected via regional and national elections.
- New guidance for LMCs to help them improve their representation of sessional GPs locally.
- A new strategy for communications aimed at improving the flow of information and discussion between the BMA and sessional GPs.

Speaking about the report, Dr Laurence Buckman, Chair of the BMA's GPs Committee, said:

"The number of sessional GPs within the workforce has increased dramatically in recent years. This report, which was initiated more than a year ago, is the outcome of the most fundamental and timely review of national and local sessional GP representation we have ever conducted.

"I believe the recommendations will provide a real impetus for change, allowing sessional GPs to have a greater voice at every level in the profession, whether it is locally with LMCs or nationally through their strengthened voice in GPC."

Dr Vicky Weeks, Chair of the GPC Sessional GPs Subcommittee, said:

"It is clear from the responses we received in our consultation that the BMA, as well as the rest of the profession, needs to do more to listen and act upon the views of sessional GPs.

"While sessional GPs had concerns about the potential conflicts of interest inherent in having one body represent employers and employees, they were also clear they didn't want a separate committee. I feel this is a recognition of the importance of remaining united in order to best represent the entire profession, particularly in the difficult times ahead.

"We believe these reforms will address the concerns of sessional GPs, but they are by no means the end of the process. As part of the continuing work of the Sessional GPs Subcommittee we are going to keep under review how these changes work in practice. One of the significant lessons from the survey is that the GPC and the BMA also need to look at their communications in order to improve all aspects of our interaction with grassroots sessional GPs.

"It is vitally important that sessional GPs take advantage of these developments and get involved. We need sessional GPs to engage both with LMCs locally and GPC nationally, to represent their views and the views of the wider profession and to become the leaders of tomorrow."

The full BMA report is available on the BMA website:

www.bma.org.uk/sessionalgps

NHS Fraud Awareness Month

What does NHS fraud look like?

For too long, fraud has been an invisible crime, hiding behind descriptions such as 'white collar', 'victimless' and 'difficult to prove'. Types of fraud and offenders vary – from patients who claim for free or reduced cost treatment and services when not entitled, to staff claiming pay for shifts not worked or contractors falsifying records of NHS work. There are risks that are particular to certain sectors of healthcare and offences that are more common in some areas than others.

June 2010 sees the launch of the annual Fraud Awareness Month (FAM). The aim of which is to help NHS staff and patients understand how to recognise fraud so that reporting systems function effectively and resources can be targeted where preventative action is most needed. More details can be found online at: http://www.youtube.com/watch?v=zNgaCGoM6_o and <http://www.nhscounterfraud.nhs.uk/flash.html>

By ensuring that we all understand what healthcare fraud may look like, we increase the chances of reducing the threat instead of feeling the effects.

If you have a concern about NHS fraud, you can call the confidential NHS Fraud and Corruption Reporting Line on (free phone) **0800 028 40 60**, **report online at www.reportnhsfraud.nhs.uk** or **speak to your Local Counter Fraud Specialist, Claire McGeachy on 07736 961 068.**

LMC CONFERENCE 2010

The LMC Conference will take place on Tuesday 5th and Wednesday 6th October 2010 at the St Michael's Hotel in Falmouth.

At the moment we are busy arranging speakers from a broad range of organisations including CQC, The Department of Health and the BMA.

Hopefully both the subject matter and the speakers will give an insight into what GPs and Practices are likely to be faced with in the coming months, and will help you prepare for what we anticipate will be "interesting times" (in the manner of the old Chinese curse).

After reviewing the feedback from the previous conference we have made a number of small tweaks including obtaining radio mikes for the speakers. We hope these will add to your enjoyment of the conference and show that we do take your comments seriously.

Booking forms along with a provisional programme will be sent out to practices by the end of next month, and we look forward to seeing you there.

Dr Basil Bile writes

“Physician heal thyself” has long been the motto of those of us who firmly believe we are on one side of the counter as practitioners of the noble art of Family Doctery and everyone else is most definitely on the other side, labelled safely as “patients”. Them and us. All works out jolly well if you ask my ever humble opinion, or at least has done for the best part of four delightful decades.

But having been interminably nagged by Belinda to have a “check-up” I finally gave in after 32 years of marriage and booked myself in for a morning of purgatorial inquisition by seeing an optician and a dentist for the first time in over ten years, and my GP for the first time ever.

I am delighted to share with you, in absolute medical confidence of course, that my habit of buying 2.5 dioptrre off the shelf specs for a fiver from the local garden centre has proved to be fully justified. After much humming and hahing the optometrist personage declared me to be in need of reading glasses 2.5 dioptres both eyes. Nor did retinal scrutiny reveal any evidence of my self indulgent lifestyle there being no AV nipping, papillodema or blots. Futhermore, the total absence of any syphilitic gummata only went to prove that my mother’s advice to wipe the seats of public lavatories prior to use may have been well intentioned but was seriously misguided.

The trip to the dentist resulted in a marathon session of bent drill bits, chisel and hammer work to remove the plaque and calculus of eons. He developed repetitive strain injury as a result, but I came out of the whole thing much better off by taking the chippings home and using them to pave the garden path.

Sadly dear readers my interaction with my GP was less positive. Dr Patricia Webfoot-Horsemanure ushered me in, carefully rearranged her pendulous belly and warned me that I was seriously overweight and muttered something grimly about my BMI. Now it is fair to say that I keep up to date as well as the next chap but until that moment I had rather clung to the belief that a BMI was a motorbike of some sort. When she censoriously added a rather high number after the letters BMI I told her in no uncertain terms that not only had I never had a motorbike, but I certainly would not have contemplated purchasing one with as powerful an engine as that denoted by the figure she referred to.

There was clearly something wrong with her blood pressure machine, as there had been with her practice nurse’s earlier, but I reassured her that having faulty equipment was perfectly understandable in these difficult times of financial crisis and therefore, in a spirit of comradeliness, I would not be reporting her to the GMC. I was receptive however to her suggestion of having my BP checked more regularly by the practice nurse as she was a little cracker.

She then, without I might add seeking my informed consent in any shape or form, proceeded to blabb on at some length about my blood results. I have to say she did strike me as being a bit of a glass-half-empty person. I said that far from being dismayed by my cholesterol I was hugely gratified to see it was in single figures (if only just) especially given the large amounts of Cornish Yarg and Cheddar I consume. Her kind offer to insert a lubricated digit where the sun don’t shine I declined fairly forcefully whilst running backwards out of the consulting room, trousers round my knees.

I now have some pills to take which are not the blue diamond shaped ones I went in to obtain, but instead rather ironically seem to have exactly the opposite effect of the blue diamond ones. The good news is that I have managed to wangle twice weekly blood pressure checks with the practice nurse. I wonder of she prefers chocolates or flowers....