

# LMC NEWS

## Cornwall & Isles of Scilly Local Medical Committee

### IN THIS MONTH'S NEWSLETTER :-

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#### Index

Your Chairman writes	1
Where are we going?	2
UNICEF Baby friendly	2
Annual Conference of LMCs	3
BMA GP chair outlines areas where cuts can be made	4
Vetting and Barring scheme	5
RCGP CPD meetings	5
Sale of Goodwill	5
GP Partner Newquay	5
Dr Bile writes	6

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### Your Chairman writes

This month has seen an ongoing flurry of meetings largely focussed on the QIPP agenda- whilst the actual 3 year programme starts with the next financial year, CIO SPCT, under direction from the SHA, are forging ahead with identifying areas to make efficiency savings. The PCT is making some considerable efforts to include the LMC, although there is as yet nothing concrete that has emerged. However it has been confirmed that PMS contracts will be reviewed and these Practices may be contacted in due course. This is at an early stage and we have been advising the PCT on how best to do this given the difficulties in comparing PMS

with GMS contracts. The LMC has been preparing to assist practices in renegotiations should this become necessary- do nothing yet. For those with GMS Contracts, it seems that Cornwall has a very high GMS spend compared to the rest of the country. This will require some dissection, as it is not clear to the PCT or the LMC why this should be the case. And I'm delighted to report that I'm assured that the APMS contracts will not be safe from scrutiny either- value for money is paramount in this crunch economy. Community hospitals will also be under the spotlight both in terms of costs and how they are utilised.

June saw the LMC Conference and Cornwall acquitted itself well, with three motions passed, and another sent to the BMA ARM for national debate. See David Purser's report inside these pages for more information.

The Revalidation Pilot continues and the first Strengthened Medical Appraisals are underway, although it is far too soon for any feedback as yet. There have been some concerns raised about the capacity and capability of the Community Mental Health service, and we are working with the PCT on this. We would appreciate any comments or feedback on your experience of this service, to Dawn at the LMC office please.

Finally, do watch out for more information about our own LMC Conference later this year.

## Where are we going?

Keen readers of this august organ will see on the next page some comments about the Conference of LMCs and government policy. One of the few pieces of government policy we do have is the revision to the 2010 / 2011 Operating Framework. This can be found on:

[http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH\\_116856](http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_116856)

The highlights you will have read in the medical mags, but they do bear remembering. The press release from the Department of Health states: 'The NHS will begin to make immediate efficiency savings by tackling escalating management costs in order to meet the increasing demands on NHS services.' A revision to the 2010/11 NHS Operating Framework, sets out changes to key priorities for the NHS including plans to reverse the rise in management costs seen in the last year. Health Secretary Andrew Lansley said "NHS spending will increase, but so too will the demand on NHS services. In order to meet this demand, the NHS needs to make substantial savings and that is why I want to see immediate action this year to reduce management costs so that the savings made can be reinvested in NHS care for patients.

"Management costs in Primary Care Trusts and Strategic Health Authorities have increased by over £1bn since 2002/03, with over £220m of the increase taking place during 2009/10. Management costs now stand at £1.85bn and it's our intention that during 2010/11 we will remove all the management costs that have been additionally incurred during 2009/10, to get back to the level of 2008/09. Then in subsequent years, we will go beyond that, with a further £350m reduction in 2011/12."

The overall reduction in management costs by 2013/14 will be £850m, which is a 46 per cent reduction on the 2009/10 management costs. The revised Operating Framework also sets out for the first time changes to the use of targets in the NHS. These include

- removal of targets around access to primary care;
- removal of top-down performance management of the 18 weeks referral to treatment target;

and

reduction of the 4 hour A&E target threshold from 98 % to 95 %

Andrew Lansley added: "I want to free the NHS from bureaucracy and targets that have no clinical justification and move to an NHS which measures its performance on patient outcomes. Doctors will be free to focus on the outcomes that matter – providing quality patient care. But I want to be clear – while the NHS will no longer be accountable to Ministers or the Department for its performance in these areas, it will be very much accountable to the patients and public it serves. Patients will still be entitled to rights under the NHS Constitution and the quality of their experiences and outcomes are what will drive improvements in the future.

"We expect providers to continue to make improvements, for example on referral to treatment times, and to provide this information to patients themselves, driving choice and competition in the NHS."

## UNICEF UK BABY FRIENDLY INITIATIVE

I have been asked to include in this newsletter the following information.

Infant feeding is an important issue for public health: and yet whilst we all know 'Breast is best' only half of the new mothers in Cornwall are still breast feeding at 2 weeks.

UNICEF UK Baby Friendly aims to improve things.

Health Visitors throughout the county have been working for 4 years to achieve UNICEF Stage 2 accreditation. All the training is done and all targets reached except for general practice. For general practice to achieve the targets practices need to:

Make certain that their staff are aware of the countywide breast feeding policy AND

That the GPs know that information and training is available if or when needed. Practices will be approached before the August deadline and have been asked to be supportive as this is a very minimal input for you at this stage.

Further info and questions to Dr Linda Barry on 01872 246888 or

[Linda.barry@3spires.cornwall.nhs.uk](mailto:Linda.barry@3spires.cornwall.nhs.uk)

## Annual Conference of LMCs

The Cornwall LMC sent its usual keen and tireless team to the recently held annual conference of LMCs. This conference meets annually and debates motions broadly submitted by LMCs and agree policy for the GPC to use when negotiating the GMS contract with the Department of Health / Government.

Thus it was that some four weeks ago an intrepid party set forth to represent you and to achieve as much for primary care and general practice as they could. They did not need a fancy hotel nor three lions on their shirts to reflect their pride and interest, it shone from their souls.

However reflecting on the train coming home most agreed it had been a bit of a damp squid of a conference. Not because of tiredness, nor the wrong formation but mainly about timing.

Yes there were many things that people were excited about for example:

Agreed that the conference, due to the current financial crisis, insists that governments

(i) be truthful about the finite resources available for the NHS

(ii) admit there will be cuts to patient services

Agreed that GPs have a vital role to play in addressing the financial challenge ahead

Agreed that general practitioners are second to none in their provision of excellent, cost effective healthcare and , therefore , in the current economic climate:

(i) insists that primary care should not be targeted for further cuts

(ii) demands that efficiency savings do not disadvantage practices nor result in reduction of front line patient services.

These parts of motions give you a flavour topics covered include just about everything that impacts on general practice including calls for NHS Direct to be cut, walk in centres to walk off into the distance, practice boundaries and lots of concerns about how they will really work, PBC, GMS contract, PMS contracts, pensions, dispensing, QOF etc etc. In total there were 583 motions prioritised for debate, and if those had been run through there were more that were not prioritised!

We know that policy is coming out of the department very slowly and it was this lack of real policy to debate that caused problems. Many delegates were angry with many parts of the way the NHS works now, but thought that the new government might be as well, what few of us really knew was what the replacement policy was going to look like. In fact we still don't.

We now understand that policy is slow to come out because of a major difference of opinion between the new Secretary of State and the ( as I write) NHS Chief Executive Sir David Nicholson on handing over commissioning responsibilities to GPs. This is obviously a major plank of their policy and hence we can't get the rest of the policy without this bit. According to Pulse he states they cannot get such a system up and running within 2 years. It seems to me we had a basic system, with a fraction of the computing power and data up and running in 1990 within 12 months.

So as a report from Conference goes it was vital to make certain that some issues of important to Cornish practices were aired on the national stage and policy agreed for the GPC to try to deliver. However the real test will come next year we the short term future will be a lot clearer.

Pulse reference on <http://www.pulsetoday.co.uk/story.asp?sectioncode=23&storycode=4126420&c=2>

The Chairman of the BMA's GPs Committee today outlined a range of areas which, due to the financial crisis, should be cut or reviewed in order to save the NHS money. In his speech to the annual LMC Conference<sup>1</sup>, Dr Laurence Buckman acknowledged that, while there had been record investment in the NHS in recent years, there were "worrying" times ahead, "because government needs to ensure that the pursuit of major savings and efficiencies does not adversely affect patient care."

With NHS Trusts under pressure to achieve up to £20bn of efficiency savings by 2014, Dr Buckman said, "Government must be determined to avoid wasteful and 'un-evidenced' policies."

Dr Buckman listed a number of areas which could be "consigned to the dustbin of history":

**Wasteful PFI schemes** - The Private Finance Initiative is now funding over 100 new hospital schemes, valued at £10.9 billion, but set to cost the taxpayer £62.6 billion by the time the final payments are made in 2048<sup>2</sup>.

- **Management Consultants** - £308.5 million was the total spent by Strategic Health Authorities, Primary Care Trusts (PCTs) and NHS Trusts on external consultants in 2007/08. In some cases, the NHS is paying external consultants up to £1,000 a day<sup>3</sup>.
- **Some tiers of NHS management** - Many management jobs seem to exist with the sole purpose of supporting successive NHS reorganisations and top-down initiatives of the previous government. Micro-management of GP practices is expensive and unnecessary.
- **The GP patient survey** - Survey results have been consistent since 2006, yet last year alone it cost the government £13 million to run the survey. The view of the BMA's General Practitioners Committee (GPC) is that detailed and relevant feedback could be more usefully and more economically gathered locally from patient participation groups or local patient surveys.
- **The bureaucracy of the NHS market** - It's estimated that the 'internal market' has increased NHS overhead costs from 8% in 1991-92 to 11% in 1995-96 and increased administrative staff by 15% and general and senior managers by 133%. Since 1995 Department of Health statistics show that the number of senior managers has risen by 91%, more than double the 35% increase in the total number of doctors and nurses.<sup>4</sup>
- Dr Buckman also listed areas which should be reviewed:
  - **Parts of NHS direct** - NHS Direct still refers many of its patients on to GPs or accident and emergency departments and there is little evidence that it relieves pressure on GP or hospital services. While the NHS Direct website is a valuable resource and should be retained, the cost-effectiveness of other parts of NHS Direct should be reviewed.
  - **Choose and Book** - Many practices find the e-booking element of Choose and Book useful. However, the "Choose" element is laboriously bureaucratic and requires a lot of expensive NHS staff time, and management. The system is now regularly used to ration demand and meet the 18 week waiting times target by PCTs. In practical terms it is often difficult for patients to exercise real choice.
  - **The current 'consent to view' model of the Summary Care Record** - the BMA agreed to the current consent model for the duration of the SCR pilots, on the basis that there would be a thorough independent evaluation before it was rolled out further. This is due to be published soon, and the premature roll-out of this scheme is costly and inappropriate.
  - **The building of new Walk-in-Centres and Darzi Clinics** - existing centres need to be properly integrated with local services. However, new centres should only be opened after adequate consultation and an assessment of local need has been carried out.

Dr Buckman also warned against "spending money we don't have" on abolishing practice boundaries, which would not only be expensive but would "harm the NHS and patient care generally."<sup>5</sup> Addressing the profession, Dr Buckman said:

"We, and our hospital colleagues, will all need to pull together in order to agree, if we can, what can stop without damaging patient care. We may have to accept that some parts of patient care may have to change too. Nobody will want that, but if it has to happen, at least let us see how we can minimise the effects on our patients."

View the full speech at:

[http://www.bma.org.uk/whats\\_on/branch\\_practice\\_conferences/lmconf2010.jsp](http://www.bma.org.uk/whats_on/branch_practice_conferences/lmconf2010.jsp)

### Vetting and Barring Scheme Halted

In a plethora of announcements the government has stopped the vetting and barring scheme to allow a review where it will be re-modelled to common sense levels.

### RCGP CPD meetings

**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

**7 July** Q & A Session on HRT and Contraception: **Dr Sarah Gray**

**4 Aug** Adult Diabetic Services: **Ms Caroline Dunstan**

**1 Sep** Managing Heart failure: **Dr Sam Freegard**

### Sale of Goodwill

Now we all know that practices have for a long time been unable to have goodwill as an asset in their accounts and thus unable to sell it on when a partner retires.

And

Well that has not changed, however some practices actually have a pharmacy running from their premises. If the pharmacy contract is not linked to their GMS / PMS contract, then the practice company running the pharmacy may be able to hold goodwill as an asset.

Guidance is available from the GPC on:

[http://www.bma.org.uk/employmentandcontracts/independent\\_contractors/managing\\_your\\_practice/goodwilldispensing.jsp](http://www.bma.org.uk/employmentandcontracts/independent_contractors/managing_your_practice/goodwilldispensing.jsp)

If this applies to you be very careful as if you should not have included goodwill it is a breach of the regulations and a criminal offence.

### Full time GP Partner—Newquay Cornwall

An opportunity exists for a highly motivated, energetic doctor to join our friendly GMS Practice at Narrowcliff Surgery in Newquay. We are a progressive partnership utilising telephone triage and personal lists. We work in modern premises on a cliff top position overlooking the beaches of Newquay. We are committed to providing high quality evidence based patient care. We are able to provide the following environment for the successful applicant:

- 6 full time GMS partner practice
- 11 000 patients
- Modern purpose built premises with an attached pharmacy,
- Paper light practice
- Consistently high QoF achievement
- Local community hospital with in-patient responsibility

Involved with teaching and training with Peninsula Medical School

For further information please contact: Susan Beadle. Practice Administrator on 01637 854435 or email [susan.beadle@narrowcliff.cornwall.nhs.uk](mailto:susan.beadle@narrowcliff.cornwall.nhs.uk).

Applications should be made via email attaching your CV to the above email address. Closing Date July 16<sup>th</sup> 2010

We live in interesting times dear readers, although interesting is possibly not the word Sir Liam Harrumphier up at the Sadistic Health Authority might be utilising following Private Eye's ongoing campaign, running to three consecutive issues so far, to free the NHS from its "bullying culture". Cuddly lovable fluffy bunny Sir Liam is described by Private Eye's "M.D." columnist as part of the merciless central control in the NHS that sweeps dissenters aside. The Western Morning news (The Voice of The West Country) waded in with headlines of its own. "*Call for NHS Chiefs to resign*" it trumpeted over the allegedly unfair dismissal of a Chief Executive of a hospital located in a Cornish city situated geographically somewhere between Bodmin and Penzance. His fatal faux-pas was to oppose plans to move cancer services out of Cornwall into England without a proper public consultation process taking place first. Sir Liam is reputed to have uttered the memorable phrase "... the entire population of Cornwall could sign a petition opposing my plans and it wouldn't matter..".

This may of course all be horribly unfair as he may never, poor innocent, have uttered any such wholly irascible and unreasonable vocabulary, with the whole bally bang shoot being the result of the fertile imaginations of the cunning scheming media hell bent on an NHS Manager-Bashing Frenzy. Those who have dealt personally with Sir Liam will no doubt know the truth of the matter. Poor humble little ol' me is not in a position to comment, or so I am forcefully informed by my solicitors, messers Sue, Grabbitt and Runne. Anyway, I would hate to be on the receiving end of a "Bully Basil" directive from on high. I gather our new Health Supremo, Andrew Lansley, is setting up some sort of enquiry into the whole rum goings on, the results of which I am sure we all await with entirely open minds.

Meanwhile spare a thought for our much put upon chums in Peeceetee Land. A senior Department of Health source told the HSJ (Highly Suspect Journal) "*PCTs are screwed. If you've got shares in PCTs I think you should sell.*"

The Lib/Con Coalition Government plan to emasculate PCTs by shrinking the budget they are responsible for from a stonking 84 billion quid down to a measly 4 billion, a sum that is roughly equivalent to the Abandonhope Surgery's annual beer, sandwiches, personal massage and parking fines bill. We pliers of the noble trade of Family Doctery on the other hand will be charged with commissioning services for care worth 60 billion smackeroos, with nationally some 500 GP Consortia contracting directly with a new NHS Board. I must say I have always enjoyed playing monopoly apart from the go to jail bit, so that experience may come in handy in the brave new world. Sadly commissioning by GPs over the last decade has always turned out to be something of a thoroughly damp squib, with the notable exception of the fragrant input of the delectable Ms Paulette Gland to brighten the scenery and keep us all awake through interminable presentations of incomprehensible figures, her figure being the exception.

I can't say I am exactly orgasmically delirious about this latest lurch into the unknown, but hey, there will no doubt be amongst our number a few oddbods who will be wetting themselves to get involved. Personally my Y-fronts are bone dry on the subject. In fact I find the whole thing more than a little scary. I need a comforting hug. Where is Sir Liam when you need him..?