



## NEW EDITOR NEW LOOK LMC NEWS

Welcome to the revamped LMC Newsletter.

First of all I would like to thank David Purser for his 5 years of editing the LMC news. David is now going to be concentrating his efforts on supporting the LMC and helping the development of Primary Care in Cornwall.

You will notice the LMC News has a new look. In the future we hope to bring you features such as 'Meet your LMC' and 'LMC Meetings Briefing' in which the work of the LMC in the previous month is outlined. "Dr Basil Bile writes" is an institution and will continue, we hope, for many years to come. Let's face it, many of our readers turn immediately to the back page of the LMC news and don't explore any further.

As the LMC Newsletter is becoming increasingly more expensive to print and distribute, as of the September issue it will be sent in electronic form only to practices, and in printed form only to the few people who have not supplied us with an email address. If this will cause you problems, please let us know and we'll see what we can do.

I would welcome any comments about the new layout and content of the LMC News and can be reached by the usual means detailed on the bottom right of this page.

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### Meeting List - August '10

**2nd Pharmacy/Prescribing Forum**  
**2nd Transforming Community Services meeting**  
**5th GPC South West Regional Meeting**

**If you have an interest in attending any meetings please contact the LMC office.**

- Items for the Newsletter should be sent to the Editor, Dawn Molenkamp, at Sedgemoor Centre, Priory Road, St Austell PL25 5AS Tel 01726 627978, Fax 01726 76247,
- e-mail [dawn@kernowlmc.org.uk](mailto:dawn@kernowlmc.org.uk)

## Your Chairman writes.....

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The publication of the White Paper on the 6th July has dominated the LMC agenda in July. We live in interesting times and the coming months hold many challenges, not least the birth of GP Consortia . The White Paper is light on detail, and the BMA has started to look into the implications of various aspects of it and how it will affect General Practice, however the GPC advises that until the details emerge-many of which are still at negotiating stage-GPs and LMCs take no action. This is new territory and not just GP Fundholding revisited.

The QIPP process will continue and be included as part of the PCT's plans. The LMC has met with the PCT to discuss broadly the need to look at PMS contracts. The only part that will be reviewed will be growth monies, and the PCT is looking to secure value for money rather than ad hoc cuts in budgets. PMS practices will be contacted by Caroline Stead in due course. There is no agenda to terminate PMS contracts in Cornwall.

The mystery of Cornwall's high GMS spend has been explained by the high number of dispensing practices and a large seniority component.

The guidance to the PCT on Transforming Community Services was issued a while ago and the PCT has asked the LMC for an opinion on the four possible ways by which the PCT can divest itself of Community Health Services(CHS) by April 2011. The timescale for this consultation is short and the LMC will be providing it's advice by the end of August. If you are interested in this process please contact the office and Dawn will email the information that the PCT has provided-essentially the four options are for there to be vertical integration with RCHT , or CPfT , in both these cases there would be an expectation of integration of all CHS countywide.The other two options are for CHS to form a countywide Community Interest Company contracted by the APMS model, or for integration of CHS with Cornwall Council provider services via an Integrated Social Enterprise model, again utilising an APMS model.

Thank you for your feedback about Mental Health Services. We have met with Joe McEvoy, who is the PCT Deputy Director of Partnership Commissioning, and discussed our concerns. He will look at some aspects of our concerns and has agreed to report back quarterly to Cabinet meetings. We also hope to meet with CPfT in due course.

There is little to report about the Revalidation Pilot other than that it is still ongoing and that a need for further education and support for those doctors who have opted in has been identified. You should already be aware that timescales for appraisals have been allowed to be relaxed this year to accommodate the Pilot. It is also likely that the Pilot may be funded for another year.

Have a good summer holiday.

# Occupational Hazards

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The GP Occupational Health Service in Devon and Cornwall has been active for a decade, despite claims from Dr Claire Gerada in London that her more recently conceived GP Service is the first and only of its kind in the Country!

Credit deservedly should be placed firmly at the feet of the likes of David Longdon (Yelverton GP), Drs Ben Charnaud and Ann Reed (Consultant Psychiatrists), Gerard Woodroff (Consultant Occupational Health Physician), Sue Burke and Lesley Abbott (Occupational Health Nurses and Managers) for the initial and continuing success of a service that is now widely trusted and respected throughout the two counties by those that use it, either as doctors in need of support or those referring GPs for that support.

The Green Cards, the handy durable credit card sized reminder of our service and how to access it, have just been updated and are being distributed to GPs, both in Devon and Cornwall & the Isles of Scilly, to coincide with this issue of the LMC Newsletter. We are grateful to the LMC for funding the cards. The service itself is funded by the PCTs and we are enduringly grateful to them for recognising the part we have to play as an organisation not only in supporting sick doctors who may be underperforming or in danger of underperforming as a result of illness or stress, but in the process also helping to protect patients

Access to the service can be by self-referral, or referral by colleagues, friends, family, your GP, the LMC or the PCT. The service is entirely confidential. Our administrative office is in Tamar Science Park in Plymouth (details on the Green Card) where our administrator Sharon Trevarthen keeps the whole show on the road with admirable multi-tasking skills. David Longdon and I are the GP Co-ordinators for the service, and not only act as a point of contact for GPs and those referring them so they can be effortlessly accepted into the scheme, but can also offer general help and advice as well as supplying information on other support available such as skilled LMC Pastoral Care, BMA services, medical defence bodies, financial charities, and details of those able to give expert careers advice.

GPs will be referred on to Ben Charnaud for initial comprehensive assessment and results in them being appointed to a therapist or counsellor who is most appropriate for their particular set of circumstances. We have, in addition to the excellent services of Ben and Ann, access to a large pool of therapists and counsellors spread across the two counties, each with their own areas of interest and expertise. Appointments with them can be set up rapidly and you will receive the number of sessions deemed necessary, our team having the ability to extend sessions on a case by case basis if needed. Dr Gerard Woodroff is an integral part of our team and as an Occupational Health Physician has a key role in assessing fitness to be at, or return to, work.

Our service works, and it works well. The NCAS figure for the average cost to the NHS of a suspended doctor was £150,000, while the average cost of our GP Occupational Health Service assessment and therapy to keep a GP at work was £1,500. I was never any good at maths at school, but even I can do the sums to see a persuasive case for continuing to commission a GP Occupational Health Service into the future brave new world of our ever changing NHS.

Dr Andy Stewart

GP Co-ordinator

Occupational Health for Primary Care in Devon and Cornwall

## A Note on Confidentiality

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This is a reminder that patient-identifiable information sent to the PCT must be sent in a manner that ensures compliance with data protection requirements. This means sending it in a sealed envelope which is marked 'private and confidential' and is sent to a specifically named individual. This will ensure that it is only seen by the person who needs to see it and will prevent any delays in getting any required to a named patient.

This week the PCT received an envelope containing patient-identifiable information which was sent in using a recycled unsealed envelope and was simply addressed "Health Authority". This example represents a direct breach of data protection. Practices should consider any such breach a disciplinary matter.

Practices need to ensure that they are complying with the data protection requirements set out above.

Any failure to do so which leads to information getting in to the public domain could result in a £500,000 fine.

Caroline Stead

## NHS Appraisal Toolkit

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We have been informed by the Department of Health that they will be allowing their contract with SCHIN, the providers of the NHS Appraisal Toolkit, to expire at the end of October. Following this, they do not intend to hold a contract with one appraisal toolkit provider or fund one particular appraisal system centrally. It is their intention to promote a situation where the NHS has a choice of tools to support appraisal and eventually revalidation.

Upon hearing about this decision, the GPC made representations to the Department of Health, asking them to reconsider their decision to not fund one particular appraisal system centrally. This request was unfortunately turned down. This development clearly raises a lot of questions, and the GPC will be approaching SCHIN and the Department of Health for more information about how this is going to work and the practical implications of this. The GPC will provide further updates on this as soon as they have more information.

## Reports for Patients Claiming Benefits (from Derbyshire LMC)

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Practices are not obliged, either by statute or contract, to complete reports requested by organisations assisting people with their claims for benefit. Practices may choose to do so and may charge a fee. Welfare Rights and CAB usually say that they are not in a position to pay a fee. If a claimant is turned down for a benefit after making an application without a report from the GP, s/he can appeal the decision and if the appeal comes before a Tribunal and the Tribunal feels that it would be helped in its decision making by a report from the GP, the Tribunal is entitled to request such a report from the GP and will pay a fee.

After 28 years our Senior Partner, Andrew Seaman, is retiring and this has created an opportunity for a motivated GP with high clinical standards to join our friendly EMIS Practice in Cornwall.

Working full time (8 Sessions) you will have full responsibility for your own patients with support from our outstanding nursing and management team.

- GMS practice with 8750 patients
- 6 Doctors (5 wte)
- EMIS LV paperless systems
- Committed to continued high QoF achievement
- Purpose built premises
- Friendly and efficient Practice

This successful candidate will be offered a fixed share Partnership for the first year with a view to full equity Partnership at the start of the next financial year. You will be fully involved in all Partnership decision making from day one.

To find out more about the Practice visit [www.faldoc.co.uk/profile](http://www.faldoc.co.uk/profile) or contact our Practice Manager, Geoff Dennis, for an informal discussion about the post or to arrange to visit the Practice.

Formal applications in writing or by email should be received by 31 August.

Dr Seaman & Partners, Falmouth Health Centre, Trevaylor Road, Falmouth, Cornwall, TR11 2LH.

Phone 01326 310160 or email [geoff.dennis@FalmouthHC.cornwall.nhs.uk](mailto:geoff.dennis@FalmouthHC.cornwall.nhs.uk)

## **Part time Receptionist to cover maternity leave.**

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Dr Seaman & Partners are looking for a receptionist (15 hours) to cover maternity leave from late September. Working in a busy Doctors surgery you will cover reception and a wide range of admin duties. The surgery is open from 7 am to 6:30 pm and you will work some early and some late sessions. You need to be computer literate and ideally have experience in a similar environment.

Please apply by sending your CV and covering letter by email to [geoff.dennis@FalmouthHC.Cornwall.NHS.UK](mailto:geoff.dennis@FalmouthHC.Cornwall.NHS.UK) or by post to Geoff Dennis, Dr Seaman & Partners, Falmouth Health Centre, Trevaylor Road, Falmouth, TR11 2LH.

Closing date 27 August 2010.

## Cornwall & IoS LMC Conference 2010

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This years conference is being held on Tuesday 5th and Wednesday 6th of October at St Michael's Hotel at Falmouth. Although the conference manages to clash with both the Conservative Party Conference and the PEC meeting with the PCT we have managed to secure a few national speakers as well as local ones.

Although the programme is not yet complete we can confirm the speaker list to date is

### **Tuesday 5th October.**

Professor Peter Rubin, Chair of the GPC and authority on Revalidation.

Dr Chaand Nagpaul, GPC negotiator, who will be speaking on current national issues.

Mr Karl Simkin, recently appointed finance director of RCHT.

Dr Rex Haigh, consultant psychotherapist specialising in personality disorders, has promised us a good rant!

Mr Robin Graham, author and laughter facilitator, will be arranging an interactive session of laughter therapy. Mr Graham is a regular speaker at RCGP events.

The final speaker for the day is yet to be confirmed but we are hopeful of someone from CQC.

### **Wednesday 6th October.**

Dr Beth McCaron Nash, Cornish GP and GPC Negotiator, will be talking about the different roles of LMCs, GPC and BMA.

Ms Claire McGeachy, NHS Counter-Fraud Division.

Mr Paul Gadsby from the BMA Press Office will be giving some tips on handling the press, from reporters ringing for a comment to how to get press coverage for a job well done.

Mr Bob Bryant from NAPP, formerly with Devon PCT and later a manager of several practices will be speaking about setting up and running patient participation groups.

Mr Luke Bennett from local accountants Winter Rule will be speaking on Maximising Profits and Minimising Expenditure.

One more speaker is yet to be confirmed.

We have managed to hold the cost for the conference to the same as the previous conference at St Michael's Hotel with a day delegate rate of £75.00 including lunch, and 24 hour delegate rate to include dinner, breakfast and lunch as well as overnight accommodation for the very reasonable price of £150.00.

A booking form is included with the newsletter, also available for download on the LMC website.

## Pre and Post Operative Procedures in Primary Care LES

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It appears that both RCHT and Derriford are beginning to ask GPs for more complex pre-op tests. The LMC would like to remind all practices of the specifications for this LES that have been agreed with the PCT.

- ◆ Removal of sutures/staples etc. arising from operations performed outside the practice.
- ◆ Dressing of wounds post operatively either simple or complex arising from operations performed outside the practice
- ◆ Pre-referral examinations or tests which do not influence the decision to refer.
- ◆ GORH agonists pre-operatively or for endometriosis (when instigated by secondary care)
- ◆ Pre-operative or inter-out patients bloods and tests.
- ◆ Administering one-off injections at the request of a consultant.

There are also the following exclusions:

- ◆ MRSA decontamination (there is a separate LES for this)
- ◆ Ongoing administration of injections which require monitoring
- ◆ Bloods requested for patients seen as private patients
- ◆ Bloods requested for research purposes
- ◆ Obtaining samples from patients (e.g. urine, stool, semen)
- ◆ Domiciliary visits will be dealt with by the district nursing service and should be referred accordingly.
- ◆ Where practices cannot provide the service because of the specialist nature of the work, patients should be referred back to the original provider of care.

Additional work should only be performed if you wish to work for free as extra work will not be paid for.

A full copy of the specification can be obtained from the PCT or the LMC office.

## Nexplanon Introduction Information

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MSD who market Implanon® have developed a replacement for this product that is scheduled to be launched in September. Nexplanon® delivers etonorgestrel in exactly the same manner as the subdermal implant it replaces so counselling for patients need not change. The differences are

that the new rod is impregnated with 3% barium sulphate so that it can be visualised by routine X-ray if palpable. It looks and feels exactly the same.

that the insertion device has been radically changed and will allow one handed use. After use the needle will remain retracted and sheathed for safer disposal.

We are told that there will only be 4 weeks overlap due to licensing requirements. This means that existing fitters may wish to arrange supplies of the familiar product to tide them over the interregnum. They will need to familiarise themselves with the new technique. On-line training can be found on [www.nexplanontraining.co.uk](http://www.nexplanontraining.co.uk)

Should you wish to practice with the new device either contact the company via this website or Sarah Gray via Groupwise ([sarah.gray@ciospct.cornwall.nhs.uk](mailto:sarah.gray@ciospct.cornwall.nhs.uk)) and this can be organised. The current plan is to have one (free) drop in session on the RCHT site in Truro 1700-2000 on Thursday 16<sup>th</sup> September but this can be revised according to demand.

## Dr Basil Bile writes.....

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So, Cammers and Cleggy have set about NHS quangos with a vengeance, intent on saving squillions of quid. Down the jolly old plughole go Strategic Health Authorities, Primary Care Trusts and the Health Protection Agency. But what of OHPA, the Office of the Health Professions Adjudicator, I don't hear you ask, quite reasonably because I dare say most of you dozy blighters have never bally heard of it. Well, OHPA, dear readers, was the blunt instrument with which we Doccos were to be bashed over the head following Harold Shipman convincing a gormless previous Government that we were all potential mass murderers. It is with some considerable glee that I can share with you all that the transfer of the GMC adjudication process to the OHPA quango, due to cost the taxpayer some 40 million smackeros, has been shelved on the grounds that the reformed Geriatric Moaning Council is more than capable of doing the job of regulating our much maligned profession without needing to be supplanted by a bunch of simpering government lackeys. So no tears to shed so far.

Meanwhile, with Peeceetee Land inhabitants due to scarper in droves over the next couple of years, receiving appropriately proportioned NHS redundancy payouts as they flee the fortress walls via a shark infested moat, some interesting conundrums arise. Some of the best, who have pissed off GPs the least, will undoubtedly be offered key positions in the new GP Consortia, where having received an NHS redundancy payment on leaving the PCT they will then be paid a salary by, er... the NHS for their new roles. Sir Liam Harrumphier, of Sadistic Health Authority fame, stands to get a stonking payout and pension to boot as he spins out of the revolving doors. Do any of you detect any savings so far? Well done if you have, because even with the most brightly illuminated proctoscope Basil is unable to quite see how this is all going to achieve anything other than burn bonfires of banknotes.

I make the following suggestions for appointments to the Best Bits Of Cornwall GP Consortium, in an effort, as always, to be helpful:

Chairpersonage: Vintageport N.

Life President (with index linked pension) :Bile B.

Director of Disappointments: Rooney W.

Tea Boy: Tilbury J.

Tea Boy's Assistant: Carruthers I.

Chair Kernowdoc Appreciation Society: Lek A.

Chair Dodgy Docs Investigation Committee; Poirot H.

Silence Enforcement and Interruption Control : Spaghettoni F.

Absenteeism Officer: The Absent Abbott (Tuesday mornings, leap years only).

Girls Dormitory Detention Monitor: Gray S. (cane optional)

Fire Officer: Phil-I-torched-my-premises-for-the-insurance-Dumbitt

Australian Cultural Attache : Dame Edna McTarmac

Pensions Fund Manager : Stead M.( currently on plane to Brazil)

Director of Commissioning, Purchasing and Shopping: Gland P.

Token Elderly Person on Board: Middleton A.

Cigarette Break Organiser: Molestrangler D.

Mandatory Dysfunctional Doctor-hating Non Executive Director: Bagpuss

Creche Superintendent : James A.

Creche Form Prefect: Steve Baby-face Moore

There, that should save the NHS bags of loot whilst ensuring the commissioning process under the auspices of us Family Docs surges forward to unparalleled success.

After all, we are all ideally suited to commissioning services and managing a fund of 80 billion quid, aren't we? In my case I think the lectures on Commissioning and Management Skills at Med School must have taken place when I was on sick leave with non-specific urethritis. Still, I'm sure the rest of you will be jolly good at it....