



LMC Conference

The speaker programme for the Conference has now been finalised and includes a speaker from CQC on Tuesday and someone coming to speak on Sustainability for Practices on Wednesday.

We understand that practices are very busy at this time of year, but would like to remind you that places are limited and there is a deadline of 17th September if you are considering booking.

The Conference this year features two GPC negotiators, and with the uncertainty over the White Paper they will be able to answer some vital questions that will be facing practices in the next few months.

Professor Peter Rubin is also a key speaker, and will be able to explain the changes to the revalidation process.

Wednesday is a full day with speakers who will be presenting issues such as Patient Participation Groups, which will be a strong feature of the issues in the White Paper, and a presentation from a member of the BMA Press Office on how to handle the Press.

With nation standard speakers the LMC Conference represents excellent value for money. Programme and Booking forms are included with this newsletter.

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Meeting List - September

21st September—LMC Committee Meeting.

28th September—LMC/PCT Liaison Meeting.

- 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

Your Chairman writes.....

August has seen the subject of Transforming Community Services dominating both the PCT's and the LMC's agendas. By now, you will have received my letter outlining the PCT's request to consult all GPs in the County, and all the possible options. This is a complicated subject and it was difficult to distill it down to a few pages without losing any essential information. I hope you have all had the opportunity to give this very important issue some thought. I am delighted with the response and would like to thank everyone who has taken the time to do so. As I write I am reading through all your responses and will this week be responding to the Chief Executive outlining what your views are. Interestingly, there was an overwhelmingly clear preference. We will publish my letter in the next newsletter for those who wish to read it.

One side issue but important nonetheless is that whilst we sent the letter out to as many non-principals as we have contact details for, we had a disappointing response. This is a recurring theme. The LMC is eager to hear from you about what you would like us to do for you and how we can represent you. Please get in touch with Dawn if you have any comments or contributions.

There is nothing to report on the QIPP agenda, nor the Revalidation Pilot this month. Revalidation continues to change like quicksand so whilst we saw Professor Rubin of the GMC in Cornwall earlier in the year, he has agreed to speak again at our LMC Conference in October. Please do consider attending—this is arranged for as many GPs as possible and Practice Managers also. Dawn has put a lot of work in and has secured some excellent speakers. In particular, we have two GPC members coming and they will be able to answer all your questions on the implications of the White Paper, insofar as they are answerable given that it has not yet passed into legislation.

The message from the GPC to date is that since very little is certain, GPs should not be rushing into forming GP Consortia too early. It is up to GPs (not the PCT) to decide how Consortia will best be configured in order to serve our population. This may or not be based on the current Commissioning groups, and as further concrete facts become available no doubt we will all need to get involved at some level in making this decision.

I hope you all had a good summer. Not long now 'til Christmas!

New vetting and barring scheme

This guidance explains the steps that GPs need to take individually and as employers to ensure that they comply with the Safeguarding Vulnerable Groups Act 2006. It applies only to GPs in England, Wales and Northern Ireland, with separate guidance being prepared for GPs in Scotland.

The guidance is available at:

http://www.bma.org.uk/employmentandcontracts/doctors_performance/vettbarringscheme.jsp

BMA outlines fundamental principles for GP commissioning

The BMA's GP Committee outlined what it believes should be the fundamental principles underlying the development of GP Commissioning.

In the GPC's first position statement on GP commissioning since the publication of the Government White Paper it says that these principles should be used to define policy, inform debate and negotiations, and ensure that good medical practice is enshrined within the changes proposed in "Liberating the NHS".

Commenting on the document, Dr Laurence Buckman, Chairman of the BMA's GPs Committee, said:

"Even though there is still little detail about how commissioning will work we know that many Primary Care Trusts are pushing ahead trying to make arrangements. We are therefore producing a series of documents aimed at helping GPs during this critical phase."

"Under the White Paper plans GPs will be asked to take responsibility, through consortia, of a large proportion of the NHS budget, however their first responsibility should still always be to their patient. If GP commissioning is to work these are the principles that we think all involved should adhere to."

Among the principles outlined by the GPC are:

- GPs must not personally profit from commissioning budgets. Freed up resources will be reinvested in patient care.
- A contract held by a GP should never be allowed to conflict with their professional responsibilities in providing care for patients.
- GP consortia should ensure that, whenever possible, NHS providers are the providers of choice.
- Public and patient involvement should be integral to the work of the consortia.
- A commissioning consortium must be democratically accountable to practices within the consortium and should also act with integrity and leadership when considering the accountability of practices.

Dr Laurence Buckman added:

"If GP commissioning is to bring real change and benefit to patients and the NHS then time needs to be given to planning how it should work, based on the principles we've outlined. I would urge GPs to resist pressure to move too quickly, send questions and concerns to us and keep an eye on the BMA website as we will be producing practical guidance on a regular basis."

St Keverne Health Centre – Salaried GP Vacancy

We are looking for an enthusiastic and flexible part-time salaried GP for regular 2 sessions per week with additional holiday coverage (averaging 4 sessions/week), to join our rural dispensing practice (ca. 2900 patients) where one of the 2 doctors is nearing retirement.

- Microtest evolution computer system
- Full QOF points
- Small committed happy team
- Rural practice at its best
- Family planning and minor surgery skills advantageous
- Starting date mid November 2010

Closing date for application 30th September 2010.

Please contact Frances Hough, Practice Manager for details. 01326 280205.

fran.hough@st-keverne.cornwall.nhs.uk

Pensilva Heath Centre (East Cornwall) Salaried GP Vacancy

Enthusiastic, skilled and committed salaried GP required for 6 sessions per week. Competitive salary dependent on experience.

We are a friendly, well organised and forward thinking dispensing practice, offering high quality patient care. Current list size of 4500 patients.. The practice is well established with 3 partners, 1 salaried GP, dedicated nursing and support staff. Based in modern purpose built premises.

Excellent Location – Easily accessible beautiful moorland village, close to beaches, surfing, sailing, walking, hiking and climbing etc.

For more information please contact:

Catherine Pickstone, Practice Manager, Drs Macfarlane, Ronchetti and McCartney, Pensilva Health Centre, School Road, Pensilva, Liskeard, Cornwall, PL14 5RP.

Telephone: 01579 362249

Email: Catherine.Pickstone@pensilva.cornwall.NHS.uk

Occupational Health for Primary Care Screening Nurse Vacancy

The Occupational Health for Primary Care service has a vacancy for an office based Screening nurse (RN) to work alongside the OH Nurses 3 x 4 hour sessions per week. The department is based at the Tamar Science Park, Derriford, Plymouth.

No Occupational Health experience required.

Contact Lesley Abbott/Sue Burke on 01179 232381 for further information.

Bodriggy Health Centre, Hayle—Temporary Medical Receptionist

We have a vacancy for 33.5 hours per week (3.5 days) on a fixed term contract from Monday 06 December 2010 until 30 September 2011 to cover maternity leave.

For this post you must be IT literate and have gained GCSE English Grade C or above. You must be able to demonstrate excellent communication skills, be a good team player and have the ability to work under pressure. Previous experience in a similar role is desirable.

Please request a job description and application form from Stephanie Jones, Practice Manager. Email stephanie.jones@bodriggy-hayle.cornwall.nhs.uk or telephone 01736 753136

New BMA Guidance for PGDs

The BMA have recently issued new guidance for Patient Group Directions and Patient Specific Directions in general practice.

The full document can be viewed on the LMC website or at

http://www.bma.org.uk/health_promotion_ethics/drugs_prescribing/pgdandpsdingp.jsp

Prescription of Picolax for Barium Enema and Small Bowel Meal Examinations

In response to the NPSA Rapid Response Report, new safety rules for the prescription of bowel preparation require the referrer of the examination to ensure that it is safe for the patient to take the preparation. This involves excluding contraindications, including significant renal impairment, and giving advice to the patient, when appropriate, on withholding certain medications.

Following consultation with the Cornwall Community Prescribing Group, there is now a specific RCHT request form which details this process and which is currently being introduced. An electronic copy is being distributed to all practices and preprinted forms are available on request. In future only referrals on this new form will be accepted. For more details or enquiries please contact Dr John Hancock, Consultant Radiologist, RCHT. john.hancock@rcht.cornwall.nhs.uk

GP Electronic Patient Records

It has been brought to our notice that a practice has received a request from the Cornwall Council solicitor for a copy of a patient's medical record, with a copy of a court order. The request for the information to be made available "electronically or on disk".

As you are probably aware there are strict guidelines for transmission of medical records - below is a copy of information from current draft guidelines.

4.8.6 Data leaving the practice

Data Transmission - the practice has a responsibility to ensure that all data extracted from patients' records are processed securely. This includes making sure that the data leaves the practice securely. If it is to be carried on removable media such as USB memory devices or CD-ROMs, the data must be encrypted. If it is to be transmitted electronically, such transmissions must be secure. Once the data leaves the practice, the recipient may take the responsibility of data controller for the data they hold, depending upon the use of the data.

Data recipients - where the data recipient becomes the data controller for the data, they will assume legal responsibility for holding and processing it securely. That includes following the key principles of the Data Protection Act (1998) for identifiable data. In particular they should only use identifiable data for the express purpose for which it has been extracted and it should be deleted as soon as that purpose is complete. It is helpful for the practice to have a clear written agreement with the requestor of the data that states exactly how they will manage the data after it leaves the practice.

The practice should assure itself that the data recipient understands, and can be expected to meet, its legal responsibilities in relation to the data. It is reasonable for GPs to assume that a national government organisation will handle the data correctly.

Other recipients may have trusted third party status and their data management handling may be accredited to recognised standards such as ISO 27001 and 27002. The government in their response to the Data Sharing Review accepted the notion of the improved researcher, who under the same duty of confidentiality as health professionals.

Online Directories/Maps/Advertising & other Scams and GP Practices

We have heard from a practice who had been contacted by an online mapping company and informed that their practice's 'trial free period' advert on the online map for the Cornwall area was coming to an end. The company wanted the practice to sign a 'disclaimer' in order to cancel the contract and fax it back to them. However the 'disclaimer' was in fact a contract which would have cost the practice in the region of £1670. The company in question appears to originate somewhere in Europe.

Please be vigilant as there are lots of these scams doing the rounds at present. If you do sign up it is virtually impossible to cancel the contract or get your money back.

VTE – “The next bus after MRSA”

Fact

- 25,000 people a year die from VTE

VTE and its complications cost the NHS £640 million per year.

In January this year NICE updated its guidance on Venous thromboembolism (VTE); reducing the risk (no. 92). It also produced an assessment tool to support prescribers in assessing VTE risk. The Guidance recommends that all patients admitted to a hospital bed must have a documented VTE assessment on admission and repeated within 24 hours.

On top of this, the Government has introduced QoF for hospitals – CQUINS, with a target of 95% of all patients admitted to a community hospital (direct admission or transfer) having a documented VTE assessment completed and appropriate prophylaxis prescribed.

Community Health Services (CHS) has written a policy and produced a ‘kiss cut’ label (a large sticky!) to aid prescribers attain these ‘targets’. The Policy, together with the NICE Guidance, Quick Reference Guide 92,(worth a read!) were recently sent out to all Practice Managers for circulation.

CHS realises that due to this increased awareness in VTE, primary care may see an increase in the number of patients being discharged from a community hospital on VTE prophylaxis. With this in mind we have worked closely with Val Derks, Professional Lead for District Nurses, to include in the policy a discharge checklist for patients being sent home on LMWH and/or anti embolism stockings. The discharging Doctor will prescribe the LMWH on a community prescription form for the DN Team to administer. Supporting information will also be included on the discharge form, with recommended review/stop dates.

Anita and I are hoping to give a presentation on VTE at the GP Prescribing Leads meetings in September. We have also organised an afternoon session on VTE at the Alverton Manor, Truro on the 28 September. Guest Speak Dr Anita Thomas, Chair, National VTE Prevention Group. More details to follow shortly.

VTE Leads for CHS Ros Palmer, Pharmaceutical Adviser, Anita Cornelius, Matron, Bodmin Hospital.

Crime Prevention Scam

Currently happening in Dorset and may be coming to a practice near you. Please be aware that could spread to Cornwall.

The practice is phoned by someone saying they are from the Crime Prevention Unit attached to the Community Support Team. The caller asks if the practice is open late or at weekends and intimates that the CSO will visit at some time. They then asked to provide Crimestopper and Community Support information to the surgery—but, **agreement to this would mean that the surgery would be invoiced for £125**. It was inferred that the same invoice had been paid in previous years.

Please be aware that should you receive any odd phone calls like this. The sort of information they were offering is almost always free. If you are contacted in this manner please report the incident to your local Police Community Support Officer.

Extract from Wessex LMC Bulletin.

Occupational Hazards – Part two

In the July edition of this newsletter, Andy Stewart described how the OH Service for Primary Care has been supporting GPs across Cornwall, the IoS and Devon for the last 11 years. He described it as being *'widely trusted and respected throughout the two counties'* as indeed it is. Of course Andy only described one part of what the Service does;

The main thrust of the Service is to support ALL Practice staff (who are employed by GPs) both in terms of their individual health needs and more generally issues related to the safe, healthy and ultimately hassle-free running of a Practice.

Sue Burke and Lesley Abbott (the OH Managers) are very ably assisted by Sue Bond and Linda Jarvis - all OH Specialist Practitioners and supported by Dr Gerard Woodroof. We, the Occupational Health side of the Service work seamlessly with Andy Stewart, David Longdon (Andy's Devon counterpart), Drs Ben Charnaud and Anne Read (Occupational Psychiatrists) and our network of Therapists and Counsellors across the two counties,

Thus we have the skills, qualifications and experience to assist all Practice personnel on any issues from their own mental health through to the apparently onerous demands of health and safety legislation as applied to Primary Care.

This means that you and your staff may interact with us under any or all of the following circumstances;

- One of your staff may seek support directly from us regarding concerns over their health and work. We can respond to this by referring them for face to face counselling if appropriate.
- Your Practice Manager may require support regarding the health aspects of recruitment and ongoing employment e.g. absence management, return to work plans etc.
- We assist with risk assessment in Practices, providing a link between the risks posed by clinical, organisational and safety hazards
- We conduct workplace visits to advise on possible workplace adjustments where health problems have been identified
- We run different sorts of Occupational Health & Safety training to assist practices meet their legal and organisational needs, e.g. The management of Health & Safety at work, Display Screen Equipment Competent Persons' training, Needlestick awareness etc.

We deal with Health & Safety enquiries and needlestick/contamination incidents, update your Practice on H&S legislation requirements and produce appropriate guidelines, bringing them to your attention via the service website.

Our daily work brings us into a wide range of contacts with both you and your staff. Like you, we never quite know what the next contact will bring or where our next Practice visit will take us to.

We are always keen to hear from you. Contact us on 01752 762 116 or see our website www.youmatter.org.uk

Introducing a Recognition Scheme for Doctors taking part in Medical Revalidation Pathfinder Pilot

The Medical Revalidation Pilot Team in Cornwall is offering a Recognition Scheme to all doctors. All three participating NHS Trusts: Royal Cornwall Hospitals, Cornwall Partnership Foundation Trust and the Cornwall and Isles of Scilly PCT are keen to get the most from taking part in the Medical Revalidation Pathfinder Pilot, so we want to encourage as many doctors as possible to test the Strengthened Medical Appraisal and give their feedback to the independent evaluators so that we can influence and shape the way medical revalidation will be implemented in England.

In recognition of the additional time that doctors will need to put into participating in the Pilot, the Medical Revalidation Pilot is proposing a Recognition Scheme. The recognition will be the same for all doctors working either in RCHT, CPFT or Primary Care and is valued at £200 per participating doctor. For RCHT and CPFT the money will be used to fund additional study leave, for GPs it will be claimable to use to fund backfill to attend the training sessions or time to complete the work entailed in participation.

In order to receive this recognition doctors will need to have achieved the following:

Signed a Consent Form to participate in the Pilot

Registered on the Revalidation Pilot Toolkit and undertaken a Strengthened Medical Appraisal

Completed and returned the following feedback forms: MR1, MR3, MR6

The Medical Revalidation Pilot Team in Cornwall will be monitoring the scheme and will release the funds to the Trusts when all elements have been achieved.

Appraisers

NHS Trust Approved Appraisers will also be eligible for the Recognition Scheme as they will also be Appraisees. In addition, as the Appraisers have been required to undertake nationally prescribed additional Top-Up Training to undertake SMA, the Trusts will receive funds to support the time that these doctors have taken to undertake the training. This will be £440 per participating doctor. The Appraisers will be required to have completed the following feedback forms: Consent Form, MR1, MR4, at least one MR7 and MR8. The Medical Revalidation Pilot Team has details of all the approved Appraisers and will arrange for the money to be transferred to the host Trusts to support this Pilot.

If you have not already signed up to have a Strengthened Medical Appraisal or would like to find out more about the Pilot please contact either:

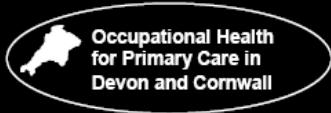
Rachael Crawley, Medical Revalidation Pilot Lead for Cornwall NHS

Rachael.Crawley@CIOSPCT.cornwall.nhs.uk

01726 627615

Or

Lyndsay Libby, Revalidation Pilot Assistant Lyndsay.Libby@CIOSPCT.cornwall.nhs.uk



You Matter!

Occupational Health for Primary Care in Devon & Cornwall

WWW.YOUMATTER.ORG.UK

The newsletter keeping you
informed of what is going
on in Occupational Health

In the interests of reducing the overload of information flowing into Practices, we have agreed with the LMCs that, from now on, the OH for Primary Care newsletter 'You Matter' will be incorporated within the LMC newsletter. Please pass any relevant information on to your staff as appropriate to their needs, and contact us if you would like to know more about anything that we report. Thank you.

Personnel changes within the OH Team

We have recently had the pleasure of welcoming a new OH Nurse Specialist to our Team; **Linda Jarvis** has joined us to assist with the increased workload associated with our successful bid to provide OH services to all GPs, Dentists and their staff within all of NHS Devon. Linda lives in Exeter and will be predominantly meeting Practice needs in the Devon half of the Peninsula. That is not to say that both she and Sue Bond won't be venturing across the Devon/Cornwall border. After all they are both multilingual!

On Pre Employment Health Screening.....our process is under review.

The new **Equality Act** is expected to be enacted in October this year and we are thus reviewing our screening processes to ensure we comply. The requirements of the Disability Discrimination Act (which will be subsumed into The Equality Act) has, since its enactment meant that the Pre employment Health Assessment process has already had much to do with recommending adjustments for the working practice of individuals should they be employed. The final decision on whether to employ being left to the employer should s/he consider they make a reasonable decision as to whether they can accommodate the adjustments. The Equality Act is more prescriptive in that an employer is **prohibited** from asking about the health or disability of an individual before offering (**unconditionally or conditionally**) the work.

We are therefore reviewing our processes and it is likely that that we will move to use a

Pre - Placement questionnaire. This will be in the format of 3 or 4 questions with one YES or NO answer. The questionnaire will be returned directly to you by the prospective employee as the employer, and only if a YES answer is provided will the form then be required to be screened by OH who will make contact with the employee to discuss their health and subsequently advise you regarding any necessary adjustments.

We will forward the new paperwork to you shortly.

Please get in touch with us if you have any queries about this process; It will undoubtedly feel a little strange for all of us initially, but what the law says has to go.....

Continued.

Referral for Occupational Health Medical Opinion

Within your own Practices you will be aware of the GMC guidelines issued in October 2009 requiring Doctors to offer individuals the right to see any report to their employer before it is sent **and** for the employee to give their consent to its dispatch.

In summary the GMC requirement is:

'offer to show your patient, or give them a copy, of any report you write about them for employment or insurance purpose **before it is sent** unless:

They have already indicated that they do not wish to see it
Disclosure would be likely to cause serious harm to the patient or anyone else
Disclosure would be likely to reveal information about another person who does not consent'

Despite appealing to the GMC regarding concerns the Faculty of Occupational Medicine was required to revise its ethical guidelines and these were issued in February 2010. We are now complying with the guidance in relation to seeing any individual referred to us. Although the guidance was written for Doctors it has been accepted as good working practice for all Occupational Health clinical staff. The OH Manual both in paper form and via our website will now be amended to accommodate this guidance.

National Cleanliness Specifications

The National Patient Safety Agency (NPSA) has now published guidance on cleanliness in the NHS for primary care providers, which is aimed at helping primary care providers set up simple, easy-to-follow processes to ensure that their premises are clean and safe.

Using these specifications is not mandatory, but may be a useful guide for providers and may help towards registration with the Care Quality Commission (CQC) from April 2012.

The National specifications for cleanliness: primary medical and dental premises is available on the NPSA website:

<http://www.nrls.npsa.nhs.uk/resources/patient-safety-topics/environment/?entryid45=75241>

The NPSA has also produced Q&As which explain the how the cleanliness specifications work available on the LMC Website

**The White Paper does not state that PCTs or SHAs will have a role in developing any new structures and LMCs should resist any attempts by them to influence the process of consortium development. In particular, as opposed to help and facilitation, any attempts by PCTs or SHAs to select particular groups of practices – whether working together currently or not – to be de facto consortia must be opposed.
Dr Lawrence Buckman, Chair of the GPC.**

Dr Basil Bile writes....

The mooted loss of my winter fuel allowance, until I reach HM Government's new qualifying age of 99, means that I shall have to eat my morning cornflakes with the duvet wrapped around me. This seems unnecessarily cruel to a person of a certain age, and I have been in touch with Age Concern and sent them a photo of me looking tired and distressed after a recent day-long fact finding mission in our local hostelry, The King's Hernia. I trust they will soon be in touch with Mr Osborne and his side kicks to make special representations on my behalf.

Meanwhile I have been greatly heartened to read that computers, the bane of my professional life, and I am sure yours, have come under long overdue and thoroughly well-deserved evidence-based attack re their effect on your health. Their effect on my mental health is well documented. My Consulting Room PC crashes more often than the Latvian Stock Exchange. Patients look on in amazement as I give my PC a damn good thrashing with my patella hammer whilst telling it I have serious beliefs about it having been conceived out of wedlock. Although it doesn't seem to have a particularly positive effect on the computer it certainly makes me feel better, and the patient usually decides on reflection they have no need to see me after all.

However, it is the effect of the electronic interlopers on our physical health that has come to light now, and I am not referring here to repetitive strain injury caused by repeatedly punching the damn things. None other than Jo Read from Plants For People has proclaimed on the subject, and if you ask my ever humble opinion she represents an organisation that must know a thing or two.

Putting houseplants in our surgery office areas and consulting rooms up and down the country could save an awful lot of loot by cutting the number of sick days staff take. More than 180 million work days were wasted last year due to illness, and it is thought that one of the main causes is office air pollution. A report from Plants For People showed that 40 per cent of absenteeism was due to sick building syndrome caused by toxins released into our immediate environment by office machinery such as computers. It is thought that the illness, which causes fatigue, headaches and coughs, can be prevented by houseplants.

If one sweeps aside the nagging suspicion that Ms Read is simply a front for the Florists Self-Advancement Society, then she does seem to be onto something significant, and if anything can be done to prevent our staff at the Abandonhope Surgery sciving off on a regular basis with such life threatening disorders such as laddered tights, flaking toenail varnish and shopping withdrawal syndrome, then I for one would give three large hurrahs. The plants act as natural air purifiers removing toxins, carbon monoxide and bacteria from the workplace.

Intriguingly tests have shown that plants speeded up the time it took for workers to complete a task by 12 per cent, as well as reducing their blood pressure. One plant for every two or three people should be enough to improve the air quality.

It seems to me on sober reflection that the next logical step would be to replace the staff with plants. A Cactus to deal with complaints and a couple of showy fragrant blonde Daffodils on reception would be a start.....