



Health and Social Care Bill 2011

The Health and Social Care Bill was presented to Parliament on Wednesday 19 January. It sets out the legislation required to implement the Government's plans for major NHS reform, as outlined in its earlier White Paper "Equity and Excellence: Liberating the NHS" released in July 2010.

Dr Laurence Buckman, chairman of the BMA's General Practitioners Committee has written to all GPs in England regarding this Bill, and its implications for the future of general practice. You should have received in an email, but it is also on the BMA website here:

http://www.bma.org.uk/images/healthsocbillgpletterpr ofjan2011_tcm41-203487.pdf

Inside this issue:

Your Chairman writes	2
Meeting the Healthcare needs of Veterans Revalidation Pilot	3
HPV Vaccination update Commissioning update	4
Death Certificates and Cremation Forms End of Life Care Fitness to Work	5
Barry Osler Peninsula College of Medicine and Dentistry	6
Vacancies	7-9
Cornwall GP CPD Meetings Inflammatory Bowel Disease	10
Women's Health Training Information Sessional GPs Newsletter HMRC Scam	11
Dr Basil Bile writes	12

Meeting List - February

Feb 1. - PEC/CFC
Feb 1 - PBC/PCT/LMC Meeting
Feb 4 - Meeting with Devon LMC
Feb 8 - GP Consortia Meeting
Feb 14 - Joint Strategic Needs Assessment
Feb 16 - Meeting with the SHA
Feb 22 - 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.....

Welcome to the first Newsletter of 2011 and Happy New Year. This year promises rapid change and evolution in the NHS as we move inexorably towards the reality of GP Commissioning. The 70 GPs who have been mandated by the Practices who hold a contract with the PCT have been invited to attend a workshop on the future of commissioning facilitated jointly by the PCT and the LMC. I hope that this will allow a greater understanding of the challenges that GP Commissioning holds, and encourage those who want to play a role to come forward. The current PBC Chairs will also be present at the meeting and have contributed to the agenda. They have led PBC in Cornwall and laid the foundations for further development but we also need to be taking a longer term view and encouraging other GPs to develop an interest. The ultimate shape and size of Cornwall's GPCC is unknown but who the leaders will be is not predetermined and I encourage you all to think about whether you want to play a role and/or who you would support. I emphasise also that whilst this initial workshop is targeting the delegates of contractor Practices, when the consortium/a start to take shape there will be opportunities for non-Principals and Practice Managers as well as other interested parties to be involved.

This brings me to the subject of leadership of Commissioning groups. The LMC has facilitated the nomination of a representative of each Practice to take that Practice's views forward to the relevant Locality Group as they stand at the moment. I ask each of you to consider for a moment whether you can be 100% sure that there is majority if not unanimous support for the current unelected Chairs and vice-Chairs of the fledgling locality or Pathfinder groups, as most of the 6 former PBC groups have now evolved into. Once there is a common agreement and understanding of the shape of Consortia in Cornwall, a new Leadership will need to be democratically elected –this does not preclude existing leaders -both to protect themselves and to ensure that they have the confidence of their electorate. Some of these groups will “fail”-this is likely to happen in the Pathfinder programme, which is in part looking at what the optimum size of a Consortium. Once the Leaders start shadowing the PCT executives, they may carry financial liabilities and responsibilities. The LMC strongly urges you to insist that your Chair and Vice-Chair are democratically elected and will facilitate this on request. Please do contact the LMC if you have any concerns or queries about this and particularly if you feel that your voice is not being heard. The LMC 's function is to support you and ensure your rights are protected. The Health and Social care Bill is clear that GPs must organise themselves into Consortia-make sure you are involved! More on this elsewhere.

The Revalidation Pilot is approaching its final few months and Cornwall looks unlikely to meet its target number of Strengthened Medical Appraisals. This is almost entirely due to far fewer GPs agreeing to undergo SMA rather than traditional appraisal than was expected. CPfT have also struggled with numbers whereas RCHT have shone. The LMC gave its support to the Pilot as we believe that it is in GPs interests to be able to trial it and give feedback. If you are due appraisal before the end of March, I encourage you to engage with the Pilot and have your say.

The LMC is represented at a series of meetings bringing together GPs and Hospital Specialists-we see this as a way of improving communication and laying the groundwork for better relations when GPs take over Commissioning completely. We are also meeting with Public Health and the Local Authority to ensure that GPs voices are heard loudly amidst the reorganisation.

The LMC has recently run two very successful seminars on Employment Law, both well-attended by Practice Managers. One subject that emerged was that of Practices still allowing their staff to remain registered with them as patients. This is condemned by the BMA, RCGP and GMC as it allows for a conflict of interest and can cause friction in the Practice. Most GPs are willing to accept employees from neighbouring Practices onto their list for this reason-if you still allow this situation-or if you or your Partners are still registered at your own Practice, please give careful thought to probity.

Meeting the Healthcare Needs of Veterans

A guide for GPs has been recently published and can be obtained from the following organisations:

The Royal College of General Practitioners— www.rcgp.org.uk

The Royal British Legion— www.britishlegion.org.uk

Combat Stress— www.combatstress.org.uk

Closer to home is the Cornwall Community Veterans Mental Health Service in Liskeard,

Telephone 01579 335226

Revalidation Pilot

A plea from Dr Ian Fussell at the PCT

The Cornish Health Community has committed itself to the Revalidation Pilot. It is one of 10 sites in the country involved and is unique because it covers a whole health community. It is very clear that this pilot is important to the Department of Health, the Royal Colleges, the GMC and the BMA.

We want a broad range of doctors to participate so these proposals can really be tested. Your feedback really will influence the final shape of medical appraisal for revalidation and help the PCT or successor organisation support you on the path towards revalidation providing you with a first class appraisal system

The pilot covers doctors working in RCHT, the Community Partnership Foundation Trust and in General Practice. This has 11 weeks to run and to date the numbers of doctors participating is disappointingly low. With a final push we may get close to our target in primary care of 187, however this will only happen with your enthusiasm and commitment.

It is very clear that revalidation is here to stay and these pilots will shape how this looks in the future so your engagement is really worthwhile. As well as having insight to how revalidation is likely to look in the future, it also gives the PCT the opportunity to improve the administration and governance around the appraisal process and the performers list.

It is true to say that the software has been difficult to use initially for some, but not all doctors. The problems now seem to be resolved and it has become more user friendly.

Support is available in a number of ways

Lucy.Hunt@CIOSPCT.cornwall.nhs.uk

Rachael.Crawley@CIOSPCT.cornwall.nhs.uk

Lyndsay.Libby@CIOSPCT.cornwall.nhs.uk

and also from your appraiser and from the Revalidation Support Team. There are also training sessions in the SMA toolkit running throughout the County.

There is a recognition scheme for participating to reward the extra investment in time required.

Please consider using this system, it is very much appreciated.

HPV vaccination update

Cornwall is one of only two counties in England where the HPV programme is delivered through GP surgeries rather than schools, and is a Local Enhanced Service. The national target set for the programme is 90% of girls in each cohort to complete the course of three vaccinations over 6 months. Initially the uptake in all cohorts was reasonably close to this level however the level of uptake of the current year 8 girls appears to be falling and data for the end of November 2010 puts the PCT at 51.5% which is well below the SHA and national levels. There is wide variation across the county, with some Practices achieving near 100% and others only about 33%. There is no clear reason why this is the case. Some of this may be reporting issues, so please ensure that you are claiming for the work you are doing. This is important Public Health work for which there is reasonable payment so please take the opportunity to review your Practice's position and whether you can improve it. There is a risk that the LES may be stopped and the work given to School Nurses. Both the PCT and the LMC believe that there are advantages to the programme continuing to be delivered in General Practice –but the figures currently give cause for concern

Commissioning Update

As I have reported, the LMC and the PCT have been working with the PBC Chairs to move forward with the development of GP-led Commissioning in Cornwall. After a slow cautious start, significant progress is being made and some fledgling potential consortia are emerging. The following statement has been issued by the joint GPC Chairs on the 1st February in anticipation of the Commissioning Workshop next week:

Although the new commissioning framework is still evolving, based on current information each PBC group has debated the function and form of the GP commissioning structure at length. Four groups (Carrick, North, Newquay and West) have agreed that they wish to see as large a grouping as is possible and practical. This does not negate the importance of localism and indeed locality and individual practice responsibilities which will need to be swiftly clarified and empowered.

Two areas-East and mid Cornwall-have currently decided to form individual consortia with close links to the rest of Cornwall.

Therefore it is proposed to request agreement to setting up three embryonic commissioning groups East, Mid Cornwall and the combination of the other four groups. If there is agreement to such grouping we will need to set up the initial structures quickly to allow a rapid progression of the commissioning groups into shadow form to work with the PCT on the evolution to full GP commissioning.

It is hoped that there will be further discussion and a way forward identified at the Commissioning Workshop. The LMC will continue to support the work of the PBC Chairs and the PCT in their endeavours, whilst observing that democracy is served. We also welcome any feedback about the process, critical or otherwise. Please contact us via the LMC Office or me personally via email on shelagh.mccormick@call-gunn.cornwall.nhs.uk

Death Certificates and Cremation Forms

Death certificates and cremation forms are separate entities with different rules. You cannot make any charge at all for a death certificate. nor can you charge mileage. You can sign a death certificate. without viewing the body if you are able to be sure about the cause of death. If death has been declared by someone other than a Dr, you may have to discuss with the coroner before signing the cert to avoid viewing the body.

To sign a Cremation form you have to view the body, but may make a charge for mileage and are paid a fee for the form.

the doctor is expected to put the immediate needs of his/her living patients before the duty to complete a Cremation form, which is not urgent. The key to this is anticipation, and planning, as these deaths are usually expected. If the patient wishes to use a Funeral Director off the patch, then it is not unreasonable to liaise (with sensitivity) with the family beforehand or even the funeral director if appropriate, the latter are usually very accommodating.

There does not appear to be 'case law' about transporting bodies to be viewed. In general, given there is a fair leeway for signing a cremation form, It is reasonable for the Dr to travel unless the body has been moved a ridiculous distance.

End of Life Care over the Christmas

The LMC has received some feedback from Dr Mike Corbett, EOL Clinical lead at the PCT.

It appears that there were no major problems and SERCO received an unprecedented amount of information on EOL patients from GPs. Therefore SERCO felt there were no patients in End of life they saw over the Christmas period that they didn't know about.

Dr Corbett would like to pass on his thanks and those of all concerned for their support in this.

Hopefully there will be some more definitive data from the advice line and progress on the availability of drugs OOH soon.

Statement of Fitness for Work

The statement of fitness for work forms are explained in the downloadable document from the Department of Work and Pensions which every GP should read as it explains the changes from the old 'sick notes'.

You may be interested to learn that "employees do not need to be signed 'back to work' and if employers want this it would be a private certificate.

<http://www.dwp.gov.uk/docs/fitnote-gp-guide.pdf>

Barry Ostler

Barry Ostler age 66 years, died on Thursday 27th Jan.

Barry, although not medically qualified made a great contribution to General Practice in Cornwall through his ability to design GP surgeries, both “new build” and conversions of old buildings. Living in Mithian, near St Agnes, it was not surprising that one of his early commissions was the building of his own GP’s , Dr John Julian’s new surgery in St Agnes. The cost rent Scheme of the 80’s & 90’s saw an substantial increase in surgery construction, and this combined with Barry’s talent saw the creation of a new concept in GP surgeries in the County.

Shortly after the completion of the St Agnes surgery, his work came to the notice of Colin Philip, who had just settled into practice in St Ives. At the initial meeting Barry appeared in walking boots, a thick woolly jumper and with spectacles held together with elastoplast: however very soon his remarkable talent became apparent albeit accompanied by a mildly eccentric style.

The St Ives surgery, at the time, was a massive project for Cornwall, the total building costs exceeding £1,000,000. It was also a massive success for Barry and many other surgery constructions in Cornwall followed and later a school conversion in Devon, for the Tavistock doctors.

Through his work he made many friends with his delightful easy going charm, his ready humour and of course combining these qualities with an astute sense of space, design and vision.

Colin Philip and I were lucky enough to work with him closely and to become amongst Barry’s friend and like so many others will miss him greatly. It is an absolute tragedy that he only recently had decided to retire and that Julia, his wife, and he will not have the opportunity to enjoy retirement together, in particular his holiday home in Crete which he resurrected from a state of ruin.

It is with great sadness that we say goodbye to Barry Ostler, a special gifts both personal and professional.

The funeral will be held on Tuesday 15th February . 2pm at St Gregory’s Church, Seaton, Devon.

Ashley Royston

Peninsula College of Medicine and Dentistry

PCMD Graduate School are running a short course in Practical Clinical Allergy on the 7th, 14th and 21st March. Aimed at General Practitioners, Specialist Nurses and Medical Trainees, the course seeks to enable individuals to be confident in diagnosing and managing a range of common allergic conditions seen in a primary care setting including:

Anaphylaxis

Food & Drug Allergy

Rhinitis & Conjunctivitis

Allergen Immunotherapy

Urticaria & Angioedema

Paediatric Allergy

Course Leader: Dr Edward Kaminski, Consultant immunologist.

For further details email cpd@pcmd.ac.uk or telephone 01752 437472

Sabbatical Locum in Falmouth – August to October 2011

Our part time female Partner is taking a sabbatical and we are looking for a locum to take on her role from 01 August 2011 until 28 October 2011 (3 months).

The post is for 4 sessions per week. Normally these will be 4 half days (hours to suit you) with a full duty day and 2 half days approx. every other week.

Accreditation to fit coils and Implanon/Nexplanon would be an advantage.

Please ring Geoff Dennis, Practice Manager, The Falmouth Health Centre Practice on 01326 310160 or email geoff.dennis@falmouthhc.cornwall.nhs.uk for more information.

Yelverton Surgery **West Devon**

Located within Dartmoor National Park we are looking to recruit a friendly and enthusiastic GP to join our practice team from August 2011 to replace a retiring Partner.

- 7260 patients – 5 GP Partners
- Semi-rural GMS Practice with consistent high QOF achievement and Patient Survey results
- Loyal and dedicated team of clinicians and administration staff committed to high quality care
- Dispensing to patients of our branch surgery
- Established training practice
- Excellent out of hours service by Devon Doctors
- Medical Student teaching
- Participation in DES and LES schemes
- Scope for increasing sessions

Closing date for Applications is 25th February 2011– please email sue.edwards8@nhs.net for an information pack.

Informal visits welcome by appointment – please contact either Sue Edwards or Sarah Giles on (01822) 852202

Brannam Medical Centre – Barnstable

In the Heart of North Devon

Two salaried GPs required

Brannam Medical Centre is looking for the right people to join our happy, harmonious and high-achieving team from July 2011. We have an opening for an 8 Session Salaried GP with view to partnership and a 4 Session Salaried GP initially to provide internal cover.

The successful applicants – will have a commitment to long term involvement in the Practice, clinical confidence and the ability to work well with others.

The Practice is a 9 doctor PMS practice right in the centre of Barnstaple. We operate from modern, attractive, purpose-built premises, serving a mixed urban and rural population. We use EMIS web, are forward-thinking and a well-organised training practice, regularly achieving high QoF scores with the help of our excellent nursing and administration staff.

Barnstaple is an excellent place to live and work. A popular holiday destination on the Taw Estuary, it is close to surfing beaches and beautiful moor land. Sailing, cycling, walking and a host of other leisure activities are readily available and a link to the M5 motor gives easy access to the rest of the country.

If you are interested and would like more details, please contact our Practice Manager, Dee Brown at Brannam Medical Centre, Brannam Square, Kiln Lane, Barnstaple, North Devon, EX32 8GP. Tel 01271 329004 or email deebrown@nhs.net. Our website can be viewed at:

www.brannammedicalcentre.co.uk

Informal discussion and visit welcome.

Please apply with hand written letter and CV to Dee Brown. The closing date for applications is 25th February 2011. Interviews will be held at the beginning of April 2011.

Practice Nurse Available— Emma Davis RN

Qualified for seven years, I have achieved a comprehensive medical and surgical experience.

Versatile and dependable, I have accomplished the learning of a wide range of key clinical skills and am now focusing on developing my career in Primary Care.

Available for employment 4 days a week

Commencing General Practice Nurse Foundation course at University of Plymouth March 2011

Please contact for a copy of my CV

emmaelizabethd@gmail.com

Tel: 01392 437364 / 07856735564

Polkyth Surgery—GP Vacancy x 2

Salaried initially with a view to Partnership

Total sessions available = 16

Polkyth Surgery, St Austell, Cornwall

www.polkythsurgery.co.uk

Polkyth Surgery is a large, innovative Practice based in St Austell in Cornwall, close to the beach and the famous Eden Project. We have approximately 10,700+ patients served currently by 5 Partners and 1 Salaried GP.

We are looking to recruit 2 flexible, motivated and committed GPs to join our forward thinking team, dedicated to improving the service we offer to our patients in an ever changing NHS. In return we offer:

Protected admin/study time	The support of a full compliment of dedicated and hardworking staff
High QOF achievements	Purpose built premises that have recently been extensively refurbished.
Special interests encouraged	Active participation in the development of Practice Based Commissioning

If you are the one we are looking for, send us your CV and a covering letter or feel free to contact Dr Travis or Dr Cooper for an informal chat or visit. A Practice Profile is available on request.

Closing date for completed applications: 15 February 2011

Approximate Start Date: Flexible to suit right candidate

Contact details: Mrs K Clemes. Practice Manager (Patient Services), Polkyth Surgery, 14 Carlyon Road
St Austell PL25 4EG 01726 75555

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 replacement partner.

The practice is friendly, progressive, well-organised, forward thinking and fully computerised with two branch surgeries, one of which is dispensing.

List size approximately 3,200	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 your current CB to:

Mrs N Sherry, Practice Manager
The Medical Centre, Churchfield
Camelford, Cornwall, PL32 9YT

Or, email: nicky.sherry@camelford1.cornwall.nhs.uk

Cornwall GP CPD Meetings

Every month an educational and social meeting is being held in TRURO from 7pm till 9pm. The talk starts at 7:30pm.

Venue Duchy Hospital, Penventinnie lane, Truro, TR1 3UP Ph: 01872 226100

Parking is free in the staff car park at the back of the building. Food and Drinks are available and there is no need to book. The meetings are free for everyone and they are aimed at all GPs and primary care professionals. RCGP membership is currently not required. Details are available on the RCGP Tamar Faculty Events website where you will also find presentations from previous speakers.

2 Mar Wed Clinical Decision Making using Evidence: by Dr. Jane Royle
Associate Director of Public Health/Locality Lead for Peninsula CLAHRC,
& Hand Dermatitis and Patch Testing: by Dr. Preshita Diwekar Consultant
Dermatologist, RCHT

5 Apr Wed Poverty in Medicine: by Dr. Christopher Tiley, GP, Mevagissey Surgery
& Map of Medicine: by Dr. James Huddy, GP, Perranporth Surgery

4 May Wed Fertility Update: Mr. Jonathan Lord, Consultant Gynecologist, RCHT

Shipra Rao

Salaried & Locum GP and RCGP Faculty Tutor for Cornwall

shiprarao@hotmail.com

07861390708

Inflammatory Bowel Disease

"The LMC has only just been made aware of a letter to General Practices in Cornwall dated 27.11.10 asking for the NHS numbers of patients with inflammatory bowel disease to be sent to a database at RCHT. The LMC has concerns about this for two reasons: firstly, NHS numbers are unique and therefore are easily identifiable to anyone with a Smartcard. Secondly, this information is confidential and should not be released without the patient's specific consent .

GP Practices are occasionally approached by organisations who wish to obtain details about cohorts of patients with specific diseases for research and audit purposes. The LMC believes that the appropriate way to approach this gathering of information is to request the Practice's cooperation in identifying the cohort internally, then for the Practice (at the research organisation's expense) to invite the cohort to identify themselves directly to the organisation.

The LMC will advise Practices who have not already provided information to you that they cannot do so without first obtaining patient consent. If GPs wish to obtain this on an individual basis they can of course choose to do."

Women's Health Training Information

As minds turn to appraisal and reaccreditation in time for the new NHS financial and appraisal year in April, I would like to draw your attention to the following.

The Faculty of Sexual and Reproductive Healthcare have offered an amnesty to reaccredit their Diploma and Letters of Competence. NHS Cornwall prefers but does not insist on formal certification. The standard for local accreditation has to be comparable so this is worth looking at .

For those who would consider training for the Diploma from scratch the educational content is now online (e-SRH) and only a one day course is required to follow this prior to practical training.

The knowledge components for both implant and IUD training are also now available via e-SRH but discussion is helpful to apply this information to clinical practice.

Full details and courses (some of them run by Dr Sarah Gray) can be found on the LMC website http://www.kernowlmc.org.uk/Women's_Health.html

Sessional GPs Newsletter

The January Issue of the Sessional GPs Newsletter is now available both on the LMC website and the BMA website.

http://www.bma.org.uk/representation/branch_committees/general_prac/sessionalgpsnewsjan11.jsp

HMRC Scam—a lesson in scam spotting

It's surprising the lengths scammer will go to and I can vouch for this scam as I received the email yesterday. Please be aware and don't fall for it.

The email is headed Tax Return! and is supposed to come from HMRC UK. Two immediate things ring warning bells; 1) HMRC tend not to use exclamation marks and 2) even though I am registered with the HMRC to submit my tax return electronically they write to me with information, they don't send emails.

The email is addressed 'Dear Applicant: ' again another alarm bell, HMRC don't use the term 'applicant', they would address me by name. They go on to tell me that "under the last assessment , we investigated your payments for the last three years and our calculations shows you have made overpayments of £439.43 GBP". More warning bells. Why would any government institution use GBP— if they are a UK government organisation , which we know they are and they are using the £ symbol we know it's GBP— they don't have to tell us again.

They then request that "Due to the high volume of refunds you must complete the Tax Return Form (this is hyperlinked) . Hang on, they have just told me that they have investigated me and I've made overpayments, now they are asking that I complete a Tax Return— more alarm bells. I have no idea where the hyperlink takes me, I haven't clicked on it. If it asks me to fill in the form online, you can bet it will also ask for bank account details so they can pay me my 'refund'. It could also allow a virus or a Trojan to enter the computer (please make sure you have a good virus protection system and update it regularly) by clicking on it you are allowing the virus to download to your computer and then who knows.... It could be a key logger which, if you bank online could give them access to your account, or if you use PayPal or eBay it may give them access to your account there, allowing them to buy or sell thousands of pounds worth of goods on your account. At best it may be an annoyance that takes time, if you are skilled, or money if you are not, to clean up the mess on your computer, at worst it could destroy the hard drive or cost you a huge amount of money and time restoring your financial arrangements.

The moral as with all scams is threefold.

- 1). If it looks to be too good to be true it probably is.
- 2). Don't ever click on links in emails from people you don't know and
- 3). Sometimes you **should** look a gift horse in the mouth.

Dr Basil Bile Writes ...

The New Year has sneaked almost guiltily in through the back door bringing with it VAT increases and various other ghastly financial insults and impediments foisted upon us as a result of the combined monumental incompetence and unfitness for purpose of countless bankers and politicians. Ho hum.

But all is not gloom and doom. Every cloud has a silver lining. And never forget, many a mickle makes a muckle. Or is it the other way round?

Basil's 10 Reasons To Be Cheerful in 2011

- ◆ Things can't possibly get any worse
- ◆ They have discovered a cure for baldness
- ◆ I didn't get any socks for Christmas this year
- ◆ Hundreds of GP s are earning more than traffic wardens
- ◆ Hundreds of traffic wardens are earning more than the Prime Minister of Swaziland
- ◆ NHS cash has been used to fund a stud farm in Sussex
- ◆ Prince William is to marry a commoner, so my chances of getting my toes sucked by Fergie have increased no end
- ◆ The way things are going Revalidation won't be brought in until well after we have all long since retired from the noble art of Family Doctory and are dead and buried
- ◆ Belinda is off to visit her mother next week
- ◆ The Abandonhope Practice has made the strategic decision to pretend GP Commissioning Groups are not going to happen and to carry on business as usual until we all get struck off

However, as I have no wish to be accused by Ms Molestrangler, (the esteemed Editor of this flatulent publication), of being unbalanced and not evenhanded in my journalist treatment of this important subject of cheerfulness in the face of adversity, I have decided to look at the other side of the coin

Basil's 10 Reasons To Be Gloomy in 2011

- ◆ Women will still have the vote
- ◆ Um...that's it

So you see dear readers, however hard I try I am essentially a glass half full person struggling manfully to be a glass filled to the top and spilling over person. I have to say the stud farm business cheered me up no end. In these austere times that we inhabit the imaginative use of

scarce resources in the National Horror Show can only be applauded, so full marks to the former NHS Manager who falsified invoices totalling more than two hundred thousand smackeroos to pay for her stud farm business. Rather than rewarding her ingenuity the forces that be rather petulantly sent her to jail for 31 months. A bit spiteful I thought. I just hope it doesn't discourage whichever unfortunate GP Consortia eventually agrees to accept our practice from funding my embryonic vineyard, which as far as I can see is the only reason for my making any effort whatsoever in engaging with Andrew Landslide and the Lib-Con Barmy Army's looney plans for the our much meddled with Health Service. Given the recognized evidence based health benefits of the fruit of the vine at certain doses, it would seem to a neutral observer such as myself to be a trifle short-sighted not to invest heavily in the health of the nation in this innovative fashion....