



## Thefts from Surgeries

This came from Gloucestershire LMC—please be aware similar incidents have happened in Cornwall

Two men came into the surgery and sat in the waiting room. They were feigning pains in the leg etc. It is now clear that they were observing carefully, identifying where the individual doctors' rooms were, learning how their names were pronounced, where the staff room was etc.

When a GP left to go to the staff room one of them nipped in to the GP's room and went through the desk to find and steal a purse/wallet. The other loitered near the loo (he said to a member of staff who asked whether she could help him that he was waiting to use it) but being near the front door he was actually guarding their escape route.

The GP concerned actually found the thief coming out of the surgery door but he came up with a cock and bull story of having gone into the wrong room for his appointment with another doctor, whom he named, and by the time the GP had discovered the theft the pair had made their escape.

You might wish to consider:

- Do patients have free access to your waiting room or must they report first to the practice receptionist?
- Do your GPs have keys to their surgery rooms?
- Would you be able to spot anything suspicious, e.g. a man hanging around outside an empty toilet?

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### Meeting List - March

<b>7th March—Medical Revalidation Pilot Board</b>
<b>15th March - LMC Committee Meeting.</b>
<b>22nd March—LMC/LPC/PCT Meeting.</b>
<b>24th March—GPC/Regional LMC Meeting.</b>
<b>29th March—LMC/PCT Liaison Meeting</b>

• *Items for the Newsletter should be sent to the Editor, Dawn Molenkamp at Sedgemoor Centre, Priory Road, St Austell PL25 5AS Tel 01726 627978,*

• *e-mail dawn@kernowlmc.org.uk*

# Your Chairman writes.....

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The BMA held its Special Representative's meeting this week which saw the Profession send a clear message to the Government that there are grave concerns about the speed of change, the threats to patient care, and the likely disintegration of quality with the "Any Willing Provider" policy. The role of Monitor in promoting competition within the NHS was felt to be a threat and the BMA has determined to step up its opposition to the most damaging parts of the Bill and demand change to other parts. Nonetheless, we cannot stand still as there are too many risks in not planning for change even though it is still not legislation.

The results of the vote conducted by the LMC last month are published within this newsletter. Whilst not legally binding, this gives each fledgling Consortium a mandate to proceed. There are still some Practices that have not declared but the LMC will not intervene to mediate unless asked to do so by either the Practices or the Consortia Lead. In East Cornwall, a separate nomination process run by the LMC produced a clear mandate for the existing Chair and Vice-Chair to lead for the next 12 month period. This is virgin territory for everybody and it is likely that there will be a re-shuffle as time goes on. The shadow Consortia will now be starting to engage with the PCT and get involved with Commissioning on a meaningful level although the PCT retains financial responsibility.

The LMC will continue its involvement in the process of developing Consortia and welcome any queries or concerns from GPs and Practices including sessional GPs. I hope that Consortia will be looking to utilise all their resources and talents in the months ahead regardless of whether they are salaried GPs, Practice managers, Partners or others.

As we go to press the new QoF agreement has finally been signed off and I draw your attention in particular to the Extended Hours DES which is to be extended for another year but with a reduced fee (by a third) but relaxation of the rules which should make it easier to deliver if your Practice decides it is a service you wish to provide. We are in discussions about how this will work in Cornwall where we have a LES, and we expect that the current LES will be extended for 3 months whilst the new contract is discussed. More on this shortly.

## Clinical Waste Disposal

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***The Environment Agency has now re-published its sector guidance 5.07 for operators of waste disposal facilities. The guidance requires all producers of healthcare waste, including GP practices, to complete an audit of their clinical waste. The deadline for this was originally set for October 2010 but was extended due to the need for further consultation with the waste management industry. GP practices must now provide the relevant information to their waste contractor by 1st July 2011.***

***Practices can either collect the data themselves or employ a third party to do so. Alternatively, the practice's waste contractor may offer to complete the audit but may charge for this service. GPC will shortly be sending out a self audit tool and a 'Focus on Clinical Waste' to help practices provide the information themselves if they wish to do so. In the meantime, if you have any further questions please email Faye Bunch at [fbunch@bma.org.uk](mailto:fbunch@bma.org.uk)***

# Consultant Involvement in Commissioning

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The Central Consultants and Specialists Committee (CCSC) and GPC have produced joint guidance highlighting the implications of the Health and Social Care Bill and the importance of involving secondary and tertiary care clinicians in the commissioning process and enabling consultant involvement. This can be read here:

[http://www.bma.org.uk/images/whitepaperGPCguidance8feb2011\\_tcm41-203658.pdf](http://www.bma.org.uk/images/whitepaperGPCguidance8feb2011_tcm41-203658.pdf)

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## Consortia Results

### Carrick

6 practices voted for option 1

4 practices did not respond or return their paper within time.

### East Cornwall

7 practices voted for option 2

4 practices did not respond or return their paper within time.

### Mid Cornwall

5 practices voted for option 1

4 practices voted for option 3

1 practice voted for option 4

3 practices did not respond or return their paper within time.

### Newquay

3 practices voted for option 1

### North Cornwall

8 practices voted for option 1

3 practices did not respond or return their paper within time.

### West Cornwall

21 practices voted for option 1

2 practices did not respond or return their paper within time.

**Option 1** A shadow Consortia comprising West Cornwall Commissioning Group (CG), Carrick CG, Carrick CG and North Cornwall CG

**Option 2** A shadow Consortia in East Cornwall current comprising East Cornwall CG.

**Option 3** A shadow Consortia in Mid Cornwall currently comprising Mid Cornwall CG.

**Option 4** None of the above.

# QMAS Underpayments

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The FAQs on the BMA website about the QMAS underpayments have now been updated to include questions about tax, pension and seniority issues. This is following the publication of Q&As by the Department of Health.

We can confirm that, because the payment should be treated by practices as a one-off payment in 2010/11, this will not affect superannuation payments, seniority or tax returns for previous years. It would be up to each practice how to deal with the distribution of the payment according to what the partnership agreement says about how money is distributed, accounted for and pensioned. Practices should take accountancy advice if necessary.

The FAQs are available on the BMA website.

[http://www.bma.org.uk/employmentandcontracts/independent\\_contractors/quality\\_outcomes\\_framework/qmasunderpayments.jsp](http://www.bma.org.uk/employmentandcontracts/independent_contractors/quality_outcomes_framework/qmasunderpayments.jsp)

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## Overseas Visitors

The GPC has published 'Overseas visitors accessing NHS primary medical services' guidance. This guidance has been written with the assistance of the BMA's International and Ethics departments. If you have any questions then please email William Jones at [wjones@bma.org.uk](mailto:wjones@bma.org.uk).

The guidance can be viewed on the BMA website at:

[http://www.bma.org.uk/employmentandcontracts/independent\\_contractors/providing\\_gp\\_services/overseasvisitors.jsp](http://www.bma.org.uk/employmentandcontracts/independent_contractors/providing_gp_services/overseasvisitors.jsp)

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## Vetting and Barring Scheme

The government has announced provisions to revise its vetting and barring arrangements. Information about the reforms, and the scheme remodelling review report, can be viewed via the following link:

<http://www.homeoffice.gov.uk/crime/vetting-barring-scheme/>

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## Royal Wedding – 29 April 2011

The 29 April 2011 has been declared a bank holiday in the United Kingdom by the Queen. All practices in England, Wales and Northern Ireland should put in place their normal arrangements for bank/public holidays on that date. Bank holidays are out-of-hours periods in the NHS (General Medical Services Contracts) (England and Wales) Regulations 2004 and NHS (Personal Medical Services Agreements) Regulations 2004.

# CARE QUALITY COMMISSION REGISTRATION FOR GENERAL PRACTITIONERS

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The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. The Health and Social Care Act 2008 requires the CQC to introduce a regulatory system to bring independent healthcare and adult social care under one set of quality and safety standards, known as the Essential Standards of Quality and Safety, [www.cqc.org.uk/guidanceaboutcompliance](http://www.cqc.org.uk/guidanceaboutcompliance). The Essential Standards focus on 'outcomes' for patients, staff and visitors.

General Practitioners providing specified activities, and whose sole or main purpose is to provide NHS Primary medical services, are legally required to be registered with the CQC on 1 April 2012. Registration is a one off process and involves considering whether your services are meeting the Essential Standards and how this can be demonstrated. Determining whether your services meet these standards could be a significant amount of work and it would be advisable to start this process as soon as possible as applications for registration are expected to commence in October 2011. After registration the CQC will monitor whether providers are continuing to meet the standards.

## **Registration process**

The CQC will write to providers with details of timeframes in which the application should be made. It is your responsibility to register with the CQC so please notify them, and the PCT, if you do not receive an invitation to enroll. This is unlikely to be until September/October of this year.

**Registered managers:** Whether you are applying as an individual, an organisation or a partnership will help determine if you require a registered manager:

**Fees :** There is no fee for applying for registration. Once registered, however, providers will need to pay an annual fee. A consultation on fees will be undertaken by the CQC in 2012/13.

**Support:** The PCT has a working group for Practice Managers which meets on a quarterly basis to help to prepare for registration. Members of the PCT are also willing to attend Practice Manager Groups to discuss the process.

If you would like further information in relation to the group, or would like a member of the PCT to discuss the CQC process at a Practice Managers' Meeting please contact Lucy Hunt/Sara Bailey – details below.

Lucy Hunt

Sara Bailey

Compliance and Performance  
Manager

Head of Corporate Compliance

NHS Cornwall and Isles of Scilly

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Email [lucy.hunt@ciospct.cornwall.nhs.uk](mailto:lucy.hunt@ciospct.cornwall.nhs.uk) Email [sara.bailey@ciospct.cornwall.nhs.uk](mailto:sara.bailey@ciospct.cornwall.nhs.uk)

# Dr A Nash, The Medical Centre, Camelford

## Part-time GP required

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Salaried position with a view to becoming a partner.

6 sessions per week

An opportunity has arisen for a part-time salaried GP, with a view to becoming a GP partner. Camelford is a small market town, set between the coast and Bodmin Moor. Ideal for those who enjoy walking, surfing and the great outdoors! The Practice covers approximately 200 square miles, a lot of which is moorland.

- ◆ Small, friendly practice- high QOF points achieved regularly
- ◆ Premiere Synergy clinical system
- ◆ Computerised appointments (main site)
- ◆ Paper-light practice
- ◆ 2 branch sites ( dispensing at one site)
- ◆ Well-established, conscientious administration team
- ◆ Telephone triage
- ◆ 2 Practice nurses, 1 phlebotomist

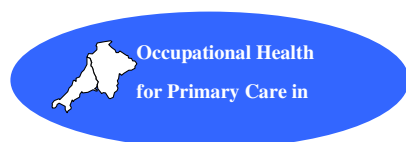
Please contact Ang. Goodman, Practice Manager, for further information on 01840 213894 or e-mail

[Angela.Goodman@camelford2.cornwall.nhs.uk](mailto:Angela.Goodman@camelford2.cornwall.nhs.uk)

Applications should be made via e-mail, attaching your CV to the above address.

Website: [www.camelfordmedicalcentre.co.uk](http://www.camelfordmedicalcentre.co.uk)

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## Health and Safety training specifically for GP Practices.

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The Employer's Guide to Health and Safety – This is a half day course for the employer who holds lead responsibility within the practice. Cost £60.00 (inc VAT) per delegate including lunch.

Matford Centre, Exeter on Tuesday 17th May 2011

Wallingbrook Surgery, Chulmleigh on Wednesday 18th May 2011

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Managing Health & Safety and Risk Assessment - a full day course that is centred on Risk Assessment but also gives practical advice on how to manage those risks identified and how to record the significant findings. Cost £102 (inc VAT) including lunch.

Wallingbrook Surgery, Chulmleigh on Tuesday 14th June 2011

The Matford Centre, Exeter on Wednesday 15th June 2011

For further information please contact Sharon Trevarthen on 01752 762112 or

[sharon@abbottburke.co.uk](mailto:sharon@abbottburke.co.uk)

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# Recruitment of GPs for LPT and SCRPs

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"The PCT has approached the LMC to help recruit GPs to membership of the Low Priority Treatment and Special Case Review Panes. This important work is done by Committee to decide on those referrals which are not funded by the PCT ordinarily. The Committee provides the opportunity for lively discussion about interesting and unusual cases with other Health Professionals, as well as PCT colleagues. It offers the chance to make a difference both to individuals' lives and also to influence fair and rational decision making in a less pressured environment. I would recommend it to any GP who wishes to contribute to NHS decision-making. Meetings are monthly but attendance would be less often if more GPs can be recruited. Please contact Lesley Fowlie ([Lesley.Fowlie@ciospct.cornwall.nhs.uk](mailto:Lesley.Fowlie@ciospct.cornwall.nhs.uk)) at the PCT if you are interested."

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## MEETING JOINT WITH BMA Division

'GP commissioning Consortia in Cornwall, how we can make it work for our NHS'  
open to all members of the profession.

the venue is the Truro KSPA for 6-30 to 8-00 on 22 march, FINGER BUFFET FROM 6-00.

speakers, CEO PCT, Beth McCarron-Nash GPC Neg, LMC Chair, CEO CC, and Jon Tilbury , chaired by John Hyslop .

format, short perspective presentations from each, Q&A, OPEN DISCUSSION, summary through chair and close.

this will be both a information sharing/viewpoint, and consensus formative meeting to help set the agenda for delivery of GP Consortia professionally advised for our NHS in Cornwall.

RSVP [john.hyslop@rcht.cornwall.nhs.uk](mailto:john.hyslop@rcht.cornwall.nhs.uk)

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jobcentreplus



CornwallWorks  
www.cornwallworks.org.uk

21st Century Welfare, Bedruthan Steps Hotel, 9.15-15.30, 4/4/11

Cornwall Works is hosting an event to outline the changes in the welfare to work agenda. This may affect demand for GP & NHS services, such as less demand if patients in work, or more demand should patients be more anxious about debt and benefits. There are lessons and opportunities for NHS, GP's and Job Centre Plus to work together better for the future, to intervene earlier and prevent long term ill health.

The programme is concentrating on what people can do rather than what they can't. In Cornwall & Isles of Scilly, there are some 18,000 receiving a health related benefit, for primary conditions of mental health (40%) and muscoskeletal (18%). Long periods out of work can lead to :

2 – 3 times decrease in general health

2 – 3 times increase in Mental Health problems

20% greater risk of mortality.

At this event you will be able to learn and discuss changes in welfare to work programmes, welfare benefits and new ways of working in Jobcentre Plus. Get Britain Working is a range of employment and skills initiatives for workless people, including the new Work Programme and a range of other support available prior to the Work Programme.

If you would like to attend, please contact Bev Wilson [bwilson@cornwall.gov.uk](mailto:bwilson@cornwall.gov.uk). Or call 01872 355008. Please advise of any dietary or access requirements when booking.

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# Dr Basil Bile Writes ...

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Nannying us in every aspect of our bally lives seems to be becoming endemic. In 2007 the Department of Health and Daft Ideas issued a dictat banning healthcare workers from wearing white coats or other long sleeved apparel as a ruse to reduce the risk of what was somewhat mystifyingly described as nosocomial bacterial transmission. Taking our responsibilities as clinicians very seriously we at the Abandonhope Surgery immediately introduced a strict dress code regime in order to protect our flock. It seemed inescapably logical that the less clothing we wore the less the risk to the punters. Thus we public spiritedly enforced the rule that all male members of our clinical staff should wear only a pair of briefs, the briefer the better for health and safety reasons, while female clinicians had to be attired in bikinis.

Sadly this microbiologically justified initiative was misunderstood, and the very first morning that I turned up to work in my budge smugglers several complaints to the Geriatric Moaning Council and the Peeceetee ensued. Personally I thought the nursing team looked rather splendid in their beachwear, and self-indulgent enraged protests from the Royal College of Nurses about sexual exploitation were well wide of the mark. Nonetheless it all seemed to attract considerably more hassle and opprobrium than it was worth, so imagine my relief dear readers when I read in the BMJ this week that a recent study carried out by our American cousins in Colorado showed no significant difference in bacterial or MRSA contamination between doctors in short sleeved uniforms and those in classic long sleeved white coats, complete no doubt with cheese and onion crisps and Mars Bar in pockets.

Life is about sensible compromise, so as a result of this revised evidence base we have now allowed our clinical staff to wear white coats over their colour coordinated skimpies. Not least this has allowed us to turn the heating down a notch or two.

Meanwhile you would have thought if nothing else we in the noble trade of family doctery would learn from history. When the erstwhile and sadly lamented GP out of hours co-operative KernowQuack was set up eons ago it was a heartwarming story of unity and common purpose amongst Cornwall's General Medical Practitioners. Despite a few initial isolated misgivings the project blossomed and we ended up with an All For One and One For All out of hours service that knocked everything else that was being set up at the same time in the United Kingdom into a cocked hat.

It would seem that faced by the Tsunami of Crap that is coming our way via GP Commisioning a Consortium involving the whole of The Grand Duchy's merry throng of Family Docs would be by far the safest, sensible and most effective way forward. But oh dear me no, the county seems intent on splitting into multiple factions all pulling in different directions.

Reliable sources tell me that some of the early proposed Cornish Pathfinder Consortia first out of their traps are going to be:

*Sticker, Playing Place, Gorran Haven, Land's End and Sod Everyone Else Group;*

*Saltash Waitrose, The Weary Friar Pub Pillaton, and Plymouth Argyle FC Breakaway Commissioners*

*The bottom of Dr Alan Bumbleton's Garden, Eden Project and Lost gardens of Hooligan Locality Purchasing Phalanx*

*The Isles of Scilly, Isle of Skye and I'll Be Out Of Here Very Soon Pathfinder Consortium*

*The Abandon Hope Practice and Air South West International Commissioning Solutions*

Is it too late to pull back from the brink of disaster in this brave new world, fellow travellers? I fear it may be but devoutly and fervently hope it is not. "Divided We Stand and United We Fall" comes to mind to haunt my waking thoughts. As for all this Pathfinder Status hogwash, far from finding our path I am very much afraid we may have stumbled off it. The Founding Fathers of KernowQuack must be spinning in their retirement allotments, no doubt spilling their Gin and Tonics in the process...