



LMC Training Sessions

Aimed at Practice Managers and GPs we are offering the following training sessions.

Health & Safety - Peninsula Business Services

Wednesday 28th September at Lostwithiel Golf Club . 9.30 -12.45pm. This is a free session, and there are a few places still available.

Discipline, Dismissal and Grievance - Darius Ferringo

Tuesday 18th October at St Michael's Hotel, Falmouth. 9.30 - 5pm. Full day session including Lunch £75.00. The events put on by Darius are always popular and we have a limited number of places available. Please book early.

Exceptional Customer Service - Thornfields Training

Thursday 24th November at St Michael's Hotel, Falmouth. 9.30 - 4.15pm. Full day session including Lunch £75.00. Aimed at Practice Managers or Senior receptionists to enable them to cascade the training. A limited number of places available.

Performance Management - Thornfields Training

Thursday 23rd February at The County Arms, Truro. 9.30 - 4.15pm. Full day session including Lunch £75.00. Looking at how to manage performance and get the best from staff. A limited number of places available.

If you would like an agenda or a booking form please contact Sue at the LMC Office.

susan@kernowlmc.org.uk

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• e-mail dawn@kernowlmc.org.uk

Your Chairman writes.....

The new school year commenced with all eyes watching the progress of the Health and Social Care Bill through the Commons where it was passed by a majority of MPs and is now awaiting approval in the House of Lords. There are apparently many amendments to be tabled and the BMA continues its policy of arguing for as many as possible to be made to limit the damage to General Practice whilst supporting the concept of clinically-led Commissioning, given that the Bill is almost certain not to be withdrawn completely.

In Cornwall, the three CCGs are developing their structure and should be working towards authorisation. You should know who your Locality lead is and how to contact them, and you should know what is happening in your CCG. This includes Non-Principals. Please contact the office if you have any concerns about representation and involvement as the CCGs should be inclusive.

The LMC has been consulted on NHS 111 and our views along with those of the other regional LMCs have been collated in a response by the SHA. It looks as if a PCT-based footprint may be the favoured option, although there appears to be scope for local flexibility which we hope might mean the PCT doesn't pay twice for OOH call-triage once it is operational.

There is no news on the Enhanced Services other than that they are still under review-the meeting has been deferred to October so more news after that.

PMS practices may have already been contacted by the PCT to review their contracts-we would be grateful if you can let us know if you are one of the 19 practices who hold PMS contracts in Cornwall (the Isles of Scilly is now APMS as I understand it) whether this is the case and what form this has taken. Your contracts must be re-negotiated separately (if at all) and the LMC urges you to seek help through the office.

Finally, you will be well into planning for flu season now-in order to strengthen the case for GPs to maintain this role (and procurement thereof) please be as pro-active as you can be in targeting your eligible patients, and also please consider also targeting the cohort of 13 year olds who are due HPV vaccination-uptake has been slow in Cornwall as I have previously reported but it is an important Public Health initiative

The Good Practice Guidelines

The Good Practice Guidelines v4 have now been published. This latest version of the GPG for GP electronic patient records supersedes version 3.1, and will act as a reference and source of information for all those involved in developing, deploying and using general practice IT systems.

From the following link you can access the PDF of the full guidance, a shorter quick reference guide, and the Equality Analysis document:

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_125310

New Medicines Service

We are all aware that patient non-compliance with prescribed treatment is a large and hard to tackle issue. It results in treatment being less effective and is a leading generator of waste medicines for disposal.

The launch of The New Medicines Service on October 1st 2011 will see NHS Community Pharmacists making additional contact with patients during the first month of treatment with a range of medicines for the following conditions:

- ◆ COPD and Asthma
- ◆ Diabetes
- ◆ Anticoagulant therapy
- ◆ Hypertension

Patients make long term decisions on compliance after they have picked up the medicine from the pharmacy – perhaps after reading the leaflet, or seeing the size of the tablet or experiencing the effects over the first few days of treatment. Discussions with a health care professional at this time can affect the decisions the patient makes.

Next step

It would be helpful if practices could allocate 15 minutes in a practice meeting during September or October to discuss with local pharmacies:

How patients prescribed a medicine for the first time could be most easily identified

What information must be fed back to the GP practice

What additional information the pharmacist and GP may want to share

The range of medicines covered by the formal service

What support is available to patients not covered by the formal service

Detailed information on the New Medicines Service is available: http://www.psn.org.uk/data/files/PharmacyContract/Contract_changes_2011/outline_nms_service_spec.pdf

GMC Numbers on Medical Certificates of Cause of Death

The Corner's Office has contacted us as asked that we publish this small reminder.

They have taken a few statistics and as before the overriding problem for them seems to be the missing GMC number which in some cases has meant if they are not able to read the Doctor's signature it does take quite a bit of time to find out if they have a Doctor signing who is registered with the GMC.

They have calculated that of the 680 deaths for the June quarter 42% had no GMC number. Just under 10% had missing information which held up the registration and where the Doctor's signature was illegible this again accounted for just under 10%.

You will appreciate that any Doctor with a surname such as Singh, Smith, Williams it would be difficult to establish who the Doctor is from the GMC website without the GMC number. Unless we were able to contact the Doctor, hospital or practice we would not be in a position to register the death and the informant would be asked to return to the office the following day something we would wish to avoid at all costs.

However on a positive note our Doctors do tend to sign the MCCD's within 24/48 hours of the person dying which means the informant can make an appointment to register the death within the statutory time frame.

Agency Workers Regulations

The Agency Workers Regulations are due to come into effect on 1 October 2011. The Guidance was issued by the Department for Business Innovation and Skills in May and can be found at

<http://www.bis.gov.uk/assets/biscore/employment-matters/docs/a/11-949-agency-workers-regulations-guidance.pdf>

Regulation 6 states that after an agency worker completes a 12-week qualifying period with the same hirer, in the same role, they will be entitled to have the same basic terms and conditions of employment as if they had been employed directly by the hirer. They are;

- ◆ key elements of pay
- ◆ duration of working time e.g. if working is limited to a maximum of 48 hours a week
- ◆ night work
- ◆ rest periods
- ◆ rest breaks
- ◆ annual leave

In addition, pregnant agency workers who have completed the 12 week qualifying period, will be entitled to paid time off for ante natal appointments.

Lyme Disease

“Have you ever wondered how to diagnose, treat or monitor Lyme disease? The James Lind Alliance Lyme disease Priority Setting Partnership is working to identify the most important questions for diagnosis and treatment of Lyme disease and is asking GPs to participate in a short survey (deadline 30 Sept). Please find the survey and details at <http://www.LymeDiseaseAction.org.uk/jla>.

Consolidation and Review of the Misuse of Drugs Regulations 2001

A consultation document the Home Office has been published on their website.

It sets out proposals to consolidate and review specific provisions under the Misuse of Drugs Regulations 2001.

The public consultation ends on 28th October 2011 and can be accessed at <http://www.homeoffice.gov.uk/publications/about-us/consultations/misuse-drugs-regulations/>

Communications Toolkit for Patient Participation Groups

A practical guide to help new and established groups engage with the local community, publicise their successes in the media and become an 'ambassador' for PPGs.

The toolkit was developed in consultation with experts including GPs, Practice Managers, PPG members and PCT representatives, to make sure it's as useful and practical as possible.

It includes:

- Tips on drawing in new members
- Recommendations on publicising your work in local media
- Suggestions on how to use social networking tools online
- Template materials including press release and web copy
- Ideas on new fundraising techniques

You can download the toolkit from

http://www.growingppgs.com/fileadmin/user_upload/PDFs/Growing_Patient_Participation_communications_toolkit_for_PPGs.pdf

TOURNE FOR PPGS

Praze-an-Beeble Surgery

Salaried G P Vacancy with a view to Partnership after 1 year.

Start Date January 2012

¾ Time – 6 sessions per week to include pro rata duty doctor and extended hours cover

GMS Practice covering a wide rural area

Microtest Clinical System

Dispensing Practice – both sites

Primary Care Research Network Members

Nurse-led chronic disease clinics

High QOF Achiever

Modern purpose built premises, split sited and serving a current list size of 5300.

Please send expressions of interest and a copy of your current CV to:

Mrs Anne Craig, Practice Manager, Praze Surgery, School Road, Praze an Beeble, Camborne. TR14 0LB

01209 831386

Or, email: Anne.craig@praze.cornwall.nhs.uk

Part time GP vacancy at Dr A Nash's Surgery, The Medical Centre, Camelford

From 1st December 2010

An opportunity has arisen for a part-time salaried GP, with a view to becoming a GP partner, in a small, friendly rural practice. You are required for 5 sessions per week. The practice covers 200 square miles, a lot of which is moorland.

- Premiere Synergy software
- Consistently high QOF achievers
- Paper-light practice
- 3,000 patients
- 2 branch surgeries
- Telephone triage

For further information please contact Mrs A Goodman, Practice Manager on 01840 213894 or e-mail Angela.Goodman@camelford2.cornwall.nhs.uk

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

Website: <http://www.camelfordmedicalcentre.co.uk>

Diving and Hyperbaric Physician Required - Hyperbaric Medical Centre, Diving Diseases Research Centre (DDRC), Plymouth

Registered Charity no - 279652

The Hyperbaric Medical Centre, DDRC is a charity providing hyperbaric oxygen therapy (HBO), training and research in Diving and Hyperbaric Medicine and associated fields. HBO is used in the management of conditions such as Decompression Illness, tissue damage secondary to radiotherapy and diabetic ulcers.

We are looking for Doctors with a minimum of 5 years experience post qualification and would suit a GP interested in a portfolio career. We have 6 sessions of work per week available and the successful applicant(s) must hold a concurrent NHS post and be able to work without supervision once suitably trained. We are happy to consider more than one candidate but require a successful applicant to undertake at least 2 sessions per week.

The role includes a requirement to be part of the emergency on call rota and successful candidates must be able to pass an HSE Diving Medical to be able to work in the hyperbaric environment. For more information and an application pack please contact: Mrs Ria Brown, Centre Manager

info@ddrc.org 01752 209 999

Closing date – 30th September 2011

PRIMARY CARE CLINICAL LEAD (3 posts to cover Devon & Cornwall)

An exciting opportunity has arisen for clinicians with an interest in evidence based practice and research to provide primary care leadership within the NIHR's Collaboration for Leadership in Applied Health Research and Care for the South West Peninsula (PenCLAHRC).

The purpose of the role is to support the development of PenCLAHRC's activities in primary care. The work involved will include:

Visiting general practices and promoting PenCLAHRC at local GP and other professional fora e.g. practice nurse or practice managers meetings

Leading workshops within primary care to identify areas of clinical uncertainty and facilitate the development of structured questions in relation to these as (a) a means of promoting evidence based practice and (b) to submit to PenCLAHRC's prioritisation process

Liaising with Primary Care Research Network South West (PCRN(SW)) as necessary including helping to develop and deliver occasional larger joint engagement events

Initially, appointment will be for one session per week for 12 months. Remuneration will be £16,000 per annum, to include expenses. To apply please send a CV and covering letter to Professor Ken Stein via email (ken.stein@pms.ac.uk) no later than Wednesday 12th October 2011. For more information, please email or telephone 01392 726067.

Cornwall RCGP CPD Meetings

Every month there is an educational and social meeting at Duchy Hospital, Truro, TR1 3UP for everyone in Primary Care. Parking is free in the staff car park at the back of the building.

The Evening Meetings are free and Food and Drinks are available from 6:30. There is no need to book and RCGP membership is not required.

Please Note: In December 2011 & March 2012 there is NO evening meeting and instead we will have half or full day workshops. Please see attached form to book in advance

5th Oct Wed 7:00-9:30pm **Sexual Health for GP's:** Dr. Frances Keane & Dr Lisa Haddon
Consultants GU Medicine, RCHT

2nd Nov 2011 Wed 7:00-9:30pm **Referral Management:** Mr. Peter Stokes, Kernow Health
& Dr Mike Ellis, GP Penryn Surgery

7th Dec 2011 Wed 12:30-4:30 Health and Work in General Practice: Ms Nikki Wright
Project Co-ordinator, RCGP National Faculties Office

Fee: £25 RCGP members and £30 for non RCGP members – Lunch included

Book online: www.rcgp.org.uk/healthandwork Ph: 01264 320452 Email: nwright@rcgp.org.uk

4th Jan 2012 Wed 7:00-9:30pm **Personality Disorders in Patients & Psychological Strategies to
Manage Ten minute consultations:** Dr. Susan Jones and Dr. Sue Candy
Psychology Associates

1st Feb 2012 Wed 7:00-9:30pm **Varicose Veins Management:** Mr. Ken Woodburn
Consultant, Vascular Surgery, RCHT

7th Mar 2012 Wed 09:30 – 4:30 **Consultation Skills Workshop** Morning + Afternoon
Enhance your Telephone Consultations & Alternatives to "No" – Preventing Standoffs

Fee: RCGP members All day £105 Half day £65 and Non RCGP members All day £115 Half day £75

Dr Shipra Rao, GP and RCGP Faculty Tutor for Cornwall . shiprarao@hotmail.com 07861390708

Carnon Downs Surgery Achieves a Healthy Workplace Award

Dr Maling and Partners, at Carnon Downs, is the first GP Practice to achieve a Healthy Workplace Award for its commitment to promoting the health and wellbeing of its employees.

The practice has successfully achieved the bronze level award; engaging with staff and taking on board their ideas has been fundamental to improving the working environment.

Some of the benefits staff have been offered in the last nine months include support from an in-house physio-therapist for any back problems; support to stop smoking; opportunities to partake in physical activities and social activities organised by the practice; and the chance to purchase a bike through the 'cycle to work scheme' which the practice has signed up to.

The practice also plans to implement many more initiatives for staff including the opportunity to learn about combating stress in the workplace and looking after their mental health. These initiatives will enable the practice to achieve the silver award in the near future.

The Healthy Workplace award scheme is run by NHS Cornwall and Isles of Scilly's Health Promotion Service, which focuses its work on improving the health and wellbeing of local people. The service offers employers free support and advice on improving the health and wellbeing of the most important asset of any business, the staff.

Evidence shows that addressing health and wellbeing at work can help to deliver a wide range of long-term improvements such as achieving a healthy weight, improving mental health and reducing stress.

An employer can work towards achieving the Healthy Workplace bronze, silver and gold awards. A toolkit is available which encourages the employer to think about ways to improve the health and wellbeing of their employees.

Rachel Faulkner, workplace health co-ordinator, said: "It is fantastic to see Carnon Downs Surgery taking the health and wellbeing of their staff so seriously and really embedding it within their practice. Other businesses and GP surgeries may wish to follow suit; they too could start to reap the rewards of improving the health and wellbeing of their staff."

For further information on NHS Workplace Health go to website: www.behealthyatwork.org

Policies on assisted conception, single embryo transfer and cryopreservation of gametes.

Further information about treatment policies and contact details for the Individual Funding Requests team can be found at the PCT website:

<http://www.cornwallandislesofscilly.nhs.uk/CornwallAndIslesOfScillyPCT/InformationForPatients/GettingTheRightTreatment/IndividualFundingRequests/IndividualFundingRequests.aspx>

Commonwealth Pharmacists Association

The Commonwealth Pharmacists Association collects previous editions of the British National Formulary for redistribution to developing countries. If you have old editions sitting on your shelves please contact Betty Falconbridge at the address below and she will arrange collection for this excellent cause.

The books are redistributed within 22 Commonwealth CPA member organisations to health professions in those countries. Each consignment of books is evaluated and I give below some comments from those evaluations:

- **Tanzania** - Currently, BNF is only available in Tanzania because of the Pharmaid Scheme. Students, practicing pharmacists and doctors need these references in their day-to-day activities. Everybody is thankful that they were able to get them, but there is still a great demand for them.
- **Malawi** - The books are sent each year to government hospitals, mission hospitals, training schools allowing staff in these institutions to have better information on dispensing of drugs to patients
- **Cameroon** - The BNF helps pharmacists and doctors to reference information on different aspects of drug action and drug product information. They encourage excellence in graduating nursing students who receive them as a prize on their graduation
- **Pakistan** - There is a strong need / requirement for these books in Pakistan for further upgrade the knowledge and capacity building of the pharmacists and other health professionals.

The BNF and BNFC remain heavily relied upon by health professions in developing countries, often serving as the primary reference book for practicing pharmacists doctors and nurses, and a key source of information for lecturers teaching pharmaceutical, medical and nursing students in universities and training colleges. Your support of the Scheme is most valued.

Betty Falconbridge
CPA Administrator
Commonwealth Pharmacists Association
1 Lambeth High Street
London SE1 7JN

Phone +44(0)20 7572 2216
Email: admin@commonwealthpharmacy.org

CQC

Subject to parliamentary approval, the Department of Health has formally announced a delay to the CQC registration of GP practices, including NHS walk-in centres, until April 2013.

Out-of-hours providers that are not GP practices looking after their own registered patients will still have to register in 2012. The CQC will shortly be sending out letters to both groups of providers with further details.

The GPC remain of the view that the compliance requirements on GP practices need to be radically reduced, and are continuing to lobby the CQC and other stakeholders to ensure that this occurs.

PRACTICE IMPERFECT

This is by way of introduction to "Practice Imperfect", an everyday story of Dysfunctionality in the NHS. As the ghastly tale unfolds over the next 12 months expert analysis and observations by Drs Ann Read and Ben Charnaud will be inserted at the foot of each chapter, providing learning points for all of us involved in valiantly trying to cope with the everyday hurlyburly of Primary Care and shedding tears and hair in the process. We would very much value your feedback.

Andy Stewart

Chapter One

Dr Gareth Groper leaned back in his consulting room chair and winced. There were three very good reasons for wincing. Firstly he was about to start Monday morning surgery, exposing himself in the process to the usual array of the highly imaginative and impossible to reassure worried well. Secondly, the first patient on his computer screen who was booked in to see him was that ghastly woman Grizelda Frampington-Topcroft who expected to be treated as though she was the ruddy Queen. Thirdly, his right hip was playing up something awful again. He would have gone to see his own GP except he was registered with Paul Bearer, one of his practice partners, who was very likely to use any hint of an ailment to suggest that Gareth should retire forthwith as he was clearly no longer up to it.

Gareth had no wish to retire just yet. He had been a Partner at the Soddem and Gomorra Group Practice for more years than he cared to remember. Apart from anything else he had two wives and four kids to support and had certainly not been able to afford the luxury of sickness or locum insurance given the in-roads private school fees made into his practice drawings.

Gareth shifted in his chair and the pain in his hip grew worse. He could have referred himself to an Orthopaedic colleague thus bypassing the serially philandering Paul, but he was somewhat concerned that if joint replacement surgery was indicated then any pre-operative blood tests might just include a foray into the realms of his liver function, and Gareth would rather leave that particular stone unturned.

He reached into the top drawer of his desk and selected four white tablets out of one of the numerous packets of returned medication hidden under an ancient issue of the BMJ, and launched them from his palm into his mouth.

Occupational Health assessors - initial thoughts on Dr Groper.

1. Initially, this presents as a doctor whose performance may be impaired by alcohol and drug problems, which would be the simplistic approach to see him as the identified dysfunctional member of the practice. Poor Dr Groper; it would be easy to simply see him as 'past it' and needing to be put out to grass and to assume that the sooner the Practice is rid of him, the better and safer it would be for patients and staff alike.

However, we need to bear in mind that Systems Theory would lead us to consider him as a potential symptom of dysfunction in the Practice as the story shows a habit of registering with each other and there is also no indication that any of his colleagues has approached him directly about his very clear difficulties.

2. On reflection there are a number of other issues. a) he is in pain and this does not appear to have been identified b) he appears quite alone and afraid c) the practice does not appear to communicate, as his disability should be reasonably obvious d) why has he not been picked up at Appraisal.

PRACTICE IMPERFECT

Dr Groper's own issues are

1. Untreated pain and disability, requiring proper treatment
2. Self-medication with probable dependency
3. Inadequate communication with colleagues
4. Poor Appraisal; if it were adequate he would have been given advice and assistance in carrying it out as well as probable conditions ensuring that he did so.
5. Probable significant difficulties in his personal life which could indicate, among other possibilities, the need for some sound financial advice which would, in turn, enable him to protect himself by insuring himself adequately.

3. Thus in general, S and G practice appears to be dysfunctional and just dealing with Dr G's specific issues is unlikely to resolve what would appear to be a number of underlying problems.

Detailed analysis therefore shows issues in the whole practice which need addressing, both to deal with the potential dangers in Dr Groper's life and practise and to prevent the 'symptom' simply re-appearing in another form.

At the least, each member needs a GP with whom they do not work and adequate professional insurance.

4. S and G practice do not appear to be aware of confidential nature of occupational health and how Dr G could self-refer. Also, of how the LMC support could be obtained.

Where are the Green Cards?

Is the Appraiser unaware?

How much is disclosed at Appraisal and how effective is it?

Dr Groper needs to know that he can seek help safely and confidentially without having to lose his job, unless he himself chooses retirement as his preferred option, and without letting his family down.

Summary:

Dr Groper's story indicates in its own right the dangers of the type of stress management he is adopting! But it also indicates the dangers of seeing the identified doctor/patient as the cause of the problems rather than part of a much wider process.

*Drs Ben Charnaud, Anne Reed & Andy Stewart
GP Occupational Health Service in Devon and Cornwall*

Doctor's Friends & Wise Men

Cornwall & Isles of Scilly LMC offers a Doctor's Friend service for LMC members who are in need of someone to talk to and support them in times of need.

We also offer a Wise Men service which can help with practice disputes or partnership issues.

Both services can be accessed through the LMC office and are confidential.

LMC office number is 01726 627978

Dr Basil Bile writes

Recent reports that watching television shortens the life span seem to have been greatly overplayed and are to be treated with a generous pinch of bally salt if you ask my ever humble opinion. If there was any truth whatsoever in the theory then most of my customers would have snuffed it by the age of 30.

Personally I find plonking myself in front of the TV accompanied by a generous glass of Murky River Shiraz a jolly excellent diversion from the ever galling everyday stresses and strains of coping with all the crap the politicians chuck in our venerable direction with ever increasing vigour. Fortunately our elected rulers have been somewhat preoccupied with other matters of late such as riots and looting, so have taken their beady eyes off the balls as far as NHS reforms and pauses for ruddy reflection are concerned, but you can safely bet your bottom dollar (if you can run to one in these troubled fiscal times) that they will soon be up and running once more determined to reduce the Health Service to a gigantic gibbering morass of internecine squabbling, whilst successfully downsizing our pension benefits and upsizing the cost to us of what we do eventually receive in our dotage.

Late night telly (once Belinda has taken to our matrimonial bed thoroughly worn out by her pilates) is great fun, especially since the arrival on the viewing scene of "Adult Channels". These do seem to consist almost entirely of rather bored looking minimally clad cosmetically enhanced females of our species who would be better employed in a circus earning a decent dollop of dosh as tattooed ladies. Trying to work out what each tattoo actually says or is meant to be, or where the end of each inky word or picture ends up anatomically, has nudged Sudoku off my must-do-before-brushing-my-teeth bedtime routine and has certainly relegated the shopping channels from my favourites list. After all there are only so many luminous Meercat models and diamond encrusted Panini toasters that a bloke can conceal in his garden shed.

Fear of discovery of course adds to the piquancy of the whole bangshoot, with my trigger finger hovering anxiously over the switch channel button so that on the rare occasion when Belinda pops her head around the door she is left wondering why I have recently taken such a keen interest in the News in Russian.

In case any of you with a thirst for revenge are thinking of referring yours truly to our regulatory body on account of my nocturnal viewing habits, can I just say that the Geriatric Moaning Council thoroughly approves of practitioners trying to improve themselves and broaden their horizons by learning Russian.

Meanwhile, news that the NHS has pulled the plug at last on its ill-advised and ill-fated £11 billion computer system ranks along with such shocks as finding out that the Pope is a Catholic and that Bears do their number twos in arboreal areas. Quite why it has taken so long for the powers that be to come to this inevitable decision is frankly beyond my feeble powers of comprehension, contraception and condescension. Launched 9 years ago the scheme has lurched from one magnificently expensive failure to another in a forlorn attempt at linking a centralized care record for patients in England while connecting 30,000 perplexed Family Doctors to 300 confused hospitals, wasting squillions of quid in the process. The Commons Public Accounts Committee said part of the problem stemmed from weak leadership with poor accountability. So tell us something we don't know about politicians and administrators when it comes to the ever fiddled-with NHS. No wonder they want to put GPs in charge....
