



Pensions

Tapering protection applies to members who are between 10 - 13.5 years of their current Normal Pension Age (NPA) on 1 April 2012:

- 1995 section – age 46.5 and over
- 2008 section – age 51.5 and over
- 1995 section MHOs – age 41.5 and over

Tapering protection delays the date at which you join the new scheme; there is a loss of 2 months protection for each month in excess of 10 years from NPA. Those within 10 years of NPA on 1 April 2012 get full protection of their current NPA and method of accrual.

A spread sheet detailing tapering protection can be found on our website <http://www.kernowlmc.org.uk/Documents.html>

AGM

The AGM will take place on Tuesday 20th March commencing at 5.30pm. The venue is to be confirmed but will most likely be in St Austell.

If you wish to attend it is essential that you inform Dawn at the LMC office so that we can make sure we have a suitable venue.

dawn@kernowlmc.org.uk

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Your Chairman writes.....

January brings more pace as the progress towards authorisation of the CCGs escalates. KCCG and Mid-Cornwall CCG are merging and East Cornwall CCG have decided not to proceed as an independent body but are considering their options.

The LMC has begun work with KCCG on their constitution assisted by the PCT and this important work will develop and should see a robust document that enshrines clearly the principles of a democratic organisation. You will have the opportunity to read this in draft form and comment. Please do so this will dictate much of how you conduct your business in the future.

There are some difficult issues to work through, including how non-Principals can be included in a fair and equitable way given their different relationship to the CCG. Also of huge importance is the way Practices and individuals who act persistently against the agreed principles and practices of the CCG will be managed. These are national issues but the imperative to get it right for Cornwall is paramount.

The LMC is looking ahead to beyond 2013 and looking at the GP Occupational Health service -this is highly valued, cost-effective and in Devon and Cornwall we are fortunate to have sympathetic PCTs who continue to fund it. It is not so elsewhere and we will fight if need be to retain it. It is not yet clear who the commissioners of the service will be.

As I write, the PMS review process commences and the LMC stands ready to offer advice and support to any Practice who requests it.

I need to clarify in my last editorial, that it is only the QP prescribing indicators that have been dropped from April, and replaced by the A+E QP indicators. My apologies for ambiguity.

Finally, I have stepped down as LMC Chair, and Cabinet member, as I prepare to move to my new role as Medical Director of the PCT Cluster. I pass the torch to Pete Merrin as Acting Chair and look forward to a different, but equally productive, relationship with the LMC over the coming months. My thanks to the Cabinet and Dawn and Sue in the office for their support during my Chairmanship.

Choice of Practice

Practices may be interested to see the DH Guidance for PCTs on Choice of GP Practice.

Although the next twelve months will involve pilot areas, there may be instances where local patients /residents decide to register with one of the pilot practices - the requirement is that they will still be able to access local services i.e. community care, urgent care and primary care should the need arise if they are unable to travel to their registered practice.

Arrangements will need to be in place to facilitate this. Additionally there is an expectation for practice area boundaries to be reviewed and reset to provide 'inner' and 'outer' boundaries to improve patient choice of practice.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132386

Specialist High Cost Drugs Policy 2011/12

GPs are requested to contact the PCT Prescribing Team for advice and support should they be requested to take on the prescribing of any drug which they may be unfamiliar with, and/or which may be considered to be secondary care-only. Should a GP choose to take on the prescribing of a secondary care-only drug, the practice will have to cover the cost of the drug within its individual prescribing budget.

A copy of the full document can be obtained by either contacting the LMC Office or the PCT Prescribing Team.

Bowel Cancer Campaign

This is a "please do not shoot the messenger" piece for the newsletter. I have considerably watered down the tone of the national line as in fact we do well in Cornwall.

What I am trying to say is that

We are getting a second dose of the bowel cancer campaign (for information)

You are being offered some support for audit, appraisal and commissioning.

Dr Sarah Gray

2012 Duchy Health Charity's Seminar

I am who I am, at the Headland Hotel in Newquay on 22 March 2012. mental health services in transition.

This is of particular interest to GPs .

The introduction is set by Ben Charnaud with contributions from Antony Hambly (GP), Liaison psychiatrist, Adrian Flynn .

Our mission for the day is to engage with GPs' Commissioners to drive service excellence forward, building on the North Cornwall pilot and other exemplars, in the context of providing a mental health service tailored to each patients needs integrated and joined up .

Patient centred care, I am who I am - please be there -help contribute to a day which will set the model of Mental Health provision in the new order.

REGISTER INTEREST timguy@btinternet.com

BMA Sessional GPs Newsletter

The latest edition of the BMA Sessional GP Newsletter has now been published and can be found at

http://www.bma.org.uk/images/sessgpsnewsjan12_tcm41-211413.pdf

Consultation Skills Workshop

Wednesday, 7 March 2012

Duchy Hospital, Truro TR1 3UP

Full details can be found at http://www.rcgp.org.uk/tamar_events

For further information, please contact Liz Bell, liz.bell@pms.ac.uk Tel 01392 722744

CQC

It is a myth that to be registered with CQC you must meet strict building standards. Old buildings, carpeted premises and toys in waiting rooms will also affect a practice's ability to register.

'Patients should expect care to be provided in safe, accessible surroundings that promote their wellbeing. We always take a proportionate approach, and care provided in carpeted premises (or those with toys and books in their waiting rooms) is not likely to cause us concern, or lead to non-compliance with the essential standards of quality and safety. We just need to be assured that you have identified any risks and have taken reasonable steps to manage them (or have a plan in place on how you will manage them). The important thing is that you identify risk and manage it appropriately.'

http://www.cqc.org.uk/sites/default/files/media/documents/20110825_4b_introduutory_guide_v_4_final_for_print.pdf

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 so please don't come through the main entrance. We meet at 7 pm and talk starts at 7:30. Food and Drinks are available from 6:30 so you can come early. The evening meetings are free and there is no need to book and RCGP membership is currently not required.

Please check the RCGP Tamar Faculty website for details.

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

<http://www.rcgp.org.uk/tamar>

email: shiprarao@hotmail.com

BMA 2012 Research Grants

The BMA was among the first of the professional bodies to award grants and prizes to encourage and further medical research. Today, around ten research grants are administered under the auspices of the Board of Science, all funded by legacies left to the BMA. Grants totalling approximately £500,000 are awarded annually. Applications are invited from medical practitioners and/or research scientists and are for either research in progress or prospective research.

The 2012 research grants are now available to apply for online on the BMA website - www.bma.org.uk. The application deadline is 16 March 2012 at 5pm .

Subject specifications for each grant vary. For example, in 2012, research areas range from rheumatism and arthritis, cardiovascular disease and cancer to the uptake of preventative measures and the use of information and communication technologies in medicine. For more information on the grants on offer in 2012 and details of how to apply, please see:

www.bma.org.uk/researchgrants

If you have any questions about the BMA research grants, or would like to receive alerts about them, please contact Chris Wood at info.sciencegrants@bma.org.uk or telephone 020 7383 6755.

Reports to support Benefit Appeals

A patient has asked for a report to support his appeal after having his Incapacity Benefit withdrawn. Do their GP have to provide a report?

No. GPs, as certifying medical practitioners, have a statutory obligation to provide statements of incapacity to patients on their list and certain information to a healthcare professional working for Atos Healthcare on behalf of DWP when requested. However, under their NHS contract there is no requirement for GPs to provide reports or offer an opinion on incapacity for work to anyone else unless requested to do so by Jobcentre Plus.

Claimants should contact Jobcentre Plus or the Appeals Service, where appropriate, if they think that further medical evidence is necessary to support their claim or appeal. They should state clearly their reasons for believing that further evidence is necessary.

If Jobcentre Plus or the Appeals Service consider that further medical evidence is necessary, they will seek it. They will be responsible for paying any fee to the doctor providing the report.

So NHS GPs are under no obligation to provide such evidence to their patients nor to provide it free of charge. If a GP does not agree to provide additional evidence for their patient then it is a private matter to be resolved between the GP and their patient.

<http://www.dwp.gov.uk/healthcare-professional/frequently-asked-questions/>

Call for GPs interested in taking Placements of Offshore Medic Students

Offshore Medics usually have sole responsibility for the Occupational Health, Wellbeing, and often Safety of personnel working offshore on a variety of different assets or in a remote setting on land. They are directly responsible to either the Installation Manager or Captain and will be in contact by phone and e-mail to a company doctor. The Medics level of responsibility varies from company to company; for example a Medic on a Dive Support Vessel could have 100 crew plus 18 Saturation Divers under their care for a period of 3-5 weeks per trip, if on a Flotel (Accommodation Barge) they might have 300-500 crew under their care, this normally works with one Medic working day shift and the other working night shift. Apart from duties listed above the Medic is expected to hold morning and evening surgery on a daily basis whilst also being available for emergencies at any time of the day or night. It is with this in mind that the HSE expects the Student Medic to spend some time in a GP setting to improve their clinical examination techniques, history taking, etc. It is often the case that Offshore Medics are recruited from nursing staff that have a background in E+D or ICU and or from the Army and RAF Combat Medics or Royal Naval Medical Assistants, these students bring with them a wealth of knowledge and experience but not all have worked alone or have had an opportunity to work in a sickbay running fresh case clinics, the exception to this is the Royal Naval Medical Assistant. Our Student HSE Offshore Medics will already have a high standard of theoretical knowledge as well as practical skills prior to attending the four week course, with that in mind they should not be required to be supervised at all times. During their time at a GP Surgery the student would benefit most by being allowed to sit with a Dr during their consultations and learn how to obtain a good patient history, how to record the information gathered in a logical way, carry out a physical examination and come to a provisional diagnosis, they should also be knowledgeable in drug therapy. The students will be required to complete approximately 25-30 hours in E/D and 25-30 hours in a GP practice.

Can you help? Normally these students are very enthusiastic and willing to learn, we have had very good feedback from all GP surgeries that have taken our students and I am sure you would find the same.

If you feel that your surgery would be able to take students for some or all of the required time please contact Peter Atkey at [DDRC \[pete.atkey@ddrc.org\]\(mailto:DDRC_pete.atkey@ddrc.org\)](mailto:DDRC_pete.atkey@ddrc.org) or 01752 237114.

Sessional Medical Practitioner for Peninsula Community Health to advise and support prescribing within the Community Hospitals and Community Based teams.

With the transfer of Community Health Services to a Community Interest Company on 1st October 2011, Peninsula Community Health wishes to engage a Medical Practitioner for two sessions a month, initially. The role would suit a Medical Practitioner with an interest and understanding of prescribing issues within Community Hospitals and who is prepared to work with other Health Care Organisations within Cornwall to improve patient outcomes. The successful candidate will be expected to work closely with the Senior Management Team and Pharmaceutical Advisers to ensure medicines are prescribed, administered and handled safely and effectively.

So if you think you have what it takes to take on this important role for Peninsula Community Health, Kevin Baber, Chief Executive Officer would like to hear from you. For an informal discussion or more information about the role please contact either Kevin Baber, Chief Executive Office on 01726 627909, Helen Newson, Director of Nursing and Professional Practice on 01726 627945 or Ros Palmer, Pharmaceutical Advisor on 01209 881674.

Camelford, North Cornwall - Partnership

Partner required to join existing F/T Partner, leading to a 2 Partner

Partnership GMS practice in the rural North Cornwall town of Camelford close to Bodmin Moor. Situated close to the beautiful North Cornwall coastline with many leisure activities within easy reach.

The main surgery is in Camelford with two outlying branch surgeries, one of which is dispensing. It is a friendly, well-organised, progressive and forward thinking practice.

This is a first class opportunity to become part of a friendly and hardworking team working in a rural community in a beautiful part of Cornwall

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

Mrs N Sherry, Practice Manager, The Medical Centre, Churchfield, Camelford, PL32 9YT. 01840 213893

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

Partner - Trescobeas Surgery Falmouth

Additional Full time Partner required to join.

5 Partners, 8 sessions, list 9100, doctor triage.

Semi-rural, part dispensing practice.

Post graduate and under graduate training.

Generous holidays and above average earnings.

Will wait for the right candidate.

Closing date: 31st March. Interviews 3rd week April.

For more information apply to:

Mr Yorick O'Nyons, Practice Manager, Trescobeas Surgery, Falmouth, TR11 2UN.

E-Mail: PracticeManager.Trescobeas@Cornwall.NHS.UK

Salaried GP, Cornwall

12 months from 1 April 2012

Tamar Valley Health (the Callington and Gunnislake Health Centres) provides healthcare for 16,700 patients in beautiful south-east Cornwall. The practice has a range of doctors (partners and salaried) and a full complement of staff including in-house pharmacists; dispenses from both sites and has a pharmacy; and is fully computerised with Vision. 6 sessions per week as a partner is taking a year's leave of absence.

For further information, contact Kathie Applebee, Strategic Management Partner, at kathie.applebee@call-gunn.cornwall.nhs.uk.

Closing date 31 January 2011.

Carnewater Practice, Bodmin

Salaried GP Position - 8 sessions per week

Carnewater Practice is a 7 partner practice of over 11,000 patients and are seeking a salaried GP for 8 sessions per week.

Health Centre-based premises with rural branch surgery and beds in Community Hospital

Friendly efficient staff and full PHC Team including nurse practitioner and counsellors.

EMIS LV, paper light, higher tar gets met, dispensing.

Active involvement in postgraduate and undergraduate education.

New Community Hospital

Extended hours

No out of hours requirement

We enjoy our work and our partnership and seek an appointment that will enhance that spirit. See our website www.carnewaterpractice.co.uk for more information about us.

Informal enquiries welcomed, information pack available

Enquiries/applications to:

Mrs Sally Poxon

Managing Partner

Carnewater Practice

Dennison Road

Bodmin

Cornwall

PL31 2LB

Tel: 01208 269988

Email: sally.poxon@nhs.net

Closing date for applications: 17th February 2012

Sessional Medical Practitioner for Peninsula Community Health to advise and support prescribing within the Community Hospitals and Community Based teams.

With the transfer of Community Health Services to a Community Interest Company on 1st October 2011, Peninsula Community Health wishes to engage a Medical Practitioner for two sessions a month, initially. The role would suit a Medical Practitioner with an interest and understanding of prescribing issues within Community Hospitals and who is prepared to work with other Health Care Organisations within Cornwall to improve patient outcomes. The successful candidate will be expected to work closely with the Senior Management Team and Pharmaceutical Advisers to ensure medicines are prescribed, administered and handled safely and effectively.

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Practice Imperfect - Chapter Three.

Dr Gareth Groper limped distractedly down the corridor on his way to the staff coffee room. He noted the door to consulting room 3 was ajar and peeped in to see one of his partners at the Soddem and Gomorra Group Practice, Paul Bearer, peering intently at the computer screen. As Gareth entered the room the door hinges, denied oil as a cost-saving measure after the last vituperative practice meeting, squeaked loudly. Paul jumped out of his skin, and with cheeks flushing deep crimson hurriedly switched to screen-saver mode, a lovely photo of his labradoodle, Lansley.

“Just browsing the latest NICE guidelines” he explained uncomfortably.

“And were they?”

Paul looked back helplessly.

“Nice. Were they nice?” persisted Gareth.

Paul’s deep crimson went an interesting shade of puce. Gareth had long suspected that his partner’s viewing habits in practice hours might not have been entirely to do with clinical medicine, but might be rather more focussed at times on surface anatomy.

“Just seen Bathsheba in floods of tears coming out of the bogs” remarked Gareth. “Said she’s had a complaint”.

“Probably diarrhoea judging by the amount of time she spends in there”, retorted Paul. “Anyway” he continued belligerently, “if she’s expecting any more time off for so-called stress she can think again. If Bathsheba can’t stand the heat then it’s high time for her to get out of the kitchen. Busy time of the year for us, no time for partners to be throwing sickies. Perhaps we could persuade her gorgeous sister to join us instead. I hear she’s just completed her vocational training.”

Gareth’s hip twinged and he began to feel a little giddy. Perhaps taking four tramadol had been overreging the omelette. He hoped he’d be OK to drive to his home visits after morning surgery was finished.

Occupational Health Assessors commentary:

Our concerns for Gareth and Bathsheba increase.

Bathsheba, in particular, appears in need of help; she has shown no sign of asking for it and neither has it been offered. What is the Practice policy when there is a complaint and what support is provided? She is salaried, so where is her supervisor and why is he or she not being involved?

Gareth is now unsafe to drive. He should not be visiting anyone except his own GP, with someone driving him there, who should put him on sick leave.

He is unfit to work and if he continues the performance issues will need to be addressed, whereas it is his self-medicating dependencies that are causing them and they, in turn, are due to his maladaptive self-care mechanisms.

He needs urgent help, or his career is at risk; a pity as he, at least, is aware of what his colleagues are doing.

Paul Bearer shows no overt psychological symptoms. The writer seems to be inviting us to fantasise about exactly what he may be looking at on his computer and it is easy to imagine the worst. Although they may or may not be criminal in themselves, he should not be viewing them at work and on a work computer and so this is likely to be a definite Performance issue.

We must also consider that he may, like his colleagues, have personal problems which he is trying to solve on his own. He appears callous and sexist and very likely is, but he might also be burnt out being now near the end of his working life.

Drs Ben Charnaud, Anne Read and Andy Stewart

Occupational Health for Primary Care in Devon and Cornwall

Dr Basil Bile Writes...

One of the vital duties a family doctor is entrusted with is to deal with that most sensitive and intimate of areas of our patient's lives, an area that they are mightily reluctant to discuss with anybody else other than their GP, with the notable possible exceptions of their hairdresser, reality TV show hosts or journalists from Hello Magazine. I refer of course to that field of human activity that is encompassed variously by such well-worn euphemisms as "horizontal jogging", "leg over Olympics", "creaking the bedsprings", and "thrashing the gooseberry bush", a pastime which we medical folk quite properly refer to by the more decorous label of "coitus".

There is now some overwhelmingly good news for those of us practitioners of the noble art of Family Doctery who are beginning to run out of ideas in relation to the flogging of long dead horses where our more perennially disappointed customers' libidos are concerned. Some really useful research has emerged to show that shoppers get the same level of emotional excitement from special offers as they do from sexual arousal. Now I have to admit to you dear readers that my imagination has been running riot as to the finer details of how exactly they must have carried out this particular investigation, ie their particular methodology not to mention their modus operandi. I have failed to spot anywhere in the Grand Duchy, despite my very best endeavours, any scantily clad persons of either sex wired up to unspeakable apparatus swanning around the aisles or check-out counters in Waitrose. This could be because Cornwall has yet again failed to show any gumption or initiative and has left this rich field of clinical material for others to trawl, namely in this instance the University of Westminster.

While shopping for groceries 50 volunteers' eye movements and emotional responses were monitored by the researchers, measuring activity in the emotional areas of the brain. We are told that a free gift with a jar of Marmite gave shoppers as much excitement as watching pornography. I have to say that I am beginning to doubt the veracity of this research, in spite of its being published in that well known and highly rated scientific journal, The Grocer. The very first patient I advised to smear himself from top to toe in Marmite and stand in the entrance to Tescos wearing nothing but a label around his neck stating "Special Offer" was almost immediately arrested. Due to the complex rules relating to medical confidentiality, which I will not bore you with here, I was unfortunately unable to assist as a witness at his subsequent court appearance. At least he won't be back to pester me about his waning sex-drive for a little while.

Meanwhile, it is not only English Rugby that is losing a Johnno. The resignation of the England Rugger Manager subsequent to the World Cup debacle is going to be closely followed by the departure from the Cornwall and I'll be Silly Peeceetee of its Medical Director, Dr Jonothan Gregory Blackberry. The former Tamar Valley Medical Empire Occasional Friday Guest GP will be sadly missed by all those ladies in Peeceetee Land who sigh wistfully as he shuffles by them en route yet again to the Gents. Come March there will not be a dry eye or an unsodden hankie in the PCT GCHQ building in St Austell as he exits stage left, but at least in future it will be easier to get into the men's loo.

Known to the Cornish Family Practitioner Fraternity as "Rubber Jonny" due to his reliability and flexibility, one wonders how the Peeceetee will cope without him. So why is he going now? I can exclusively reveal on these pages that the real reason for his imminent departure is that Hertz want their Mercedes back, and Moss Bros have called in the suit, so rather than face the coming commissioning maelstrom minus his vital accoutrements he has decided wisely that discretion is the better part of valour and to call it a day. My own high spec application to replace him was, I am sorry to say, treated with total disdain and they did not even have the decency to short-list me. I have filed a complaint with the equal opportunities commission. I gather from reliable sources that the only other serious contender for the post apart from myself is the late Michael Jackson's former personal physician, who may well have a problem in attending in person for the interview. Frankly it would serve the bounders right if no one else applies...