

# Devon Local Medical Committee

Devon  
for  
the

Newsletter Issue No 69

March 2007

## Chief Officer's Corner

### Doc Bashing gets meaner! Department "zeroes in on GPs"...

Following what many feel to be a Government inspired period of "open season" on doctors in general and GPs in particular throughout the media but especially concentrated in newspapers with direct links to Number 10, the Department of Health has persuaded the Doctors' and Dentists' Review Body that a zero % pay increase is appropriate for self-employed GPs for the year 2007-08. Dr Charlie Daniels (ever the optimist) suggests a motion to LMC Conference applauding the GPC for at least achieving an unstaged award for the year unlike awards to Nurses, Consultants and others! That is perhaps a little cruel as to expect anybody to achieve positive results when faced by people who give not a damn for anybody in their employ or in contract to them is probably unrealistic. These are the same people who have so cavalierly damaged the job prospects and confidence of so many thousands of our young doctors over past weeks with "Modernising Medical Careers". More than 8,000 are in turmoil and the promise of an "early review" by the very Department who introduced MMC with so little discussion or negotiation for some reason does not fill me with confidence. These young people are being treated as if they are disposable commodities and one about which nobody has to be worried about landfill as they will probably move abroad to Canada, Australia, New Zealand and the like where they will be welcomed with open arms. Those countries will have saved potentially billion of pounds on their training and yet more billions will have been wasted by our faltering Government. It appears that if you want to waste serious sums of cash just "modernise" things without any thought as to whether it is necessary or even whether it will work and certainly without assessing a trial first....! How many serious errors need to be made by a Secretary of State before they are encouraged "to spend more time with their family"?



Details of the DDRB report are available on our newly re-launched website at [www.devonlmc.org](http://www.devonlmc.org) and please feel free to record your views on Devon Voice!

The website is hopefully going to prove easier to use and will link better with "Voice" and that will encourage your use of both these services.

### "Trust, Assurance and Safety....."

On a similar topic to the above you will have noted that we will no longer be a profession if the latest NHS White paper gets through the legislative process. This is the result of the Government taking Sir Liam Donaldson's report on professional regulation, largely ignoring any responses to the alleged consultation, and putting doctors into the ranks of "other trades" by removing any true vestige of professional control. They intend placing our futures in the hands of appointed "independent" people, half medical and half not. Is "independence" assured when they are to be appointed by the

"Appointments Commission" the members of which are all appointed by the Government?

Do I trust them, feel assured and safe? Like hell I do! The profession is being diminished using the excuses of Shipman, Ayling, Neale, Haslam and Kerr. We risk ending up

doing what we are told, when and where we are told by people who will blame us when their "big ideas" prove to be expensive and damaging to patients.

Roll on the revolution say !!! (Bit Grumpy old man today don't you think? Ed.)

I am seriously worried by the move towards "a sliding scale of the civil standard of proof". The balance of probabilities is a precarious place to stand when a doctor's entire future is at stake with a potential loss of millions of pounds in future earnings and of their standing within the community. The White paper denies that this



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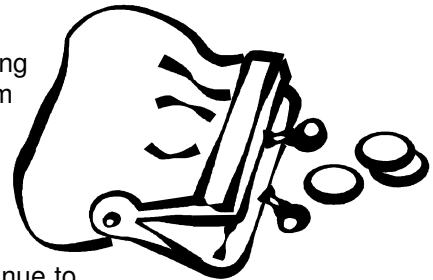
will lead to defensive medicine and that this will result in more investigations and referrals for second opinions (Para 4.12). Will GPs adopt the approach, already common in hospital medicine, of always being accompanied by somebody else so that your word can be corroborated and your actions witnessed? Will they be able, as the same paragraph suggests, to “make decisions in consultation with their colleagues”? Has medicine now become a “team sport”? The White paper is available on Devon Voice and on the website. Your thoughts please!

### Practice Based Commissioning

This would appear still to be on the Government agenda and is still a “must do” for PCTs. We have done some considerable work with the new Devon PCT on this and they have “re-launched PBC” at the Sandy Park Conference Centre earlier this week. I could not attend much of the event personally and it would help me if people cared to record their impressions of the event and the way forward it outlines on Devon Voice.

### Late payments to practices

A number of Devon Practices and some individuals contacted the LMC regarding late payment of money owed to them by the Devon PCT. I asked for details from practices and identified that at least a quarter of practices were owed significant sums. I raised this with the PCT who readily admitted that they had found the practicalities of merging six different payment systems into one more than a little challenging and that they needed to improve their performance considerably. They have written to all practices with an apology and a promise to do better and they are to be commended for that. In the event that you continue to experience difficulties please contact the LMC so that we can help the PCT help you.



### Global Sum Review

190 of you have viewed the string on this on the Pan Devon Forum of Devon Voice but only 9 have commented! This review was carried out at the request of the profession following the Carr-Hill formula debacle. Essentially, my view of it is that a genuinely fairer distribution of funding for the provision of primary health care would be possible but only with the addition of extra funding to do away with the necessity for MPIGs. If the reviewed formula were to be used without additional funding we would merely create a different set of winners and losers and destabilise practices to the extent that patient care would inevitably suffer. The LMC will make a response but I have been asked to encourage personal responses from as many GPs as possible, particularly from those who agree with my analysis!!!! See Devon Voice or the website.

### LMC Elections 2007

We are pleased to report that we have had a number of new GPs put their heads above the parapet to stand for election for the LMC starting in April this year. Indeed, we have had so many new members that we will be holding elections in two of the constituencies, namely North Devon and East Devon. The other six constituencies are either filled without the requirement for an election or vacancies have been reduced so that as at the 1<sup>st</sup> April there will only be five vacancies across the whole county. Both Mid Devon and Exeter will have two vacancies and South Hams and West Devon will have one under the current system. We will be making efforts to identify the right people to fill these vacancies so be prepared to be nabbed!

### “Enough is Enough” - Help the Aged’s campaign on elder abuse

The ‘Help the Aged’ Elder Abuse campaign received a great deal of support last year especially from the Adult Protection Co-ordinators, which was felt to be crucial. It is hoped that the same level of support will be forthcoming this year to continue the work of tackling elder abuse.

Help the Aged launched the second phase of its national campaign on elder abuse – “Enough is Enough” on February 7<sup>th</sup>. It is building on last year’s campaign moving the public along in their understanding of elder abuse and drawing attention to the two-thirds of abuse that happens in older people’s own homes.

Again we are working with Action on Elder Abuse and will be directing people with concerns about abuse to the national AEA helpline (0808 808 8141).

The campaign is calling for:

- Training in the prevention and recognition of elder abuse to be a mandatory element of all staff training for anyone who has a frontline role working with older people (e.g. doctors, nurses, social workers and council staff).
- Elder abuse to be treated with the same degree of seriousness as child abuse.
- Better justice for older people and greater awareness within the legal profession, for example adult protection to be a compulsory part of police training.



We have produced a hard-hitting film and new resources (2 posters, a leaflet and a booklet specifically aimed at older people) on elder abuse that are available from our website or from [publications@helptheaged.org.uk](mailto:publications@helptheaged.org.uk). We will also be publishing the results of two surveys - one on public attitudes and understanding of elder abuse and the other comparing the media coverage of an elder abuse case (Margaret Panting) with that of a case of child abuse case (Victoria Climbié). Later in the year the campaign will focus on financial abuse and increasing awareness of elder abuse with health professionals and workers who go into people's homes.

If you haven't done so already, please complete the Help the Aged and Action on Elder Abuse - Adult Protection Coordinators survey. It aims to explore what resources Adult Protection Coordinators have to do their work, and to identify any barriers to them working effectively. We plan to use this information to positively profile the important role of Adult Protection to the general public and to government. It can be filled in online at <http://www.helptheaged.org.uk/en-gb/Campaigns/ElderAbuse/survey> We do hope that we will have your continued support in this vital campaign. In the meantime, if you would like any more information about this issue or any other, or could help our campaign in anyway, please feel free to get in touch.

**Lizzie Jeans**, Campaign Manager Help the Aged, 207 – 221 Pentonville Road, London N1 9UZ. Tel: 020 7843 9422. E-mail: [lizzie.jeans@helptheaged.org.uk](mailto:lizzie.jeans@helptheaged.org.uk)



### VAT on Medical Services

Further to last month's information regarding VAT charges on medical services, the BMA has now issued guidance on the subject which can be found at <http://www.bma.org.uk/ap.nsf/Content/VATonmedicalservices>. Luke Bennett of Winter Rule Chartered Accountants in Truro ([lbennett@winterrule.co.uk](mailto:lbennett@winterrule.co.uk)) has also produced a document relating to this and may be willing to share that with people who are not currently his clients, but the BMA advice is that you should contact your own Independent Financial

Advisor for further advice. The LMC has been instructed not to produce summary information as this could easily lead to inaccurate information being imparted which would contravene the Financial Services Act as the LMC is not registered for this purpose!

### Top Tips from Dr Peter Holden - GPC

The LMC met with Dr Peter Holden, one of the GPC negotiators on 1<sup>st</sup> March and offered some tips.

1. **AISMA.** This is the specialist medical accountants group that has over the past few years disclosed their figures to the press, which has resulted in adverse publicity for the profession. Unfortunately, the figures from these accountants are misleading in that they represent high earning practices and compared with UK averages show a huge pay rise.  
**All practices whose accountants are members of AISMA are encouraged to write to them and demand that they do not use their figures for publicity purposes.**
2. **Carr-Hill Formula.** This has been brought back from the dead because many believed it was more robust than originally thought. The new formula shows that age and gender are the main determinates of workload. A period of consultation started on 9<sup>th</sup> February to determine if, how and when the report's recommendations should be implemented.  
**GPs are encouraged to give their thoughts and a consultation response form can be found on the NHS Employers website.**
3. **PMS.** The government is reviewing PMS practices and some PCTs are threatening to force practices back to GMS.  
**PMS practices are urged to check the PMS contract terms with the LMC and to make sure they are fulfilling them!**
4. **QOF.** The good news is there are no changes for 07/08.  
Practices are advised to be careful with exception reporting and to have a robust protocol.
5. **IM&T.** In previous newsletters we have mentioned about patients opting out of having their data put on the spine and we advised that they use the Read Code 93C3 for patients opting out. We asked the question whether it would be reasonable to put this code against all patients and only remove it when they positively opt in.  
**Peter Holden thought this was a very reasonable suggestion and Devon LMC would encourage practices to do so!**

**Sarah Hale - Executive Officer for Exeter, Mid and East Devon  
Decontamination of Medical Devices**

We are aware that there is some confusion regarding arrangements for the decontamination of reusable medical devices from the 31<sup>st</sup> March 2007. Department of Health guidance on this matter is currently awaiting approval by the Chief Medical Officer. They have informed us that they expect to release this guidance shortly, and once it is available we will circulate further information.



**PEAT LAUNCH  
Professional Education and Training (PEAT) Conference  
21<sup>st</sup> June 2007 at the Sandy Park Conference Centre, Exeter**

You will remember that PEAT is aimed at providing necessary education and training for all Devon GPs and any employed staff and also at assisting practices and individuals in assessing their learning needs. We will be delighted if GPs and GP practices from Cornwall, Somerset or Dorset wish to join us now or in the future. We have now put together the programme to "launch" PEAT through what we hope will be the first of many Annual Conferences! The Conference will be introduced and chaired by Dr Peter Jolliffe who will outline how we wish to involve people in the project before introducing the morning's presentations including one from the Deanery's Dr Nick Roberts and a needs-led education/appraisal led by Dr Hilary Neve. Dr Roger Crabtree will direct a CPD forum after morning coffee. Lunch will be followed by an hour of mini workshops with something for all of the proposed main groups of people for whom PEAT intends to provide services (nurses led by Dorf Ruscoe and Practice Managers led by Helen Dinsdale for example), before everyone comes together again for a further half hour of identifying learning needs. The day will be brought to a close by Dr P Jolliffe and an opportunity will be given to sign up for the first academic year starting in the autumn. More details will follow on our website [www.devonlmc.org](http://www.devonlmc.org) and in further Newsletters.

Attendance is priced at £40 per delegate (to cover all costs including lunch) on a first come, first served basis. Booking forms through the LMC office. Email [admin@devonlmc.org](mailto:admin@devonlmc.org) or ring 01392 834020.

**Childwise**

'Childwise' – Jacqui Mann was a local PCT representative on the Every Child Matters: 'Change for Children' programme. She furnished a report in the LMC's Annual Reports 2004/05 entitled: "Change for Children in Devon" (page 40). She is now an independent consultant trading as 'Childwise' and is available to provide manpower or professional clinical advice. Jacqui is willing to start a project or complete an outstanding job; to fulfill a short-term or intermittent role without the need to commit recurring funds. Details on the Childwise website at [www.childwise.eu](http://www.childwise.eu) or contact Jacqui on 01392 824032.

**Comings & Goings**

Using Dr Jolliffe's memory, we are saying goodbye to Dr Rod Prior, of the Cumberland Centre in Plymouth. We have received no formal notification of anybody else coming or going which we think is highly unlikely. Someone out there will know who has joined or left a practice in the months of January and February. Your notification to us is one of the ways we try to maintain the accuracy of our database. Thank you for your attention. At the eleventh hour, we have received notification that Dr Keane, Senior Partner at the Teignmouth Medical Practice is due to retire on 31<sup>st</sup> March 2007. We wish him well in his retirement.

**Available for Work....**

**Dr Ericka Good MBChB, DCH**

Hard-working, confident, reliable and friendly GP recently finished Torbay VTS. Available for locum work from March 2007. Rates negotiable and available at short notice. Please contact me on: 07720892351 or e-mail: [ericka\\_good@hotmail.com](mailto:ericka_good@hotmail.com)

**Dr Jemma Cooper MRCGP DFFP DRCOG MBChB**

I completed GP training in Buckland, Newton Abbot in January 2006. I have been working as a GP and in Palliative Care in New Zealand for the last year. I returned to Devon at the end of January 2007 and am looking for locum work in Plymouth, Teignbridge or surrounding areas. I am a reliable, conscientious and approachable colleague. For CV or any further information please contact me: [cooperjemma@hotmail.com](mailto:cooperjemma@hotmail.com) or Tel. 07966 545569

**Dr Helen Catterick MBChB  
DRCOG, MRCGP, DFFP**

**GP Retainer** available from May 2007 to work 4 sessions each week. Completing the Exeter VTS May 2007. MRCGP with Merit Dec 2006. I am enthusiastic, motivated, reliable and friendly. I have a patient centred consultation style and am an excellent communicator with good organisational skills. Based in Exeter but willing to travel to surrounding areas. For CV or any further information please contact me on, 07788 733234 or [helen.catterick@ntlworld.com](mailto:helen.catterick@ntlworld.com)

## VACANCIES

<p>Mount Pleasant Health Centre Mount Pleasant Road Exeter EX4 7BW</p> <p>Tel: 01392 255722</p>	<p style="text-align: center;"><b><u>Nurse Practitioner / Nursing Team Leader</u></b></p> <p>City based health centre (8 partners, 16,000 patients) require a Nurse Practitioner to facilitate good quality patient care by our Nursing team</p> <ul style="list-style-type: none"> <li>• Recognised NP Qualification</li> <li>• Nurse prescribing an advantage</li> <li>• Excellent interpersonal skills</li> <li>• Previous experience preferred</li> </ul> <p style="text-align: center;">Minimum 30 hours per week – Salary negotiable</p> <p>Please contact Mr Chris Gallienne, Practice Manager, by telephone or email <b>chris.gallienne@gp-L83066.nhs.uk</b> for an application form Closing date: Friday 30<sup>th</sup> March 2007 (Commencing July 2007)</p>
<p>Norton Brook Medical Centre Cookworthy Road Kingsbridge Devon TQ7 1AE Tel: 0884 477 8953</p>	<p style="text-align: center;"><b><u>Practice Nurse</u></b></p> <p>Practice nurse required to join a busy, friendly nursing team. 20 to 30 hours negotiable, with salary according to age and experience.</p> <p>Must have experience in all Treatment Room duties including immunisations, travel, cytology and Chronic Disease management.</p> <p>Please apply in writing to Ms P Ellison, Business Manager at the Norton Brook Medical Centre.</p>

## Conferences, Courses & Information

# Doctor Future Proof Your Practice

Where and When:	Thursday 3 <sup>rd</sup> May 2007 – Royal Society London
Key Note Speakers:	Rt Hon Patricia Hewitt MP, Secretary of State for Health Dr Hamish Meldrum, Chairman, GPC Dr Mike Dixon, Chairman, NHS Alliance Prof Mayur Lakhani, Chairman of Council, RCGP
Topics Include:	The year ahead – priorities for practices & the profession Practice-based commissioning – where now for your practice? Quality markers – why you can't ignore them Pay prospects – and how your practice should respond Get competitive – practical plans for your practice APMS – what every practice needs to know Becoming a PBC provider – opportunities for all?
Further information:	Healthcare Events 0208 541 1399 / <a href="mailto:hayley@healthcare-events.co.uk">hayley@healthcare-events.co.uk</a>

### Plymouth Health Care Clinical Ethics Group First Annual Conference

#### *Whose Choice? - Whose Decision? - Clinical Ethics in Everyday Practice*

Tuesday, 15<sup>th</sup> May 2007 9:00 am to 4:30 pm

St Cuthbert's Conference Centre, Buckfast Abbey, Buckfast, Devon

Cost: £35 (20 places concession for unemployed at £25)

Keynote Speaker: Dr Fleur Fisher – formerly head of Science, Ethics & Information, BMA

Application form and Conference programme by email from [ethicsconference@phnt.swest.nhs.uk](mailto:ethicsconference@phnt.swest.nhs.uk)

#### **The good, the bad and the ugly...**

A round up of recent guidance and documents newly published on **Devon Voice**. All these documents plus many other are available on the new web site [www.devonlmc.org](http://www.devonlmc.org) if you have any trouble downloading these or any previously mentioned papers please call John Baker at the LMC Office or email [john@devonlmc.org](mailto:john@devonlmc.org)

#### **Doctors' and Dentists' Review Body: Thirty-Sixth Report 2007**

The full DDRB report can be found at: <http://tinyurl.com/ywc68d> and the relevant sections can be found in: part II: Primary Care, Chapter 3: General Medical Practitioners.



- **GMS GPs** - zero increase in GMP pay this year.
- **GP trainers** – a 2% uplift for GP trainers staged so that trainers will receive a 1.5% uplift to their grant from 1 April 2007 and the remaining 0.5% from 1 November 2007. No repeat of a £750 payment towards their continuing professional development (CPD)
- **GMP educators** - a 2% uplift to their pay scale staged with GP educators receiving a 1.5% increase from 1 April 2007 and the remaining 0.5% from 1 November 2007.
- **GMP registrars** - GP registrar supplement to be reduced for new trainees to 55%, though those trainees currently receiving a supplement at 65% will continue to do so. No inflationary uplift has been awarded to GP registrars, instead a cash increase of £650 for doctors in training has been recommended.
- **GMPs working in community hospitals** - Once again, the DDRB concluded that issues relating to this work are matters for local negotiation.
- **Salaried GMPs** - For salaried GPs employed by PCOs, the top and bottom points on the salary scale have been uplifted by £1,000. All full-time salaried GPs employed under the minimum/model contract should therefore have their pay increased by £1,000 (pro-rata for less than full-time). It will be for practices to decide whether or not staging of these increases, in line with the government's decision to stage, would be appropriate.
- **Doctors engaged in sessional work for community health services and work under collaborative arrangements should continue to set their own fees.**
- **Seniority payment** - For 2007/ 08, seniority payments remain at current levels.

Website full story - <http://tinyurl.com/2svv28>

### **GPC Guidance - Primary Medical Contracts - Who can hold what?**

This guidance explains the eligibility criteria for holding different types of primary medical services contract and eligibility to be a member of the NHS Pension Scheme. The guidance also sets out the circumstances under which more than one contract may be held. The following should be noted when reading this guidance:

- For all contracts, certain individuals are prohibited from involvement owing to factors such as bankruptcy, criminal convictions or exclusion from the medical register. To simplify this paper, this fact is noted in each section but criteria for exclusion are not listed fully. Interested readers should refer to the relevant regulations to check these criteria
- There is no obligation on any qualifying general medical practitioner to be included in a Performers List unless personally performing primary medical services.

Guidance - <http://tinyurl.com/29pv5w>

### **Healthcare Professional Regulation Strengthened 21 Feb 2007**

#### ***Trust, Assurance and Safety - The Regulation of Health Professionals in the 21st Century***

A new White Paper outlines how the regulation of healthcare professionals will be "improved" to ensure the safety of patients. Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century introduces measures to:

- the professional regulators will be independent of Government and led by an equal partnership of independently appointed professionals and members of the public;
- all health professionals will be required to demonstrate periodically that they are fit to practise by revalidating their professional registration;
- moving from the criminal standard of proof to the civil standard with a sliding scale in fitness to practice cases;
- a stronger role for the medical Royal Colleges;
- introducing a system of regional GMC Affiliates who will provide support to local employers in addressing concerns about doctors and independently quality assure local revalidation processes.

#### **Guidance and Links:**

- Main document DH Link - <http://tinyurl.com/yqaojo>
- Reform of professional regulation and clinical governance - <http://tinyurl.com/2ewk4w>
- Historic reform to the regulation of health professionals - <http://tinyurl.com/29f85y>
- Executive Summary – <http://tinyurl.com/2kaoks>

### **GPC Guidance - Prescribing and the Primary and Secondary Care Interface**

This guidance has been put together to clarify the role of GPs when prescribing in relation to secondary care, to provide examples of best practice and to thereby help LMCs negotiate with PCOs and secondary care colleagues on this issue.

Problems can exist between the primary and secondary care interface with prescribing for a variety of reasons, however resource restrictions in secondary care will undoubtedly play their part. The key to successfully dealing with these problems is clear operating guidelines that are accepted across the local health care economy. This guidance should show how this can be done and encourages better communication between clinical colleagues.

Web Page - <http://tinyurl.com/2le77l>

### **Focus on Read Codes – QOF 2006-07**

This guidance has been produced to clarify some of the continuing issues that still exist within the Datasets and Business Rules (D&BRs) for the revised QOF (April 2006). Version 9 is the most recently published and is available at the following website:

<http://www.primarycarecontracting.nhs.uk/145.php>

Guidance - <http://tinyurl.com/2ud5ac>