

Newsletter

GLOUCESTERSHIRE LOCAL MEDICAL COMMITTEE MARCH 2008 Edition

Dr. Andrew Seymour
LMC Chairman
Andrew.Seymour@GP-L84026.nhs.uk

Mike Forster
LMC Lay Secretary
mike@gloslmc.com

Shelina Jetha
LMC Manager
shelina@gloslmc.com

Sue O'Sullivan
Administration
sue@gloslmc.com

LMC Website: <http://www.gloslmc.com>

Tel: 01452 310706

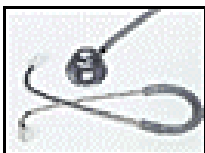
Fax: 01452 386503

THE FUTURE OF GP PRACTICES

The struggle over extended opening hours is a relative side-issue; the important thing is the continuing threat to general medical practice. The way is open legally for the government, through the PCTs, to very greatly increase the financial pressure on existing practices. This would be done by letting APMS contracts to national conglomerate companies.

These exist to generate profit for their shareholders rather than promote health and long life for their customers/ patients. Of course, change in all things is inevitable, but we need to ensure that change to primary healthcare is balanced and necessary. We may well continue to need our patients' help in arranging this. No democratic government can stand by policies that offend the majority of the voters. If the government is unreasonable in its views, and acts otherwise than in the interests of patients, it will be up to us all to warn our patients of the effects on them of the possible outcome. Linked to this, we should be concerned at the huge numbers of doctors being trained at the moment. Is the government attempting to export British Medicine to the world or is it rather establishing a corps of unemployed doctors capable of working in these new polyclinics or available to fill the gap if GPs ever threaten to resign 'en masse'?

EXTENDED OPENING HOURS



The result of the poll is now with us and there is a clear national view among GPs that the government's handling of the situation has been

ruffianly. We now await the exact wording of the DES and will be holding discussions with the PCT on how extended opening hours may best be implemented around the county for the benefit of patients and not to the detriment of practices. The underlying truth is that accepting a DES or LES is entirely voluntary. Practices should be patient; the PCT may well offer a more attractive LES than the DES threatens to be.

- The PCT will be looking to send out a questionnaire to a representative cross section of practices that would be interested in extended opening hours so as to get local feedback on what patients really want.
- Expressions of interest from practices could include proposed extended opening hours, and would put a marker with the PCT that it is not 'their fault' that the DES is not ready from 1 Apr.
- We shall be pushing for timed blocks being of any length and for clinician concurrence to be allowed.
- Under the DES, the weekly hours expected for payment of £2.95 per patient per annum are half an hour per thousand patients rounded to the nearest quarter of an hour.

LMC COMMITTEE ELECTION

There being few new faces and no contested seats, the election of the new Committee has been carried out without the need of a formal vote. All those currently in post will remain so, with the addition of Dr Michelle Hayes from the Forest and Dr Steve Alvis from Dursley. We thus still have one vacancy in each of Gloucester City and Cheltenham: any volunteers? The new committee will formally meet for the first time on Thursday 10th April 2008. The Chairman and Treasurer remain unchanged. Other officers have yet to be appointed.

LMC FINANCES

Your committee is very conscious of the trying financial times that all practices are likely to experience this year. Last year we were able to reduce the statutory levy which funds the LMC to 32 pence per patient (p/p) from the previous year's 34 p/p. There are 3 things which make a further reduction impossible, and an increase essential: the LMC is almost up to strength, it is doing much more, and we now have a full-time secretary. The committee proposes to set the statutory levy at 37 p/p with effect from 1 Apr 08. The voluntary levy paid by freelance GPs remains at a nominal £25 a year. The Voluntary Levy is estimated at 5.8p/p but this is subject to GPDF setting their budget, which happens later in the year.

GP HOTLINE



Gloucestershire PCT have started a pilot project across the county, managed by PCT bed managers, to help GPs ensure that patients receive the right care in the right place from the right team. It is hoped that it will help some patients avoid hospital admission. It will be of primary use where normal routes of access to Health and Social Care services have failed. It will be available 8:00 – 6:00 Mon to Fri and 8:00 – 4:00 on Saturdays. The number to ring is **08454 222 222** and ask for 'GP Hotline'. They should get back to you within 4 hours. (Outside of those hours you should ring the Out of Hours service on **08454 220 220** as now.) Please gather your impressions of the new system so that when the pilot period comes to an end your comments can be used to

improve, or perhaps even cancel, the scheme.

SENIORITY PAYMENTS

A recent ICG ruling states that '...Low-income practices should not be



disadvantaged with regards to seniority payments... Where GP contractors believe they have been disadvantaged a case may be raised with

the PCT for consideration with the LMC over the appropriateness of their seniority entitlement. Where a GP is shown to be disadvantaged, PCTs should use their discretionary powers to amend the seniority award, as agreed locally.' Seniority payments reflect the doctors' time commitment to general practice and not simply their earnings.

DENTAL HELPLINE



The new dental helpline is **08454 220 505**, which is an up-to-date recorded message.

0844 NUMBERS

The issue of phone charges for use of 0844 numbers has not gone away; the government is looking into it. The current guidance from the GPC is that it is OK to use these numbers provided your practice leaflet mentions the price 'relevant to most consumers' i.e. the likely phone charges that patients will bear when they phone the practice. This warning does not have to be heard on the system itself. However, there are now '03' series numbers which the government would much prefer us to use. These would cost the caller less than the 0844 numbers. NEG, which supplies the phone systems that use 0844 numbers, could convert the systems to 03 numbers if necessary but says that, for instance, there are some mobile networks which cannot connect to 03 numbers yet. For the moment, it would be better for patients to be able to talk to the practice, even if more expensively than by using a landline, than not at all. Pending the outcome of the government's deliberations and the resolution of such technical challenges, we would advise practices that have not yet made the change to delay yet longer until the way becomes clearer.

BUSINESS CONTINUITY PLANNING

Emergency planning is never popular, but it is worthwhile. Every householder has to consider what would happen in the event of sudden unemployment, fire, theft or accident. GP practices are both more vulnerable (in that there are more people who can be affected) and less vulnerable (in that those extra people can, perhaps, cover the duties of their friends). You will need to list your 'business processes' and their importance, the risks to each process, the likelihood of the risk happening, the impact on the process if it did happen, and what can be done to avoid the risk or mitigate its impact. This sounds very pedestrian but even a quick thought will tell you that failure to back up data on your server could be disastrous. In the event of fire or flood, how would the practice survive? Can provisional agreements be put in place to use another site? It can almost be fun to brainstorm the troubles that might occur and identify the minimal set of precautions that will provide cover against the most dangerous of them.

If you realistically grade the likelihood of each risk from 1 to 5 and its impact from 1 to 5 then the product of these two is a direct measure of the threat to your business. In the same way as setting business goals, the assessment of each factor should be in measurable, precise terms, e.g.

Risk: That the river will flood the ground floor to a depth of 1 metre.

*Likelihood: Now that we have new flood defences in the town this is **unlikely**.*

*Impact: **Very Severe**: We would have to relocate for 6 months to recover.*

You may have to apply a further weighting in that some business processes are more important than others. If that is the case then by applying a numerical figure to the importance of the process the product of all 3 variables gives an even better indication of how great a threat a particular risk or event would be to the business, e.g.

*Importance of process: Whole business would be affected – use of the ground floor is **essential**.*

If one event affects a number of processes then to find how much of a business threat it is you will need to sum (add up) the products.

LIKELIHOOD	
Very Unlikely	1
Unlikely	2
Quite Possible	3
Probable	4
Almost inevitable	5

IMPACT	
Minimal impact	1
Moderate	2
Severe	3
Very Severe	4
Catastrophic	5

IMPORTANCE OF PROCESS	
Trivial	1
Useful	2
Important	3
Very Important	4
Essential	5

Thus:

- An unlikely event (2) which would have a very severe impact (4) on an important process (3) if it does occur might be quite a high priority threat (24).
- Conversely, a probable event (4) with only minimal impact (1) on a merely 'useful' process (2) would score much lower (8).
- Whereas a quite possible event (3) with a severe impact (3) on a very important process (4) would represent a significant threat (36).
- If you can think of one, an almost inevitable event (5), which would have a catastrophic effect (5) on an essential business process (5) should be your top concern (125).

If all you have to worry about are unlikely events (2) with minimal (1) to moderate (2) impacts on trivial processes (1) you should be able to sleep easy. But are you sure you have looked at it properly? For high risks you need to devise policies or procedures to reduce their likelihood and impact. (The importance of the business process is rarely alterable, although it is theoretically possible.)

VILLAGE AGENTS

Gloucestershire Rural Community Council (GRCC) has a joint pilot project with the GCC to ensure that older people in isolated rural areas have easier access to high-quality information and services. Village

Agent volunteers work 10 hours a week in their area. They hope to establish suitable and useful links with local surgeries. More info at:

http://www.grcc.org.uk/our_work/village_agents

DESTRUCTION OF CONTROLLED DRUGS

The PCT has contracted with four Pharmacists to witness the destruction of CDs. They will also witness Dispensing Practices destroying patients returned CDs, if Practices would like them to. POC at the PCT is Teresa Middleton in Medicines Management on 01452 389467.

GLOUCESTERSHIRE MEDICAL BENEVOLENT TRUST

There is a local trust for the relief of poverty of Gloucestershire GPs in 'necessitous circumstances' and their widows and dependents. It is administered by the LMC. Should any cases that require such help come to light please let the Secretary know.

MAX'S MUSINGS

Here we go once again: the grass is growing, the sap is rising and the odd earthquake comes in the early hours of the morning as the world shakes off its winter coat. Virgil (for whom the wonders of nature were deeply ingrained) wrote '*Vere novo, gelidus canis cum montibus umor liquitur...*' which has always been gleefully mistranslated by generations of schoolboys as 'Strange but true, the cold dog makes water in the mountains by way of a joke.' I suspect that Virgil would have mixed feelings. Like any author he would be delighted to realise that his poetry had survived for over 2 millennia. However he would be altogether horrified to learn that the meaning had been corrupted – even lost.



I once saw the picture of a serious-looking ape. The caption was 'I know that you understand what you think I said but

what you do not understand is that what I said is not what I actually meant.' For all of us at the moment it is sometimes hard to hear the words and even harder to understand what people are really saying. It is even harder for either side to admit to error. It is really hard for us to put across succinctly to others our distrust of government, our fear of unnecessary change, our loyalty to our patients and our feelings of rejection when we offer a thorough, cost-effective service and all we get is criticism. But as the weather gets warmer morale must surely increase and negotiation rise above the current intransigence.

Whatever the politicking, it is up to us to keep GP practices alive and well until their worth is recognised. Perhaps it is also for us to embrace change and ensure that any polyclinic opening in this county does so led by GPs and will be run for the benefit of patients rather than shareholders.

I am indebted to the Guardian for telling me that 'parliament first saw fit to legislate against "the Odious and Loathsome Sin of Drunkenness" in 1606.' It clearly didn't work then and I doubt it would work now. Indeed, does legislation ever really work if society is not in its favour? Think of The Litter Act 1958. One brilliant idea on a Radio 4 show the other day suggested that Parliament should concentrate for a whole year on passing no new laws at all (except possibly in emergencies) but should rather reflect and debate on what really ought to be changed for the good of society. With my cynical hat on I doubt that any party would risk it – pity really.

I am indebted to a remote cousin in the West Midlands LMC for the attached instalment of a story which I hope will run and run. It lightens my life each week.

Surgery Wars

Episode 4 - A New Hope (Part 2)

The Emperor is not at all happy. He is reading the latest poll about who his subjects trust the most. And it's not him. Worse, they all trust his sworn enemies, the doctors. His imperial ministers lie at the bottom of the poll behind the police, clergy and civil servants. Only journalists are trusted less. He lets out a roar of defiance. Above anything else he wants to be liked. He wants to be trusted. He wants to be popular. His predecessor was popular, at least during the first years of being emperor. At least, until he made the mistake of invading planet Ir in the alpha quadrant. That had been his downfall. The people had not forgiven that. I won't make that kind of mistake, the Emperor thinks to himself. There must be stability at all cost. Nothing flash. Just solid stability. Then there is the other bad news which has crept out - average hospital waiting times have increased. Despite the millions. Despite the spin. Despite the fiddling of the figures. And now the news about the Empire acting unlawfully in capping GP pensions. What is his health secretary doing? Doesn't he know there is a crisis on? Where is he?

Jabba Johnson the Hutt is alone in his palace gardens. He has been spending more and more time there of late. A quick speech here. Some letter writing there. Then a slithering retreat out of the limelight. His aim is to let his juniors take all the flak and in the nick of time appear and be the one that saves the day. Lord Darthzi is a fool, if he thinks the Emperor will reward him. The Emperor will never reward Darthzi. Darthzi may have turned to the Dark Side of the Force but he is still a doctor. The Emperor hates all doctors. Jabba Johnson knows the Jedi GPs are strong and he wants others to weaken them first. Carefully he tends his plants. Since that nuclear power station accident, global warming has accelerated. But it has had its compensations. Jabba Johnson is able to grow olive trees for the first time. He cuts off one or two branches. As he does so he is reminded of another speech he is preparing. He drops the branches on to the near-by fire and walks inside to find his pen.

It has not been a good week for Lord Darthzi Vader, either. The ultimate health weapon is going over budget big time. The Polyclinic is going to cost a lot more than Lord Darthzi has allowed in his calculations. GPs are taking to the streets in defiance and patients are starting to question his vision. Perhaps the solution is to change the name. Perhaps if it is just called a very large health centre, it would sound a bit more familiar and less intimidating. More and more though, his name is being associated with the Polyclinic and he is realising that it may forever carry the eponymous title of "Darthzi Clinic". He is not so sure that is a good thing. He is going to meet with another Sith lord, Darth Ben Maul, known commonly as the Smiling Assassin. Their combined power will be an almost unstoppable force and the mini uprising will soon be over.

"More good news, Commander. We have the results from the colonies." Commander "Buck" Buckman stops pacing up and down and turns to see his trusty lieutenant bring in a pile of papers. "98% of the GPs in the colonies feel the Emperor has gone too far this time and 97% don't have any confidence in him running the health service."

"Are you sure? How many have voted for Plan A?"

"92%, Commander."

"We have their support then. Now the question is, *what* do we do with that support?" He has been worried about this for a number of weeks. He hasn't told anyone of his fears but now he must be seen to be doing something and he isn't sure what to do next. The Emperor seems to hold all the aces. Commander Buckman moves slowly to his desk and starts to write. He wants a speech that will stir the Jedi GPs into action. After an hour of thinking, there are still only a few words on the paper. This won't do. He deliberately draws a line under what he has written, takes down a book of inspiring speeches and begins to browse through. Henry V. John F. Kennedy. Martin Luther King. None of them really applicable. Churchill. Winston Churchill. Now perhaps there may be something he could use here. Yes! Commander Buckman picks up his pen and restarts writing, this time the words flow effortlessly on to the page.

We resolve this day to prosecute the war with the Empire to a victorious conclusion. I say to you all, I have nothing to offer but blood, toil, tears and sweat. We have before us an ordeal of the most grievous kind. We have before us many, many months of struggle and suffering. You ask, what is our aim? I can answer in one word. It is victory. Victory at all costs - Victory in spite of terrors - Victory, however long and hard the road may be, for without victory there is no survival. Let that be realised. No survival for General Practice, no survival for all that General Practice has stood for. I take up my task in buoyancy and hope. I feel sure that our cause will not be suffered to fail among men. I feel entitled at this juncture, at this time, to claim the aid of all and to say, "Come then, let us go forward together with our united strength."



After several re-reads, the Commander is happy. This is the speech that will galvanise the GPs into action. He leans back into his chair, closes his eyes and imagines the Empire's defeat and the Emperor being overthrown by the people, led by his army of Jedi GPs. He, Commander L. "Buck" Buckman, leading the revolution, the saviour of the health service. With these thoughts swirling through his mind, he slowly drifts off to sleep.

To be continued...

J Pywell



This Newsletter was prepared by Mike Forster, LMC Lay Secretary & the LMC Office



SERVICES AVAILABLE TO ASSIST GPs WITH HEALTH & OTHER PROBLEMS

Nationally available services:

Irwin Mitchell (Solicitors)
(Contact Paul Bourne IRO Project Manager)
(Solicitors dealing with allegations of unlawful
discrimination & other complex law cases)

Tel: 0114 2721705

National Counselling Service for Sick Doctors

1 Park Square, London NW1 4LJ

Tel: 0870 241 05351

Doctors Support Network

Tel: 07071 223 372

Doctors for Doctors

Tel: 020 7383 6739

Doctors' Support Line

Tel: 0870 765 0001

The BMA Counselling Service (24-hour support)

Tel: 0645 200 169

BMJ Careers Chronic Illness Matching Scheme
Opportunity for doctors who have a chronic
illness or disability to receive informal careers
advice from another doctor.

www.bma.org.uk/public/chill.nsf

Sick Doctors Trust

Tel: 0870 444 5163

Website: www.sick-doctors-trust.co.uk

The British Doctors & Dentists Group
Doctors recovering from chemical dependency
Monthly group meetings.

Tel: 01252 316976 or 020 7487 4445

National Clinical Assessment Authority (investigates performance of doctors)

Telephone: 0870 267 0850

www.ncaa.nhs.uk

One to One (counselling service for training grade doctors in the South West Deanery)

Telephone: 0845 130 5354

The Maudsley Hospital provides an acute referral service for severely ill health professionals under the auspices of Professor Ann Farmer and Dr. Tony Clare. In the first instance Phone 020 3228 4696 (after hours 4693)

FINANCIAL HELP

BMA Charities

Tel: 020 7387 4499 including Cameron Fund

Royal Medical Benevolent Fund

Tel: 020 8450 9194

Royal Medical Foundation

Tel: 01372 821011

www.epsomcollege.org.uk/rmf

Gloucestershire LMC