Your Chairman Writes……..

Your chairman and much of LMC cabinet was recently in York for our annual conference. Chaand Nagpaul gave a stirring and passionate speech at the beginning of conference which just about stole the thunder from everything that happened subsequently.

For those who haven’t heard it, I will précis – ‘We’re hacked off, overworked, knackered and for those who aren’t retiring or cutting down, the future looks bleak’. Nothing you haven’t read here before ! BUT I think if we can hang on, there are changes afoot.

The BMA have launched ‘Your GP cares’, a campaign of information and for support from our best advocates, our patients. It’s a beginning but one which will hopefully evolve into a powerful lobbying movement with which to persuade government of the quality of UK GP.

Meanwhile, KernowHealth CIC, your provider company is slowly beginning to develop. By the end of June, we should have an office, a website (www.kernowhealthcic.org.uk), a twitter feed and a clearer idea of our direction of travel. We will start to look at procurement of services outside hospital and in the community and local enhanced services. The CCG will shortly decide on the shape of urgent care and OOH and we will be exploring our role in that.

This is a pivotal time for Cornish General Practice, on the one hand exciting and on the other fraught with uncertainty. Our destiny is in our own hands – with vision and energy (and luck), we can transform ourselves and provide security for our patients and our businesses.

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Hepatitis B Immunisations
For University Students

The GPC stance on this is that hep vaccinations is the responsibility of Medical Schools

The latest guidance on HepB Is available [here](#)
Your GP cares campaign.

Last week the GPC launched their **Your GP cares** campaign. This major new campaign is calling for long-term, sustainable investment in GP services across the UK. This means: investment to attract and retain the GP workforce; investment in our wider practice teams; and investment in the premises where we treat our patients.

An e-petition has also been launched as the next stage in the campaign. GPs in England, Scotland and Northern Ireland should have received an email asking you to sign the e-petition, calling on politicians to recognise the need for long-term investment in general practice. Further activity is planned in Wales.

This campaign will not work without your support, so please sign the petition, lobby politicians and display the Your GP cares posters in your practices. You can download materials from the GPC website.

Drs Friends

We would like to remind everyone that the LMC has several Drs Friends who are available to GPs for pastoral care and support. The service is totally confidential and can be accessed by phoning the LMC Office on 01726 627978.

GPs can also self-refer into the Occupational Health Therapy Service by contacting Dr Linda Barry on 07436562917 or Dr Ben Charnaud at bencharnaud@btconnect.com.

LMC Conference Report from Dr Will Hynds

I attended the LMC Conference for the first time this year as an observer. My prior knowledge of proceedings was probably close to yours but I hoped it would be interesting and it is always nice to visit York.

It transpires that the function of the conference is to try and make the GPC (the GP negotiating arm of the BMA) do what grass root GPs want. This is achieved by your LMC putting forward a motion - for example - “This conference believes that Jeremy Hunt should be put in the stocks”. The motion is then fervently debated and a vote is taken. If the ayes have it then Chaand Nagpaul (GPC Chair) and his team have to form a strategy to get Hunt in the stocks in the year ahead. It gets some press coverage and provides a stage for airing our concerns. This year there was some placard waving outside the venue as the possibility of charging patients for consultations was on the agenda (rejected). Still, it added a degree of drama to proceedings and is the first time I have been picketed entering a medical conference!

The highlight for me was the opening speech from Chaand which is well worth a google. It was impassioned, rousing, informed and scathing. He said what I wanted to. Here’s hoping he delivers half of it. There were clearly a few hacks in the debates but actually it was mostly GPs like you and me - idealistic, frustrated and exhausted. Pete Merrin and Paul Abbot both spoke well on your behalf and all the usual villains (politicians, SBS, Steve Field, etc) got a good kicking. Generally speaking it seems as if we are all on the same page. I feel more optimistic about our current medicopolitical leaders as a result of this conference and I can also see it provides a mechanism for your concerns to genuinely become GPC policy.

Gripping stuff....and then we went to the pub.
We have received the following information from the Home Office on the forthcoming control/reclassification and scheduling of the above compounds and medicinal drugs under the Misuse of Drugs Act 1971 (the 1971 Act) and the Misuse of Drugs Regulations 2001 (the 2001 Regulations) which you might find useful.

“Control of NBOMe and Benzofuran Compounds, Lisdexamphetamine, Tramadol, Zaleplon, Zopiclone and reclassification of Ketamine

I am writing to inform you of forthcoming control/reclassification and scheduling of the above compounds and medicinal drugs under the Misuse of Drugs Act 1971 (the 1971 Act) and the Misuse of Drugs Regulations 2001 (the 2001 Regulations). The Parliamentary Order to control and reclassify these drugs under the 1971 Act has been approved by both House of Parliament and was made by the Privy Council on 28th April 2014. The 2014 Order (SI 2014/1106) will come into force on 10th June 2014 and is available at http://www.legislation.gov.uk/uksi/2014/1106/contents/made.

The 2014 Order controls;
· the NBOMe compounds, via generic definition, as Class A drugs,
· the Benzofuran compounds, via generic definition, as Class B drugs,
· lisdexamphetamine as a Class B drug,
· tramadol as a Class C drug, and
· zopiclone and zaleplon as Class C drugs.

The Order 2014 Order also;
· reclassifies ketamine as a Class B drug under the 1971 Act.

Two negative statutory instruments will be laid in Parliament shortly to come into force on the same day as the 2014 Order to schedule, and in the case of the NBOMe and benzofuran compounds designate, these drugs (with the exception of ketamine) under the 2001 Regulations as follows;
· the NBOMe and Benzofuran compounds (advertised for sale as ‘legal highs’) will be listed in Schedule 1 to the 2001 Regulations and designated as drugs to which section 7(4) of the 1971 Act applies as they have no known legitimate uses outside of research. This means they can only be possessed or supplied etc under a Home Office licence for research of other special purpose,
· lisdexamphetamine (a drug which converts to dexamphetamine when administered orally and used as second line treatment for ADHD in adults) will be listed in Schedule 2 alongside dexamphetamine,
· tramadol will be listed in Schedule 3 but exempted from the safe custody requirements. Full prescription writing requirements under regulation 15 will apply to its use in healthcare,
· zopiclone and zaleplon will be listed in Part 1 of Schedule 4 alongside zolpidem.

Ketamine is not being rescheduled immediately. In line with the Advisory Council on the Misuse of Drugs’ (ACMD) advice, the Home Office will undertake a public consultation later this year to assess the impact of rescheduling ketamine to Schedule 2. A final decision on the appropriate schedule in which to place ketamine will be made following the public consultation. Until then ketamine will remain a Schedule 4 Part 1 drug and will continue to be available for use in healthcare as is currently the case.

A Home Office circular outlining the above changes will be issued in due course.

Robert Allan
National Controlled Drugs Officer
At Royal Cornwall Hospitals Trust there is a dedicated service for Chronic Fatigue Syndrome/ ME (Myalgic Encephalopathy).

For the last four years, the multi-disciplinary team which includes medical assessment, psychological and occupational therapy has been led by Carol Wilson, Specialty Lead and Specialist Clinician.

Around 300 new patients a year are now referred to clinics at the Royal Cornwall Hospital in Truro, West Cornwall Hospital in Penzance or in community settings. Most are aged 16 to 60 although Carol says the service sees younger people if agreed with paediatricians and NHS Kernow commissioners.

Symptoms of Chronic Fatigue Syndrome/ ME include extreme fatigue with an associated malaise which is out of proportion to the amount of mental or physical exertion spent and does not dissipate after rest. Many suffer headaches, nausea and sleep disturbances. Muscle pain and balance disturbance are also common. Difficulty in processing information is another associated complaint with sufferers struggling to process verbal or written instructions or follow conversations. Carol said: “The fatigue can be overwhelming and the cognitive fog leaves patients feeling distressed and unable to carry on with their normal lives. Often jobs, homes and relationships are lost because the amount of fatigue can mean the person is unable to undertake even straightforward or basic tasks they would normally not even think about. Patients and their carers can present as very frightened and anxious.”

When the condition first came to prominence in the late 1980s it was dubbed “Yuppie Flu” and there is still a lot of stigma around it. Carol said: “There are still people who don’t believe it exists or that it is just depression. But we are working on changing those perceptions and the public are also more vocal now and will ask their GPs for a referral to the specialist service.”

The RCHT team also regularly meet with MESH and SWAME the local support groups for sufferers. MESH have a website where information on the group is available at www.meshcornwall.org SWAME can be contacted on 01752 214856.

Second ‘TrueBeam’ linac on the way

Commissioning of a second TrueBeam linear accelerator to provide the latest in radiotherapy treatments is step closer following delivery of the £2 million machine to the Sunrise Centre. Its capabilities are being extended thanks to the Sunrise Appeal which will enable the oncology team to purchase hi-tech tilting couches, one for the new TrueBeam and another for the existing machine. These will bring a new dimension to the way in which patients can be positioned during their treatment.

The TrueBeam linear accelerator is able to target tumours more precisely than conventional radiotherapy machines, meaning the oncologists at RCHT can plan treatments to minimise damage to tissue and organs surrounding tumours, cut down treatment times and consequently lower radiation doses. It is also able to follow a patient’s breathing pattern to precisely target treatment as the body moves. The new TrueBeam is due to be ready to treat the first patients towards the end of the Summer.
Manor Surgery - Redruth Fixed Term GP Post  
to cover maternity leave

08-09-14 for 9 months, 4-6 sessions per week including one Duty day
Friendly practice team of 7 GPs, Nurse Practitioner,
5 Nurses and support staff. 11,500 patient list based in modern, purpose-built premises.
Long-established and well organised nGMS practice achieving consistently high QOF results.
We are looking for flexibility, good attitude, a sense of humour and willingness to participate in full.
To the right person we can offer support and a relaxed, welcoming atmosphere in addition to an attractive sala-
ry package, your own room and an experienced PA.

Contact Julie Campbell on 01209 313313 or
e-mail: Julie.Campbell@manor.cornwall.nhs.uk
Manor Surgery, Forth Noweth, Redruth, TR15 1AU

Petroc Group Practice - Salaried Doctor Required

We currently have a vacancy for an enthusiastic and well motivated salaried GP to work 6 to 10 sessions per
week.
We are a dispensing practice with a list of 16000, managed between eight partners and six salaried GPs. We
operate from four surgeries in Mid-Cornwall; St Columb Major, Padstow, St. Columb Road and St Merryn.

Informal visits and enquiries are welcome. Application is by CV to Ian Gibson, Practice Manager, Petroc Group
Practice, Trekenning Road, St Columb Major, TR9 6RR. Closing date for applications Friday 13th June 2014.

Tel 01637 880262
Ian.gibson@petrocdocs.cornwall.nhs.uk

Petroc Group Practice - Partnership Opportunity

We will shortly have a vacancy for an a Partner at the Petroc Group Practice.

We are a dispensing practice with a list of 16000, managed between eight partners and six salaried GPs. We
operate from four surgeries in Mid-Cornwall; St Columb Major, Padstow, St. Columb Road and St Merryn.

Informal visits and enquiries are welcome. Application is by CV to Ian Gibson, Practice Manager, Petroc Group
Practice, Trekenning Road, St Columb Major, TR9 6RR. Closing date for applications Friday 30th May 2014.

Tel 01637 880262
Ian.gibson@petrocdocs.cornwall.nhs.uk
SALTASH ‘THE GATEWAY TO CORNWALL’

Situated on the west bank of the river Tamar, Saltash acts as a gateway between Cornwall and Devon, whether travelling by road, rail or river. Saltash is close to the sea, Dartmoor and to the major city of Plymouth. Our main hospital for secondary care, Derriford Hospital (Plymouth Hospitals NHS Trust) is just 15 minutes away. We have a local Community Hospital, St. Barnabas. There are excellent Primary Schools in Saltash and surrounding area. Saltash.net Community School is a mixed 11 to 18 Academy School, as well as being close to Grammar schools in Plymouth.

SALTASH HEALTH CENTRE

Well organised PMS practice seeking a new partner to join our high earning and thriving practice. We are looking for a full-time GP (8 sessions) to replace a retiring partner.

- 8 Partners (7 wte)
- Rising list size of over 13,100 patients
- Fully supported by nursing, administrative and management teams
- Well-located purpose built partner-owned premises
- Excellent reputation and consistently high QOF achievement with wide range of LES and DES
- Enthusiastic involvement with Undergraduate & Postgraduate Medical Education
- Moving to SystmOne clinical system in the Autumn
- Active involvement with local commissioning
- Regular educational meetings

We are looking for an enthusiastic, pro-active, team player with a strong patient-care focus who will share our supportive, friendly, hardworking ethos and commitment to high quality care.

Start date: 1st April 2015 or earlier by mutual agreement.

Closing date for applications Friday 20th June 2014. Interviews 10th/11th July 2014.

For further details contact:
Lynn Chenery, Practice Manager, Saltash Health Centre, Callington Road, Saltash, Cornwall, PL12 6DL. Telephone: 01752 842281. Email: Lynn.Chenery@saltash.cornwall.nhs.uk

Informal enquiries / visits welcome. Website: www.saltashhealth.co.uk

Middleway Surgery - Sabbatical cover required

Sabbatical cover required Middleway Surgery 12/12 from September 2014 Full time or job share possibilities. We can be flexible We are a small, friendly 4 partner practice list size 6,200 - evolution system.

We’d like to hear from you if you’re interested Please contact Dr Cath McGuinness on group wise or at the surgery 01726 812019 for more information.

Experienced GP available for locum work

Experienced GP available for locum work from mid June. I live in St Minver, near Wadebridge, and am able to travel up to 30 minutes each way.

To download my CV and check availability here's my website:

www.locumorganiser.com/DrHolt

You can also contact me through the website.

Donna Holt