

Somerset LMC

Newsletter



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Inside this issue:

Choose and Book	1
Diabetic Retinal Screening	1
Out Of Hours update	2
GP Treatment of Service Personnel	2
Support For Carers in Somerset	3
The Deanery	3
Somerset CFS/ME Service	4
Changes to Form E111	4
Disabled parking Applications	4
Recording Significant Allergies	4
Cab Software Incompatibility	4
Registered patients and the Global Sum	5
Newsletter Editorial Policy	5
GMS Contract Review	5
Letters to the Editor	5
Jennifer's Journal	6

CHOOSE AND BOOK

Don't be railroaded into accepting a substandard system

The LMC is aware of a rising tide of irritation that threatens to become outright anger amongst GPs over the political pressure being applied to reach the government target of 50% of new referrals being made using Choose and Book by October 2005. The contortions that NHS organisations put themselves through so as to be seen to be trying to comply with the requirements are frankly embarrassing, and are ultimately going to be counterproductive. At the time of writing we understand that a total of 13 CaB referrals have been made in Somerset, and just six of these patients have contacted the Referral Management Centre to arrange their appointment.

But what is this all about? The project is ambitious and complicated, and the target is an entirely arbitrary one. Will patient care suffer if it is not reached? No, of course it will not. Indeed, rushing into a untested and unfinished system will cause all sorts of problems. Patient referral is a key part of general practice, and an area of clinical and medicolegal risk. We cannot recommend that practices change their processes until they are confident that Choose and Book is fit for purpose and that it meets the criteria laid down in the LMC position paper

(published on the website at www.somersetlmc.co.uk).

We hope that the Government will show a little maturity about this. Nobody else really cares whether the deadline is reached, and in the greater scheme of things it is utterly unimportant. But perhaps after 8 years in power New Labour has gone the way of previous administrations, and begun to think that bolstering their political prestige by keeping to an announced target is more important than making sure that a public service actually serves the public as it should.

PROGRESS ON CENTRALISED DIABETIC RETINAL SCREENING

Project is on target

It is good to be able to report for once on an NHS project that has been well planned, properly consulted about, and that is fully funded.

We mentioned in the June Newsletter that a central system for diabetic retinopathy screening using retinal photography was in

development. Things have continued apace, and it has been decided to purchase the same software for this as is in use in adjacent counties. Starting from April 2006, initially at West Mendip Hospital, the scheme will extend over the following few months to cover all of Somerset except East Mendip who will continue to use the Bath based service already set up there. New screening facilities will be installed in Bridgwater, Williton, Yeovil, Crewkerne and Taunton to

cover the remaining Somerset PCTs. Somerset Health Informatics is adapting MIQUEST to identify coded data from GP clinical systems as the basis for the register. We do not believe that it is necessary to individually inform patients of this, as the service will be part of the normal care pathway and completely within the NHS, but please would you consider amending your information for diabetics to say that from sometime next year the central screening service will invite them for retinal photography annually unless they specifically ask to be excluded from the programme.

Practices will be notified of the outcome of the screening by letter, usually within a couple of weeks of the test. Generally, if a patient requires referral for an ophthalmological opinion this will be done within the service, but note that patients already under consultant follow up for diabetic eye disease will not generally be called for community screening. In due course we hope that practices will get email notification of screening attendances. If either the patient or the practice wants to suspend an individual from recall this can be done on a temporary or permanent basis, and GPs will also be able to contact the service to ask for a patient to be recalled if he or she changes their mind about not attending.

UPDATE ON OUT OF HOURS SERVICE CHANGES

It is now planned that employment/service contracts for everyone working out of hours will transfer to the new Dorset and Somerset Emergency Care Service from 1st November. Under NHS contract regulations your terms and conditions will remain the same. Most doctors working out of hours in Somerset have contracts that will run until the end of this year, and we do not anticipate that there will be substantial changes until then, but the service is planning to slightly increase the hourly rate for Saturday morning in recognition of the heavy workload at this time. Call handling in Somerset will not alter until 1st February 2006, from which time the two counties will have a merged and integrated system.

We also anticipate that the arrangements in Dorset for supervising registrars will be

extended to Somerset. Dorset GPs who are trainers, or who have completed the approved half day clinical supervisor course, are currently paid a £50 supplement for each session during which they are supervising a registrar. The rota system will be upgraded in due course so that supervisors are identified as such and registrars, who will hold an honorary contract, can book to work sessions with them.

GP TREATMENT OF SERVICE PERSONNEL

Serving military personnel should not be registered with a GP

Services staff will usually be under the care of a primary care doctor in the Defence Medical Service who may be either an officer in one of the services, or a civilian employee. HSC 1998/117 states "When a member of Her Majesty's Forces, or one of their dependents who is registered with DMS, presents at a GP surgery they can only be treated as a temporary resident or on an emergency or immediately necessary basis." and "Services Personnel are excluded from permanent registration with a NHS general practitioner. There is no such restriction on dependents." Regulation 25 of the GMS Regulations (2004) confirms that patients serving in the forces will be removed from the practice list.

If you are consulted by a serving member of the forces, please remember the following.

- Personnel should normally return to their base for medical treatment. Only if there is an immediate health need or the individual is "not fit to travel" should a GP be consulted.
- Psychological problems are treated by the DMS, so unless the patient requires immediate psychiatric or CMHT attention, they should return to their unit.
- Med3 and Med5 forms have no meaning in the services and should not be issued.

We have the same obligation to pass on clinical information to the DMS as we would to an NHS GP. Because of the delay in processing GMS3 forms it may be better to give the patient the clinical note to take with them rather than leaving it to the vagaries of the transfer system.

SUPPORT FOR CARERS IN SOMERSET

Carers Support Workers (CSWs) are located across the county in GP practices and are jointly funded by PCTs and the Somerset County Council Community Directorate (formerly known as Social Services). Although each CSW has an office base in a designated surgery he or she will cover several practices in the locality offering support to all patients who may be caring for a relative, neighbour or friend in their own home, whatever their age.

Many practices are now building carers' registers with the help of the Carers Support Service in identifying patients who have a caring responsibility. Publicity information, including the outstanding Somerset Carers Pack, can be displayed in practices to make carers aware of this initiative. Practices have also been encouraged to adopt the 'Calling All Carers' leaflets. These leaflets encourage carers to register and access the services of a Carer Support Worker.

A CSW can support a carer in a variety of ways, from referral to Adult Primary Care teams for OT or needs assessment for the cared for person, through to encouraging a carer to look after their own health through use of the sitting service for short breaks. CSWs work closely with many professionals to help carers address their needs and find appropriate solutions to a wide range of financial, social and practical problems. Carer Support Workers can also draw on the expertise of the Care Direct team who can provide a range of information for carers on all aspects of caring.

CSWs organise and facilitate carers support groups, which enable carers to benefit from the expertise of professionals, to meet other people in similar situations, and to relieve the isolation so often felt by people in the caring role. A CSW can also offer access to a specialist carers counselling service and the "Help in Crisis" sitting service.

Recently the Carers Support Service has begun a new initiative to develop training programmes for carers through links with council services such as Adult Learning and Leisure and also St John Ambulance. Pilot courses are due to begin in the autumn offering carers practical support with day to day caring as well as an opportunity to meet

informally with other carers. These courses are free and will be open to carers in the autumn of this year.

If your practice has not yet fully developed a register of carers and you would like to know more about the 'Calling all Carers' leaflets or the Somerset Carers Support Service please contact Care Direct on 0800 444000 or Somerset Carers Service office at SMSheppard@somerset.gov.uk or by phoning 01278 437200 .

WHO DOES WHAT AT THE DEANERY?

Message from Nick Lyons, Associate Director for Somerset

The Deanery GP education team work to support GPs and GPs in training in Somerset. Responsibility for different aspects of this rests with different people:

The GP Tutors based at Taunton and Yeovil Postgraduate Centres aim to provide a programme of events and support to help individual GPs and practice teams in their development. Needs identified in appraisal should inform a programme of meetings (larger meetings in the hospitals, smaller locality meetings and practice based meetings) and personal development. The Tutors are there to support and advise GPs in ensuring that they have the best access to educational resources and facilities

The Course Organisers in Yeovil and Taunton run the Vocational Training Schemes and support GP Registrars during their training. They also provide expertise and advice to trainers and pastoral support to the GP Registrars.

We are currently developing a new role for Somerset, the *Programme Organiser*, who will work with hospital consultants to develop SHO posts and ensure that the training future GPs receive is of a high quality and is appropriate for GP training.

It is hoped to establish a Deanery office in Somerset in the near future and the team is there to help you in any aspect of GP education. Ideas are always gratefully received! nick@lyonsfamily.org.uk

SOMERSET CFS/ME SERVICE

You may have missed the information that there is now a new service for patients in Somerset with Chronic Fatigue Syndrome. This is located in Wells, but covers the whole of the county. Currently it operates only on Fridays but it will develop further over the next 12 months. The team, comprising a Health Psychologist, an Occupational Therapist, and a Physiotherapist can offer:

- Outpatient multidisciplinary assessment
- Advice and Information to health professionals where referral is inappropriate or not possible
- Work with individual patients to help them manage their condition, this could be by telephone after an initial assessment

Medical advice for the team and referring GPs is available from Dr Andrew Douglass who is a GPSI in CFS/ME (Tel 01278 422702)

The team does not offer counselling. However, Action for ME has set up a new helpline offering information and advice and support (Tel 0845 123 2314)

For more information about referrals please contact Somerset CFS/ME Service, Priory Health Park, Glastonbury Road, Wells, BA5 1XL (tel 01749 836500)

IMPORTANT CHANGES TO FORM E111 FOR TRAVELLERS WITHIN THE EU

A new version of the booklet "Health Advice for Travellers" was published on 1st September and this now includes an application form for a "European Health Insurance Card" (EHIC). If you have any of the old forms they should be replaced as they are no longer accepted. Patients can obtain the new ones from post offices, or online www.ehic.org.uk

DISABLED PARKING APPLICATIONS

Just a reminder that since July 2005 anyone wanting to apply for a disabled parking badge (now miraculously transformed from orange to Euro blue) should do so by ringing Care Direct on 0800 444000 Requests for medical information from GPs should be fewer in future.

RECORDING SIGNIFICANT ALLERGIES ON YOUR CLINICAL SYSTEM – GPC ADVICE

Please remember Read code allergies as well as recording them in the prescribing system

Arguably one of the most important aspects of patient records that should be accessible to all that provide care are their known allergies and sensitivities. For historic reasons the different GP clinical systems handle the recording of allergies in several different ways. Some have specific parts of the patient record database designed solely for that purpose. This presents problems when electronically transferring GP records. System "A" may hold the knowledge of an allergy to penicillin in a form that cannot be recognised by system "B" and vice versa. These differences can only be overcome by the application of complex translation tables and mapping rules, these are potentially unsafe.

However there is an opportunity to resolve this problem through the adoption of a QOF like approach to the recording of allergies. All GP systems have the full range of Read Codes available to them and the Read Code system has a wide range of specific codes that deal with allergies. Any Read coded data will be transferred with 100% accuracy between GP systems using the GP2GP transfer process.

The GPC recommends that practices begin recording allergies and sensitivities as Read Coded entries. Known and confirmed allergies are relatively rare and the numbers of patients involved is likely to be small. Important non drug allergies, such as to latex, should also be Read coded.

CAUTION! POTENTIAL PROBLEM WITH CAB SOFTWARE INCOMPATIBILITY

We have heard of a couple of practices that use online banking about a software conflict encountered when they installed CaB on a PC which has a bank cardreader installed. At least one bank system uninstalled the CaB certificate reader and installed its own! It would seem wise therefore not to try and put CaB onto the PC that you use for online banking.

REGISTERED PATIENTS AND THE GMS GLOBAL SUM

Readers may recall that during the contract negotiations the Government decided to reduce the value of the global sum on the grounds that there were 6% more people on GP lists than were recorded on the previous census, and that we must all have lots of ghost patients. This decision almost destroyed the contract, and was instrumental in the need for the "MPIC" that has so distorted the laudable aim of making the contract sensitive to need. It came as no great surprise to us when the Electoral Commission announced on 6th September that some 3.5 million people were not registered to vote in the UK.....that is, 6%.

NEWSLETTER EDITORIAL POLICY

What do you want?

The success and wide readership of this Newsletter has brought us some unexpected problems. First, a growing number of organisations see it as a good way of passing on information to GPs and practices, and can be quite hurt when space does not allow this. Secondly, a Newsletter that gets too long diverts the LMC secretariat from other tasks, and anyway is less likely to be read. Finally, a high profile brings us to the attention of non-GP readers who may feel that the content is biased or incomplete.

We try to provide a balance of articles about national and local issues that affect practices, as well as printing information about local services and summarising LMC policy on a range of matters. Sometimes the editorial will be fairly trenchant, and the satirical diary of my old friend Jennifer expresses a personal view of general practice that is not in line with current political trends, but which does strike a chord with many GPs.

The LMC does feel it is right that we should take a firm position amongst the shifting sands and constant change of NHS "modernisation", but do you?

We would welcome your views on both the content and style of the Newsletter, either for publication or privately, and will do our best to reflect the range of opinion that is the very essence of general practice.

Harry Yoxall

NEW GMS CONTRACT REVIEW

Is going to take longer than was originally planned

The GPC and NHS Employers (formerly the NHS Confederation), who negotiate on behalf of the Department of Health, have agreed to carry out the planned review of GMS up until 2009 in two stages. They have confirmed that changes will be made to the Quality and Outcomes Framework from April 2006 and whilst work will continue on the review of the global sum allocations formula it will not be implemented until 2007/8 at the earliest. This is partly to allow the review to take into consideration any impact from the forthcoming English White Paper on care outside hospitals.

LETTERS TO THE EDITOR

Dear Editor,

Further to your item in the LMC newsletter on *al fresco* consultations, I should just like to point out that I was that bowler. I sent down a rather crafty outswinger, which rose late, and completely fooled the batsman, who clipped a meaty top edge. The ball lifted to shoulder height, straight for the third slip in question. Imagine my disgust when I realised he was busy putting something in his shirt pocket and waving to the umpire. Looking up at the last minute, the fielder missed the catch and took the ball between the eyes. He dropped like a stone, but to my surprise the umpire (who I had always thought to be a GP) had to make an urgent visit to the pavilion toilets, and we were left to resuscitate him ourselves.

I have never forgiven the fielder, not only for the missed catch, but as our opener in the next innings for also proving to be as blind as an opening bat, so losing us the match. Now at last I realise why the umpire absented himself so smartly.

Yours, appalled etc...

FootNote

We have received a challenge from Dr David Edmondson of Taunton to try and find the longest word in any correspondence received by a GP. His offering of "oligoasthenoteratozoospermia" seems to take the prize.....unless you know better?

JENNIFER'S JOURNAL

My second consultation of the morning is reported almost verbatim:

'I hear Smith is terrible good' says Miss Lovelock as she settles into her seat . 'I thought I might like to see him. I've read about some modern treatments that I would like to discuss with him. Could you arrange an appointment?'. Miss Lovelock has early osteoarthritis of a hip but can still outpace all the other ramblers and is not disturbed at night. She is somewhat 'old school' and tends to stick to her own views on health matters.

'Times have changed Miss Lovelock,' I begin,' we now have 'CHOICE'. You can go onto a waiting list to see a physiotherapist at the community hospital . They will be very thorough but you won't get through to see a surgeon and I think they might suggest that you had a wasted journey as you are still so very active. Alternatively I could send you to the new International Treatment Centre up the road. No discussion there, they will just pop in a new hip while you're waiting ; but perhaps not wise as you don't really need one just yet. I could try and bypass the system if you like. You could join a very long wait indeed to be seen in Mr. Smith's clinic at our local district general hospital. But he is very busy and you are more than likely to be seen by his junior staff who will also have very little time to talk to you. No, if you really want to have a consultation with the surgeon of your choice you will have to go privately. He could probably see you very soon at the private hospital—and your mind would be put at rest.'

'That's silly', retorted Miss Lovelock,' In the old days you could have simply referred me to the surgeon of my choice'.

' Yes Miss Lovelock but that was before we had CHOICE. We don't do people anymore, we do procedures. People are complex and unpredictable, while procedures can be costed and counted accurately.'

' Oh dear! Well I'm damned if I am going to pay in order to exercise my choice. I thought the NHS was free at the point of delivery; and all this under a Labour Government. I am not happy doctor and I shall be writing to complain'.

' I can give you the address of the PCT chair, Health Authority chair and your MP to write to if you like, Miss Lovelock. I tend to keep them handy these days.'

'Thank you doctor, that would be kind'.

'But I must warn you what they will all say to you. They will sympathise with your situation and then recommend that you go and discuss it with your GP.....'

' But I've just done that.....'

' Miss Lovelock, how can I help you?'



The views expressed in Jennifer's Journal are the author's own and not necessarily those of the LMC.

Jennifer

Small Ads Small Ads.....

REPLACEMENT FULL TIME PARTNER OR SALARIED GP We are looking to replace our retiring partner. Preferred start date April 2006, but we will wait for the right applicant. Friendly GMS practice. No OOH commitment. Eight sessions per week. Established training practice. List size 7,500. Currently 4 Partners and one salaried doctor. Excellent administrative support. No capital required.

Informal enquiries welcome and practice profile available on request. Applications and CV to Dawn Underhill, Practice Manager, Brent House Surgery, 14 King Street, Bridgwater, Somerset, TA6 3ND. Tel: 01278 458551. Email dawn.underhill@brenthouse.nhs.uk www.brenthousesurgery.co.uk