

SOMERSET LMC

NEWSLETTER



DEC 2005

Issue 122

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**Attachments:
Recovery Plan & LMC
Study day 2006**

*The Somerset Local
Medical Committee and
all the Secretariat Staff
would like to wish all
their readers*

*a Very Merry Christmas
and a Happy
New Year*



*The LMC Office will be
closed from 12 Noon
23 December and will
reopen on Tuesday
3rd January 2006*

MAKING SENSE OF NHS CHANGES

As we approach the end of the year it seems appropriate to review the changes of the last 12 months and to anticipate those coming in 2006. The Department of Health apparently now has a policy of "creating constructive discomfort" in the NHS which suggests that we are all in for a bumpy ride. Furthermore, the DH is clearly deeply unhappy that despite record increases in NHS investments Trust overspends are running at over £M600, and along with their perception that GPs have overachieved under the new contract money will be in short supply to fund any new developments. So despite increases in income and improvements in our working lives GPs are uneasy about the future.

The Study Day on Medicine in the Third World held at Dillington at the beginning of December provided a valuable breath of fresh air for those of us disenchanted by working within the overblown and extravagant monster that the NHS has become. The speakers talked about how precious resources in developing countries were used carefully and with ingenuity to produce as much benefit as possible, and how medical and nursing skills were really needed and really did save lives. Compare that with a system that expects peak flow meter tubes to be used once and thrown away, and then demands non-return valves on the tubes because of the risk of infection. One can but wonder just how many people are documented as having contracted respiratory infection from a peak flow meter, and how many people in sub-Saharan Africa could have had clean drinking water for the same price.

How far we have moved from traditional clinical care: we tick a lot of boxes, but when did you last do anything that really mattered? But perhaps all is not lost, for our patients still turn to us for help and advice, and no matter how fast or hard the storm of NHS legislation and regulation blows they will continue to do so. Our politicians can meddle and fiddle and generally mess things up but they are ephemeral creatures, here today and gone tomorrow. How many of us know who the Secretary of State for Health was 10 years ago, but who has forgotten who their GP was at the same time?

We already know that there will be much more change next year, and that there will be many new political ideas –many indifferent, some daft, and a few quite good. Most will be as transient as the ministers promoting them, and it will be as well for us to concentrate on what matters, which is to work with local hospital doctors and front line NHS managers to improve patient care. If we are going to spend all this public money, it seems the least that we can do is to spend it wisely.

Somerset Health Informatics Service Support for Primary Care

The July LMC Newsletter carried an item expressing concern about proposed cuts in funding for Somerset Health Informatics, and the knock-on effect this might have on support for practices. Neil Stevens, the head of the service, wrote to the LMC Chairman in September to reassure the committee that every effort was being made to minimise this. In October we were asked by the GPC to survey practices about any concerns that had regarding IT funding and support, and mentioned this in the last Newsletter. Two significant views emerged from this. First, a universal feeling that the Primary Care Support team does a first class job under very difficult conditions, and second a recognition that national political decisions have required IT staff to concentrate on Choose and Book



rather than other areas that practices regard as more valuable and important. There is no doubt that the Somerset health community is well served by having an integrated informatics service with a pool of skill and experience that is invaluable, and the LMC will continue to urge that it be retained in as close to its present form as funds allow.

The key paragraphs from Neil Stevens' letter were as follows:

"I was asked in June 2005 as a result of overall financial imbalances across the Somerset Health economy to deliver recurring savings targets of £750k, as well as in-year savings of £750k without adversely affecting the quality of service provided. The current plan is to realise £400k of the savings target in 2005/06 and the full £750K from 2006/07 onwards

The financial savings will be achieved by a number of measures, including general non-pay savings, savings achieved by ceasing data circuits when N3 connections go live, income generation and some pay savings.. My current estimate is that on a recurring basis this amounts to a reduction in the overall workforce of some 10 posts.

I can give you absolute assurances that my plans do not mean that access to specialist IT technical staff will be diminished. Rather, I am working to ensure that more appropriate use is made of specialist staff, by ensuring that all support calls are properly triaged and an assessment made of the most appropriate resource to support you and your colleagues.

The total pool of skilled IT technical staff across Somerset will be available to deploy to areas with the greatest requirement (eg if there is a virus outbreak, or to support major IT projects)."

As of the time of writing the number of job losses is expected to be just 1 or 2 due to better than anticipated non-pay savings.

Email Correspondence with Consultants

Encryption is coming but isn't here yet!

An increasing number of secondary care doctors are inviting communication by email and this can be an excellent way of dealing with simple queries. However, we do urge colleagues to remember that NHS Net is NOT currently encrypted. Mail between practices and trusts is (theoretically, at least) vulnerable. Once it has left your mail server, it could be anywhere. The LMC advises that if patient identifiers need to be used, the NHS number is the most secure one to choose. Initials and date of birth are not satisfactory.

SHIS now has a solution to this. They have obtained agreement from Connecting for Health to install a firewall system in all Somerset NHS sites that will securely encrypt and decrypt emails to other Somerset NHS sites including practices and Trusts. We will keep you updated on the progress of this project.

Email Correspondence with Patients

Can help everyone, but should carry a health warning

Many practices now offer email prescription ordering, which is convenient for patients and practices alike as such requests can be dealt with whenever the prescription clerk has a few moments. Emails about clinical matters can also be useful, especially for patients with hearing problems or those who travel a lot, but steps must be taken to prevent them becoming an intolerable burden on top of an already packed day's work. We suggest that you add something along the following lines to your electronic signature

Please do not disclose any sensitive personal information in email messages to your doctor as this correspondence is NOT encrypted. Emails to the surgery are picked up only by the person to whom they are sent. If he or she is away for any reason they will not be read until that person returns. If the matter is urgent or you need a guaranteed reply you should telephone the surgery.



CHANGING A PATIENT'S NAME ON THEIR MEDICAL RECORDS

Please be a little cautious when a name change is requested

In England any adult can choose to change the name by which they are known at any time. For this to become formal for things like tax and national insurance purpose he or she needs to sign a Deed Poll, which is essentially a witnessed statement that the person has elected to change their name. This does not require a solicitor or any other legal input, but once completed in the required format can be used to apply to change other documents such as a passport.

Traditionally, therefore, practices have simply accepted any name change requested by patients and informed Patient and Practitioner Services accordingly. But there has recently been some concern about this because although an NHS Medical Card is not itself a legal document for anything other than NHS purposes, it is used as evidence of entitlement to free health care and can also be a supporting document for proof of identity

The LMC has discussed the matter with the local NHS Counter Fraud Service who suggest that it would be good practice for GPs to request the reason for the name change and for evidence to verify it, preferably in the form of a Deed Poll, Marriage Certificate, or similar. The CFS also reports that they have cases where numerous patients attempt to register at the same address to enable them to obtain a medical card which can be used as proof of ID. If a practice is suspicious about either an individual or an address you can contact the CFS for advice on 01460 238651.

The position with children is a little more complicated., and our thanks to Anne Allen, Nurse Consultant in Child Protection for Somerset, for clarifying the present position. For a child's name to be changed either by deed poll or a change of birth certificate everyone with parental responsibility (PR) must be in agreement. The child's forename can be changed before their 1st birthday on the birth certificate via the Registrar of Births, Deaths & Marriages but to change his or her surname all with PR must

consent. In all cases the mother *must* consent, and the father must also consent if he is currently (or was or previously) married to the mother, if he has acquired PR through agreement or a Court order, or if the child was born after 1/12/03 and he is named as the father on the birth certificate. If a residence order is in force the person holding the order must also consent, and finally a child 16 or 17 must also themselves consent. However, there is precedent for a father without PR having a name change reversed through courts



In view of these complexities we would suggest that changes of children's names on NHS medical records should only be made following a written request that includes a copy of the birth certificate and the person making the application should also confirm that they have attached the signed consent of everyone with parental responsibility.

NEW UK AND INTERNATIONAL GUIDELINES ON CPR

The UK Resuscitation Council has adopted a new protocol for Basic Life Support. This is based on recent work on the pathophysiology of cardiac arrest and it includes a greater emphasis on chest compression than before, recommending a new ratio of compressions to rescue breaths - 30:2 under most circumstances (previously 15:2). The emphasis is on minimising interruptions to chest compression, and there is new guidance on use of automated defibrillators. Details on their website at: www.resus.org.uk/siteindx.htm

LABEL PRINTERS

If you do not have one of the new label printers in your consulting room you are missing out! Not only can the labels be used for all pathology forms (including microbiology) they may also be appropriate for a whole range of other NHS requests. The hospital trusts are trying to clean up their pathology databases (there are some 5,000 duplicates at T&S alone) and having the NHS number on the label is hugely helpful in this process as well.



CONTINUITY PLANNING

Could you maintain services in the event of a serious disruption to the practice?

The need to think about how we would cope with a flu pandemic may be opportunity to consider how the practice would cope with a wider range of possible major events. Every year a practice somewhere suffers a major fire, flooding is a risk in much of Somerset, and all sorts of civil or other commotions might render your building unusable. Do you have any contingency plan to cope?

The first requirement is to have a plan for dealing with the immediate problem. It's the Monday after Christmas, and you come back from a few days away to start work, only to drive round the corner and see a smoking ruin where the surgery used to be. What do you do?



Ted Townsend, Practice Manager at Warwick House Surgery, suggests something along the lines of the attached sheet. Adapt it for your local needs, copy onto A5, fold and laminate, and give one to all your key personnel. Whoever turns up first after the incident can start ringing people on their mobile so that you can cascade information swiftly through the team and start organising alternative services.

Very often the most immediate need is for a physical space to work from. You can get a Portacabin within a couple of days, but to start with, check if there is a church hall or community centre nearby where you could camp. Your system supplier will probably be able to get new hardware to you very promptly, but is your backup secure? It may be in a fireproof safe, but what if you cannot get to it, or it is under 4 feet of water?

If you are going to take this seriously, there is a very comprehensive model scheme produced by First Practice Management, which is a subscription website. Membership costs £100 +VAT per year, and they produce a lot of excellent material so it is well worth joining. www.practicestaffmatters.com

LYME DISEASE

May occur anywhere in Somerset and antibodies are not detectable early in the infection

A couple of cases reported over the summer prompt us to remind readers that Borrelliosis is not confined to the Quantock hills, but may be contracted in other parts of the county. The peak incidence of infection occurs in the summer when the ticks carrying infection are most active but antibodies may take quite a while to become detectable after infection. We are grateful to Dr Mike Smith, Consultant Microbiologist at T&S for the following information

"IgM is detectable 3-4 weeks after infection, and IgG somewhat later at 6-8 weeks. The latter may remain for many years even after appropriate treatment. Erythema migrans may appear after 2-3 weeks, so antibody tests may be negative at this stage - a later serum sample would also need to be tested to confirm the diagnosis. Also, the antibody response in patients with early Lyme disease, who are treated promptly with an appropriate antibiotic, may be abrogated, with some never becoming antibody positive.

In the Taunton laboratory we do an antibody screening test, but false-positive results may occur. Any positive samples are then sent to the Lyme Reference Unit in Southampton. They do another test and if still positive they do specific "immunoblot" tests. This means that our lab can issue a negative result quickly, but a confirmed positive result can take quite a bit longer.

Treatment of early disease (ie rash) is normally doxycycline 100mg BD for 14-21 days; or amoxicillin 500mg TDS for 14-21 days in pregnant women. Children under 12yr should receive amoxicillin 50mg/kg/day in 3 divided doses (max 500mg TDS). Older children may receive doxycycline 1-2 mg/kg BD (max 100mg BD).

Later manifestations or complicated/allergic patients are best discussed with a Microbiologist.

We do not advocate any prophylactic antibiotics following tick bites as in UK the risks outweigh any potential benefits"



SMALL ADS SMALL ADS.....

SHEPTON MALLET, SOMERSET

The Park Medical Practice, a 5 partner 4th wave PMS practice is looking to appoint a salaried GP for 8 sessions per week as an additional member of the team. We are looking for a forward thinking GP, for this paper light, 4th wave PMS EMIS practice, situated in a lovely location in newly built premises.

- Excellent Practice Nurse Team providing services such as triage, CHD, hypertension, epilepsy, family planning, etc.
- Access to active community hospital with GP beds/physio/X-ray.
- Within commuting distance of Bath, Bristol, Taunton and Yeovil.
- Close to beautiful countryside and excellent schools

Please visit our website

(www.theparkmedicalpractice.co.uk)

or contact either Dr. Chris Norris or Thelma Thompson, the Practice Manager for an informal discussion or copy of full profile.
Tel: 01749 334383 or e mail

Thelma.thompson@parkmedicalpractice.nhs.uk

SOUTH WEST PENINSULA HEADACHE NETWORK

www.headache.exeter.nhs.uk

This network has been established for all healthcare professionals with an interest in the treatment and management of headache.

Our aims are:

- To raise the profile of the unmet need in the area of headache
- To facilitate the development of headache services in the Peninsula
- To support practitioners through education and discussion
- To support research activity in the area of headache



Our next meeting will be at the **Lavender House Hotel, Ashburton** on **Thursday, 26 January, 2006 7.00pm for 7.30pm.** if you have an interest and would like to be kept up-to-date with our activities please contact

David Kernick –

david.kernick@gpL83016.nhs.uk

Business Development Programme Manager

BASED BETWEEN BATH AND SALISBURY

Fixed Term Contract – 24 months

Salary: Band 8

Frome Medical Practice is looking for a dynamic, enthusiastic and experienced professional to be a programme manager for new business in this rapidly growing practice.. The areas of responsibility include developing Intermediate Care/Tier 1 Services, account handling of national consultancy contract , bidding for new Practices, and negotiating PMS contracts.

With a focus on delivering and supporting change to achieve this challenging agenda, you will work with colleagues across a range of service areas to design and implement the comprehensive programme management plan for the Practice.



If you have a strong commitment to working in partnership and a desire to drive through change please visit www.fromemedicalpractice.co.uk for a full Job Description and Person Specification.

Please forward CV in application to Deborah Hyde, Frome Medical Practice, Park Road,

QUANTOCK MEDICAL CENTRE NETHER STOWEY

Assistant G.P. required for this friendly rural 2 partner practice. 2 sessions per week, holidays and study leave included. Please contact Marion Maddison, Practice Manager, enclosing C.V. to Quantock Medical Centre, Nether Stowey, Bridgwater, TA5 1NW. Please Telephone 01278 732696 for more information.

JENNIFER'S JOURNAL

Christmas Questionnaire



Last year I helped you decide whether to retire, re-train as a nurse or whether you were suitable to continue as a doctor. For those of you who stayed you can check to see how well you are doing. Unlike Government surveys you can both agree and disagree with the statements.

Fully agree partially agree don't know disagree over my dead body

I prescribe drugs to frail people who would clearly be better off without them but points means prizes

I give flu jabs to anyone, however ill and unable to give consent – targets are targets.

I know I shouldn't fiddle QOF data but, hey – it is only a few systolic blood pressures.

Choose and Book is suddenly not so ridiculous and impossible to implement now that I can get paid to do it.

We promote a practice policy that encourages our receptionists to turn everyone away, however ill, unless properly registered with us.

I know exactly how long until I retire.....and I am counting the days.

Happy Christmas. Love *Jennifer.*

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

FootNote *Some new words for the 2006 Dictionary of NHS Usage*



TESTICULATING Waving your arms around and talking bollocks.

BLAMESTORMING. Managers sitting around in a group, discussing why Choose and Book is behind schedule

SEAGULL MANAGER. Flies in, makes a lot of noise, craps on everything, and then leaves.

PERCUSSIVE MAINTENANCE. The fine art of whacking the crap out of an electronic device to get it to work again.

ADMINISPHERE. The rarefied layers of the NHS beginning just above practice level. Decisions that fall from the "adminisphere" are generated in the form of "administrivia" – long documents written in management speak.

ADMINIDROID. The spineless and bloodless creatures who float in the adminisphere, apparently made of tofu and operated by hot air.

OHNOSECOND That minuscule fraction of time during which you realise that you made a BIG mistake when you just hit 'reply all'