

# Somerset LMC

## Newsletter



**MAY 2007**

**Issue 132**

### **TIME TO LOOK ON THE BRIGHT SIDE**

*The NHS in Somerset is in a strong position*

It is too easy for a leader writer to be constantly negative, and the frankly bizarre decision by the Prime Minister-in-waiting to make GP access the subject of his first election speech is a tempting target. But we think the time has come to put on one side the posturing of politicians and look at some of the good things that are going on.

Locally, the reorganisation of the PCT is nearly complete, and although having seemed to GPs to have been slow, Somerset is well ahead of the game and has been able to recruit some excellent new staff by being ready to appoint to posts ahead of the PCTs in which they had previously worked. There are still vacancies in the finance and primary care directorates, but the PCT rightly wants the best people to fill these, and asks us to bear with them a little longer whilst this is done. This reorganisation has also been undertaken - perhaps for the first time in NHS history - with real concern for the welfare of staff, so that only a handful of redundancies have been necessary, and almost all by mutual consent. It has also succeeded, at least in our eyes, in by and large putting the right people in the right jobs.

Across in secondary care, Yeovil Trust is, we believe, the first in the country to reach the 18 week referral to treatment target and with both T&S and Partnership looking at Foundation status the reorganisation of the hospital sector is well advanced. Shepton Mallet Treatment Centre is now working over contract capacity, and there is a useful income to the PCT from patients referred into SMTC from outside the county.

Meanwhile, the county wide Practice Based Commissioning Consortium model looks ready to deliver real benefits to patients and genuine savings, as well as attracting national interest in its unusually wide co-operative model. Finally, thanks to careful financial management, Somerset does not have to deal with the consequences of the crippling deficits seen elsewhere in the UK: in Suffolk, for instance, PMS practices are all facing the unilateral imposition of a new and reduced value contract.

Whilst the LMC will continue to be a tireless advocate for GPs and practices, we see that to build on the strong position in Somerset requires even better joint working between PCT, trusts, and practices - remembering that the high level of investment in the NHS is shortly to end and after the fat years will come a number of lean ones. Central to really effective co-operation will be a strong and coherent PCT Professional Executive Committee, and we therefore urge GPs and other health professional to consider seriously putting themselves forward. GPs have a unique range of experience in the NHS and an effective PEC needs to have enough of us to maintain the authority and credibility that it needs. At present the PCT is somewhat constrained by the national payment rate for PEC members (grossing a little over £13,000 pa for typically 7 sessions a month) although we hope that this can be made more flexible in time, but the opportunities for personal development and training are considerable during a typical 2-4 year term.

Clinical leadership is valued in Somerset, and the senior managers we have to work with are probably the best we have ever had. We must not let this opportunity pass by.

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## SHARED CARE DRUGS SERVICE

*It's worth signing up if you haven't done so already*

Just over half of Somerset Practices have now signed up to the Shared Care Drugs Service LES. This is funded through the Somerset Drug and Alcohol Team (DAAT) and with an inflationary increase this year now pays £384.86 per patient per year for looking after patients on stable opiate replacement treatment

The requirement is for at least one GP in the practice to undergo level I training which consist of one day (max 6 hours) of online work and one day training locally. Locum costs are paid for this. This doctor can then support colleagues in the practice, but it may be sensible to have two GPs trained up to cover holidays and sickness etc. There is a requirement for the lead GP(s) to undertake regular ongoing updating and annual appraisal/review.

Patients are transferred to shared care when they are stable on methadone or Subutex, so the GP practice then undertakes prescribing and general care whilst normally a drug service worker sees them periodically, ideally in the practice.

It is estimated that there are about 2150 opiate/crack cocaine dependent users in Somerset, about 740 of whom are currently completely outside the treatment system. More than half are in the 24-34 age bracket and 70% are male. Assuming that about ¼ of these will be under SDS care at any one time that means there will be typically 5 per GP who might eventually come under shared care.

The objective of the whole strategy is harm minimization – both for the individual user and the community – so patients may remain on maintenance treatment indefinitely, though interestingly patients will often move on from drug use, perhaps after many years, by reducing and stopping treatment of their own volition.

The support available to practices has improved hugely over recent years, with settled teams of drug workers able to provide cover for absent colleagues and a strong

emphasis on continuity of care. There are GPwSIs spread around the county who are also able to provide training and advice.

We would now encourage you to sign up for the LES. It is pretty well paid, and the more practices that take part the stronger the network becomes, and thus the harder it is for manipulative users to fraudulently obtain drugs. But most important, it will free up capacity for SDS to see and take on the new chaotic users who cause us all so much grief.

If you are interested contact the new service Co-ordinator, Carole Lennox, Tel: 01460 238648 ([carole.lennox@somersetpct.nhs.uk](mailto:carole.lennox@somersetpct.nhs.uk)) who is very enthusiastic and persuasive!

### **SINGLE USE INSTRUMENTS – DO WE NEED TO RECORD THE BATCH NUMBER?**

One of the reasons for changing to disposable surgical instruments is the need under the new regulations to be able to identify which re-usable instruments are used for each minor surgical procedure. But should we be recording the batch number of disposables as well? The answer is, technically, yes. Product liability law means that if you cannot clearly identify a product that has caused harm, then the practice as the administrator of the treatment concerned has to bear the liability.

In the real world, however, it is worth considering the actual risk. How likely is it that an instrument will be damaged or contaminated in a way that is not evident at the time of use, and which will cause a patient significant harm when used in a minor procedure? Pretty small, we would say. And, of course, of we take this to it's logical conclusion we should presumably record the batch number of each needle used for venepuncture and, indeed, that of the plaster you stick on afterwards.

Perhaps we can make a stand for common sense.

## **FALSE REGISTRATION TO OBTAIN HABIT FORMING DRUGS**

*Advice from the Counter Fraud Service on how to tackle this perennial problem.*

Every GP from time to time has a new patient turn up, usually at 6.15 on a Friday, with a request for a prescription for drugs liable to abuse. Many such people are seeking to obtain drugs by deception, and in the last two years several patients have been investigated by the Dorset & Somerset Counter Fraud Service. During this period, two cases have been successfully prosecuted and a further case is with Department of Health Solicitors. Eventually the National Care Record may make this harder for perpetrators, but meantime there are several steps that you can take to deter this type of fraud.

### ***New Registrations***

Apart from prescription fraud, there have been instances in Somerset of illegal immigrants trying to register at an "address of convenience" to obtain an NHS medical card. So, when a patient registers at the practice either as a permanent or temporary patient, it is acceptable that that they be asked to provide evidence of their identity. In addition permanent patients may be asked to provide evidence of their address. Past experience has highlighted the use by fraudsters not only of aliases, but also false addresses in the practice area, enabling multiple registrations to be made.

In this age of identity fraud, it is almost unheard of for any organisations to register somebody for provision of services without such proof. It should, therefore, be no surprise to potential patients to find that G.P. practices are the same. The CFS has reassured us that this will not cause any legal difficulties as the Practice has the right to refuse a registration request if it is inappropriate - provided, of course, that your grounds are not discriminatory.

### ***Initial Consultation***

Experience has also shown that patients making false registrations will seek consultations the same day and are unlikely to return to the practice as they are often from out of the area.

When a patient requires a consultation with a G.P. or nurse practitioner before their notes have been received by the practice, take extra care. If the patient requests drugs that are known to be habit forming then, whenever possible, contact the previous practice before prescribing. This is regardless of whether the patient provides evidence that these were previously supplied (e.g. by producing a repeat prescription request slip or empty medication boxes) as these may themselves have been fraudulently obtained.

If you feel under duress, ask the patient to wait in reception or call back later, whilst you make a check. If the patient gets angry or agitated at this point be very suspicious. Indeed, it may well be that if the patient is not genuine that they will take this opportunity to leave the practice and not return. If you do prescribe, we repeat our advice to provide only sufficient medication to last until the patient's story can be verified, which will very rarely be longer than 3 days.

### ***Be Suspicious***

Your editor has to confess that he has caught out just a few months ago by a well dressed and spoken young man who came to request some repeat medication for his Crohn's. Could he please have some mesalazine and budesonide (and yes, he had had his routine blood test just a couple of weeks ago) - oh, and by the way, some codeine tablets: not a whole months worth, just a few, as, of course, he tried not to take them as he knew they were addictive.....

For help or advice you can contact the CFS: Aimee Newton (Team Leader) - 01935 848278 or 07867 526312 (usually available on mobile out of office hours) or Hugh Webb - (Local Counter Fraud Specialist) 01935 848277 or 07919542473

### **Footnote**

**One to enjoy whilst is still means something...**

Doctor, Doctor My little boy has just swallowed a roll of film!

Hmmmm. Let's hope nothing develops.

### Tim's Wine of the Month

The peculiarity of the English way of life means that after 4 weeks of uninterrupted, stunning spring weather, we welcome summer officially with rain and winds. In deference to this eccentricity I am not going to recommend one of the plethora of summer whites, roses or (even better) sparkling roses that are now filling our shelves. They are all perfectly palatable when chilled, and after two glasses nobody will care if the nose is raspberry or strawberry. Instead I would steer you towards Petit Verdot "Par Preignes" 2004 (majestic £5-49). Petit Verdot is a largely neglected red grape making a comeback. This one isn't great; it's very simple and it has minimal length. But it is delicious, and tastes of plums, mocha and milk chocolate (no, really) and you can keep a bottle by to cheer you just in case the summer turns out to be more wintery than you'd hoped.

### TAUNTON ACADEMY UPDATE

Placement of medical students from Bristol University is, touch wood, going quite smoothly this year – we are very grateful to all the doctors and practice teams who give time to the year 3 and year 4 students in their practices, and the feedback from the students is excellent.

Next year there will be a few small changes for year 4 – comp 2 - which I hope might make things easier.

1. Allocation will be devolved to local postgrad centres – Sue Neville and Nancy in MPH and Jill Wilson and Sarah in Yeovil.
2. Each student will only need 14 sessions (half days) of booked activity per fortnight – the remaining 6 are for private study or dermatology. This might make it easier for single handed or part time GP's to host students.
3. The requirement for 2 weeks residential / 2 weeks non residential is relaxed – they just need 4 weeks primary care.
4. More students seem to have cars, so could commute from their accommodation in Taunton daily – but some will need to stay, especially at places like Minehead!
5. You could opt to have a student for the whole 4 weeks – 28 sessions.

We will have 24 students based in Taunton and 24 based in Yeovil next academic year, so will need all the help we can get.

If you have had students before, you should get an availability form in May for next year. If you think you might like to "join in" now – it really is very rewarding – please contact one of us.

[Sue.Neville@Harleyhouse.nhs.uk](mailto:Sue.Neville@Harleyhouse.nhs.uk)

[Jill.Wilson@orange.net](mailto:Jill.Wilson@orange.net)

### CARER SUPPORT AND TRAINING FROM ST JOHN AMBULANCE

*We think a lot more people could benefit*

Although still best known for providing first aid at public events, St John Ambulance is also one of the biggest training organisations in the UK, providing more first aid training than anyone else, together with an extensive range of health and safety courses as well. In 2005 St John Somerset with support from the County Council began offering free training for carers and although people who have been on these courses universally rate them highly, only about 230 have so far attended. Given that there are 5,000 carers listed in Somerset, and perhaps that is only 10% of the total (2001 census 50,000) there are an awful lot more who could benefit.

Referrals are generally received via Carer Support Workers, but St John would like to widen this as far as possible. They are having a campaign during National Carers Week (11<sup>th</sup> to 17<sup>th</sup> June) to publicise their service, and will be sending a small pack of publicity information to practices shortly beforehand which perhaps you would consider displaying. Although the courses are generic at present, if numbers increase they could be made more specific, and already they try to match up carers who have a similar role for mutual support. The programme covers basic first aid, safer moving & handling, falls prevention, continence issues, benefits advice, handling stress & relaxation techniques and are held in a number of locations across the county

The campaign will continue later in the year with the publication of a set of booklets for carers telling them about local services. Meanwhile, if you want to know more please contact Jude Glide: [jude.glide@somerset.sja.org.uk](mailto:jude.glide@somerset.sja.org.uk) (01823 345922)

## VISITS TO PRACTICE PREMISES BY PPI FORUMS

*You may be contacted soon to arrange a visit to your practice*

Patient and Public Involvement Forums are the current manifestation of the Government's attempt to involve lay people in the organisation of the NHS following their disastrous decision to abolish Community Health Councils some years ago. (But don't bother to get used to the name as they are shortly to be replaced with yet another version, this time called LINKS.) One of the important roles of PPI forums has been their statutory ability to inspect NHS premises, including GP practices. Normally such visits are organised in advance, but can be made unannounced to look at matters like cleanliness. Interestingly, the current legislative proposals establishing LINKS does not include this power

In Somerset the secretariat and organisation of the forums is provided by the Health Advocacy Partnership, and Annie Barnard and Rosemary Hasler from the HAP are now contacting practices to arrange a series of visits for members to primary care premises as laid out in their current Annual Work Plan. 5 days notices will be given of formal visits, and at least two members make each of these, usually with an HAP officer in attendance. There is no maximum number allowed to attend, but it is recognised that too many would disrupt the work of smaller organisations like practices. Visitors may not "compromise the safety, dignity, or privacy of patients" and obviously do not have access to confidential information, but they are allowed to see all parts of the building used for NHS purposes and speak freely to staff and patients

PPI fora are made up of volunteers from the local community and do have influence on decision making within the PCT and hospital trusts. They are the only effective voice of patients within the NHS and are potentially a valuable ally in exerting pressure for change in service delivery, so please make them welcome.

## SOMERSET CHLAMYDIA SCREENING PROGRAMME

*Our Apologies for giving you the wrong phone number last time!*

Following our March Newsletter item the Chlamydia Screening Office (CSO) reports it has been inundated with requests from practices keen to take part ; more than 25 practices have come forward as early implementers. If you are interested in joining in ring or mail the CSO. Practices not taking part may find that they receive requests for screening from their registered under 25 year olds as the community becomes more aware of the programme. These patients should be directed to the nearest minor injury unit or contraceptive and sexual health clinic where they can pick up a screening kit.

Somerset Chlamydia Screening Programme.  
Contact us:

01749 836512

[somersetcs@somersetpct.nhs.uk](mailto:somersetcs@somersetpct.nhs.uk)

### SMALL ADS SMALL ADS.....

#### WELLS, SOMERSET

Salaried GP

We are a friendly forward thinking six partner GMS practice of 11,500 patients and need a full time salaried GP (Job Share considered)

- Paperlight EMIS Computer System
- Maximum QoF Achievement
- Committed to good quality patient care
- No OOH or Weekend work
- Excellent nursing and administrative support
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- Modern premises with excellent facilities
- Pleasant semi-Rural location in England's Smallest City

Please send CV to:

Mr M Burton, Practice Manager Wells Health Centre, Priory Health Centre, Glastonbury Road, Wells, Somerset BA5 1XJ

## JENNIFER'S JOURNAL

The disadvantaged in society seem to be the first to suffer in this current cost-cutting drive in the NHS. My chronic schizophrenic patient who is disorganised at the best of times has been removed from follow up with the mental health services for failing to attend two appointments. I would have thought that this was a signal to send the CPN round to check things out, but not these days. Is removing patients with enduring mental illness from their books the latest ploy to save money?

With this particular patient, I brought him up on my computer and was surprised to see that he was no longer registered with me. The PCT had removed him from my list only a few days before because he had failed to respond to a letter. Yet another manager saving money, this time on capitation.

So now, this chap doesn't exist in the NHS at all. He has become a non-person. No longer do I need to worry about his care plan or his well-being at all. The PCT have unilaterally decided to remove me from all responsibility.

I seem to remember being bombarded with initiatives on caring for enduring mental illness. Multidisciplinary teams all working together exploring patient pathways etc.. Now saving money is all that matters: whatever the price, forget the patient.

Jennifer is also tiring of the 'not my budget' game played with hospital outpatients. No longer writing scripts, the hospital faxes prescription requests through to the GPs so that they can write them and pay for the drugs from their budgets. This produces unnecessary expense, wastes time, and generates hassle for the GP. I resent being faxed an unreadable hand-written scrawl from an unknown doctor requesting that I issue a prescription with no explanation why and no indication that the hospital doctor has discussed the implications and side effects of the drug before suggesting it. This system damages the relationship between primary and secondary care doctors and puts the patients at risk. The process of transferring the costs uses up money and so this scheme ends up costing more! Will the government ever grasp the fact that we could save a fortune if we all had the same budget, where on the same side and didn't waste time, money and resources playing the 'not my budget game'.



For those who read last month's story about the nonsense made of the patient pathway by combining SMTC and interface services, I have a success story to report. Referring by fax, I sneaked a patient with typical symptoms of a torn meniscus straight to orthopaedic outpatients at my local hospital. He was quickly seen by the surgeon who agreed the diagnosis, didn't waste money on an MRI scan and listed him for arthroscopy and resection. Just like that! No referral centre, no choose and book, no bullying from managers to hit targets, no fannying about. Straight through to the local surgeon at your local hospital – quality treatment on your doorstep. So if you could all continue to chase targets and refer to interface services and SMTC that will leave space for me to send my patients through the old fashioned system that we had before the NHS could afford all these alternative pathways.

*The views expressed in this column are those of the author and not necessarily those of the LMC*

*Jennifer*

## MICROSOFT OFFICE FOR NHS HOME USERS

*Now includes latest software versions*

All staff with an NHS email address can order Microsoft Office software for home use at a very substantial discount. The process is much easier than it used to be – just go the url below, enter your email address, and you will be sent an order code and confirmatory email. But beware of buying Office 2007 if you have an old machine – it takes up a lot of room!

<https://www.microsoft.com/uk/nhs/default.mspix>