

SOMERSET LMC

NEWSLETTER



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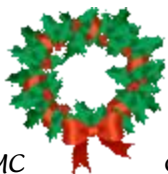
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The Somerset Local Medical Committee

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 Monday

24 December and will reopen on Wednesday 2nd January 2008

SUPPORTING THE PUBLIC SERVICES – HAS THE GOVERNMENT FINALLY LOST THE PLOT COMPLETELY?

GPs have every reason to be grateful to the police. Our experience in Somerset is that they are very, very good about attending to violent incidents in surgery, assisting health staff dealing with tricky situations at home, and providing reassuring support for everyone involved in cases of sudden death. We can also understand their anger at the extraordinarily mean minded approach of the Home Secretary in deferring their pay rise for two months. This latest assault on the public service by an increasingly alienated Government is quite staggeringly inept. Whatever is going on?

If you were able to catch Sir Gerry Anderson's BBC2 programme of 12th December that described his return visit to Rotherham General Hospital you will have seen a masterly exposure of the fallacies at the heart of the Government's NHS policy. The PCT was building a new nurse led walk in centre 2 miles from the DGH, about which the PCT chief executive spoke with slightly embarrassed enthusiasm. Sir Gerry's crushing conclusion was that £ 12M "in case someone in Rotheram felt a bit 'iffy' did not seem to be good value". He also took a swing at Connecting for Health for costing huge amounts, yet which has so far delivered nothing whilst spending enough money to employ 60,000 nurses for 10 years. His conclusion was that "Government knows nothing about management" and that "the most important institution in the country, the NHS, ought to be separated from government", which is one everyone who cares in or for the NHS would thoroughly endorse.

These thoughts chime with some other comments recently made by an experienced manager who stands at the divide between the NHS and the private sector. He commented that the Government reaction to GPs' high achievement under QOF was utterly bizarre. If a private sector company offered an incentive to a contractor or group of employees to achieve a target and the latter did better than expected, the finance department might wince a bit, but their public response would be to applaud the achievement and thank the staff concerned for doing a great job. Not so the Department of Health, whose reaction is fury that GPs have done what the GPC negotiators always said they were going to do!

Although objective surveys continue to show that patients are pretty pleased with the service they get from their GP practice, the DH appears hell bent on spending any amount of money on replacing independent practices with a corporate model. And whilst GPs are undoubtedly well paid, does the DH really think that an multinational with a shareholder base in Milwaukee or Malaysia will be any cheaper, or have the slightest compunction in walking away if profits are not as forecast?

A recently retired NHS Chief Executive spoke of the control that the government has of activity in the NHS. The DH can tightly regulate the

hospital sector, which will have some knock on effect on the relationship between hospitals and their patients. But they can only loosely regulate general practice and have almost no influence on our relationship with our patients. Nearly all of these understand that a 'free at the point of delivery' service cannot do everything that everyone wants, so if we listen and attend to the relatively small changes they would like make access easier the position of traditional general practice will be even stronger.

PENSION CHANGES FROM 1ST APRIL

Good news and bad news. The good is that the option to buy added years is to be extended for another 12 months **but you must have your application in by 31st March 2008** for the contract to start on your subsequent birthday. You will need to talk to your financial adviser about your own personal circumstances, of course, but you may be interested to know that the LMC medical secretary has purchased the full extra 9% allowed. The bad news is that the higher contribution rates for high earners also start at the same time, with just about everyone paying more than the current 6% flat rate. Because GP pensions are based on CARE (career average revalued earnings) our rate is determined by the actual amount earned and not on the WTE rate, which means that part timers will be paying at a lower rate – 6.5% for NHS earnings from £19,166 to £63,416, as opposed to 8.5% above £100,000. Practices will be getting a form from the Pensions Officer of the PCT **and it is very important that you get your earnings projection into the correct band** as it has been suggested that it may not be possible to get a refund if you are put a higher one. An option to move to the new NHS scheme will be offered between July 2009 and June 2010; this is a complex and technical decision and we are assured that more information will be provided well in advance of these dates.

CENTRIFUGES FOR SPINNING DOWN BLOOD SAMPLES

One useful way of genuinely improving access for patients to primary care is to be able to offer blood testing later in the day. Particularly for practices who are some distance from their laboratory, it may be

worth considering purchasing a centrifuge to spin down serum samples so that they can be stored overnight.

Taunton and Yeovil Pathology Service have been happy to recommend the "StatSpin" series to practices and have now let us know that the manufacturers have a small number of reconditioned machines available, which would probably be very suitable for low volume use. These are Express 2 reconditioned units available at prices in the range £450 to £600 depending on condition. These have all been fully serviced and carry a full year's warranty. Some of these appear virtually 'as new' Contact Details: Rapid Sample Processing Limited Tel: 0845 055 3282 E-mail: info@rapidsample.co.uk Web: www.rapidsample.co.uk

FROM THE LMC ARCHIVES

Whilst moving the LMC office in the summer we came across a survey of Somerset GPs taken at the time of the Fraser Working Party that was set up in 1964 to look at the causes of the widespread dissatisfaction amongst family doctors at the time. Some 280 replies were received (although the county then included parts of what is now North Somerset) and they make fascinating reading. 37% of GPs felt they should have personal 24 hour responsibility for their patients 365 days a year, but 85% that patients making formal complaints about trivial matters should be charged. 69% were against a fixed retirement age, just 13% wanted to be salaried, and 83% approved of seniority payments. Only 43 doctors wanted the Ministry of Health to become responsible for practice premises but 76% were in favour of GPs having hospital posts and a remarkable 96% felt obstetrics was a fundamental part of family medicine. Routine health checks for the middle aged were narrowly rejected - by 54%. 36% did not want anything to do with "family planning" and 41% do not seem to have employed any reception, secretarial or nursing help at all. Just 16% had a telephone answering machine and 20% had had any training for general practice. But some things don't change: 84% wanted better access to physiotherapy, and 83% better community services for the elderly.



IMPROVING ACCESS TO MENTAL HEALTH SERVICES FOR MINORITY COMMUNITIES

We know that migrants to a new community may be more vulnerable to mental health problems because of social dislocation, separation from friends and family, and communication difficulties. Furthermore, they may have difficulty in getting the help that they need if they do not understand the local social and health care systems or have language difficulties. In the UK it has been recognised that many people relatively new to the UK do not have a GP and may be diffident about seeking help. As more people from outside the UK are arriving in Somerset as their first place of residence here, the PCT has commissioned Somerset Racial Equality Council to try and address some of these problems. Four Community Development workers (CDWs) have been appointed to work with individuals and community groups to try and help improve access. One of the first initiatives has been to start some drop in sessions, particularly intended to help people who may have mental health problems by having staff from local service providers present. They are also intended to help guide newcomers through the system, including helping them register with a GP. We would ask you to respond promptly to any such requests as it may have taken the CDW a lot of time and effort to get the person to come along. The first session was held in Yeovil this month, with one in Taunton on 17th January with others following across the county.

Incidentally, Somerset Racial Equality Council 01458 274200 info@srec.org.uk

Is a very helpful and practical organisation that will help and advise on any matters related to racial discrimination, whatever the ethnicity of the person involved. It has just published, in partnership with Somerset PCT, NIMHE and the University of Central Lancashire, a report into its research into the mental health needs of BME individuals

in Somerset. The report is titled: 'A light at the end of the tunnel' and can be downloaded at www.srec.org.uk/reports.asp. It is being launched on 17 January 2008.



WYVERNHEALTH.COM – PRIMARY CARE MENTAL HEALTH SERVICE

Wyvern have now had over 40 practice based Commissioning Proposals. These are now being assessed and will be incorporated into an overall Commissioning plan for consideration by the PCT. Mental health services have been a frequent theme, and Wyvern is keen to commission a Primary Care Mental Health Service that provides for all practices:

- Sufficient **practice based** counselling to meet population needs
- Timely access to cognitive behavioural therapy
- Consistent access to CPN/Link workers
- Access to a range of non-pharmacological therapies
- An integrated mental health service

The PCT is presently undertaking a consultation on the future of Primary Care Mental Health Service. Wyvern's proposal will be fed into this process but shared with member practices for comment before formal submission in February 2008. They also encourage practices to respond individually:

www.somersetpct.nhs.uk/services/mental_health_services/ConsultationDocument.pdf

SIGNIFICANT EVENT REPORT?

From a very senior male Somerset GP

On Friday I was walking through Reception when a staff member came by with a glass of water and told me it was for a patient of mine in the waiting room who had just lost his wife. As he is 84 I went over to comfort him and sat down and put my arm around him. A woman sat opposite us trying to look out of the window..

I asked when it had happened and he said that it had been 30mins ago in the car park. I was shocked at the suddenness of her death but he seemed quite calm. He said he was now waiting for the police, which with a sudden death is, of course, quite normal. I confirmed that this was the usual procedure in these cases. I then asked if anyone had called the ambulance and he said that they had not, so clearly another of the GPs must have confirmed that she was dead. Wanting

discreetly to find out a little more I asked why it had not been felt necessary. He replied that it was because he did not know quite where she had gone ! At this point I realised that his "lost wife" meant exactly what he had said: she had wandered off due to her dementia. Fortunately I don't think he realised the mistake, but heaven knows what the woman opposite thought!

NHS BENEFITS FOR WAR PENSIONERS

Should not be forgotten

The steady toll of deaths and injury amongst British forces in Iraq and Afghanistan prompts us to remind readers of the special benefits that are available to War Pensioners in the UK. The scheme is administered by the Service Personnel and Veterans Agency (SPVA) www.veterans-uk.info/index.html and supports ex-service personnel disabled by their service. Note that merchant seaman and others may also be eligible; as may civilians, Civil Defence Volunteers, and members of the Polish Forces under British Command disabled as a result of enemy action in the 1939 to 1945 war. War pensions are non-contributory and not means tested.

As well as a disability pension or a lump sum based on the assessed percentage disability, pensioners are entitled to a number of tax-free health related benefits:

Appliances – such as specialised prosthetic limbs not usually provided by an NHS limb fitting centre.

Convalescence – if a pensioner is unable to take a normal holiday, up to one month a year may be provided in a nursing home.

Home nursing equipment - required for the management of the disabling condition but not available through the NHS.

Hospital travelling expenses – If attending for treatment of the disabling condition

House adaptation grants – of up to £750 for minor adjustments needed .

Treatment allowance – up to 100% of the pension rate can be paid to replace lost earnings during inpatient or community treatment for the disabling condition.

Skilled nursing care – where long term

residential nursing care is required for severe disability and has not been the subject of an NHS/Social Services assessment.

Overseas treatment – may be funded for non-UK residents.

Private treatment – can be considered if essential treatment is not available through the NHS

Prescription refunds –a War Pension Exemption Certificate is one of the qualifying exemptions from prescription charges on the back of an FP10

Priority Treatment When the War Pensioners' hospitals were taken into the NHS in 1953 it was agreed that pensioners would get priority treatment for their disabling condition.. In June 2007 the Veterans Minister, Derek Twigg, announced that this was to be extended to all medical conditions due to service, "irrespective of whether they result in a pension." In November Alan Johnson reaffirmed priority access for war pensioners and said he proposed to "expand the priority...to veterans who may not yet have claimed a war pension." We therefore suggest that you should always mark the referral letters of potentially eligible personnel so that they can be given the proper priority. Where significant delays are expected patients can contact SPVA to obtain a Priority Treatment letter

Inheritance tax exemption for War Veterans

Any war veteran may be exempt from IHT if he or she dies of the consequences of their wartime service. This might include, for example, melanoma developing years after service in the Far East as well as more obvious examples. However, it is very important that whenever possible the matter is thought about before death, and as much of the relevant paperwork gathered together for submission to HMRC when required. Old medical records can be critical to this, so please go easy with the shredder, and do make sure patients are aware of their possible exemption. Many solicitors are now aware of this but an acknowledged national expert in the field, who practices in Somerset, is Peter Nellist of Clarke Wilmott in Taunton PNellist@clarkewilmott.com



SMALL ADS SMALL ADS

Part-time Salaried GP With a view to partnership **6-7 Sessions per week**

EAST QUAY MEDICAL CENTRE, BRIDGWATER, SOMERSET

£65-70 000 per annum pro rata

East Quay Medical Centre are currently looking for a salaried doctor to join our large but friendly, forward-thinking practice in Somerset.

- Commitment to quality care for patients
- Innovative 'Total Telephone Triage' system alongside a strong personal list system
- Extensive team of dedicated support staff
- Established teaching & training practice – inc. F2 & medical students
- Stunning 'one-stop-shop' premises purpose-built in 2004
- 14,000 patients / 8 partners (6.5 WTE)
- Fully computerized (EMIS and Front Desk)
- Personal development encouraged
- Excellent financial package and working
- Conditions.

If you are an enthusiastic and motivated GP who would like to join a dynamic team then we would like to hear from you.

Please contact Rachel Stark, Practice Manager, for an information pack:

Tel: 01278 440400, e-mail: rachel.stark@eastquaymc.nhs.uk East Quay Medical Centre, East Quay, Bridgwater, Somerset, TA6 4GP Closing date: 11 January 2008.

SALARIED DOCTOR AT BECKINGTON FAMILY PRACTICE

Well established semi-rural practice based just south of Bath is seeking a 1yr maternity locum for our salaried assistant GP, for a minimum of 6 sessions/week, from 1st Feb 2008.



Four partners work 8 sessions, one partner 4 sessions, and an

assistant 6 sessions, caring for a growing list size of 8,200. The main surgery is purpose built, with 2 branch surgeries and dispensaries in 2 of the 3 premises. Full GMS services are offered and we also care for our own patients in the local Community Hospital. We have a friendly team of loyal staff including a counsellor, physiotherapist and CPN link worker. The computer system (EMIS) is linked across all sites, aiming to minimise the use of paper and the practice is a high QOF achiever. We are a Training Practice for Registrars, F2 Drs and also teach 4th yr medical students from Bristol University. No OOH commitment but local sessions are available.

Please contact Dr Judith Brooks on 07729 183067 or 01373 830036

(evenings) as soon as possible if you are interested in this opportunity, or email judithdbrooks@tiscali.co.uk



BANISH THE WINTER BLUES!

Integrated Medicine and Self Care with Dr Andrew Tresidder (GP, Chard) and colleagues

A day for GPs to enjoy and learn, at the Windwhistle Golf Club on the A30 between Chard and Crewkerne, Wednesday 6th February 9.30 - 4pm

If you don't yet know much about mixing Orthodox and Complementary medicine, some of your patients certainly will!

Come and share a day looking at a rational framework for complementary and integrated medicine, learning some tools and techniques to use in the consulting room, and something for yourself as well.

Further details to be circulated early January

JENNIFER'S JOURNAL

Jennifer has obtained this sneak preview of the new government pamphlet on how to 'enjoy' a safe and healthy Christmas.

“CHRISTMAS WITH THE GOVERNMENT THAT CARES

Christmas can be a stressful time for many and the Bank Holiday is a time when you may well want to have a chat with your GP. If you would like routine 24 hour access to your GP over Christmas please sign the enclosed petition. Meanwhile the following advice might be helpful

Families: Christmas is a time when families get together and old wounds are exposed. We have recruited a number of supermarket shelf fillers as OOH Christmas counsellors to come into your homes to give you an opportunity to explore your feelings as a group.

Christmas Decorations: Our Health and Safety officers have quite rightly pointed out the dangers in hanging things up high. You must not put anything above shoulder height without writing a full procedure protocol, installing scaffolding and employing a qualified safety officer. Although the dangers of holly are well known don't forget how poisonous mistletoe is - handle only with gloves and always hang below waist height. We do not recommend kissing under the mistletoe because of the risk of infection, but if you must, ensure that it is encased in an airtight container

Christmas Trees: Most people fail to secure the tree into the pot correctly leading to dangerous attacks of 'Christmas tree rage'. We recommend that you employ a Government approved professional. Tree lights not only carry a risk of fire and electrocution but also a similar rage syndrome associated with dud bulbs that have been wired in series. If you must have a tree with decorations and lights at the very least ensure that all animals and children are barred from the room for their and your own safety.

The obesity challenge: What better time to instill guilt than the Christmas Dinner? We recommend that you serve fat people much smaller portions to draw attention to their size. Omit the bacon, sausages and fattening gravy and stick to a slice of white meat only. One boiled potato is so much healthier than several roast potatoes.

Hazardous drinking: In our drive for Health Equality no group will be exempt from the enforcement of guilt, least of all you middle class wine drinker. Look out for our free stickers to put on wine bottles saying 'Drinking this will kill you.'

The Turkey: Buy British! (Unless, of course, we have had them all slaughtered as part of our Avian Flu prevention programme)

Religion: Although this Government is fighting more wars on more fronts than ever before in our history, we really do see Christmas as a time for peace. But to avoid upsetting people who are consumerists by religion mention of Christ in public places must be kept to a minimum. If you wish to practice your Christian faith then please do so indoors amongst consenting adults only.

Boxing Day: We want to encourage exercise. Despite our hunting ban, those toffs will still be out there galloping across the countryside. So why not join the antis and get out there to screw it up for them?

Do enjoy your midwinter celebration



Jennifer

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