

Somerset LMC

Newsletter



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Issue 138

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GENERAL PRACTICE AT THE BRINK

There has never been a more perilous time for general practice in England. Do not be deceived into thinking that the current situation is like the Blacklist of the 1980s or the New Contract of 1990: if we play this one wrong the independent partnership model of family medicine could be gone within a few years.

Gordon Brown is implacably hostile towards GPs. We don't know quite why, but the uncompromisingly aggressive stance of the Department of Health is undoubtedly down to him personally. Perhaps he sees the BMA as his National Union of Mineworkers, over whom a Thatcherite triumph will bring him electoral success, or perhaps he is just an intransigent man who is still upset that the Government's 2004 GP contract was more expensive than he expected. Either way, as a rigid autocratic centralist, the independent contractor model will be anathema to him.

It is easy to forget that the 2004 contract prevented the collapse of general practice coverage in large parts of the UK where it was coming apart at the seams, and whilst we may feel that the current out of hours arrangements in Somerset are less personal than the old co-op network, elsewhere some pretty flaky commercial models have been replaced by much better PCT commissioned services. Indeed, this is the nub of our problem: all the proposed changes, notably the Darzi proposals, are directed at urban areas where the pattern of general practice care is very different – and where there are a lot of marginal "New Labour" seats – compared to Somerset.

This has implications for the way in which we should respond. First, our argument is not with the PCT. We *must* continue to work with them to preserve and further improve our local high quality services. If there is to be any flexibility in the national proposals, then it will be in localities where primary care commissioners and providers co-operate. For us that means, for example, continuing to use Choose and Book (assuming, of course, that the LES for this continues unto next financial year), and further developing Practice Based Commissioning.

Our most effective weapon in the national struggle is the high regard in which many patients hold their GP and practice. But we must take care not to assume that because 86% of Somerset patients in the national survey are happy with the service they get from their GP practice they would not like to see improvements. If conversation at a dinner party turns to medical care there will invariably be grumbles about GP access and appointment times, and although we ourselves can make a clear distinction between in-hours and out of hours services, neither patients nor politicians will do so.

Whatever the outcome of the GPC vote, we will be offering extended (flexible) hours, and our public reaction to this must to accept that this is reasonable and will improve access. And although it is a bitter pill indeed, the extended hours Darzi practice will be attractive to many patients, and any of our MPs will be quietly pleased if it is located in their constituency. To know

that you can, for example, walk into such a centre with a poorly child without struggling through a practice appointment system or the queue at A&E is of course going to be attractive to parents.

We must therefore be very clear about the grounds upon which we are resisting change, both to ensure that we can gather genuine public support and also to be certain we cannot be ambushed by another politically managed press assault on "greedy and lazy doctors".

What our patients stand to lose if the privatisation agenda is followed is personal care provided by a doctor who knows them and their personal and family history; and whose business is committed to and part of their local community. A doctor who will be their advocate on the basis of need rather than looking at patients as the source of a revenue stream from providing intermediate care services, and one who does stop providing care at the edge of the formal contract. We forget how much of what we do is pastoral rather than medical: how often does a walk-in centre write a medical report?

This is a battle that can and must be won. There are about 750,000 GP/patient contacts a day that the Government has no control over whatsoever. If at each of these we hand our patients a leaflet that honestly explains the position the political impact will be enormous.

But if we are to take the moral high ground (a good place for resisting a frontal assault) we must make sure we really are offering what we promise – accessible, personal and holistic care at the times our patients need it, not those that happen to be more convenient for us to offer.

PRESCRIBING NOTES

Repeat Dispensing

Although not widely taken up in Somerset, as most of us have been waiting for the glitches with electronic prescriptions to be sorted out, please be aware of a potential problem with repeat dispensing.. If a patient changes practice, or if their medication is altered and they have changed the pharmacy from which they collect, then any existing repeats that have been issued should ideally be cancelled, and the master changed

accordingly – however, the practice will not always know in time that a patient has moved, leading to a risk of double or incorrect prescribing

Pharmacy Requests for Repeat Medication

According to the 2007/08 Professional standards a dispensing Pharmacist must "make sure that a request for repeat prescriptions is initiated by the patient or their carer. A reminder system may be instituted but a prescription must not be requested from a surgery before obtaining the patient's or their carer's consent."

The Pharmacy can act as an agent for the patient by conveying his or request to the practice, but the PCT does not endorse such schemes as they are open to error.

Patient Choice of Dispensing Pharmacy

Please remember that if you are a prescribing practice, once you issue a prescription patients are free to have this dispensed at any pharmacist they choose. You must neither direct them to a particular pharmacy, nor make arrangements that unreasonably favour one dispensing pharmacist over another

Patients travelling abroad with controlled drugs

Home Office requirements for personal import/export licences for persons who intend to travel with their controlled drug medication changes on 1 January Broadly, a personal licence will not now be required for periods of travel of 3 months or less regardless of the quantity of medication(s) being carried. Any person travelling for longer than three months will usually be expected to make arrangements to have their medication prescribed by a practitioner in the country they are visiting.

More information at:

www.drugs.homeoffice.gov.uk/drugs-laws/licensing/

CHOLERA VACCINE

Should sometimes be provided as an NHS service

Cholera vaccine administration payment is included in GMS Global sum payments for the following groups:

- a) Aid workers assisting in disaster relief or refugee camps
- b) More adventurous backpackers travelling to remote regions with limited access to medical care
- c) In addition the vaccine may be considered for at risk travellers with underlying gastrointestinal illness or immune suppression in whom cholera would have serious adverse consequences.

For these folk an FP10 should be issued for the vaccine which the patient then brings to clinic to have administered

For all other travellers requesting vaccination as a personal preference, or on advice from the practice based upon a reliable source (eg Travax), both vaccine supply and administration are private services.

TIM'S WINE OF THE MONTH

This column has attracted a few mutterings of discontent about its shameless and irresponsible promotion of alcohol so, in the interests of balance, this month I will be talking about water. Here's my top selection:

Sainsbury's Pennine Still Spring water: a classic take on a tried and tested formula.

Evian Still: an inoffensive little number, limited nose, not too long on the palate, reminds me of water

Badoit Sparkling: sort of like the Evian, but fizzy. Needs an hour to breathe.

San Pellegrino Sparkling: Ah, those volcanic Italian rocks! hints of sulphur but fresh, zesty water dominates the palate here.

All of these waters will taste a lot better if the glass next to them is filled with Gavi di Gavi Raccolto Tardivo 2006, La Toledana (Majestic, £8.49), a lovely apricot and pineapple-nosed Italian beauty with a lovely, rich, rounded and full palate; goes really well with risotto. Or try Casa Lapostolle Cuvee Alexandre Merlot 2005 (Majestic, Wine Society £11.99), a sumptuous fruit-packed hedonistic wonder that will remind you that life is simply too short...for just water.

NATIONAL BOWEL CANCER SCREENING PROGRAMME

Somerset roll-out to start in February

Next month practices will be sent information packs about this new screening programme that is to be offered to all adults between 60-69 who are registered with a GP. The aim is to reduce the current national death toll from bowel cancer of 16,000 per year by 15%..

Patients will be sent a pack to test three separate stool samples, each being tested on both sides giving a total of 6 specimens. The samples are then returned to the national screening centre - doubtless well sealed up! A "normal" result is 6 negatives and an "abnormal" is 5 or 6 positives. If there are between 1 and 4 positives one or more repeats will be requested. If the test is not done correctly or there are technical problems, a repeat kit is also sent. If the final result is abnormal, patients will be invited to a consultation with a specialist nurse in Taunton or Yeovil, and if appropriate then proceed to colonoscopy within 2 weeks.

Pilot studies suggest the test is about 76% sensitive and 57% specific for GIT malignancy and has a 1.9% abnormal rate, leading to a cancer detection of 1.62 per 1000 screened.

The positive predictive value of the test is 11% for cancer and 35% for adenomas. Malignancies detected tend to be at an early stage, and significant numbers of premalignant polyps can be detected and removed. The most impressive statistic is that just 1.8 colonoscopies are required to detect a cancer or polyp of more than 1cm. Conversely, Less than 2% of malignancies or large adenomas are missed. Meta-analysis of the four large trials to date suggests an actual reduction in mortality of 16-23%.

Patients will be screened every 2 years, and those over 70 will be able to request a test kit by contacting the national number - this will be on the publicity material that includes a surgery poster. Uptake in the local pilot in Plymouth was 65%, even without any significant publicity. This looks to be a valuable and worthwhile initiative which we would encourage you to support

ALL CHANGE IN GP TRAINING

Have you ever thought you would like to start training in your practice but felt the effort was too much because of the all the uncertainty about GP numbers? Well, now is the time to think again.

GP Training is changing. From August 2008 all GPs in training will spend 18 months rather than a year in general practice. In Somerset there are presently 22 trainees in each of the three training years, and just 23 training practices... and from next August some 33 GP training places will be needed in the South and west of the county (the North East relates to the Bath scheme), as well as capacity to host F1 and F2 doctors.

The new trainers course is now just 5 days in total and once this is completed and the practice approved it is likely you could be allocated a registrar during 2008. If you are interested contact the Ian Kelham (ian.kelham@porlockmc.nhs.uk) until 1st February or after that date Steve Holmes who will be the new permanent Associate Dean for Somerset.

JENNIFER'S JOURNAL

And so it came about in the land of PrimCare, where the medimice scampered in all different directions going about their business, that Mightybuck and their other leaders received a summons to attend the Castle to meet with the Negotiator and his team. With some trepidation they crossed the drawbridge and met in the East Tower. The Negotiator stood over them and beamed " I think we might like your help. We appreciate that the Contract only asks for medimice to provide a service between 8 and 6.30. We are very grateful for the 52 ½ hrs that you cover. The remaining 115 ½ hrs of the week are now down to the Gordmachine and, although we have not done as well as when you were in charge, we seem to manage. Our problem is that we feel that the people of this land are working harder and harder and that they deserve better access to medimice. It takes two incomes to buy the smallest house. Parents like to take their sick child to see the doctor themselves rather than leave it to the child minder. We do not ask much but could we explore the boundaries and perhaps agree some availability outside of 8-6.30 Monday to Friday?"



And so the leaders left, put together a proposal and then returned to the Castle with an offer. Mightybuck, unshaven and trying to look as important and fearless as he could, stood on the table, met the eyes of the Negotiator full on and said " We are prepared to open an extra 20mins for every 1000 patients each week. An average practice of 6000 patients would be open for an extra 2 hrs./week. During those two hours we will not allow any patient to walk in. It will be pre-booked appointments only. The phone will be put through to the OOH service. We will consult at a rate of 15 mins/appointment with an additional 5 mins for administration for each appointment." Mightybuck had spoken firm and bravely. " Oh dear" said the Negotiator " That is just 6 appointments/week. We were hoping for something more akin to the old-fashioned early evening surgeries that you used to do. We will have to take this to The Gord himself".

And so it fell upon the Negotiator to carry the news to the Gord. He crept deep into the darkest recesses of the castle, across pools of bile and phlegm, down dark dank corridors until finally arriving at the lair of the Gord. The Gord was sitting at an enormous desk that looked minute beside his frame. Saliva was dribbling from the corner of his mouth and steam split the hairs in his ears. The Negotiator plucked up courage and reported the proposal from Mightybuck fearing how the Gord might react. The Gord took to his feet and smashed his great clunking fist down onto the table spraying saliva and nasal discharges all over the walls of the chamber. He let out a mighty roar. The details of what he said cannot be reported because of the laws of the Gordmachine but the Negotiator got the message and returned to Mightybuck. " We are instructed" he said " to bully and demand and not to negotiate. In short, you can either extend your opening hours and lose a fair amount of money or extend your opening hours and lose an awful lot of money". The leaders withdrew, but felt unable to decide and so they put it to their members, the medimice, and asked them to vote. Would they rather lose a small amount of money or a large amount of money? The medimice didn't really have too much difficulty in making a decision on that one, and then they all went on their different ways scampering about doing their own busy thing as usual.

Jennifer

INFORMATION AND SMALL ADS.....

Somerset Locality meetings

“Potential GP Contract Imposition”

These meetings have been organised to allow as many views as possible to be heard, to explore the options available to us, and to agree a united response to this unprecedented threat to NHS family practice. These meetings will take place as follows:

Tuesday 12th February; The Shrubbery Hotel, Ilminster.

Wednesday 13th February; The Exchange, Express Park, Bridgwater.

Friday 15th February; Coxley Vineyard, Wells.

They will all begin with refreshments at 7pm for a 7.30pm start.

For catering purposes would you please e mail lmcoffice@somerset.nhs.uk and inform us in which locality you will be attending. Although these will be sponsored, the representatives will not be party to any discussion or decisions.

DEVON LOCAL MEDICAL COMMITTEE

EXTRAORDINARY MEETING FOR GENERAL PRACTITIONERS, PRACTICE PARTNERS AND PRACTICE MANAGERS FOR DISSEMINATION OF INFORMATION AND OPINION GATHERING

11 February 2008

2 SESSIONS – 2:30 pm to 4:30 pm & 6:30 pm to 8:30 pm Sandy Park Conference Centre Exeter Suite, Junction 29 of M5, Exeter

E mail Janice@devonlmc.org

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Further information available on our website: www.fromemedicalpractice.co.uk Please apply with CV and covering letter to: - Mrs Deborah Hyde, The Health Centre, Park Road, Frome, BA11 1EZ by noon on *Wednesday 30th January 2008*.