

Somerset LMC Newsletter



April 2008

Issue 140

SOMERSET GP EDUCATION TRUST

Why you should join

It's been a bruising few months. GP morale is low, and as a professional group we feel increasingly disempowered and directed into activities which we often feel are not the best use of NHS resources. And everyone, but everyone, is very happy to tell us what to do. Whilst we have struggled to make the best of each wave of changes, it has been all too easy to let professional development slide. Yet this is exactly what we must *not* do: to maintain our self respect and the trust of our patients we must be confident that we are identifying and meeting our learning needs and at least riding, if not surfing, the knowledge wave.

The Somerset GP Education Trust is an important new venture in GP education and professional development. It offers an integrated package of support that starts with the individual GP's learning plan and builds through initiatives like training in the use of e-resources, encouragement of in-house and small group learning, accreditation of sponsored educational meetings and ultimately the provision of local or county wide training days tailored to the needs and wishes of local practices.

Building on the experience of similar organisations in adjacent counties it aims to provide the first fully integrated system of education for **all** GPs in the county, which will be especially helpful in including sessional and flexible career doctors in the medical life of the county.

But perhaps most important of all is the very wide organisational support that the proposal has attracted – from the Somerset clinical tutors, the Severn Deanery, the Severn faculty of the Royal College, the PCT Clinical Governance lead, the Somerset Vocational Training Scheme organiser and many experienced individual GP educators as well as the LMC. This unique network of skills and resources can provide us with remarkable opportunities to find and share the continuing education that we all need, which will, in turn, reinvigorate the weary body of Somerset GPs.

The initial subscription of £75 for the year from 1st April compares very well with those of our neighbours, and the Trust hopes to negotiate reciprocal agreements with them over time but the more members that sign up now the more quickly the Trust can set up a county wide organisation and offer practices training opportunities close to home.

This really is an outstanding opportunity to ensure you can obtain the education that you want and need, that will meet the requirements of revalidation and appraisal, and which will make sure that resources from a range of providers are put to best use for all GPs in Somerset.

We urge you to join today.

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CONNEXIONS SOMERSET

A very useful resource for teenagers

Connexions is an information, advice and guidance service for 13-19 year-olds across Somerset. It links all organisations that work with young people including schools, colleges, training providers, youth groups, social services, youth offending teams, local authorities and others. Young people can get information and support on a wide range of subjects including:

- Relationships
- Work, Careers, Education & Training
- Money
- Housing
- Lifestyle
- Voluntary Activities
- Health
- Leisure Opportunities
- The Law
- Drug/Alcohol Problems
- Employment

By offering young people access to Personal Advisers in schools, colleges and Connexions centres across the county where they can receive one to one information, advice and guidance, the service tries to ensure that each young person in Somerset receives the help and support they need. It also offers a wide range of information through libraries and software packages in the Connexions Centres, and also through variety of publications and their website.

Personal Advisers do not provide formal counselling, but can offer help that covers anything from expert careers guidance, information about training and work opportunities as well as access to more specialised services such as housing, benefits and health issues. Contact with a Personal Adviser is confidential and information about a young person will only be shared with that young person's consent, unless there are special circumstances. In that case the circumstances will be discussed with the young person before the information is shared with anyone else.

More information from Taunton Connexions Centre on 01823 321212 or visit www.connexions-somerset.org.uk

GP2GP NOTES TRANSFER AND THE NATIONAL CARE RECORD

Are not the same, so records of patients declining upload can still be sent via GP2GP

The GP2GP Section at Connecting for Health has told us: "It is important that the patients who have opted-out of having records uploaded understand that GP2GP is a very different process as it does not involve the upload of a patient's records".

Patient confidentiality is maintained throughout the electronic transfer process. This is achieved in the main by secure delivery mechanisms but also by confirmation of destinations and no opening of the 'clinical content envelope'. The message that contains patient sensitive information is not sent until an additional check has been made of its ultimate destination. This ensures that the message will not be sent to someone for whom it is not intended. Once the destination is confirmed, the message packet is sent to the spine where the routing information is accessed to determine the ultimate destination. This process will not cause the clinical content envelope itself ever to be opened. Only when the message is received at the destination is the clinical content envelope opened and the patient's details are imported into the local system.

BMA SOMERSET DIVISION AGM – WEDS 16TH APRIL, 18.30 AT SOMERSET ACADEMY, MUSGROVE PARK

Members are asked to attend if they possibly can

Recent events have highlighted the importance of professional unity in general practice, and the same applies in all branches of medicine at the moment. We **all** need a unified and effective trade union to protect our interests and defend the NHS. Please do come to this meeting if you can – we need GPs to attend as well as hospital doctors.

PCT TRAINING EVENTS

GPs and practice staff are invited to join PCT training events where there is spare capacity. These are based at a number of PCT sites like community hospitals and cover a range of topics including, for example, basic life support and defibrillation. Go to www.somersetpct.nhs.uk click on "How We Do Things" (in blue on the left hand side)

Then "Training & Education " (about 1/3 down the page)

You will find both the Prospectus and the Application forms (which can be downloaded and sent back via email). Within the Prospectus are the courses listed by 'Course' and by 'Venue', but also an Information page which gives rates, how to use the Prospectus etc.

Charges are: 1hr session £25, 2hr session £40, Half Day £60, Full Day £75.

LONG TERMS CONDITIONS SURVEY

A thank you from Dr Alf Collins...

A few weeks back, The LMC sent an email around GPs in Somerset asking them to fill in a web-based survey that I had designed with a psychologist from the USA. 99 of you filled in the survey and the results are available here:

http://www.surveymonkey.com/sr.aspx?sm=0N8e0nRfYkKxycSDCgledZHu7OGBGV0nbAlZon419xo_3d

100 primary care practitioners in Oregon also filled in the survey. I do not have complete results but on the evidence so far, doctors in Somerset are a lot better at supporting self care for people with long term conditions than doctors in Oregon.

Thanks the support of everyone who took the time to fill in this survey. The results are being delivered to Long Term Conditions policy leads from the US and UK in Boston in July.

SMEAR TAKERS REGISTER

If you take smears you need to be on this

Everyone who takes smears needs to be on this register so each sample taker can be given a personal number to enable the laboratory to provide detailed feedback to

practices on the performance of individual practitioners and also facilitate the planning of and issuing of invitations to training for practitioners engaged in the programme. Each registered smear taker must have completed an initial two day training course and then subsequently undertake half day updates every three years, to remain on the register

If you have not sent in your form yet, please contact christine.pearce@somersetpct.nhs.uk

NEWS FROM SOMERSET FOUNDATION TRUSTS

Laparoscopic colorectal surgery at EST

Timely development as local colorectal cancer screening programme gears up.

Yeovil District Hospital has been named as one of nine centres in England which will lead training provision for laparoscopic surgery for patients with bowel cancer. The South West Laparoscopic Colorectal Consortium will be managed at YDH and includes surgeons from across the region. This is an initiative led and funded by the Department of Health and the Cancer Action Team, who are developing the consortia because until now there was no structured and uniform training strategy for this complex and relatively new procedure. The service at YDH is led by consultant colorectal surgeon Mr Nader Francis and will embrace the Enhanced Recovery Programme, now well established at Yeovil for *all* bowel cancer patients undergoing surgery, which has resulted in a median length of hospital stay of just five days. Initial data shows a conversion rate from laparoscopic to open procedures of just 5% and the majority of colorectal tumours are now managed with this technique. More details about the programme can be found on the 'Caring' section within the Trust's website: www.yeovilhospital.nhs.uk

FOOTNOTE...

It is said that the three traditional professions take the attitudes that they do because of their relationship with their clients: the clergy see people at their best and lawyers see them at the worst, but doctors see them as they are.

JENNIFER'S JOURNAL

And so after much kerfuffle the medimice went back to busying themselves as usual, reassured by their leaders that the Government had 'softened its position'. Nevertheless most remained somewhat confused. It seems they are still going to open their surgeries in the evenings and at weekends for a loss of income and the Darzi 'service' (obviously much better than a centre) is something that they are going to bid to provide themselves. (another thing for GPs to fund?). Jennifer thinks that sticking to clear principles beats blurring the edges when it comes to things that are important, but no doubt the patients and doctors will all be better off with a nice piece of Somerset Fudge. Just think yourself lucky that Jennifer isn't in charge or we would all be on strike by now and subject to a full-blown media assassination led by the Gord himself.

A senior nurse manager amused me recently with the most wonderful management babble I had heard for ages. My favourite was 'predicting the disease trajectory' - I think that means prognosis. They want us to predict everyone who is likely to be dead in the next 12 months and then code the notes appropriately and build up a list. I assume that I should share this information with my patient. The problem is, that as a patient I don't think I would want to know that my doctor thought that I was going to die in the next year. It wouldn't give me confidence that I would receive the best treatment if I become unwell. I don't want to be waiting to die either. We should be living with hope until the situation is barn door obvious and inevitable and that is never 12 months away. I guess the palliative care guys are just bidding for a bigger slice of the action.

Meanwhile we have had a fresh bombardment of prescribing information - a great mass of knowledge of biblical proportions has sped through the electronic ether. Follow these guidelines (no not those ones - the new ones), stick to your budget, don't prescribe this drug or that drug, don't prescribe outside the protocol or you might kill someone and be sued; be warned that sloppy prescribing kills, remember the best drugs are the cheapest and keep up to date as the cheapest drugs change by the week....etc. Since even the expensive reliable drugs could all be counterfeit these days it seems prescribing is becoming all too risky business. So, after 25 years of dishing out the pills I am going to spend my next five getting rid of them. There is a paucity of pharmaceutical advice on withdrawing drugs but at least I won't need to read all the guidance and protocols that block up my email. I suppose that I will have to keep *some* prescribing going but there is too much advice for me to cope with so maybe I'll just randomly pick one email each month to read and delete the others. In that way I will no longer feel totally ignorant or feel guilty that I am wasting precious NHS resources. I will no longer feel inadequate and not up to date with the latest protocols and advice. I will be free to look after my patients and feel valued again. And feeling valued is something GPs are much in need of at the moment.



Jennifer

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

Mendip Country Practice, Coleford. Two GP Associate vacancies from 1.10.2008.

We are hoping to recruit two Associate GPs to work at our rural dispensing practice, situated just 20 minutes to the south of Bath. We will be appointing up to 11 sessions in total with some flexibility in the distribution of these between the appointees. Our new associates will become full members of our medical team and will hold a personal list. We are particularly interested in candidates with an interest in:

Community gynaecology including family planning, IUCD and IUS introduction etc. **And/or**

Education. All of our clinicians contribute to teaching at the practice and we anticipate that at least one of the new appointees will become an approved GP trainer during their first few years at the practice.

Please apply with a CV (including two references from general practice) and a covering letter to our practice manager Hannah Seymour, Mendip Country Practice, Church Street, Coleford, Radstock, Somerset BA3 5NQ. Telephone: 01373 812244. e-mail: hannah@mendipcp.nhs.uk **The closing date for applications is Monday 14th April 2008.**