

Somerset LMC Newsletter



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HIGH QUALITY CARE FOR ALL: NHS NEXT STAGE REVIEW FINAL REPORT & NHS NEXT STAGE REVIEW: OUR VISION FOR PRIMARY AND COMMUNITY CARE

The deputy editor has been summarising NHS documents for over five years now. There has always been a tendency when faced with turgid prose that claims to expound a coherent policy to assume that any failure to detect this consistency must be the reviewer's fault. Reassuringly (or not!), it was recently stated by one who ought to know at an open meeting that if policy does seem difficult to follow it is because the Department of Health officials are making it up as they go along. "Institutional ambiguity" seems to be at the heart of NHS policy and this is again manifest in the text of the long awaited Next Stage Review Final Report. Reading the latter is like drowning in treacle, with the substance being hard to detect amongst all the moist sentiment. We were promised more in the second document, "Our Vision for Primary & Community Care", but this also proved a disappointment. Is the lack of detail due to policy being "made up as they go along" or, more sinisterly, because the government has plans that they dare not honestly announce? That depends on one's personal level of paranoia.

The underlying theory is that current practice in the NHS cannot continue. The Wanless Report in 2006 argued that, if the NHS carries on as Lord Darzi puts it "as it does now simply admitting sick people to hospital," then the projected costs are unsustainable. The population must be engaged in health promotion, with a massive public health experiment ranging from policies designed to stop people smoking, encouraging more exercise and for people to eat more fruit and vegetables, to the more contentious such as cardiovascular risk screening of the over 40s, and widespread prescribing of "preventative" drugs to otherwise well people. This gets to the very heart of general practice and the different visions that exist for its future. Extended hours, and GPs' views that it panders to "the worried well", seems to encapsulate the dichotomy. The "worried well" could be the "really ill" in the future so Government wishes to spread the healthcare and preventative net more widely in time and place and, although it would never admit it, seems to advocate a "never mind the quality, feel the width" NHS. Examples already seen include the replacement of highly trained councillors with graduate mental health workers. Thus we hear of APMS contractors reducing the number of doctors' sessions originally agreed soon after a contract is signed, tenders are granted to the lowest bidder despite lip service paid to the importance of "quality", and allegations abound of private companies "cramming" hours of paid-for care into a few minutes to maximise profit margins at the expense of service-users.

These documents do give some welcome praise to the achievements of practices and the benefits of nGMS. Gains have been made through QOF but this should be renegotiated to focus on preventative measures at the expense of "structural" domains. The slow emergence of the practice quality assurance tool will not compensate financially but will permit practices to continue to exist on the "level playing field" with new providers. "Locally agreed QOF" domains will be taken from a "centrally agreed menu." Although "most people greatly value the continuity of care provided by their GP practice, there are those (particularly younger people and those in full-time work) who would like a more flexible range of options for accessing primary care." Hence the investment in GP-led health centres to supplement but not replace existing practices (but will be "better" than them in terms of easy, no questions asked, access). In contrast, "it is also clear

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that...people increasingly expect public services to do more to treat them as whole individuals rather than for isolated symptoms." The DH will "promote responsive primary and community care services that systematically listen to and act on the views of patients," presumably even when they are mistaken. Yet an important duty is to "help people make the **right** choices" and have "personally tailored services."

Technological advances will help people with chronic conditions to monitor their blood sugar or oxygen saturations at home and send the results over the phone to the community matron who will act swiftly if there is cause for concern, following the pathway in the care plan offered to all patients to help them "take control of their health."

The public will be able to get more information about practices through more data being available on the NHS Choices website and the government will "support the local NHS, working with local GPs, to give the public a wider and more informed choice of...practice." There is no explicit pledge to abolish practice catchment areas other than ones judged to be "narrow", but this has been implied in press briefings. To balance this, there is a pledge to work with GP representatives "to develop fairer rewards" for expanding practices currently receiving historic incomes "that do not necessarily bear any relation to the size or needs of the population they now serve" This implies that well-off practices with "closed lists" will have to open them and offer more "responsive services" to more patients to secure income but how this fits with the "equality of levelling up" spoken of by the Prime Minister is harder to see.

There is in fact much to commend in these documents not just for the "players" to engage with and the "cynics" to scorn but also for the "spectators" and even the "living dead" (keeping their heads down and hoping it stays away until after they retire) to welcome. But the "devil will be in the detail" and recent experience of the government's idea of "working with" professionals does not bode well.

On the day the second document was released, Ben Bradshaw MP announced that some GPs had what he called "gentlemen's agreements" not to take patients from neighbouring practices thus deliberately inhibiting patient choice. He was later taken to task on Radio 4's "Any Questions" programme by Jonathan Dimbleby. Bradshaw had already backed down by claiming that this, in fact, affected a "very small number" and that

it "was by no means the greatest obstacle to patient choice" despite his earlier claim that he had "never received so many emails" in support on a given subject. To his credit Dimbleby pursued the minister. "How many emails does that mean? Is it ten, a hundred, a thousand, ten thousand?" Bradshaw replied, "More than ten." He was jeered by the audience.

MEDICAL CERTIFICATES FOR DRUG USERS IN TREATMENT

From time to time you may be asked to provide a Med3 or Med5 certificate for a drug user who is under the care of Somerset Drugs and Alcohol Service. Unfortunately SDS is not able to issue such certificates itself.

Patients on Court requirements to attend SDS several days a week (often as a result of acquisitive crime) are by definition debarred from Job Seekers Allowance as they are unavailable for work - the only alternative income is Sickness certification, but a GP might legitimately take the view that his patient is not unfit to work - so the patient ends up with no money whatsoever and has little alternative but to resort to yet more acquisitive crime. This preposterous situation has been brought to the attention of both the Secretary of State for Health and the Home Office Minister and a promise was made that "procedures are being reviewed" which does not encourage a view that speedy action is contemplated.

This unhappy position occurs up and down the country, every week: the patients concerned will get no benefit unless the GP signs a Med3 or 5. Dr Morse, Clinical Director of SDS suggests "I have advised many other GPs in this position to issue a certificate and to state the reason for certification as "treatment of F11.25" - F11.25 being the ICD10 code for "dependant opioid addiction" - and if it has an ICD10 classification, then by definition, drug addiction must be a disease - a cynical bureaucratic solution to a cynical bureaucratic problem.

PGDS FOR TRAVEL VACCINES

The PCT has made the LMC aware that some Practice Nurses are administering Travel Vaccines either without a PGD or issuing a Script after the vaccine has been given. Practices may wish to ensure that this service is run either under a PGD or a prescription is issued for the patient before the nurse administers the vaccine. Whilst it is more convenient for the patient not to have to come to the Surgery twice, or is not kept waiting, this practice is not

technically legal. Many Surgeries have Travel Advice requesting forms that enable the Nurse to know in advance which vaccines will be required.

MARIE CURIE DELIVERING CHOICE PROGRAMME

Marie Curie Delivering Choice Programme has recently launched its sixth project in Somerset to help more patients with terminal illnesses to be cared for and to die in their place of choice. When given the choice, most people in the UK wish to spend their final days at home. In Somerset, only 18 per cent of people are able to do so.

This is a collaborative effort between Marie Curie Cancer Care, the NHS, social services and the voluntary sector. Through partnership working, the project aims to develop and help provide the best possible palliative care services so that more patients with a terminal illness are able to make choices over their place of care and death.

A questionnaire will be sent out to all GPs in Somerset and North Somerset. This questionnaire is designed to find out from GPs their experiences with palliative care patients. This represents an opportunity for GPs to provide an informed opinion on palliative care services that are working well in their community, as well as to help to identify areas for improvement. For more information on the project, contact Julie Miles, Julie.miles@mariecurie.org.uk; www.DeliveringChoiceProgramme.org.uk

PEDIACEL

The GPC recently raised some questions with the DH about the apparent childhood immunisation vaccine shortages. The DH have made assurances that there are no current shortages. However, due to the restrictions of standard manufacturing timescales, the DH has been issuing vaccine from its backup stockpiles. An allocation process has been put in place to avoid future shortages. This is the first time Movianto has implemented this allocation process on such a large scale, and the DH understand that they have miscalculated the base requirements for a number of practices. If any practice has insufficient vaccine for their requirements, they should email vaccine.supply@dh.gsi.gov.uk, providing their Movianto UK account number. We are assured that the DH will then arrange delivery of necessary additional vaccines. To view the full GPC briefing: www.somersetlmc.co.uk/documents/temporary/Pediace1BriefingGPCvFINAL.doc

SMALL ADS SMALL ADS

SALARIED GP REQUIRED, PRESTON GROVE MEDICAL CENTRE - YEOVIL

Due to retirements we have two vacancies: Salaried managing your own list - 6 sessions per week. Salaried with shared list - 4/5 sessions per week. Salary at BMA rates commensurate with role & experience.

We are a 7 partner PMS/training/Emis practice, 13000 patients, in a recently extended modern health centre with full ancillary services, excellent & complete PHCT.

Pleasant market town on the Somerset/Dorset border. Easy access to coast, countryside and historic cities of Bath and Bristol. Excellent local schools, rail and road links.

A great chance to join a fun, hard working team, For an informal chat or to arrange a visit please ring Karen Lashly, Practice Manager on 01935 474353. Applications with CV to, Preston Grove Medical Centre, Yeovil, Somerset, BA20 2BQ or e-mail, Karen.Lashly@prestongrovemc.nhs.uk Website: www.prestongrovemedicalcentre.co.uk

SALARIED GP REQUIRED – 8 SESSIONS PER WEEK, POLKYTH SURGERY, ST AUSTELL, CORNWALL

Polkyth Surgery is a large 10,500+ patients practice served currently by 4 GP partners and 4 salaried GPs. We are looking to recruit a flexible, motivated and committed salaried GP to join our forward thinking team.

- Potential for flexible working hours
- Excellent salary
- Protected admin/study time
- The support of a full compliment of dedicated and hardworking staff
- High QOF achievements
- Enviably reputation
- Purpose build premises that have undergone substantial modernisation
- In house dermatology clinic
- Special interests encouraged
- Active participation in the development of Practice Based Commissioning

Please send us your CV and a covering letter or contact Dr Travis or Dr Tempest for an informal chat or visit. A Practice Profile is available on request.

Closing date for completed applications: Friday 1st August 2008

Approximate Start Date: October 2008

Contact details: Mrs K Clemes, Practice Manager (Patient Services), Polkyth Surgery, 14 Carlyon Road, St Austell, PL25 4EG Tel. 01726 75555

JENNIFER'S JOURNAL**The Gord has a Home Visit**

The Gord asked
His wife, and
His wife asked
The Secretary:
"Could we have a doctor to
attend his master's bed?"
His wife asked the secretary,
The Secretary
Said, "Certainly
I'll go and call the surgery
The one that's GP-led."

The Secretary
She curtsied,
And went and phoned the
surgery:
"Could we have a doctor to
Attend his master's bed?"

The answerphone
responded:
"You'd
better try
the
Polyclinic
As many people
nowadays
Like 8 to 8
Instead"



The Secretary
Said "Fancy!"
And went to
Her Gordesty.
She curtsied to his Wife, and
She turned a little red:

"Excuse me,
Your Gordesty,
For taking of the liberty,

But Polyclinics are popular
And also
GP-led"

The Wife said
"Oh!"
And went to his Gordesty:
"Talking of the doctor that
You want beside your bed,
Many people
Say that
Polyclinics
Are nicer.
Would you like a trip to
Visit one
Instead?"

The Gord said
"Bother!"
And then he said,
"Oh, deary me!"
The Gord sobbed, "Oh,
deary me!"
And went back to bed.
"Nobody,"
He whimpered,
"Could call me
A fussy man;
I only want
A doctor
To attend me
In my bed!"

His Wife said
"There, there!"
And went to

The Secretary.
The Secretary
Said, "there, there!"
And went to the
Telephone.
She summoned up
A private doctor
To come along
Instead.
The wife led the doctor
And brought him to
His Gordesty.
The Gord said
"Doctor, eh?"
And bounced out of bed.
"Let's privatise the NHS
After sixty years
It's done"
"Nobody," he said,
As he smacked her
Tenderly,
"Nobody," he said
As he broke down the
banisters,
"Nobody,
My darling,
Could call me
A fussy man –
BUT
I do like a doctor to attend me
in my bed!"

(With thanks to A A Milne)

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

LETTER TO THE EDITOR

Dear Harry

I was concerned to read in the latest LMC Newsletter your advice regarding returned/unused medication. As a Rotary project I have been collecting medication and sending it via 'INTERCARE' (Medical Aid For Africa) to designated sites In Africa. Until 1 March 07 this was deemed illegal (EU Regulations). Since 1 March 07 Intercare has obtained an official license from the Environmental Agency to collect Medication. Several local practises in South Somerset are signed up to this project.

Myself and a qualified Pharmacist are the official 'Collectors'. If you contact Intercare on 01162695925 or E Mail info@intercare.org.uk you can get more information . The project saves thousands of pounds of waste and demonstrably helps those in Sub-Saharan Africa.

Best Wishes

Tony

(Dr Tony Simmonds)