

Somerset LMC

Newsletter



Aug 2009

Federate or Die?

Issue 151

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Unless there is a spectacular change of the political tide in the next few months, by this time next year we will have a Conservative government. The good news about that is that Andrew Lansley has said that he sees GPs as part of the solution, and not part of the problem, which will be a refreshing change. The bad news is that there will be an acceleration in the move towards the introduction of private providers of health care services. The advocates of a healthcare market say that competition encourages innovation, choice, and value – and there is something in this. We do not have to do things in the same way for ever just because that is the way we have always done them, and there can be real patient benefits that flow from looking at things differently. For example, a patient on intravenous antibiotic infusions through a central line who was able to be discharged home because a private commercial provider had the skills, knowledge, and capacity to visit for an hour daily to do this.

Yet we are still more comfortable with the culture and philosophy of the traditional NHS where patient needs are put above profitability, and care can be provided without constantly checking the accumulating cost. We believe that there is a way of combining these two apparently divergent views, and that is through GP federations. Although practices are in competition for primary care patients, the reality of a managed market means that traditional practices are not a direct threat to one another's business. Experience in out of hours co-operatives showed that we can and will work together, and that GP groups can be dynamic and innovative: the constraint, of course, is the volume and intensity of the day job which means that GPs and practice managers have precious little time to spare for work outside the confines of the practice. But the benefits are considerable. A coherent and effective GP federation is in a strong position to drive local developments and attract new business, and it has the enormous advantage of an existing network of premises, services and contacts that is hugely beneficial in developing these. The recent LMC survey showed that none of the 36 practices who responded were hostile to federations, one was a grudging supporter and all the rest were favourable or enthusiastic. A majority were happy to work with non-GP providers to win new contracts and all were interested in undertaking NHS Health Checks (Vascular screening). The LMC firmly believes that the future lies in federated working, and that despite cash flow difficulties and the day to day problems of managing work in the practice, now is the time to invest time and resources in our new organisations.

FLU PLANNING – THE LULL BEFORE THE STORM

It's been a bit of a phoney war so far for most of us. A little flurry of calls in the middle of July and a smattering of genuine flu cases, but, thank heavens, little serious illness and certainly no overwhelming pandemic. But it has given the NHS a chance to test and refine its systems, which have come out creditably enough. The National Pandemic Flu Service line has worked pretty well, by

and large access to anti-virals has been OK, and the LMC has been working closely with the PCT to iron out operational problems. It's only fair to add that the PCT and the Health Protection Unit have been working extraordinarily hard on this, with staff working late in to the evening . Indeed, On one occasion, when the National Service website mistakenly said that the Taunton distribution centre was open 24 hours a day, some very senior managers ended up going straight from their offices at Wynford House to work the night shift – very much a case of rolling up the sleeves and getting on with it.

But what has been brought into sharp focus is that throughout the NHS we are already working very close to capacity. Neither primary care nor the hospital service have room to cope with the demand that will be generated if cases rise sharply again in the autumn, particularly as our own staff themselves go down with flu. The NPFS will then become essential if we are to keep going, and although inevitably some patients with non-flu illnesses will be misdiagnosed there is simply no alternative. So revise your plans now for what could be a long haul through the winter. As and when cases really rise we know that some elements of QOF and other contracts will be suspended, but before and after such a peak we are going to have to take the strain whilst still meeting all the usual requirements. It will be important to make sure the PCT knows if you are struggling so that the whole health community can use any reserve capacity to best advantage. As well as buddying arrangements between adjacent practices, there is a role here for Federations, especially if we have to consider extended opening hours or other out of hours contingencies.

PLEASE INCLUDE WEIGHTS WHEN REFERRING PATIENTS TO GASTROENTEROLOGY CLINICS

As anyone who keeps livestock knows, you are what you eat: feed a horse grass and it stands placidly in the corner of a field, give it oats and it'll leap over the hedge and disappear towards the horizon. There is now a growing recognition in the NHS that something of the same applies. to people, a cause that has been championed by the British

Association for Parenteral and Enteral nutrition (BAPEN) who developed the Malnutrition Universal Screening Tool (MUST).

Although obesity remains by far the biggest nutritional challenge, undernutrition is an important cause of morbidity, especially in the frail elderly with multisystem disease. Nutrition screening on admission to nursing homes suggests that something like 40% of patients are malnourished, and hospital trusts are now concentrating more on this aspect of care for inpatients. MUST is a useful screening tool that can be downloaded free from the BAPEN site

www.bapen.org.uk/must_tool.html

and it has some useful little ways of estimating height and weight for patients who are bedbound or cannot be conventionally measured for some reason. It then allows you to calculate a risk score of 0 (no problem), 1 (check diet and watch) , or 2 (increase intake and/or refer to dietetics)

Gastroenterology departments are now also screening outpatients for malnutrition and will be informing referrers if patients have a score of 1 or 2, but to do this they really need to know if patients have lost any weight. It would therefore be extremely helpful if you could routinely include a recent weight when making referrals to a Gastroenterology clinic.

Phlebotomy at MPH

We have been asked to remind practices that there is no open access service for GP patients to have blood taken at MPH, and whilst the laboratory service would like to help it is becoming physically impossible for them to do so at times. They do recognise that it is sometimes necessary for patients to be bled at the hospital because of sample instability – for example, C1 Esterase inhibitor, gut hormones or calcitonin (but not parathormone which should either be taken shortly before the courier collects your samples, or spun down).

If you need phlebotomy at Musgrove OPD please could you contact the phlebotomist on 01823 344703 to arrange a suitable time for the patient to attend.

CHILD PROTECTION -

GPC comments on the Role of GPs

The GPC have received numerous queries concerning what a GP is expected to do in order to comply with child protection procedures. This is due, to a large extent, to the recently published government's response to Lord Laming's report,

entitled '[The protection of children in England: action plan](#)'.

In this action plan, there are two recommendations from Lord Laming (ref 34, 35) that outline more involvement of GPs and more training for GPs. The government's response is broadly supportive of these recommendations, and it appears that many PCTs have gone ahead and begun to implement these recommendations without waiting for further guidance from the Department of Health.

The GPC will be discussing these recommendations with DH later in the summer and we expect to be formally consulted before any action plans are implemented. We fully support improving child protection, however we know that the GPs unique position means that a carefully thought out and well constructed action plan is necessary to ensure that GPs can participate, and be involved, without significant detriment to their Practice and patients.

In the interim, if your PCT has written to you regarding new child protection procedures that they are implementing, please remember the following:

1. A PCT **cannot** make changes to the national contract.
2. GPs do have a duty to be involved in child protection.
3. PCTs have a duty to remunerate GPs for their involvement in any child protection procedure.

TAUNTON DEANE CREMATORIUM MEDICAL REFEREE

Following the retirement of Paul Cottrell the Medical Referee for Taunton Deane cremations is now Dr Gabrielle de Cothi. If you have any questions concerning a cremation she can be contacted on 01823 259333 or Gabrielle.deCothi@collegewaysurgery.nhs.uk

LICENSING BY THE GMC – YOU MUST NOTIFY THEM BY 14TH AUGUST

There are still a significant number of doctors on the register who have not notified the GMC as to whether they wish to hold a licence to practise medicine. **After 16th November you will not be able to practise in the UK without a licence**, although there is for the moment no additional requirement beyond paying the full GMC fee and letting them know that you wish to continue doing clinical work.

LONG TERM LOCUMS

As most of you will know, because of the complexities of employment law the distinction between a long-term locum GP and salaried GP can become blurred. It is very important to get this right and the BMA has produced some general guidance (<http://www.bma.org.uk/employmentandcontracts/fees/locum.jsp>) but for individual advice on this, practices should contact askBMA - assuming you are members, and if you aren't, you ought to be!

Please also be warned that some locum agencies include in the small print a very substantial "finder's fee" if a locum they send you is later offered a substantive post in the practice. Somerset GP Locum Agency has no such clause in their agreements.

FINAL SENIORITY FACTORS FOR 2004/5 AND 2005/6 PUBLISHED

As expected, the estimated average GMS GP income for the first two years of the new contract has been revised upwards now that the true figures have finally been collated

| Financial Year | Final Seniority Factor | Interim Seniority amount |
|----------------|------------------------|--------------------------|
| 2004/05 | £81,123 | £75,000 |
| 2005/06 | £91,123 | £80,940 |

The bad news in this is that more GPs may have to pay back seniority payments already made if they now fall below the 60% and 30% levels that determine eligibility. PMS seniority is subject to local agreement, but PCTs are likely to use the GMS figures as a benchmark. If in doubt talk to your accountant soon.

Small Ads Small Ads**HAMDON MEDICAL CENTRE**

We are looking for **Treatment Room/Practice Nurse** (26hrs) **Maternity Leave cover** starting 26 October 2009 .Job share considered.

contact Kerrie Middleton, 01935 822236 or Kerrie.Middleton@hamdonmc.nhs.uk

Closing date 21 August 2009

WARWICK HOUSE MEDICAL CENTRE

Part time Practice Nurse for approximately 20 hours per week. Ideal you will be experienced in all treatment room procedures, (including phlebotomy, dressings, cervical cytology, travel health and immunisations) however, fully qualified Nurses with an interest in Practice Nursing will also be considered and training will be given. Salary dependent on experience

Contact Nurse Rebecca Parry or Mrs Sam Sweeting on 01823 282147

sam.sweeting@warwickhousemc.nhs.uk

SOUTH WEST SHARD CARE FORUM

4th South West Regional Conference

Shared / Primary Care Based Drug & Alcohol Treatment

Thursday 15 October 2009 09:45 – 16:30
Lyngford House Conference Centre,
Taunton

Fee: £100.00 per participant
inclusive of lunch & refreshments
Information from:

Dominic.Gallagher@nta-nhs.org.uk

For further information, please contact:

Claire Roberts (Research Nurse)

Hib-MenC@bristol.ac.uk

Tel: 0117 342 019 Mobile: 0782 557 2286

LEAD MEDICAL OFFICER

Charter House, Yeovil

Ref: 630-EA143-09

Somerset Community Health is looking for a Lead Medical Officer who will play a key role in the future development of the organisation. The post holder will provide medical advice to the Chief Operating Officer and the Senior Management Team and will ensure appropriate medical engagement and input to service development, quality improvement and patient safety initiatives.

The Lead Medical Officer will be responsible for the leadership and management of medical

staff employed by Somerset Community Health and will take specific responsibility for clinical effectiveness and medicines management.

You should be able to demonstrate evidence of management, leadership development and postgraduate education. They will be able to work with a wide range of staff and stakeholders and will have excellent interpersonal and change management skills.

The post is offered on a 4 session/2 day a week basis. Salary arrangements to be negotiated.

Contact Judith Brown on 01935 381954 or email judith.brown@somersetpct.nhs.uk.

Closing date 16 August 2009.

GPS WANTED TO ASSIST WITH VACCINE RESEARCH TRIAL

The Bristol part of the national medicines for children research network (MCRN) is undertaking a study to test a new commercial vaccine that combines some existing products, meaning fewer injections. Invitation letters will be sent from Child Health to all new parents when their baby is 2 weeks old & in participating practices the invitation letter will go out on surgery headed paper to see if this improves recruitment.

The research team are looking for pool of doctors who are available for ad-hoc sessions of 2-4 hours during the working week. to help with the clinical examination of babies before the immunisation is given Relevant instruction and training provided. If you are interested and would like further information, please contact:
Claire Roberts Hib-MenC@bristol.ac.uk
Tel: 0117 342 019 Mobile: 0782 557 2286

QUANTOCK VALE SURGERY, BISHOPS LYDEARD

Part-time respiratory specialist practice nurse needed from September 2009 to offer

two respiratory clinics and one session of general nursing per week, totalling 13 hours at times to be mutually agreed. Ideally, you will be an experienced practice nurse and you will already have the Education for Health Diplomas in Asthma and COPD, or be working towards these.

Contact Dorothy King, on 01823 433400, or

Dorothy.king@quantockvalesurgery.nhs.uk

Closing date: 21 August 2009