

Somerset LMC

Newsletter



Nov 2009

Issue 152

Help! I think I'm sinking

I'm worried. Even before we hit winter, never mind a flu pandemic, colleagues are beginning to say that they have run out of capacity. Of course, it is the conscientious, slightly obsessive, and committed GPs who notice this first, but suddenly there really is no more time to do anything else – every minute of the working day is full, and before long even the extra half hour you work in the morning and those late evenings doing paperwork have become permanent, and still not everything is getting done...

Inside this issue:

| | |
|---|---|
| Help! I think I'm sinking | 1 |
| MPH Fax Number | 2 |
| Pituitary Disease Awareness | 2 |
| Health Survey for England | 2 |
| Fucithalmic and Fucidin | 2 |
| Diabetic Retinopathy Screening | 2 |
| Suspected DVTs | 2 |
| DVLA Consent for the release of Patient Information | 3 |
| Somerset Condition Management Programme | 3 |
| Alice in Wonderland | 3 |
| Alcohol Referrals | 3 |
| Somerset Wide Oncology Service | 4 |
| Small Ads | 5 |
| The Country Doctor | 6 |
| Somerset Dementia Strategy | 6 |

What is most remarkable is not that many of us are now struggling, but that we have managed to absorb so much new work before we reached this point. And most of them were good ideas: monitoring CKD, medication reviews, better access, practice based commissioning or enhanced appraisal all have real benefits, but there are just so *many* new things – and nobody is counting them and deciding which are important and which we can shelve. We cannot expect any respite from a government perceived by many doctors to be obsessed with regulation and central control and to have amply demonstrated their dislike for the profession, and it seems unlikely the Conservatives will be able to resist adding all sorts of new obligations to their proposed single GP contract. And now, of course, the money is about to dry up.

There are two initiatives in Somerset that may just help stop GPs spinning faster and faster until they explode. We know that the pastoral care service that the LMC provides is valued and we are pleased to say there is now to be an additional service. Early in November the "safe house" scheme for GPs and Dentists, now renamed "SuCceSS", or Somerset Clinician Support Service, will be launched. This is a project initiated by the Patient Safety Directorate at the PCT and supported by the LMC and others. It brings together all the local sources of help and advice for GPs and GDPs so any clinician who would like to make use of them has only one call to make, to a dedicated and totally confidential number. They can then be directed to information sources and occupational health advice, or given a choice of "personal advocates" who are themselves GPs or GDPs with skill and experience in dealing with colleagues' problems. In the longer term the plan is to set up a web portal so individuals can find any information they need or communicate directly with an advocate by email – anonymously if the caller prefers. Of course, you can still approach Occupational Health (01823 345800 office hours) as well as the LMC (07796267510 any time) directly if you prefer. We know from experience elsewhere in England and continental Europe that many doctors will benefit from some personal support during their careers, and that sometimes this can save a career, or even a life. Whatever the LMC can do to make this accessible and acceptable is well worthwhile.

The second plan is a little more radical. One consequence of NHS changes has been to split the medical profession more and more into commissioners and providers, primary and secondary care, employees and employers, and so on. We have lost the traditional lines of communication like personally addressed referrals and lunchtime meetings, and not yet found anything to replace them. The success of the SGPET evening meetings between a consultant and a group of

GPs shows that we like to talk to one another, but there is a need for something bigger. The idea has been floated of a "think tank" made up of practicing doctors from across the whole of the county who have an interest in innovative patient care and who are prepared to discuss freely and without preconception how we can do things better – and without the constraints of having to take the official view of the organisation in which they work. There could be some genuinely exciting change coming, which may just be enough to encourage most of us that there is light at the end of the tunnel

PLEASE TAKE CARE WHEN FAXING TO MPH X-RAY!

Please note that the correct fax number of the X-Ray Department at MPH is **01823 343 907**. Recently a number of calls have been wrongly directed to a private telephone with a similar number which has caused significant inconvenience to the individual receiving the calls and obvious confidentiality concerns. Do make sure you double check before faxing – the LMC recommends that you use pre-programmed short dialling codes for commonly used NHS destinations wherever possible.

PITUITARY DISEASE AWARENESS CAMPAIGN

The Pituitary foundation is currently running an awareness campaign about the need to keep in the back of your mind these notoriously hard to diagnose conditions. They have published a useful GP fact file written by endocrinologists for GPs at: www.pituitary.org.uk. where you can also find some excellent patient leaflets.

HEALTH SURVEY FOR ENGLAND IN POST CODE AREAS BA21 AND TA6

Amongst the unsung heroes of epidemiology is the Health Survey for England, run by UCL medical school and the National Centre for Social Research. This organisation quietly gets on with gathering information about the health of the population – without hype because it is non-political –but of great public health value. This year they are surveying in the above post code areas between October and December, so please encourage patients to participate if you are asked. The 2007 survey is at www.ic.nhs.uk/pubs/hse07healthylifestyles and is fascinating.

FUCITHALMIC AND FUCIDIN

A warning from a significant event. EMIS and the PCT formulary work together to put fusidic acid cream 2% at the top of the picking list EVEN IF "fucithalamic" is typed into the field. A lady with a history of florid skin reactions to some ophthalmic drugs) was prescribed fucithalamic but received fucidin cream instead because that is what was printed on the script.

DIABETIC RETINOPATHY SCREENING SERVICE

Recommendation for Carotid Dopplers if emboli are seen

DRSS grading reports are sometimes accompanied by free text entries by an ophthalmologist in the section marked "other grading notes" When retinal emboli are detected, this is documented on the grading report, but until recently no particular action by the GP was advised. This was because it was felt that asymptomatic emboli warranted no further specific management other than those measures which would anyway be taken to reduce cardiovascular risk factors in diabetic patients. However, it now seems that even asymptomatic patients may benefit from carotid endarterectomy if significant internal carotid artery stenosis is found. Logically therefore, if a patient with a retinal embolus picked up on routine screening is "surgically fit enough", then it would be prudent to arrange carotid doppler flow studies, and then to refer the patient to one of the vascular surgeons if a stenosis of greater than 75% is documented. Grading reports for some patients may therefore sometimes now contain a note to the effect that "carotid doppler flow studies may be indicated".

SUSPECTED DVT REFERRALS TO MPH

We've been asked to ask referrers that if you send a patient up to the Medical Day Unit at MPH with a possible DVT, please warn them that the investigations may take some time. Patients have a clinical assessment, then blood test, then a scan if indicated, and then a further review - all this can take most of the day, and currently some patients are getting cross as they have been led to believe they can be in and out in half an hour.

DVLA - CONSENT FOR THE RELEASE OF RELEVANT MEDICAL INFORMATION FOR PATIENT

Since August, new rules called *Consent by Assurance* have been implemented by the DVLA on the release of relevant medical information for patients applying for driving licences. The BMA has agreed that DVLA no longer needs to provide *written* consent from the patient for access to the relevant parts of their records for the purposes of being granted a driving licence. The BMA is aware that this agreement might generate concerns amongst GPs about patient confidentiality but has taken legal advice about a system of accepting such assurances from a government department and has obtained a written legal indemnity from the DVLA.

The GMC position is that doctors must "Obtain, or have seen, written consent to the disclosure from the patient or a person properly authorised to act on the patient's behalf. You may, however, accept *written assurances from an officer of a government department that the patient's written consent has been given.*" See:

http://www.gmc-uk.org/guidance/ethical_guidance/confidentiality_36_39_the_public_interest.asp

This takes you to part of the new GMC guidance on confidentiality which came into force on 12th October 2009

SOMERSET CONDITION MANAGEMENT PROGRAMME

Do you have patients with long term health conditions who are on health related benefits but want to return to work?

Somerset's Condition Management Programme (CMP) could help. CMP is a joint initiative between Jobcentre Plus and the Somerset Community Health to help individuals receiving health related benefits. Support from their multi-disciplinary team of health professionals helps people to take control and manage their health more effectively, improve their quality of life and move towards a return to work. CMP is starting to work with practices across Somerset to increase awareness of the programme, If you would like to be involved or find out more about CMP: contact sarah.window@somcomhealth.nhs.uk or 01278 458178

ALICE IN WONDERLAND AND SWINE FLU VACCINATION

A Cautionary Tale

Incredible, but true.

Because the GSK swine flu vaccine is packed in boxes of 50 x 10 doses as its "original pack" it is a breach of the Pharmaceutical Regulations to divide it unless you have a Pharmacy Wholesale licence. This means that the our smallest Somerset practice - list size under 1500 is not allowed to share its box of 500 even with the largest - list size over 27,000, even though they will probably never find 500 patients in the practice who need, want, or can be inveigled into having the immunisation.

It gets better. Suppose you have a branch surgery and take, say, three vials of 10 doses and diluents in a cold box to do a flu clinic there and only open two. For the same reason *you have to dispose of the remaining unopened vial even though you can show that you have maintained the cold chain.*

And now we hear that there are complications with the distribution whilst it is decided who can and who cannot hold and pass on vaccine stocks.

Even though this 'flu strain is, thank heaven, of relatively low virulence there will probably be patients who will suffer, and quite possibly some who will die, just to satisfy the requirements of bureaucracy – for rules are rules, and rules can never be broken.

Time to emigrate: I've started to learn Polish - [Pożegnanie](#)

ALCOHOL REFERRALS TO TURNING POINT

Because of the success of the new rapid access route for drug users to self refer to Turning Point the service has been under considerable pressure. So, for the time being, rather strict criteria are being applied before alcohol dependent patients can be taken on. For treatment The service and the commissioners are working hard to try and tackle this and we hope that access can be improved in the fairly near future.

THE SOMERSET WIDE ONCOLOGY SERVICE

Also covers South and North East Somerset!

You will be aware that there have been major developments in Oncology Services across Somerset over the last 2 years. New permanent staff are now in post and the Beacon Centre at Musgrove Park hospital is fully open which means that the majority of patients from the county will no longer have to go to Bristol for radiotherapy.

To make best use of this service it is hoped that most Somerset patients with suspected cancer will be referred to one of the two Somerset Trusts so that any radiotherapy treatment can easily be organised within the county

3 new consultants from the Beacon centre now visit YDH one day a week and an associate specialist is in the Douglas Macmillan Cancer Unit 3 days a week, though at present there is no specialist service for head and neck or urological cancer in Yeovil

Contact details:

Macmillan Unit: (Open: 08:30-17:30 Mon-Thur; 08:30-13:30 Fri)

| | |
|--------------|--------------|
| Secretaries | 01935 384869 |
| Chemo Nurses | 01935 384873 |
| Reception | 01935 384553 |
| FAX | 01935 384638 |

Beacon Centre

| | |
|----------------------|----------------------|
| Secretaries | 01823 342418 (JW/CB) |
| | 01823 342417 (UB) |
| Chemo Nurses | 01823 342929 or 2296 |
| Radiotherapy Liaison | 01823 342933 |
| Reception: | 01823 344200 |
| FAX | 01823 342419 |

2 Week Wait Suspected Cancer Referrals

- Please can you include patients' mobile phone numbers with your referral if they have one? Receiving trusts have a very tight timetable to try and meet and it is a great help if they can contact patients easily
- Shared referral forms between TST and EST are being introduced. The new upper GI Tract one now allows you to choose whether you need a specialist assessment or an OGD – please read the explanatory notes, and do remember to check a ferritin if you want to refer a patient with anaemia!
- Patients do need to understand that these are urgent referrals and that even if you do not actually think a cancer is likely some of the documentation they will receive about the referral will mention cancer. They also need to be available for a good proportion of the next two weeks, but we have had definite guidance from the DH that a trust cannot reject a referral because someone is unable to come on any particular day, so if this happens please let the LMC office know. Note that if a patient is about to disappear on holiday for two weeks and chooses not to cancel this after appropriate discussion, than he or she cannot accept referral so the “decision to refer” date should be when they return home and confirm that they are available.

Small Ads Small Ads**MENDIP COUNTRY PRACTICE, COLEFORD.****Maternity Locum vacancy from 4.1.2010**

- 20 minutes south of Bath
- 7 sessions
- EMIS LV, List size 5280
- Start date 4th Jan 2010
- Closing date 23rd November

Please send CV with covering letter to:

Hannah Seymour, Practice Manager, Mendip Country Practice, Church St, Coleford, Radstock, Somerset, BA3 5NQ. Tel: 01373 812244. email Hannah@mendipcp.nhs.uk

**REPLACEMENT PART-TIME PARTNER
REQUIRED FROM 1ST MARCH 2010 IN
YEOVIL**

We offer the Opportunity to join an enthusiastic, high achieving, small Practice of 3500 patients providing GMS services in a Somerset town, close to coast and beautiful countryside.

We are looking for a 6-session partner to join our motivated small team. We currently have 2 three-quarter time Partners and a 4 session salaried GP. There is plenty of scope for extra sessional work locally. There is no OOH requirement within the Practice.

We are excited about the imminent extension to our existing premises, which will help us to give more and varied services to a potentially greatly increased practice population.

- Paper-light
- High QoF achieving
- EMIS LV practice
- Dedicated, friendly team
- We regularly host Medical Students

We have a close working relationship with our multi-disciplinary team of attached staff. We look forward to applications from motivated, innovative GPs, who will help us take the next step in the Practice's development.

Please contact Sandra Jones, Practice Manager for more details, or to arrange an informal visit
Tel: 01935 473068

Sandra.Jones@Oaklandssurgery.nhs.uk

Dr Gaymer & Partners Milborne Port Surgery

Our PRACTICE MANAGER is retiring after 13 years. If you are looking for an interesting & rewarding full time job running a busy 6 GP

practice and have some previous experience in managing a general practice or small business then apply to:-The Practice Manager Dr Gaymer & Partners, Gainsborough, Milborne Port, SHERBORNE, Dorset, **DT9 5FH**

Closing date 18th November 2009.

GLASTONBURY SURGERY**SALARIED GP Maternity Locum**

- From January/February 2010
- 4 sessions per week (Wednesday & Friday)

Applications with CV to: Andrea Ball, Practice Manager Glastonbury Surgery, Feversham Lane, Glastonbury, Somerset BA6 9LP
01458 836109 or e mail

andrea.ball@glastonburysurgery.nhs.uk

www.glastonburysurgery.co.uk

Closing date for applications: 6 November 2009

PRACTICE NURSE**15 hours /week**

A dynamic GP training practice with a list size of 12,500 patients, 12 GPs and a large team of support staff, looking for a part time Practice Nurse to join our current nursing team of 4 nurses and 2 HCAs.

Experience desirable but not essential as In-house and PCT education and training available. For an informal chat and further details please contact Andrea Ball, Practice Manager or Jill Smith, Lead Practice Nurse on Glastonbury Surgery on 01458 833666

Application forms available from www.glastonburysurgery.co.uk

Closing date for applications: 27 November 2009

**SECOND SOMERSET PRIMARY CARE IT
ENGAGEMENT CONFERENCE.**

Thursday 12 November 2009 at The Holiday Inn, Taunton TA1 2UA.

Starting with lunch from 12.00 noon.

Two major national figures in NHS IT will be speaking:

Dr Gillian Braunold Clinical Director Summary Care Record and HealthSpace

Dr Glyn Hayes President of the BCS Health Informatics Forum and founder of the Primary Health Care Specialist Group (PHCSG)

To register for this conference, please email your name, role and practice to graham.riley@somersetpct.nhs.uk before 5th November 2009.

THE SIMPLE COUNTY DOCTOR'S NOTEBOOK

I was not content with our practice's score in the Patient Experience survey domains of the QOF this year which were apparently dependent on the whims of 62% of 2.2% of the list. Ipsos-Mori said that it is statistically right and there seemed to be no confidence interval in an appeal. So I did what the young people do these days and called a practice meeting. "Alright, but make it snappy, I have got a pony club gymkhana to organise!" snarled the lady partner. It was a grim gathering. Unlike my colleagues I do not subscribe to the "our lot are all illiterate" school, although it is a little known part of the job that I often seem to find myself filling in forms for patients. The practice manager pointed out that even when we hand-picked the surveyed they told us they were sick of surveys. The patients seem happy enough with us though. We might as well already have Mr Burnham's scheme to abolish practice areas because no one will ever leave us wherever they go. We have even caught people using the parental address for years after they have flown the nest. And only the nice ones ever come to thank me and say they are going to Canada to live. A colleague even pointed out that only one patient turned up to his Saturday morning extended hours surgery last week. In these parts the measure of our success was always the number of pheasants or trout, poached in every respect, sooner or later anyway. Our head honcho nurse saw me the other day as I was struggling with a bag of shallots and said, "Do you ever have to buy vegetables?"

But kind words butter no parsnips these days and cannot be counted and so measured by managers. The meeting was not a success and as usual the Simple County Doctor ended up offering to do some more research. I must tell you that things look bleak with more of our services being put out to tender for others to provide unless we can prove that we are using the approved, "one size doesn't quite fit anyone" method. All the political parties believe this so next May holds little hope except perhaps for a good laugh at little Ben's ejection from Exeter.



One thing did catch my eye, as apparently it has Mr Lansley's and that nice Mr Lamb's. The foreword to the King's Fund report "World Class Management in the 21st Century" (www.thekingsfund.org/wcmnhs/report) reads: "One area of unparalleled growth during the expansion of NHS investment in the last decade was the long overdue development of the management sector in primary and secondary care. Consistently satisfying or exceeding its own measures of competence and user-satisfaction, there have been innovative and ground-breaking examples of thinking in the field of budget deficit accounting. In terms of human resources relationships with general practices have achieved standards never previously imagined. But despite this the quality of NHS management has remained patchy and inequalities do exist across the three nations. For example, some areas have made better progress in practice based commissioning than others. There is increasing evidence (from Finland) that the introduction of competitive tendering for contracts for the provision of NHS management services could drive up standards and roll out best practice whilst offering economies of scale in shared back office functions. The best existing management teams could bid for contracts to run other trusts and, of course, the private sector would bring its own perspective. As well as Boots and Virgin Health, we welcome the steps McDonald's has been taking towards diversification into primary care trust franchising since the success of ten "Golden Arches" walk-in centres opened in some of its restaurants in Tyneside."

You couldn't make it up.

Footnote: The original "SCD" was Leonard "Bones" McCoy of Star Trek

THE SOMERSET DEMENTIA STRATEGY

A shared programme between the NHS and Somerset County Council

We know early diagnosis is important for people with dementia and can improve quality of life, delay or prevent unnecessary admissions into care homes, give people time to understand the effects of dementia and allow them to make choices about their care. Guidance on the diagnosis and management of dementia is currently being sent out to practices and this highlights the importance of ensuring patients have a suitable diagnosis code to ensure they are on your register. The guidance also stresses the importance of providing good quality, relevant information for patients and carers on different types of dementia and the services that are available to them.

Further information from alison.rowswell@somerset.nhs.uk

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