

SOMERSET LMC

NEWSLETTER



Dec 2009

Issue 153

Inside this issue:

Weathering the information storm	1
Transport-Shepton Mallet Treatment Centre	2
NHS Sickle Cell and Thalassaemia Screening	2
New Task of the	2
End of Life Care	3
CD Standard Operating	3
Small Ads	3
TXT from an Urban Doctor	4
Exercise Referral	4



We would like to wish all our readers a very Merry Christmas and a Happy New Year

The LMC office will be closed from Thursday 24th December and will re open on Monday 4th January.

WEATHERING THE INFORMATION STORM

What is to be done about the rising flood of email that is about to engulf us all?

Take a few days leave and invariably there will be dozens of emails waiting for you; make that a month's sabbatical and we are talking hundreds. It is getting so bad that I know of a fair few GPs who prefer to go in to the practice on the Sunday after their holidays than be faced with a message mountain on Monday morning. And even if you are there all the time, the steady trickle is a constant distraction from getting on with the real job – you end up glancing at the message and parking it to deal with later on. In no time there are pages and pages of the things awaiting attention. But how many of these messages really matter? (We are not here discussing patient specific clinical questions as most practices use EMIS practice notes or perhaps a separate email box for these.)

About 18 months ago the mail server at my practice died, and due to a backup setting problem it transpired that all the messages I had left file "to deal with one day" had disappeared. It is interesting that, so far as I can tell, absolutely nothing has gone wrong as a consequence: because it is so easy to send an email, we get bombarded with things that really do not matter, and if something is urgent you will usually hear about it in some other way as well.

The answer to this has to be organisational. There needs to be one person in the practice who deals with each class of information so that anyone else who gets a copy can ignore it. We simply do not have time for everyone to read everything, the task has to be shared. Before we rush to attribute blame to them, the PCT is one organisation that does try to make sure that there are only a few people who routinely group email all practice, usually in Primary Care Development or Medicines Management, so it would seem fairly straightforward for practices to allocate a GP or senior staff member to deal with each of these and only pass on key information to everyone else. You may be able to do the same with messages from your local acute trust, Wyvern Health or the LMC. Incidentally, the latest version of Outlook allows you to colour tag messages which may help with this process – if you are not responsible for that group of messages and it isn't tagged, then delete unread. Very satisfying!

There are a couple of other nuisances we could help eliminate. Emails should only be sent with "high importance" if they are urgent for the recipient. If you get one so tagged that is not important to you, a polite reply to that effect would soon put a stop to the practice – especially if all 600 or so GPs in Somerset sent the same response! It is also not usually a good idea to hit the "reply to all" button when responding to a group email: however witty or perceptive your remarks, do all the other recipients flogging through their morning surgery really want to receive them?

Emails from patients are a growing concern. Most of us just do not have the capacity to deal with yet another route of access with all that implies, but nonetheless email can be a valuable communication tool, for instance for deaf patients. The safest solution is to have a generic practice address that is

checked regularly – which is also going to be valuable as we start to trial electronic letters from hospitals – and to discourage patients from using your specific practice address.

It may help to have a standard reply to unsolicited email from patients or other non-NHS organisations enquiring about them along the following lines:

“Please note that we can only accept emails to this address by prior arrangement. This mailbox is specific to the person named and in his or her absence for any reason messages will not be read. You should also be aware that any correspondence from outside the local NHS is not encrypted and is vulnerable to hacking. If your email contained information about a third party please make sure they see a copy of this message. If you would like to know how to contact the practice safely please ring.....”

BETTER PATIENT TRANSPORT TO SHEPTON MALLET NHS TREATMENT CENTRE

Should help us make better use of the service

Most of us know that SMTC has a block contract to provide services to the local NHS and that unused capacity wastes money. This, of course, has a knock on effect on commissioning costs and ultimately on the freed up resources that can be generated by Wyvern to support practice and locality developments. However, some GPs don't suggest SMTC as a possible option to their patients as we assume it is too far away to travel. But the evidence suggests where it is offered as an option for treatment some patients, even from the other side of the county, do accept. There is now an opportunity for more patients to use their services by way of a taxi service funded by the SMTC. Under their recently extended transport policy patients will qualify if they meet one of the following clinical criteria

- Have significant difficulty in ambulation (e.g. requires a joint replacement)
- Are severely visually impaired (e.g. has a cataract)
- Are registered as disabled and has no partner, carer, relative or friend who could provide transport.

Offering SMTC as a choice will now enable patients needing a joint replacement or cataract operation to be considered for the taxi service (for all attendances related to the episode of care). Arrangements will be made when the patient contacts the Booking Management Service.

SMTC does offer very short waiting times – currently 5 weeks from referral to treatment for joint replacement. Their clinical outcome data is very good and patient satisfaction is very high so we would encourage you to consider this option.

NHS SICKLE CELL & THALASSAEMIA SCREENING PROGRAMME

If a neonate has blood transfusion before the blood spot sample is taken for sickle cell testing this may give a false negative result. Until now such babies should have had a venous test 4 months after the last transfusion, but for various reasons this has not been working and retesting switched in November to a DNA blood spot test looking specifically for the sickle cell gene. An implementation guide will be sent to all practices that this includes information on counselling relating to results of DNA testing and also an information sheet for parents.

Further information can be obtained from the UK NSC and Programme Centre Website www.screening.nhs.uk or www.sct.screening.nhs.uk

NEW TASK OF THE MONTH

We are always pleased to hear about exciting new things for GPs to fill up all those empty hours of consulting time. Here is this month's suggestion:

Doctors should give patients advice on climate change

The Climate and Health Council, a collaboration of worldwide health organisations including the RCN, the RCP and the RSM, would like to see GPs and nurses give out advice to their patients on how to lower their carbon footprint. It believes health professionals are ideally placed to promote change because “we have ethical responsibility.....as well as the capacity to influence people and our political representatives to take the necessary action”.

END OF LIFE CARE REGISTER

Pilot Practices needed

The Marie Curie "Delivering Choice" programme is supporting the implementation of the National End of Life Care Strategy in Somerset. Improved coordination of care at the end of life is an important part of this work, and development proposals following the initial phase of the programme include setting up a care coordination centre and developing an end of life care register to identify people expected to die soon. This register will ensure GPs, community nurses, and the Out of Hours and emergency Services have access to up to date information on the care needs and expressed preferences of people approaching the end of their lives. It will also provide a system that will support the continued implementation of the Gold Standards Framework across the health community. If we are to be successful in keeping patients out of hospital for their final illness, we need to be able to identify patients who have terminal diseases, and discuss with them their wishes concerning their place of care - including where they want to die - before making sure these wishes are available to the wider health community.

An initial pilot project with 6 GP practices is proposed, expanding to include further practices as it develops. Patients would be identified at a practice Palliative Care meeting and then (with consent) details would be entered onto the system by the practice. Information would then be updated either by the GP - for example if a just in case box has been issued - or by a community nurse. Initially the register will not have full care plans, just essential information that may be needed for out of hours or ambulance crews. Once the Care Coordination Centre is up and running, in around March 2010, this will coordinate things such as care packages & equipment through a single contact number, and also ensure the register is kept updated For further information about joining the pilot please contact

Liz Rocks 01935 384129
liz.rocks@somerset.nhs.uk

WARNING!

Are your CD Standard Operating Procedures up to date?

We have some concern that not all the practices which handle controlled drugs have yet completed the actions required after their CD inspections last year. Please remember that it is a legal requirement for practices to comply with the CD Regulations, and dispensing practices should note they will not be eligible for relevant DSQS payments if the work is not completed

SMALL ADS SMALL ADS SMALL ADS.....

GP Partner: Vine Surgery. Street

From April 2010 2/3 WTE partner to fill retirement vacancy in 3 partner practice & help deliver high quality clinical care with the help of extensive Primary Health Care Team. High achieving, semi rural PMS practice, with a long established, appreciative patient base sharing excellent premises and staff with a larger 6 partner practice. EMIS LV soon to be paperless.

See website for details of our practice :
www.vinesurgery.co.uk

Please send CV to Liz Seekings, Practice manager, liz.seekings@vinesurgery.nhs.uk

Vine Surgery, Hindhayes Lane, Street, Somerset, BA16 0ET, or contact:
 Dr Robert Vriend 01458 841122
robert.vriend@vinesurgery.nhs.uk.

Closing Date 24 Dec 2009

GP Partner: Crown Medical Centre Taunton

From April 2010.

7/8 sessions in energetic practice in Modern purpose-built premises (no capital outlay) 5 whole time equivalent partner EMIS LV paperlight .Near maximum QOF points. No out of hours, Share of extended hours. 1 year mutual assessment

For further information contact:

Claire Gregory, Practice Manager.

Telephone: 01823 282151

claire.gregory@crownmedicalcentre.nhs.uk

Closing date 4 Jan 2010



TXT FROM AN URBAN DOCTOR

We are pleased to introduce you to our new columnist, the Urban Doctor. One of the new generation, the urban doctor foreswears the fusty dress of his older colleagues for much more fashionable wear, plays a mean game of indoor football, and can text with his hands tied behind his back faster than his country colleague can type "Ampifrusival" into his steam powered computer.

Now read on ...

What The CKD Am I Doing?

I have been controlling the hypertension of nice 60 year old Mrs. Jones for the last 3 years with Amlostin 10mg. I am a good boy you see. I'm following the British Hypertension Society and NICE guidelines to the letter and have kept the Overlord happy by using the cheapest formulary branded generic. Mrs. Jones is happy because she attends every 9 months, has a blood pressure of 138/82 and collects her pills. I'm happy because I have my QOF points, a medication review and a properly treated patient.

But now I have a problem. Mrs. Jones' BP for the last 3 months has been 154/94. Damn! So I consult my BHS/NICE guidelines and note it suggests "A+C". Better get Mrs. Jones on an ACE inhibitor then. I do her baseline renal function. Good! eGFR is 68 and creatinine is 102. What's the cheapest ACEI? Ramipril? Lisinopril? I go for Ramipril as there are fewer doses to titrate. (Gotta save myself some work...)

Mrs. Jones is now on 5mg of Ramipril and her BP is 148/82. I should be happy, but I'm not. Her eGFR is now 53 and Creatinine is 114. I've checked it again 2 weeks later and it's still 53. Damn! Now she has CKD 3 and my QOF yellow box is warning me I need to get her BP down below 140/85. Mrs. Jones ain't happy, and I ain't happy. She keeps mumbling that she has a dry cough but I'm obsessing about her BP, and boy are those CKD guidelines from NICE ever so complicated. So much to do! I can't figure out if she should have a renal ultrasound scan or not, so I order one just in case.

More bloods. Ramipril up to 10mg. Top it up with Bendroflumethazide. Finally her BP is 135/68. Whooaa! No yellow boxes any more. I'm happy but Mrs. Jones' ain't happy. She was feeling dizzy last week and had a fall and fractured her wrist. Better get her in and organise a DEXA scan and stick her on Alendronic acid. Hmm. Should I add Cheaprazole in case she gets indigestion? I'll have another think about that.

What the.....? Reading the fracture clinic letter I see they have stuck her on Diclofenac for her sore wrist!

Arrghh! What the CKD are we doing to our patients?

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

PRO ACTIVE EXERCISE REFERRAL SCHEME

Would like some help with assessment of providers

The exercise referral scheme in Somerset requires each leisure provider taking part to be recognised by the Somerset Physical Advisory Group as adhering to the relevant national and local standards. This ensures that patients are only referred to leisure providers within the county that are recognised by the scheme and are managed by appropriately qualified exercise professionals.

Recognition must be renewed every 3 years, and the provider has to submit a portfolio for on-site assessment by a team of professionals including a GP, a leisure provider manager and exercise science and health promotion professionals.

Discussions with the provider cover a range of subjects from client condition/management to health promotion and any other matters which may have arisen from the portfolio and site meeting. Apart from three yearly renewal of recognition of existing providers, there are a number of new ones presently showing interest in joining the scheme,

If you have an interest in promoting the health of your patients through physical activity and would be able to spare an occasional couple of hours of time to help with assessments please contact Kay Selman 01460 238 635 Kay.Selman@somerset.nhs.uk. A fee and travel time are paid on completion of each assessment.