# Somerset LMC Newsletter

**May 2011**

**Issue 166**

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## GP RECRUITMENT IN SOMERSET: WHAT DO WE NEED TO DO?

It will come as no surprise to any readers who have been trying to find a locum in recent weeks that there is a shortage of GPs in the county. Somerset GP Locum Agency reports that they have currently have half the number of GPs available as they did this time last year, and demand outstrips supply by 100 sessions a month. Of course, there has always been a local seasonal pattern to this, with the locum workforce being bolstered every August by new newly qualified GPs who gradually move out into long term jobs, but this year's position reflects some worrying trends.

The national NHS workforce survey for 2010 draws some interesting comparisons. In the 12 months to September 2010 the number of hospital consultants increased by 4.8%, adjusting for part-timers this is 3.3% WTE. Yet the number of GPs was up just 0.4% and the WTE adjustment shows a *drop* of 2.4%. As the big 1980s additional GP recruitment cohort ages, the proportion of GPs aged over 55 has increased from 17.5% to 22.2% in 10 years, most of whom are eying their pension benefits anxiously. It would not take a lot to trigger a stampede for the exit. Meanwhile, secondary care nurses have risen by 0.7 WTE, whilst practice nurse WTE numbers have fallen by 3.1%, health visitors by 4.6% and school nurses by 9.1%

So, a shrinking workforce is having to deal with the ever-expanding demand for primary care clinical services, never mind NHS management and commissioning: we are all working harder for our money. The packed working day means there is less slack to cover absent colleagues, so locums are indispensible, but the complexity of the work and the need to understand and use local protocols and pathways means locums are less and less effective unless they have had training or experience in the area.

But GPs, like everyone else, tend to like what is familiar. Even those who join the Somerset training scheme tend to drift back to a city near where they qualified, and even if we hung on to all of the ST3s completing the scheme, we would still be short of new GPs. A worrying number of recent completers do not seem to be staying in general practice at all, and some with young families take time out to be at home.

An LMC motion on workforce & recruitment has been prioritised for debate at the Annual Conference of LMCs next month, and we will try to ensure that this becomes a BMA priority, but we need to consider what can be done now to recruit and retain GPs locally. Last year we suggested offering a "follow-on" contract for recently qualified GP that offered 12 months of experience in out of hours work and regular locum sessions based in a GP federation, along with a small training component. The development if the iGPCC and empowered federations with a management budget may be the opportunity we need to turn this into reality.

## MEDICAL INDEMNITY COVER AND OUT OF HOURS WORK

Due to the increased risk of claims arising from out of hours work, the MPS has announced that following members' next renewal date after 1st April 2011 there may be an additional charge for day time GPs who work out of hours as well. Generally MPS member part time GPs are covered for one OOH session, whilst full time (8 session) GPs are covered for two OOH sessions per week, averaged out over the year. Do remember that one shift may be more than one nominal "session". The MDU say that members who work any out of hours sessions should contact them to ensure that they have the correct cover, and the LMC view is that GPs should always make sure their indemnity organisation is regularly informed of the full range of clinical work that the doctor is undertaking.

## SESSIONAL DOCTORS COLUMN

***Somerset Medical Performers List***

Although we do not know how and where Performers lists will be managed after 2012 for the moment responsibility rests with the PCT who have just led a review of the application process. A new Performers List policy was subsequently introduced on 1st April 2011.
Significant changes include:

- deadlines for applicants to submit additional information relating to their application
- an expectation that all Performers on Somerset's List will do a minimum amount of GP work in the county each year
- a requirement for all applicants to attend the PCT's offices in person (at a pre-arranged time) so their identities can be checked, and a brief assessment of English language competency carried out.
- tightening of the requirements relating to English language competency.

The LMC advises Sessional GPs to apply to join the Performers List in the PCT area where they do most of their work. Do remember that if you leave UK general practice for 2 years you are likely to need at least a few weeks re-orientation should you apply to re-join a Performers List.
A copy of the new policy, the new application form, and guidance on what documents need to be submitted with an application, can be found at the following link. Any questions can be put to Primary Care Contracts at performer.lists@somerset.nhs.uk.

## AVOIDING ERRORS WITH VENOUS COAGULATION TEST SAMPLES

Under filling of coagulation tubes prolongs INR, APTTR and other coagulation values. A recent audit showed 20 % of coagulation samples received are under filled leading to rejection.

To avoid rejection please ensure that samples are filled to the minimum fill indicator line on the tube which on the BD Vacutainer 2.7 ml draw tube is a frosted line etched around the tube. A BD Vacutainer Citrate tube guide for reference may be found on the Somerset Pathology Service web site at Link

The lab are also asking us NOT to use any 4.5 ml Vacutainer glass tubes due to the risk of sample breakage as well as the larger draw volume. Do remember to check the expiry dates of tubes as if they lose vacuum the sample will be short.

## COMMUNITY RIGHT STEPS SERVICE

The LMC has had discussions with the PCT, Somerset Community Health, Somerset Partnership and the lead GP Commissioner over GP concerns about the current and future provision of "talking therapies" in the county. When the last government announced addition funding for "Increasing Access to Psychological Therapies" (IAPT) the PCT decided to roll up the existing patchy and variable GP practice based counselling provision into a single new service and Somerset Community Health won the tender to provide this. For a number of reasons Right Steps has, from the outset struggled to meet the waiting list target, and although this is now improving again for low intensity and psychological therapies there is still a long wait for patients needing more intensive treatment. We have been told that the PCT is working with SCH on how this can be addressed, and the merger of SCH with Partnership should provide some important opportunities. In the meantime we are assured that patients facing long waits are kept informed and advised about other services that may be helpful in the meantime. Please do continue to tell the LMC office of any concerns you have about the service, and we would equally like to hear of your patients' positive experiences

## STOLEN IDENTITY

*Just be on your guard*

A Somerset GP was more than a little shocked to be contacted by the GMC who were inquiring into concerns about her Harley Street practice. It transpired that someone had been using her name and GMC registration number, presumably assuming that as a provincial doctor she was unlikely to be using them in London herself.

Fortunately the GMC were persuaded that she was not the person about whom they were concerned and they have since been very helpful, as have the Counter Fraud team at the PCT.

This is the first such case we have heard about, but with identity theft a growing problem it is unlikely to be the last. So if you are told an odd story that you have been working in some other part of the country it may be worth checking a little further.

## NHS REFORM "LISTENING EXERCISE"

The BMA is encouraging members to give their views on the future shape of the NHS in England into the government's listening exercise. There's a new hub page on the BMA website – link – where you can complete a structured feedback form that will inform the BMA submission to the NHS Future Forum, due to be sent in the end of the month.

## DELAYED SURGICAL RECOVERY IN EARLY DEMENTIA

Patients with dementia have a longer recovery time and may become acutely confused after surgery. It is useful to warn the hospital of this risk, and where you think dementia is a possibility the four point DOPY screen may be helpful . Patients should be able to answer all of the following:

- Date of birth,
- How Old they are
- Place they are
- Current Year.

Any error suggests the patient may need further investigation for dementia

## SMALL ADS .. SMALL ADS.. SMALL ADS ..

**PART TIME GP PARTNER: VICTORIA GATE SURGERY, TAUNTON**

**Details:** 5 sessions per week, over 3 days. Preferred start date August 2011 but willing to wait for the right person. Informal visits welcome.

**Contact:** For an information pack, Mrs Linda Willis, Practice Manager, Victoria Gate Surgery, East Reach, Taunton, TA1 3EX, tel. 01823 275656/e-mail Linda.Willis@victoriagate.nhs.uk

**SALARIED GP: YEOVIL HEALTH CENTRE**

**Details:** Opportunities for Part/full/flexi/locum GPs required from June 2011.

**Contact:** For applications or informal chat contact Daniel Vincent, 01935 709269 or email danielvincent@nhs.net.

**WANTED GPwSI ORTHOPAEDICS: OASIS CLINIC, YEOVIL**

Want to add some variety to your practice? Wondering if there is medicine beyond QOF?

Why not become a GPwSI in Orthopaedics.

Up to 3 days a week available in ½ day sessions. Join a happy team of 5 doctors and 3 ESPs in the OASIS clinic in Yeovil. Training provided.

**Contact:** For an informal chat contact Dr. Steve Holden on 01935 470200 or email Stephen.Holden@hendfordlodgemc.nhs.uk

**DEPUTY MEDICAL DIRECTOR & GP ADVISOR: SOMERSET PARTNERSHIP NHS FOUNDATION TRUST**

Applications are invited for an experienced Somerset GP to take on this role. This post has been created to ensure close links between our Trust and the GP community following the planned acquisition of Somerset Community Health by Somerset Partnership. The post holder will be required to devote six days a month to this role. For more information and to apply for this post please go to www.jobs.nhs.uk or click on the following link. Click here to apply. Closing date 29th May 2011.

**NON EXECUTIVE DIRECTOR AT TST FOUNDATION TRUST**

We have been asked to advertise this vacancy which may be of interest to part time or recently retired GPs

The Governors are seeking an outstanding individual with experience gained at a senior level, either in the public or private sector and expertise to contribute to the further development of the Trust's strategic direction 2½ - 3 days per month, £12,515pa

Contact Carol Lydiate 01823 342511 . By Friday 27th May at 12 noon.

**Dr Whimsy's Casebook: Aviation Medicine**

For the second time in ten years Dr Whimsy was recently involved in a "medical incident" on board an aircraft, and is consequently an expert in this field. With the holiday season approaching he regards it as his duty to advise you on the management of such situations:

1. When the call for a doctor goes over the aircraft PA, slowly sink down in your seat. It's statistically likely that there's another doctor on the plane with a bit more than a Family Planning certificate, so sit tight.
2. If there's a second call it means that all the other doctors on board are doing the same as you. Respond now because they are equally useless, so you might as well get any kudos that's going.
3. While you're climbing over the mountain of lard sitting between you and the aisle, mentally go through your ABC of the collapsed patient. If you can't think beyond A, don't worry: the flight attendants are probably trained up to C. If you got as far as G (Golf equipment) at your recent resus refresher you'll feel confident at this point.
4. Make yourself known to an attendant, who will inspect you as if somebody handed them a sick bag. This is normal: you look as if you've been hauled through a thicket, you lost a shoe somewhere in Adipose Heights, and a medic worth his coin doesn't travel steerage; but mainly it's because they get dozens of nutters who love the buzz.
5. You may be asked to prove your credentials. A BMA card is handy, but if you're too cheap to join, anything with "Dr" on it will do – Dr Iving Licence, for instance.
6. When you reach the patient perform your ABC. You will soon realise that they are OK: if they are in Business Class they had a vasovagal during the in-flight massage; patients in Economy got D&V from the farewell party and dropped their BP straining to get out of their seat in their rush for the loo.
7. On no account stop and reassure everyone at this point. You're the cabin entertainment now, so give them their money's worth.
8. Ask the attendant for the plane's medical equipment. He or she will hand you a garden hose and a kippered mullet. Closer inspection will reveal an ancient double-tubed stethoscope and an Edwardian BP bladder.
9. Pretend you can hear something with the stethoscope. There's a pair of RB-211s delivering 60,000 pounds of thrust a few feet from each ear, so a soft mid-diastolic rumble might be elusive – but don't let on. Doctors are expected to take a pulse so use the opportunity to check the BP by palpation.
10. Loudly ask the attendant, "Can you do a CBC and a Chem-seven?". Nobody knows what that means, but anything from ER will impress, though don't mention "cracking the chest" as it may excite the patient and inflate audience expectation. The attendant will invariably say No, then you reply, "OK, we'll just have to fly this by the seat of our pants – no problemo." (The "o" is optional except on flights to and from the USA).
11. Having evidently saved the patient's life this is a good time to give appropriate advice about fluids etc. You're work is not quite done, though.
12. Ask for the patient to be laid in the recovery position in First Class, where there is more space. For you, that is. Insist on remaining with your patient to monitor them; by now they belong to you, so don't relinquish possession without a fight. Get your family upgraded with you on the pretext that they are also under your protection. The flight crew are likely to oblige as by now they are so grateful that you haven't asked them to divert the aircraft.
13. Accept applause with grace, but it is considered vulgar to bow.

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



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