Somerset LMC Newsletter

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A GP PROVIDER COMPANY FOR SOMERSET

The very last thing that general practice needs just at the moment is another organisational upheaval. Primary care is battered by change , overwhelmed by demand, and could do with some R&R: but unfortunately that is not going to happen. And now there is a new and worrying threat on the horizon – but also a significant opportunity.

We have known for some time that from April 2014 there is likely to be a progressive shift away from Enhanced Services to the use of NHS Standard Contracts as part of the Government's declared intention to introduce a wider market for NHS services and encourage new providers. This has all seemed remote and technical, but the reality is that from next spring it is possible that other organisations will start to submit Any Qualified Provider (AQP) bids to do work that until now has been part of general practice. Initially it will be the enhanced services that are now with the Public Health Directorate of the County Council that may be opened up, and although the sums are relatively small, this is money that practices can ill-afford to lose as income is progressively squeezed across the board. When the CCG and Area Team enhanced services are included in future, the potential losses begin to be critical – and although your core GMS or PMS contract is safe for the time being, the political pressure to change this is strong and growing. We have to face the reality that a commercially competitive market for primary care services has now arrived.

Responding to this as an individual practice is not easy, and although the AQP requirements for existing NHS providers have been eased, when competing against Virgin or Care UK any practice is going to be playing uphill. It is becoming very clear that we need to organise on a larger scale. For the last couple of months the LMC has been supporting the facilitation of a series of meetings of the County Practice Managers Forum that have been considering the options with the help of a consultancy firm, Open Junction, who have experience of setting up some 100 GP provider groups. The strong view of the working party, supported by a meeting of Federation provider representatives, is that we should establish a county wide company, limited by shares, and open to all GP providers in Somerset to join. The county scale was chosen both to spread the considerable cost of setting up a new organisation that will met AQP requirements, and also so that it is of a size to negotiate directly with the CCG and to have the capacity to compete with likely competitors – which, incidentally, may include not just corporate providers but other GP companies – as well as being able to stand above any local differences of opinion between practices.

The LMC believes such a company should be structured so that it can co-ordinate and submit bids on behalf of practices, localities and federations as well as in its own right, and it should actively seek to work co-operatively with other local providers – both GP owned and others – to protect the interests of member practices and to maintain integrated local NHS services that are not at the whim of external providers. As well as its protective function the company will be prepared to bid for further contracts for

intermediate and community based services where these fit well with primary care. In the longer term this work should fund the company, but in the meantime share sales to practices will provide initial working capital.

GP provider companies have a chequered history. Some have been very successful indeed, others have been expensive white elephants. But never before has practices' income been at risk as it is now, and plenty of experience has accumulated for us to draw on about how to get it right. The future of general practice lies in better integration, shared resources and mutual support – and if we can achieve that without losing the enduring benefit of a local list and personal continuity of care then we will have done well by our patients and succeeding generations of GPs

We strongly encourage all practices to attend the open meeting at **7.30 on 26th September at Taunton Racecourse** (light refreshments available from 6.30) to hear about the progress, proposals and options . Whatever your views, we need you there. (Information Flyer attached to this Newsletter)

NEVER BEEN TO AN SGPET STUDY DAY?

This is how they work…

Over 80 GPs attended the recent SGPET Women's Health Study Day covering topics frequently encountered in day to day general practice. Following the established SGPET pattern we began with some short updating presentations – this time on "diagnosing gynaecological malignancies", "contraception for young people", "urinary incontinence" and "management of the menopause" – given by speakers including consultants, specialist nurses and GPs. Next there were case based discussions in groups , and then, instead of the usual Q&A for the last 30 minutes, the final session was for feedback and reflection. Participants divided into groups to share what they had learnt from the day, what they would take back to their workplaces, and to suggest ideas for audit. The learning points included the role of school nurses, quick start contraception, what happens at PMB Clinic and need to examine before referral, POP and HRT, CASH App and website, role of CA125 testing and USS, Ella One and physiotherapy for incontinence referral.

Audit suggestions included the use of long term topical oestrogens, menorrhagia and use of IUS, co- prescription of anticholinergics and diuretics in over-active bladder, and discussion of pregnancy testing, ongoing contraception and chlamydia screening after an emergency contraception consultation.

Details of future Study Days are published on the SGPET website.

www.somersetgpeducationtrust.co.uk

Helen Cotton, SGPET Education facilitator.

SOMERSET "FIRST FIVE" GROUPS

Are you a GP within the first 5 years of qualification?

Or are you new to the area and wondering what is available locally? If so, read on… and other readers are welcome too, of course!

The education and support of GPs in the first 5 years after training completion is a national priority for the RCGP. This is because trainees are typically now coming through shorter, more supported, and more streamlined training. They often then qualify and start work as relatively unsupported sessional GPs. The Somerset GP Education Trust (SGPET) is aware of this and seeks to support new GPs by running regular 'First Five' groups in Taunton, Wells, and now also in Yeovil.

The groups meet on the same day each month and provide both educational activity (typically discussing a hot topic or article) but more importantly also provide peer support and a platform to discuss significant events, difficult patients and general workplace matters. Many new GPs attend the meetings each month and find them invaluable for both education and support. Places can be booked via the SGPET website(www.somersetgpeducationtrust.co.uk) by phone, or by email and you are more than welcome to come along.

SGPET also offer many other evening and daytime educational events across the county, aiming to cover a broad range of clinical topics throughout the year. Members all receive a weekly email update of upcoming events. The cost of membership is £125 annually which represents sensational value given all that SGPET offers.

If there is anything else you would like to see happen in your locality then please do contact SGPET and we will see if we can find space for it in the programme.

Dr Tim Horlock GP Education facilitator

MONITORED DOSE SYSTEMS AS COMPLIANCE AIDS

Are of increasingly doubtful value

Although demand, often from families and carers , for patients to have MDS compliance aids for their medication remains high, they by no means a panacea. Not only are these packs expensive and time consuming to produce, but they also make no allowance for "as required" medication, and some products that need special storage cannot be unpacked into the compartments. Of course, the PCT/CCG Medicines Management team has been telling us this for some time, and also reminding prescribers that under the Disability Discrimination Act responsibility for deciding about a compliance aid rests with the dispenser, whether that is a pharmacist or a dispensing GP.

The Royal Pharmaceutical society has now published a report on *The Better use of multi-compartment compliance aids"* ("MCA" is now the preferred abbreviation for these things) www.rpharms.com/unsecure-support-resources/improving-patient-outcomes-through-the-better-use-of-mcas.asp and the GPC is encouraging us to make sure that it is widely shared.

Locally, TST has a policy of trying not to initiate MCAs for inpatients, primarily because they agree that this is usually best left to the community pharmacist, but if the ward pharmacist finds that a patient admitted using one still needs it on discharge, a new one should be issued when the patient leaves hospital.

Generally, if patients have a reasonably simple drug regime and can either oversee the process themselves or leave it to a responsible family member, a cheap refillable pill dispenser /organiser is a good alternative. Although by the time a patient is taking nine or ten medications with irregular dosing, some pills that need to be cut in half and variable amounts of warfarin every evening, I know from experience that this can be taxing for even an experienced medical brain! Organisers are also much to be preferred when medication is being actively managed and doses adjusted as pharmacists usually make MCA packs up in 4 week batches, which is potentially very wasteful.

We do occasionally gets reports from practices that they have been rung – usually on Friday afternoon – and asked to arrange an MCA straight away so a patient can be discharged from hospital. For all sorts of reasons this should not happen, so please let us and/or the CCG know if it does. But perhaps the question we should really be asking is whether patients who are sufficiently frail to need an MCA are actually benefitting from all that medication?

RESEARCH NURSE AVAILABILITY

Axbridge and Wedmore Medical Practice have been hosting research nurse, Mrs Deb Chatterton, for NHS Somerset to support Somerset practices. Deb's current study is ending imminently and there are approximately 200 hours available (depending on mileage costs) to support practices (at no charge to practices) in Somerset with NIHR approved studies. Deb is GCP trained. If you would like further information, please contact Practice Manager Susan Morgan on 01934 734200 or email susan.morgan@axbridgewedmoredoctors.nhs.uk or Research Dept. Manager Rebecca Bale on 01934 734206 or email rebecca.bale@axbridgewedmoredoctors.nhs.uk.

Dr Whimsy's Casebook: NHS Policymakers in action

Scene: the Decision Room at the Department of Health. The Secretary of State, The Far Right Honourable Wattup Wratte, is in the bath.

WW: [calls out] Jenkins? I say, Jenkins!
[his Permanent Secretary appears at the door]
PS: Another idea, sir?
WW: This one's a scorcher, Jenkins.
PS: Like the last one, sir?
WW: What one was that? I have so many smashing ideas I simply can't remember them all.
PS: That was the one about redundant PCT administrators seeing patients while the GPs run the Foundations and CCGs, sir.
WW: Ooh, yes. What happened to that one?
PS: They start next week, sir.
WW: Isn't it exciting, Jenkins? [gleefully splashes the water] I just say the first thing that comes into my head and everybody has to do it.
PS: Indeed, sir. And may I say how blessed we are to have a minister within whose cranium there is so much space, for new ideas.
WW: Gosh, Jenkins, sometimes you say the nicest things. Now, where was I?
PS: A 'scorcher' of an idea, sir.
WW: Ooh, yes. Choice, Jenkins, that's the buzzword.
PS: That was indeed the buzzword about ten years ago, sir.
WW: Well, Jenkins [crossly throws a plastic ball at the frog] it's going to be the buzzword again if I want, so there.
PS: Very good, sir.
WW: Patients want lots of choice, don't they?
PS: Up to a point, sir.
WW: If they need a specialist they should see who they want, when they want, where they want, why they want, what they want, er…
PS: How they want, sir?
WW: Exactly. If you were ill, wouldn't your first priority be lots of choices, Jenkins?
PS: I'd rather the resources went into getting me the best treatment in the shortest time at the nearest hospital, sir.
WW: Oh, don't be so old-fashioned, Jenkins. Where's the profit in that?
PS: I've no idea, sir. I'm just a humble civil servant who's worked for a dozen Health Secretaries, each with a new 'vision' for the NHS.
WW: And you'd do well to remember that, Jenkins. Now, what was I saying?
PS: Choice, sir.
WW: Oh, I'm bored with that. Let's think of something else. [the duck drifts into a mound of foam] Jenkins - my duck. Where's Quacks?
PS: He seems to have disappeared under a pile of froth, sir. [mutters] 'Facts' might be a better name for him.
WW: Dammit, Jenkins, Quacks is lost and all you can do is stand there mumbling. [sweeps away the foam] Thank Heaven, there he is.
PS: A remarkable rescue, sir.
WW: [grabs the soap] I've got another idea, Jenkins. What do most people die of?
PS: Cardiovascular disease, I believe, sir.
WW: Then we shall vaccinate everyone against, er, whatever you said, Jenkins! It's a winner! [zealously squeezes the soap: it plops into the water between his legs]
Oh no, Jenkins, the soap - help me find it.
PS: I'd rather not, sir.
WW: It's all right, here it is. Gosh, all that excitement has quite emptied my brain.
PS: Indeed so, sir.
WW: Let's see… I know! We'll privatise the hospitals.
PS: That's already under way, sir.
WW: Ah. [thinks] All nurses to wear pink?
PS: Some of them are men with beards, sir.
WW: Oh. Um… well then, what's in the papers these days?
PS: The crisis in Casualty, sir.
WW: I thought the series had finished. Oh, I see what you mean. Then let's give them, say, half a billion quid to train up a load of A&E consultants by Christmas.
PS: My word, sir, you excel yourself. But where will we find the money?
WW: Pinch it from somewhere else in the NHS, of course.
PS: We'll have to cut something, then. What shall it be, sir?
WW: Oh, I don't know… crank up the QOF targets so we don't have to pay the GPs so much.
PS: Very well, sir, I shall get onto it straight away.
WW: And remember, Jenkins, it's 'savings', not ' cuts'.
PS: Of course, sir.
WW: Now, how about this for an idea: GPs to visit all their patients at home and not force them to come to the surgery. On Sundays.

This column is written for humour and does not necessarily represent the views of the author, his/her practice, or the LMC

Somerset Local Medical Committee, Crown Medical Centre, Venture Way, Taunton TA2 8QY

Tel No: 01823 331428 Fax No: 01823 338561 E-mail: lmcoffice@somersetlmc.nhs.uk
LMC Website: http://www.somersetlmc.co.uk