

SOMERSET LMC

NEWSLETTER



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

The LMC office will be
closed on Tuesday 24th
December and will re
open on Monday 30th
December 2013. Also
closed New Years Day



TIME TO COUNT YOUR BLESSINGS?

My small son was feeling hard done by, so his grandfather said “When you feel like this you should count all the things you have to be grateful for. How many can you think of?” There was a moment of intense concentration. “Eleven” came the reply. “Starting with your mummy and daddy, no doubt?” said grandfather. “Ah – twelve, then”.

It is very easy when times are hard to dwell on the negative – the unstoppable demand for NHS services, political interference with the NHS, falling incomes, dishonest media reporting and the ludicrous complexity of the GP contract portfolio – whilst forgetting the many good things about working in general practice. And there are a lot.

There are some that come to mind fairly quickly – job security is still good, earnings remain up there with comparator professions, and the pension scheme is still generous. But others take a bit more thought. Patient trust in doctors, at nearly 90%, remains the highest of all professional groups and even the turgid new NHS Choices markers (<http://www.nhs.uk/Service-Search/Accountability>) show that a similar proportion of patients would recommend their GP practice. And if you listen objectively to patient comments there are far more of thanks than complaint. Which means that GPs are much more likely to get a bottle of sweet sherry or some chocolates at Christmas time than they are to get a letter from a personal injury solicitor.

Yet there is one very obvious thing that we tend to forget. We are lucky enough to be working with a group of people who all share the same fundamental objective, which is to do our best to make sick people better and to improve the health of the population. If you stop and ask anyone in the NHS, from a senior NHS England managers to a volunteer pushing the tea trolley round a community hospital, the reason they do it will be the same – because they believe in the NHS and want to make it work better.

There are two strong indicators that such a unity of purpose may be about to bring big changes in the way we work. The remarkable success of Somerset Primary Healthcare in recruiting every single GP practice in the county shareholder, and the bold and visionary offer by the NHS England Area Team to suspend QOF work for the next three months so that they, the CCG and the LMC can develop proposals for a radical alternative focusing on admission prevention and long term conditions. If we bring these ideas together to think about how we can organise our practices and services in new configurations, we may be at the start of the biggest change that general practice has ever known, and one that really could radically improve both patient care and GP job satisfaction

So when you wake up on a cold winter Monday and wonder why you should get out of bed to go to work, the answer is, of course, because you need the money. But it is also because you are part of something that is very definitely worthwhile.

'JUST IN CASE', NOT 'WHEN ABSOLUTELY NECESSARY'

Please do not wait until the last minute to provide end of life medication

GPs who work Out of Hours report how valuable for patient care having appropriate Just in Case medication (together with a signed MAR chart) can be, and how not having these in the patient's home causes much distress for patients, especially in their final days.

There is no harm in prescribing anticipatory medication too early, but considerable harm in prescribing too late, inappropriately, or not at all. It is '*Just in case*', not '*When absolutely necessary*'. So, when you have your GSF or palliative care meetings, do ask this question for each patient 'Does this patient need a Just in Case box now?' As a rough guide, aim to have a Just in Case box in all palliative care patients' homes several months before they die.

A standard range of drugs would be diamorphine, cyclizine, midazolam and hyoscine butylbromide, with 5 ampoules of each, which together cost only about £42. There will be occasions when it would be appropriate to add other drugs, for example furosemide for patients with heart failure, or buccal midazolam/rectal diazepam for patients who are at risk of having fits. Please, please think about injectable oxycodone for patients taking this orally – it is almost impossible to obtain out of hours.

For all patients who are taking oral opioids, consider prescribing an appropriate dose of the injectable opioid for breakthrough pain – you will need to convert the total daily dose of oral opioid to the equivalent injectable opioid and the breakthrough injectable dose will be 1/6 of the total daily injectable dose. If you have any uncertainty about conversion calculations contact your hospice 24 hour helpline: Dorothy House 01225 722999, St Margaret's: 0845 070 8910.

Do please remember to complete the Somerset Partnership MAR chart, this gives nurses and trained emergency care practitioners authority to administer medication. When issuing the FP10 please make it clear to the carers or family how the drugs will be provided – the usual mechanism is for a family member to collect the prescription to take it to the pharmacy and obtain a blue box from the district nurse. You may have different local arrangements, but do check that the plan is clear.

Finally, after you issue a Just in Case box, do please update the Adastra register – or "Electronic Palliative Care Coordination System" as it is called now!

EMERGENCY SUPPLIES OF MEDICATION BY PHARMACISTS

Patients needing urgent medication when away from home do not always need to see a GP

The Emergency Supply Regulations give community pharmacists considerable scope to provide a supply of medication to a patient who needs treatment urgently – for example, because he or she has run out of anti-hypertensives. The pharmacist obviously needs to assure him or herself that the request is genuine and that drugs are not being sought for personal abuse or diversion. Royal Pharmaceutical society guidance says:

"You are able to make an emergency supply even when the surgery is open. Trying to obtain a prescription may sometimes cause undue delay in treatment and potentially cause harm to the patient. If patients are away from home and have run out of their medicines, referring them to the nearest surgery to register as a temporary patient may not always be appropriate. You could make an emergency supply if you were satisfied conditions in this guidance were met."

You will of course be aware of practices' contractual requirement to register temporary residents. However not everyone is aware that the GMS contract also allows a GP to request an emergency supply of medication for a patient who can't get a prescription in a reasonable time. Clause 276 says *"In a case of urgency a prescriber may request a chemist to dispense a drug or medicine before a prescription form or repeatable prescription is issued or created"*. It then goes on to specifically exclude scheduled and controlled drugs. The GP is also required to either *furnish the chemist, within 72 hours, with a non-electronic prescription form or non-electronic repeatable prescription completed in accordance with clause 273, or transmit to the ETP service within 72 hours an electronic prescription*.

ANNUAL LMC AWARDS

Nominations would be welcomed for the two annual LMC awards. The "Barry" is given for the most incomprehensible piece of NHS management-speak of the year. We expect stiff competition this time round! But we would most like to receive nominations for the Most Helpful Organisation for GPs for 2013. Who or what has made your life easier by taking on a problem or task without demur, or cut through the bureaucracy to just get a job done? Previous winners include Somerset Primary Link (2010), the Somerset Partnership Crisis Teams (2011) and in 2012, the Independent Living Teams.

PRACTICE SECURITY AND COUNTER FRAUD REVIEW

Is something you need to organise now!

- Early this year a concerned pharmacist reported to a practice manager that the practice nurse was regularly presenting prescriptions for codeine written in the name of various patients. They had also noticed that she often smelled of alcohol. The NHS Local Counter Fraud Service investigated and discovered that the nurse had been adding prescriptions for codeine to various patient records, generating an FPI0, and then cancelling and deleting the prescription. A successful prosecution was subsequently brought by the Crown Prosecution Service.
- Another practice discovered that a member of the practice management team had been misappropriating practice funds, but only after a substantial sum had gone missing.
- GP premises are often targeted by walk in thieves because they are open premises. Staff feel safe and often leave wallets and other valuable in jackets and bags in unlocked rooms.

Because the NHS is – entirely correctly – a trusting environment it is vulnerable to dishonest people who will abuse this philosophy for their own benefit. So, we need to protect ourselves whilst not losing the benefits of easy access for patients and colleagues. There are some simple messages here. First, always follow proper employment procedures – do you make sure job applicants complete a proper application form, always take up references, remember to check professional registration, and if something comes up at interview explore it properly, which may mean an occupational health or other assessment? Are new staff actively supervised and mentored, and an informed choice on employment made at the end of any assessment period? It's sometimes too easy just to let things slide.

And do you have a secure accounting system? Do the practice manager and the finance partner periodically check and reconcile the accounts? Do you have systems that are designed to make it hard for anyone to misdirect practice funds?

What about door security? Do you use swipe card access or digital combination locks to secure non-patient areas? Do staff have secure lockers? And GPs a lockable cupboard in their consulting rooms?

No, we thought not. So what you need is a half day Security and Counter Fraud assessment by

the local NHS service, *Secure Fraud & Security Solutions*. (<http://www.secure.uk.com/>) This is now based in the Dorset Healthcare University NHS Foundation Trust, and it offers counter fraud and security advice to NHS and other organisations in the southwest. The LMC has negotiated a deal with them for a Counter Fraud expert and a Security adviser to come to your practice for half a day to undertake an assessment, and suggest any areas in which you may need to make changes or obtain further training. At £300 this has to be a wise investment – for details contact roger.ringham@nhs.net.

Tel: 07766 602691

SALIVA TESTING KITS FOR MMR DIAGNOSIS

Are available from the Public Health England Centre in Exeter

If you suspect a mumps, measles or rubella infection, PHE can supply a saliva IgM testing kit, together with a prepaid addressed envelope, either direct to the patient or to the practice. Samples can be taken straight away as they are now tested for both virus specific IgM and by PCR. Although children should be excluded from school for 5 days from the onset of the rash (or, in the case of mumps, from the onset of parotid swelling), as here is currently very little measles, mumps or rubella circulating locally, a clinical case remains a “possible” case unless there is an epidemiological link to a laboratory confirmed measles case. Factors making infection more likely include belonging to a particularly vulnerable population, such as attending school with a low MMR immunisation rate or not having been vaccinated with at least one dose of MMR. Consideration should be given to providing HNIG within 6 days of exposure to immunosuppressed or pregnant contacts of probable or confirmed cases; your Public Health England Centre can advise you and help with the risk assessment. Since the MMR will immunise close contacts of measles before the wild virus causes infection, it is worth immunising non immune close contacts of measles within 3 days of exposure. Don't forget it is always worth promoting the MMR and the routine immunisation schedule to patients.

Devon and Cornwall and Somerset PHEC 0844 225 3557 Fax: 01392 367356. For urgent OOH calls a public health specialist can be contacted via your DGH switchboard.

SMALL ADS.... SMALL ADS..... SMALL ADS....

For current practice vacancies please go to:

<http://www.somersetlmc.co.uk/classified.php>

Dr Whimsy's Christmas Conundrum: Ticks and Boxes

It's a morning surgery in mid-December. Dr Whimsy calls his first patient.

Dr W: Come in, Mr Claus. Still supporting Arsenal, I see. Any problems parking the sleigh?

Santa *[for indeed it is he]*: Not at all, Dr Whimsy, it's right next to your car in case you want the manure. I believe Rudolf has a cold, though.

Dr W: What makes you think that?

Santa: Have a guess.

Dr W: I'm not a vet, though sometimes I wonder... Anyway, I thought you'd be busy this month.

Santa: Exceptionally so, my dear doctor, but I feel strangely, ah, enervated. D'you know what I mean? Devitalised, debilitated, enfeebled...

Dr W: Knackered?

Santa: In a nutshell.

Dr W: *[chuckles]* Would that be walnut or chestnut?

Santa: Please, Dr Whimsy, leave the bad Christmas jokes to the crackers. Right now my Ho Ho Ho has become Huh Huh HUUUUUH.

Dr W: How long have you been feeling like this?

Santa: A couple of weeks, I suppose.

Dr W: *[starts typing at the computer]* Two weeks TATT. Any other symptoms?

Santa: Not a thing. Just a bit of a headache.

Dr W: *[typing away]* Headache. Anything else?

Santa: No. A few aches and pains, feeling a bit sick.

Dr W: *[still typing]* Nausea. Bowels OK?

Santa: Don't disillusion the children, Whimsy. You must remember the saying:

"Old Santa's like the Queen,
Unblemished, pure, and clean.
They never have to do
The numbers one and two."

Dr W: Forgive me. Any more symptoms?

Santa: Nothing. Perhaps a little shivery, and dribbling a bit. But listen, Whimsy, is this Twenty Questions or something? Stop fiddling with your computer and fix me up so I can deliver my boxes.

Dr W: Well, Mr Claus, not only do I have to work out what's wrong with you by a process of abductive reasoning, but also there's a GP near Frome who actually reads these things, and I want to give him the chance to guess your diagnosis before I do.

Santa: So what is it?

Dr W: I don't know yet. I need to examine you, but first there's a couple of questions to be

answered before the end of the financial year.

Santa: Get on with it, then.

Dr W: Right. Do you smoke?

Santa: Only if somebody leaves their fire burning.

Dr W: Did you know that smoking's bad for you?

Santa: D'you take me for an idiot, Whimsy?

Dr W: Just ticking the box. Since you're diabetic, are you careful about what you eat?

Santa: Does it look like I am? How many more asinine questions d'you have?

Dr W: As many as QOF comes up with - nobody's immune, I'm afraid. There's just one more: do you know that exercise is good for your blood pressure? Ah, I take it from your expression that you're in a hurry. Please roll up your sleeve and let's check it.

Santa: *[rolls up sleeve]* There you are, doctor.

Dr W: Hmm... You feel warm, and did you notice this rash on your arm? It looks like a big bull's eye.

Santa: Yes, it's been spreading for about ten days. I think something bit me after I gave Rudolf a rub-down.

Dr W: Well, your blood pressure's OK.

Santa: *[smiles]* That's a relief, doctor.

Dr W: *[peers into Santa's beard]* I say, your smile's a bit lopsided. Had you noticed?

Santa: That's why I'm dribbling. So what have I got?

Dr W: Well, let's think about this. You have flu-like symptoms, a spreading rash that's clearing around the middle, and a facial nerve palsy. And you keep deer. *[smiles]* You know what it is, don't you?

Santa: I have not the faintest idea. I deliver parcels.

Dr W: Darn, I was hoping you'd be able to tell me. Not to worry - we too have a saying:

"If they're fluey,
And you haven't a cluey,
Prescribe them a bluey,"
so here's two weeks of doxycycline. Enjoy.

Santa: Thank you, doctor, I'm sure that will do the trick. A merry Christmas to you. *[hands Dr Whimsy a bag of fruit]* Here, have these lovely lemons.

Dr W: How very kind. And some limes too - they've actually got a touch of scab, but that won't stop them pepping up my Margaritas. Believe it or not, I'm a bit of an expert on lemon disease. Anyway, a merry Christmas and a happy New Year to you too.

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