Somerset LMC Newsletter

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SOMERSET PRACTICE QUALITY SCHEME: TIME TO MAKE YOUR DECISION

The last three months of intense work on SPQS have demonstrated that not only can local NHS organisations move very quickly when they want to, but also that close joint working to achieve a common goal is enormously productive, especially when the parties put aside their "official" institutional positions to get the job done. The small team of CCG, Area Team and LMC representatives working on the project have learned a great deal, and this knowledge will be of great value for the future, whether or not SPQS goes ahead. The suspension of QOF reporting since January 1st has also liberated practices to think about how they could do things differently, and suggestions from the many discussion meetings that have been held across the county are being worked in to the final model.

Over the next few days practices should receive all the information you need to decide whether to join SPQS from April or stay with QOF - a logical response to an intolerable workload is to just write off the most difficult points. We accept that the content of SPQS is a little nebulous. This is partly because we know practices will continue to do much of the work in QOF, especially as the new version has reverted to being more clinically focused, but it is also important that SPQS is not rigid. The point is to encourage flexibility and co-operation in evolving new working practices and not just to adjust the boundary of general practice. This will make for some uncertainty, QOF targets are explicit, whereas SPQS is developmental. The proposed payment arrangement may offer some reassurance. Practices will continue to receive their monthly aspiration payments, but the achievement payment will be split into four 7.5% sums that will be paid at the end of each quarter on receipt of a report from the practice on the preceding three months. Sometimes these reports may show little progress, particularly if a third party has been slow or resistant in the adoption of a new way of doing things: it is accepted that not every initiative will work out as planned, and what matters is that the practice is actively exploring new ideas with both colleagues and other care providers.

SPQS is a unique project and opportunity. Nowhere else in England is there anything quite the same happening during 2014-15. Opposition from some influential quarters appears to have mellowed to concern rather than outright hostility, and there is now national interest in finding out just what we may be able to achieve. However, for SPQS to be viable it will require a high proportion of practices to take it up – this is, by its nature, not a scheme that practices can undertake individually – and we recommend that you discuss the options within your federation before reaching a decision. We know that some practices have been uneasy that the work in SPQS will mainly involve GPs and practice managers, whereas much of the QOF data collection and coding is a task for clerical staff, which may have workforce implications, especially if SPQS only runs for a year. We hope that most practices will be able to rearrange things to overcome this difficulty, but please do let the LMC know if you feel this problem is a serious constraint.

Despite the really heroic efforts of the group, and especially Michael Bainbridge from the CCG who has carried the project forward with consummate skill and enormous enthusiasm, it is inevitable that finalising the scheme will run into April. Whether or not you are interested in continuing

with SPQS, it would be worth making sure that any QOF data you might need from the beginning of the month is collected as usual.

Whatever happens next, we believe that the SPQS project has been a success, and many of the ideas in it could be implemented in other ways or using other contract forms if necessary. The reporting break has rekindled the enthusiasm of Somerset practices for looking again at how they work, both singly and together, and the definitive project would confirm the place of the county at the front of general practice development. Thank you for taking part, and, whatever your decision, we look forward to sharing the continuing benefits for primary care of the new relationships in the local NHS.

CCG SAFETYNET NEWSLETTER

If you missed it last time round this Newsletter that is packed with important information can now be found at http://www.somersetccg.nhs.uk/somerset-clinical-commissioning-group/about-us/publications/clinical-resources/safetynet-newsletter/

We would particularly draw your attention to the very good article on "Top Tips for GP Telephone Consultation" on pages 4&5.

GP OUT OF HOURS SERVICE

New Pay Rates and Other Changes

A recent series of workshops involving OOH GPs and other interested parties suggested some important changes in the service, including changing the way in which calls are handled. Clinicians wanted increased autonomy and to deal with patients from their own localities, along with improvements to the dispatch arrangements, and, in some locations, more administrative support. GPs also felt that the pay for Out of Hours work in Somerset had become less attractive, particularly following changes in indemnity costs, and that they had fallen out of line with similar work elsewhere. As a consequence:

- A Somerset advice pool for telephone triage has been created.
- Changes have been made to the way in which calls are dispatched for home visits to make better use of a range of skilled staff.
- Extended treatment centre hours to create more availability and free up the GP mobile cars at the beginning of their shifts.
- A deferred cases system whereby clinicians are able to defer cases until the next day where appropriate. This ensures that these cases do not get timed out the day before, and are put on hold until the next morning, when the clinician has deemed it clinically appropriate to defer the visit.
- Pay rates have been improved across all areas.

Shift	Rate change
Weekday	£50 to £60
Weekday overnight	£70 to £70
Weekend day	£60 to £75
Weekend overnight	£70 to £75
Normal bank holiday	£84 to £100
Christmas Day, Boxing Day & New Year's Day	£90 to £100

Further planned changes include

- Appointing a Somerset GP clinical lead.
- Increasing availability of Emergency Care Practitioners.
- Rolling out remote triage work to allow some GPs to work from home or from their practices.
- Developing GP activity reports for benchmarking and development.
- Eliminating inappropriate repeat prescription requests.
- Reliable reception cover arrangements at Bridgwater OOH Centre.
- Working more closely with other providers, starting with the ED at MPH.

The Service is keen to hear from any GPs who are interested in joining and will tailor an induction for any new doctors or those requesting a refresher. Contact Mark.Spring@swast.nhs.uk.

LMC AWARD FOR THE MOST HELPFUL ORGANISATION OF 2013

And the winner is…..

LMC Newsletter Back Page Columnist Dr Whimsy.

Nominated for *"introducing some lightness and wit amongst the guff we all are supposed to read, and for articulating what GPs actually think with such humour and precision"*

Dr Whimsy was unable to receive the award in person but commented "*What an honour - is this for real? Do I get a scroll, a golden bauble and a cheque made out to Cash? Naturally, none of this would have been possible without the help of my agent, my family, Pauline the gerbil and, of course, my editor, whose tireless and unremitting support ……"*

WHAT TO DO IF A GP OR NURSE PRESCRIBER CHANGES PRACTICE

All sorts of problems arise if a practice continues to use the prescriptions of a prescriber who has left, and these include financial and governance implications if the information held by Prescriptions Services is not updated. Prescribers who have not registered with the PPA cannot issue prescriptions in their own name, and please also note that the PPA only link one prescriber code to one cost centre, so prescribers working for more than one practice need to be aware of this.

There have been a number of local instances where considerable prescribing costs have been allocated to the wrong GP practice, either because the prescriber has moved or because they are working for more than one practice. The CCG identified £220,000 of prescriptions incorrectly charged to Somerset practices between April and November 2013, largely because of this.

Practice Managers were recently sent a spreadsheet that showed the prescribers on the Prescription Services database currently linked to each GP Practice. You can also check your practice list is up to date by looking at the PAR reports from the PPA or online EPFIP prescribing data.

If a prescriber moves or retires you will need make sure the appropriate forms are completed so the prescriber code is no longer linked to the practice by Prescription Services. Please immediately stop using the prescriptions (computer generated or handwritten) and the prescribing number of any prescriber when they leave the practice.

Practices who have prescribers joining will need make sure the appropriate forms are completed so the prescriber code can be linked to the practice by Prescription Services. GPs who work in more than one practice and issue prescriptions may need to contact Jane Charlton for a 'spurious' prescriber code for each practice that is not their regular practice.

Contact Jane Charlton (j.charlton3@nhs.net) for changes involving Medical prescribers.

Contact Julie Yeomans

(Julie.Yeomans@somersetccg.nhs.uk) for changes involving non-medical prescriber .

SOMERSET BOWEL SCOPE SCREENING PROGRAMME

Musgrove to be First Wave site for the new national scheme

The new bowel scope programme involves invitation for a one off flexible sigmoidoscopy for all men and women in Somerset around the time of their 55th Birthday. It is a development from the existing national bowel cancer screening programme and involves patients going straight for testing.

National pilots have shown that flexible sigmoidoscopy screening between the ages of 55 and 64 can result in a 43% reduction in colorectal mortality over the following 11 to 12 years, thus preventing the need for more invasive and costly treatment for patients. In view of this the Government has committed to providing this screening in the UK by 2016/17. This is a large programme that could increase annual sigmoidoscopy numbers by over 4000 across the county. We expect a slow and gradual roll out across the county and will begin with central Taunton practices with sigmoidoscopy carried out at Musgrove Park Hospital. At a later stage we will be providing it at both the new Bridgwater Hospital Endoscopy Unit and YDH.

As with the Bowel Cancer Screening Programme, we hope this new screening programme will have a minimal impact on GP work load. Patients turning 55 will be invited to participate in the screening programme from Practice lists, invitations will be sent from the national co-ordinating hub in Guildford. Patients will book appointments through the hub and will then be sent an enema with instructions to self administer prior to the appointment. If a patient wishes to reschedule an appointment then this will be done by the Bowel Cancer Screening Team at Musgrove. Pilot sites have indicated an up take of between 30 and 60%. Approximately 9 out of 10 procedures show no abnormality but those with significant polyps are referred on for colonoscopy. Further details of the roll out plan will be sent to GP Practices shortly.

Paul Thomas
Clinical Director

Amanda Knight
Programme Manager

SMALL ADS… SMALL ADS… SMALL ADS
For current practice vacancies please see the adverts on our website at:
http://www.somersetlmc.co.uk/classified.php

Dr Whimsy's Casebook: Research Updates

Scene: a Tuesday morning surgery. Mrs Forth has an appointment with Dr Whimsy for her medication review.

Dr W: Good morning, Sally, thanks for coming. We need to discuss a change to your medication.

Mrs F: Oh, not again, doc. What is it now?

Dr W: We're keeping up with the latest advances. You're fifty now, and I have to look after you.

Mrs F: But it keeps changing, doctor. A while back you had me on and off aspirin like a bleedin' jump jockey. First it was to stop me having a heart attack, then it was bad for me stomach, the next minute it was OK if I took it with Losecprazole, and now I'm off it in case it gives me a stroke. I don't know whether I'm coming or going, and there's nothing wrong with me in the first place.

Dr W: It's called "primary prevention". You could get heart trouble if we don't reduce your risk.

Mrs F: Well, I dunno. Now I'm worried that you'll start fiddling around with my Torvillestatin.

Dr W: Ah, that's what I need to talk to you about.

Mrs F: Oh, great. You know, this reminds me of my Chardonnay's contraspective pill. She's had five babies because of your advice, and she needn't of because you've changed all that as well.

Dr W: Five babies? How's that?

Mrs F: Well, when you gave her antibolotics for her boils you used to tell her that they'd stop her pills working properly, yeah?

Dr W: Er, something like that, but...

Mrs F: And she thought, why take something that ain't going to work? So she'd stop her pill for a while.

Dr W: No, I meant that she should take extra prec....

Mrs F: So she got caught. Every time. And now you tell her it's all rubbish and the pill will work anyway.

Dr W: I know, we really were led to understand...

Mrs F: So she's got a houseful of screaming kids because you gave her the wrong advice.

Dr W: Well, we didn't know it was wrong at the time...

Mrs F: And I'm doing three days a week crowd control round her place when I'd rather be having a shandy and a tax break down at the Bingo.

Dr W: I don't think you can blame me entirely for that. But remember we worked out that you had just over a 2% annual risk of heart trouble because you were overweight and you smoked?

Mrs F: Right.

Dr W: And you decided to have a cholesterol-lowering drug rather than go through all the the unnecessary fuss of losing weight and stopping smoking?

Mrs F: Yes. But you know I've just stopped smoking because my duty-free dealer got nicked.

Dr W: Indeed. You've done very well.

Mrs F: And I've lost weight running after the kids and missing the booze.

Dr W: Quite so, and when I put it all into the equation your heart risk drops to 1.5% a year.

Mrs F: So now it's under 2% I can stop my tablets, can I?

Dr W: A few weeks ago I'd have said Yes, but the latest advice is to stay on them.

Mrs F: So we leave things as they are. Then why did you drag me down here?

Dr W: Well, there is some dispute over the latest guidance, and I think we should discuss it.

Mrs F: I heard it on the news. What's the argument about?

Dr W: In a nutshell, a recent Cochrane meta-analysis incorporated the subgroup effect of under-powered single studies in the investigation of non-aggregated outcomes for hard cardiovascular endpoints and widened its scope to include soft endpoints susceptible to geographical variations of intervention thresholds for coronary revascularisation, effecting a shift in cost-benefit analysis towards favourability for statin therapy in low-risk scenarios, and reflected in the latest NICE guidance but disputed by groups concerned about soft endpoints and side-effect prevalence, which is possibly overestimated in non-placebo investigations but underestimated by the methodology in randomised control trials and by the retention of raw data from pharmaceutical industry studies. So what do you think?

Mrs F: zzzzzzzzzzzzz

Dr W: Mrs Forth? I say, Sally, are you awake?

Mrs F: Uh? Oh, er, a pint of Thruxton's and a packet of pork scratchings, please.

Dr W: No, it's Dr Whimsy, Mrs Forth. I need you to decide whether to stop your statin.

Mrs F: Are they good for me?

Dr W: That's the current advice from NICE.

Mrs F: Fine, if they're good for me let's...

Dr W: But they might not be.

Mrs F: Right, then let's...

Dr W: But then again, they may be. I'm really not sure.

Mrs F: OK. So how will we decide, doctor?

Dr W: I know what. *[reaches into pocket and pulls out a coin]* Heads or tails?

This column is written for humour and does not necessarily reflect the views of the author, his or her practice, or the LMC. The complete Doctor Whimsy's Casebook is available on Amazon.

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