

Somerset LMC Newsletter



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CHANGE FOR THE BETTER

Issue 193

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It's official. The light at the end of the tunnel is not an oncoming train. Just in time realisation has been dawning at the Department of Health that general practice is in trouble, and as most of their strategic plans – whether for commissioning or the provision of care – depend absolutely on a strong primary care service they really need to do something about this. That on its own would make little difference as the behemoth moves slowly, but it sets the context for the real game changer, the publication of Simon Stevens "Five Year Forward Review", arguably the most important document the organisation of health care in England since the Beveridge Report of 1942 laid the foundations for the NHS. Written in clear English, with neither facile straplines nor stock photographs of happy smiling NHS workers and patients, it lays out in 37 pages of text the consensus view of NHS leaders about what needs to be done. And what it says all makes sense: most of what is described we simply have to do to make the service sustainable, and, just possibly, continue to keep it free at the point of delivery and funded from general taxation. You really do need to read it.

One of the remarkable things about this report is that it has completely blindsided the politicians and exposed them for the opportunists that they are, scampering along in the hamster wheel of the electoral cycle with no strategic view of what healthcare should look like in ten or twenty years. Promising 5,000 or 8,000 more GPs is at best disingenuous if we cannot even recruit replacement numbers, so just where are the doctors to be found to provide a personalised 7 day a week eight to eight service? And from just what weird focus group did the "cancer test results within seven days" promise appear as an electoral priority?

But best of all is that the three major party leaders found themselves promptly endorsing the Report. With the near universal approval across the service for the themes and priorities it describes there is now a chance to build a consensus strong enough to say "no" to political interference. If NHS leaders, the professional bodies and patient representatives get behind these plans it would take a very brave, and very foolish, politician to try and derail them.

The Report makes no bones about the importance and current problems of general practice. *"The foundation of the NHS will remain list-based primary care. Given the pressures they are under, we need a 'new deal' for GPs"* But although it also says *"smaller independent GP practices will continue in their current form where patients and their GPs want that"* (note the order in that last phrase) all sorts of other possibilities are opened up for structural integration of primary, community and secondary care. There is no reason why we should accept the Victorian construct that some doctors should work in a box called a hospital and others out in the community, or that these things need to be organised and funded separately.

Of course, none of this makes a ha'porth of difference to the hell on earth that is your next Monday morning surgery, and both structural change and achieving an increase in the number of doctors committing to general practice will take time, but at least we have a direction of travel and options to think



about. In the meantime, if you are looking for some suggestions about how to lift the mood in your practice and ensure it is sustainable, do book a place at the LMC Study half day “[Accentuate the Positive](#)” next Thursday 13th November at Woodlands Castle near Taunton.

WHAT WILL YOU DO IF YOU RUN OUT OF GPs?

Time for some contingency planning

This year we are going into one of the busiest seasons with a structural shortage of GPs across the system. You do not need to be reminded that applicants for partnerships are few and far between, or that the Out of Hours service struggles to recruit GPs, but it is now not easy to find salaried doctors and if the winter is busy and GPs themselves start to fall ill, we could also reach the point at which there are not enough sessional doctors available to fill the gaps. A practice could find itself without enough GPs to provide a safe service, or, indeed, without any GPs at all.

The LMC and the Area Team of NHS England are looking at how we might build more resilience in to the system, which would include some sort of emergency response to just this kind of situation, but in the end it is the responsibility of the practice to ensure that it can provide a service during core hours and you need to have thought about this before the crisis arrives. You probably have a business recovery plan to use in the event of fire or flood, but have you considered how you would cope without enough doctors?

Although these situations sometimes arrive out of the blue, very often there are warning signs and you will certainly know if a number of your GPs are off sick or away on holiday. So if you think you are heading towards a crisis then please contact the Area Team, or the LMC - or preferably both – as we are much more likely to be able to help if we have a bit of notice.

The LMC is preparing some general advice for practices on what you can do within GMS or PMS to limit the workload, but these actions are likely to take time, which is just what you may not have if things come unstuck suddenly.

Meantime, we suggest that you should have at least an outline plan for how you would continue to provide essential services if you are having to deal with critical staff shortages. This might mean restricting GP availability for

non-urgent work to certain times of the day, setting up mutual cross cover with an adjacent practice (or across your federation), identifying local doctors working part time who might be able to increase their hours for a short while, or providing training for one of your practice nurses to become a nurse practitioner. And if you have any revolutionary new ideas, we would love to hear about them.

NEBULISERS IN PRIMARY CARE

May be over-used?

The recent re-contracting with BOC for part of the old Community COPD Service uncovered the fact that there were more nebulisers being used in Somerset by patients at home than we expected, with some 450 provided by BUPA during the life of their contract. Nebulisers, of course, have a huge placebo value and can be an effective way of delivering drugs to the alveoli, but there is good evidence that spacer inhalers have an equivalent effect at lower cost and with fewer adverse effects. The doses of Beta agonist used in a nebuliser are more likely to cause hypokalaemia and cardiac rhythm disturbance, and a recent study of the nebuliser chambers that were being re-used showed 85% grew respiratory pathogens, some of which were multi-drug resistant. Nebulisers can now be purchased for as little as £19.99 from Lidl, but patients who have had them provided by the old service can get repairs and spares from the CCG via their practice as a temporary arrangement. In the longer term we anticipate that COPD patients using nebulisers will need to be reviewed by a suitable respiratory specialist, and in the meantime the CCG position is they should only be provided by the respiratory medicine department of one of the acute hospital trusts.

Quote of the Week

Trying to ensure the best future for general practice is like solving a Rubik cube – you need to go through a precise sequence of steps with the whole system to end up with different workable final answers on each face.

FRIENDS AND FAMILY TEST

The Friends and Family Test is a simple single question, which asks people who use NHS funded services whether they would recommend that service to friends and family who need similar treatment or care. Readers will know that the Prime Minister is very keen on it, and although its statistical value as a way of measuring “customer satisfaction” has been questioned, changes in results over time, particularly compared to averaged results for your peer group, may be informative.

FFT was launched across all acute hospital inpatient and accident and emergency departments in April 2013, followed by maternity services in October 2013 and will be introduced across General Practice and community and mental health services from December 2014.

The CCG has developed an iPad App which builds on the existing Friends and Family tool, by providing a mechanism to capture real time feedback on people’s experiences of Primary Care. All data remains anonymous, and although practices should offer patients the option of providing feedback on paper as well, this is a simple way of complying with the requirement to use the FFT.

The technology behind the App allows for data to be extracted for individual practices, which can be added to their own data collection.

The development of the App encourages the fundamental principles of the FFT in that patients are given the opportunity to provide feedback through the FFT App as soon as possible after a “care event” and to provide a continuous feedback cycle between the people who use services and the staff and management of those services. Patients can add free text comments and can choose whether these may be published or not.

Potentially of more planning value than the core FFT question is the ability to add a second question which is locally decided. This does not have to be the same over time, but there is obviously benefit in everyone – at least in a particular locality – asking the same thing.

The CCG have iPads with the App preloaded available for all Practices. To date 30 practices have received a loan iPad as early adopters of the FFT. All remaining practices now have the chance to apply for a loan iPad. Please contact Julie Brooks.

julie.brooks@somersetccg.nhs.uk

SAFEGUARDING ADULTS IN PRIMARY CARE

In 2013, Care Focus SW, a Taunton based Community Interest Company, was commissioned by Somerset CCG (using some reserve funds) to deliver basic adult safeguarding training to all practices across the county.

This work revealed that generally GP and practice confidence in dealing with adult abuse was low, many practices did not have lead clinicians in this area and there were few effective internal protocols or pathways for keeping track of cases. This meant that, even if practice was good, it could not be evidenced. Given that the CQC is focussing on adult safeguarding during its current inspection round, we need to do something about this. Although we have been exploring with the CCG possible ways of funding further training, this will not be practice specific.

Care Focus has developed and tested an audit approach that should help practices improve confidence, tighten up systems and demonstrate a clear understanding in this area. The audit is divided into three stages:

A brief self-assessment, typically led by the practice manager.

A half-day on-site visit by an experienced professional to interview key staff and look at internal systems followed by a brief report detailing any recommendations for action. This can also include the provision of practical tools, such as pro-forma protocols.

Any follow-up as requested by the practice.

One already well organised large practice has found this audit to be valuable, and given the importance of this area, we think other practices may also be interested.

You can contact Care Focus directly on either 01823 461876 or enquiries@carefocussw.co.uk quoting ‘GP Audit’ in the subject box. Charges will be agreed individually with practices, depending on how much work is required.

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: Pre-Morbidity

Scene: A 55 year old woman has an appointment with Dr Whimsy to review the result of her glucose tolerance test.

Dr W: Good morning, Mrs Trenchfoot. This must be about your sugar test. Now, let's have a look.... Hmm...	many tubes I thought she was selling it to BUPA.
Mrs T: Is everything all right, doctor?	Dr W: Let's have a look. Your blood count is... er... OK.
Dr W: Well, yes and no.	Mrs T: Why'd you hesitate, doc? Is it good or bad?
Mrs T: What does that mean, doc? Have I got diboletes?	Dr W: It's... OK. Your haemoglobin is in the normal range. At the lower end, maybe, but...
Dr W: Diabetes? No, no, far from it, Heavens no, your glucose tolerance is in the normal range. No worries there. Really. Absolutely fine. Perfect.	Mrs T: And that means...?
Mrs T: If me sugar's good, doctor, why are you wriggling like a schoolboy who needs the toilet?	Dr W: Pre-anaemia.
Dr W: I'm afraid it's this new thing, pre-diabetes. Your glycosylated haemoglobin is lower than abnormal...	Mrs T: Anything else?
Mrs T: I'm so relieved, doctor, I've been really worried...	Dr W: Your liver enzymes are fine...
Dr W: ...but higher than normal.	Mrs T: ... but they're near the lower end?
Mrs T: Oh dear, that don't make sense to me, doctor, like everything else in all these years since you started ticking boxes on your computer. Have I got this pre-diabetes, then?	Dr W: Upper end. You have pre-liver disease.
Dr W: I suppose you have. Like half of China, apparently.	Mrs T: Is that the lot?
Mrs T: Is it serious, doc? I mean, could I die from it?	Dr W: Well, your TSH is at the upper end of normal.
Dr W: Not at all, but it could develop into diabetes.	Mrs T: So that's pre- <i>what</i> , doctor?
Mrs T: A bit like pre-ordering from Amazon, is it? You can't have it now, but you're going to get it in the end, you just don't know when?	Dr W: Pre-hypothyroidism. Also, your kidney test is fine...
Dr W: It's not that inevitable, but you'd be wise to do something about it.	Mrs T: So I've got pre-kidney disease?
Mrs T: You mean I've got to have treatment? It must be a disease, then.	Dr W: You're getting the hang of this now.
Dr W: Not really. Just make sure you follow the advice I've always given you: don't smoke, eat and drink sensibly, watch your weight and get some exercise.	Mrs T: How was my blood pressure, doc?
Mrs T: I've listened to you going on about that for years, doctor, and I still end up with this pre-diabetes.	Dr W: Let me see.... It's normal... ish.
Dr W: You have to <i>follow</i> my advice, not just listen to it. You don't smoke, but do you drink sensibly?	Mrs T: Uh-oh. Pre-blood pressure?
Mrs T: It always <i>starts</i> sensible, but what with skittles, whist, ladies' night, and bracing meself for me husband when he's home from the pub on Fridays...	Dr W: Pre-hypertension. It's been very common in the USA for some time, but with modern air travel...
Dr W: OK, but are you eating properly?	Mrs T: Basically, what you're saying, doctor, is that I'm perfectly fine now, but the older I get, the closer I am to having all these diseases.
Mrs T: Really well, doc. Like a horse.	Dr W: I suppose that's one way of looking at it.
Dr W: So I see. And unless I'm mistaken, exercise isn't high on your agenda. Mrs Trenchfoot, I'm worried that you'll end up with diabetes so I'm going to send you to our diabetes nurse for more help.	Mrs T: But life's always been like that, the Sword of Dumbledore hanging over our heads.
Mrs T: I've got to get help from the nurse and I haven't even got a disease? Seems silly to me.	Dr W: Damocles. More of a cluster bomb, really.
Dr W: And you don't have to read the stuff <i>I'm</i> sent.	Mrs T: And I can stop it going off by being a good lass and treating me body a bit better.
Mrs T: What about the other blood tests? The nurse took so	Dr W: Not necessarily stop it, but reduce the chances.
	Mrs T: I see. But if I carry on as I am, how likely will my pre-diabetes turn into proper diabetes, doc?
	Dr W: About a one-in-three chance.
	Mrs T: So if don't change anything I've got a two-in-three chance of <i>not</i> getting diabetes. In other words, if I ignore your advice I'm twice as likely not to get it.
	Dr W: Er... I'm not sure that's the right way to look at it.
	Mrs T: What's more, doc, if I do what I'm told I'll <i>definitely</i> have to give up the things I enjoy.
	Dr W: But it will improve your chances, and the drug companies have produced medicines...
	Mrs T: Oh, them. I don't suppose they've got anything to do with pre-this and pre-that, have they doctor?
	Dr W: Well...
	Mrs T: To be honest, doc, it looks like the odds are stacked against me unless I stay as I am, so I'm happier not following your advice. Thanks for your trouble, but I'm off to the chippy. 'Bye for now.

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

Doctor Whimsy's Casebook is available on Amazon.