

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 Wednesday 24th December and will re open on Monday 29th December 2014. Also closed New Years Day.



PREPARE FOR A LONG HAUL

Things are going get better: not quickly, but they will.

As the NHS braces itself for the seasonal January demand surge the omens are not good. The prevalence of flu like illness last week reached the trigger point for the use of antivirals for vulnerable patients, and slightly worryingly at least one local cluster of cases has been caused by a strain not in this year's vaccine. The healthcare system has the lowest number of permanent beds in living memory (though there is some temporary extra "winter resilience" capacity), and budget and capacity problems in social care mean it is hard to keep patients flowing through. Add a prolonged cold snap and we could be in trouble.

You do not need to be reminded of the parallel problems in general practice. Increasing regulatory requirements, falling incomes and workforce problems mean that sessional and salaried GPs are sometimes earning more than principals, so partner recruitment has become very difficult. It seems inevitable that sooner or later a practice somewhere will have had enough, and give back its contract. NHS England centrally has at last woken up to the problem, but with the best will in the world we cannot expect much practical help from our Area Team as its whole structure is progressively attenuated. We need to find another way of securing primary care.

We think that the obvious candidate is Somerset Primary Healthcare. Over the last year the SPH Board has developed into a very effective team, and acquired much skill and experience in bidding for NHS contracts. Although disappointed in their first tenders – typically it takes six bids for a new provider to win its first contract – that may, in fact, be no bad thing. The community phlebotomy contract is risky because this is a completely new service, and the Out of Hours service is absolutely dependent on a steady supply of skilled and capable out of hours GPs. Just where are those going to come from?

The obvious strength of SPH, whose heart and life experience are both in general practice, is in primary care. And as all practices are shareholders, all have an interest in seeing it succeed. There is little prospect of recruiting more GPs into the workforce, and applications for GP training are still falling. There are no cavalry coming over the hill – at best we are going to have to manage with what we have got, and for various reasons retirement is likely to exceed replacement in the short to medium term, so we could end up with a shrinking workforce.

The only possible solution is to deploy the GPs we have more effectively. That will mean changes in traditional working patterns including working in larger groups, separating minor illness and chronic disease management into separate streams, delegating more work to other team members, and, most important of all, moving as much administrative responsibility away from clinicians back to supports staff. Too many recent developments – from Choose and Book to electronic lab reports – have shifted routine tasks in the wrong direction.

This does not mean unquestioningly accepting every new proposal for collective working. Effective change takes time, planning, resources, clear goals and a planned outcome that benefits all the participants. But change we must and SPH could be the organisation to support practices through that process.

(continued.....)

The reason why we remain optimistic is that general practice is undoubtedly adaptable and has a track record of changing its working patterns quickly – our astonishing success in the first year of QOF proves that. Improvements to the GP's working day may also have one other benefit: unlocking the hidden workforce.

Job pressures and, increasingly, a 12 to 14 hour day, mean that GP's have been progressively restricting the number of days they work just to remain safe. If we could abandon all the supplementary contracts (returning the funding to core GMS) and thereby achieve sustainable 9 or 10 hour day, doctors could increase their clinical availability within a shorter working week. If that was by an average of just one session, we would solve our problem overnight.

CARE.DATA

Is really about information sharing to improve NHS services

Care.data has had a bad press because of problems with the original public information programme and some pretty high profile, if not always accurate, campaigning against the principle of sharing patient information without individual explicit consent. In essence it is a scheme that will link data from hospitals and general practice and to make it available to the people who can use it to improve services – clinicians, commissioners, researchers, charities, patients and public.

Somerset CCG has agreed to be one of four care.data 'pathfinder' areas who will be able to influence and shape the national care.data information programme, with a focus upon making sure that the public have a balanced view of this data sharing, including the ability to opt out. Through good communication and ensuring the processes for opt out is straightforward, pathfinder work should minimise the burden on practices so when care.data goes live across the country they will have already informed their patients of their rights. Resources are available for the development of materials, and for the evaluation of the pathfinder stage - a benefit that other practices around the country may not have. During this development stage data will only be accessed by central analysts with experience in GP information, who can examine its utility and quality.

So far the key activities in Somerset have been:

- Some practices have already signed up to be pathfinders.
- A Reference Group has met to review communication materials and products and feedback has been provided to the programme.
- Somerset Healthwatch is involved planning community engagement and ensuring awareness amongst hard to reach groups.
- The research agency Ipsos MORI have been undertaking interviews with the public in pathfinder areas to establish a baseline of attitudes and awareness as part of the evaluation of the pathfinder stage.

The next steps within Somerset are to follow up with practices who have requested further information on what being a pathfinder involves and to encourage more to take part. Support for participants includes funding for one clinical and one non-clinical session per practice.

For further information contact Julie Pritchard on 0113 8253189 or at Julie.pritchard6@nhs.net.

WORKLOAD AND PATIENT SAFETY

We are all constantly getting busier and although some GPs are able to absorb this without harm, many may find themselves struggling and potentially running into difficulties. It is important in these difficult times not to jeopardise patient safety, so if you are concerned that your work load may be putting patients at risk it is important that you act before making a mistake. GP Partners should first discuss their concerns within the practice and salaried GPs should raise their concerns with their practice manager. If you feel unable to discuss your concerns in-house or you are concerned that despite these moves your work load is still putting patients at risk then you can seek advice through SUCCESS, available via the link on the LMC website, or by discussing your concerns directly with the LMC.

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>

AN OPEN LETTER TO NICE FROM A SOMERSET GP

Dear NICE,

Maternal Mental Health

Are you on the same planet as the rest of the NHS?

It's all very well you sending out an update saying, "Address gaps in mental health care for new mothers", to Dr Joe Ordinary GPs, but you've identified a gap which you don't seem to be addressing; where are the perinatal mental health specialists when you want to ask a simple question? I'll tell you - they'll be hard pressed dealing with increasing demand and diminishing resources with really sick patients. They can't be dealing with much lower priority questions. Resources have to be guarded. Your old guidance (CG45) on choice of antidepressant in breastfeeding or pregnancy was helpful. Your new guidance in this respect (CG192) leaves many of us out on a limb.

There is an increasing feeling that NICE is living in an idealised world divorced from the rest of the NHS. Evidence of this is your job satisfaction survey of 84% staff stating that NICE was a good or excellent place to work. This would not be found in many NHS workplaces. It certainly is not in GP land. Are you aware of the recruitment and retention crisis? And your high expectations of what can be changed without taking into account increasingly limited resources just adds to demoralisation. You are becoming part of the problem rather than the solution.

You mean well, but get real.

Mike Smart
GP, Somerset

RADIOLOGY REPORTING *as observed by a local GP...*

I thought this might be an amusing illustration for the newsletter as a reflection of the mess we have got ourselves into. I presume this report was dictated by the consultant, sent to the secretaries to type out, the paper result printed, put in the internal post, travelled across the town by van to end up with our reception team to be passed to me to look at and pass to another receptionist to be scanned into the patient's notes.....

Radiology Report		
	DOB:	
	Hosp No:	
	NHS No:	
		Page 1 of 1

Clinical History:

...

Report: Oesophageal dilatation

No images are presented for examination.

Verified by _____ 19/11/2014

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Notes to Dr		
Scan		
Tell Patient 'Normal'		
Appt with GP	Urgent	Routine
Appt With Nurse		
Patient speak to GP	Urgent	Routine
Collect script		
Repeat test date		
Other comments		

Dr Whimsy's Casebook: the Neonatal Examination

It's visiting time in late December. Dr Whimsy has been called to a hotel to perform a neonatal assessment for a family of temporary residents. He presents himself at the reception desk and speaks to the inn-keeper.

Dr W: Hello, I'm Dr Whimsy. I've come to check a baby.	<i>[Joe shoos animals and shepherds away from the manger]</i>
I-K: They're round the back, doctor. <i>[sotto voce]</i> Bit of an odd couple. They arrived yesterday on a donkey, already in labour. You know 'Silent Night'? Well, forget it – I had to put them out of earshot in one of the stables. They had the baby early this morning.	Dr W: Thanks. Hello, lickle poppet. Wass your name den?
Dr W: Which one?	Mary: Jesus.
I-K: The woman, I think.	Dr W: Sorry – did I say something wrong?
Dr W: No, which stable?	Mary: No, his name's Jesus. We preferred Derek, but his Father insisted, and you just don't argue.
I-K: Number 12A. I'll take you there.	Dr W: Ah. Controlling. <i>[auscultates the baby's chest]</i> Hmm... he has a slight wheeze, and I'm not surprised. A day in a manger, no crib for a bed, asleep on the hay in a lowly cattle shed – there must be more allergens here than on a mite-ridden pollen farm with poison ivy growing in fungus fertiliser under a nickel-plated peanut bush coated with egg.
<i>[The inn-keeper leaves Dr Whimsy at the stable door]</i>	Joe: Tell me about it. This is a Top Secret Hotel on ultimusminutus.com. 50% off, and you can see why.
Dr W: Good afternoon, I'm Dr Whimsy, and you are...?	<i>[Three intelligent-looking men appear at the stable door]</i>
Mary: Hi, doc. I'm Mary, and this is my husband Joe.	Dr W: What is it, fellas? We need a bit of privacy here.
Dr W: Hello, Joe. Hail, Mary. Where are you both from?	WM1: Your pardon I beg, but we three kings of Orient are.
Joe: Nazareth, doctor. Top of Highway 60, in Galilee.	Dr W: Yoda? What brings you all the way from Leyton?
Dr W: Oop North, eh? What brought you to Bethlehem?	WM1: Yonder star we followed. <i>[points]</i> Oh, gone it has.
Joe: Trevor.	Dr W: I'm sure stars can't move around like that, but don't take it as gospel. We're on the Tel Aviv flight path though – are you sure you weren't chasing a 747?
Dr W: Trevor?	WM2: You could be right; Melchie's camel blew a gasket. Anyway, we come bearing gifts for the Son of...
Joe: Our little donkey. <i>[points towards manger]</i> Over there, with the baby.	Dr W: Mary and Joe, I know. Do any of the toys have batteries? My ophthalmoscope's gone dead.
Dr W: I meant why are you here instead of at home?	WM3: Er... we didn't bring any toys as such, just a bit of gold, frankincense, and myrrh.
Joe: I was forced to come here to work off my taxes.	Dr W: Oh, brilliant, just what he needs right now...
Dr W: No sweetheart deals for the working man, then. You're a carpenter, aren't you?	WM3: ...but the incense burner runs on this – any good? <i>[holds up a stick of charcoal]</i>
Joe: No, a plasterer. I've come to render unto Caesar.	Dr W: Nah, it's got to be alkaline AAs. Listen, guys, just give us five, can you, otherwise I'll be here all day, and tomorrow's a bank holiday.
Dr W: Good career move. Now, how are you, Mary?	<i>[The three wise men leave to find coffee and muffins. Dr Whimsy completes his examination]</i>
Mary: I'm fine, doc, just a bit blue, as you can see.	Dr W: Congratulations. Wheezing aside, he's in good shape. I'll ask our midwife and health visitor to call round, but you must find somewhere more suitable for him, otherwise it'll be Social Services and child protection issues before you can say Happy New Year. Now, I just need to fill in this Temporary Resident form for Herod. What's your surname?
Dr W: It's not habit-forming. Where did you give birth?	Mary: It's Christmas.
Mary: On the floor here. Boy, those flagstones...	Dr W: How about that! Mary Christmas, everybody!
Dr W: Good Lord! Couldn't the midwife find somewhere more comfortable? A haystack or something?	
Joe: We managed without a midwife, doctor. I didn't have the heart to call them out on Christmas Day.	
Dr W: Well, thank Heaven Mary's OK, but we must decide about anti-D. What's your Rhesus status, Mary?	
Mary: In the event of cardiac arrest I'd like every effort...	
Dr W: Not resuss, <i>Rhesus</i> . Maybe it's my southern accent, but perhaps you don't know. What's yours, Joe?	
Joe: Not a clue, but it won't make any difference.	
Dr W: Why? It's autosomal dominant with incomplete...	
Joe: Because I'm not his dad.	
Dr W: Cripes! You mean... Mary... um...?	
Joe: It's a long story, doctor, but Relate are helping us deal with it, and at least the boy's got good genes.	
Dr W: Can you find out his real dad's Rhesus status?	
Mary: We'll ask at bedtime tonight. He's bound to know.	
Dr W: You'll ask at...? I think we'd better move on. Last question: what are your plans for contraception?	
Mary: Well, doc, I suppose we must be Catholic now...	
Dr W: That takes care of that, then. OK, let's have a look at the baby. Joe, can you move Trevor out of the way? The cow as well, and those other creatures.	

This column is written for humour and does not necessarily represent the views of the author, his/her practice, or the LMC, and Top Secret Hotels on lastminute.com are actually top-notch. Doctor Whimsy's Casebook is available on Amazon.