SOMERSET LMC

Newsletter Special Edition

SPRING 2020 **Issue 215**

During the UK "Asian" (H2N2) flu epidemic in 1957 nine million were infected, 5.5m consulted GPs and 14,000 died directly of the disease but no pubs or shops closed.

To put things in perspective the population then was 16.5m smaller and male life expectancy was 67. Even worse 7,000 of those who died that year were children. Those were different times – one comment then was that flu killed more children that year than polio.

To see a novel and too often dangerous virus has been a shock to societies across the West who thought they had beaten infectious disease. But one thing that has not changed is the ability of British general practice to cope in the most challenging circumstances.

When all this is over there will be the inevitable Public Inquiry. We trust that this will not be long drawn out at great expense like others but we also hope that the good will be recognised too.

How there was rapid, planned joint working across practices and PCNs with Primary Care Assessment Centres being set up and segregated areas in surgeries to provide safe care.

How many other changes that would normally have been "impossible", or at least taken years to negotiate, came about in weeks or even days.

How primary care coped with the shielding debacle – obviously a disaster from the beginning to seasoned NHSE watchers – despite the mixed messages and unfeasible deadlines – with additional role staff coming into their own in contacting patients, to give only one example.

How colleagues can now speak to hospital consultants again to discuss admissions improving efficiency and patients' experience. Why were we ever separated by contracts?

How we learned how much can be done remotely (even by technophobes like the author) boosting online consultation, again achieving years of progress in just weeks.

So as we look forward to the end of the pandemic, and reluctantly accept that we are likely to see a much longer, lower curve than was expected only a few weeks ago, which of these enforced changes should we keep? Here are some ideas:

- Why should social care case conferences not always be conducted via Microsoft Teams in future?
- Shouldn't the 12 patient two hour surgery (with "extras" added for sessional colleagues) have been a thing of the past years ago?
- Hasn't the "14 day rule" for death certificates been an anachronism for decades in the era of the MDT?
- Haven't we known all along that the waste of scarce JIC drugs returned out of date or unused to be destroyed was a scandal?
- Haven't we heard for years how having your "most expensive asset sit in a room and let people book random 10 minute slots" is a strange business model?
- Isn't the "One team, One touch" approach to rationalise essential home visiting not just a great idea but also just plain common sense?
- Hasn't it always been shameful that you can earn more in a supermarket than in a care home?
- Shouldn't there always be some spare capacity in the system rather than judging it better to "sweat the assets"?
- And wasn't struggling to work when more unwell than most of the patients always wrong?

We can even take some heart in the wooden prose of Simon Stevens on 29th April, *"We should also take this opportunity to "lock in" beneficial changes that we've collectively brought about...This includes backing local initiative and flexibility; enhanced local system working; strong clinical leadership; flexible and remote working where appropriate and rapid scaling of new technology-enabled service delivery options [!] such as digital consultations."*

And we will need to carry on doing things differently. As Prof Karol Sikora said recently, *"The problem for cancer is going to be bottlenecks. The whole of April's new patients are going to meet May's new patients... and all those people are going to need chemotherapy, radiotherapy, other management downstream...We've got to get going again to avoid a catastrophe in a year or two's time when patients will suffer poor outcomes from their cancer because of delays.'*

We know that heart attack and stroke admissions have been vastly down and we all have stories about having to persuade patients to be seen rather than trying to fend of those who really don't. They haven't gone away you know.

It has been said that, ultimately, the CV19 virus "doesn't stand a chance" against the ingenuity and industry of humankind. In the meantime let us get done what the PCN DES attempted to achieve: keep the best of traditional general practice that has served our nation so well whilst better organising it in a Renaissance of wider primary care across neighbourhoods working hand-in-hand (virtually of course) with secondary, community and social care. And make it last.

And you never know: we may even get rid of the MAR chart.

The Intermittent Diary of a "Mature" GP (aged 58 and ¾) during the Coronavirus Crisis

We have entered an alien world these past weeks. Broadcasters initially described a health emergency on a scale unseen for a generation, and I wondered what had happened a generation ago (the AIDS epidemic perhaps?). But clearly the rapid dissemination of a novel virus around the world is the first so severe for a century. We have a pandemic on our hands, and it is a new experience for us all.

The "Spanish" flu of 1918/19 killed more individuals than did the First World War, sweeping through populations already debilitated and malnourished by the 4 year conflict they had just endured.
Presumably the grim reaper arrived promptly and unannounced without the highly sophisticated communication processes we have today.

In 2020 millions of people live cheek by jowl in big cities and worldwide travel is the norm. Despite the best modern science, extensive reporting and attempts at containing Covid 19 it is proving a most formidable opponent.

General Practice is a strange new country. Doctors have donned scrubs for the first time in many years (about 30 in my case) removing the morning decision about what to wear to work. While helping to some extent at a hygiene level (once we had all worked out not to wear them to and from work) they also give a message to our patients – no messing around here, we are on the front line folks! Except so far it doesn't feel very front line. We are doing most of our consultations on the telephone and have learnt to do video consults on our mobile phones. My IT skills are having a bit of a shake up and that is all for the good. For the few face to face consultations we undertake we are donning gowns, gloves and facemasks and recently added in some goggles from B and Q. I rather like my new look, with my jaw, chin and nose completely obscured (though these are horribly prominent on "Zoom" and "Skype" as I clearly have not perfected my camera angle.) Patients expect us to consult remotely or to take extreme precautions, though I was surprised by the lady who thought I might do a gynae exam in her car (the mind boggles!) Visit requests have dropped off the scale, now all those wise elderly folk staying at home realise they absolutely don't want to mix with us.

Daily another colleague lets us know they are self –isolating, owing to symptoms in themselves or a family member. They log onto work from home, make telephone calls to patients, and we wave at one another via video links. It all seems very bizarre. Everyone in the practice is pulling their weight; new information has to be assimilated daily and nobody batted an eyelid about opening the surgery on bank holidays. Some folk probably need a break from the intensity of their household, with lively children off school and partners suddenly working from home. Our attached pharmacy is almost overwhelmed, with queues around the car park. Anyone who has ever been prescribed an inhaler in the past 20 years would like one now (or possibly two).

The news is increasingly scary and the death toll escalating. Hospital doctors and nurses younger than me are succumbing to the disease, along with thousands of other individuals, not all of whom are old or multimorbid. The Prime Minister himself ended up on ITU but thankfully recovered, and has even managed to co-produce a new baby as well (he has been busy.) We compare fatalities in different countries and different regions, government policy is scrutinised and all minutiae examined. There is no other news apart from Covid 19, and that is divided into the medical news and the economic news, almost all of it bad.

Nursing home residents are the latest casualties with the virus sweeping through their populations. The staff are struggling and the bereaved relatives distraught. We have emergency new rules around death certification and cremation forms; it's staggering how decades of legislation can be overturned in a flash. Funerals are limited to a few individuals, weddings and holidays are all cancelled, and the country is in "lockdown". I hear the birdsong and revel in the peaceful roads. Gardens are blooming in Somerset. I can barely bring myself to think of families in flats in Rome or Barcelona or what is happening in New York.

Thursday evening at 8pm has become a ritual of camaraderie and good cheer, although I feel a fraud as the neighbours clap pointedly in my direction. I am clapping and hooting for colleagues, our many medical friends and their adult children (Medicine is said to be second only to crime when it comes to careers running in families, and it is our juniors who are closer to the frontline than most of us.) There are so many people to worry about and so many people to thank. Not least the lovely carer who goes into my 95 year old mother's home three times a day in a different part of the country. Truly the feeling of everyone being in this together is a very positive and powerful one.

But I do wonder when this will all end, who will still be standing at the finish line (however that may look) and what sort of a world will emerge on the other side. I just hope to live long enough to see how the Coronavirus pandemic of 2020 is reported in History.

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