

DECEMBER 2016

Issue 205

## Inside this issue

Seven Day Access to General Practice Services	1
Information sharing with other health and social care providers	2
From the Archives	3
Somerset STP what it is really all about	3
The Cameron Fund	3
NHS Networks Blog	3
Small Ads	4
Dr Whimsy	4

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

The LMC office will be closed from Monday 26th December and will re open on Tuesday 3rd January



iPhone and iPad app



[Follow us on Twitter](#)

[GP In Somerset](#)

## Seven Day Access to General Practice Services

*May be an opportunity rather than a threat?*

The Conservative manifesto for the 2015 election pledged that by 2020 people would be able to see a GP “7 days a week from 8am to 8pm”. Like most political promises this came with no implementation plan: there was nothing about where the doctors would come from or how the extended service would be paid for. In the real world, we know that trying to push 7-day access through would simply bring our fragile primary care system crashing down, but fortunately some wise person, presumably at NHS England, has made two important decisions. First, that the proposal has to be modified to make it workable, and second that it needs to be piloted.

Somerset CCG must have been very bad in a previous life, because it has been selected as one of the sites that must have a pilot scheme up and running by April 2017. The first thing to say is that this is a requirement laid on the CCG’ and not practices. In theory, general practice does not have to take part. Readers will already be aware that there is link between Improved Access (we prefer this term as it distinguishes the new scheme from Extended Hours) and the CCG’s Primary Care Improvement Scheme. Under the “7 Day Access” heading the PCIS first year specification says “An individual requirement for year 1 has not been included, but the requirement is expected to be a core part of the additional income and specification in future years.” The CCG has not yet clarified how the funding streams will work, and what proportion of the future projected increase in PCIS income will be linked to participation, but this is obviously a key question.

The initial pilot requirement is simple: 30 minutes of evening and weekend access to GP services per 1000 patients. This can include nurse, paramedic, ECP and pharmacist appointments which can be by phone, skype and on-line as well as face to face. It can be provided by a locality rather than individual practices, there is no ban on having several clinicians working at once, and urgent and emergency care will continue to be provided by SDUC. At least some of the appointments have to be pre-bookable and the time requirement will increase to 45 minutes/1000 patients in time.

The LMC takes this to mean that the scheme is about increasing capacity, and not re-arranging it, and this is probably the most important reason why practices will consider taking part. Patients who choose to have an appointment during Improved Access time will therefore not take a day time slot, and weekend access should mean that some of the current Friday evening and Monday morning demand can be met by the scheme. At the moment it can be offered in addition to Extended Hours, but for various reasons there is merit in looking at the two together .

The CCG has been allocated £1.50 per patient for set-up costs (about £840,000) and £6 per patient per year running costs so there is real additional money in the system, though the link with PCIS means the proportion of additional funding that practices can attribute to this work will need to be calculated carefully.

Given this financial uncertainty, the very tight timetable for implementation, and the pressure that practices are already under, the LMC does not think many practices will be interested in bidding for this work individually, and that a centralised plan, perhaps involving Somerset Primary Healthcare, is likely to be the most effective solution. But we do think that there are benefits for practices in reducing workload, improving collaboration and ensuring sustainability that mean the scheme ought to be seriously considered.

The LMC has produced a more detailed discussion paper on Improved Access that can be found at: [Link](#)

### **Information Sharing with Other Health & Social Care Providers**

*Encouraging progress towards a sensible solution*

One of the quiet success stories of the NHS in Somerset has been the SIdER group. This apposite acronym, standing for Somerset Integrated Digital electronic Record, is a project made up of technical experts from all the provider organisations in Somerset that has been working on linking up all the digital care records in the county and improving information flow between clinicians in the county. SIdER is the group that actually delivers the strategy set out in the "Somerset Digital Roadmap" which is, effectively, the IT plan for the STP. In an ideal world we would all, of course, have a single NHS record that could be accessed whenever we needed care, and although that may not be an immediate possibility, there is a lot of work going on to allow users to see other providers' records from within their own clinical systems.

We have all been much vexed about confidentiality and the risk that an inadvertent breach will bring down the wrath of the Information Commissioner and lead to a swingeing fine, and certainly practices need to be very careful about ensuring proper consent procedures are used, and that third party information is protected. But the second (Review) Caldicott Report says

that *"The duty to share information can be as important as the duty to protect patient confidentiality"* and Recommendation 2 of the Review says *"For the purposes of direct care, relevant personal confidential data should be shared among the registered and regulated health and social care professionals who have a legitimate relationship with the individual."*

Phase 1 of the EMIS Viewer project has already been a notable success in making patient care safer and more efficient. In the New Year practices will be asked to extend access to health professionals (not social care for the moment) providing routine as well as urgent care. Given that we have had no problems with the initial phase, the provisional LMC position is that the current arrangement for consent to be obtained at the point of care should be carried forward to routine situations where a health professional with a registered qualification needs information from the health record to make an informed decision. We'll keep practices updated on how the discussions proceed, but for various reasons it will be extremely helpful if general practice in the county can agree a single position on this.

Meanwhile, practices are being encouraged to make more use of EPaCCS (Electronic Palliative Care Co-ordination System) as palliative care is above all the field in which information sharing is essential. Dr Chris Absolon has produced a helpful new FAQ guide encouraging GPs to load information directly, though this can still be done by a nominated person in the practice if you prefer. [Link](#) There is a plan afoot to fix a new front end to the existing Adastra database to make the system more user friendly, which will certainly help. It will also allow you to save a copy of the care plan back to EMIS as well as sending a notification if the plan is modified by another user.

The landscape of NHS IT is changing fast as more tools appear that allow access to various existing record systems. Apparently TST has over 100 different databases, not all of which speak to one another, so given that some GP electronic notes stretch back nearly 30 years, using EMIS as the primary medical record is likely to prove increasingly attractive.

### From the Archives

*LMC meetings once were held at 8.00 pm in the County Hotel, Taunton, over a couple of pints of beer. Some of the subjects covered are rather familiar:*

#### 8<sup>th</sup> June 1978

Mr Handy and Mr Sleep explained the use of request forms for emergency transport. It was useful if some information was given as to the physical condition of the patient so that the ambulance drivers would know what might be required of them. They also stated that they were trying to cut down on telephone requests for ambulances (except in emergencies) because they were able to plan...much more effectively if the 24 hour and 48 hour rules were followed..."

They also stated that it was possible to arrange for ambulances to meet patients at bus and railway stations.

#### 14<sup>th</sup> February 1980

"References to this committee – drugs etc... References 2945, 2950, 2952 and 2953 – All these...were in respect of half covered chocolate Gluten free biscuits in cases of Coeliac disease but Reference 2950 also included Rite Diet Gluten free Fruit Cake. The Committee passed all the references in respect of the biscuits being used as a drug but refused the prescription of the Fruit Cake as being a food.

*And some now seem frankly bizarre:*

#### 14<sup>th</sup> February 1980

"Item 4. Co-option of Members Under Rule 4 (ii). Consider any Doctor volunteering for co-option (a) As an Assistant (b) As a Lady Doctor. (N.B. Letters have been sent to Assistants and Lady Principals).

### The Cameron Fund Christmas Appeal

Thanks to the foresight and generosity of our predecessors, Somerset has its own Local Medical Benevolent Fund to help out in difficult times, but we still rely on the national Cameron fund for help in a number of ways. Demands on their resources are ever rising and they do a brilliant job helping GPs at a very low administrative cost. The Benevolent Fund trustees make a small donation to them in recognition of their help, but individual contributions can be made by bank transfer to The Cameron Fund CAF Bank, Sort Code 40 52 40, Account No. 00015215. Thank you!

### Somerset STP—What it is really all about

*LMC research has revealed that the whole programme is actually based on a brand of engine additive that everyone's dad had on the garage shelf in the 70's and which is still available at <http://www.stp.com/>*

All readers need do is substitute "staff" for "engine" in the advertising and the match is uncanny. For instance:

"Helping staff run better longer since 1954"

"STP fights friction to help protect against staff wear by providing a thicker cushion between moving staff parts"

"STP reduces blow-by when friction has worn down staff parts and created gaps"

The original STP contains a secret ingredient, "ZDDP", cunningly now renamed "FYFV"

You'll be pleased to know that one STP product "does not contain water absorbing alcohol and helps prevent many of the negative side-effects when staff lie idle for long periods of time"

And don't forget that STP Appearance Products "Clean, shine, protect and show off your investment"

But be warned. Amongst the products licensed by STP are some made by Kost, USA

#### NHS Networks Weekly Blog

Second only to our estimable Chairman's magnificent offering (*OK, you can keep your job after all, Chairman*) we can thoroughly recommend the invariably witty and ingenious blog produced by the splendid Julian Patterson <https://www.networks.nhs.uk/editors-blog/2018tis-the-season-to-be-wary> which is an excellent antidote to some of the more ludicrous NHS correspondence that we all receive

#### SMALL ADS... SMALL ADS... SMALL ADS...

For current practice vacancies please see the jobs section on our website at:

<https://www.somersetlmc.co.uk/jobs/>

## Dr Whimsy's Casebook: A Christmas Carrot

It was Christmas Eve at the Ministry of Health & Happiness. The CEO, Ebenezer Scrounge, was relaxing by the fire, counting the noughts on his retirement contract with Scheiser Permanente. Through the door he could see his clerk, Simon Scratchit, defrosting his hands over a candle.

"Please, Mr Scrounge," begged Simon. "I'm cold and hungry. Can you spare 10p for a hot sausage?"

"No I cannot, Scratchit," grumbled Scrounge. "You're a bloated parasite, and I'll not pamper you."

"Then may I go home to my family? It's nearly midnight, and I've finished my work here."

"Go ahead," snarled Scrounge. "You're fired."

As Simon crept away in tears, the Social Services manager, Homer Loan, appeared at the door.

"What do you want, Loan?" barked Scrounge.

"It's the season of goodwill," smiled Homer, "so I wondered if you might spare a couple of mil to get some old folks out of acute hospital beds and into nice homes for Christmas. It'll free up A&E too."

"Bah! Scumbag! You just waste my money, so I'm putting your department out for tender. You're fired."

Having no family to go to, Scrounge snoozed in his chair, but at the stroke of midnight he was woken by an apparition: it was the ghost of Aneurin Bevan.

"I know what you're up to, Ebenezer," moaned the ghost. "You're wrecking our welfare state and inviting the likes of Splurgin Care to take it over bit by bit. You're destroying decades of social progress."

"You mean your socialist plot to care for feckless proles without profit? Join the 21st century, Nye."

"My word, you're a cold fish, Ebby, but I don't believe you're irredeemable. Just cop a load of this."

The ghost waved its hands and a holographic tableau appeared: a mother and her daughter were skipping down the steps of a health centre in the sunny glades of Arcadia, and a party of nurses was dancing around a cherry blossom tree with smiles on their faces and daisies in their hair.

"What fantasy is *this*?" demanded Scrounge.

"It's the Spirit of NHS Past," said the ghost of Nye. "Just listen to them for a while."

The girl was saying to her mother, "Oh, mummy, I do like Dr Whimsy. He sees us as soon as we want and he spends as much time with us as we need."

"He *is* nice, Johnny," replied her mummy. "He's so relaxed and kind, and he says you'll see your specialist within a week."

Nye's ghost looked at Scrounge. "What do you say to that, Eb? Rapid access to GPs, minimal waiting times for secondary care. Why

interfere with it?"

"Humbug!" said Scrounge. "It's a principle of prudent management that if something works well it's over-resourced. The NHS needed an iron hand to squeeze its emoluments."

The ghost's eyes watered for a moment. "Well, let's see what that achieved, shall we? Here's the Spirit of NHS Present." Nye waved his arms and the tableau changed: the setting was the same, but it was dark and cold; an elderly couple shuffled past rows of sullen patients queuing in the mud.

"Dear me, Thora," the old man was saying. "Six weeks to see Whimsy, and all for three minutes of him whining about Sprainability and Transportation, telling you to put up with your back 'cos you'll die of old age before you see a specialist, and now we have to buy our own painkillers from the chemist."

Nye peered at Scrounge. "Not so good, eh?"

"Ripe for privatisation," grinned Scrounge. "The punters will accept anything after this, you'll see."

"Well, let's have a look, Eb. Here's the Spirit of NHS Yet to Come." He waved his arms once more: Mr Whimsy, a spinal surgeon, was talking to Thora Sickspine about her mild lumbago.

"Good job my brother sent you to me," he said. "You need a multi-level laminectomy and a rod implant. It'll cost you £56,742 plus service charge."

"That's a lot for a bit of backache," said Thora.

"Perhaps, but you can't be too careful. Besides, my family wants a triple suite on this year's cruise and your insurance should cover it. It's a win-win."

"I suppose you'd better go ahead then."

"Good. That's £250 for this consultation, please."

"Well, Eb," said Nye. "What do you think?"

"Hmm," pondered Scrounge. "Doesn't look good – he didn't add the VAT. Anyway, as it's Christmas, I'll help out the deadbeats. Here's £30bn for Simon Scratchit." He handed Nye a cheque.

"Oh Eb, this is so kind of you," said Nye. "Hang on, you've written £4bn. Where's the other £26bn?"

"Well, I gave Scratchit £2bn last year, he can keep his job if he agrees to £22bn of euphemiciency savings, and he'll get £2bn from Homer's budget."

"Not exactly a valley full of daffodils, is it?"

"Ah – I saved the best 'til last. You often said the NHS needs less stick, more carrot..." He handed Nye some orange vegetables of the family *Apiaceae*, tied together with a bow. "Merry Christmas."

"Thanks," said Nye, looking at the wilted roots. "A bunch. And a Happy New Year to you too."

*This column is written for humour and does not necessarily represent the views of the author or the LMC.*