SOMERSET LMC

Newsletter

WINTER 2018 Issue 209

GOODBYE AND THANKS FOR ALL THE FISH

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It is perhaps a little disconcerting to reach the end of a professional career with a dawning realisation that you have probably spent much of the last 40 years doing the wrong thing. I suppose my excuse is that in many ways it has been satisfyingly simple to follow the recipes: raised cholesterol? Take a statin. High blood pressure? There's a pill for that. Low mood? Surely an SSRI is the answer. These things do work, and, in some cases at least, the patient will have more years of quality life as a consequence.

But the recent news that life expectancy in some of the UK's post-industrial cities is now actually falling is a stark reminder that conventional medicine can really only tinker at the edge of public health. Poverty, challenging social circumstances and a lack of opportunities and life skills will often overwhelm the therapeutic effects of any tablets we offer. And health inequality appears ever more stark in each successive generation. The adult children of the middle classes now often seem to eat carefully, drink and smoke little, exercise regularly, value positive social interaction, and maintain a sensible work-life balance; whilst those without the advantages of wealth, education and meaningful work are more likely to subsist on processed food, struggle with low paid and unsatisfying jobs and lack the means and peer support to keep physically and mentally active.

We have suggested before in this Newsletter that the current provision of healthcare is unsustainable. The rising tide of non-transmissible disease cannot be held back with pharmaceuticals, and even if we could find the clinicians and the money to continue down our current path this mechanistic approach carries with it the seeds of its own failure. We can see a time when the lawyers will routinely encourage bereaved relatives to call for the medical records of the deceased. A systolic of 142 with no medication increase offered? And two cholesterols of 5.1 and no statin? A most blatant case of negligent care, m'lud!

Before the Somerset health system became so entangled in organisational change and dealing with the deficit there was a growing view that we had to take two bold steps. First, we needed to empower people to take more responsibility for their own care. In retrospect we have never emphasised that the Patient Activation Measure (PAM) is not just a number, it's a reflection of the state of mind of that person and their willingness to engage with their own care, and that in turn has great knock on benefits for the health system. Second, we need to start to channel resources towards early intervention and preventative care. That doesn't mean a gesture such as online access to weight management advice, but a whole network of tailored personal help: individual nutritional advice, input from a personal trainer, lessons in mindfulness, introduction to cookery classes or exercise groups and so on. Intense support for lifestyle change that is tailed off as individuals establish new habits and become more confident can produce dramatic benefits. Even if we can't afford that, simple things like brief intervention, motivational interviewing and adopting the "thousand steps" model can produce small changes that have big consequences over a lifetime. How many people really could not add one portion of leafy green vegetables to their daily diet?

At university I lived just across the way from Douglas Adams who used to put on student revues in an always packed small hall. These were painfully funny, and after a few minutes the audience would be leaning on one another weeping with laughter, or, occasionally, actually rolling in the aisles. We would emerge exhausted but awash with endorphins and thoroughly pleased with the world. Student existential angst and exam phobia were banished, at least for the time being. There may be a pointer for the future of healthcare in that. Pharmaceutical medicine should only be a small part of the general practice armamentarium. We need to make primary care into a real team sport where what the team does leads to both immediate and sustained improvements in people's wellness.

General practice is still an extraordinarily fulfilling career, and changes are starting to happen that will make it again a job that you can look forward to doing every day. I will now look forward to watching and cheering as Somerset leads the way.

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/

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GP In Somerset

THE NHSE SOUTH WEST PERFORMANCE ADVISORY GROUP

There is a lot of anxiety around at the moment regarding the GMC, doctors' performance and the use of reflective learning when things go wrong. As the LMC nominee on the SW PAG I thought it might be helpful to describe how the GP performance process works locally.

The GMC are responsible for ensuring that everyone on their register is fit to work as a doctor, NHSE performance teams are responsible for ensuring that all GPs on the Medical Performers List are fit to work as a GP. When a concern is raised with the GMC about the performance of a GP, the GMC and the relevant NHSE Professional Performance team normally work together. Often the GMC will feel able to close down an investigation based on information from NSHE.

The performance system for NHSE South (South West) sits under Caroline Gamlin who is the responsible officer for GPs in our Region. The process is centred on the Performers List Decision making Panel (PLDP) which technically decides who to include on the performers list, and actually when GPs should be suspended or removed from it. These decisions are, in turn, informed by the Performance Advisory Group (PAG) and the GP appraisal team.

The PAG meets monthly and includes NHSE performance team members, and representatives from health education England (HEE), the LMCs, and patients. The group considers any concerns about an individual GP's performance, which may come from a variety of sources: the GMC, complaints, whistleblowers, a Coroner's inquest, media reports etc. The performance team will first inform the GP of the concerns raised and ask for their perspective on the situation: GP performance concerns are not discussed without the GPs knowledge. The PAG then discusses the known facts and decides whether the case can be closed (this usually occurs when the GP gives a clear reflective response to the initial enquiry which alleviates any concerns raised) or if further investigation is needed. In very rare situations the concerns raised are so serious that patient safety is compromised, in which case the matter will be referred straight to the PLDP. Normally, however, the results of any investigations are discussed at the next PAG where any further action is decided upon. This could be referral to the PLDP, closure of the case (possibly with recommendation that the GP reflect on the event at their next appraisal), a requirement for a more directed reflection at appraisal with the case being kept open until PAG has assurance that this has taken place, a recommendation to attend specified learning, further investigation, referral to the GMC, enquiries about the health of the doctor, or other outcomes felt appropriate by PAG.

All cases referred to the GMC will be considered by PAG but not all cases considered by PAG will be referred to the GMC. The inclusion of HEE and LMC representatives in the PAG ensure that local workforce and other factors are taken into consideration and my experience is that these discussions are very fair and balanced.

It is natural for GPs to feel anxious at the prospect of their performance being questioned, but my experience over the last 5 years is that the process for GPs in the South West of England is very fair and proportionate, and that any reflective exercises taken by GPs either at appraisal or in response to queries help rather than making the situation worse. A quick response to queries raised by the performance team with reflective and honest reply in my experience always results in a much better outcome, and honest reflection on any failings or errors on the individuals part are seen in a good light: in contrast 'reflection' which just states 'it wasn't my fault' is not.

Kate Staveley, Somerset LMC Member of SW PAG

ELECTIONS FOR THE 2018-2022 LMC

Have you thought about standing for this important Committee ?

Every four years a new LMC is elected to represent Somerset general practice in its broadest sense. The LMC's work runs from providing pastoral help for individual GPs and PMs through things like supporting SGPET, answering questions from doctors and practices about any and every aspect of the job, and on to formally representing the profession in discussions with the CCG, NHSE and others. The LMC provides the organisational memory for primary care - we've been here since 1913 - and in just the last 25 years we have had 6 different NHS primary care bodies to relate to. Whatever the future shape of general practice, there will still be a need for the LMC. With several members standing down, this is a great opportunity for new people to step forward to ensure the Committee continues to represent the whole of general practice in Somerset. You could be one of them! You can phone 01823 331428 or contact LMCOffice@somersetlmc.nhs.uk for details.

SOUTH WEST CHILD HEALTH INFORMATION SERVICE

You may know that the hotchpotch of five local Child Health Information Services (CHIS) that currently cover the South West are to be merged under a new contract won by Health Intelligence, a data management company that provides services to the NHS, including CHIS in two of the four London health districts. CHIS gathers together all sorts of information about children's health including immunisation records, neonatal blood spot and hearing tests, inputs for the school nursing service, and so on. At the moment a lot of this is still collected in paper form, but the plan is to build a digital record that ensures that the whereabouts of all children is known, and various key health data about them recorded. Centralising the records means children are less likely to get lost as they move around the region, and things like immunisation lists for practices should be both more timely and more accurate.

For now it is likely that the easiest way of collecting information direct from practice systems will be by MIQUEST (as currently done in London) but MIQUEST support is being withdrawn at the end of this calendar year, and for now the best alternative Health Intelligence can find is a data warehousing model that uploads a substantial part of the patient record into a secure cache from which only specified information can be obtained. The LMC is not yet confident about the information governance of this arrangement, so we are likely to recommend that practices stay with the MIQUEST model for now.

Practices have a contract obligation to report this data, and electronic extraction is quicker, easier and more accurate than paper sheets so we anticipate that practices will want to use the MIQUEST option. In time it is expected additional relevant information, including, for example, the outcome of a baby's 6 week check and the mother's Hep B and BCG status (if known) will be collected. Health Intelligence are also keen to encourage practices to use a standard set of codes (currently they have to look for many pages of alternatives when uploading) and although the introduction of SNOMED will reduce the options, we agree that rationalising codes in current use is sensible.

Heath Intelligence has agreed to send copies of all the proposed documentation to a Regional LMC group for review, and these will be circulated to practices once that group is happy. Implementation of the new system is due to start in Devon this month, with roll out to the rest of the Region, including Somerset, in July.

"YOU MAY THINK THE READER IS ALL ABOUT READING, BUT IT IS REALLY ALL ABOUT HEALTH."
Dr Jack Czauderna, Chair, Pioneer Health Foundation

Since 2008, The Reader has pioneered the use of *Shared Reading* to improve well-being, reduce social isolation and build stronger, more supportive communities across the UK. We inspire and support people to read great literature aloud together - a simple idea that changes lives by providing a practical way for individuals to improve their well-being.

"The Reader's approach has the power to transform the lives of the people that we see day after day at our surgery – those that are stuck, perhaps with low mood or who are socially isolated – these are people for whom another tablet is not going to make a difference." Dr Helen Willows, GP in North Shropshire.

Shared Reading can have a powerful impact for people of all ages and backgrounds. We work closely with CCGs, Public Health Bodies and NHS Trusts, supporting people to live well both in the community and in health settings such as care homes, hospitals, mental health facilities and substance misuse centres.

Our ambition is that *Shared Reading* will become so widespread that everyone, whoever they are, wherever they are, can access a group near them. We are building a movement of Readers so that *Shared Reading* will become part of everyday life.

With mounting pressure on the NHS, community support is a vital intervention in a challenging health landscape. By working closely with partners in local communities, The Reader's volunteer-led approach is designed to generate maximum impact in the most cost-effective way. Analysis by Liverpool John Moores University found that for every £1 invested in *Shared Reading*, an average of £6.47 is generated to users' health and well-being.

"The reading groups are a different kind of medicine and it's through them that I've found a way back to life." Daniel, Shared Reading group member.

Find out more and be part of the story!

To find out more about *Shared Reading* contact: info@thereader.org.uk. For information about groups in Somerset contact: emmacrago@thereader.org.uk.

The Intermittent Diary of A "Mature" GP (Aged 55 and ¾)

It's a January Monday. My first consultation was with a man who is struggling with his joints, his breathing, his diabetes and his prostate, although he did stop smoking six months ago. Unfortunately this has only contributed to his very significant weight problem and, when he stood on the scales, I watched amazed as the dial went the entire way round and landed on zero. I was disappointed that this feat was not accompanied by the *kerr-ching* of somebody hitting the jackpot and I refrained with difficulty from uttering congratulations. The next slot was occupied by a mother and her teenage son who arranged to disagree in my time. I mainly sat and listened, though when called upon to give an opinion I found it hard not to side with the youngster. His Mum said they would not be making another appointment, so at least I achieved a satisfactory outcome.

I enjoyed some of my hospital correspondence, especially the reference to a "prawn challenge" which one of my patients is about to embark upon. Doubtless this is a serious allergy clinic undertaking, but I could not avoid the mental image of some sort of aquatic "It's a Knockout" involving teams of crustaceans. My favourite letter, however, was the discharge summary describing a "retrosigmoid excision of a right acoustic neuroma" – an incredible act of surgical dexterity if ever there was one!

Tuesday then Wednesday passed in a whirl. I spoke to a man who was hoping I could assess his testicular lump over the phone followed by a woman fearing her child might have a scoliosis. Both calls were unfruitful, for obvious reasons. Then I visited our local EMI home where I was heartened by the cheer and kindness of the staff. A nurse was chatting away fluently in German to an old lady as she pushed her in a wheelchair. The patient could no longer speak much English I was told, but still managed quite well in her native tongue. I asked the nurse whether she was German herself and she replied that no, she was Polish, but had worked in Frankfurt for a few years before moving here. She has a little French and Italian as well ...

As Duty Doctor I had one of those annoying late requests to see a child who had just been collected from nursery and the parents were worried. With much tut-tutting and supercilious raised eyebrows I authorised my receptionist to bring them straight down. A floppy 2 year old with a temperature of 40 was carried in over Dad's shoulder with Mum and two other children following closely behind and an emergency admission ensued. The parents were charming and grateful throughout and I inwardly chastised myself for my premature assumptions.

On Thursday I attended a GP update day, where I discovered loads more of the things I didn't know I didn't know, a large conference centre was packed with GPs from all over the West Country, trying to keep their heads above water and prepare for their next appraisal/revalidation. The highlight of my day was meeting an old friend from medical school, we did our first house jobs together over 30 years ago. Sitting next to her I was suddenly reacquainted with her handwriting in a rush of nostalgia – left handed, very slightly smudged fountain pen. Her writing and mine had sandwiched one another in alternate paragraphs in patients' notes for a six month period in 1985. In those days, everything was handwritten including the blood forms and bottles. We used to have to unscrew the lids from the containers and squirt the blood in. A very messy business – lots of blood smears and ink smudges. Mind you I did nearly say to my friend the other day; "for God's sake, Jane, can't I buy you a biro?" So to Friday, which always has a character of its own. The conflict between trying to get away from the surgery for the weekend, while not leaving any unfinished business behind, often ends up in a case of more haste and less speed. I plodded through my consultations, though my very regular attender Mrs X almost pushed me over the edge by announcing, somewhat triumphantly, that she has developed seventeen of the twenty listed adverse effects of her new medication. We are trying a new drug; I notice it has thirty-five common side effects. I look forward to seeing Mrs X next week with a new top score!