Somerset LMC Newsletter

August 2010

Issue 159

Inside this issue:

"GPs should...."

Not spend too much time listening to people telling them what to do?

The two words "GPs should..." tend to have an explosive effect on even the most mild mannered family doctor. Already feeling the default repository for NHS responsibilities that nobody else wants, it is astonishingly annoying for a GP to be told how to do the job by people who have no idea what it actually involves. This used to be the prerogative of a certain kind of teaching hospital consultant, though one day at a Somerset postgraduate meeting a local senior GP (sadly no longer with us) responded to such an imperative by calmly putting up his hand and respectfully asking how much GP experience the speaker had? The answer, of course, was none. In which case, the GP replied, how could he presume to prioritise his task over those of all the other eminent specialists telling us the same thing? Much bluster, and collapse of stout party.

Now it is usually NHS organisations telling us what to do – and also the occasional politician, perhaps one who prefers the word "fat" over "obese" (This would be a step forward for the clear English that the LMC espouses, if it were not that "fat" is rather a jolly word, whereas "obesity", especially when "morbid", sounds distinctly unpleasant and funereal.) But NHS organisations that issue instructions usually have little GP input, and whilst their pronouncements may be good practice and soundly evidence based, rarely if ever are they made in the context of the whole of a GP's work commitments. The problem is that with so many people telling us what to do it gets harder and harder to keep up with all the expectations. And although the abolition of the NPSA takes one player off the field, there are still a lot of clever and motivated people, genuinely trying to improve the NHS, who will keep busy finding new things for us to do without ever having been exposed to general practice except to get a sore ear looked at.

The current flux and organisational change within the NHS brings it own risks. The laudable desire to use the QIPP process to bring care out of hospital will generate its own series of "GPs should..." and we have to make it very clear that GPs will – but only if resourced to do so or existing work is given up *pro rata.* Similarly, GP commissioning is a great opportunity, and the White Paper is explicit that there will be a contract obligation on us to engage with it, but we need to keep a weather eye out for implied expectations that are neither contractual nor funded. As practice incomes fall and the complexity of providing core primary care gets ever greater we do not have the luxury of spare time for non-essential or unproven tasks. We must not allow the job of a GP to become unsustainable for ourselves or for future generations.

WARNING: COST OF PHARMACEUTICAL "SPECIALS"

If you prescribe a form or strength of a pharmaceutical preparation that is not available as a branded or generic product the dispensing pharmacy is not allowed to make this up in the shop, but must send away to an approved supplier for it to be done under controlled conditions.

As the cost of this is not regulated, the prices charged can be astonishingly high. One pharmacy in the county charges **£63.40** for 500 ml of 500mg/5ml paracetamol suspension, and another charged the prescribing budget of a Somerset practice an almost unbelievable **£549** for the same thing!

Wherever possible you should seek to use a licensed product, even if this means crushing or dissolving a tablet - for example for use in a PEG tube. For guidance see the PCT Medicines Management website

http://archive-nww.somerset.nhs.uk/pmm/

If you *really* need to use a special, please contact one of the Medicines Management team for advice on the lowest cost option.

STOP SMOKING SERVICES IN COMMUNITY PHARMACY

It is always worth looking at new ways of encouraging smokers to stop, and experience in Somerset suggests pharmacy advice is especially popular with people who work during office hours, but at present they can only obtain NRT products in this way.

In Dorset a "Stop Smoking Through Pharmacy" programme has had considerable success partly because pharmacy-based advisers are able to issue a letter of recommendation for Champix to the smoker's GP, similar to those issued by PCT Stop Smoking advisers in Somerset. We have been assured that Pharmacy advisers will undergo rigorous training, and will be mentored closely for first 3 months after that, They will then have regular contact with the PCT team whom they can contact for support if needed and they must also attend an annual update day, Monitoring forms generated in pharmacies will come back through the PCT so their activity will be closely monitored.

The advisers have comprehensive information sheets to work from for both Champix and Zyban, and patients are also given information to take away with them. As with the PCT SSS, if a patient fails to attend an appointment at a pharmacy and the adviser cannot contact them, their GP will be informed to stop the prescription. We believe that pharmacy support for smokers wishing to stop will be of the high standard we are used to from the PCT team and we hope practices will welcome this initiative. For more information contact caroline.may@somerset.nhs.uk

INFORMATION PRESCRIPTIONS

NHS Choices is developing a site that provides detailed information about significant illnesses and allows you to generate an " information prescription" to help patients understand their condition. These are editable so you can include more or less detail as appropriate, and in due course information about local services and groups will be included. Helpful if you need something a bit more comprehensive than the patient information leaflets on your clinical system.
http://www.nhs.uk/ipg/Pages/IPStart.aspx

CHANGES TO DWP DBD36, DS1500 FORMS AND GP FACTUAL REPORTS

The Department of Work and Pension's "Pension, Disability and Carers Services" (PDCS) have asked the BMA to inform GPs of changes to and information regarding DBD36 forms, GP factual reports and DS1500 forms. Full details can be accessed via the following link to the BMA website:
http://www.bma.org.ukemploymentandcontracts/fees/dwpformchangesapril10.jsp

CHANGES TO PARENT HELD CHILD HEALTH RECORD ("RED BOOK") – NEONATAL EXAMINATION

You may be aware that the Child Health Record has recently changed. It now includes a carbon copy page for the first day (neonatal) check. When these are done in hospital, the paediatrician completes the red book form and files one copy in the hospital notes, leaving the carbon copy within the red book. If you do a check at home please can you make sue that the relevant page is completed, and take the top copy back to the practice to file or scan into the patient record.

Letters to The Editor

Dear LMC

As the appraisal and revalidation lead for the PCT I would like to warn colleagues about the future of the NHS appraisal toolkit. As I hope most people know, the toolkit is the property of a commercial organisation (SCHIN) and the new Government have decided to end their contract. This means that GPs will be asked from the end of October to pay between £50 and £100 to use the tool kit, even to access forms they already have on the system from past appraisals. My advice is that GPs should get all their information downloaded from the NHS toolkit *before* the end of October - unless they are prepared to pay the fees.

In its place I have been able to get Somerset PCT to join the Severn Deanery appraisal pilot using the Severn Appraisal Toolkit (SAT). This provides a free platform on which to accumulate relevant evidence and I would encourage GPs to use it for this, and also for appraisal booking. Meanwhile, I am always happy to discuss any aspect of the appraisal process with GP colleagues.

Ian Kelham

Ian.kelham@porlockmc.nhs.uk

NORTH/EASTERN SUPPORT GROUP FOR OOH DOCTORS IN SOMERSET

'Working in a Managed Environment' is as important for OOH GPs as for those In-Hours. I organise and run an OOH Support group in Bristol which has 6 semi-formal meetings a year. Several Somerset GPs are members but have not been able to make it up to South Bristol so I would like to organise (or help set up) a group for the Shepton and Bridgwater areas. The aims would be to discuss problems and concerns, exchange ideas and support each other by discussing difficult cases. Location would need to be decided but it might be possible to hold alternating meetings in Shepton and Bridgwater or perhaps near Glastonbury ?

If you are interested please contact me so that we can discuss the possibilities. David Murdoch

damurdoch@doctors.net.uk

SMALL ADS .. SMALL ADS.. SMALL ADS ..

GP PARTNER: SAMPFORD PEVERELL SURGERY, TIVERTON
Details: Jobshare 4/5 sessions per week staring in the autumn.
Contact: Pam Wreford, Practice Manager on 01884 820304 or pam.wreford@nhs.net. Website www.sampfordpeverellssurgery.co.uk. Closing date 31 August 2010.

SALARIED GP: SMALLBROOK SURGERY, WARMINSTER
Details: Required from September for 4-6 sessions weekly.
Contact: Dr Kingston at Helen.kingston@nhs.net for more info or send application letter and CV to Shelley James, Practice Manager at shelley.james@nhs.net.

SALARIED OR LOCUM GP – RYALLS PARK MEDICAL PRACTICE, YEOVIL
Details: To cover 6-12 months sabbatical leave, 4 or 5 sessions per week starting asap.
Contact: Rowena Turner, Practice Manager on 01935 446812/ Rowena.turner@ryallsparkmc.nhs.uk or Dr Andrew Allen, Senior Partner on 01935 446822.

LOCUM WORK: FROME MEDICAL PRACTICE
Details: Work available during September to November at Frome Surgeries, Warminster and Hampshire Surgery.
Contact: Mrs Barbara Williams on 01373 301307/ Barbara.williams@fromemedicalpractice.nhs.uk for further details.

GP PARTNER/SALARIED PARTNER: VINE SURGERY, STREET
Details: 2/3 WTE partner from January 2011. www.vinesurgery.co.uk for more details.
Contact: Dr Kate Thomas on 01458 841122/email Katie.thomas@vinesurgery.nhs.uk or send a CV to Liz Seekings, Practice Manager. Closing date 13th September.

WANTED : GPWSI ORTHOPAEDICS - EASE CLINIC YEOVIL/CREWKERNE
Details: Up to 3 days week available in ½ day sessions. Training provided.
Contact: Dr Steve Holden on 01935 470200 or email Stephen.holden@hendfordlodgemc.nhs.uk.

ADVANCED NURSE PRACTITIONER NEAR BRIDGWATER
Details: Nurse practitioner looking for part time work in a GP practice. 1-4 days per week considered.
Contact: Heather at mummyhawley@hotmail.com

THE COUNTRY DOCTOR

The country doctor has something else to worry about these days: his NHS smart card. Our practice is many things but one thing it is not is an "early adopter" of new ideas. It is not that we are exactly against new fangled notions but rather that there is so much else to be getting on with and often we find that these bright ideas seem to run out of steam and go away without our bothering too much. I shall never forget an old senior partner, now gone to his reward – an enormous pension since you ask – when asked what he was going to do about third generation oral combined contraceptive pills when there was that scare that the risk of thrombo-embolism was high. "Nothing," he said, "all mine are still on the first generation."

My smart card is not going away it seems, whatever might happen to the parlous multibillion NHS IT scheme. Good people from the PCT have come to see us and persuaded us of their usefulness and vital importance. It might slow down your computer and colleagues may be removing them from their card readers with cries of rage but it is a serious piece of kit. Like some demented sergeant major in some 1950 B movie talking about a rifle we are told, "It's your best friend, you must guard it with your life, eat with it, drink with it, sleep with it!" Quite.

So whenever I found it still forlornly attached to the cold and lifeless computer early on a Monday morning I discovered a new and exciting reason to feel guilty. After visiting patients in the middle of the day I would come back to find myself timed out after what the powers that be obviously consider an unfeasibly prolonged period logged in. Anyone could have made off with it. And then what would you say to the IT police, doctor? Stuffing it in the top desk drawer overnight no longer seemed sufficient. So, dear reader, it is with some shame that I must admit that I started wearing the damned thing around my neck, for all the world like some here today, gone tomorrow chief executive at a hospital trust. Except that I didn't but often found myself wearing the empty plastic holder. Then, feeling self conscious at home, I would put it into my pocket and then wear a different jacket the next day with hilarious consequences and loss of so many useful functions.

Clearly the answer lies in the soil and our veterinary colleagues have shown the way. The only solution is for doctors to be microchipped and the smart cards surgically implanted. The only question that remains is where should they put it?

The views expressed in this column are those of the author and not necessarily those of the LMC.

ADMINISTRATION OF TREATMENTS BY HEALTH CARE ASSISTANTS

If your HCAs give treatments such as flu immunisations make sure you comply with the Regulations

Most of us run flu clinics using a Patient Group Direction as the route by which a doctor authorises a nurse to give the immunisations. However, HCAs cannot supply and administer medicines against a PGD - the legislation only allows nurses and a few other registered practitioners use PGDs.

If HCAs are to administer flu vaccines this needs to be done with a patient specific direction that cover each patient. A PSD could be a list of patients who are booked to attend the flu clinic, which the GP has reviewed and then signed to say that all are suitable to have the vaccine. Or it could be a specific entry in the written patient notes by the GP (or a non medical prescriber), signed by the practitioner, saying that the patient can have the immunisation . The key point is that an HCA cannot be responsible for deciding if someone is fit to have the vaccine. Administration of an immunisation by a healthcare assistant is a delegated task from the registered nurse to the HCA , and the nurse needs to satisfy herself that the HCA has had training and has been assessed as competent to undertake this intervention. For guidance on use of PGDs see
http://www.npc.co.uk/prescribers/resources/patient_group_directions.pdf

Guidance on the delegation of tasks by nurses to health care assistants is available on the Nursing and Midwifery Council Website www.nmc-uk.org.

Somerset Local Medical Committee, Crown Medical Centre, Venture Way, Taunton TA2 8QY
Tel No: 01823 331428 Fax No: 01823 338561 E-mail: lmcoffice@somerset.nhs.uk
LMC Website: http://www.somersetlmc.co.uk