

# SOMERSET LMC

# NEWSLETTER



## December 2011 DEVELOPING GP FEDERATIONS

Issue 171

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

The LMC office will be  
closed from Friday  
23rd December and will  
re open on Tuesday 3rd  
January 2012



Somerset GPs are, by and large, a pretty clubbable lot. When your editor attends national LMC officers' meetings where the mistrust and fractiousness between organisations in some parts of the country is described, other participants are likely to turn and say "You don't need to tell us: it's not like that in Somerset." And it is partly because we have managed to avoid wasting energy on infighting that clinical commissioning has proceeded well in the county. At the same time, the configuration and distribution of practices across the county makes us more likely to co-operate than compete than in some other localities. So, the recent publication of a DH draft paper "*Towards Establishment: Creating responsive and accountable clinical commissioning groups*" which emphasises that CCGs must be membership organisations and may wish to subdivide into commissioning localities, makes it timely to consider just how we might do that.

At present we have a network of GP federations that grew out of the old PBC localities and the putative provider groups that in turn were based on natural communities of GPs. As the organisational direction of commissioning becomes clearer it is now easier to see just what federations might be able to do, and particularly how their form should reflect their function, not the other way round.

The LMC and the CCG will be issuing a survey shortly that asks *all* GPs and practice managers for their views on what a federation should do and how it could support clinicians and managers in their daily work. Whilst we are well aware that you are bombarded with surveys, we do earnestly ask you to complete this one, and to encourage your colleagues to do so as well. Your answers will determine where federation development goes next.

GPs are very used to being both providers and commissioners of services. We sit right in the middle of the NHS, and individually manage the potential conflict all the time. However, when it comes to organisations it is important that a distinction can be drawn between the two, and the LMC is proposing ([link](#)) that each federation should have two constitutions – one as a provider, and one as a commissioner. Federation meetings can then divide their business appropriately without losing the continuity that is essential in developing better patient care.

Whilst joint working is important, we caution against federations adopting formal structures prematurely. Until we know what we want them to do, the LMC believes it is better for practices to remain in a loose, co-operative arrangement. This is partly so that we do not land ourselves with an unsuitable organisation, and partly because once a separate body is formed all sorts of legal and regulatory requirements can follow. Providers, for instance, may need to be registered with the CQC, and once any money flows through them you can be sure that an HMRC VAT or tax demand will not be far behind. Even pure commissioners are likely to have to respond to things like Freedom of Information Requests.

Federations are the missing link in the commissioning puzzle as well as being the best way of extending and enhancing the ability of practices to provide services for their patients. We should take a little time to get them right.

## **SOMERSET LMC - A REVIEW**

The fate of every Chairman of Somerset LMC in living memory has been to face his or her very own NHS reform. After the extended hours debacle endured in Berge Balian's time I was naïve enough to imagine that I had escaped. A change in government was likely and the then shadow Health Secretary had vowed that the last thing the NHS needed "was another top-down reorganisation." It just goes to show how wrong one can be even if this latest, massive reform is said to be from the "bottom-up." That said, we still have great hopes that in Somerset commissioning care will be all the better for the deeper involvement of GPs.

Amid all the changes it is good to remember that Somerset LMC has been serving Somerset practices and practitioners for 100 years, always adapting and adopting to current circumstances, whatever is thrown at it. In that respect it is just like general practice itself, the bedrock of the NHS.

Your LMC represents general practice at the national level, hosting regular roadshows with BMA negotiators and meetings of the SW regional LMCs. Locally we meet the PCT at least six times a year and now also the Somerset (shadow) Clinical Commissioning Group as the PCT is scheduled for demolition. On the CCG Dr Andrew Dayani ably represents us and he and his practice manager Alison Foulkes also deserve praise for their tireless work on the (apparently) interminable negotiations on PMS contracts that affect a third of practices. Dr Nick Bray has taken up the "Nicholson challenge" of QIPP and he, together with vice-chair Dr Sue Roberts and Practice Manager Claire Gregory are now embarking on the latest round of enhanced service negotiations. Dr Kathryn Edwards, the other vice-chair, represents us in areas as diverse the acute trusts, screening, immunisation and "resilience planning." And there are many other examples of excellent work done by committee members on behalf of Somerset GPs on dispensing, on Out of Hours and the Prescribing & Medicines Management Committee to name a few.

As it happens, we have generally excellent working relationships with managers in Somerset, as we realise from what we hear at regional and national meetings. However, the fact that LMC "was consulted" does not mean that we necessarily agreed to whatever was being proposed. I am sure that you will have noticed that, in this fascinating modern world, the verb "to consult" carries no obligation to take any notice. If in doubt, please ask your constituency representative.

The "honest broker" role of the LMC is treasured whether in our statutory representative duties for practices collectively or for individuals. Practice has always been stressful but, perhaps reflecting the looming age of austerity, we have had to increase capacity for pastoral care. We are pleased that Dr Roger Crabtree has increased his availability to colleagues in difficulties and worked on the SuCceSS website. The Benevolent Fund continues to help GPs with financial problems due to ill health or other personal difficulties.

In addition the LMC has expanded its remit to provide services that are of direct benefit to practices. Examples include organising training and education through the thriving SGPET, being part of the national LMCs buying group and recently becoming a "CRB umbrella body" to carry out the necessary checks for employers. In this, as in all things, we are grateful to the excellent office team led by the unstoppable Jill Hellens.

The LMC has rightly been described as the rock in the ever-changing sea of NHS reforms. As I step down next year, whatever the future holds, I am confident that the LMC will continue to stand up for all Somerset GPs as the only democratically elected, statutory, representative body just as it always has done.

**Dr Barry Moyse**  
**Somerset LMC Chairman**

## SERVICES FOR MILITARY VETERANS

*Go beyond just priority on NHS waiting lists*

Although the number of personnel permanently incapacitated in combat or during military service is fortunately quite small, people who have served in war zones, whether or not they have been directly injured, may encounter long term health problems as a consequence.

The Government has supported a lot of work between the NHS, veterans, and military charities to help ensure that the medical and psychological needs of ex-service personnel are identified and met and there are now a number of sources of help and advice in addition to the longstanding organisations like SAFFA and the Royal British Legion. The new desktop Navigator App that the CCG is releasing very shortly will list these, but meantime practices are asked to try to make sure that they have list of veterans (Read Code 13ji. "Military veteran") so people eligible for these services can be identified. We are asked to consider, for example, adding a suitable question to practice welcome forms, or putting a notice in the waiting room asking veterans to identify themselves. And do remember that veterans have priority on waiting lists for the treatment of a condition that related to their service, so please include this in your referral letter.

## SOMERSET PATHOLOGY VISITS TO PRACTICES

Starting in late January 2012, Somerset Pathology will be arranging a repeat of the Pathology Roadshows in practices around the county. We start just after the host practice finishes evening surgery with short interactive presentations, some from lab clinicians, others more practical in terms of "how to", with plenty of opportunity to get answers to all those questions you have always wanted to ask. Interested? We bring the sandwiches! Please contact [david.james@tst.nhs.uk](mailto:david.james@tst.nhs.uk).

## LMC AWARDS 2011

Nominations for the person or organisation that you have found most helpful for your job during 2011 can still be submitted until the end of the month – we already have more than last year, so do keep them coming. We would also be delighted to receive suggestions for the 2011 "Barry", awarded for the most incomprehensible piece of NHS gobbledeygook of the year.

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

### GP PARTNER: WELLS HEALTH CENTRE

**Details:** Six sessions per week. Enthusiastic and motivated GP wanted to join the team.

**Contact:** Tracey Holle, Practice Manager for an information pack on 01749 672137 or email [tracey.holle@wellshc.nhs.uk](mailto:tracey.holle@wellshc.nhs.uk).

### PARTNER: SOMERTON SURGERY

**Details:** Opportunity for a salaried GP wishing to move to full partnership following a period of mutual assessment.

**Contact:** Len Chapman for applications or informal chat on 01935 470816 or email [len.chapman@pennhillsurgery.nhs.uk](mailto:len.chapman@pennhillsurgery.nhs.uk)

### SALARIED GP: VICTORIA GATE SURGERY, TAUNTON

**Details:** Salaried GP with a view to Partnership. We can initially offer 5 sessions per week, to be worked over 3 days. Informal visits are welcome.

**Contact:** For an information pack, please contact Mrs Linda Willis, Practice Manager, Victoria Gate Surgery, East Reach, Taunton, TA1 3EX, telephone 01823 275656 or email [Linda.Willis@victoriagate.nhs.uk](mailto:Linda.Willis@victoriagate.nhs.uk)

### SALARIED NURSE PRACTITIONER: PENN HILL SURGERY, YEOVIL

**Details:** Up to 6 sessions available from 2012 in Penn Hill Surgery, an urban/ PMS/ EMIS PCS 10300 patient practice. Closing date 31<sup>st</sup> January 2012.

**Contact:** Len Chapman for applications or informal chat on 01935 470816 or email [len.chapman@pennhillsurgery.nhs.uk](mailto:len.chapman@pennhillsurgery.nhs.uk)

### SUMMARISER: SOUTH PETHERTON SURGERY

**Details:** Required to summarise read code information for input on to the Synergy computer system. Clinical background required and ideally experience of working with medical notes as a summariser or understanding of medical terminology/read codes. 10-15 hrs per month, days/times flexible. £8.50 p/h. Closing date 15<sup>th</sup> January.

**Contact:** Clara on 01935 822541.

## Down Time at the Seraglio: A Christmas Tale by Dr Whimsy

A fat old Sultan developed a microprolactinoma, though he didn't know it. One morning he summoned his wife, Prima Caria, to his throne. "Prima," he said, "you have governed my kingdom very competently over the years while I have been enjoying the, ah, fruits of my harem, but I have unaccountably lost interest in my five-a-day, so for alternative amusement I have decided to set you some goals and watch you struggle to achieve them." Prima sighed; it seemed that every time the Sultan belched he had some new idea to make her job more complicated, and he hadn't the faintest clue how hard she already worked. But the Sultan went on, "As I have no further use for my lovely ladies I have trained them to help you."

"That's very thoughtful of you, O Fat One," said Prima Caria, and she returned to her humble chamber to send for Operata Systemyi, the chief concubine. Operata strode grandly through the door into Prima Caria's chamber, but she caught her toe under the rug and crashed to the floor. She was badly winded, and the attendants rushed to her aid, picked her up by her arms and legs, and shuffled her out of the room. In a while they had dusted her down and put her boots back on, and she carefully entered Prima's chamber again.

"Not an auspicious start to the day," smiled Prima. "I know," replied Operata Systemyi, "but only half an hour was lost and you weren't doing anything else. Now, what can I do for you?" "If you're ready," said Prima, "please call Emiris Elvira."

Operata turned to the door and shouted, "Emiris Elvira! Come to the chamber!" Her voice echoed through the halls of the palace, and a moment later a faint voice echoed back, "Is this for work or what?" Operata turned to Prima, "Is it for work, Prima Caria?" "Of course it is," Prima replied. Operata turned back to the door and bellowed, "WORK!"

Old Emiris Elvira hobbled into the room and stood before Prima Caria. "Morning, my dear," she creaked. "What would..." Suddenly Emiris froze, staring ahead, mouth open. Prima waved her hands in front of Emiris's eyes and prodded the buttons on her robe, but there was no response. Prima looked at Operata, who shrugged. They were at a loss to know how to get Emiris going again, but after a few minutes she snapped out of her trance: "...you like me to do for you?" Emiris smiled at Prima, unaware of what had happened.

"We had to wait five minutes for you to finish your sentence, Emiris," said Prima Caria gently. "Oh, don't be so fussy," replied Emiris Elvira. "You busybodies are so impatient. What's a few minutes in a whole day?"

"Very well, Emiris," sighed Prima, "I want you to find a letter for me." "Your wish is my command," said Emiris. She turned to the door and screeched, "Attachma, bring the letters to..." She froze again for a while, then continued, "...the chamber."

It was Attachma's big moment. She gathered all the letters together, but there were so many that she could hardly hold them all. She staggered into the chamber with the huge pile of documents in her arms, but it started to wobble and she lost her balance. She tumbled into Emiris Elvira and they crashed to the floor in a heap of papers.

Prima Caria shook her head woefully. Emiris and Attachma were so winded that the attendants had to carry them out and dust them off. They put fresh boots on Emiris and ushered her back to the chamber. "Emiris, that's another five minutes wasted," said Prima. "Sorry about that, Prima Caria," replied Emiris Elvira. "Attachma can't manage many letters at once, so she will bring them one at a time. It may take a bit longer, but what's a few seconds here or there?"

And so the day went on: Tweekwaita Templata rushed around so quickly with her urgent telegram forms that she kept crashing into Emiris, and they would both have to be carried out for new boots to be put on; Efdi Appointia would unexpectedly cross out whole sections of Prima Caria's diary so that Prima would have spend time rubbing out the crosses; and Lablinca couldn't mark some of her special record cards to show what was good and what was bad, so when Prima needed to see the bad ones Emiris had to show her the whole tubful. Prima pleaded, "Lablinca, it takes ages this way. Why can't you mark the cards so Emiris can pick out the ones I need straight away?" "Not my problem, Prima Caria," retorted Lablinca, "Computaria says No."

Tquestia arrived and wrote down Prima's requirements very neatly, and Prima felt happier. Tquestia asked, "Have you finished your requests, Prima Caria?" "Yes, thank you," Prima replied. "Are you sure?" Tquestia enquired. "Yes, I said so," said Prima. "Really really sure?" urged Tquestia. "YES, FOR PETE'S SAKE!" barked Prima. "Sorree," sulked Tquestia, "I was just taking a moment to make certain. What's a few moments here or there?" Prima once called for Tquestia by mistake, and Tquestia taught her a lesson by casting a spell on Emiris, who had to be carried out for her boots to be replaced.

Sometimes Prima Caria was so busy that she needed almost all the ladies to be in her chamber. It became too crowded and nobody could move, so work slowed to a halt. The attendants herded everyone out of the room and delivered Operata back to Prima with fresh boots. Prima complained, "More time wasted, Operata. Oh, why won't the Sultan give me a bigger chamber?" Operata said, "He doesn't know how many things you must do at once. You'll just have to take your time."

At the end of the day's work the moon was high and Prima Caria was exhausted. She turned wearily to Operata Systemyi. "Operata, I have been working from cock-crow to oval-time and much time has been wasted by other people's shortcomings. You all do a wonderful job, but you also have little 'features'. I know I'm not perfect, but I'm the one person who is affected by *everybody's* problems; added together they make my day long, difficult and frustrating. Yet each of you believes that the delay you cause is unimportant, and you all seem puzzled when I make a fuss. What am I to do?"

Operata Systemyi's eyes were shut and she did not reply. "Operata?" persisted Prima Caria, "are you awake?" Operata shut her eyes even more tightly. "Go away," she hissed. "I'm backing up."

*This column is written for humour and does not necessarily reflect the views of the author, his/her practice, or the LMC.*