Somerset LMC Newsletter

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WINDS OF CHANGE?

There is something extraordinary happening in the NHS. Perhaps because of the camaraderie of shared adversity, individuals and organisations right across the service are beginning to talk and plan together in a completely new way, and those conversations reveal a remarkable amount of common ground. One little heeded element of Mr Lansley's reform package was to change the NHS from a hierarchy to a network, stripping out layers of administration and replacing them with a leaner and more consistent management structure. But whist we have all been grumbling about the resultant disjointed and, frankly, rather flimsy edifice, a far more significant change has gone unnoticed. Without the centralist weight of traditional NHS authorities, managers and clinicians have been starting to discuss how they can co-operate to make things better for everyone – patients, staff and the service itself.

All agree that we need to do something – and fast. General practice is behaving like the suspension cables on all those 1960s and 70s bridges that are beginning to give way. One by one, individual strands are beginning to corrode and snap, slowly weakening the structure until one day the whole thing fails catastrophically. Meanwhile, our acute hospitals are full of the frail elderly and are already issuing bedstate warnings. Demand has risen again this year – with falling funding and less spare capacity, just what will happen if we have another bad winter? YDH have estimated that if demand is not reduced they will need three extra wards within 10 years just to cope with demographic change.

The solutions must involve making best use of all the resources we have, identifying and breaking down barriers to safe and efficient care, but crucially also sidelining or abandoning work that does not meet genuine and urgent priority needs. For example, in view of the lack of evidence for their effectiveness, we believe NHS Health Checks should be an early casualty, whatever their political attractiveness.

Against this background NHS England has started a consultation *"Improving General Practice – A call to Action"* http://www.england.nhs.uk/ourwork/com-dev/igp-cta/. The slide pack on the website gives a good synopsis of the problems faced by primary care and hints at what we need to do to address them. Although the 'free beer'*questions it poses are designed to give the politically required answers (leopards do not change their spots!), this consultation nonetheless gives general practice an opportunity to send back a clear message to the centre and propose practical and workable answers to some of our problems.

The Bristol, North Somerset, Somerset & South Gloucestershire (BNSSSG) Area Team, with the active support of the LMC and the CCG, is arranging an afternoon meeting on 24th October to start to think about some of the fundamental questions that: What is good primary care? How do we provide affordable integrated care for the frail elderly? Can new models of general practice provide better care and more satisfying careers?

We are remarkably fortunate in having senior managers in our area team who are co-operative, visionary, and highly supportive of general practice. This meeting should lead to a real opportunity for us to work with them to shape the future of general practice both locally and nationally: we encourage every practice to attend.

**'Free Beer' questions apparently offer alternatives but then lead the respondent to a preferred answer. "When would you like to have free beer: (a) Mondays (b) Wednesdays (c) Fridays (d) Every day of the week."*

WHY THERE IS A LAW ABOUT HOLDING A MOBILE PHONE AND DRIVING…

And why multitasking is bad for health

The notion of "multitasking" actually involves quick switching between tasks that need our attention, not doing more than one task concurrently. Doing a lot of things at the same time is in fact only possible when all but one of them is automatic. When you are sitting at a desk typing a consultation findings into a patient's notes – the automatic skills are the sitting and - for some at least - the typing, the "thinking" task is the content that is being typed. But what would the effect be if the layout of the keyboard was suddenly altered, or if you were required to constantly adjust the chair you were sitting on? Your ability to concentrate on the content of what you were typing would reduce – with your attention having to switch between tasks. The outcome would be fewer cognitive resources directed towards consultation findings, increased cognitive fatigue and poorer quality decision making: all making poorer patient health outcomes more likely.

This theory is hugely important in everyday general practice. The demands on us and the way systems have been organised demands multitasking. Think of QOF, choose and book, remembering which drugs we're allowed to prescribed and which not….the list is endless. The consequence of this is that our performance of each individual task falls, in part because the sensory input we receive will be of poorer quality (ie what we truly see, hear and palpate) due to sensory inattention and suppression. The memory and processing of this sensory information will also decline. We will make misperceptions and the conclusions we come too are of poorer quality.

Now that neuroscience has clarified what illusionists have known for years, we need to improve the work setup of general practice. Our work environment needs to be optimised to allow our abilities, which are limited by our human capabilities, to be maximised. And that means we must get rid of everything that requires multitasking we possibly can from the consultation:

- Turn off emails.
- Have a tidy well laid out room.
- Get rid of the numerous referral pathways so you only thought during the consultation is "to refer" – not where/how/who to/how long/ referral requirements.
- Set up clinics and in-house processes to avoid disruption.
- Ensure your computer systems don't alert you to information that's not important.
- Keep clinical l records are in good shape with the "headline acts" easily identifiable, and not swamped with entries that are irrelevant, out of date, duplicated, or incorrect
- Minimise peripheral activities – QOF in its present form has a lot to answer for

The NHS has an array of interested parties, each with their own thoughts of what the various components of the NHS should be providing. This has resulted in a mishmash of demands across the service, and importantly for us, on the cognitive demands laid on us as GPs which require us to multitask. The policy makers need now to appreciate that every time we are asked to multitask the outcomes achieved will become poorer. We are human and we have our cognitive limitations. To achieve the best outcomes for our patients systems and structures in the NHS must allow us to play to our strength of concentrating on just one task at a time. And that is not just the men!

Your Brain at Work: Strategies for Overcoming Distraction, Regaining Focus, and Working Smarter All Day Long by David Rock.

BBC Horizon 2013 - How to Avoid Mistakes in Surgery http://www.youtube.com/watch?v=1fp5y1yB66I

Campbell Murdoch

FAREWELL DR TIM….

LMC member Dr Tim Ward is retiring early from general practice for health reasons. His partners had this to say about him:

Not many doctors leave their jobs in their prime, and those that do mostly know what lies ahead. Tim Ward leaves French Weir after 17 years of outstanding work and neither he nor we know what the future holds. General Practice has trained us to look forwards, not backwards but at this junction it is wise for us to reflect on the contribution of an exceptional GP.

It was our good fortune to have Tim at French Weir. Our strategic manager and finance guru, Tim kept us buoyant. A great all-rounder (gynae excepted!), Tim has multiple skills, with Minor Surgery and Diabetes amongst his fields of interest over the years. But Tim's true value lies in his "doctor" medicine, somehow he always gave his patients and all of our team lots to laugh about. Tim's career has been one of a real commitment to excellence which comes with considerable sacrifice (that is not to say he misses out on the finer things in life).

It is not only those with stamina and intellect, but also those that are most adaptable to change that survive and succeed. Tim has all of these qualities and we are very certain that pastures new will bring great success.

CHANGES TO CRIMINAL INJURIES COMPENSATION SCHEME

The process for obtaining medical evidence to make a claim under the Criminal Injuries Compensation Scheme was revised in November 2012. Since then the applicant must obtain and pay for the initial medical evidence up to a maximum cost of £50. As part of the application process the Criminal Injuries Compensation Authority (CICA) will send the applicant a blank medical report (TCX1) to take to his or her GP to complete. The applicant is expected to pay the GP Practice to provide a report up to a maximum value of £50. The completed report should then be returned direct from the GP to the CICA.

Where an applicant cannot afford to meet the cost of the initial medical report, CICA will send the applicant a report form with a payment voucher attached (TCX2) to take to the GP. Again, the completed report including the payment voucher should be returned direct from the GP to CICA and on receipt CICA will ensure payment is made. If an applicant cannot obtain the report due to a medical condition which prevents them from attending their GP, the CICA will send the TCX2 direct to the GP. Where the CICA is required to pay for the initial medical evidence, the cost of the initial report will be deducted from any award of compensation given. Any follow up report requests will come direct from CICA and will continue to be processed in the normal manner.

If you have any questions about the new provision, please contact the CICA on 0141 331 5495 or alternatively email their relationship managers; relationship.managers@cica.gsi.gov.uk.

LETTER TO THE EDITOR

Somerset GP Locum Agency and the Agency Workers Regulations 2010?

Dear Editor,

In light of the recent alarming suggestion from the EU that GP locums booked through an Agency could be entitled to full employment rights, we have once again checked we do not 'employ locums in any form or way' to ensure that our customer practices are protected. This agency simply provides an administrative resource as a service to locums and for the support of practices.

As most of your readers will know SGPLA does not directly employ locums, principally because the cost of cover would be hugely greater if we had to factor in costs like National Insurance, holiday and sick pay, and the other benefits that employees enjoy, but also because, by being self employed locums keep complete control of where, when, and how they work and so keep their status for pension and insurance purposes.

We engaged our Accountants, and an independent HR Specialist Company who in turn used London based employment law experts to check the way we operate. They concluded that:

- SGPLA satisfies the criteria to shows that the Terms and Conditions between the locums and ourselves do not constitute an employment contract
- Our locums have the right to supply a substitute locum in their place if wish (although they usually ask us to do so on their behalf).
- We can show that locums provide their own main items of equipment.
- Our locums agree a price for the work they do regardless of how long the work may take.
- They also decide what work they wish to do, where and when.
- Agency locums work for a number of different surgeries.

We were asked by the LMC to provide the following:

1. Confirmation that locum views themselves as self-employed.
2. Warranty that they will not claim to be an employee.
3. Indemnity against any liability arising from employment status.
4. Warranty that they are registered self-employed for tax purposes.

1 & 4 All our locums sign a form to say that they view themselves as self-employed and are registered as such for tax purposes.

2 The Terms and Conditions between the locum and ourselves make it quite clear that the locum is self employed.

3 We cannot offer indemnity but as our locums are self employed there should be no need to do so.

Last month I sent a 'letter of comfort' and a copy of the Terms and Conditions we agree with our locums to all of our current surgeries for each practice's records in the hope that this will give practices confidence in continuing using our resources to obtain GP locum cover.

Jayne Mills (Director)

Dr Whimsy's Casebook: Lifestyle Choices

In a Thursday morning surgery Dr Whimsy has the opportunity to demonstrate his management of health promotion.

Dr W: Come in, Mr Pedicule. Squeeze yourself into the chair here. What can I do for you?

Mr P: Well, doc, I've decided to turn over a new leaf. I'm going to follow your advice and lead a healthy lifestyle from now on.

Dr W: That's wonderful news, Mr Pedicule.

Mr P: I'm going to start by giving up smoking.

Dr W: A very wise decision. That's good for your heart and lungs, and you'll live a lot longer.
[long pause]
Is there something else?

Mr P: Well, obviously I'm going to need some help with giving up, doc.

Dr W: Obviously? Most people who give up successfully just stop smoking.

Mr P: *[aghast]* What, just... just *stop*?

Dr W: Indeed. Research has shown pretty conclusively that the transition between doing something – in your case, smoking – and not doing it is best achieved by a process known as 'discontinuation'.
In common parlance it's called 'stopping'.

Mr P: How does that work, doctor?

Dr W: Well, let's suppose you decide to give up smoking...

Mr P: Yup.

Dr W: ... you take your cigarette pack out of your pocket...

Mr P: I'm with you so far, doc.

Dr W: ... you remove a cigarette...

Mr P: I know that bit, doc, then I stick it in my mouth.

Dr W: Well, here's where the research tends to advocate an alternative methodology.

Mr P: What does that mean – I stick it somewhere else?

Dr W: Exactly. In the bin. Put the pack there too.

Mr P: Blimey! That's a bit severe, isn't it? I mean, how will I get the nicotine?

Dr W: The idea is to stop you wanting the nicotine, along with the tar and all the other poisons and carcinogens that are slowly killing you.

Mr P: That sounds dreadful.

Dr W: It is. That's why you must give up.

Mr P: No, the tar and stuff sounds great, I mean the giving up sounds dreadful. What if I don't have the willpower?

Dr W: Then you probably won't manage to give up smoking, whatever pills, patches, gums, injections, suppositories, sucking devices, nasal sprays or witchcraft we try on you. It's a choice: carry on and die prematurely, or make an effort and live longer.

Mr P: But you can prescribe a tablet that will give me the willpower, can't you, doc?

Dr W: Frankly, it doesn't really work, and it could cause a heart attack, but we'll give it a go if you like.

Mr P: I think I'll stick to my cigarettes, thanks. They sound safer. But I'm determined to lose some weight, doc.

Dr W: A terrific idea, Mr Pedicule. You need to get your BMI down from 38 to something closer to 25. Your heart will certainly thank you for it.
[long pause]
Anything else?

Mr G: Well, obviously I'm going to need some help. How can I do it, doc?

Dr W: You can start by cutting down the booze, quitting the snacks, and eating fruit and veg for a change.

Mr P: But how am I going to do that?

Dr W: Well, let's suppose you decide to eat less...

Mr P: Yup.

Dr W: ... you procure a plate of pie and chips...

Mr P: I'm with you so far, doc.

Dr W: ... you take a forkful of chips...

Mr P: *[licks lips]* Yeah, with lashings of salt and vinegar and tomato ketchup, and I stick it in my... oh, no, you're not going to say I have to put that in the bin too, doc?

Dr W: Unless you have a waste disposer, that would be my recommendation.

Mr P: But I like my food, doc.

Dr W: Evidently.

Mr P: And you can prescribe something so I don't have to make an effort, can't you?

Dr W: Sure, I can give you a pill to stop you absorbing fat, although you probably won't lose weight, your family will call you Mr Fartypants, and you'll have to cone off a fast lane to the loo.

Mr P: That's no good then. How about if I get some exercise?

Dr W: An excellent proposal, Mr Pedicule. It's good for the heart and helps you to lose weight.

Mr P: But I hate exercise, doc. Can't you give me...

Dr W: Nope.

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

Somerset Local Medical Committee, Crown Medical Centre, Venture Way, Taunton TA2 8QY

Tel No: 01823 331428 Fax No: 01823 338561 E-mail: lmcoffice@somersetlmc.nhs.uk
LMC Website: http://www.somersetlmc.co.uk