

DECEMBER 2015

Getting It Together

Issue 200

Inside this issue

Getting it Together	1
Controlled Drug Abuse and Security of Blank Prescription Forms	2
Domestic Violence	3
Survey for GPs	3
Annual LMC Awards	3
Somerset Local Medical Benevolent Fund Charitable Donations	3
Dr Whimsy's Casebook	4

Even the most Panglossian observer would have to admit that 2015 has not been the best of years for the NHS. The Chancellor's £3.8B is only going to fill a small proportion of the gap between demand and resources, and with little prospect that the Government is going to grasp the political nettle of unlimited access to free NHS care – indeed, general practice is now expected to provide primary care services to absolutely anyone who asks for them - even that amount of money will soon disappear “just keeping the lights on”, as Roy Lilley puts it.

Despite the last minute suspension of the Junior Doctors' action the Department of Health has still not realised that the dispute is about much more than the imposed contract. There is a deep dissatisfaction amongst doctors in training about their work patterns, responsibilities and the way they are regarded by an indifferent system. So the Government cannot win this battle: if they end up imposing new terms a significant number of these bright, motivated and self-directed young people will just take their highly marketable medical degrees and leave the profession. The proportion of F2s going straight on to further training has dropped from 70% to 50%, and a rising proportion of those who don't are not going to come back. Meanwhile, the complex infrastructure of general practice that underpins the NHS is being washed away by the relentless tide of demand, regulation, and transferred work. Hardly any of the few GP training completers we do have want to be partners, and they can go wherever they want, unfortunately this is rarely rural Somerset. The promises from the bunker to the beleaguered front line that 5,000 more GPs are coming now ring pretty hollow round here.

If this year has taught us that changes are inevitable and increasingly urgent, 2016 must be when we start to make those changes, the most immediate being to ensure we can continue to provide front line services for patients. There are three very encouraging trends that are going to make this easier. First, a growing desire amongst local Foundation Trusts to work with general practice on many aspects of service provision ranging from the option of full integration of practices within the South Somerset Vanguard joint venture, to offers of specific help elsewhere for practices over problems relating to property and clinical staffing. Second, a shared recognition amongst commissioners and providers that if we are going to have a service at all, much of the political background noise and central desire to control the delivery of care should be quietly sidelined, and finally the developing belief that the contracting system within the NHS is hopelessly flawed. The LMC has long argued that the “internal market” cannot work in a managed healthcare system, so progressively squeezing it out through the evolution of functionally integrated patient pathways, perhaps set within an outcomes based commissioning framework, makes logical sense.

So, we have to look forward, and not back. With fewer GPs and rising demand it is just not possible to do more of the same. If we want to make general practice attractive to young doctors again, and to ensure that there will be somewhere for them to work when the current generation of GPs have gone that means being open minded but at the same time rigorous in how we reject or accept proposed changes. Much of this could be challenging, but creating the biggest ever change in the way healthcare is provided in the UK should also be extraordinarily exciting.



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

The LMC office will be closed on Thursday 24th December and will re open on Tuesday 29th December 2015. Also closed New Years Eve and New Years Day.

CONTROLLED DRUG ABUSE AND SECURITY OF BLANK PRESCRIPTION FORMS

A genuine and growing concern

Practices that have recently had a CQC inspection will recall being asked about their arrangements for protecting blank computer prescription forms. Unfortunately misappropriation of these is a growing problem as it is relatively easy to set up a domestic computer printer to make an at least superficially passable fake. Although some of these are picked up because they are written incorrectly, we just do not know how many others may be getting through. We also suspect that practices may be unaware when blanks have been stolen, especially if just a few are taken at any one time.

In an ideal world patients should never have unsupervised access to a room where there are forms that are not secure, but in practice that can be very hard to achieve. However, there are some simple steps we suggest that you should take.

- If a consulting room has a prescription printer it should be kept locked when not in use. Keypad locks are fine, and remember it is not just prescriptions that go missing - personal items, medical equipment and even Med3 certificates get stolen.
- Stocks of blank forms should be kept in a locked cupboard and full records kept of where and when they were used. Forms are numbered sequentially, but note that the last digit is a check number that can be used to verify if a printed prescription is genuine or not. An occasional audit of both your systems and the serial numbers of the forms in use is a good plan. Suspicious forms can be traced back to the issuing practice, but date of issue evidence, even if approximate, can only come from the practice, so knowing where forms are and roughly when they were issued is very helpful in these cases.
- Printers currently provided by the CCG do not have lockable trays, but we are in discussion with them about whether it is possible to retrofit a locking system, and also whether printers procured in the future could be more secure.
- If you are called out of your room during a consultation it is best to ask the patient to go back to the waiting room until you can call him or her back. This very rarely causes any offence or difficulty. Alternatively, just take the printer paper out and lock it away. And by

the way, don't leave your purse or wallet in an obvious place. Some readers will recall the "paper punch" thief who used to go into practices and look for unlocked doors. His trademark was to empty the contents of your desk drawer hole punch into the pocket of any garment left over a chair. (Fortunately, by the time he got round to us I had learned to keep my wallet in a back pocket of my trousers).

NHS Protect (the counter fraud service) reports that it is still remarkably easy for fraudsters to obtain quantities of drugs of abuse from many practices without any difficulty, and too often without seeing a GP at all. All requests for such drugs from an unfamiliar patient should be considered carefully, however respectable seeming and plausible the patient. Possessing a counterfoil from a previous prescription dated a month ago is not a guarantee that the request is genuine. The fraudster may be getting several prescriptions a week, so he or she just gives you a counterfoil that is plausibly old. Remember that it is now possible for practices to apply for viewing access to Summary Care Records, which may be useful in such circumstances, but the safest course of action if you are unable to confirm with the patient's home practice that the request is likely to be genuine (in one recent case the fraudster pretended to be a visitor from Australia to get round this) is to issue a prescription for only enough medication to last until you can verify the story. Interestingly, most genuine patients will understand this, and the angrier that someone gets the less likely he or she is to be genuine. Remember that the duration of a prescription is entirely up to the discretion of the prescriber. There is no obligation to issue medication to last a month, and patients who demand that you do and threaten to complain to NHSE or the GMC if you only offer a small supply are behaving very suspiciously indeed. One advantage of taking a firm line is that word soon gets out about which practices are lax prescribers and which are more careful. Those that have clear and firm policies are much less likely to be approached by fraudsters. And don't get caught by the prescription request for a lot of innocent items with a casual addition "Oh, can can have some more of my codeine please, I don't take a full dose, usually about four a day...."

Finally it seems that there is a new agent to add to the list of drugs apparently liable to abuse: Buscopan (hyoscine butyl bromide), though quite why is something of a mystery!

DOMESTIC VIOLENCE

Christmas can be a dangerous time for victims

It will not surprise readers that episodes of domestic abuse are more frequent in the days following Christmas and it is well worth just keeping this at the back of your mind for the next few weeks.

The Domestic Violence Champions in GP Practices scheme has now provided training for all but one of the Mendip practices, and this has led to a marked increase in the number of calls to the DAFFS line, both from victims advised to call by a GP, and from primary care clinical professionals themselves. Some practices also held publicity events during Domestic Abuse Awareness Week, most notably Frome Medical Centre who had a stall in their foyer for a day which attracted a lot of interest and encouraged at least five victims to come forward.

The plan is now to extend the training to other practices in the county, starting in West Somerset, and ideally also to identify a practice contact who will be able to keep the whole team updated on developments. This could be your current safeguarding lead.

It is becoming clearer that domestic abuse extends beyond the group of 20-30 year old women most often recognised as victims, and almost anyone of any age could be subject to exploitation, control or violence within a family. There is much more information on the updated Somerset Survivors website

[http://www.sometsurvivors.org.uk/](http://www.somerset survivors.org.uk/) which now has a section containing some really helpful material for GPs – choose “Information for Professionals” at the top of the screen and then “Information for GPs” on the right hand

OH NO! NOT ANOTHER BLOODY SURVEY....

Are you thinking of leaving practice in the next five years?

We are very keen to find out from GPs who are aiming to retire or leave their current GP jobs in the next five years whether they are planning to carry on working in any capacity, and, if not, whether there is anything that can be done to change that intention.

If you can find the time to go to www.surveymonkey.co.uk/r/5KSBY35 and complete a short questionnaire we would be very grateful.

ANNUAL LMC AWARDS

Most Helpful Person or Organisation Award 2015

Regular readers will be aware that each year the LMC asks for nominations for our award to the person or organisation who has been more helpful than anyone else in making the professional life of GPs easier. Worthy recipients in the past have included SPL and the Independent Living and Mental Health Crisis Teams, all of whom would sometimes just say “Yes, we can sort that for you” when presented with a complicated and time consuming problem that needed to be resolved.

We would be delighted to receive your nominations for this year, with the winner to be announced in the next edition of this Newsletter.

Most Incomprehensible Piece of NHS Jargon Award 2015

Somewhere out there is the piece of NHS text that is responsible for murdering more rules of grammar, meaning and elegance of expression than all the others. And one of you knows where it is hiding.

A small prize for whoever sends us the best extract, and a further prize next month for whoever gives us the most entertaining translation into English

SOMERSET LOCAL MEDICAL BENEVOLENT FUND CHARITABLE DONATIONS

You should know about the Benevolent Fund which is really a mutual insurance scheme to provide support for Somerset GPs who are facing a loss of income or extra costs because of personal or family illness or another personal problem.

Each year the Fund also makes some modest donations to medical charities that either help GPs or support medical education. Currently these are the Cameron Fund, the Sick Doctors Trust and an AMREF project to train basic health care practitioners in South Sudan.

The trustees would be pleased to hear from colleagues with suggestions for other suitable recipients. Contact:

Harry.yoxall@somersetlmc.nhs.uk.

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

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

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

Dr Whimsy's Casebook: A Christmas Truce

It's Christmas in the trenches. Lt. Whimsy watches the foe through a periscope, aided by his batman, Pt. Partes.

Lt W: *[shouts]* Take cover, everyone. Smoke from the enemy howitzers – a big salvo's on its way.

Pt P: Oh, no. Not again. What is it this time, sir?

Lt W: We'll know soon enough, but it looks like more of Jerry Hun's infatuation with seven day working.

[A massive explosion behind the trench shakes the ground. Lt Whimsy swivels the periscope around.]

Pt P: He missed us by a mile, sir. Where did it land?

Lt W: Just waiting for the smoke to clear... Oh no, it's a direct hit on the Junior Hospital Doctors.

Pt P: Poor blighters. Is it bad, sir?

Lt W: Yes, Partes, it's very bad. Evenings and Saturdays are to be treated like ordinary weekday shifts.

Pt P: What a cheap shot, sir. Those shifts were seen as downright exploitation back in our own hospital days, so surely they can't bring them back now?

Lt W: That's Jerry for you, Partes – he takes no prisoners. Uh-oh, he's let off another big one, and it's heading our way.

[A blast in front of the trench showers them with mud and shrapnel. He picks up a piece of twisted rhetoric.]

Look at this, Partes, it's more of the same for GPs again, another demand for us to work longer hours, not just evenings and Saturdays – Sundays too.

Pt P: So it is back to the bad old days, sir. The troops can't take much more of this constant pounding. They've got shell-shock – they're emigrating, or retiring early, or joining the private sector...

Lt W: Get a grip, Partes, we're not beaten yet. Tell Artillery to fire the Royal College's survey!

Pt P: The one that says more than 80% of patients are happy with current surgery hours? Brilliant, sir.

[A few minutes later the survey streaks overhead but fizzles out in front of the enemy trench.]

Lt W: *[peers through periscope]* Damn! It didn't go off.

Pt P: Perhaps a survey commissioned by our own side just doesn't carry enough weight, sir?

Lt W: I think you're right, Partes. We must–

[Whoosh – CRUMP!! A bomb from a different direction spatters the trench with low quality newsprint.]

Pt P: Blimey, what a stench – who let that one off, sir?

Lt W: I didn't see it coming, but it must have been from that swamp on Jerry's right. *[picks up a page and wipes away the slime]* Yes, it's the Daily Mule again: "LAZY GPs EAT BABIES FOR MONEY".

Pt P: Do they really believe that stuff, sir?

Lt W: I don't know, Partes, but evidence has never been their strong point. Y'know, with all this flak I think it's time to roll out our biggest weapon.

Pt P: What's that, sir?

Lt W: NHS England's own review of the 7-day pilots. It says there's little demand for routine Sunday

surgeries. Get Artillery to lob that one over, Partes.

[Moments later the review hurtles towards enemy lines and lands in their trench, but it fails to detonate.]

Lt W: Dammit, Partes, it was a good shot but it's just not making any impression on Jerry.

[Suddenly, more shells whistle over their heads and explode in the enemy trench.]

Lt W: Bullseye! That's our Junior Doctors firing back, and they've hit Jerry with a vote for strike action!

Pt P: Ha! I bet the Bosch didn't see that coming, sir.

Lt W: Using a dishwasher as a lookout, are they? The cunning devils. Hang on, though – Jerry's waving a white flag... he's shouting something.

[Sound of megaphone across no-man's-land.]

JH: Achtung, Tommy, vot say ve call a truce, suspend ze strike, und play a friendly game of Fußball?

Lt W: *[shouts back]* Why should we trust you, Jerry?

JH: Trust us? Tommy, ve are as honest as ze days are long. But schnell, you know it gets dark early.

[They enter no-man's-land, shake hands, share a vape and talk about home while the troops kick a ball about.]

JH: You know, Tommy, you are not so bad as I sought. I'm beginnink to see how you tick, but–

Lt W: Don't tell me, you have "vays of making us tock"?

JH: Sehr gut, Tommy. Most amusink. No, I voz goink to say perhaps ve heff underestimated you.

Lt W: You mean, after all your relentless attacks with unreasonable demands backed by deception, half-truths and propaganda, you think we have a case?

JH: I know you do, Tommy, but it makes no difference.

You see, Chancellor von Borne still hez to save heaps of money to giff to our benkers und korporate chums, so it's quite zimple: work longer hours for less pay or we'll keep blitzing you.

Pt P: So after this truce you're just going to carry on?

JH: Ja, of course, once the 'flu season is over – we need to keep you all sweet until then. But now, Tommy, it's getting darker; we must all go back to our trenches. Ein fröhliche Weihnachten to you.

[They rejoin their lines. Next morning several huge underground explosions cave in the Allied trenches.]

Pt P: *[lying next to Lt Whimsy in a crater]* What happened, sir? I didn't hear them fire any shells.

Lt W: They didn't, Partes. It appears that while Jerry was pretending to be friendly his sappers tunnelled under our lines and planted tons of TNT.

Pt P: You mean...

Lt W: Yes, Partes. We've been totally undermined.

Pt P: At least we've got our health, sir. *[holds up a broken mug handle]* Here's to a Happy Christmas.

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