SOMERSET LMC

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Newsletter

WINTER 2019 **Issue 212**

THE TURNING OF THE TIDE

Inside this issue

The Medical Director, ever in need of reassurance, asked an excellent GP the other day if she looked at our weekly news updates? "Oh yes, but there is so much politics." Sadly this is inevitable: in 2019/20 the tax payer will be spending £127b on the NHS in England. Total UK government spending will be £643b so that is nearly £1 in every £5. Despite Andrew Lansley's claim in 2010 that he would "take government out of the day-to-day management of the NHS" that will never happen. Ever since GPs signed up to the NHS in 1948 we have worked in a political organisation.

Hence we have been subjected to political doctrine (private sector good, public sector bad and probably vice versa soon) and whims like the Gordon Brown Memorial Extended Hours surgery, Mr Cameron's dementia screening and now poor Mrs May's Urgent Treatment Centres. Solutions for London's problems have been visited on rural shires. It has not helped that governments, whether Conservative, Coalition or Labour, have often regretted their decisions. The much needed boost in investment of the 2004 GMS contract was followed by a wholly unjust 10 year "penance" [J Hunt] which affected many who never benefited from it. GPs have seen their incomes decline by 20% over the last decade while workload, responsibility and indemnity have inexorably risen. More regulation added insult to injury. Primary care's share of funding fell as headlines always emphasised hospital problems. Politicians felt the heat and their spin doctors slagged off real doctors through the tabloid press.

There were always warm words about primary care, the Five Year Forward View in 2014 being the most recent, but sometimes the actions of the Department of Health only seemed to make sense if viewed from the perspective of their intending to damage practices, whether by cock-up or conspiracy we could never tell. GPs took evasive action with the number of full-time partners falling as part-time, salaried and sessional GPs increased. Other health care professionals were drafted in to great effect and portfolio working was sometimes a satisfying way of mitigating the pressures of the job. GPs forlornly seeking happiness by moving from practice to practice every few years were no longer viewed as harmless eccentrics. The BMA did its best in annual contract negotiations: money to cover indemnity inflation, making maternity and sickness payments mandatory and minimising QOF changes. Locally SPQS was supposed to provide "headspace" for GPs to think about new models of care and the CCG invested in the Primary Care Investment Scheme. Your LMC was supported to be even more involved in helping individuals and practices who started to ask for advice before it was too late instead of afterwards. Mergers and changes in ownership began to be ways of moving forward rather than always dire rescue attempts. No practice in Somerset has yet involuntarily handed back its contract, a rare achievement compared with other areas.

But now we think the tide is turning. We have already seen more trainees and more GPs in Somerset (www.GPinSomerset.com), more staying in practice thorough GP+, more options for portfolio working across organisations, more joint working with community and social services through practice networking and more property problems solved through the mixed economy of practice ownership supported by the CCG. There is more education for all HCPs through the LMC-hosted SGPET and Community Education Provider Network which has secured Health Education England money looking for a home. There is more practical support for practice resilience. Now Transformation Funding of £3 a patient is finally starting to flow into practices after the persistence of the Somerset GP Board (the LMC, Somerset Primary Health - the provider company you own - and the GP directors of the acute trusts). The takeover of NHS111 by Devon

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GP In Somerset

Doctors with its clinical advisory service could soon see fewer scarce ambulances sent to phlegmy painful coughs ("?ACS") meaning there might be more available to collect septic patients from practices. You never know.

But we do sense a sea change nationally meaning all this can begin to form a lasting Renaissance of primary care. For instance, the continuity of care provided by traditional general practice is now proven to improve outcomes for patients with fewer prescriptions, unnecessary investigations and unplanned admissions. What you do is no longer just something "nice to have" but accepted to be good for the whole population and health economy. And about time, too.

We hear that the 2019/20 GMS contract is expected to do away with annual reviews for five years, providing more time for developments to bed down. Perhaps by the time you read this we will know more? Politicians have promised to invest in primary care before but it never seemed to make anyone's job easier on a Monday morning [S Roberts]. The money is coming to practices through networks. A GP tells us since her practice joined a 30-50,000 patient network she enjoys her work again. The word "passionate" is over used but it describes how most doctors have felt about their work: there are many questions remaining but we hope all this will restore that enviable and dynamic state to many more. Times change and GPs have always been good at changing with them.

Part of the announcement will be the government-backed Indemnity Scheme intended not only to relieve the burden of the most expensive medical insurance in the world (doctors in the US pay more but earn vastly more too) but also make new models of care, network and portfolio working easier and safer. All NHS work will be covered as you move from practice to improved access surgery, urgent treatment centre to OOH, locum session to hospital portfolio job. On a sadder note GP partners should not expect a commensurate pay rise as some funding at least is expected to come from GMS baselines. Remember, the politicians are in charge.

It is also true that, as we have seen, this promised funding is coming to "primary care" in its widest sense rather than the government risking some of it ending up in GPs' pockets as in 2004. Therefore we must make sure that practices lead, using the new funding to help choose their own ways to work together. Our excellent smaller practices need not merge or be taken over if they do not have to. Then patient care and experience, HCP job satisfaction and morale will benefit instead of bureaucracy blossoming. No politician or manager will admit it publicly but part of the thrust is to undo the damage and fragmentation of health services wrought by previous political "reforms." We hope that is right and that the tide is indeed turning: 2019 could be a pivotal year for general practice.

The GPC Contract Roadshow will be coming to Somerset on Wednesday 13 March 2019 at the Holiday Inn Taunton. We have been lucky to secure one of the first dates so please book your place early.

LISTENING AND RESPONDING TO CARE HOMES: ENABLING PEOPLE'S CARE WISHES TO BE KNOWN

The Listening and Responding to Care Homes (LARCH) project team are visiting care homes in Taunton and Bridgwater to offer residents and their families an opportunity to talk in detail about the care they want if they become unwell. We have heard from GPs and care homes that vague escalation plans leave you in an awkward situation, especially out of hours or when seeing someone who is not familiar to you. We aim to support residents and GPs by enhancing Treatment Escalation Plans (TEPs), ensuring residents, families and carers have a plan that is agreed, clear and realistic.

"I am really grateful for the LARCH team's help with Treatment Escalation Plans (TEPs). The plans are potentially time-consuming, but really important and valuable for patients, families, carers and healthcare professionals."

"LARCH is a great project, and one that I hope continues." Dr Simon Hammerton, GP.

The small LARCH team consists of complex care nurses Colleen Gagg and Heulwen Stevenson, GP Ellie Courtney, and pharmacist Foivos Valagiannopoulos, with background support from geriatrician Lucy Pollock. They have detailed conversations, documenting people's wishes in a personal TEP which is uploaded to EMIS and recorded on EPRO at Musgrove. The TEP travels with residents through their healthcare interactions and is visible in an emergency. Alongside these conversations, our pharmacist checks with everyone that medication is aligned with the resident's wishes.

Colleen, Heulwen and Ellie have spoken with more than 200 residents and their families since starting visits on 7 November, updating and adding detail to 178 TEPs. Many residents clearly said they don't

want to come to hospital even if they have a life-threatening illness, so the team works with them, their GP and care home staff to find other ways to look after them safely and comfortably. This has enabled some residents to stay in the chosen surroundings of their care home rather than coming to hospital. For others, it has helped them get back to their home sooner after a hospital admission.

"We are very appreciative of the fact someone spent the time to come and listen to our views. LARCH is a good idea and has been successful. For example, paramedics were very insistent on taking my mother to hospital for treatment. My mother has a treatment plan in place that states only for X-ray but no further treatment. This was followed, no further investigations were done and she was discharged back to her care home." Daughter of a care home resident.

Some residents have been talking about their plans for end of life, and LARCH colleagues are helping to put things in place: this might include preparing a bag of favourite items such as music and poetry.

The breadth of conversations has also allowed us to identify planned interventions that are no longer helpful to patients. The LARCH team helps work out what is in the patient's best interest, weighing up benefit against the potential distress of travelling and attending a hospital appointment.

Word is spreading fast - residents and their families have been seeking out the LARCH team, and care home colleagues are very positive about the project, especially as we also offer training and support to help them provide the care their residents wish for.

"The LARCH project has been of great help and assistance to our service users, families and staff. They have been the catalyst in helping us identify people's wishes, and this is supporting best quality of life within preferred place of care." Doreen Paisley, Care Home Manager.

LARCH practitioners are funded by Somerset Clinical Commissioning Group until the end of March 2019. We hope you find the team's input useful. Please share your feedback and any queries by email at larch.team@tst.nhs.uk or phone Dr Lucy Pollock on 01823 344438.

CLINICAL PRACTICE RESEARCH DATALINK (CPRD)

It is by now well known that NHS general practices contain one of the greatest stores of clinical data in the world. Diabetic QOF information alone has been described as one of the most potentially game-changing databases. Despite all the recent emphasis on IT from our new IT-savvy Secretary of State the CPRD has been collecting anonymised, read coded data for public health and medicine safety purposes for nearly 30 years. CPRD is part of Medicines & Healthcare products Regulatory Agency (MHRA) and supported by the RCGP. Twenty-three Somerset practices contribute at the moment but CPRD is keen to extend coverage as widely as possible. Examples of how this information has been used so far include longitudinal studies providing evidence for the safety of the pertussis vaccine in pregnancy and the lack of connection between the MMR and autism.

In return – as if taking part in national research was not reward enough! – they can offer quality improvement data reports such as on aspirin mono-therapy in atrial fibrillation and the use of glitazones and NSAIDs in cases of heart failure. These can be freely used for individual CPD or for practice CQC inspections. CPRD can offer paid participation in studies and questionnaires. They are also always keen to hear from practices about what information they would find useful and to provide it if they can.

There is no need for the installation of software but only a brief sign-up form required after which EMIS activates the automated extractions. Pseudo-anonymised data is extracted by EMIS in the same way that is trusted by practices at present. CPRD or RCGP staff are not able to identify patients at any time from the CPRD database or in producing these reports.

The advent of the General Data Protection Regulations has, of course, muddied the waters. Happily this is not retrospective and those practices already taking part need do nothing more. New recruits need to know that CPRD operates under Articles 6 (medicines and med device monitoring) and 9 and so no individual patient consent is required. Patients who do object can be directed to complete the National Data Opt Out online. (There is also "Type One" opt out can be coded on EMIS web which means the data is retained within the practice.) Regrettably however we are advised by the GPC IT Lead that, under the provisions of the GDPR, a Data Impact Assessment is required if only to conclude that there will be no adverse impact. CPRD is happy to provide wording for websites and posters for waiting rooms through their resident expert Mr Peter Singleton. Practices should also consult their Data Protection Officer of course.

Practices should contact Ms Priya Rehal, GP Engagement Manager, priya.rehal@mhra.gov.uk.

The Intermittent Diary of a Mature GP (aged 56 and ¾)

I was Dr Grumpy on Monday morning. The previous day my husband had managed to bugger up all our loos at home. He achieved this through vigorous and repeated flushing, in an effort to empty the water tank as fast as humanly possible (to clean it out apparently?!) The upshot was that the delicate internal workings which ensure a satisfying flush had succumbed to some subtle disruption and malaise, so the whole system no longer worked properly. My first question of the week was; does anyone know a good plumber? And the second; does anyone know a good marriage guidance counsellor?

This minor inconvenience has made me consider (again) how people cope when parts of themselves no longer work as they used to. Bladders which leak, joints which don't move, eyes and ears which no longer receive the clear messages they were designed for. The frustration experienced by so many of our patients must be considerable. The really significant question is why some resilient folk take everything in their stride while others cannot. There are patients who struggle manfully through months of chemotherapy with barely a grimace, while others whimper and whine over a cold. Unfortunately my morning surgery was mostly filled with examples of the latter, and I struggled to maintain my empathetic façade.

On Tuesday morning we enjoyed some "in-house education". A keen and friendly Respiratory nurse specialist attended with an alarming collection of weird and wonderful inhalers in many hues, and with an ever increasing number of different ingredients. Some of it made sense at the time, but I am becoming a bit of an old dog to learn very clever new tricks. One blue and one brown stood me in good stead for such a very long time.

Wednesday brought some light relief, quite well hidden within my hospital correspondence, but nevertheless demonstrating wordplay of a sophistication worthy of the Two Ronnies. (So who were the Two Ronnies? You'll have to ask your parents, or even your grandparents – or look them up on YouTube perhaps?) The first example was in a letter from a psychologist, explaining that somebody found it hard to recognise "emotional queues". (They are those full of old ladies with sticks and young Mums with screaming infants; you feel you should let them go ahead of you.) The second was from a Reproductive Medicine clinic, where the doctor had queried the value of putting someone "through the gamete of ovulation induction". Clearly the secretary was more familiar with those parts of human physiology involved in the reproductive process than a peculiar word like "gamut".

I was duty doctor on Thursday and the morning passed remarkably smoothly. I was just starting to feel quite relaxed when there was a flurry of activity at the reception desk along with a sudden influx of telephone consultations for "suicidal" patients. In addition my computer went on a go slow and I kept having to log out and then on again, which is the most advanced IT problem solving technique I have up my sleeve. I started running more and more behind, feeling a bit flustered as the (emotional) queue built up. Then came the nadir of my afternoon. I was consulting with my lovely patient Mrs X, whom I know very well and who has retinitis pigmentosa, when her guide dog threw up on my carpet! Now anyone who knows me well will concede that I am not a "doggy" person, and I have no soft feelings towards Fido whatsoever. By the time he had deposited a little pool of green vomit (grass I think rather than bile) in my consulting room on a busy duty afternoon I was ready to throttle the poor creature. The situation was not helped by Mrs X cooing over him and not showing any urgency to get him out of my room. I summonsed an emergency team of moppers-up and sprayed the room liberally with air freshener. Subsequent patients became aware of the story and were mostly understanding about my running late. Some expressed considerable compassion, which I was on the point of accepting graciously, when I realised it was directed towards the wretched hound rather than me.

On Friday morning I was not in the surgery but in the hospital Eye Outpatients Department, where I receive annual follow up. As usual it was pouring with rain in Somerset and I sat in the waiting room wet, bedraggled and with one pupil dilated; not feeling all that sociable if truth be told. No fewer than three patients from the practice managed to recognise me and engage in conversation, which I negotiated as well as possible through a visual haze and with my usual failure to remember either names or faces at the best of times. Yes I will make a completely terrible patient when I start to get serious things wrong with me.

The plumber came on Friday afternoon. He spent hours diligently toiling and eventually pronounced all our lavatories in perfect working order. I was so thrilled I kissed him! Literally. Marriage guidance is still on the pending list.

I would like to wish everyone a very happy, successful and healthy 2019 (and I haven't mentioned Brexit once!)

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