

FAMILY DOCTOR ASSOCIATION NEWS

SUMMER 2010 SILVER JUBILEE EDITION

White Paper: the liberation of primary care?



The Family Doctor Association welcomes the invigorating energy of change in the White Paper "Equity and excellence: Liberating the NHS" and the way in which the Department of Health is consulting with GP organisations prior to implementation.

The challenges posed to us are considerable but we believe family doctors will rise to this challenge as:

GPs can

- Take responsibility
- Risk manage
- Run businesses and survive financially

GPs are

- Imaginative and innovative
- Patient centred and aware of the patient journey
- Outcomes focussed not process driven
- Fed up with the dead hand of bureaucracy
- Used to the buck stops here

These changes come as no surprise to the Family Doctor Association, as they were outlined in Andrew Lansley's keynote address to the Association annual conference as long ago as last September. The Association is continually engaged in consultations with the Department of Health and the other significant GP medical bodies.

What's this FDA all about then?

The most common question asked by GPs who have yet to hear of us, when we are on the stand at the Pri-Med exhibitions. A good question it is too. What are we all about and what makes a Family Doctor Association GP practice different from any other?

My view of this is quite simplistic. At the very core of what we are, what we do and what we try to achieve is the essential link between our patient and their doctor. Not just "a" doctor. Not just "the next" doctor. Not any old doctor at all but "their" doctor.

With the pluralism of provision (much of is duplicated, some of it duplicitous) since the 2004, contract of we may find our patients pick and mix from an assortment of sources of health care and advice. They may look up their symptoms on the web; Google says that health comes second only to sex in the number of queries.

They may go to a walk-in centre, a pharmacy, an out of hours provider but, when the chips are down and they are really worried about their health, they want to see the doctor they perceive as "theirs".

Long may this remain. Research has shown now conclusively that smaller practices and personal lists provide the best quality: you may get more quantity of healthcare elsewhere but that is not the point, and the GP has customer satisfaction ratings that politicians only dream about.

But we must not rest on our laurels. Our traditional caritas must be in the context of the best, most up-to-date and most modern health care delivered in the best environment we can manage. We and our patient-doctor relationship are at the heart of the communities in which we work. We must continue to strive for excellence as nothing less will do for "our" patients.

Dr Peter Swinyard



Inside



Time Saving Evidence Based Idleness



National Conference York 25th September



Prize draw winner Dr Raghav Dhital with Dr Swinyard Chairman

Continuity of care: so what, who cares?



Dr Michael Taylor reports from the King's Fund Inquiry into the Quality of General Practice



Hear Professor Freeman at our Silver Jubilee Conference 25th Sept in York.

I recently had the pleasure of travelling to London, on your behalf, to participate in the King's Fund Inquiry into the quality of general practice. The morning was devoted to the important subject of continuity of care and the afternoon to patient engagement and experience.

It was a particular pleasure to bump into the Family Doctor Association's old friend **Professor George Freeman**. He started the meeting with a presentation containing the results of his researches. George has been interested in continuity of care since he became a partner in an academic practice in Southampton where there was very little in the way of continuity.

The Kings Fund

This has been a life long research and George's presentation was able to bring us up to date.

The Prof had presented to the our 2003 AGM and there have been a couple of significant developments since that time from his recent work and from the work that he shared with Professor Richard Baker at the University of Leicester he was able to bring us bang up to date.

George has kindly granted us the permission to host his presentation on our website www.family-doctor.org.uk and I would certainly recom-

mend you visit this and spend five or ten minutes going through it and twenty minutes reflecting on it to consider its implications for your practice.

There were two things in particular that caught my attention. George reminded us that he with others had reduced continuity to three components relational, managerial and information. He now has reduced these to relational continuity and seamless care. Suddenly the phrase "seamless care" became meaningful to me it had always previously appeared as some sort of PCT jargon. The second point a less radical departure from the past was the concept of my usual doctor as opposed to my doctor. For me these were two very important contributions that have already influenced my thinking.

The afternoon was given over to the patient engagement and experience. A presentation was made by the Medical Director of Tower Hamlets, Dr Douglas Russell. He made the point that without sufficient capacity and good access that the quality of the practice was immaterial.

In terms of capacity he was quite insistent that a practice should have at least seventy two face to face consultations per thousand patients per week; this does not include prac-



tice nurses and allied health professionals!

Questions and answers led to group discussion. Such discussions appeared much more random and tangential than in the morning. I found it difficult to think how the King's Fund would extract information and even knowledge from the enthusiastic contributions of the gathering.

The Family Doctor Association has had an early sight of the report in to quality.

We shall take further opportunity to feed in to what will be an influential report in to the quality of general practice in England.

Dr Michael Taylor
Brand Development Lead

Have your say on quality in general practice visit

kingsfund.org.uk

Revalidation: there will be a short delay

Dr Claire Rushton, Vice Chairman and Education lead, updates us on the latest about revalidation and appraisal.

The General Medical Council is to simplify and streamline its revalidation proposals following its recent consultation which ran from March to June 2010. During this time, the GMC took part in over 130 events and met and spoke to over 4,600 doctors across the UK.

The GMC received over 940 written responses from doctors, employ-

ers, patients and the public, the highest ever level of response to a GMC consultation.

NHS Appraisal Toolkit at risk? The DH has decided not to renew the contract for the NHS Toolkit when it expires at the end of October 2010.

The DH believes it is inappropriate to support one of several providers of this service. It has written to PCTs about the decision and implied that PCTs would be expected to commission an electronic platform for

appraisals and could choose any of the current providers, but equally without additional funding and looking at the current financial climate there is a real danger that no alternative will be in place by 1st November 2010.

The FDA suggests you put pressure on your PCT, perhaps through your LMC, to commission a continuation of the service which is vital to appraisal and revalidation. **Tell us what's happening in your patch.**



Dr Claire Rushton represents the us on the RCGP Revalidation Committee

NHS Appraisal Toolkit: ensure your PCO commissions a continuation of this vital appraisal resource.

Fit notes— the new “MED3” - fit for the purpose and fit for the future?

The old system of Med 3's and Med 5's (and Med 4's and 7's for doctors) was last overhauled in 1984, when I was still a GP trainee. Before then a doctor's note was needed for all absences greater than two days.

However, the system was complex and not suited for modern general practice, in which phone and email consultations are becoming much more commonplace.

It was, for instance, ridiculous that I was unable to issue legally, without seeing my patient, a sick note except in very particular circumstances when I knew they were unfit.

There was also no middle ground in the old system between “fit for work”

and “off sick”. We all know that people can often do some of their job if not all of it.

The new “fit note” is more complex for doctors to complete and not all have read the 24 page instructions from the DWP. The Family Doctor Association has condensed this into a 1-side-of-A4 guidance note* to give the basics. The teething problems have stemmed from doctors' uncertainty on how to complete these certificates and employers' uncertainty on how to deal with them.

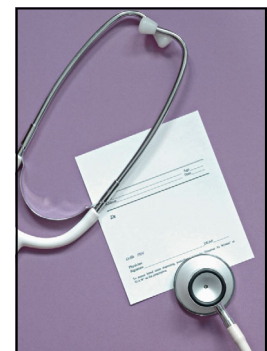
The main point is that they are “advice” not instructions. We may suggest a graduated return to work or altered hours but these are “if available and with your

employer's agreement”.

Employers should heed the advice but GPs are not trying to be Occupational Health physicians and employers should take such advice when needed. Many GPs will not know the circumstances in each workplace as an Occupational Health doctor would.

In summary, take these certificates as they are and make the best of them. We try to make them helpful but they are part of an already time-pressed patient consultation.

(Fact sheet available from the FDA office at £2.50 inc postage - email chairman@family-doctor.org.uk or free to members)



Make sense of fit notes with the free FDA Fact Sheet available from the office.

Decision making tips for commissioning

The Psychology of hand-washing

Do you agonize over decisions? Do you often feel, after making one, that it may have been a terrible mistake?

Next time, try washing your hands afterwards, advises Scientific American: you may find it helps to put your mind at rest. This was the discovery made recently by researchers at Michigan University.

Previous studies have

shown that people who have acted unethically feel less guilty after cleaning their hands (as implied by the actions of Pontius Pilate, who washed his hands before condemning Christ to death), but the researchers wanted to find out if hand washing brought other psychological benefits.

They devised a test with no obvious moral implications, getting volunteers to choose their favourites from a selection of CDs.

Some of the volunteers were then asked to wash their hands; others were not.

Those who had washed their hands were far less likely, the researchers reported in the journal Science, to try to justify the choice of CD they had made, suggesting the hand washing had the effect of drawing a line under their decision and convincing them that they had made the right choice.



More decision making for GPs? A simple tip to help you make the right choice



Junk raises cash on eBay!

Calling all eBay sellers! Did know that donating a percentage of your sales to the Family Doctor Association can:

- Boost sales—benefit from the charity ribbon logo on your listings
- Save money on listing and final sales fees
- Claim tax back from HMRC if you Gift Aid the donation and
- Help you clear out your garage!

Special conference workshop on eBay selling 25th September in York. Join Dr Peter Swinyard as he shares his selling tips to make eBay fun and profitable.



Premises: is the PCO targeting yours?

A member contacted the office about a **Six Facet Survey** done at his premises on behalf of the PCT. He was concerned about some of the findings and the status of this report. GP Surveyors replied , “As far as we are aware most PCTs are doing "condition reports" on all their properties to ensure that all come up to a reasonable standard to ensure consistent service provision across their area. The items identified that require attention are pretty much a wish list, some of which will be reasonable and some of which will likely be cost prohibitive with little actual benefit to patients.”

“If a practice is concerned about their report they should fax it over to us in the first instance. We can then provide some free advice as to the implications of the report. If the practice wishes to pursue matters further we would be able to identify all the findings which are reasonable and in the practice’s interests to remedy and prepare a planned programme of improvement. If the practice then decides to carry out some of the recommendations, we can help in instigating a new notional rent review and assist in ensuring that these improvements are reflected in the rental reimbursement from the PCT.”

Contact

GP Surveyors

Tel: 0845 143 0019

Fax: 0114 249 9624

www.gpsurveyors.co.uk

Remember to say that you are an FDA member.

Contact us

admin@family-doctor.org.uk

Evidence based idleness (EBI)

Dr Michael Taylor says politicians can make a real difference to the problems of alcohol addiction.

If you want to speak to a politician, do it through the press. I have become so incensed with the damage to individuals, families and to society by the over-indulgence in alcohol that following an Australian paper I wrote to my MP.

The paper is "*Cost-effectiveness of intervention to prevent alcohol related disease and injury in Australia*¹" and it looked at 50 interventions, selected 13 interventions "of high priority" narrowed to eight all of which had sufficient evidence to support a cost-benefit analysis.

Two interventions stood out as being the most cost effective; increasing taxes and advertising bans. Increasing the legal minimum drinking age is likely to be effective too. Licensing controls, mass media drink drive campaigns and brief interventions may be cost effective. Residential treatment with or without

naltrex-one is ineffective.

The four interventions likely to have best cost-effectiveness all have political not medical solutions. So if we are paid to do alcohol LESs and DESs we can do them but we have to remember that these are only sticking plaster therapies. The real answer to the problem lies with our newly elected Government.

It's always nice to have old friends of the Association get in touch but I was distressed recently to hear from a member who was reported to the GMC for failure to diagnose prostatic cancer.

It's worthwhile reminding ourselves that a prostate specific antigen (PSA) is not proven as a worthwhile screening test. Evidence based medicine of August 2009² has reports of an American study and a major European study about the use of PSA as a screening tool. The American study reported annual screening for prostate cancer did not reduce mortal-

ity from prostate cancer and the European study reported periodic screening with prostate specific antigen testing reduced mortality from prostate cancer.

So if early detection of prostate cancer does reduce mortality it is at the cost of over diagnosis with unnecessary operations resulting in the usual litany of incontinence and infertility. Interestingly, the BMJ³ tells that Richard Ablin who discovered PSA, described the popularity of the test as "a hugely expensive public health disaster" "PSA testing can't detect prostate cancer and, more important, it fails to distinguish between the two types of prostate cancer: the one that will kill you and the one that won't. Men with low readings might still harbour dangerous cancers while those with high readings might be completely healthy".

So using the virtues of EBI take blood for a PSA only if you consider prostate cancer a real possibility.



Alcohol addiction

"...the four interventions likely to have best cost-effectiveness all have political and not medical solutions."



References

- 1 *Addiction* Vol. 104 pages 1646-1655
- 2 Vol. 14 no. 4
- 3 *BMJ* 20th March 2010

Media training: getting our message across

I underwent this BMA training on behalf of the Family Doctor Association and my own PDP to learn the do's and don'ts of being interviewed on TV, radio and newspapers. I had two topics to research with only 24 hours notice; polyclinics and Summary Care Records.

I learned about presentation ticks and habits getting your facts straight, how to give sound bites and how it was important to know the views of the organisation you were representing.

Each delegate had a two minute radio interview and a two minute TV interview. We then critiqued the interviews.

I was amazed how quickly two minutes went and learned that the secret is preparation; to ask what the first question will be (which is permitted). For polyclinics I got across the points about continuity of care, holistic medicine and that what patients want is most important, as demonstrated by 1.2 million signatures on the 'save our

surgeries' campaign. Summary Care Records were harder to argue about!

Overall I did OK and there was only one real criticism; I was so relieved when the TV interview was over that I walked off set giving all a magnified view of my cleavage! The message being to stay where you are until the camera is off. At least none of us did a Gordon Brown and carried on talking when the mike was still on

Dr Claire Rushton

We are currently involved in:

- DH work streams on:
- Preventing violence against women + girls
 - Liver disease
 - GP leaders network
 - Leader development
- Plus
 - Revalidation committee
 - Productive general practice

25

ANNIVERSARY
FAMILY DOCTOR ASSOCIATION
1985 | 2010

*Celebrating
25 years at
the heart of
general
practice.*



Dr Hamish Meldrum CBE
Chairman, BMA Council
Keynote address



**Silver Jubilee
Social Events**

Civic reception with
Lord Mayor of York

FDA Oompah Band

Chairman reception
and river cruise

Silver Jubilee Gala
Dinner

Silver Jubilee Conference

24-25 September in York

Why you should attend this event

- ✓ Hear from the profession's leaders about the challenges to come
- ✓ Learn from experts on everything from budget holding to revalidation to selling on eBay
- ✓ Meet up with friends old and new for a proper family weekend away from the pressures of the practice
- ✓ Enjoy a weekend in a beautiful city – it's even tax deductible!
- ✓ At least 6 CPD credit points and learn how to double them
- ✓ Find out why everyone enjoyed last year's conference so much!



Workshops sessions boost learning

- Successful appraisal strategies— modern learning methods to boost appraisal
- Marketing—what worked for my GP practice
- Saying yes, saying no and useful commissioning tools for GPs, + practice managers
- Sleep well! Practice legal matters reviewed
- Practice succession and 24 hour retirement
- eBay selling made easy—clear out the garage, make some money and have some fun too

Speakers include: Prof George Freeman, Suzanne Joyce, Andrew Lockhart Mirams, Dr Simon Abrams, Dr Michael Taylor, Dr Claire Rushton and Dr Peter Swinyard.

Celebrate the achievements of the past 25 years, the history of the Small Practices Association and the exciting future as the Family Doctor Association. *A celebration for families and friends in true FDA style.*

Book now

Early Birds get best rate!

Members Early Bird Rate:

£101 Until 16th August 2010; *full rate applies after 16th August.*
Standard rate £135 for members, £149 others.

Easy to book

Download the form www.family-doctor.org.uk Ring to book by credit card 01706 620 920
Email admin@family-doctor.org.uk

Hotel booking

Call the Royal York Hotel **01904 688617** and quote FDA for the special rate of £119 per double room inc VAT + breakfast.

News from members



A heartfelt thank you from immediate past chairman Dr Michael Taylor for the generous contributions made by FDA members for his retirement gift. Michael and his wife Christine have added to their collection of wildlife paintings by Scottish artist Claire Harkess. The piece entitled "Portrait with Oxpecker" (pictured left) was specially chosen by Michael and has pride of place in his study.

Michael continues his FDA work wearing two hats; Brand Development and External Relations lead.



The recent London Study Day was ably supported by FDA stalwarts Mrs Fay Ghosh and Dr Cornel Fleming (left). **Prof George Freeman** became an honorary member (pictured right centre) receiving his FDA tie from Dr Peter Swinyard and event Chair Dr Tushar Ghosh.



Belfast Study Day success. The second annual event led by Dr Michael Smyth, FDA Council representative for Northern Ireland, reflected the UK-wide spread of the Association's education. Eight FDA GPs joined in from "over the water."



Dr Michael Smyth

Members have fun! Smiles all round at recent FDA social event. Dr Rauf Kukaswadia Treasurer and Dr Michael Taylor. (right)



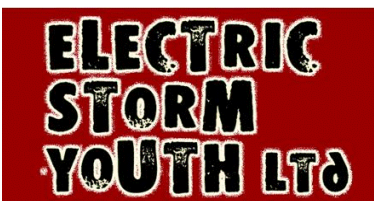
Dr Peter Swinyard, Moira Auchterlonie and Prof Rajan Madhok at the launch

The FDA was delighted to celebrate the launch of "Against the Odds: Black and Minority Ethnic Clinicians and Manchester, 1948 to 2009;" this book celebrates NHS diversity in the North West.



Winners

Dr Raghav Dhital
Dr Alan Dow
Dr Nick Ford
Dr R Harrison
Dr C Kempfen
Mrs J Whitham



For more information visit www.electricstormyouth.co.uk

£250 prize draw donation benefits young people's charity. Dr David Starbuck from West Sussex donated his £250 prize money (for an FDA survey supported by the Post Office) to Electric Storm. This is a local charity looking to provide young people with recreational and leisure time activities in a secure accessible and user friendly environment to develop their skills and capabilities. It is hoped this popular project will mirror the success of a similar one that has significantly reduced low level crime and antisocial behaviour in the community. Dr Starbuck said, "We're very proud of our young people in Lancing and I hope that this project can be an extra support to some of them to try and fulfil their true potentials."

The sign of a patient centred GP practice

25
ANNIVERSARY

FAMILY DOCTOR ASSOCIATION

1985 | 2010



Our office helps you. Don't know where to look next to solve a problem? Talk to one of our friendly team at head office.

We can help with most general practice challenges and specialise in signposting to the right person. All done in the strictest of confidence focusing on your situation.

Legal advice line. Partnerships, contracts, PCT disputes, practice disputes.

Advice on NHS Rules & Regulations. In-house advisor to help solve challenges around NHS contracts, dealing with PCTs, and NHS regulations. Our "Mr. Regulations" **Phil Emmott**, answers your questions on 24 hour retirement and more.

Practice premises support. Advice on cost and notional rent reviews, PCT policy on premises developments.

Please don't leave it until the 11th hour to get in touch. It is always better for you if you contact us sooner especially if the problem relates to PCOs and your practice contract.

The Family Doctor Association is a national network of GPs and family doctor practices that offer their patients continuity of care and the opportunity to see their own GP.

These practices provide their patients the benefits of relationship medicine rather than anonymous health care. Many patients want a named GP.

The Association campaigns about the importance of continuity of care in the delivery of quality primary health care. We represent GPs and practice teams doing the job of general practice, proud to be family doctors. A registered educational charity founded in 1985, the Family Doctor Association is a UK wide primary care professional organisation. In 2007 we rebranded as the Family Doctor Association, successor to the Small Practices Association.



Contact us

SPA House, 9 York Street, Heywood
Lancashire OL10 4NN

T: 01706 620 920 F: 01706 691 880

W: www.family-doctor.org.uk

E: chairman@family-doctor.org.uk

E: moira@family-doctor.org.uk

Dates for your diary

September 24-25 York
National Conference Silver Jubilee Dinner

October 16th Darwen Lancs
Diabetes Study Day

October 21st Bury Lancs
Mike Farrar on the New White Paper

November 2nd Manchester
Visit our stand at Pri-Med

November 17th London
Visit our stand at Pri-Med

November 24th Wakefield
Business development event

November 24th Birmingham
Visit our stand at Pri-Med

November 30th Harrogate
Visit our stand at Pri-Med

Visit our website for more details.



York Conference 2010

*"Celebrating 25 years
at the heart of general
practice."*

Representing your views

The Association has two main areas of work: education and medico-politics. We represent member views with the following organizations.

- Department of Health,
- General Practitioners Committee,
- RCGP Revalidation Committee,
- Practice Management Network,
- RCGP Practice Accreditation
- GP Leaders Network DH
- NHS Connecting for Health
- NHS Choices
- National Assoc Patient Participation
- NHS Alliance
- National Association Primary Care

Lobbying on your behalf