



## NHS Vanguard in a Nutshell

**Vanguards for those not in the know are what the Department of Health is calling the organisations which have gained money to pilot two new ways of working .** One is secondary care trusts providing primary care; two is GP led primary care providing secondary care without the beds. In both cases we have bigger organisations, so able to provide 24/7 care if needed and with some increased managerial and administrative efficiencies. We, the Family Doctor Association can sign up to this managerial merging.

We are also signed up to Simon Stevens' Five Year Forward View which is more than a document, it is a new mind set. Hopefully all parts of the NHS are also signed up to it. We would approve even if there were other options on the table which let's face it there aren't.

We know that the next Government is signed up to the plan as major parties have all said so and with the exception of the Labour Party have signed up to the full £8 billion which is needed to deliver the five year forward view.

So why are we at the FDA office committed protagonists for the NHS that we are, worried and anxious; why? We can sum this up in one word: **POLYCLINICS!** Polyclinics were a rational answer to then Eastern block problem of great population need and small national wallet.

A benevolent centralised plan, an emphasis on public health, state

**sum this up in one word:  
POLYCLINICS!**



owned buildings, employed workforce, short hours, good working conditions, albeit with controlled salaries, with dissatisfied customers and miserable outcomes. The recipe worked if you were making armaments or rolled steel but it didn't work for health and happiness.

The ingredient that was missing was the doctor – patient relationship, nowadays known as relational continuity. No longer was there the contract between Joe Public and his vocational doctor that the latter would attempt to rescue the former from his predicament.

Ten years ago the polyclinics in Western Germany were flavour of the

month. Your Association visited on a study tour. (Photo above)

Two things stood out; there were specialists working from the same building and there was about 30% more cash on the primary care table.

**So let's say it here and now. If the NHS further reduces the relational continuity the result will be the further erosion of the effectiveness, efficiency and therefore productivity of the NHS.**

Improve the productivity of the back office certainly but neglect the front of shop at our common peril.

*Dr Michael Taylor, Editor*

**Editor's choice:** Social Prescribing EBI  
Member News Homeless Practice Viewpoint



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# Top tips on surviving the General Election.

OR the Four P's that matter during the election silly season

**Purdah.** On the 30th March, Parliament was dissolved; there will be no new policy announcements until after the election results. In theory there could be a reduction of NHS England announcements in your email in box however, the pragmatists among you will know that is unlikely because.....

**Policy.** The policy machinery at Quarry House in Leeds will roll on regardless. Integration will remain the only game in town whoever wins the election. Simon Stevens at a recent Kings Fund meeting, announced that all parties are committed to the New Models of Care and integration agenda as outlined in his Five Year Forward View. If you haven't read the Five Year Forward View, do so. If you are short on time, read Chapter

Three as it outlines the new models of care. You'll hear this phrase tripping off the tongues and keyboards of all the 'health players' locally and nationally. The strategy outlines at how the future might look for general practice and primary care. A good slide summary is on the Lancashire North CCG website.

**Practice.** Keep your eye on primary care developments locally to see what the opportunities or threats there might be for your practice. Another new buzzword is Vanguard, the name for the pilot sites testing 'at pace' the new models of care.

**Patients.** Keep calm and carry on. Whatever the results of the 2015 General Election, patients will need appointments, bodies will continue



to have the diseases they have suffered over millennia and family doctor practices will continue to be the bedrock of our NHS.

P.S. If the 'purdah' means five spare minutes *not* reading NHS England emails, check your practice NHS Choices listing to make sure it is up to date. **Practice profile matters.**

*Moira Auchterlonie, CEO*

## Editor's choice

### Keeping ahead

This issue is about GPs and about the moral underpinning of our vocation.

I will not pick out selected items from this issue but suggest you read it cover to cover.

The Five Year Forward View, remains as yet rhetoric with Vanguards as the exception. Remember the much quoted £8 billion to save the NHS is the minimum amount needed for rescue. So with the looming ecstasy of management modelling and techno-fix let us remember the patient with their problem.

We of the Family Doctor Association are signed up to our job of treating patients with empathy, understanding and compassion, each of which demands that essentially human relationship of caring for the patient with the illness and not the manager with the clipboard.

### What's new with your Family Doctor Magazine?

Do send me your stories, top tips and ideas. I'll happily share them with fellow members of our Association.

Happy reading,

A handwritten signature in black ink that reads "Michael Taylor".

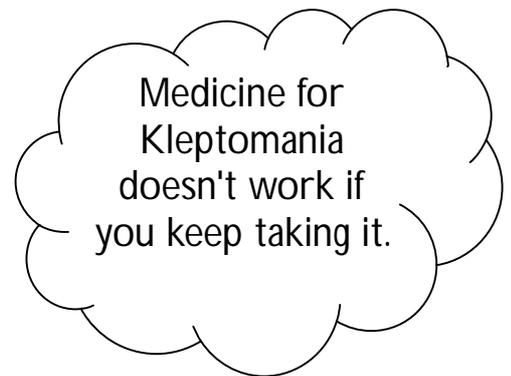
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*Dr Michael Taylor*

### Colin's Wise Words

Colin is the unofficial FDA mascot



# Health Inclusion Matters. A specialist GP surgery for the homeless in Watford

**Dr Tim Robson, long standing member of the Family Doctor Association, tells us about his practice.**

In the mid-1990s as one of a group of four single-handed practitioners I began to explore the case for a specialist practice dedicated to meeting the health needs of the homeless in Watford, Herts. I had a number of homeless patients with significant drug and alcohol problems on my list, and at times they were disruptive in the surgery.

After several failed attempts to bid for PMS pilot funding with our local PCT we were eventually successful and opened the Meadowell practice in a building close to the local day centre for the homeless in 2003.

The service has 600 registered patients who are homeless or vulnerably housed, and offers enhanced access with lots of walk-in appointments in a calm and spacious environment, with an emphasis on the management of drug and alcohol problems, mental health support, and advocacy around housing and benefits.

The service aims to overcome the stigma which homeless people often find to be a barrier to their accessing healthcare, allowing them to engage and be seen frequently instead of presenting later in their illnesses with complications to A&E. Patients have



Dr Robson and Julie Madley who founded the social enterprise

engaged well, whilst disruption to local mainstream practices has reduced.

We survived several reviews of the service, and a failed tendering out of the service with a reduced budget APMS contract in 2006, and in 2010 as a staff team successfully exercised the 'right to request' to become a social enterprise Health Inclusion Matters. The team has developed since then, with five part-time salaried GPs, a full-time drug and alcohol misuse nurse, on-site counselling, and on-site treatment of hepatitis C in association with the Royal Free Hospital. We plan to develop more on-site mental health support, as well as offering some of our expertise

with alcohol advice and treatment to patients in local GP practices.

The last eleven years has convinced me of the enormous value and effectiveness of specialist primary care services for the homeless, and with the Pathway homeless healthcare charity based in University College London Hospital hope to see the development of a relevant curriculum and development of homeless medicine as a subspecialty in its own right.

To receive an OBE in the New Year's Honours this year for services to the homeless in Hertfordshire is a great privilege, and it represents very welcome recognition of the value of such services and all those who work tirelessly within them.

## CPD Updates Online

Did you know that all presentations and resources from our study days across the country are available online for you to download?

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- Headache Update
- Oesophageal Cancer
- Dementia Updates



Dr Joanne Reeve at Bounceback Depression Event in Liverpool

**family-doctor.org.uk & click the learning tab**

If you are wondering what is happening since the publication of the **Five Year Forward View** then visit this website link (1).

Here you will see that the Mandarins have determined that the need for change is determined to be around three gaps

1. The health and wellbeing gap: we have to “get serious about prevention”
2. The care and quality gap: we have “to reshape care delivery, harness technology, and drive down variations in quality and safety of care”,
3. The funding and efficiency gap: expect “wide-ranging and sometimes controversial system efficiencies”

So it's about systems according to the Mandarins in Whitehall. I feel our readers' will to live ebbing away! Hold on there, take some deep breaths and keep reading.

What will the future look like is tackled next and includes this phrase: Yet sometimes the health service has been prone to operating a ‘factory’ model of care and repair, with limited engagement with the wider community”. And again, “it can and should now become a more activist agent of health-related social change.”

So the NHS will promote:

1. Healthier workplaces
2. Empowered patients
3. Engaging communities
4. The NHS as a Social Movement.

Yes, it was here that my spirits were lifted we are talking about people, families, citizens and the way we

live our lives and here the NHS was and I suspect may remain clueless.

It is now more important than ever to remember that General Practice was around long before the NHS. In my small impoverished town people saved and paid out of meagre wages sufficient to support several practices. Practices and practitioner were local assets whose lives were lived enmeshed in the community. My predecessor was a stalwart of the Bowling Club, an active member of the Church, and a too regular visitor at the White Lion. He was well known and much respected despite



his fossilised knowledge and practise of medicine. So GP practices were local assets. So what?

Well now we have GPs whose medicine is up to date but whose impact upon the local community stops as the surgery closes, and even when we work 24/7 in larger groups this local asset function will not automatically return.

How is the NHS going to change this? Well it won't, at least not top down, but what Commissioners can do is to ensure that they remember ABCD.

**This is Asset Based Community Development.** This is where Social Prescribing makes good sense.

**The pathways to poverty are well known:**

- Worklessness/dependency
- Poor educational attainment
- Family Breakdown / isolation
- Mental ill health
- Addiction

We recognise in our guts those heartsink moments when we are confronted by a patient who wants to be rescued from a predicament that is quite beyond medicine and 10 minutes of our time.

Imagine that you can give this patient a card to visit the Wellbeing Centre. Here there are Volunteers supported by professionals providing advice about the pathways away from poverty, even from the poverty of aspiration.

**This is what Social Prescribing aims to be and to do.** It is about people with diseases rather than the diseases people have.

This is what friend of the FDA Sam Everington, “Sir Sam”, has done so successfully in Bromley-by-Bow, east London. We will look closer at his achievements in the next edition of the Family Doctor.



**References:**

- (1) *Five Year Forward View* [www.england.nhs.uk/ourwork/futurehhs/5yfv-ch1/](http://www.england.nhs.uk/ourwork/futurehhs/5yfv-ch1/)
- (2). The Bromley by Bow Centre GP partnership. An innovative organisation with 100+ community projects supporting wider determinants of health

**“It is now more important than ever to remember that General Practice was around long before the NHS.”**

# Ask the Experts

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# Evidence Based Idleness

Dr Michael Taylor on the clinical tasks you DONT need to do..... based on the evidence

In this section of our Newsletter we traditionally look for reasons to stop some of our more box ticking evidence-free activities. This issue we have four crackers.

**Low back pain is the UK's commonest disability.** Therefore this is something we GPs should know about. Hands up all those who start treatment at the bottom of the WHO's analgesic ladder with paracetamol? I did until I read in the BMJ of the 4th of April. Is paracetamol more effective than placebo in reducing pain and disability for patients with spinal pain or osteoarthritis? No it isn't according to a meta-analysis you can find at [BMJ2015;350:h1225](#)

**Painful shoulders are pretty common too.** What do you do for your patients who don't improve with a steroid injection? Refer onto orthopaedics where butcher Bill nibbles away at the acromial process? If you don't you must be one of the few as within the NHS from 2000 – 2010 there was an increase in surgery of.....go on, guess,.....746% ! Bone and joint journal reports, *"For over 20 years surgery has failed to provide superior outcomes compared to conservative therapy for the treatment of sub-acromial pain syndrome.* (Bone and Joint Journal doi:10.1302/0301-620X.96B132556)



**Are you still taking patients' blood pressures?** Why when they can and should take their own? Remember the review of the 384 page NICE review of Blood Pressure management here in Family Doctor? (You can still claim a copy of the FDA procedure and pro forma from the Office or website). Of those you take maybe one in 100 patients will benefit but we don't know who they are so have to measure all, or as EBI suggests measure none. You might want to read an interesting review in Open Heart which explores the uncertainties and contradictions in management of hypertension. (doi:10.1136/openhrt-2014-000048)

**So with the time saved what can you do?** You could start your reappraisal audit on referrals of "shoulders" looking to reduce / stop those to orthopods and increase those to physiotherapy at the same time **as you drink a cup of coffee.**

The benefits of so doing have been confirmed in the American Journal of Epidemiology (doi:10.1093/aje/kwu194). This is a dose response meta-analysis of prospective studies. It found four cups a day best for reduction of all cause mortality and there is no increased risk of cancer, anywhere, at all. *Kettle on.....*

## 2050 predictions: What will the GP surgery of 2050 look like?



**Family Doctor Association chairman, Dr Peter Swinyard, imagines a controlling future for family doctors where**

### GPs diagnose patients digitally.

Dr Smith got off his electric bicycle (*all doctors had been banned from driving, as they had to set an example*) and walked into the treatment centre to see his first 30 patients already lined up, with their permits to be ill in their hands.

The centre controller allocated him a cubicle in which to work. *'I've sorted the patients. You're on over-70s with bellyache,' he said. They have their scan results on their microchips.'*

Dr Smith sat down in his cubicle and immediately a patient appeared. He scanned their subdermal chip. Total Body Scan clear. His tricorder confirmed that liver and kidney function were within NICE parameters and that their diet had been as ordered for them, so they were entitled to a diagnostic and treatment. Non compliance with health advice meant exclusion from medical care. Smoking was still officially legal, thanks to those moaning libertarians, however drinking more than a unit of alcohol a day warranted an automatic exclusion from state healthcare.

No time for talking. Being a bit old-fashioned, having finished GP training in 2015 he went to examine the abdomen. A disembodied voice re-

minded him that this was no longer allowed to avoid his being a vector of disease. He had the scan after all.

An enquiry after the patient's family was again boomed out by the voice. *'Enter diagnosis and disposal'* said the voice. He dictated into the screen and the patient disappeared to be replaced by the next.

He wondered what had become of lifelong doctor patient relationships - and home visiting. Suddenly the voice again warned him that he was daydreaming and would be docked 10 credits if he did this again.

He shrugged resignedly and pressed the button to call the next patient.

*This article first appeared on Pulse online*

# Book Review Corner



## Bowling Alone Robert Putnam

I grew up in a Victorian world. My school was Victorian, my streets were Victorian, as were the swimming baths the playing fields, most of the Churches, the pubs and even the doctors' surgeries.

Only 15 years ago I looked out of the train window on my way to London to note that the occasional new building had become the many, that the terraced houses had been largely replaced and I was no longer living in the same world I inhabited when I wore short trousers. Suddenly almost overnight to my eyes the world was ex-Victorian, yet what had replaced it was to my eye little better though often bigger. Less order, less unifying characteristics, with more ugly buildings and despite the greater intrusion of planners less apparent plan and homogeneity.

Does that matter? Not really when you're warmer, dryer and can pee indoors.

I grew up in a Victorian world. Learning was often by rote, cars were few, the playing fields were noisy and not built upon. Does it matter that the entertainment is no longer in Church Halls, or in Working Men's clubs, or the Mothers union, or participating in team sports? The evidence tells "well yes it does!"

Robert Putnam's book explores the concept of Social Capital using USA data. Social Capital is described as goodwill, fellowship, sympathy, and social intercourse so that the individuals and families 'the community as a whole will benefit by the cooperation of all its parts, while the individual will find in his associations the advantages of the help, the sympathy, and the fellowship of his neighbours.'

### The book is in four sections:

*Catalogue of the loss of Social Capital*  
*Analysis of the reasons / causes of loss of Social Capital*

*Description of why this loss matters*  
*What can be done to regain Social Capital*

Bowling Alone proves beyond doubt the diminishing participation in politics, civic duties, churches, connections, the workplace, informal gatherings, and volunteering since 1960'.

Membership of modern groups is "honorific" and not participatory, organisational commitment is low. National organisations have become professionalised, without local groups, some receiving subsidy from Government to continue their good works, but participation remains minimal.

Telephone and internet permits people to stay in contact with friends and family more conveniently, but does not generally help make new friends nor involve us in shared activity. Internet development seems destined to emphasize individualised entertainment and commerce rather than community engagement.

### Putnam suggests these causes:

*Pressures of time and money especially on those families where both adults need to work accounts for no more than 10%.*

*Commuting and urban sprawl together may account for another 10%*

*Electronic entertainment especially TV accounts for about 25%*

*Generational Change may account for up to 50% of the change but there is no explanation of why one generation is civic minded and the other isn't other than the effect of TV on those growing up. (Ergo total SC decline due to TV could be 35% - 40%) 10 - 20% remains unexplained.*

**Let's apply the famous FDA 'So-what -who-cares' test.** Consider the benefits of Social Capital, at least by association. As the Social Capital in the 50 states of the USA is known, it has been possible to determine relationship of SC with various other social phenomena.

- Children develop better
- Schools work better
- Kids watch less TV

- Violent crime is less
- **Health is better**
- Tax evasion is low
- Democratic involvement greater
- Tolerance is greater

So how do we regain the virtues of Victorian society? Common sense suggestions for improvement:

**Youth and schools:** to improve civics education, how community works, how I can make a difference, to encourage volunteering, to have smaller schools as reciprocity is greater.

The workplace: to become more family friendly and to allow volunteering for community service in work time.

**Urban and Metropolitan design:** so that more neighbours know each other, so that divides of class and ethnicity are diminished.

Religion: how this could become revivalist awaits development.

**Arts and Culture.** The electronic media must become a part of the solution but how? Locally based electronic media could strengthen community; arts to be participatory.

**Politics and Government:** to build rather than diminish Social Capital and community based assets. Increase subsidiarity and democracy.

This book is important to members of the FDA as it underpins our contention that relationships count and count a lot. Thank goodness we keep this flame alive.

*Review by Dr Michael Taylor*  
*FDA Executive, GP Heywood*

# Member news

## Happy retirement Bachi



Dr Sabyasachi Sarker, or Bachi to his many FDA friends, has recently retired from general practice after over 40 years working in the NHS.

His single handed practice in Knotty Ash in Liverpool served several generations of local families.

Bachi was an early member of the Small Practices Association and became Chairman of the Merseyside SPA and latterly Merseyside FDA. Under his leadership, the division developed its reputation for high quality innovative and fun GP education. He is a past Chairman and now President of the British International Doctors' Association.

The Council thanks him for his contribution to the Association and sends best wishes for a happy retirement.

## Dr Tim Robson O.B.E.



Dr Tim Robson, a GP from Watford, Hertfordshire, has been awarded an OBE for setting up a specialist GP practice for the homeless 11 years ago.

Dr Robson said: *"Specialist primary care is very effective in reducing health inequalities and enabling homeless people to overcome the barriers they find in accessing timely healthcare, and I am thrilled to see the importance of dedicated teams, offering such care in our society, recognised in this way."*

The tragic death of one of his patients, a homeless man who died during his sleep in Watford town in 1987, sparked Dr Robson to step up his campaign to help those in need and co-found the New Hope charity in 1990. He is very proud to see specialist services for the homeless recognised in this way.

# The Family Doctor

## FRCGP awarded to Michael



Former Chairman of our Northern Ireland Division, was recently awarded a Fellowship from the Royal College of General Practitioners.

Dr Michael Smyth is pictured with his wife Grainne. She is Pharmacist and Practice Business Manager at their surgery in Enniskillen, County Fermanagh.

Michael's citation said, "He is a rural GP, husband, and father, who encourages collaboration among small rural practices and champions person-centred care delivered with relational continuity."

Thanks to Michael who ensured the Association's mantra of person-centred care delivered with continuity got an airing at RCGP headquarters!



## NHS BUZZWORD BINGO

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