

Primary Care

in Bath & North East Somerset

NHS

*Bath and
North East Somerset*

Issue 85 September 2010

QIPP

Most of you will have heard this acronym mentioned already. For those that haven't it stands for Quality, Innovation, Productivity and Prevention.

It's the title given to the challenge faced by the NHS and all its providers to meet the financial savings targets over the next three years. This requires the English health care system to "save" 20 billion; for BANES this equates to a savings plan of £44 million, give or take. Both the Coalition Government and SHAs are encouraging PCTs to be ambitious in their approach towards QIPP in order to achieve these savings.

You may ask why all the talk of savings when we've heard that the NHS is protected from cuts in services. The savings figures arise from the fact that the NHS is now operating in a "flat cash environment." This means that, other than receiving extra money for population growth increases, all NHS organisations can expect to continue with just their current level of funding. The gap in funding over three years results from the projected increase in spending if the NHS carries on operating in the way it does now. This gap in funding results from demographic changes, increasing staff costs due to inflationary pressures, increase costs of medical care (NHS inflation tends to be above 1-2% above standard inflationary measures) and the increased costs due to advancing medical technology.

For NHS BANES, the QIPP work programme has been split up into the following:

1. Optimising elective care pathways (£15-17m)
2. Shifting settings of care and optimising urgent care (£4-7m)
3. Best-practice care pathways for long term conditions (£4-5m)
4. Improving prescribing (£1m)
5. Improving Primary and Community Care (£3-5m)
6. Improving Mental Health Services (£1-4m)
7. Improving Learning Disability Services (£1-2m)
8. Prevention (no financial challenge)

QIPP

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Contact us

For submissions to the newsletter, please contact Jill Carr on 01225 831814 or jill.carr@banes-pct.nhs.uk

There is a 9th workstream which relates to efficiencies in back office functions of PCTs and is generally being undertaken by PCTs' finance departments.

The range in savings figures relates to the targets attributable to NHS BANES, and cuts across all sectors of the health service.

Clinical engagement in this process is fundamental to the success of QIPP, and joint working and ownership of the tasks ahead with our partners in secondary and community care, the local authority, mental health and the third sector is essential if we are to achieve these ambitious plans.

The clinical QIPP group has membership from a wide range of local health providers and is working hard in turning the QIPP plans into something meaningful. The SHA is currently involved in a series of challenge meetings with PCTs to test the robustness of their respective savings plans.

All practices will have received an outline summary of the QIPP programme; it is quite detailed and I would be more than happy to respond to any requests for clarification.

On a final note, there is an expectation for GP consortia to wholly own and implement QIPP once consortia take on the various responsibilities from PCTs when they are finally wound up in just over 3 years time.

Simon Douglass, PBC lead and QIPP clinical group chair

NHS Health Checks offered in B&NES

Seven practices in NHS B&NES - Rush Hill/ Weston, Combe Down, Grosvenor, St Michaels, St Augustines, Chew Medical Practice and St Chads - are currently inviting patients aged 50, 55 and 60 (who are not known to have cardiovascular disease) for a NHS Health Check. A 20 minute practice based consultation with the nursing team will assess the risk of cardiovascular disease followed by appropriate advice.

Patients will undergo a thorough risk assessment in line with national guidance including a non fasting cholesterol test. The risk of developing cardiovascular disease will be calculated using QRISK2 or Framingham with patients receiving their results immediately. All patients will be provided with life style advice and if appropriate invited back to the practice for further investigations.

Practices are using Near Patient Testing (LDX Cholestech) to provide instant cholesterol and glucose tests. This technology allows practices to offer a single visit 'One-Stop' approach

ensuring patients are provided with a full set of results and appropriate advice in a single consultation. This will enhance the patient experience and keep demand on practices to a minimum.

The programme will be fully implemented by 2012/13 with all 40-74 years olds (who are not known to have vascular disease) being offered a NHS Health Check over the following 5 years. NHS B&NES is planning to give all practices the opportunity to deliver NHS Health Checks in 2011/12.

If you have any queries about the programme please email healthchecks@banes-pct.nhs.uk

Excess Winter Deaths

The Health Profile of Bath and North East Somerset in 2009 highlighted its outlying position for excess winter mortality. The Health Profile for 2010 shows the ratio of excess winter deaths for B&NES is now the worst in the country with an Excess Winter Mortality Index (EWMI) of 26.3 (130 deaths) against an England value of 15.6. Unfortunately, the EWMI for B&NES in the next Health Profile for 2011 will show a worsening position, increasing by 3% to 29%.

- The increase in fuel prices from 2004 onwards has probably increased the excess winter deaths in B&NES.
- The numbers of excess winter deaths due to circulatory disease and respiratory disease were higher in men in 2005/06 and 2006/07 and higher in women in 2007/08 and 2008/09. But because cardiovascular disease is more common, the numbers of excess winter cardiovascular deaths has been about twice the level of those from respiratory disease in this period.
- For 2007-08 and 2008-09, the years showing the largest growth in numbers of excess winter deaths in B&NES, the least deprived quintile for persons had the highest excess winter deaths for persons, men and women. The higher rates in the least deprived quintile and in women over 70 years may be because they live in large, old, draughty, poorly maintained houses by themselves on a relatively low income. These women may thus be capital rich and income poor. Under-occupation of premises is a recognised risk factor. 2008-09 was a bad year for excess winter mortality nationally.
- Older people in rural areas have more fuel poverty than older people in urban areas.
- There are 11 out of the 26 practices in B&NES who have 82% of all the excess winter deaths. Two practices, Catherine Cottage and Grosvenor Place, show a high positive Excess Winter Mortality Index for women and a high negative Index (deficit) for men. This finding ties in with older women living alone on a relatively low income in large, old, draughty and poorly maintained houses.

There are examples of good practice for engaging health professionals in tackling fuel poverty and affordable warmth and there is a great opportunity for primary care and community care staff to work with the B&NES Council Housing Team to prevent excess winter mortality locally.

PEC at its July 2010 meeting agreed the following actions to be taken by B&NES PCT and B&NES Housing Team:

1. Participation by two general practices, Hope House and Catherine Cottage, in a Housing Team referral trial which will eventually be offered to all practices.
2. An additional letter/flyer about affordable warmth to be included in all mail shots about flu jabs.
3. Distribute and use the local Warm Streets leaflet and the "Keep Warm, Keep Well" booklet which advises about the Warm Front grant scheme.
4. Enlist the support of the local media in B&NES to help publicise the problem of excess winter deaths locally and the need for vulnerable older people to seek help, along with providing the contact details for the Warm Street Team.

Philip Milner, Public Health Consultant,
philip.milner@banes-pct.nhs.uk

Dermatology Update

All GPs should have received a letter from Dr Cari Aplin, Consultant Dermatologist at the RUH about current pressures in the Dermatology Department. It has been identified that currently many of the pigmented lesions referred to the Dermatology Department are benign seborrhoeic keratoses, which in the vast majority of patients are quite easy to diagnose and should not be sent to secondary care. In her letter, Dr Aplin gave helpful guidance and photographs to help you with your diagnosis of seborrhoeic keratoses. If you have not received the letter, please contact [Jill Carr at NHS BANES, jill.carr@banes-pct.nhs.uk](mailto:jill.carr@banes-pct.nhs.uk), tel 01255 831814

Diabetes Update

WHATS HAPPENING TO DESMOND?

Desmond is an education programme for people newly diagnosed with Type 2 diabetes. It is an interactive day designed for people to explore and enhance their knowledge of diabetes, how to manage their condition and reduce the risk of complications.

This education programme has now been running in BANES for 2 years and over 500 people have attended from across the area. Originally designed in Leicester using a number of theoretical concepts surrounding health psychology and teaching methods, it has been researched and accredited as one of the few programmes to deliver structured education as required by NICE.

Biometric data has been collected locally and a recent audit suggests patients who attend this programme in the first year of diagnosis have better control and understanding of managing the condition.

The course is run as a whole day. Although this seems, and indeed is quite intensive, people enjoy the experience, have opportunity to ask questions and engage in conversation with others in a similar situation.

"I wasn't really looking forward to coming but I have learnt so much and have lots of new ideas. I feel much more in control already!"

"It was great to understand my results and make plans for the future"

REFERRALS: Forms are available in GP surgeries and from mary.carter@banes-pct.nhs.uk or phone 01224 831640.

We are very keen to see this service used fully and would be happy to deliver the programme at your surgery if you can ensure 6 or more patients will attend. They may bring relatives or friends for the day.

WHERE? DESMOND sessions are held in an area near you! During the past 2 years sessions have been carried out in Paulton, Midsomer Norton, Radstock, Bath and Saltford. In order to keep the costs down we try to use venues that are free or inexpensive, this means we can deliver more sessions. It is hoped to use the new facilities in Keynsham in the next year.

COURSES COMING UP IN 2010

All sessions from 10.00am – 4.30pm

Monday, 20 September - Cleeve Court, Bath
Wednesday, 29 September - Paulton Hospital
Wednesday, 13 October - Saltford Hall
Monday, 18 October - Cleeve Court, Bath
Wednesday, 3 November - Paulton Hospital
Monday, 15 November - Cleeve Court, Bath

Study Session

Type 2 Diabetes

For staff/carers working with people who have complex needs

November 8th 2010

0900-1300

The Board Room, St Martin's Hospital

Diabetes Structured Education in B&NES - Learning Opportunity for Clinicians

Three locality meetings will be held in October to update you about the Conversation Map education sessions available for those patients diagnosed with type 2 diabetes for over 1 year and for newly diagnosed patients who do not want to attend a whole day DESMOND education session.

The monthly Conversation Map education sessions have been in place since September 2009 but 16 out of the 28 practices have yet to refer any of their patients to them. So that more patients can experience the benefits of these new tools, the Conversation Map education team will provide the following lunchtime locality information sessions for GPs and Practice Nurses.

6th October 2010 45 Oldfield Park Surgery Bath
OR

8th October 2010 – Turner Room Paulton Hospital

OR

20th October 2010 – Saltford Hall, The Kelston Room, Keynsham

All sessions 12:30 – 2pm (sandwich lunch sponsored by Lilly will be provided).

If you would like to take up this invitation, please contact Mary Carter on [01225 831640](tel:01225831640) and leave a message as to who you are; your place of work and which session you wish to attend.

If you have any questions or queries on diabetes education, please ring [01225 831640](tel:01225831640) to speak with Mary or Bonny or leave a message.

Controlled Drugs Security - Sharing Learning

Scenario: recently in a local practice a contract cleaner was discovered in a practice on their own accessing controlled drugs.

Key reflection points:

1. Are your standard operating procedures for CDs up to date?
2. Are your arrangements for ensuring CD keys are secure appropriate? Could an unauthorised member of staff access them?
3. Are you aware you have a statutory duty to share any information on incidents regarding controlled drugs with the PCT Accountable Officer?
4. Are medicines appropriately secure at all times? Could someone access medicines inappropriately on your premises?

If you have any concerns about controlled drugs please contact [Joel Hirst](mailto:Joel.Hirst@banes-pct.nhs.uk), Associate Director of Medicines Management and Accountable Officer for Controlled Drugs [01228 831859](tel:01228831859)

Contact us

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Safeguarding Adults From Abuse

Who is a Vulnerable Adult?

A vulnerable adult is someone aged 18 or over who is, or may be:

- In need of community care services because of mental or other disability, age or illness and
- Unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation (**No Secrets – DOH 2000**).

Vulnerable adults are not a self defined community, but a group that has been created by social policy and may include someone with:

- a mental health problem (including dementia);
- a physical disability;
- drug and alcohol related problems;
- a sensory impairment;
- a learning disability;
- a physical illness;
- an acquired brain injury;
- who is frail and/or is experiencing a temporary illness.

It can also include family and friends who provide personal assistance and care to adults on an unpaid basis.

NHS B&NES has a multi-agency policy and procedure for responding to the abuse of vulnerable adults. **These documents can be found on the B&NES Council website.** Adult and Community Services co-ordinate the policy, with the Police and the NHS sharing the responsibility for ensuring the correct process is used.

What is Abuse?

Abuse is a violation of a person's human and civil rights by another person (s). It may:

- be a single or repeated act(s)
- be physical, psychological, sexual, institutional, discriminatory or financial
- be an act of neglect or failure to act.

What might you notice?

These are only a few examples of possible signs, none being conclusive on their own, but possible signs of abuse may include:

- Injuries, for example, a slap, being restrained in a chair, given too much medication.

- Being involved in a sexual act they don't want or did not agree to, like watching pornography.
- Weight loss, dehydration.
- Lack of personal care.
- Bills not being paid.
- An overly critical or disrespectful carer.
- Sudden loss of assets.
- Not getting to medical appointments.
- Deference or submission to a suspected abuser.
- Change in behaviour or mood.
- Isolation from usual network of friends / family / community.

If you know an adult who may be at risk of abuse or is being abused:

Do:

- Ensure the safety of the vulnerable adult.
- Tell someone – in B&NES you can contact either the [Safeguarding Adult Coordinator on 07545423430](#) or the [Community and Health Access Team on 01225 396000](#). They will tell you what they will do with the information you give them.

Don't:

- Tell the person who you think is causing the abuse.

Contacts:

If you have concerns a referral should be made to:

- Adult Services – this will be B&NES Adult Social Care Services if the person is resident in B&NES even if another Local Authority has arranged for and pays for the service. The referral should be made to the Community and Health Access Team on **01225 396000**
- The police if you think a crime may have been committed, tel **0845 456 7000** or **999** if an emergency
- Contact Children's Services immediately if a child is also at risk on **01225 396313**
- For Adult or Children's Safeguarding concerns outside normal office hours or on weekends or Bank Holidays, contact the Emergency Duty Team on **01454 615165** (normal

office hours are 8.30 to 5.00 on Monday to Thursday, and 8.30 – 4.30 on Friday),

- Safeguarding Adults and Deprivation of Liberties (DOLS) Coordinator: **07545423430**

For more information see the B&NES Council Website.

If you have any further questions please contact the [Safeguarding Adults and DOLS Coordinator](#) on **07545423430**.

DOING NOTHING IS NOT AN OPTION

PSP Association challenges under-reporting in Death Certificates

Death Certificates of those given a diagnosis of Progressive Supranuclear Palsy (PSP) rarely show PSP as the underlying cause. They almost always just show the direct cause of death – usually aspiration pneumonia.

As a result, a recent report by the South West Public Health Observatory (SWPHO), based on analyses of death certificates from 2002 to 2008, referred to a total of 70 deaths from PSP in that period. The incidence reported in *Deaths from Neurodegenerative Diseases in England 2002 to 2008* suggests that PSP is either extremely rare or rarely implicated in a person's death. However, the PSP Association suggests that prevalence is much higher.

- Previous research published by Nath et al (2001) suggests that PSP prevalence in the UK is around 6 per 100,000.
- Data held by the PSP Association records an annual average of 135 deaths (range 98 to 173) in England from PSP between 2004 and 2009; this is an under-record of deaths in England as the PSP Association is reliant on families informing it about deaths and only some 20% of patients with PSP are registered with the charity.
- The PSP Brain Bank at Queen Square in Bristol has received around 20 PSP brains per year since 2000, all with diagnosis confirmed at post-mortem. This latter figure alone illustrates the degree of error in deaths from PSP as published by SWPHO.

While frequent misdiagnosis of PSP as Parkinson's or another disease and low awareness of PSP amongst the healthcare professions are contributory factors, the PSP Association believes the low reported prevalence of PSP lies in significant under-recording of PSP at death. This must change if we are to establish accurate data for death from PSP.

Why this matters

The purpose of the SWPHO's analyses of deaths from neurodegenerative disease is to inform implementation of the Department of Health's

National End of Life Care Strategy – and in particular to help the NHS and its partners commission and deliver high quality end of life care in a way that makes the most efficient use of resources and responds to the wishes of dying people and their families. If, however, the data is seriously flawed, as they appear to be for PSP, then the commissioning of services for PSP will also be flawed.

How The PSP Association will take action

Andrea Leadsom MP, Chair of the PSP Association All Party Parliamentary Group (APPG), intends to raise this issue in a ten minute Bill at the House of Commons after the summer recess, asking for death certificates to show underlying causes.

The PSP Association is seeking the help of the Neurological Alliance and the Medical Profession to raise the profile of this important issue. This is to ensure NHS commissioning is based on accurate data and results in appropriate provision of services for people with PSP and other neurological diseases. The SWPHO is aware of problem that has resulted from the under-reporting of PSP on death certificates and a jointly authored letter to the Lancet from the authors of the Report and the PSP Association has been submitted for publication.

[Angela Wilson, Director of Research, PSP Association, August 2010](#)



The CQC, Cleanliness and Infection Control – will your practice be ready in 2012?

The Infection Prevention and Control Team (IPCT) at NHS B&NES has used The Health and Social Care Act 2008 (see below) to draw up a checklist against which you can follow your practice's progress in your preparation for registration with the Care Quality Commission in 2012.

The checklist has been extracted from an appendix of the Act which provides examples of interpretation of, and a proportionate approach to, how the guidance could apply in primary medical care practices.

Appendix C goes on to say,

'They are examples only and registered providers and IPC Leads should carry out their own risk assessment to help them decide which parts of the criteria apply to their particular service. It is important to read the examples alongside the guidance under each criterion in the main body of this document.'

Registered providers and IPC Leads will make sure that they can provide evidence to support any decision to follow these examples or any other alternative approaches to the full guidance.' (P.54)

Following the consultation period the new edition of the Act is imminent and the check list will be amended as necessary.

For an electronic copy of the Checklist, please contact the IPCT Administrator, Lizzie Heenan-Ching at Elizabeth.heenan-ching@banes-pct.nhs.uk; for further information, contact Lauren Tew, Infection Prevention and Control Nurse, at lauren.tew@banes-pct.nhs.uk or on 01225 83 1898.

The Health and Social Care Act 2008 – Code of Practice for healthcare, including primary care and adult social care, on the prevention and control of infections and related guidance – draft for consultation.



Health and Wellbeing Network Healthy Conversation... 'Right Care Best Value'

**Bath Racecourse and Conference Centre,
Lansdown, Bath
Wednesday 15 September
9.30 – 2.00 (including lunch)**

The economic pressures facing all public services, along with many other pressures such as local population changes and the demands for different services, means there is going to have to be changes for local health and care services. The Health and Wellbeing Partnership has created a programme of change called 'Right Care Best Value'. This describes how the three important principles of improving health, increasing community services and reducing the need for hospital treatments will be delivered locally.

Some of the areas considered are:

- preventing illness;
- hospitals providing intensive care only;
- seven-day working across the whole system with 24/7 Community Nursing and flexible opening in GP practices;
- using facilities and resources better, including providing more care at home and support in the community,
- drug prescribing and medicine management.

This Healthy Conversation is a key opportunity to comment on the changes.

To book

email events@thecareforum.org.uk

or contact Katharine Gonzales at The Care Forum telephone 0117 965 4444

PATIENTS PRAISE GP PRACTICES

The results of the 2009-10 patient survey led by the Department of Health and delivered by Ipsos MORI, were very encouraging.

Headline findings included 94% patients across B&NES being happy with the care they received at their surgery while 97% reported to have confidence and trust in their doctor.

Almost 7,000 patients responded to the survey over the 12 month period between April 09 and March 10. Other key findings from the survey include:

- 85% patients who tried to get a quick appointment with a said they were able to do so within 48 hours (during working days)
- 82% patients who wanted to book ahead for an appointment with a reported that they were able to do so
- 78% patients who wanted to book an appointment with a particular doctor at their surgery said they were able to do so all of the time or a lot of the time
- 77% patients reported that they found it very easy or fairly easy to get through to their doctor's surgery on the phone.

For full details visit www.gp-patient.co.uk/info/

North Bristol NHS Trust

THE FOURTH NATIONAL RENAL DIABETES CONFERENCE

COOMBE LODGE
BLAGDON, NR BRISTOL

28th September 2010
08.30 – 16.30

Fee £95.00 per person

LECTURES – TRADE STANDS - POSTER PRESENTATIONS - WORKSHOPS

Further information and booking forms from:

The Renal Diabetes Secretary on 0117-3236059 or
Karen.Spencer@nbt.nhs.uk or Karen.Marchant@nbt.nhs.uk

Contact us

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Job Opportunities

Newbridge Surgery, Bath – GP Retainer

Retainer GP required for up to 4 sessions each week

Applicants should confirm with the Deanery that they meet criteria for the Retainer Scheme

- Training practice
- Modern and recently refurbished premises
- 4 GP Partners
- Community nursing team including OT's, midwife and physiotherapist
- 6700 patient list size
- EMIS LV practice currently evaluating changeover to a web based system
- Independent pharmacy attached
- Extended hours - Saturday mornings
- High QoF achievement
- Document management system and Lexacom dictation
- Earliest start date November but willing to wait for right candidate

Applications forms available from:

or for an informal chat call

Mrs Anne Ellis
Senior Secretary
01225 475502

Martin Pickbourne
Practice Manager
01225 475500

Closing Date 30 October 2010

Oldfield Surgery, Bath - Part-Time Salaried GP

We are an innovative, established and friendly practice in Bath, looking to recruit an enthusiastic and highly motivated GP.

- 6 Sessions per week (Mon, Thurs, Fri)
- Dedicated and supportive practice team.
- 5 GP Partners
- 11500 patient list size
- Extended Hours
- High QOF achievement
- Emis and Docman Systems
- Opportunity to join as Fixed Share Partner or as an Assitant.
- Start Mid October but willing to wait for the right candidate.
- Interview date is 13th September 2010.

Please apply in writing with CV:

Elizabeth Best, Practice Manager, Oldfield Surgery, 45 Upper Oldfield Park, Bath BA2 3HT.
Tel: 01225 820460 or email: elizabeth.best@gp-L81039.nhs.uk

Somerton House Surgery, Midsomer Norton – Triage Nurse

Somerton House is a long established friendly practice maintaining a high quality service in the delivery of patient care.

We are seeking an enthusiastic Triage nurse, initially on a 12 month contract for one morning a week with the possibility of moving to full time and a permanent contract. We are looking for someone to complement our clinical and administrative skill mix.

Minimum Qualifications:- RGN, Family Planning, Diabetes, Management. Experience or qualification in Minor Disease Management, Nurse Prescriber preferred.

Please contact:-

[Mrs C. Standerwick, 79a North Road, Midsomer Norton, Radstock BA3 2QE](#)
Tel: 01761 419774

Bath & North East Somerset Emergency Medical Service (BEMS) - Part Time Admin Assistant

You will be required to work Mon to Fri 09:00 to 12:00 £7.50 p/h

Must have excellent IT skills and have obtained the European Driving Licence or equivalent.

NHS experience preferred but not essential.

BEMS is part of the NHS pension scheme.

Please apply in writing with your CV to:

[Ms Jane Isaac,](#)
[BEMS, Riverside Health Centre,](#)
[James Street West, Bath,](#)
[BA1 2BT](#)
or email bne-pct.bems@nhs.net

Closing date 17th Sept 2010

Hope House Surgery, The Street, Radstock, BA3 3PL - Practice Manager

28 Hours Per Week

Salary dependant upon experience

Hope House is a semi-rural practice serving approx 7,000 patients with a keen interest in training and research. We have consistently achieved excellent QoF results, have strong links with local community based projects and have a highly experienced and supportive administrative and clinical team. We are looking for a proactive individual with the commitment and drive to ensure that high quality services are delivered, with a focus on providing outstanding and safe care to our patients. Previous experience within primary care/NHS is preferable, along with excellent people, leadership and organisational skills.

The successful applicant must have:

- The ability to work closely with the Partners in strategic planning and income generation.
- A proven track record in managing finances and business planning.
- Excellent interpersonal skills, with experience of motivating and leading staff.
- The ability to respond effectively to constant change in the NHS and the Practice.

For an application pack, please contact Hope House Surgery, Radstock on 01761 433157, visit www.hopehousesurgery.co.uk or email: Stephanie.coombs@gp-L81010.nhs.uk

Closing date Friday 24th September 2010. Interviews will be held on Friday 15th October 2010.