Claim for school imms data entry

It was agreed that to facilitate the implementation of the school based immunisation programme in Cornwall practices would be paid 40p per GP record updated as a result of an immunisation being administered by Kernow CIC. This is an interim arrangement for academic year 2016/17 only.

Please find attached to this newsletter a claim form to allow the processing of payment for data entry during the first part of the academic year (01/09/16 to 31/03/17). A form to claim payment for vaccinations entered in the latter part of the academic year will be circulated after the summer term.

Please return use this e-mail address phcontractssouthwest@nhs.net if you have any queries and to return completed forms by 31/07/2017.

Many thanks
Charlotte

Charlotte Taylor
Public Health Programme Manager
NHS England, South Region – South West
Tel: 0113 8250694 | Mobile: 07795 645428 | E-mail: charlotte.taylor24@nhs.net
South West House| Blackbrook Park Avenue| Taunton| TA1 2PX

Inside this issue:

| Your Chairman writes. | 2 |
|---------------------------------------------------------------|
| Pethadine prescribing for Community Midwives.                |
| Eating Disorder Service                                      | 3 |
| Occupational Health Update                                  |
| Cornwall Pastoral Care                                       | 4 |
| Operational Integration of Community Nursing Teams with GP  |
| Practices                                                    | 5 |
| System One Exit Annoucement.                                | 6 |
| Passport Countersigning                                      |
| CEPN News                                                    | 7 |
| Events                                                       | 8 |
| Vacancies                                                    | 9-12|
| Dr Basil Bile                                                | 14 |
Your Chairman writes ........

Last week saw a number of us from the LMC attend the National Conference for LMCs in Edinburgh. This was a two day meeting comprised of themed debates and motions submitted to conference for approval to develop as policy for the GPC (General Practitioners Committee of BMA - your negotiating representatives).

Many of you will remember my previous observations about these meetings, their structure, formal arrangements and predictability. This year was not much different. We all agreed that, basically, things are tough in General practice at the moment. we will be posting the conference resolutions for you all to see on our website shortly (www.kernowlmc.co.uk).

If whilst thumbing through the document you are looking for the plan to ‘save’ General Practice as we know it, don’t bother. It has been clear for some time to my mind that it will not be possible to preserve what we have at present in aspic. Firstly because the people who buy our services (the Government) want it delivered differently and secondly because it isn’t exactly popular at the moment as a career choice for young doctors ! LMC conference resolutions do nothing to change these facts. However, there is a growing realisation among some LMCs that if we are to achieve meaningful change then this must happen at a local level. we are uniquely positioned in Cornwall having one LMC, one CCG, a single GP provider company (KernowHealth CIC) and part control of both or community services contract (with CPFT) and Out of Hours (Cornwall Health).

Hopefully you will already have received notification of two evening LMC meetings open to all GPs and Practice Managers to discuss the future of General Practice in Cornwall. This will be your opportunity to gather information about our STP and to give open and honest feedback on many matters pertaining to the delivery of healthcare in Cornwall. See you there. (please see page 8 for further details).

Pethadine Prescribing for Midwives

We have been made aware of requests from Community Midwives for GP to prescribe Pethadine as the supervisory Matron who used to prescribe has now left and the Paediatrician Consultant in the hospital will not take over this role.

LMC advice is please do **not** prescribe.  This is full of potential problems and is not for the GP to sort out for them.

Dr Paul Abbott

Dr Paul Abbott of Bottreaux Surgery Boscastle, long standing LMC member, and twice LMC chair, has now retired both from Practice and the LMC.  Paul had been a font of knowledge and a font of reasoned, common sense advice as well as a tough LMC negotiator and advocate for General Practice.

Paul will be greatly missed by the LMC and we wish him well in his retirement.
Eating Disorders Service

General Practice is not commissioned to provide physical health monitoring for people with eating disorders. However, it is accepted that the physical health management of eating disorders are inextricably linked with on-going psychological management.

To reflect this approach NHS Kernow CCG has commissioned a new community physical health monitoring service for children and young people between the ages of 8 and 18 with Anorexia Nervosa or Bulimia Nervosa.

The lead provider for the service is Cornwall Partnership Foundation Trust who have been working in partnership with Kernow Health CIC (KH CIC) and RCHT. A new referral pathway and guidelines for all new cases is being developed and is close to completion. The RMS will notify you when the guidelines and pathway are launched.

Kernow Health CIC (your provider Company) has been subcontracted to provide the physical health monitoring element.

In order to begin the physical monitoring service, the existing case-load of young people currently monitored in General Practice are being contacted and asked to attend a KH CIC clinic, starting the week beginning 29th May. The clinics will be run by nurses employed by Kernow Health CIC and will operate from 3 sites:

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Days</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camborne Redruth Community Hospital</td>
<td>Mondays and Wednesdays</td>
<td>4.00 p.m. – 8.00 p.m.</td>
</tr>
<tr>
<td>St Austell Community Hospital</td>
<td>Tuesdays and Thursdays</td>
<td>4.00 p.m. – 8.00 p.m.</td>
</tr>
<tr>
<td>Liskeard Community Hospital</td>
<td>Thursdays and Fridays</td>
<td>4.00 p.m. – 8.00 p.m.</td>
</tr>
</tbody>
</table>

Some GPs may wish to continue with the physical monitoring of their existing patients in the short-term, and will be supported by CPFT until those cases are discharged from the service. From this point onwards all new referrals, once assessed, will have their physical monitoring done by the KH CIC Community physical monitoring team.
There have been some significant changes to Occupational Health support for GPs in Cornwall since the original service had its funding withdrawn in 2015. Although that service did survive for an extra year due to funding by GPs it has now ended.

**The good news is there is a new national service.**

It is called GP Health (GPH) and is run by the same people who run the Practitioner Health Programme in London, Dr Clare Gerada and The Hurley Group.

This service provides free confidential advice and support for all GPs, and GPs in training, suffering from psychological difficulties, eg anxiety, depression, stress, burn out, alcohol and substance abuse and addictions. It is available to GP partners, salaried GPs, locums, returners, retainers, ST1,2,3 and 4s. The service is accessed by self-referral to a national phone line or email after which assessment and therapy can be arranged locally, or out of area if the doctor prefers.

A GP self-referring will be asked to complete some standard forms and will then be given a code number and with this will be able to book an assessment with a GPH Clinician via a web based booking App. The assessment can be arranged locally and in person , or out of area and via telephone if the doctor-client prefers. After an initial assessment psychotherapy and on-going support can be arranged and will be funded by GPH.

Contact details for self-referral:-
Tel : 0300 030 3300    Email : gp.health@nhs.net

For further information look at gphealth.nhs.uk or contact me.
Email : linda.barry@nhs.net    Tel : 0787 591 7397

**LMC Pastoral Care**

The LMC has always sought to offer support to constituents in difficulty or distress, offering advice and counselling and, where appropriate, personal representation, with LMC staff or members acting as the GP’s advocate, friend representative or intermediary.

The LMC office is usually the first port of call for any GP needing help with either a patient complaint, an ‘under-performance’ issue, or an ill health or disciplinary matter. The office can signpost the GP (or colleague) to the most appropriate form of advice. If it is of a confidential nature we may refer the GP to one of our Doctors Friends. These are GPs, experienced in counselling and supporting colleagues. Where ill health is at issue, we can fast-track access to special counselling or treatment or discuss how best to access that through Occupational Health.

Where complaints or performance reviews are concerned, the LMC may offer the services of experienced GP advocates, who can offer direct representation or ‘facilitative intervention’ in on-going performance review procedures. The service is completely free of charge in the majority of cases.

This confidential service can be accessed by contacting Dawn at the LMC office either by telephone on 01726 210140 or by email dawn@kernowlmc.co.uk
In 2015 three local organisations (CFT/Kernow CIC and RCHT) were awarded the Adult Community Services contract with staff being employed by CFT. The commitment given was to build integrated community teams supporting patients, starting with the Adult Community Services. It has taken longer than we hoped to transition PCH into CFT but we are now in a position to progress this.

CFT and Kernow CIC are agreed we should work to a motto:

“Manage in the community all we have the skills and resources to manage”

Where we are unable to deliver on this purely due to capacity or resource issues we will capture this to discuss with commissioners. Where we do not have the skills, we can consider if there are areas for development in our communities in line with the “Shaping our Future” document or whether the Acute Trust is best placed to provide these services.

We are all trying to help the patients while preserving our sanity and precious time. There are many historic issues that have existed for years that have created mistrust and ill feeling. Given the workforce and demand challenges we all face it is time to confront these and find new ways of working together. There are opportunities for us to reduce duplication and work more efficiently if we are communicating and collaborating.

CFT has committed to empowering its community teams to work alongside clusters of practices in Primary Care to problem solve locally and develop strong local relationships.

Included in this communication is a list of contact details for all the district nurse leads working alongside the clusters of practices. Please take a note of your local district nurse lead and contact them with any queries.

Common areas of concern raised have been:

**Flu** - CFT are committed to providing a housebound service this year for those practices that would like it. The detail of this will be agreed with LMC/NHSE.

**Frailty** - The community teams will be scoring all patients on their caseload for frailty and for those >6 assigning a key worker in the community team. The teams will be hoping to work alongside the GPs in delivering the new frailty contract as the detail of this is known. Close communication will help this and teams would welcome MDT meetings continuing to support this.

**Leg Ulcers** - Several areas are forging ahead in co-designing local services to support leg ulcer management with district and practice nurses working together (Penwith have held their first clinic).

**Efficiencies** - All services have capacity issues and we want to ensure we are not duplicating visits.

**Community Matron Role** - Our nurses are a very valuable resource and we want to be confident they are being used to support patients in the best way. We will work with GPs to agree this, looking for a consistent model across Cornwall.

**IT** - Moving away from Systmone has been seen as a retrograde step for some practices but CFT are committed to delivering interoperability for all practices. From October community teams will use TotalMobile, which is an interoperable platform. Links with this and all GP software are being worked on now. Attached is more information about TotalMobile.

Our teams are empowered to resolve local problems locally. Where the problems persist they can be escalated to Board level if necessary for resolution, either by the teams or through the CFT board GP (tamsyn.anderson@nhs.net).

In most areas our relationships across our local teams are already excellent, our goal now is to build on this and ensure it is delivered across Cornwall to support managing our patients as close to home as possible.

Dr Tamsyn Anderson  
Director of Primary Care
In December 2016 the CFT Trust Board approved a proposal to migrate away from SystmOne as the clinical health record used by Adult Community Services.

Key factors in reaching this decision were:

**Mobility**

Many community staff has expressed frustration with the SystmOne mobile solution; synchronisation performance is slow or does not complete; connectivity frequently causes issues with uploading meaning staff have to re-enter data. The current system does not deliver a fit for purpose mobile solution.

**Affordability**

The SystmOne contract is currently centrally funded through NHS England, this funding ceases in August 2017 at which point the Trust will be liable for the full system cost of £300k per annum which is double the cost of other current systems. There will be no devolvement of the current central funding.

**Standardisation and Reporting**

CFT are unable to extract clinical data due to the complexity and build of templates; therefore not being able to deliver statutory or operational reporting resulting in both clinical and contractual risks. The current extracts are limited resulting in difficulties in monitoring data quality and case management.

**Interoperability and Integration**

CFT is engaged with the local digital road map, led by NHS Kernow; to work towards solutions capable of integration with multiple systems across health and care settings, including GP software. TotalMobile are committed to working with KCCG as part of the ‘first of type’ GP Connect programme.

The exit from SystmOne is planned to be completed by autumn 2017 and will be achieved through migration to Servelec RiO for clinic based settings, and TotalMobile for community based peripatetic staff.

Servelec are currently underway with a ‘first of type’ implementation with Southern Health to provide a view of RiO to all GPSoC systems, the expected timeframe to release to the rest of the RiO community is approximately 6 months.

We will be providing regular updates on progress, if you do require further information please contact:

Tamsyn Anderson – Director of Primary Care
Tamsyn.Anderson@nhs.net

Nicki Rayment – Interim Head of IMT
Nicki.Rayment@nhs.net

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**Passport Countersigning**

New guidance on the UK gov Passport website. We’ve got what we’ve been calling for -

https://www.gov.uk/countersigning-passport-applications/accepted-occupations-for-countersignatories

**People who aren't accepted**

Your countersignatory can’t:

- work for HM Passport Office
- be a doctor, unless they state that they know you well (eg good friend) and that they recognise you easily from your photo

Travel Agents- qualified* can do the passport countersigning now. Not aware of any qualifications required apart from turning up clean and smart with a good grasp of English, maths and speech.
Rolling Programme update

After successfully working with PCH for several years to deliver courses to primary care on tissue viability, venepuncture and several other useful trainings, you may have noticed that over the last year access to these courses has been unavailable. This occurred as the new community provider CFT had a sticking point around governance. I am delighted to say that this has now been resolved and I am working closely with CFT’s new head of education Alan Jervis to ensure these courses are available again to general practice staff as soon as possible. CFT are currently planning their new courses and we will have access to these again from September 2017.

For those practices paid into the rolling programme you will be allocated a number of funded places that will be included in your package. Practices not bought in will be invoiced by CFT on a per course basis. How to book and the details the courses available will be advertised on the practice nurse website [www.cornwallpn.co.uk](http://www.cornwallpn.co.uk) and notified to you as soon they are confirmed.

Within the next few months the Practice Nurse website will be updated and converted into the Cornwall CEPN site with the aim of have courses and resources for all Primary Care staff in one place.

For more information on the CEPN and what projects we are currently working on please have a look at [http://www.kernowhealthcic.org.uk/cepn/background](http://www.kernowhealthcic.org.uk/cepn/background)

If you would like me to come to your locality or practice meetings to talk about the work the CEPN is doing or have ideas for staff development please email me on pauljeffrey@nhs.net or call me on 07799331707.

Paul Jeffrey MSc. RN PGCert(Med)Ed
Project Manager
Cornwall Community Education Provider Network (CEPN)

Kernow Health CIC
1st Floor Cudmore House
Oak Lane
TRURO, Cornwall
TR1 3LP
pauljeffrey@nhs.net
Main reception Tel: 01872 226714
Mobile 07799331707
[www.kernowhealthcic.org.uk](http://www.kernowhealthcic.org.uk)
[www.southwestpn.co.uk](http://www.southwestpn.co.uk)
Can I remind you all that this is the next course we are running and at present we have nobody booked onto this course. To keep all of the courses on the programme running they need to be booked. Please can you consider booking up both this course and the rest on our programme. The price is £25.00 which includes lunch and refreshments.

Attached is the booking forms and a programme of the courses.

The Future of Cornish General Practice – The STP and beyond.

An LMC led meeting to inform Practices about the STP plans and to help develop a vision for the future of Cornish General Practice.

We will be joined by representatives from KCCG, Cornwall Council, Cornwall Partnership Foundation Trust, Kernow Health CIC and RCHT.

GPs and Practice Managers Welcome.

The Future of Cornish General Practice – The STP and beyond.

An LMC led meeting to inform Practices about the STP plans and to help develop a vision for the future of Cornish General Practice.

We will be joined by representatives from KCCG, Cornwall Council, Cornwall Partnership Foundation Trust, Kernow Health CIC and RCHT.

6th June at Lanhydrock Golf Club, Bodmin

or

8th June at Penventon Hotel, Redruth

Meetings will commence at 7pm with a buffet from 6.30pm

Booking is essential – admin@kernowlmc.co.uk

New Models of Care: prevention and early intervention event

The SW AHSN would like to invite you to our ‘New Models of Care: bringing general practice and communities together’ taking place at Exeter Racecourse on 18 July 2017. This will not be an ordinary event. We intend to run it as a drop-in session between 14:00 and 19:00. We will structure the networking and learning opportunity so you get best value for your time.

This event will explore the common ground and interdependency between:

- General practice: workforce planning, quality improvement;
- Social prescribing: linking to communities;
- Community development: ensuring all communities are resilient and
- Integrated working including multi-disciplinary teams, neighbourhoods teams.

To register your interest, please click here.
Two fantastic GP opportunities in St Ives

Salaried GP (Maternity Cover) 6-8 sessions per week for 9-12 months Mid-End August/September 2017 start

Salaried GP or GP Partner 4-8 sessions per week Start date flexible

We would like to welcome two enthusiastic, energetic, dynamic, committed and forward thinking GPs into our team. We are a progressive practice providing an extended range of high quality services, working from our inspiring Victorian grade 2 listed premises in this picturesque seaside town.

- 6 partners and 6 salaried GPs, 2 Nurse Practitioners and large nursing team
- Pro-active, supportive & harmonious team with Pharmacist and Clinical Admin Team committed to reducing GP workload
- 12,500 patients
- Outstanding CQC Rating
- 100% QOF performance & committed to high quality patient care
- Strong commitment to postgraduate and undergraduate training
- Growing Research Practice
- Extended range of services on site: MIU, minor surgery, pharmacy, physiotherapy, counsellors, shared care substance misuse and anticoagulation monitoring
- Active Patient Participation Group & Friends of Stennack Surgery
- Opportunities for GPs with special interest.
- Spectacular sea views guaranteed with all home visits!

To apply please send a copy of your CV and a covering letter ASAP to lydia.hale@nhs.net

For further information & any queries please contact a member of our Executive Management Team:

Dr Dan Rainbow (GP Partner) dan.rainbow@nhs.net
Dr Rupert Morrall (GP Partner) rupert.morrall@nhs.net
Lydia Hale (Practice Manager) lydia.hale@nhs.net

GP Partner - Harris Memorial Surgery

We have a motivating opportunity for a 6 session GP Partner to join our surgery, set in a beautiful rural location close to the Cornish coast.

We are a well-regarded, dispensing, GMS Practice, with a stable list of 5600 patients shared between three part-time partners and a salaried GP. We operate from modern, purpose-built premises in Illogan and a thriving branch surgery at Lanner. We value our loyal and highly skilled nursing, dispensing and administrative team, who are friendly and dedicated. We use Microtest Evolution clinical systems, are consistently high QOF achievers and hold weekly clinical/business meetings. We achieved a good CQC rating following inspection in May 2016.

We are looking for a motivated and enthusiastic GP committed to providing a high standard of care to our patients. We would particularly welcome someone with an interest in diabetes and/or female health.

Post available from Summer 2016. Informal visits and enquiries are welcome. Closing date for applications is 30/06/17, interviews to be in the following 2 weeks. Apply with a covering letter and a current CV to Dawn Jonathan, Practice Manager, Harris Memorial Surgery, Robartes Terrace, Illogan, Redruth, TR16 4RX, Tel 01209 844300.
Due to the retirement of our senior partner we are looking to recruit the right individual to complete our team. We are one of the best surgeries in Cornwall; high achieving and forward thinking. We are a successful and dynamic practice combining the best of the traditional qualities of General Practice with innovation and aspiration. Our premises is a spacious purpose built Health Centre and as such there is no capital buy in for new partners.

Falmouth is a vibrant university town and is the winner of the Sunday Times readers vote ‘Best Place To Live’ 2017 and also benefits from good access to high quality State and Private Schools.

- Maximum QOF attainment
- 8500 pts
- 5 GP partners, nurse practitioner, 3 practice nurses, 2 HCAs and 2 phlebotomists
- Pharmacy on site and also co-located with community nurses, health visitors, community matron, social services care coordinator, community midwives, podiatry, dental services and out patients.
- Protected Doctors meeting time daily and weekly MDT meetings.
- 12 minute routine appointments.
- CQC Good or outstanding in all domains.
- Nurse led chronic disease management
- Medical student and VTS training practice
- Low home visit rate.
- EMIS Web, EPS, eConsult, paperless

GP interests include minor surgery, cycling, education, surfing, women’s health, horse riding, open water swimming and sexual health!

Want to join our team and find out the secret of combining the achievement of excellent clinical outcomes with a great work/life balance? Send your CV and covering letter to Geoff Dennis, Practice Manger, geoff.dennis@nhs.net or for more information call Geoff on 01326 310160 or 07921 240856 or visit our web site – www.faldoc.co.uk.

Our partners in the photo above (from left to right): Paul Davoren, Nick Rogers, Vicky Hartnell, Denise Lasbury, Rachael Wilson
Salaried GP – 3-4 sessions (newly qualified or retainers welcome)
Tamar Valley Health, Callington, Cornwall

We are based in an Area of Outstanding Natural Beauty on the Cornwall/Devon border. Close to the market town of Tavistock and within easy reach of Plymouth there is a good choice of local schools. Between moor, sea and river, outdoor opportunities abound for sailing, surfing, cycling and walking.

An innovative forward thinking practice:

- GMS 16,000+ patients with 9 GP partners, 2 Pharmacist Partners and 5 Associate GPs working over 2 health centres at Callington and Gunnislake
- Pharmacy at Gunnislake Health Centre with rising profits and Practice Dispensaries at both sites
- Full QOF scores for the last 2 years and ‘Good/Outstanding’ CQC ratings
- Active involvement with the CCG and LMC
- SystmOne so paper light
- Excellent Clerical and Nursing Teams including a Prescribing Nurse Practitioner and Prescribing Nursing Team Leader
- Medical Student Training
- Active in NIHR and RCGP approved research
- Close links to Community teams

Start date: as soon as possible – tamarvalleyhealth.co.uk

Contact: Natalie Wilkerson, HR Manager: natalie.wilkerson@nhs.net 01579 382666

Closing date: 31/07/17
Meneage Street Surgery Helston
We are seeking a salaried GP with view to partnership

- 4-8 sessions per week
- start date September 2017 but flexible for right person
- opportunity to develop special interests

Our practice:
- currently 3 partners & a salaried GP
- advanced nurse practitioner
- minor illness nurse & nurse led chronic disease clinics
- an enthusiastic & cohesive team
- a high achieving GMS practice with maximum QOF score
- clinical system: Microtest/Evolution
- surgical unit plus treatment & phlebotomy rooms
- training practice with educational ethos

Applications to/further information/informal discussion or visit
please contact: Linda Granger, Managing Partner/Practice Manager
Tel: 01326 555285 e-mail: l.granger@nhs.net

Stratton Medical Centre
Nurse Practitioner

We are a large, friendly, forward thinking seaside practice in the beautiful countryside of North Cornwall. Our position offers excellent quality of life with stunning beaches on the doorstep.

We are looking for a dynamic Nurse Practitioner who values a supportive team environment to work alongside committed and dedicated partners who will be able to develop and progress your clinical skills whilst providing a high level of patient care.

Our ideal candidate would be an independent prescriber, have knowledge of long term conditions and be confident in triaging, minor illness and willing to undertake home visits on behalf of the GPs. They will demonstrate safe clinical decision-making and expert care, including assessment and diagnostic skills.

If you are an enthusiastic, progressive thinking, committed Nurse Practitioner who has the vision and organisational skills to help us to develop this role and improve the care we give to our 11,000 patients we would welcome your application.

Start date negotiable.

Please apply with CV and letter to:
Miss Kathryn Pengelly (Practice Manager), Stratton Medical Centre, Hospital Road, Stratton, Bude .EX23 9BP
Telephone no: 01288 352133
Email: Kathryn.pengelly@nhs.net
Website: www.strattondocs.co.uk
URGENT CARE NURSE – ST AUSTELL HEALTHCARE

We are looking for an experienced, enthusiastic, friendly Urgent Care Nurse/Minor Illness Nurse to join our Team at Carlyon Road Healthcare Hub.

Ideally you will have experience in urgent care medicine and minor illness treatment. If you are a team player and share our supportive and friendly ethos of commitment to high quality care we would like to hear from you.

Full time and part time hours available – Band 7 level

SAH has 32,000 patients. We are nationally recognised as being at the forefront of innovative Primary Care. We are a training practice committed to development and education and facilitate training for both medical and nurse students.

Further information available from Mrs Sharon Evans, Urgent Care Matron
Email: Sharon.evans21@nhs.net Tel: 01726 75555

Applications to Mrs D Marshall, HR Business Manager, Wheal Northey Surgery, 1 Wheal Northey St. Austell PL25 3EF email: Debbie.marshall15@nhs.net

PRACTICE NURSE – ST AUSTELL HEALTHCARE

We require a competent, experienced, friendly Practice Nurse to cover Maternity Leave for a period of 12 months.

This is a FT band 5 post based at our Park site. The post holder will be required to work from any of our other sites if necessary.

Duties include: venepuncture, general dressing and wound care, ear syringing, suture removal, ECG, BP, and all other aspects of general Nursing Care

Further information available from Mrs J Arrowsmith, Planned Care Matron
Email: j.arrowsmith@nhs.net Tel: 01726 626854

Applications to Mrs D Marshall, HR Business Manager, Wheal Northey Surgery, 1 Wheal Northey St. Austell PL25 3EF email: Debbie.marshall15@nhs.net

HCA VACANCY – ST AUSTELL HEALTHCARE

We require a FT reliable, competent HCA to join our busy primary care team at St. Austell Healthcare. The postholder will be part of our healthcare team providing high quality, forward thinking nursing care to meet the holistic needs of our practice population of 32,000 patients.

The postholder must have good communication and IT skills, be able to work under pressure and work within a large team.

Previous experience in: Venepuncture, Wound Care, Blood Pressure, ECGs desirable: Training to NVQ level 2/3 desirable

There will be a requirement to move between sites, all of which are located within a 1 mile radius of the town centre. Hours to be arranged between 8.00am – 8.00pm Monday-Friday.

Further information available from Mrs J Arrowsmith, Planned Care Matron
Email: j.arrowsmith@nhs.net

Applications to: Mrs D Marshall HR Manager, St. Austell Healthcare
Wheal Northey Surgery, 1 Wheal Northey, St. Austell PL25 3EF email: Debbie.marshall15@nhs.net
News reaches me via the Grand Duchy grapevine that the Absent Abbott is finally hanging up his robes, becoming permanently absent in the process. It is hard to imagine the Cornish GP scene without that reassuring shiny pate at or close to the political helm. He must have attended more LMC Conferences and chaired more LMC meetings than any other man or woman alive. He must also have been absent from more meetings than any other man or woman alive, due to his love of the thwack of leather on willow. And for the avoidance of any prurient misunderstanding can I clarify at this point that I am not referring to Soho based activities, but rather those to be discovered and enjoyed at Lords and the Kennington Oval. His only flaw (admittedly a grievous one), namely that of supporting Grimsby Town football club, should be forgiven. After all, none of us is perfect. Well, apart from me obviously.

I am, as you know Dear Readers, nothing if not academically inclined when it comes to matters medical. And although I really can’t be arsed to do any research myself as it is not my forte and I do have an unfortunately short attention span these days, I am more than happy to adjust my everyday practice by taking into account the research work of others. Scrolling through the literature one or two gems caught my eye.

Firstly, it comes as no surprise to learn that telephone triage is of no benefit to busy GPs. Research has shown that people who are assessed over the phone are more likely to require follow-up care than those seen face to face, money is not being saved, and our workload not reduced. The findings, published in the Lancet, were based on a trial involving more than 20,000 patients at 42 GP surgeries. This rather goes against the perceived wisdom, peddled by the politicians and the Triage groupies amongst our own ranks, that there should be an increase in ‘remote’ consultations. Frankly, I have become somewhat adept at conducting remote consultations when the patient is in the room with me. When Mrs No-one-understands-me plonks herself down opposite me and starts wittering on I immediately remove myself mentally to a tropical island, complete with a beach-side cocktail bar. The alarm on my watch tells me when her ten minutes is up.

The second study that affects us pliers of the noble art of Family Doctory was the alarming finding that every hour spent in front of a computer screen affects mental performance. This is a tad worrying given the amount of screen time inflicted upon us by modern primary care. During the average consultation I spend more time looking at the computer than I do at the patient, especially during sports festivals with live on-screen coverage.

The study, published in the International Journal of Behavioural Nutrition and Physical Activity (bet that’s a best seller in WH Smiths), included 845 children from 18 secondary schools in Cambridgeshire and measured daily activity and sedentary behaviour at an average age of 14.5 years, admittedly slightly younger than most GPs, although given the recruitment crisis that may be about to change. Their GCSE results a year later were assessed, all of the points scored being added up, and with every hour of screen time they were exposed to scores were reduced by 9 points, the equivalent of getting a grade ‘C’ instead of an ‘A’ in one subject. Coupled with the recent NHS electronic records hacking incident it seems to me that its high time we consigned bloody computers to the bonfire of the vanities and reverted to good old fashioned written medical records. Okay, so they occasionally got lost, and no one could decipher precisely what their colleagues had written, but the Lloyd George envelopes were never hacked by the Russians or the North Koreans, and our brain boxes were never adversely affected by utilising them.

Roll back the clock. You know it makes sense. I’m sure the Absent Abbott would agree, if he hadn’t gone absent…