RCGP News

THE NEWSPAPER OF THE ROYAL COLLEGE OF GENERAL PRACTITIONERS

NOVEMBER 2009

# College launches new ‘task force’ on leadership

The RCGP has joined forces with the British Association of Medical Managers (BAMM) to launch a new initiative to tackle management and leadership challenges in primary care.

*Leading lights: Dr David Colin-Thomé, Professor Jenny Simpson and Professor Steve Field*

The Joint Board for Medical Managers in Primary Care will act as a national network supporting Medical Directors and newly-created Responsible Officers in primary care and producing relevant training and development opportunities for those interested in primary care management and in stepping up to leadership.

Chaired by RCGP Fellow and National Clinical Director of Primary Care Dr David Colin-Thomé, the College is represented by RCGP Chair Professor Steve Field alongside Professor Jenny Simpson, Chief Executive of BAMM.

Nearly 40 representatives from PCTs around the country attended the first meeting held at the College where it was agreed that that one of the Board’s most pressing tasks was to define and get consensus around the actual role of Medical Director as it was open to different interpretation by different Trusts.

Other areas of discussion included ways in which GP leaders could gain the respect of secondary care colleagues and how leadership could be made more appealing to grassroots GPs.

The Board is also proposing a BAMM/RCGP Blueprint for Effective Medical Management and to organise leadership and training programmes which will incorporate the national competencies for Responsible Officers, appraisers and appraisal trainees.

The collaboration is already improving communication and delivering results. From next month, all its members will receive the RCGP’s new regular briefing on revalidation.

BAMM CEO Professor Jenny Simpson said: “BAMM already has a MDPC network (Medical Directors in Primary Care) which has met several times in the last year and the next logical step was to expand and develop this with our colleagues at the RCGP.

We hope that the bridges between Primary Care Medical Directors and the wider primary care community are strengthened through the College, and the links between primary care, secondary care and mental health medical managers are developed through BAMM.

“Trying to work out what leadership looks like in primary care is a really difficult task. We need GPs in management who understand what leadership is all about, with a proper career structure that enables us to form a body of knowledge so that we can properly inform policy rather than just talking about it.”

RCGP Chairman Professor Steve Field said: “We have been discussing this collaboration for over a year now. Leadership always seems to be the preserve of secondary care or viewed as tokenism in primary care and we are missing out on future stars coming forward, not just in the profession but the wider NHS.

“We need new and different models of care in the future but we won’t be able to define what’s right and what’s wrong without the proper structure and support for our medical leaders. Every Strategic Health Authority should have at least one GP on its Board but this is a problem in the current structure and many GPs do not have the confidence to put themselves forward or, if they do, find themselves completely unsupported.

“We need to create an environment of encouragement and support that bridges the clinical divide. The College cannot achieve this in isolation so we are delighted that BAMM have agreed to work with us. The high attendance at our inaugural meeting shows the need and the willingness of GPs to make this happen.”

Founded in 1991, BAMM is an independent registered charity that provides leadership training, support and development for a national network of over 1,200 medical managers. BAMM aims to provide clinicians with the resources and opportunities to improve their ability to lead change in the NHS, at both a local and national level. BAMM also acts as a voice for medical managers on the national political stage.

BAMMbino, BAMM’s junior doctor sub-division, has also branched out into primary care by establishing a primary care working group to organise events and resources for GP trainees interested in management.

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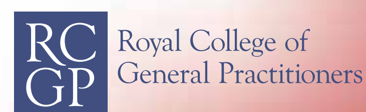
## Glasgow calling – RCGP Conference 2009 is here!

**Only days to go to the primary care event of the year as the RCGP decamps to Glasgow for the annual national conference 2009.**

*Excellence in Practice: Winning ways for primary care* will be held at Glasgow’s SECC from 5-7 November and this year’s event will be bigger and better than ever!

Chaired by Niall Dickson – current Chief Executive of the King’s Find and incoming Chief Executive of the General Medical Council – this year’s programme has been developed to ensure that there is something to suit the entire practice team.

RCGP Vice Chair and Conference Lead Dr Clare Gerada said: “The response to this year’s event has been staggering, so get in quick if you don’t want to miss out on the biggest event in the primary care calendar. We’re really looking forward to seeing you there.”



Annual National Primary Care Conference 2009

**Excellence in Practice**
*Winning ways for primary care*
*5-7 November • Scottish Exhibition & Conference Centre, Glasgow*

Get ready for Revalidation!

**ARE YOU READY FOR REVALIDATION?**

**Don’t miss the opportunity to attend this year’s conference and learn more about the College’s role in Revalidation, the development and delivery of the system, as well as key timelines and requirements.**

The keynote address by RCGP Chairman, Professor Steve Field, ‘Excellence through Revalidation’ will highlight how Revalidation requires a commitment by all to improve the quality of care for our patients.

Delegates will also learn about enhanced appraisal - what it means for GPs, what is required of GPs and support available from your PCT.

**There are also over 50 different concurrent sessions to choose from, a host of workshops, courses and fringe meetings and of course a great social programme.**

**Don’t miss out on the event of the year!**

For further details or to register please visit **www.rcgpannualconference.org.uk** or contact conference organisers, Profile Productions Ltd, on **020 8832 7311** or email: **rcgp@profileproductions.co.uk**

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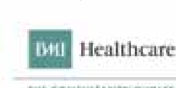

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# Leading by example: Jag lines up with the best

**West Midlands GP Jagdeesh Dhaliwal is through to the finals of the first NHS Leadership Awards after being shortlisted from over 700 entries across England.**

Jag – Programme Director of the West Midlands Leadership Programme for Primary Care – is one of three finalists in the NHS Mentor of the Year Category of the peer-nominated awards.

The award citation underlines why his nomination is very well deserved. 'Jag… a guru, a touchstone… an inspiration' and 'we shared a special journey' are among the comments he received.

The NHS Leadership Awards have been established to highlight the work of today's leaders – and to foster the leaders of the future. They celebrate innovation, direction and quality in promoting patient care and experience.

The results will be announced at a ceremony in London on November 25 – the start of a process in which the winners will share their skills, experiences and learning to develop future leaders in their teams and organisations.

RCGP Chairman Professor Steve Field said: "This is brilliant news for Jag, the College and everyone who knows and works with him. GP leadership in the NHS is more crucial than ever and we need more role models like Jag who are prepared to step outside their clinical comfort zone and show how GPs can exert their influence and expertise regionally and nationally."

- *Jag and his fellow nominees can be seen showcasing their merits in short films on YouTube and Flickr with more detail at* www.nhsleadershipawards.nhs.uk

*Jag Dhaliwal: ' A guru, a touchstone, a challenging leader and an aboslute inspiration'*

## Jag: Firing on all cylinders

A graduate of Leicester Medical School, Jag completed his training as a general practitioner in Kent. Relocating to the West Midlands to take up a combined General Practice and Public Health role, he facilitated a wide range of patient/ professional focus groups and worked in collaboration with colleagues on a range of chronic disease management improvement programmes.

Ongoing interest in service innovation motivated his subsequent appointment as Director of Primary Care Development for Walsall Community Health Trust in 1998. Through taking a strategic lead in the implementation of Personal Medical Services pilots, establishing local NHS walk-in centres, facilitating nurse prescribing, rolling out NHS appraisal for doctors and mentoring doctors with professional development needs, Jag was able to consolidate his broad practical experience of leadership and management in the NHS.

In 2001, he gained an MSc in Health Services Management with Distinction from Warwick University for his dissertation looking at the performance management of doctors. Subsequent to consultancy work as an independent management and leadership coach for clinical professionals, Jag returned to Warwick University in 2003 as Director of the MSc course, overseeing the redesign of the Health Services Management programme.

His leadership programme established in 2004 for Chilean national health service professionals – 'La Pasantia Internacional en el Liderazgo'- has been consistently ranked as one of the highest quality leadership development initiatives sponsored by the Chilean Ministry of Health and participants have commented on the ongoing impact of this programme months and years afterwards in helping to lead and manage service innovations.

In 2008, he was appointed Director and educational lead for the RCGP Midland Faculty leadership development initiative, funded by NHS West Midlands. The programme successfully recruited 60 healthcare professionals drawn from a variety of disciplines, leadership levels and backgrounds.

Jag has lectured worldwide on Management and Leadership related issues and has recently embarked on a research doctorate, looking at leadership talent management in the NHS, so aiming to further expand his interest and sharpen his expertise in health care leadership nurture and mentoring. He lives in Birmingham with his wife Raj, an NHS dentist and their three children.

**CITATION** (Peer-written)

Jag personally mentored me (and five other 'Champions') to help us roll out a leadership programme. The nomination was proposed by one of the associates on this programme and universally (and behind Jag's back) voted into place. He was invited to accept at the Final Leadership Conference with a standing ovation. We all learned to become proactive, absorbing Covey, EQ and theory. Jag acted as a guru, a touchstone, a challenging leader and an absolute inspiration to us all. The group fizzed with energy and commitment. Most importantly, it has delivered. Jag's inspiration is measured in concrete outcomes projects and innovations across the West Midlands. His personal commitment – literally thousands of helpful, witty and precise e-mails, quick phone calls, meetings and corridor chats – inspired all to make the extra step, the additional piece of reflection or coaxed the reflectors to action.

His mentoring style allowed the Champions to function in a challenging and inspiring way together and in their own groups, creating a cascade of enthusiasm, motivation and personal investment. People took extra time, attended every workshop and seminar and all felt they were able to enjoy a special piece of personal chemistry and magic with Jag. We have shared a very special journey and, uniquely, the whole course wanted to propose him for this award!

*Emotional rescue: (l-r) Philip Pullman, Ruby Holmes, young participant; Jon Snow; Dr Ann McPherson, Medical Director and Co-Founder of DIPEx; Professor Alan Stein, Professor of Child and Adolescent Psychiatry, University of Oxford at the launch of the new web resource*

# A Pullman push with Snow online at latest Youthhealthtalk launch

**Broadcaster Jon Snow and author Philip Pullman helped launch the latest section of award-winning website Youthhealthtalk, pioneered by RCGP Fellow Dr Ann McPherson.**

**The new section looks at young people's experiences of depression and low mood. It is based on in-depth interviews with 39 young people aged from 16 to 27 about their experiences of bullying; early signs and symptoms; antidepressants, talking treatments and other interventions; friendships and family; school and lifestyle.**

**The launch was also attended by Chief Medical Officer Sir Liam Donaldson and Professor Alan Stein, Professor of Child and Adolescent Psychiatry, University of Oxford.**

**Sir Liam said: "Emotional wellbeing and mental health underpins all aspects of teenage health. I am delighted that Youthhealthtalk is providing young people, their carers and health professionals with the information and support they need."**

**Philip Pullman added: "Young minds are wonderfully strong and agile, but they are malleable too, and when something like depression strikes, the young patient can suffer a great deal. Thank goodness for Youthhealthtalk, which lets young people know that they are not alone in their experience, and provides what might easily turn out to be a lifeline."**

www.youthhealthtalk.org **and** www.healthtalkonline.org **have been created by the DIPEx Health Experiences Research Group at the University of Oxford and now include people's experiences of almost 50 different illnesses and health conditions presented through video, audio and written material.**

# Seven steps to patient safety: book now for NPSA seminars

**The National Patient Safety Agency will be hosting a series of free web seminars on the steps that general practices can take to safeguard their patients.**

The seminars are based on the recently launched document *Seven Steps to Patient Safety in General Practice* and will provide practical hints and techniques that can be used to promote quality care.

By following the steps, GPs can ensure that care is provided as safely as possible and, that the right action is taken if things do go wrong.

It will also help GPs to meet clinical governance standards, accreditation processes and contractual requirements.

The steps are based on a comprehensive literature review, and have been adapted to general practice through a series of focus groups and consultation with GPs, nurses and practice managers from across England and Wales.

Alongside each step is a set of activities that can be taken to develop policies, strategies and action plans.

- *Further details on the Seven Steps document, the free seminar series and how to register for each seminar can be found at* www.nrls.npsa.nhs.uk/resources/healthcare-setting/general-practice/?entryid45=61598

| SEMINAR | DATE AND TIME |
|---|---|
| Lead and support your practice team | Wednesday 18 November 8.15am |
| Integrate your risk management activity | Thursday 10 (or 3) December 1pm |
| Promote reporting | Wednesday 13 January 1pm |
| Involve and communicate with patients and the public | Thursday 4 February 4.30pm |
| Learn and share safety lessons | Wednesday 3 March 1pm |
| Implement solutions to prevent harm | Thursday 25 March 1pm |

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# The end of an era

**Professor David Haslam** steps down as President of the RCGP later this month. Here he looks back on an illustrious College career and outlines his high hopes for the future of general practice

### Why did you become a GP? Who are the doctors or leaders who have inspired you and why?

My dad was a GP in Birmingham. I don't have too many memories of him – he died when I was quite young – but it was so obvious that he was greatly loved and much admired. I will never forget how packed the church was at his funeral, and what wonderful things people said about him. And then my brother, John, was also a much-loved GP and a lot older than me, and died when I was a medical student. The potential brevity of life has always been a stimulus for me just to get on with things.

And when I was a GP trainee – and had faced all the prejudice of people at University saying things like, "You seem quite bright, David. Why on earth waste yourself by becoming a GP?" – I will never forget Donald Irvine coming to talk to our Vocational Training Scheme. I remember thinking that if someone that bright and that impressive could be a GP, then maybe the prejudices were all wrong. Charismatic leaders are vital to our professional future.

### How can members become more involved in the work of the College?

Whenever I hear members complain that not enough of their colleagues get involved with College matters I remember that I have been a member of the BMA for 40 years, and have almost never been to a local meeting – but it doesn't mean I don't support them. People support the College in countless ways.

The College isn't Princes Gate – it's what goes on in countless consulting rooms. Having said that, one of the best secrets for an enjoyable career is to mix with enthusiasts – and the College is the ideal place to do that. The RCGP has given me the most extraordinary and fascinating career, and I am just so grateful.

There are two simple ways to get more involved – contact your Faculty and say you want to be involved in local activities; and, for central College initiatives (special interests, policy stuff, even committee representation!), contact the Honorary Secretary (honsec@rcgp.org.uk) and say why and what you might want to offer.

You can also help us by feeding in comments to people who lead for College activities, such as International or Health Inequalities: their details are usually on the website or send via HonSec if you are not sure. You can help respond to consultations, participate in the e-forums for educators and rural GPs and suchlike. I got elected to Council because I was cross about how some things were developing. You certainly don't have to be a yes man (or woman).

### Why did you want to be President of the RCGP?

I would never ever have imagined I would have become either President or Chairman. When I first joined Council I remember thinking that wild horses wouldn't drag me to do such massive tasks. But I also believe the two saddest words in English are 'if only'. When the possibility appeared – indeed when numerous opportunities in my career have appeared – I simply imagined myself on my deathbed at a ripe old age asking myself whether I would have wished that I had tried. And if I would have regretted not going for something – I go for it. That way there can be no regrets. But none of it was really planned.

Having said that, after my time as Chairman I thought that it would be a real pity to waste all the contacts that I had made, and that it would allow me to focus on issues like morale and inspiration, rather than the day-to-day politics which has to preoccupy the Chairman.

### Do you feel you've achieved everything you set out to do?

Absolutely not. Mind you, I don't think I have ever truly been satisfied with anything I've done – but at least I recognise that trait in myself and don't beat myself up about it. I would have like to spend more time in more faculties – but there are only so many hours in the week.

I really enjoy meeting young doctors around the UK and around the world, and hope that I've been able to open their eyes to the quality and complexity of the task that they do, and which so many people underestimate.

### What have been the highlights?

Perhaps the main day-to-day pleasure has been working with some wonderful colleagues – both doctors and members of the College staff. Out of the major events, the membership ceremonies are wonderful. I feel just so privileged to meet so many enthusiastic, altruistic, caring, and well qualified doctors at the start of their careers.

If I can abandon my natural (and extremely well hidden) modesty for a moment, I really enjoy the feedback I get from public speaking. I sometimes feel rather guilty that I'm not with my own patients more of the time, and then I forgive myself by hoping that I can help many other patients by helping their own GPs to aspire to excellence. It's a rather indirect form of general practice, but I hope it has some value.

In a much more trivial way, perhaps the most extraordinary moment occurred whilst my wife and I were on holiday a year or so ago in Tobago. We were walking in the jungle with a guide and a small group of fellow tourists. Out of the blue, a College Examiner appeared on the same path. He greeted me with the words "Good morning, Mr President". We chatted for a while and, as he left, I heard members of our group say to each other, "Mr President – just who is this guy?" I never explained. The fantasy was probably much more fun than the reality.

> The College isn't Princes Gate – it's what goes on in countless consulting rooms. Having said that, one of the best secrets for an enjoyable career is to mix with enthusiasts – and the College is the ideal place to do that

### And the most challenging moments?

I had thought the Presidency would not be political, but through my role as Vice-Chairman of the Academy of Medical Royal Colleges, I was elected to co-chair the MMC Programme Board (now known as the Medical Programme Board). This was immediately after the MTAS debacle, and I was faced with a Board that could have splintered, bickered, or been dysfunctional. I am hugely proud of the success we have achieved – they have been great people and great meetings – but it was very hard work.

### As a recent past Chairman, was it difficult to switch roles?

It is a totally different role, and in a funny way I think it was easier to keep out of the Chairman's shoes because I knew what it was like to have that job. It was a real pleasure to work with Mayur (Lakhani), Steve (Field) and their teams. Being Chairman is a monumental task, and the very last thing they needed was me interfering.

### Will you still be involved in any RCGP work?

I am absolutely certain that my moral duty now is to get out of the way, and let fresh blood into the organisation. I have loved my career, and I would have loved to stay working with so many good friends, but I have a strong sense of duty. I will be helping out with the appeal towards our new premises, and am already booked to give a few lectures next year, but otherwise the rule is clear – "The king is dead, long live the king" – and Iona Heath will make a fantastic president.

### What advice would you give to Iona as she takes on the role?

The last thing Iona needs is advice from me. However, I'm just so aware how lucky any of us is to do jobs like this, and how very many other incredibly talented GPs there are out there. So the rules I've tried to give myself are to have fun, realize how quickly it will go, and remember just who it is that we are representing.

### What changes do you think we'll see in the next ten years in general practice?

We will be able to do much more in general practice without having to refer to secondary care; consultations will get longer as GPs concentrate on the more complex tasks; and much more undergraduate and postgraduate training will be based in primary care. But everyone knows that the task of any futurologist is to be wrong about the future, rather than just the past.

### What's next for you?

A holiday with my wife, who has been so incredibly supportive of my career, a slight increase in the hours I spend in my practice – which has also been astonishingly supportive and which is something I am truly grateful for – and continued work as National Clinical Adviser to the Care Quality Commission, Chair of the NHS Evidence Advisory Board, and membership of the National Quality Board and PMETB.

However I'm really not done yet. The greying hair disguises plenty of energy, and I'm hoping for more exciting challenges yet to come.

# Online feedback for patients on practices

**Patients and the public can now post online feedback about their experience of visiting GP practices on the NHS Choices website**

Patients are asked to state whether, based on their overall practice experience, they would recommend it. They will then be asked to evaluate the practice in the following areas:

- Reaching the practice by telephone
- Making a convenient appointment
- Being treated with dignity and respect
- Involvement in decisions about care and treatment
- Information on services and opening times

Free text boxes will enable patients to describe in more detail:

- What they liked about their experience
- What could be improved
- Anything else

The NHS Choices website – www.nhs.uk – also enables users to compare important information about a number of practices on one page. This includes details of clinics, extended opening hours and parking facilities, much of which is taken directly from practices' profile pages on the site. Patient comments will appear on the practice's profile page under 'What patients say'.

## Right of reply

Each practice will have the ability to reply to each comment and replies will appear directly beneath the original comment. When a patient comment appears, an automatic e-mail alert will be sent to the nominated contacts at the practice (usually the practice manager and up to two others). PCTs have provided NHS Choices with the contact details for the contacts at each practice.

When patient feedback goes live, each practice manager will receive an e-mail with a link. Clicking that link will generate the login and password details to enable responses to be made to patient comments.

## Safeguards

A number of important safeguards will protect practices and members of staff from unwarranted threats to their reputation:

- All comments will be pre-moderated by trained staff. Comments that are racist, libellous, generally offensive or defamatory will not be allowed
- Allegations of medical negligence will not pass moderation, and the authors will be referred to the official complaint channels
- Individual staff (either clinical or non-clinical) cannot be named
- While anonymous comments are allowed, users have to provide a validated e-mail address before a comment can appear on the site
- An 'alert' button will enable practices to request removal of comments they deem to be unsuitable or offensive, pending investigation. If the moderation rules have been broken, the comment will be removed permanently. If not, it will re-appear

RCGP Chairman Professor Steve Field said: "It's important for patients to have the opportunity to feedback their views on the services provided by their GP practices – and important that GPs use this to continuously improve their services and drive up standards of patient care.

"But GPs should not – and need not – be scared of this. We've looked at the NHS Choices site and this is more of an information service for patients rather than a 'ratings' system for GPs. It uses information that is already publicly available, provided by GP practices, and there are enough safeguards in place to ensure that the system is used appropriately and not abused.

"We should welcome any moves to encourage greater transparency and accountability but should always remember that the relationship patients have with their GP and GP practice is unique and that general practice remains the jewel of the NHS crown – a fact demonstrated by numerous patient satisfaction surveys."

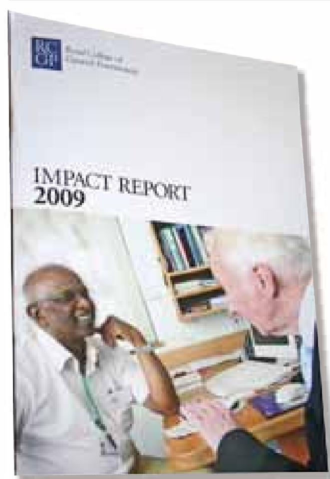
NHS Choices is now the primary public-facing website of the NHS and regularly receives over seven million visits a month. It was launched in June 2007 to provide a comprehensive and trusted source of reliable health information to help people make the most of their health and get the best out of the healthcare system.

One of its guiding principles is that a modern, taxpayer-funded NHS should provide the public with the opportunity to comment publicly on the services they receive.

Since its launch, patients have been able to post online feedback about their hospital experience. To date 15,000 comments have been posted, 75 per cent of which contain positive feedback.

■ *For further information, please read the NHS Choices briefing that has been sent to your practice manager.*

# College news is hot off the press




**The RCGP Impact Report 2009 is now available from the College website. As well as latest membership figures and College finances, the report provides an update on major initiatives including Revalidation, Provider Accreditation and proposals for extended GP training. New features include Highlights at a Glance for each of the key Strategic Objectives.**

■ *To view the Impact Report online go to* www.rcgp.org.uk/impactreport2009

# GP expertise wanted for PR campaigns

**London-based Consolidated PR is looking for a GP to work with its consumer healthcare team on campaigns.**

Recent work includes the rollout of the NHS PR campaign for the HPV vaccine, the NHS Seasonal Flu programme, promoting Men's Health Week and MTV's campaigns to tackle teen sexual health and raise awareness of their AIDS foundation. The agency also has experience with family brands and organisations such as Walt Disney and The Children's Mutual.

The consultancy GP role will involve a commitment of no more than two to three days per year. You will be involved in the developmental stages of campaigns to give your insight and expertise. You may also be asked to act as a spokesperson in relevant campaigns. Fees are negotiable.

■ *Contact Anne Clarke, Associate Director or Claire Lundie on 020 77 81 2300 or email* annec@consolidatedpr.com

# Putting GP nursing standards into practice

**Sue Crossman is an independent primary care consultant with a background in practice nursing, currently working with the London-wide LMC to create an online practice nurse development programme.**

*Sue Crossman: Having a set of standards is one thing, putting them into practice is quite another*

THIS ARTICLE describes the development of a set of employment standards for nurses in general practice, providing guidance for both employers and nurses about what should be included in the terms and conditions of employment, particularly relating to professional development support. The standards were developed by the Working in Partnership Programme, (WiPP) a Department of Health funded project set up to support the workforce in general practice. The standards are endorsed by the Royal College of Nursing (RCN).

## Background

It is well established in the literature that nurses in general practice experience very variable terms and conditions of employment *(Longbottom 2006)* and this was supported by the findings of a recent survey of UK practice nurses *(WiPP 2008)*. This is an inevitable consequence of the independent nature of their employment by GPs, with individuality being a characteristic feature of general practice. This is an arrangement that has benefits as well as drawbacks for practice nurses.

Due to the current financial pressures in general practice and the lack of a clearly identified training budget within the global sum, some practices may feel that spending money on staff training is not a high priority. As a result, a minority of practice nurses find themselves in a position where they have difficulty achieving and maintaining competence to perform their role.

This has clear implications for quality of care and the nurses are professionally accountable for ensuring they work within their sphere of competence *(NMC 2008)*. This can create difficulties for some nurses, particularly if they lack the confidence to negotiate with a GP employer. It is therefore advisable for practice nurses to use recognised national guidelines to inform the process. Unfortunately, there has been a lack of consensual guidance available and this was the rationale behind developing the current standards.

## Access to professional support

The WiPP SNAPshot Survey carried out across the UK in 2007 established that the current practice nursing role is wide and varied and that educational preparation to support the role is sometimes inadequate. Some nurses do not have study leave or financial support from the practice to attend study days. Many nurses in the UK have problems accessing appropriate education and only about a quarter have professional support in the form of a mentor or clinical supervisor *(WiPP 2008)*.

As the current pre-registration training should equip nurses to work in any setting, there is the potential for newly-qualified nurses to be working unsupervised in general practice with very little preparation and support for the role and with nowhere to turn to for advice. The survey findings suggested that some nurses are performing tasks for which they have not received training and this has implications for patient safety.

## The Summit

The survey findings were presented at a series of consultation meetings with the RCN, RCGP and Department of Health, and subsequent to this a strategy development summit was held. The summit was chaired by Dame Christine Beasley, CNO, and was attended by representatives from the Nursing and Midwifery Council (NMC), RCN, London Deanery, London-wide Local Medical Committee (LLMC), higher education institutions and leading practice nurses. The aim of the summit was to reach a consensus about minimum standards in the employment of general practice nurses and to produce practical guidance that could be widely distributed to help address the inequalities in practice.

This was achieved and the Professional Development Support Standards were published, endorsed by the RCN and distributed to all Strategic Health Authorities in June 2008, to be circulated to all PCT Directors of Nursing. These standards should therefore be available at local PCT level. They are now available on the LLMC website – www.lmc.org.uk/guidance/information-for/default.aspx?dsid=179 – and will soon be available on the RCN and RCGP websites.

## Implementing the standards

Having a set of standards available is one thing, putting them into practice is quite another. Although the current contracting arrangements do not include any mandatory requirements in terms of employment conditions or staff qualifications, they do quite clearly place a responsibility on both GPs and practice nurses to ensure that they are competent to carry out their role and to safeguard the wellbeing of patients.

This in itself provides the argument for GPs to ensure that their nurses receive adequate training and professional support. Practice nurses for their part should take responsibility for their own professional development by keeping up to date and well informed about current practice and building a credible case for training where necessary. The WiPP Professional Development Support Standards are one resource available to help nurses and their employers assess what should be in place in terms of professional development support for the role.

## References

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WiPP (2008) SNAPshot survey at: www.rcn.org.uk/_data/assets/pdf_file/0006/182652/Final_SNAPshot_Survey_Report_SC.pdf

■ *Contact:* suecrossman@netcom.co.uk

## Developing links with general practice

A new RCGP General Practice Foundation to support practice managers, nurses and physicians' assistants working in general practice will be launched at the annual national conference in Glasgow. It will provide educational and peer support to members of practice teams who are not GPs but who play an integral role in raising standards of care for patients.

The Foundation has the backing of representatives from the three professions – including the Royal College of Nursing and the Institute of Healthcare Management – who have been part of the Steering Group taking the proposals forward.

# Travelling doctors hit the road

**Two young GPs in training are on the trip of a lifetime, carrying out volunteer medical work in some of poorest parts of the world over the next 12 months.**

THE TWO DOCTORS – Pete Reeves and his wife Laura Stirling – are currently in India where they have been helping to run a medical centre for street children at the main Delhi train station. Their work continues at an orphanage in Nepal before heading to Belize in Central America next year.

"It's not a religious or missionary project; it's just that we feel strongly about it," says Pete. "It isn't necessarily what you'd call a 'fun' time, but it's something we were keen to get out and do."

Based in Coventry until recently, Pete is a first year junior registrar while Laura is about to complete Foundation training in hospital medicine. The pair married in June this year after meeting at Warwick University during their post-graduate training.

## Culture shock

The couple had prepared themselves for a major culture shock on arrival in India before they left. "It's monsoon season so it is very hot and very wet. The medical centre is hidden away in the main train station at Delhi. People live there in pretty bad conditions and use the tracks as toilets. It's a new health initiative with no nurses, only a few part-time health staff treating minor injuries and medical problems."

In Nepal the couple will be working at an orphanage run by Child Action Nepal, teaching lessons on basic hygiene, medical problems, first aid and life support. "The idea is that the kids can take this knowledge and skills back to their villages," says Pete.

After a brief return home in February for Laura to apply for specialty training, the couple are off again to Belize, where they'll be working at a rural primary care clinic specialising in obstetrics and gynaecology.

"The clinic was set up by a nurse from the UK who married a local guy. She's now in her sixties and struggling to manage it on her own, so we'll be helping her out for a while."

## Making a difference

It won't be the first overseas experience for Pete, who has previously worked on an AIDS project in Ghana, with amputees in Cambodia and in A&E in Borneo.

"Ghana was the most stark contrast of anywhere I've been. We were based in a very remote village well off any main roads. We had to get permission from the elders and chiefs before we could enter, and getting there took several hours of travel by 4x4 and then walking the rest.

"AIDS isn't as widespread in Ghana as it is much of East Africa, so we were running an education programme to try and prevent it happening. We were talking to the locals about the importance of sexual health – with the help of interpreters obviously.

"Working in Borneo A&E wasn't actually that different to the UK except that we had a lot less drunks on a Saturday night! We dealt with a lot of industrial, road and forestry accidents – it certainly wasn't glamorous!"

Pete's volunteer work stretches back to university where he volunteered on the Samaritans phoneline and as a respite carer for students with learning disabilities.

"It's something Laura and I have always been interested in, and it's given me an insight into how you can really make a difference to those in need," he says. "I think it's definitely changed me as a person, and given me a much more holistic view of healthcare.

"It's also quite refreshing to discover the lack of negativity overseas. You feel valued, which you don't often get on a Saturday night at the local A&E in the UK!"

The reaction of the local doctors has been a mixture of gratitude and puzzlement.

"Many local doctors head off to western countries to earn more money, so they find it a bit surprising that we want to come in the opposite direction. Those that have stayed are obviously committed and love their country, and are happy to have us."

## Organising it all

The trip does not come cheaply, however. "We're not being paid anything at all for our trip, or having any of the costs covered. We were so busy planning and organising our wedding that we hadn't time to do any proper fundraising either.

"Mainly we've been working lots of extra locum shifts over the last three years to try and save a bit of money for this trip. But it's probably the best time for us to do it, in that we're young and don't have kids or a mortgage yet.

"Most people are very excited for us, and some are envious, but it's taken some effort to organise. We found it hard because there is little advice or anything written down. There is a lot of bureaucracy involved, lots of letters and meetings and red tape."

Pete says his deanery (West Midlands) have been very supportive of his volunteer work, classifying it as an OOPE (Out Of Programme Experience). "I'm very grateful to my supervisors and the Deanery because I'm aware that many trainees find it difficult to obtain this approval.

"I recognise that it is hard for other people to do, but if we move to five-year training then hopefully more people might be able to take this option."

After plenty of consultation, the pair believe that potential employers won't frown on a 12 month gap in their education. "We hope that taking time out from study won't count against us. These days a lot of GPs in training all have very similar experiences and the CVs can look a bit generic. This is definitely something to differentiate ourselves with.

"We think it's going to benefit us as GPs, and by broadening our horizons and experience it will ultimately benefit our patients as well."

*Médecins sans frontières: Laura Stirling and Pete Reeves are working their way around the world*

# Role play on the international stage

**David Russell,** RCGP Lay Advisor and CSA Role-Player Lead *(pictured right)*, attended the Association for Medical Education (AMEE) conference in Malaga. These are his impressions.

THIS CONFERENCE is huge! In my professional life in education, I was used to attending conferences, but never on such a gigantic scale – 2,300 delegates from 81 different countries from literally all over the world. Even the three-day programme ran to a 135-page book!

In no time, however, the wealth and blend of topics and activities available at the AMEE conference became apparent, and it was clear just what a great opportunity this was for those involved to talk about their work and update themselves on what is happening around the world in the field of medical education.

As an educationalist, it was reassuring to see that, even with such a well-organised event as this, you should never work with Powerpoint (or children, or animals)! For the first five to ten minutes, neither of the excellent keynote speakers could project their slides. It's happened to us all – but the speakers were well worth the wait, especially Hans Rosling on Facts and Fiction in Global Health, which we were all discussing for the rest of the conference.

Thereafter, we were free to choose what to attend from a plethora of large-group sessions, research papers, short communications and workshops on the widest possible range of topics. It was a real privilege to be involved in discussions of such a truly international flavour, and humbling to consider the remarkable linguistic skills of those whose first language is not English. The diversity of experience makes this so valuable. There is also, of course, the opportunity to make contact and share experience (and e-mail addresses) with delegates from all around the world involved in the same field as you. I will certainly be in touch with other participants to discover more about the way they train their role-players.

Finally, why was I there? Along with Kamila Hawthorne and Anwar Khan, I gave a short communication entitled *What your students can learn from the 'patients' in a simulated surgery exam*, based on research we have done with role-players. I think it went down well, the room was certainly full and the applause warm. I hope it represented the College appropriately. I am really grateful to the RCGP for part-sponsoring my attendance at AMEE and believe that what I learned – and the contacts I made – will enhance my CSA work. I am also indebted to Kamila and Anwar for their support throughout.


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Royal College of General Practitioners

CLINICAL UPDATE

# Bridging the gap in mental health services: the Walsall experience

**Dr Safi Afghan**
Consultant Psychiatrist
Co-Chair of the Walsall Forum of GPs and Psychiatrists

NUMEROUS NATIONAL HEALTH policies – including the NSF (1999) and New Horizons (2009) – have made a strong case for improving the capacity and expertise of primary care in tackling common mental disorders and chronic disease management. In the UK, NICE guidance on the management of mental disorders places emphasis on stepped care models specifying initial and substantial management at the primary care level.

In addition, we are living in a climate underpinned by payment by results (PBR) and the practice-based commissioning (PBC) of services where primary care will have strategic and operational influence. To achieve the above targets, and a seamless provision of services across interfaces, there is a perceived need for close, shared and collaborative working between primary and secondary care for achieving high quality services for patients.

The Walsall Forum of GPs and Psychiatrists was formed in July 2007 on the initiative of a group of consultant psychiatrists and GPs keen to reduce the gap between primary care and secondary mental health services, which has traditionally placed the two cadres of professionals in separate clinical, managerial and geographical domains. At that time, mental health services were being delivered as part of Walsall Teaching Primary Care Trust until October 2008, when the mental health services of Walsall and Dudley formed a Mental Health Partnership Trust.

The efforts to establish collaborative linkages were specifically driven by the desire to bring about cultural shifts through the forging of communication channels that would enable opportunities for informal, face-to-face meetings and meaningful contact and networking among GPs, other primary care health workers, medical students and psychiatrists.

It was anticipated that success in establishing robust communication was critical in achieving two other objectives: the promoting of mental health education and training for clinicians; and improving the quality and delivery of patient care and journeys.

## Launch of the Forum

Prior to the launch meeting, we held informal meetings with key stakeholders, including the Trust Medical Director, GPs with special interest in psychiatry, GP leads of the practice-based commissioning groups, consultant psychiatrists, Primary Care Mental Health Team and the Commissioner of Mental Health.

The launch meeting was well attended by more than 35 clinicians. There was overwhelming consensus and receptivity for organising a Forum which could offer a platform to the clinicians and professionals for achieving the following key objectives:

1. **Building communication channels:** Overcoming existing barriers and providing the opportunity for joint meetings and interaction between GPs and psychiatrists within the locality and Trust.
2. **Education and learning:** Promoting bilateral and shared education and learning for the professionals across the interface for mutual capacity building.
3. **Facilitating improvement in patient journeys (pathways to care) from primary through to tertiary care:** It was anticipated that the Forum would be a focal point for achieving consensus on local standards and resolving conflicts around implementation of policies and clinical guidelines.

It was the long-term vision of the participants that the Forum would be able to seek formal recognition from the Trust Board as a consultative and decision-making body relating to primary care mental health and take the ownership and responsibility for moving forward the necessary clinical, strategic and operational actions relating to the future shaping of primary care mental health.

## Organisational structure

It was agreed that the Forum would have a less formal structure in the initial phase to enable and build the optimal setting for health care professionals across interfaces to come closer and work more collaboratively and trustingly. We agreed to the following working arrangements:

- The general body of the Forum would meet every three months on a Wednesday afternoon for approximately two hours and would use this time for networking, learning and education, and discussion around the shaping and delivery of local services in primary and secondary care.
- The Forum would be jointly chaired by leads from primary and secondary care. Narinder Sahota, GP and Associate Medical Director in Primary Care, and I were elected to this role. We have been alternately chairing the Forum meetings.
- The location of the meetings would alternate between a primary care venue in a larger group practice and the local psychiatric hospital in Walsall, Dorothy Pattison Hospital, to achieve equilibrium of environmental exposure.
- It was also agreed to organise occasional evening meetings to maximise clinician participation. We organised two large evening meetings on the eve of the first and second anniversaries of the Forum.

## Achievements so far

The Forum has been able to provide a platform for increased opportunities of close and collaborative working between primary and secondary care. It has certainly succeeded in moving closer to breaking down the traditional barriers that exist at the interface and create obstacles to implementing policies aimed at providing pragmatic and quality care for the patients.

The formation of the Forum has also contributed in promoting mental health and challenging discrimination and stigma, which is still recognised in various societal segments including health services. It is hoped that the Forum will create opportunities for less-connected GPs or primary care personnel who have lacked interest or conviction about empowering mental health at the primary care level to be motivated to be the allies in the mission.

There has been formal and informal recognition from the clinicians and officials from the Trust Boards of both the PCT and Mental Health Trust. It is hoped that such an endeavour has the capability to benefit the whole NHS management process.

## Forum Activities

### 1 Regular three-monthly meetings

The following topics have been covered so far:

- Walsall Primary Care Mental Health Team and links with GPs
- Skills-based Training On Risk Management (STORM) training for GPs
- Alcohol and substance misuse service and strategy in Walsall
- Assessment of Mental Capacity in primary care
- Introduction of the Child and Adolescent Mental Health services in Walsall
- Palliative services for BME in primary care – focus group meeting
- Dementia and Memory Services in Walsall

### 2 Annual Meetings

Professor Linda Gask, Professor of Primary Care Mental Health from Manchester, was the keynote speaker at the first annual meeting. She gave an overview on 'working at the interface between primary and specialist mental health care'. She also shared the example of her own collaborative care model, which is in practice in Salford. Her talk was extremely well received and was followed by an question and answer session.

The highlight of the second annual meeting was the keynote speech from Dr Chris Manning of UPstream Healthcare, who spoke on 'New Ways of Thinking'. Dr Manning was candid in his views, which were pragmatic and thought-provoking about the need for holistic approaches and doing away with artificial divide between mind and body.

### 3 STORM Sessions for GPs

Walsall Mental Health Services introduced Skills-based Training On Risk Management (STORM) to improve the skills of its frontline workers on suicide risk management in 2005. After the formation of the GPs and Psychiatrists Forum, additional funding was approved through the Suicide Prevention Strategy Committee in early 2008 to cascade a shorter version of STORM training for Walsall GPs. Seven STORM sessions have so far been held, covering over 50 GPs and other primary care professionals.

### 4 Holding Mind and Body workshops with GPs and CMHTs

We have held interactive educational sessions with CMHT colleagues, GPs from the cluster (practice-based commissioning) and the catchment area consultants on improving the knowledge-base around the physical health of patients with severe and enduring mental health problems.

An interesting aspect of the workshop is that psychiatrists, GPs and CMHT members work together in skill-mixed groups on a variety of real-life case vignettes to identify key principles of patient management. These have included investigations, pharmacological and other forms of treatment and monitoring. The workshop not only offered the opportunity for initiating dialogue on responsibility for undertaking physical health monitoring and the raising of awareness about physical health monitoring but also for CMHT members and psychiatrists to network with their sector GPs.

### 5 Resolving pathway issues

Crises and Home Treatment Team referral pathway

After the formation of the borough-wide Walsall Crises Resolution and Home Treatment Team in 2006, some GPs expressed a number of concerns about experiencing difficulties and delays in referring their high-risk patients during such crises – a matter that had also arisen in the initial Forum meetings. The Forum nominated a group of nine GPs to hold a briefing session with the Consultant Psychiatrist and Team leader of the Home Treatment Team. The session gave opportunity for the GPs from all the clusters to listen to current referral arrangements and for the Home Treatment Team to hear the concerns expressed by the GPs.

The meeting led to changes in the referral process, such as designing a simple referral form which was more acceptable to GPs. One of the lead GPs (Dr Suri) prepared a feedback report of the session and presented the details in the main Forum meeting.

Referral pathway to the Old Age Psychiatry and Memory Service

In mid-2008, some GPs raised the issue of encountering delays (mainly due to having to carry out physical investigations) as being essential before being considered for referral to the Old Age Psychiatry services. The matter was beginning to become contentious for both the primary and elderly mental health service. We decided to organise an interactive session between the GPs and the Old Age Psychiatry services, which included the manager of the service and Old Age Psychiatry consultants. The meeting provided a rare opportunity for the GPs and Old Age Teams to interact and achieve better understanding about the referral process. The meeting resulted in successful negotiation for lowering the thresholds for referral and minimising the number of investigations required. The meeting was especially successful in strengthening goodwill among the GPs and psychiatrists.

### Expectations and future plans

The formation of the Forum has created a climate and framework on which more robust structures can be built. We are in the process of developing further the Forum's structure by forming a steering committee for the better coordination of its future activities and the strengthening of its networking and communicating potential across the locality and Trust. The steering committee is likely to have five members each of GPs, psychiatrists and commissioners and representation from management from PCT (NHS Walsall) and the Mental Health Trust (DWMHPT).

It is anticipated in the medium-to-long term that the respective Trusts (NHS Walsall representing primary care and commissioning and the Dudley and Walsall Mental Health Partnership representing secondary care and provider arm) will consider formally recognising the Forum as an advisory and decision-making body on all operational, clinical and strategic issues concerning mental health at the primary-secondary care interface.

We also hope to explore the Forum's potential for teaching and training and establish academic links with centres of excellence and local universities with the aim of initiating postgraduate courses in mental health for GPs and middle-grade psychiatrists.

The model of the Forum has so far been driven by a few motivated individuals from across primary and secondary care. Most of the Forum's activities, especially its three-monthly meetings, have only been possible due to sponsorship from the pharmaceutical industry. In the absence of a formal recognised structure, the Forum is unlikely to lay claim to securing some of the essential NHS resources, such as use of Trust's resources.

The absence of formal organisational recognition for the Forum may also mean that it may not be able to play as effective a role as originally envisioned to influence the provision and delivery of services and bridge the chasm that still exists due to the way primary and secondary services are traditionally positioned. In addition, the Forum will be vulnerable to becoming inactive in the likely exit of the individuals currently working for it.

■ *Comments and suggestions may be addressed to me at* safiafghan@btinternet.com. *Please get in touch to find out more about the Forum or to give guidance and comments.*

## What attendees have said…

"The Forum is an active medium to bridge the gap between specialist and primary care colleagues. During the past two years, this objective has been effectively achieved and there are efforts afoot to enlarge the remit of the forum. There is a significant support amongst all mental health care professionals for this forum and I am sure it will go on to achieve greater benefits principally for the residents of Walsall." *Professor Sam Ramaiah FRCP FFPHM, Medical Director NHS Walsall and Director of Public Health*

"I work as salaried GP in Walsall. I found the Forum very interactive and purposeful platform for GPs. It gave us the opportunity to meet colleagues from primary and secondary care for better discussion in improving patient care on mental health issues locally. It is a unique forum that addresses various topics on mental health needed in our day-to-day practice… It gave us more insight about the local policies and protocols in management of psychiatric and mental health disorder…" *Azra Iqbal, Walsall GP*

"As a Mental Health Promotion Specialist working for NHS Walsall Community Health I have found the GP and Psychiatry Forum invaluable for disseminating information, building effective relationships with GPs, keeping myself up to date with developments in community mental health and helping plan and prioritise my health promotion activities. With New Horizons replacing the National Service Framework for Mental Health, the GP and Psychiatry Forum will play a central role in the development of an effective mental wellbeing strategy for Walsall. I must congratulate Dr Afghan and his colleagues for their work in setting up and developing the forum which has been and will continue to be of great benefit to the people of Walsall." *Steve Upton, Senior Health Promotion Specialist, Mental Health and Wellbeing, NHS Walsall Community Health*

# Raising awareness of dementia in primary care

**Professor Louise Robinson**
RCGP Clinical Champion for Ageing and Older People
**Dr Matt Hoghton**
Chair, RCGP Learning Disabilities Expert Resource Group

EARLIER THIS YEAR, the Department of Health launched the first ever National Dementia Strategy (NDS) for England [1]. A unique selling point of the NDS was the vital role played by people with dementia and their carers in shaping its content, and hence future dementia care.

The Strategy outlines 17 objectives to improve the quality of dementia care: these cover the whole spectrum from raising public and professional awareness to end of life care. Many of the recommendations have implications for primary care; however, there is one in which the general practitioner often plays a key role: the detection and diagnosis of dementia.

## Raising awareness and facilitating timely diagnosis of dementia

The first two recommendations in the NDS emphasise the importance of raising public and professional awareness and ensuring earlier and timelier diagnosis of dementia. In the United Kingdom, evidence has shown that it can take up to four years from the presentation of symptoms to a person with dementia receiving confirmation of their diagnosis; on average the process takes 18 months [2]. Currently the consensus is that more timely diagnosis gives people with dementia and their families time to adjust emotionally, socially and practically to living with dementia, even though they may find the initial process of receiving a diagnosis distressing.

The National Audit Office [3] considered such delays to be unacceptable. A variety of reasons may explain such delays:

- A reluctance of the patient and family to acknowledge difficulties and seek help
- A hesitancy on the part of the GP to refer to minimise a patient's distress
- A sense that 'nothing can be done anyway'
- Different cultural beliefs around normal ageing

These factors notwithstanding, primary and community care professionals need to be more aware of suspicious symptoms and refer for an expert opinion from their secondary care colleagues sooner rather than later.

The recommendation in the NDS for more and better quality memory services offers one solution to assist GPs in referring people at an earlier stage for a specialist assessment. However, providing more memory clinics is not the only solution to the current delays in diagnosis.

For whatever reason, diagnostic delays appear to be greater in the UK than in other European countries. Studies of educational interventions to help increase the detection rates of dementia by GPs have demonstrated that decision support software and practice-based workshops significantly improved detection rates [4]. We need to translate such findings into practice.

The development of educational resources for GPs to raise awareness of dementia, facilitate timely diagnosis and summarise key areas of dementia management is a priority area for the Royal College of General Practitioners' Clinical Champion for Ageing (www.rcgp.org.uk/clinical_and_research/circ/clinical_priorities).

## Learning to say the 'D' word

Raising awareness of dementia in primary care and referring at a more timely stage is a huge step forward, but are we able to talk about dementia and to people with dementia openly and sensitively as we do to people with other long-term conditions ?

Although the majority of medical schools in the UK provide extensive training in communication skills, up to 40 per cent of GPs report difficulty in disclosing a diagnosis of dementia [3]. One of the essential attributes of the GP is an ability to communicate effectively and sensitively with their patients; so why do we find it so difficult to say the 'D' word ?

It would seem that difficulty in talking to people with dementia about their illness is not just a primary care issue. Research into reported clinical practice has shown a high use of euphemistic terms when disclosing the diagnosis of dementia, but this is more common in primary than secondary care [5]. Although not specifically identified in the key objectives of the NDS, we need to explore why GPs appear to experience difficulty in using the term 'dementia' so we can develop interactive learning resources to help health professionals improve their skills in this area.

*Are we able to talk about dementia and to people with dementia openly and sensitively?*

## Dementia and Down's Syndrome

Another area in which we need to raise awareness of dementia in primary care is in relation to people with Down's Syndrome. This group of patients have a significantly higher risk of dementia than the general population with prevalence quoted at [6]:

- 0 – 4 percent under 30 years of age
- 2 – 33 percent for 30-39 years of age
- 8 – 55 percent for 40-49 years of age
- 20 – 55 percent for 50-59 years of age
- 29 – 75 percent for 60-69 years of age

This has a real impact on quality of life, as well as causing considerable problems for carers. Since the closure of specialist health institutions in the 1990s and the movement of people with learning disabilities into the community, GPs have been at the forefront of care for people with Down's Syndrome (DS). The lack of evidence-based screening methods for identification for people with dementia and DS has left gaps in the service provided. The Royal College of General Practitioners has produced a series of e-learning sessions on learning disabilities as part of the Essential General Practice (eGP) initiative which is available to members via the College's website.

As the life expectancy of people with learning disabilities increases, there is a need for GPs to become more familiar with the potential difficulties in making a diagnosis and the need to exclude reversible courses of dementia, particularly hypothyroidism.

The College – via its Learning Disabilities Expert Resource (formerly the LD task group) – has been actively campaigning since 2000 for the UK-wide introduction of annual health checks for all patients with a learning disability. The annual health check directly enhanced service (DES) was introduced in England in 2009-10. However, problems still exist.

These include a lack of properly accredited training and educational materials on health checks, the exclusion of people with mild learning disabilities, an apparent low uptake across England, no clear strategy for providing health checks if a GP practice does not sign up to the DES and uncertainty regarding the future of the DES after 2010.

In July this year, the Government published proposals for changing the delivery and funding of social care in the Green Paper *Shaping the Future*. There is a strong focus on older people and people with dementia but no real emphasis on younger adults or people with Down's Syndrome and dementia. A coordinated evidence-based approach across the UK is imperative to ensure this group of vulnerable adults receives the best medical and social care available [7].

## Implementation of the National Dementia Strategy (NDS) in England

Although an Implementation Plan for the NDS has been published, it would appear that there is still much to be done at a local level in terms of the planning and introduction of new services. The exciting opportunities afforded by new roles, like the 'dementia adviser' and new initiatives, such as the 'peer support scheme' extend the sources of information and support available to people with dementia and their families in the community. However, health and social care will need to undertake regional benchmarking exercises to determine the range and nature of services currently offered and hence identify priority areas to target.

Finally, identifying and addressing the educational needs of the primary care team, particularly GPs and community nurses, will need to be embraced by the Royal Colleges of General Practitioners and Nursing respectively for the vision of an informed and effective workforce as outlined in Objective 13 of the NDS to become a reality.

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- *For further information about RCGP Clinical Priorities and the work of the Clinical Champions, please visit* www.rcgp.org.uk/circ *email* circ@rcgp.org.uk *or call 0203 170 8231.*

- *CIRC is always looking to recruit GPs with an expertise in all clinical, educational and research areas to act as an Expert Resource within the College. To register, please visit:* www.rcgp.org.uk/clinical_and_research/circ/expert_resource.aspx *email* rwebb@rcgp.org.uk

# NCAS seeks GPs as Clinical Assessors

**The National Clinical Assessment Service is seeking to recruit six to eight GPs to be part of the NCAS assessor panel (up to 15 days per annum). You will work as part of a small assessment team to conduct clinical assessments.**

You will currently be working in a predominantly NHS environment in a single-handed or small practice with less than three WTE partners, providing an out-of-hours service in an inner-city or urban environment– and intend to do so for the next two years.

It is essential that you are in good standing with the GMC and RCGP and that you have significant experience as a general medical practitioner. Closing date is Wednesday 20 January 2010.

- *For an application pack and further information, please visit* www.ncas.npsa.nhs.uk/jobs

# Tackling allergy in primary care

**Kings College London Allergy Academy holds its first primary care study day in collaboration with Allergy UK and the British Society of Allergy and Clinical Immunology on 2 December.**

The huge rise of allergic disease, coupled with a lack of educational opportunities, has left many doctors in primary care feeling unprepared to give their allergic patients the best possible care.

This study day will take a practical approach to the management of allergic disease in primary care, drawing on the experiences of allergy specialists, and GPs.

- *For further details and registration, please visit* www.allergyacademy.org

# Workshops on work ahead

The next RCGP half-day workshops on health and work begin in Swansea on 3 November. The interactive sessions are designed to help GPs increase their knowledge, skills and confidence in managing difficult consultations around work issues, particularly in helping patients return to employment. They are part of a National Education Programme funded by the Department for Work and Pensions following a successful tender by the RCGP.

### Forthcoming workshops

| | | | |
|---|---|---|---|
| SWANSEA | 3 November | SOUTHAMPTON | 18 November |
| HULL | 10 November | CAMBRIDGE | 25 November |
| SWINDON | 10 November | HARROGATE | 25 November |
| BIRMINGHAM | 11 November | GLOUCESTER | 1 December |
| LONDON | 12 November | CUMBRIA | 9 December |

*All the workshops run from noon to 4pm*

- *Visit* www.rcgp.org.uk/events *to download a booking form*

NEWS

# Breaking down the barriers in primary healthcare services

**The RCGP has launched a joint Inquiry with the Royal Pharmaceutical Society of Great Britain (RPSGB) to encourage closer collaboration between the two professions, locally and nationally.**

The Inquiry will examine:

- Current barriers to integrated working
- Arrangements that could be put in place to facilitate more effective working in primary care
- Existing examples of good partnership between GPs and pharmacists
- Benefits for patients

It will take written evidence from a wide and diverse range of stakeholders and some contributors will be called to give oral evidence to a panel of experts from the two organisations.

A final report is expected to be published in February 2010 to inform and shape the public debate around how future primary healthcare services can be delivered more effectively.

RCGP Chairman Professor Steve Field said: "GPs and pharmacists both have a vital role to play in raising the quality of care for patients but we have very different skills and do very different jobs and this is not always appreciated or understood.

"The joint Inquiry shows the willingness of both parties to work more closely to deliver excellent and seamless services to our patients in primary care."

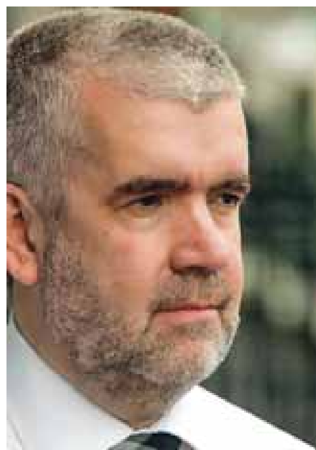
Brian Curwain, Chair of the English Pharmacy Board, commented: "This is the start of an initiative that enables both professions to deliver real improvements in primary healthcare.

"We would particularly like to hear about examples of good practice that can be replicated on a national scale. This project has the potential to result in better working relationships and a better healthcare system for patients."

■ *Submissions should be sent to* charles.willis@rpsgb.org

# RCGP Scotland launches award for excellence in end of life care

**A pioneering new award to recognise outstanding work in end of life care has been launched by RCGP Scotland.**



The Palliative Care Award is a joint initiative with the Friends of Roxburghe and the first recipient will be announced next year.

Dr Ken Lawton, Chair of RCGP Scotland *(right)*, said: "End of life care can be one of the most difficult areas to work in, but it can also be one of the most rewarding. It is an important issue that people are living longer due to the advances in health and technology.

"I'm delighted the Friends of Roxburghe have chosen to recognise this important work with us, in an area that will become increasingly important in the future. The award aims to recognise achievement but also to focus on high standards, develop quality further and improve the quality of care for all patients at the end of their lives."

The award was launched at the annual Ian Murray Scott lecture, held at King's College in Aberdeen. A keynote address was given on 'The Future of General Practice' and several other awards were presented, including the Provost Medal and the Innovation in Primary Care Award.

*Top hole: The Dangersons – (l-r) Group Captain David Greenway, Dr Sally Dangerfield, Peter Davidson and Sarah Davies*

# Doctors tee off for College charity

GPs were tackling bogeys of a different nature at the College's first Charity Golf Day held at the Hampton Court Palace Golf Club in Surrey.

Six teams competed, with £2,000 going to the RCGP Capital Appeals Fund to raise money for the new RCGP building. The trophy was won by 'The Dangersons', a fathers and daughters team of Sarah Davies, Peter Davidson, David Greenway and Dr Sally Dangerfield. Other prizes included the longest drive, the closest to pin and best dressed golfer, which went to Dr Nick Hyunick.

The RCGP fundraising team is aiming to run many more charity golf days around the UK over the next year.

*Lifetime achievement: Dr Kay receives the award from RCGP President, Professor David Haslam*

# Manchester GP wins top RCGP award for world-class research

**Dr Clifford Kay has been awarded the prestigious RCGP Discovery Prize for his lifetime's work on women's health issues – particularly the effects of combined oral contraception.**

Dr Kay's work includes more than 30 years research on the now world-famous Oral Contraception Study, which began in May 1968 under his directorship at the newly established Manchester Research Unit in 1968.

More than 550,000 'woman-years' of general practitioner observation have since been accumulated from the much-cited study, making it one of the world's largest detailed studies of combined oral contraception.

More than 140 publications have resulted from the study, as well as six higher degrees. The publication detailing the study's recruitment procedures and initial findings was published in 1974 and became a scientific bestseller. This continuing study celebrated its 40th anniversary in 2008.

On receiving the award, Dr Kay said: "I am greatly honoured and surprised to receive the Discovery Prize. It reflects the outstanding opportunity afforded by general practitioners' lifetime relationship with their patients and their families, and takes advantage of the comprehensive record that we hold for all morbidity, operations and mortality, whether in the community or in hospital."

Professor Philip Hannaford, who nominated Dr Kay for the Award, said: "Clifford's talk and lifetime's work provides a fitting reminder that general practitioners can undertake world-class research answering major clinical questions."

The Discovery Prize is one of the College's most important awards and is given every three years in recognition of groundbreaking discoveries that have transformed health care and the wellbeing of patients.

# New rules on confidentiality

The General Medical Council has issued new guidance setting out the principles of confidentiality and respect for patients' privacy that doctors are expected to understand and follow. It covers issues such as disclosing information without a patient's consent in order to protect individuals or society from the risk of serious harm or to enable medical research.

A podcast is also available advising doctors when to tell police if a patient presents with suspicious knife or gunshot wounds: http://files.me.com/szwagrzak/3g58cb.mp3

■ *The guidelines can be found at:* www.gmc-uk.org/confidentiality

## Dr Arnold Elliott OBE FRCGP

**Dr Arnold Elliott OBE FRCGP – a foundation member and a former Faculty Provost (North and East London) – has died aged 88.**

Arnold served in the RAMC in WWII and set up in a two-man practice in Cranley Road, Ilford after the war. He was active in the MPU and a Fellow and former Vice President of the BMA (he was on the GMSC, as the GPC was known, from 1952-85) and was instrumental in the 1960s GPs' Charter that gave impetus to improve general practice. In the 1970s he was part of the Health Centre movement and enabled the first Health Centre in the Ilford area to be built in Newbury Park: which opened in January 1972. As an educationalist he established The Ilford Vocational Training Scheme for General Practice in 1971 and was the first Course Organiser.

He was interested in comparing our health service to those in other countries and wrote about the Soviet health service (1961); Zagreb (1978); USA (1981) and the flying doctor service in Australia (1983). He campaigned for improvements in mental health care – writing a piece entitled 'Scandal of the Adolescent Mentally Ill' in 1966 – and was a member of the BMA Community Care Committee and its Chairman in 1995.

Arnold wrote in 1997 that he was proud of his work pioneering work on practice organisation as well as his 'life-long campaign to sustain and improve the National Health Service and my involvement in the administration of the NHS, the medical and allied professions such as social workers, district nurses, CPNS and health visitors'. He was well-respected and well-liked by his patients who recognised his efforts on their behalf. He was a character to be reckoned with as, being deaf, he had a sonorous voice which commanded attention and he could give a speech at the drop of a hat. Under the new GP contract of 1990 he became time expired and because of his age had to retire. I suspect Arnold would have liked to have continued in medical practice for many more years.

*Dr Ian Crabbe, FRCGP*