

College launches new centre for commissioning

The RCGP has announced the creation of a new centre for commissioning, in partnership with the NHS Institute for Innovation and Improvement.

THE CENTRE will be launched in December and will be instrumental in helping GPs and emerging GP consortia develop the skills, competencies and expertise required to deliver effective service development and clinical leadership.

From the individual challenges of leadership through to commissioning safe and high quality care for patients, the centre will provide a range of proven, cost-effective and best practice solutions.

Its aims are to improve the quality of commissioning and the capability of RCGP members to engage in the commissioning and quality-improvement process.

Drawing on the College's unique relationship with GPs and others in primary care, its excellent track record for education and quality improvement, and the NHS Institute's unrivalled NHS experience, the centre will be uniquely placed to help GP commissioners meet the challenges ahead, including the proposals outlined in the Health White Paper for England, *Equity and Excellence – Liberating the NHS*.

RCGP Chair-elect Dr Clare Gerada said: "It is a natural progression for the College to extend its support to help GPs and wider primary care teams in developing their capacity and capabilities to meet the demands of the new world, especially our new responsibilities as GP commissioners. Our aim is to aid primary care in the creation of efficient and effective systems that will deliver good value for money and, most importantly, improve patient outcomes."

Professor Bernard Crump, Chief Executive of the NHS Institute, said: "Our recent work has demonstrated the potential usefulness of many



Dr Clare Gerada: The Centre will aid GPs in improving patient outcomes

existing commissioning resources for GP consortia. We are delighted to be working with colleagues at the RCGP in taking this work forward and believe it will contribute enormously to the development of GPs as commissioning leaders."

■ *GPs and Primary Care Organisations who are interested in finding out more about the new centre for commissioning are invited to contact the RCGP by e-mailing commissioning@rcgp.org.uk*

The RCGP has also launched a new online course on commissioning in general practice.

Available through the College Online Learning Environment, the course enables GPs, trainees and their health teams to help their patients navigate effectively through the healthcare system to improve the pathways of care in their area. It also has practical tips on how to avoid unnecessary delays and improve the quality of referrals. Incorporating common case scenarios, the course focuses on how to manage referrals effectively and avoid the common bottlenecks faced by patients. It is the first in a series of courses being launched by the RCGP to support GPs with commissioning.

■ *Commissioning in General Practice: Improving Patient Journeys is available at <http://elearning.rcgp.org.uk/course/category.php?id=8%22>*

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RCGP releases online demo for Revalidation ePortfolio

The RCGP has released an online presentation covering all the key functions of its new Revalidation ePortfolio.

The presentation, which can be viewed at www.rcgp.org.uk/_revalidation.aspx, takes viewers through the process of entering supporting information for enhanced appraisal and revalidation. It demonstrates the unique dashboard feature – an 'at-a-glance' overview of the progress of the GP towards the 12 areas of appraisal and revalidation.

The video also explains how the College has modified the tool so it can be used for appraisal from December 2010. Any information entered will be categorised and integrated ready for the start of Revalidation.

RCGP Chairman Professor Steve Field said:

"We've had a fantastic response to our ePortfolio, with more than 100 Primary Care Organisations registering to become early adopters. The presentation is an excellent way for GPs and Primary Care Organisations to familiarise themselves with our system ahead of its launch in December. We're encouraging PCOs to look at the video and then review their training needs ahead of the 'super user' training we will be offering later this year."

■ *The RCGP Revalidation ePortfolio has been developed by the RCGP, working closely with GPs, to ensure that it will support the needs of GPs, GP appraisers and PCOs. It will be available free of charge to PCOs, appraisers and College members from this December. Non-member GPs will benefit from a free trial but will be changed for access from April 2012.*



A voice for the voiceless: Coalition backs the health inclusion initiative

Plans to improve public health and reduce health inequalities depend on a 'tidal wave of enthusiasm' spanning the breadth of society, Health Minister Anne Milton has said.

Speaking at an Inclusion Health event hosted by the RCGP, the Parliamentary Under Secretary of State for Public Health said: "The means of improving the public's health are certainly not just to be found in healthcare; without social and economic change we won't achieve anything. Public health and health inclusion is everyone's business."

Her comments signalled the coalition Government's commitment to carrying forward the Inclusion Health initiative – a programme focused on improving the health outcomes of the most vulnerable. The Minister said that the challenge facing the Government, aside from the economic background of everything they would do, was to 'give a voice to the voiceless'.

She said: "If we're there for nothing else it's to lend a voice to those who can't speak for themselves. And to do this – what we're looking for – is a really different approach to public

health. It's about the Government doing what it can do, it's about professionals intervening on behalf of the socially excluded, and it's about empowering people – giving them the tools to demand what they have every right to expect from the services available to them."

Professor Field welcomed the Government's continued commitment to the initiative, and said the issue was too important to be lost in political discussion. "This agenda is so important to me," he said. "It's part of my DNA, and represents the reasons that I went into general practice to begin with – to help people less fortunate than myself. For this initiative to be a success we need commitment not only from GPs, but also from our specialist, secondary care colleagues, and professionals across the healthcare spectrum and beyond."

Dr Sam Everington, whose work in Bromley-by-Bow has been recognised as an example of good practice in this field, called for greater engagement with Public Health departments to push the agenda forward.

He said: "I get the sense from GPs that this work is already going on, but one of the big questions, what we've not cracked, is how we move from a minority doing it to a majority across the country."



Care coalition: (l-r) RCGP Chair-elect Dr Clare Gerada, Mark Davies, Director of Health Inequalities at the DH, Public Health Minister Anne Milton and RCGP Chairman Professor Steve Field

The Minister said that both the NHS White Paper, *Equity and Excellence: Liberating the NHS*, and the forthcoming Public Health White Paper to be published later this year had the potential to introduce real change for vulnerable groups.

She said: "The reforms, both the structural reforms and the changes to public health, will be measured by how well the most vulnerable do out of it. There have got to be the mechanisms there to change the lot of those who are disadvantaged and those who don't get access."

Professor Field highlighted his work with disadvantaged groups in inner-city Birmingham, adding that he still feels that "we can do more to reach out and make sure we are providing the care they need, helping them live as long and

healthy lives as possible. We need to think differently about disadvantaged groups and I'm determined that high quality general practice plays a key role in improving the health outcomes of all our patients."

Summing up, David Colin-Thomé, National Clinical Director for Primary Care at the Department of Health underlined that "the main message is that this has got to be a priority... we're not going to improve health outcomes unless we focus on this group... We need to remember that we have a caring function, not just a contractual function; medical leadership should take a much stronger role in saying this is something we must be doing something about."

Monica is Scotland's GP of the Year!

RCGP Scotland has awarded 'GP of the Year' 2010 to Dr Monica Canning of the Hunter Health Centre in East Kilbride.

Dr Canning will collect her award at a Gala Awards Evening in Edinburgh on 12 November, attended by Scotland's leading health professionals including Cabinet Secretary Nicola Sturgeon, members of the Health and Sport Committee and RCGP Scotland's Chair Dr. Ken Lawton. The Gala is dedicated to celebrating the best of General Practice and will present a number of awards, including the Caring about Carers Award and the award for Practice Team of the Year.

Dr Canning's winning nomination came from her patient Margaret Gardyne, who said:

"In January 2005, I went to see my doctor with various symptoms. On examination, she immediately had me admitted to hospital, where within two days I was diagnosed with advanced ovarian cancer. Without my GP, I honestly believe that I would have given up by now and the illness would have beaten me. There are weeks when I have to go and see her several times; she always demonstrates patience, kindness, understanding, empathy and reassurance. There have been occasions when I have been rather emotional and have left her surgery at peace and with renewed hope. Many times she has spent hours phoning microbiologists, to try and get treatment for me when everything else failed. There are really no words to describe my doctor adequately but I am eternally grateful to her for her support, care and professionalism."

Creator of the awards and Chair of RCGP Scotland, Dr Ken Lawton, said:

"GP of the Year is a unique and extraordinary award because it is nominated by patients and presented in their own words. All the nominations we had this year were touching, thought-provoking and demonstrate the true value of general practice from the perspective of those it is designed to care for. General practice in Scotland is something to be proud of, with over 90,000 consultations held every day in more than 1000 practices across the country, from inner city areas to the highlands and islands. The Gala Awards Event is a wonderful celebration of the efforts of staff on the frontline of healthcare."

Parchmore is tops for patients

Parchmore Medical Centre has become the first GP practice in Croydon to achieve the RCGP Quality Practice Award.

RCGP Chairman Professor Steve Field presented the award at the grand opening of the Centre's new Beulah wing. He said: "We know Parchmore Medical Centre very well at the RCGP; it has been setting standards in primary care for some time now."

"The QPA is not an award that practices undertake lightly. It takes around two years to achieve, working towards various sets of criteria to prove the practice is a beacon of quality care. It requires dedication and commitment from every member of the practice team and I am thrilled that Parchmore Medical Centre has achieved it – well done to the whole team."

The 13,000 patients at Parchmore Medical Centre are looked after by a team of ten doctors, two nurse practitioners, four practice nurses and three healthcare assistants, supported by an administrative team of 18 full- and part-time staff.

A full range of services is provided including specialist clinics on diabetes, coronary heart disease, rheumatology, smoking cessation and anti-

coagulation. Parchmore is also part of the Croydon Federation of practices, offering innovative services such as ultrasound scans.

The GPs and staff speak languages including Tamil, Polish, Urdu, French, Punjabi, Gujarati, Hindi, Somali and Russian. This helps them provide the best service possible to the diverse local population.

The modern purpose-built premises have recently been refurbished and the new wing on Beulah Road provides an additional six state of the art consulting rooms, a fully equipped minor operations suite and a conference room equipped with the latest audio and visual technology.

Dr Shagufta Shaikh, GP Partner and Lead for the QPA project at Parchmore Medical Centre, said: "Like most GPs, I'm a firm believer in teamwork. My practice looks after a large and diverse patient population, and the team works extremely hard to prioritise a very heavy workload, all the while placing the needs of patients first."

Tom Baterip, Chair of the Patient Participation Group, said: "My family and I have been patients with Parchmore Medical Centre for almost 20 years. We have always received very caring treatment. The facility of the new Beulah Wing will enable the practice to offer a wider range of services to the patients and other users."



Top quality teamwork: Dr Shagufta Shaikh (with plaque) and her QPA colleagues (left to right) Dr Rajan Namasiviyam, Dr Eric Ho, Teresa Chapman, Dr Agnelo Fernandes, Professor Steve Field, Dr Bill Chowdhury, Dr Es Paulpillai



A new role for Robert Varnam

Dr Robert Varnam (above) has been appointed new clinical lead for the RCGP Practice Accreditation scheme, succeeding Dr Mike Bewick.

A GP in inner city Manchester, Dr Varnam has been involved locally in clinical governance and service development, and currently works part time at the NHS Institute for Innovation and Improvement. He develops and delivers tools and training for improving quality and safety in general practice, and coaches GPs in change leadership. He is involved in developing support for GP commissioning consortia and practices in improving care and improving productivity. His PhD explored the role of patients in patient safety and he maintains his research interest at the University of Manchester as Honorary Lecturer.

He said: "I am passionate about holistic approaches to quality which engage the whole team as well as patients themselves, and which acknowledge that even the best people need good teams and systems to deliver excellent general practice."

"I'm delighted to be joining the Practice Accreditation team at the College. This is an ideal time for practices to develop their skills in improving quality and engaging with the needs of their community – and to receive recognition for their achievements."

As Steve Field prepares to step down as RCGP Chairman, we reflect on an action-packed three years in which he has risen to the challenges of members – and media . . .

ALL GOOD THINGS must come to an end but after three years as Chair of RCGP Council, Professor Steve Field wishes he could do it all again. While he cannot hear enough praise on his successor Dr Clare Gerada, he admits he will be very sad to hand over the reins on 20 November after experiencing the greatest high of his career so far.

However, he can be proud that he is leaving a memorable legacy – and that RCGP members will be genuinely sad to see him go.

In his three years, Professor Field has worked tirelessly – frequently putting in 20 hour days – to raise the profile of the College and general practice, quickly establishing himself as the leading authority on patient care across the political and media spectra.

He remembers embarking on his chairmanship three years ago and forecasting that his tenure would be dominated by preparations for revalidation.

How wrong he was. Revalidation has indeed taken up much of his time, but the issue has had to jostle for position with two major reorganisations of the NHS; the swine flu pandemic; the review of out-of-hours provision; the introduction of GP federations; the battle to improve and extend GP training and the College move from Princes Gate – to name but a handful of the challenges he has faced.

“I remember telling journalists at our first annual conference four years ago that revalidation would take up best part of my chairmanship. Little could I have predicted that Lord Darzi’s Next Stage Review of the NHS would dominate the first half.

“General practice was under greater threat than people will ever know, with a number of big hitters suggesting that GPs give up the care of children.

“After all the deliberations, the evidence put forward clearly demonstrated the worth of general practice to the NHS and how GPs should be at the centre of any future NHS redesign.”

THE DARZI REVIEW was an excellent example of Professor Field’s commitment to including and involving grassroots GPs in all his work.

He established a network of ‘Darzi leads’ around the country to feed back information to him at regular intervals about what was going on within the NHS in their area. The idea proved such a success that Lord Darzi himself joined in one of the teleconferences to find out what was going on.

While politicians might previously have been viewed with suspicion, Professor Field has embraced the opportunity to get involved with key players in all the political parties, putting across the views of GPs while managing never to jeopardise the College’s charitable status.

In common with the chairs in RCGP Wales, Scotland and Northern Ireland, he has invested huge amounts of time in engagement with two successive governments to ensure that the voices of GPs, primary care professionals and patients are heard.

This heightened involvement has brought its own successes, and he cites the College’s successful campaign to end the detention of the children of failed asylum seekers as a triumph.

Mindful of accusations by some that the RCGP is an ivory tower shrouded in secrecy, he also set out to demystify the work of the College and make it more relevant to GPs working in their practices across the UK.

He has clocked up visits to all four UK countries and the Republic of Ireland, talking to Faculties and meeting members, and spent a day with GPs in remote and rural practices in the far North of Scotland.

An outstanding success has been the introduction of his regular e-newsletter in which he updates members on what he’s up to and seeks their advice on what he’s doing right – and wrong.

“I wasn’t sure what sort of reaction I’d receive – or that anyone would even be interested – but I’ve been overwhelmed by the response. Of course I’ve had my critics, and rightly so, but the supportive messages have really kept me going. This can be a tough and lonely job at times and our members and fellows have always rallied round.

“We’ve also been able to use the newsletter as a network for doing occasional surveys of what real GPs are thinking. When we asked for members’ experiences about access to psychological therapies for our patients, over 1,400 GPs responded and this resulted in the College becoming the main story on the BBC News.”

He has also established a successful series of policy summits in which he invites key national players into the College to debate and deliberate with frontline GPs.

Another of his priorities has been to ensure that the UK and international perspectives of College work are acknowledged.

“We are a truly international College and our members have so much to contribute, wherever they are based. While issues such as the Health White Paper apply to England, we made sure that the entire College membership was consulted. The issues and concerns raised by our members in Scotland, Wales and Northern Ireland, as well as our members around the world, really added weight to our response.”

Unlike most people in senior positions who see the media as a necessary evil and hate the spotlight, Professor Field has relished it.

The die was cast in his first month as chairman when the an-



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Stevie Wonder!

nual outbreak of norovirus catapulted him into the public eye. He clocked up 300 interviews in three weeks and this has set a pattern for the rest of his chairmanship.

WHATEVER THE ISSUE, he has managed to fight the corner of GPs and patients, with a laid-back and easy style that has put him on the speed dial of the top – and some of the most difficult – national journalists.

Whereas his counterparts at the other medical Royal Colleges consider it a coup to secure the occasional appearance on *Newsnight*, *Panorama* or Radio 4’s *Today* programme, Steve has had his appearances limited for fear of over exposure.

His high profile has also earned him the dubious accolade of being the first-ever RCGP Chairman to be the subject of a *Guardian* cartoon!

During the swine flu outbreak, and ably supported by former Honorary Secretary Dr Maureen Baker, he managed to achieve (almost) world domination on media coverage, making the front page of all the national broadsheets in this country as well as appearing on CNN and other major international broadcast stations. Keen to reassure patients and the public, he made a daily trek into ITV’s *This Morning* studios, appearing on the programme more frequently than its regular presenter Fern Britton.

He recently picked up *The Observer* to find his deliberations on public health splashed all over the front page, exposing him to a barrage of public scrutiny and criticism – but also praise for having the gumption to speak out.

Despite the flak, he feels it was important to raise the controversial issue of personal responsibility in achieving healthy lives.

“I was elected to serve the needs and represent the views of the members of this College and over the last three years GPs across the UK have expressed their concerns about the pressure that preventable problems such as excessive alcohol and obesity are placing on the health service.

“They also frequently tell me of their frustration and upset when they see patients shortening their lives as a result of behaviours such as smoking. I think I was right to raise this and I stand by my decision, even though it got me into trouble.

“I love doing media and must admit that there have been some glamorous perks but the truth is that I got more involved in the media so that the College became recognised as the national, rational voice of general practice.

“I’ve seen it as a vital part of my role to put the College and the work of GPs on the map and to tell the wider world about our work, reinforcing the vital role that generalists play at the very heart of healthcare.”

COMING IN as Chair, Steve was best known as a Postgraduate Dean and author of the GP training curriculum.

While his reputation has grown, his commitment to the future of the profession is as strong as ever and he is delighted to have seen Associates in Training given their own dedicated tier of College membership and the introduction of the First5 initiative during his watch.

Keen to involve the next generation in the College right at the outset of their careers, he has opened up Council meetings to trainee observers, installed an AiT rep on all major College committees and invited trainees and practising GPs to shadow him for the day.

His biggest regret is the failure to extend GP training – a quest he says he will never give up.

“The day that the RCGP became the licensing exam for our profession was one of the proudest of my life but the world of general practice is becoming increasingly complex and complicated.

“Our trainees are fantastically bright but they have to cram in too much, in too little time. This does them a disservice, and our patients a disservice.

“It’s a disgrace that all GP trainees still don’t get experience of caring for acutely ill children in hospital and it exposes us to attack from paediatricians that we do not have the experience or skills to care for children. Extended GP training is a necessity, whatever the economic climate and I am determined that it will happen, however long it may take.”

Throughout the challenges and time constraints of his Chairmanship, he has managed to deliver his clinical commitments at Bellevue, his busy inner city practice in Birmingham.

Whenever possible, he has also been there on the terraces supporting his beloved Baggies – West Bromwich Albion – and has managed to make a few rugby and cricket internationals.

He leaves the College at its highest ever membership of 42,000 (and still growing) and a major player regionally, nationally and internationally.

He said: “It gives me great peace of mind to know that I am handing over to such a brilliant doctor as Clare Gerada. She is one of the brightest, most experienced and energetic people I have ever met or had the privilege to work with and she is the perfect person to lead the College through the radical changes proposed in the White Paper. I will be really sorry to step down. I’ve had a ball and the memories will stay with me forever.

“I came into general practice because I wanted to help people and it has been the biggest privilege of my life to serve the College as its chair. I don’t think life will ever be the same. Thank you to you all.”

Sustaining our future in Harrogate

IT'S GETTING BIGGER and better every year – and the RCGP annual national conference 2010 saw 1,600 health professionals converging in Harrogate for *Sustainable Primary Care: Growing Healthy Partnerships*.

The appearance by Health Secretary Andrew Lansley was a conference first. He used the opportunity to outline his ambitions for the future of the NHS – and the GPs he is expecting to run it.

Describing the scale and pace of change proposed in the Health White Paper for England as 'too slow for some, too fast for others', he dramatically declared: "We will liberate you from the dead hand of Whitehall".

In a session with RCGP Chairman Professor Steve Field, he fielded the questions of grassroots GPs from around the UK – extending his allotted time by more than half an hour.

Several GPs in the audience expressed concern about the profession's ability to be legally responsible for commissioning in just over two years time. Professor Field set out the case for extended GP training in order to meet the challenges in the White Paper.

RCGP Council member Mary Selby asked for reassurance that new GP consortia would not inherit the financial problems of some PCTs – but was answered in very broad terms.

Mr Lansley also announced that practices achieving RCGP Practice Accreditation would receive a 'light touch'.

The sustainability theme was another first for the conference. Delegates were encouraged to walk to the conference centre, printed materials were kept to a minimum and food was locally sourced.

Dr David Pencheon of the NHS Sustainable Development Unit gave delegates the benefit of his wisdom and Professor John Guillebaud, warned of a 'youth quake' unless more long-term reversible contraception was made available globally.

Paralympic Champion Dame Tanni Grey-Thompson received a great response for her 'pep talk' and hilarious insights for staying motivated in the face of adversity.

Once again, the packed social programme of comedians, magicians and GPs demonstrating their musical talents was a hit with delegates, who included a broad range of representatives from primary care teams and a record number of Associates in Training.

RCGP Chair-elect Dr Clare Gerada said: "We've had excellent feedback – now let's get ready for Liverpool 2011!"



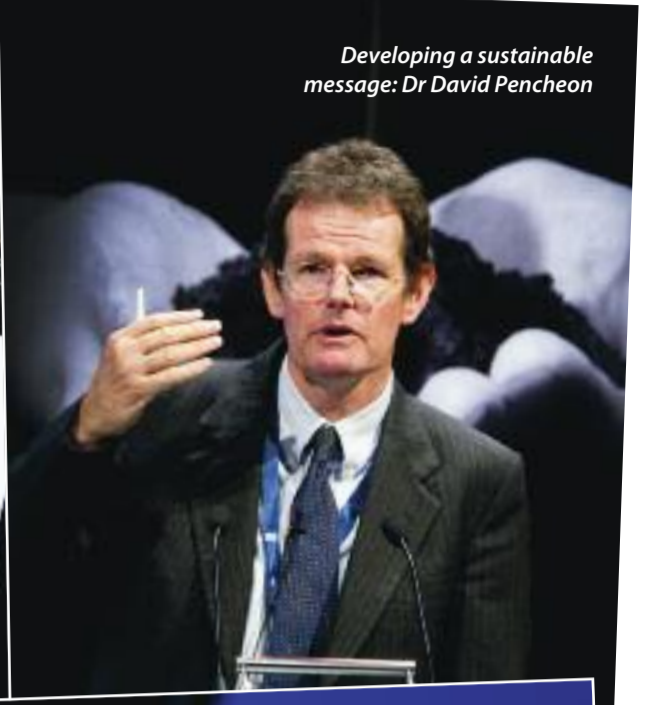
Art of the conference: Professor Steve Field with Turner painting of his Dudley birthplace – from the Industrial Revolution to health service evolution



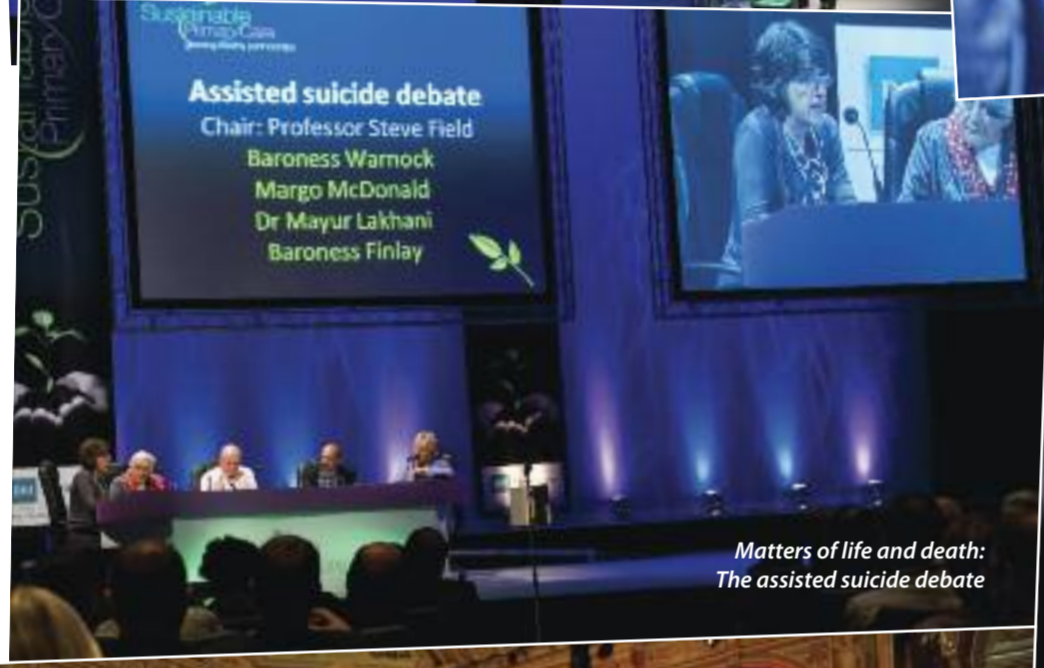
Change is now: Health Secretary Andrew Lansley outlined his vision of the future of the NHS



Question time: Delegates queue to put their points to the Health Secretary



Developing a sustainable message: Dr David Pencheon



Assisted suicide debate
Chair: Professor Steve Field
Baroness Warnock
Margo McDonald
Dr Mayur Lakhani
Baroness Finlay

Matters of life and death: The assisted suicide debate



Forward thinking: AIT Chair Dr Greg Irving



In the frame: Christelle Blunden, winner of AIT video competition



Making the point: RCGP President Dr Iona Heath



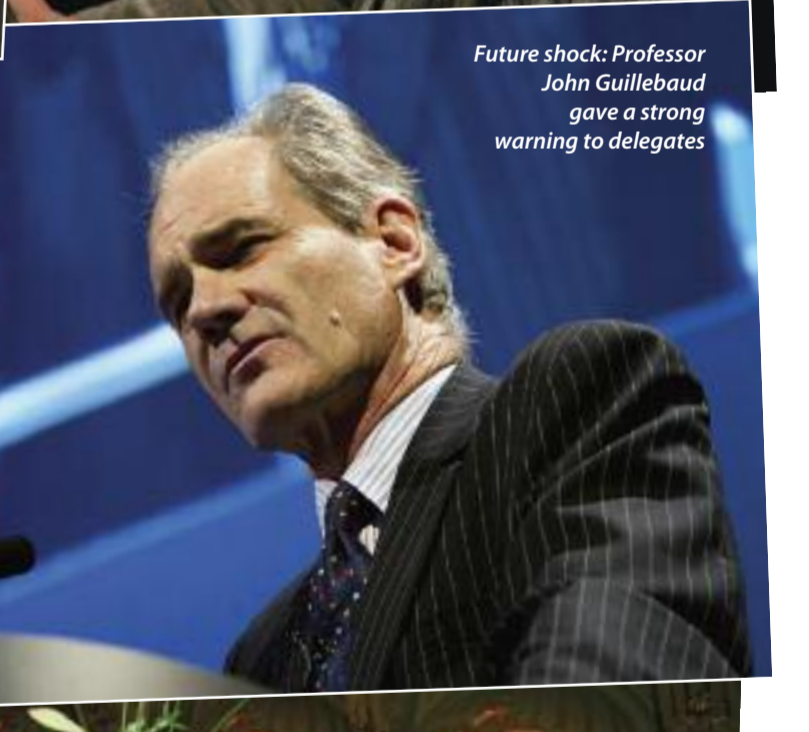
Taking the waters: The gala dinner in the grand surroundings of the Royal Hall



Welcome to the RCGP: The New Members Ceremony took place on the final day



Motivational 'pep talk': Dame Tanni Grey-Thompson



Future shock: Professor John Guillebaud gave a strong warning to delegates



Loud and clear: Clare Gerada gets the RCGP message across



Light relief: The comedy night raised more than a few laughs



Getting a laugh: Dr Paul Sinhar, GP and comedian



Pick a card: Magician Fay Presto bemuses Conference Chair Jonty Heaversedge

How do we improve the cancer survival rates in England?

Professor Mike Richards
National Clinical Director for Cancer

Most of you will be aware that this Government's ambition is to get England's cancer survival rates up to the best in Europe. So how do we set about achieving this? How can you help?

Professor Michel Coleman, from the London School of Hygiene and Tropical Medicine, has estimated that we could save 10,000 lives per year in England if we achieved the best survival rates in Europe. Given that the number dying of cancer in the late 1990s (the time he was looking at) was around 130,000 per annum, this represents a significant improvement. Importantly, on the basis of modelling work we have done, this is an improvement that could be achieved at low cost.

Because most of the difference between survival rates is in one-year survival, it is generally agreed that the main reason for the poorer survival rates in England is that cancer is diagnosed at a later stage of the disease. For that reason, much of our current focus is on achieving earlier diagnosis of cancer.

Our work on earlier diagnosis covers two main strands – the first is around raising awareness of symptoms among the population and encouraging prompt presentation; the second is around supporting GPs to investigate patients appropriately and refer them to secondary care when necessary. We recognise that this is not always straightforward as the symptoms and signs of cancer overlap to such a large degree with those of other conditions.

Over the last year, we have been working with a range of local NHS organisations to look at different ways of tackling late diagnosis, particularly in terms of raising awareness of cancer symptoms and encouraging early presentation. In 2010/11, we are funding 59 projects over 109 PCTs – many of you should soon be contacted by your PCTs about their plans.

In addition to these local projects, we are trialling work at national level, in relation to bowel cancer. We have chosen to focus on bowel can-



Professor Mike Richards: Early diagnosis is the key and positive attitudes by GPs are crucial

cer as it is one of the biggest killers and is the tumour site where we believe there is the most scope for rapid improvement in outcomes. There is scope to save an estimated 1,700 lives per year just by bringing our survival up to the best.

On top of this, we now know that bowel cancer screening is highly effective. As you know, we already have faecal occult blood testing for people aged 60-69 years and we are currently extending this to people aged 70-75. In addition, we will shortly be starting pilots of screening by flexible sigmoidoscopy for people aged 55, following positive results from research released earlier this year. When fully rolled out, this new screening programme should save 3,000 lives per year.

The national-level work will be trialled in two regions – East of England and the South West (and, subject to evaluation, will then be rolled out across the country). It will involve adver-

tisements on the TV and in the press, with a range of other support, to encourage earlier presentation.

Research suggests that results are more likely to be achieved if the advertisements focus on one or two symptoms (the focus is likely to be on rectal bleeding over a certain period of time), with a single call to action – in the case of these advertisements, the call to action will be to go to their GP if they have the relevant, persistent symptoms.

We know from research carried out in 2008 that awareness of bowel cancer symptoms is low, and we also know that the public sees a range of reasons for not presenting when they have those symptoms – such as fear of cancer, embarrassment, and concern about wasting the doctor's time.

So the task is challenging – it is not just about getting people to be aware of symptoms, it is also about behaviour change, in terms of getting them to go to the doctor.

The regional pilots for the bowel cancer campaign will be run in late January and February 2011. What I am asking of GPs in those areas is that – when patients respond to the advertisements and present with symptoms as a result – they are warmly welcomed for presenting. And, if it is clinically appropriate, that they are referred on to secondary care for tests.

We are targeting the campaign at people over 55, where the likelihood of bowel cancer is greater. Although we hope and believe the campaign will be effective, we anticipate that the burden on individual GPs will be relatively small. We will be evaluating the impact of the campaign, and so we will be able to see whether, through our efforts to change patients' behaviours, we can catch bowel cancer at an earlier stage.

As I said before, we are looking at ways to support GPs in diagnosing, and referring on, patients with cancer symptoms. For example, we are trialling different risk assessment tools. If you have any suggestions for support that we should provide to GPs, please could you email me on: naedi.proposals@dh.gsi.gov.uk

We are not naïve – the forthcoming campaign will not on its own save hundreds of lives. But we believe that it will save some lives and it will also give us more information about the most effective way to save more.



Dr Mike Knapton: Magazine puts issues into focus

Helping patients understand their health checks

The British Heart Foundation (BHF) has launched *heart focus*, a new free magazine for patients having their NHS health check.

The magazine is a useful resource that GPs, nurses or pharmacists can give to their patients, helping them to understand their results and take steps to reduce their risk factors. It answers questions that patients are likely to have about their results and offers continued support through its free Heart Matters service, which helps people live with a healthy heart.

Dr Mike Knapton, RCGP fellow and Associate Medical Director at the BHF said: "Patients can find it difficult to absorb and understand the results of their health check straight away. *heart focus* helps them understand the issues in their own time. The magazine also gives tips and support to patients who have been advised to make changes to their lifestyle."



heart focus includes easy-to-read information about:

- **The health check** – how it's done and what the results mean
- **Next steps** – according to the patient's results
- **Statins** – what they do and why they are needed
- **Blood pressure** – what it means when it's high
- **Smoking** – tips to help patients quit and why it's important
- **Lifestyle advice** – including healthy eating and physical activity.

■ To order free copies of *heart focus* (publication ref: G504) to give to your patients, please:

- Call the BHF's publications orderline on 0870 600 6566
- Email orderline@bhf.org.uk
- Visit bhf.org.uk/publications and search for *heart focus*

Primhe-ing the experts: New workshops upcoming on integrated mental health

Ian Walton
Chair
Primary Care Mental Health and Education

Primary Care mental health is a speciality in itself and GPs are the specialists. Everyone has a right to mental wellbeing, yet depression and common mental health problems affect over six million of us.

The stress caused by our daily lives, combined with factors such as a lack of self-esteem and low aspirations, are key factors in causing somatisation of symptoms in many of our patients, their families and carers.

Medically unexplainable symptoms such as pain are so common that somewhere around half our patients fail to get a medical diagnosis and therefore get the label required for them to fit into a disease model.

Our challenge as primary care specialists is to clinically lead and resolve this. We have an opportunity in the new world of GP-led commissioning to change a culture that currently costs a staggering £77 billion a year to the economy through mental ill-health.

Primhe is affiliated to the RCGP and is the

UK charity devoted to primary care mental health education and training. We have created an educational framework that is succeeding in developing the necessary champions and clinical leads. This is achieved through our RCGP accredited education, training, workshops and conferences.

We recognise that through developing the leaders with the skills and knowledge that they become the specialists who lead effective integrated primary care mental health services. They have studied and developed themselves through our Masters Course for Practitioners with a Special Interest in Mental Health, now in its fifth year.

An outcome of this is the development of a primary care manifesto achieved through meetings with Hugh Griffiths, Acting National Clinical Director for Mental Health.

Opportunities to better understand the link between mind and body are available through our upcoming workshops on Medically Unexplained Symptoms.

Primhe has been fortunate to be sponsored by the Department of Health to investigate this problem and to bring our findings together with

those of national experts in order to disseminate this information to GPs.

There will be three workshops on Medically Unexplained Symptoms taking place in the coming months:

- 1 November** RCGP, Croydon (afternoon)
- 24 November** Liverpool (afternoon)
- 3 December** Edinburgh (full day)

Our main conference will be on 16 February 2011 at the Novotel, King's Cross, London, where we will explore the economic and health benefits to commissioners of investing in Primary Care Mental Health. Speakers at the conference will include:

Lord Layard, the economist who persuaded the government to invest in IAPT
David McDaid, a health economist
Hugh Griffiths, Acting National Clinical Director for Mental Health
Chris Dowrick, a professor, GP and leading light on Medically Unexplained Symptoms, and Dr Clare Gerada, new RCGP Chair.

■ For more details, please go to our website www.primhe.org.uk

Toolkit to aid veterans' care is launched

"I wish there had been something like this when I left the services and was trying to find my way around the NHS."

That was the verdict of Paul McClintock, an ex Royal Green Jackets Rifleman, on the new RCGP guidance to support GPs in identifying and meeting the healthcare needs of veterans more effectively.

Produced jointly with The Royal British Legion and Combat Stress, it looks at how best to care for veterans' physical and mental health after they have left the Armed Forces and re-joined civilian life.

It provides useful advice on how GPs can identify veterans on their lists and encourages best practice when referring veterans for further care.

This includes provision of a written statement confirming that the patient is a veteran and whether or not their health problem could be related to their military service.

Speaking at the launch, RCGP Chairman Professor Steve Field said: "A staggering number of our patients in general practice are veterans or relatives of veterans from wars gone by or the recent or current conflicts in Iraq, Sierra Leone and Afghanistan. It is vital that, as GPs, we are properly prepared and resourced to provide them with the care and services they so need and deserve. This guidance is a huge step forward in achieving this."

Sue Freeth, Director of Welfare at The Royal British Legion, said: "The Legion has been working hard over recent years to ensure that health professionals and veterans alike are made aware of the entitlement to priority treatment from the NHS, and of specific healthcare services for veterans, such as the Medical Assessment Programme and the Reservists Mental Health Programme.

"This new guidance for GPs is an important pillar of this work and the result of true partnership. The Department of Health, Combat Stress and the RCGP have all helped to make this happen. We hope that, as a result, veterans will start to see real improvements in the sup-



Joining forces to improve healthcare for veterans: Peter Poole, Professor Steve Field, Paul McClintock, Sue Freeth, Dr Graham Wheatley and Colonel Robin Simpson

port and care they receive from their GP and the NHS."

Peter Poole, Director of Strategy, Policy and Performance at Combat Stress, said: "As the leading military charity specialising in the care of veterans' mental health, Combat Stress welcomes this partnership with the Royal British Legion and the Royal College of General Practitioners.

"On average, the Veterans who seek help from Combat Stress come to us 14 years after service discharge. Too often this delay can lead to marriage break-up, unemployment, social isolation, and substance misuse – in short, a total unravelling of a normal life.

"By increasing awareness of service-related mental ill health among front-line NHS staff and directing veterans to appropriate services together, we can reach this distinct but often over-

looked group of patients earlier. This can only serve to improve their uptake of treatment, prospect of recovery and, ultimately, quality of life."

Also at the launch were Colonel Robin Simpson, who represents the Defence Services on RCGP Council, and Dr Graham Wheatley, author of the guidance, ex-military GP and RCGP representative on the DMS GP Education Committee.

Professor Field said: "The College is indebted to Robin and Graham for their hard work and efforts in getting this guidance published. One of the key calls of our recent election manifesto was for greater NHS engagement to support the physical, mental and social wellbeing of Armed Forces veterans and I am delighted that we have been able to turn this pledge into something practical."

Online launch for Medical Educators Group

A new Medical Educators Group has been launched by the RCGP.

The Medical Educators Group (MEG) is a virtual forum which will provide a platform for online discussion groups. Educators from any background are welcome and it is hoped that debates will help identify common ground in areas of education for nurses, practice managers, undergraduates, international tutors, foundation trainers, GP trainers and others.

Other initiatives are likely to include podcasts of trainers delivering education and webinars on key educational topics.

Any College member who has previously expressed an interest in medical education will be registered automatically over the next few weeks. Any other individuals who would like to join can log on to www.rcgp-meg.org.uk and follow the instructions for registration.

The MEG was launched at the RCGP Conference in Harrogate where delegates were enthusiastic about the group and felt that it would be an excellent and useful resource for themselves and their colleagues.

Launched by Dr Bill Reith, Chair of the RCGP Postgraduate Training Board, the MEG has Dr Sarah Whiteman as its Clinical Lead.

Dr Whiteman said: "I firmly believe that the MEG represents an opportunity to meet the unmet and educational needs of teachers. I am excited to be working with a very able team and would be happy to discuss the MEG further."

■ Dr Whiteman can be contacted at sarah.whiteman@mkpct.nhs.uk or via MEG Administrator Fiona Brennan at fbrennan@rcgp.org.uk

Revalidation set for 2012

Revalidation in the UK is expected to start from late 2012, according to a joint statement from the General Medical Council and the Health Departments in England, Northern Ireland, Scotland and Wales.

The statement sets out key milestones that employers will need to meet before revalidation is introduced. Responsible Officers – who will recommend to the GMC which doctors should be revalidated – will need to be in post across the UK and all doctors will need to be taking part in an appraisal process. It also says there will need to be agreement on the supporting information doctors will bring to their annual appraisal.

In a separate report, the GMC has published details of the feedback from its consultation on revalidation. Most of those who responded (all doctors, not just GPs) supported the principle and the key proposals but there were some concerns about how it would work in practice.

Many suggested that the model needed to be simpler. This view is shared by the GMC, which has agreed that its final proposals should be as straightforward, proportionate and cost-effective as possible.

Almost nine in ten respondents agreed that revalidation should be based on a continuing evaluation of a doctor's performance in the workplace. There were similar levels of support for the plan to move away from the twin processes of relicensing and recertification which had been proposed in the original White Paper in 2007. The main area of concern was around the supporting information doctors would need to bring to their appraisal.

In its response, the GMC undertook to:

- **Streamline the process** – by reviewing the specialty and general practice frameworks to identify what information is expected and what is optional

- **Make the process more flexible** – by developing proposals for how revalidation will work for non-mainstream doctors and continuing to engage with them and their organisations
- **Add more detail** – further define what information will be available on the medical register and explore options around quality assurance
- **Learn what works best** for doctors and employers – by learning from the experiences of the pilots
- **Start to plan for implementation** – by working with partners to map out the process, timelines and key milestones for implementation.

Niall Dickson, Chief Executive of the General Medical Council, said: "We are now moving into the implementation phase, and the commitment of the administrations in every part of the UK to drive this forward is critical. Patients, quite rightly, expect their doctors to undergo regular checks and we are all committed to making sure we have the right system in place to make this happen.

"We will continue to listen and learn from individual doctors and from the piloting to make sure we have a system that is robust but also straightforward and cost-effective."

RCGP Chairman Professor Steve Field said: "It's clear that revalidation is moving ahead and, as we've said all along, it must be light on bureaucracy and something that we all do as part of our professional lives rather than being 'an event'.

"It saddens me that some Primary Care Organisations did not take appraisal and clinical governance seriously, which meant that a much more rigorous revalidation system was proposed nationally for all medical specialties.

"On balance, I have been impressed with what the GMC have had to say and I thought the response by Health Minister Anne Milton was reassuring and very sensible."

National (health) service

Dr Tony Frith's article *Improving mental health services for veterans* (RCGP News, October 2010) is excellent and opens old memories of personal experiences.

Retired doctors may have had times of active military service while doing National Service or as a regular. Their professional help, more as a psychotherapist than a physician, can deal with problems and discover whether they are an indication of full depression or anxiety-depression.

Discussion can make a huge difference and overcome the guilt that many feel from what they think has been inappropriate action on the battlefield leading to the death or injury of a colleague. This is the kind of help that the Retired Members Forum at the BMA have suggested.

Professor Field's presentation on the front page puts the whole need of help in good perspective.

Dr James Bevan
London

Your ideas could reward you – and other practices...

The GP Enterprise Awards 2011 are now open for competition.

Presented in association with GP newspaper, the Enterprise Awards publicise excellent ideas from grassroots practices that can easily be replicated by other GPs to improve their working lives and that of their patients.

Once again we are delighted to welcome the Medical Defence Union as sponsor of the awards and there is £10,000 worth of prizes for innovative practices.

This year's categories are:

- 1 Practice Team
- 2 Innovative Clinical Care (General)
- 3 Innovative Clinical Care (Specific)
- 4 Innovative Clinical Care (Patient Safety)
- 5 Enterprising Use of IT
- 6 Sustainable Healthcare

■ To enter, download an application form at www.healthcarerepublic.co.uk/awards, select a category and tell us what your practice has achieved in less than 500 words. Closing date for entries is 7 February 2011.

...or you could make history with the Rose Prize

The fourth Rose Prize for original work in the history of general practice in the UK is open for entries.

Awarded jointly by the RCGP and the Worshipful Society of Apothecaries, the prize is open to non-professional historians (individuals or groups) who are, or who have been, involved in primary health care in the British Isles.

The work should be original and specifically written for the Rose Prize, with demonstrable emphasis on primary source material. It should also be appropriately illustrated and suitably bound.

Any topic on the History of General Practice in the British Isles may be chosen. Typescript entries should be between 4-6,000 words.

■ For further details please contact the Administrative Secretary, Faculty of the History and Philosophy of Medicine and Pharmacy, The Worshipful Society of Apothecaries; email: facultyHP@apothecaries.org
Closing date for entries is 5 January 2011.

Practice Network moves to RCGP

The RCGP has been announced as the new host of the Department of Health's Practice Management Network.

The Network was established in 2008 and is run by practice managers for practice managers. With a membership of over 3,000, it shares information and good practice, supports professional development and influences policy, as well as publishing a number of excellent resources. The move to the RCGP has secured its future.

Sandy Gower, Practice Management Lead at the RCGP's GPF, said: "We are delighted that the RCGP is its new host. We anticipate that – in parallel with the RCGP General Practice Foundation for practice managers, practice nurses and physician assistants – the Network will find the RCGP to be a natural home from which it can continue to offer valuable support at a time of challenge and change for practices."

Jill Matthews, Director of Primary Care Improvement at the Department of Health, says: "Practice managers play a crucial role in supporting the delivery of the highest quality general practice. The fact that the RCGP will provide ongoing support and work with the aligned organisations, to underpin the future development of the Network is good news for general practice and its managers."

Substance misuse: Could you train the trainers?

The RCGP Substance Misuse Unit is recruiting experienced practitioners in harm reduction, health and wellbeing to train as trainers for the new RCGP Certificate.

The course sets out to raise awareness and improve both specialist and non-specialist practitioners' ability to guide their drug-using patients on how to reduce risks of substance misuse. It covers HIV and hepatitis transmission, promotes general health and improves the management of long term conditions associated with substance misuse.

The course outcomes will have benefits for the individual, their families, and the wider health economy. Improving awareness and skill in recognising risk-taking, complications of drug use, in particular injecting drug use and associated addictive behaviours, means they can be addressed in a more timely manner by a range of health and social care staff working in primary care and acute settings.

The course consists of an e-module and a face-to-face training day consisting of a mix of

short presentations using pre-prepared materials combined with small group discussion based on case studies.

Each face-to-face day will have two trainers with groups of up to 50. Training events will be regionally based across England.

■ *To make an application, please send a short CV and a covering letter that demonstrates how you meet the following criteria:*

- Registered health care professional or Substance Misuse Worker with three years experience at Senior Practitioner Level
- Experience in Tier 2 or 3 Substance Misuse services.
- Experience in training practitioners in developing skills and attitudes.
- Previous experience of training professional groups is desirable

Please only apply if you can take part in the training the trainers event on 1 December 2010 at Southwark Cathedral. Closing date for applications is 12 November 2010.

The first face-to-face day will take place at the end of January 2011. Send your applications to Elsa Browne at Elsa.Browne@nta-nhs.org.uk

Knowledge Update 6 is now online

The sixth edition of the Essential Knowledge Updates (EKU) is now available.

Consisting of eight major modules and 18 briefings, EKU 6 features the latest new and changing knowledge, applicable for every day general practice.

Chosen, written and scrutinised by GPs, EKU has established itself as the RCGP's flagship tool for online continuous professional development. Already used by 15,000 national and international members, EKU's user base has grown consistently over the last three years and continues to receive excellent feedback.

The major modules included in EKU 6 are:

- People with learning disabilities who develop dementia
- Recent onset chest pain or discomfort of suspected cardiac origin
- Subjective memory problems
- Vitamin D: An Evidence-Based Review
- Management of Giant Cell Arteritis
- Diagnosis and Pharmacological Management of Parkinson's Disease
- Pharmacological management of neuropathic pain in adults
- Management of polymyalgia rheumatica

EKU 6 also sees the introduction of an accompanying podcast in which the most important educational messages are discussed with the authors of the respective modules, adding another dimension of learning.

Hosted and produced by the EKU Development Fellow Dr Dirk Pilat, the podcast can be downloaded to be used with a portable MP3 player or streamed directly from the Online Learning Environment website.

Meeting the challenges ahead through leadership

The RCGP Leadership Programme offers the means to develop skills that will help give GPs a voice in shaping the future of UK healthcare.

This time last year, in need of a challenge, I was encouraged to join the RCGP Leadership Programme, writes Dr Ceri Laird.

As a GP retainer I initially felt that I would not be suitable for the course since I wasn't really undertaking any leadership roles. I applied, however, and was warmly invited to join a fantastic group of individuals from all over the country with a wide variety of experiences and roles.

I have developed a whole range of leadership skills through attendance of seminars, weekends and undertaking supported learning units, which are applicable to all aspects of general practice. I have gained both knowledge and confidence and feel invigorated and prepared to take up the challenge that is now facing us.

On reflection, my lack of previous leadership experience within medicine has actually been advantageous as I have been more receptive to new ways of thinking and working. As a retainer, I have also had more time and freedom to explore areas that I have found particularly interesting.

What the programme involves

The programme is a radically different learning opportunity for GPs in a number of ways:

- It focuses the learning experience on the issues that matter to participants, their organisations and their communities
- It is independent of NHS management structures and enables GPs to think for themselves about which aspects of NHS policy they want to support and which to challenge
- It offers ongoing support over a 12-month period and is deliberately designed to challenge perceptions, awareness and assumptions – participants have described it as a life changing experience

Participants work through four stages:

- 1 Finding your own leadership style: becoming more effective within your practice and PCT



Dr Ceri Laird: Leading by example

- 2 **Leading locally:** analysing and influencing the agenda in the local care economy
- 3 **Influencing the national picture:** exploring the drivers of national policy and the means of influencing these, and
- 4 **Choosing your own leadership role:** exploring choices for shaping both your career and the future of the profession

There are four residential weekends, four further tutorial days and four to five hours of additional learning per week. The programme provides opportunities to meet and debate with a number of leading figures from the fields of health care, government, industry and leadership development.

There is also an online coaching element with each participant having an 'online' tutor from the core faculty to provide confidential feedback and support.

So, in conclusion, if you feel you are ready for the next challenge, I strongly recommend the RCGP Leadership Programme.

- For further information including details on how to apply, please e-mail leadershipprogramme@rcgp.org.uk or visit the RCGP website www.rcgp.org.uk/professional_development/leadership_programme.aspx

DIARY DATES

2 - 5 November 09:00 – 17:00

Dermatology in clinical practice

Woodlands Conference Centre, Chorley

Members: £525 Non-members: £575

3 November 09:00 – 12:30

Telephone consultation skills

Liverpool Medical Institution

Members: £55 Non-members: £65

3 November 12:30 – 16:30

Effective communication and people skills

Liverpool Medical Institution

Members: £85 Non-members: £105

4 November 09:00 – 17:00

Increase your effectiveness and lower risk

Cambridge

Members: £100 Non-members: £120

9 November 13:00 – 16:30

Musculoskeletal workshop: back problems

Liverpool Medical Institution, Liverpool

Members: £60 Non-members: £70

11 November 19:45 – 21:45

Opiates in chronic non-malignant pain in primary care

Holiday Inn Royal Victoria, Sheffield

Members: £25 Non-members: £28

16 November 09:30 – 12:30

Alternatives to NO: preventing stand-offs

RCGP Edinburgh

Members: £75 Non-members: £95

16 November 13:30 – 16:30

Conversations in palliative and end of life care

RCGP Edinburgh

Members: £75 Non-members: £95

17 - 18 November (days 1 & 2 of 6)

Commissioning in general practice

The Racecourse, Chester

Members: £1,500 Non-members: £1,500

19 November 09:00 – 17:00

Orthopaedics study day

The Racecourse, Chester

Members: £1,500 Non-members: £1,500

20 November 08:00 – 16:30

Musculoskeletal core clinical skills training

Glenfield Hospital, Leicester

Members: £100 Non-members: £100

RCGP News invites your comments

Please write to: The Editor, RCGP News
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New e-learning on acute RTIs

A new e-learning course Managing Acute Respiratory Tract Infections will be launched by the RCGP soon.

The course will be available free to all GPs and primary care professionals via the College's dedicated e-learning platform, the Online Learning Environment.

It will consist of series of interactive lessons and a pre- and post-course assessment, designed to help GPs implement evidence-based prescribing in the consultation. An e-certificate will be available for CPD credits.

The lessons will focus on:

- assisting practitioners to understand their own prescribing behaviour
- the benefits of prudent antimicrobial prescribing for both patients and local communities
- practical tips on how practitioners can optimise their everyday prescribing

The course has been developed by the RCGP in partnership with the Health Protection Agency with funding from the British Society of Antimicrobial Chemotherapy.

- Visit the Online Learning Environment at www.elearning.rcgp.org.uk to find out more.