RCGP ENGLAND
Royal College of General Practitioners
TAMAR FACULTY

Tamar News October 2007

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The McConaghey Memorial Lecture 2007
Speaker: Professor James Lovelock
'The Sustainable Retreat'
7.00 pm, Tuesday, 13 November 2007
The Arundell Arms Hotel, Lifton

If you haven't already booked your seat, hurry!
For further details, please contact the Faculty Office on 01392 262744, liz.bell@pms.ac.uk

RCGP Tamar Faculty Annual Study Day
Tuesday, 20 May 2008
The Lanhydrock Hotel and Golf Club, Bodmin

Please put this date in your diary—further details will be available shortly

Dates for your Diary 2007/2008

13 November 2007	-	McConaghey Memorial Lecture
27 November 2007	-	Faculty Board Meeting
11 March 2008	-	Faculty Board Meeting
20 May 2008	-	AGM and Study Day
26 June 2008	-	Faculty Board Meeting
23 September 2008	-	Faculty Board Meeting

Please keep *your* College up to date!

Please note that College members are now able to amend their contact details and special interests on line via the **members' area** of the College's website at www.rcgp.org.uk To log in to the members' area, please use your GMC number OR email as your ID. A password was provided to you upon joining or was selected by yourself during the on-line registration for Associates in Training.

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The RCGP Tamar Faculty's Agenda for 2007—2010

A note from Dr Nick Bradley, Chairman of the RCGP Tamar Faculty Board

Some people wonder, some even ask: 'What does the College do in Tamar?' The faculty's infrastructure is, you might say, lean: Liz Bell, our half time administrator based in Exeter, is the only paid staff member in the faculty. We have the use of offices and IT at the Smeall Building of the PCMD in Exeter. And we receive about £6K a year from RCGP Princes Gate on a capitation basis to run our operation. Board meetings are in the evening and all board members take on the work of the faculty's business 'pro bono'.

So, my question as the new Chairman of the faculty was 'what can the College do in Tamar?' Some faculties run six figure sum, sponsored educational programmes. We do not have a tradition, at present at least, of doing that.

I have, therefore, set out some priority areas which I think are possible and worthwhile. I put them to our September board meeting, where they received support.

They involve the College's four main areas of interest:

- Quality of Care
- Education
- Fellowship and support for colleagues
- Research

Quality of Care

Of all the areas of generalist medical care, the care of the elderly in care homes exemplifies the challenges most potently. It is an open secret that care of the elderly in care homes is patchy, often fragmented and does not always achieve 'parity' with the care delivered to patients attending primary care teams in surgery premises.

I have set up a working group to examine the options for developing a set of standards in Tamar for the generalist medical care of the elderly in residential and care homes. There would be scope for adopting these standards as a mark of good practice; and for auditing quality of care.

Education

I have established regular formal contact with the deputy head of postgraduate GP education for Devon and Cornwall, Dr Russell Steele. The Peninsula Institute for Education is the new name for the former deanery; and Dr Vik Mohan, the Institute's head of GP CPD is on our faculty board. Liz Bell and I visited the new Institute in September. We are very grateful to Heather Rowley at the Institute for taking on the role of AiT (Associates in Training) co-ordinator. AiT is the name given to post-foundation doctors entering specialty training (ST) for general practice – what used to be called vocational training schemes. The RCGP encourages them to become associates of the College during these training years. This makes particular sense now that passing the nMRCGP exam is a requirement of completing training successfully.

Vik Mohan is running a series of CPD roadshows this autumn. And I have asked Dr Peter Gent, faculty board member, to convene a working group to examine the possible activities for the faculty in CPD. There is a vacuum in CPD provision for principals at present; and postgraduate medical centres are underused by GPs. There is scope for bringing RCGP centrally run courses to the peninsula.

Fellowship and Support

I have invited fellows of the College who are working in clinical practice to act as mentors for new members in the faculty. We plan to develop a directory of faculty members' interests and expertise. As Chairman, I have written to all new members, welcoming them and congratulating them on their success. And there is scope for a programme of events for new principals and sessional GPs along the lines of a Café Scientifique.

Research

Professor John Campbell, the PCMD Professor of general practice and primary care, is a key member of the faculty board. The peninsula's research publication output is considerable and increasing - see recent publications on the following page. We plan to continue to work closely with the primary care research network; and to offer AiTs exposure to primary care researchers through that network.

Nick Bradley

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Peer-reviewed publications by local primary care researchers

Blake S, Ruel B, **Seamark C, Seamark D.** Experiences of patients requiring strong opioid drugs for chronic non-cancer pain: a patient-initiated study. *Br J Gen Pract* 2007; **57(535)**:101-8.

Borud EK, Alraek T, **White A,** Fonnebo V, Grimsgaard S. The effect of TCM acupuncture on hot flushes among menopausal women (ACUFLASH) Study: A study protocol of an ongoing multi-centre randomised controlled clinical trial. *BMC Complementary and Alternative Medicine* 2007; **7 (6).**

Campbell JL. Provision of primary care in different countries. Editorial. *BMJ* 2007; **334:**1230-1.

Campbell J, Winder R, Richards SH, Hobart J. Exploring the relationships between provision of welfare benefits advice and the health of elderly people: a longitudinal observational study and discussion of methodological issues. Anonymous. Anonymous. *Health and Social Care in the Community* 2007; **15(5):**454-63.

Clark CE, Campbell JL, Powell RJ. The interarm blood pressure difference as predictor of cardiovascular hypertension in primary care: cohort study. *Journal of Human Hypertension* 2007;**21(8):**625-32.

Dalal H, Evans P, Campbell J, Taylor RS, Read K, Watt A, Wingham J, Mourant A, Thompson D, Gray DJ. Home-based versus hospital-based rehabilitation after myocardial infarction: a randomized trial with preference arms. *International Journal of Cardiology* 2007;**119**:202-211.

Evans PH, Greaves C, Winder R, Fearn-Smith J, Campbell JL. Development of an educational 'toolkit' for health professionals and their patients with prediabetes: The WAKEUP study (Ways of Addressing Knowledge Education and Understanding in Pre-diabetes) *Diabetic Medicine* 2007**:24:**770-7.

Fearn-Smith JDG, Evans PH, Harding G, Campbell JL. Attitudes of GPs to the diagnosis and management of impaired glucose tolerance: The practitioners' attitudes to hyperglycaemia (PAtH) questionnaire. *Primary Care Diabetes* 2007; **1 (1):**35-41.

Greaves CJ, Campbell JL. Supporting self-care in general practice. *Br J Gen Pract* 2007; **57:**814-821.

Hamilton W, Russell D, Stabb C, Seamark D, Campion-Smith C, Britten N. The effect of patient self-completion agenda forms on prescribing and adherence in general practice: a randomized controlled trial. *Fam Pract* 2007; **24:**77-83.

Jones RCM, Chung MC, Berger Z, **Campbell JL**. Prevalence of post-traumatic stress disorder in patients with previous myocardial infarction consulting in general practice. Anonymous. Anonymous. *Br J Gen Pract* 2007; 57:808-810.

Howerton A, Byng R, Hess D, Owens C, Aitken P, **Campbell J.** Understanding help seeking behaviour among offenders: lessons from a longitudinal qualitative interview study. *BMJ* 2007; **334**:303-6.

Keenan H, Campbell J, Evans PH. Influenza vaccination in patients with asthma: why is the uptake so low? *Br J Gen Pract* 2007; **57**:359-63.

Mangin D**, Sweeney K,** Heath I. Preventive health care in elderly people needs rethinking. BMJ 2007; **335 (7614):**285-7.

Parsons S, **Harding G,** Breen A, Foster N, Pincus T, Vogel S, Underwood M. The influence of patients; and primary care practitioners' beliefs and expectations about chronic musculoskeletal pain on the process of care. *Clin J Pain* 2007; **23 (1)**:91-8.

Saukko PM, Ellard S, **Richards SH,** Shepherd MH, **Campbell JL.** Patients' understanding of genetic susceptibility testing in mainstream medicine: qualitative study on thrombophilia. BMC Health Services Research 2007 **7**:82 www.biomedcentral.com/1472-6963/7/82

Taylor KMG, **Harding G.** The pharmacy degree: the student experience of professional training. *Pharmacy Education* 2007; **7 (1):**83-8.

Taylor RS, Watt A, **Dalal HM, Evans PH, Campbell J,** Read KLQ, Mourant AJ, Wingham J, Thompson DR, Pereira Gray DJ. Home-based cardiac rehabilitation versus hospital-based rehabilitation: a cost effectiveness analysis. *International Journal of Cardiology* 2007; **119**:196-201.

Tough EA, White AR, Richards S, Campbell J. Variability of criteria used to diagnose myofascial trigger point pain syndrome-evidence from a review of the literature. *Clin J Pain* 2007; **23 (3):**278-286.

White A. The safety of acupuncture techniques. Guest Editorial. J*ournal of Alternative and Complementary Medicine* 2007:**13 (1):**9-10.

White A, Foster NE, Cummings M, Barlas P. Acupuncture treatment for chronic knee pain: a systematic review. *Rheumatology* 2007; http://rheumatology.oxfordjournals.org/cgi/content/abstract/kel413v1

White AR, Moody RC**, Campbell JL.** Acupressure for smoking cessation - a pilot study. *BMC Complementary and Alternative Medicine* 2007; **7** (8).

Please let us know if your paper is missing from this list.

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‘The Future Direction of General Practice’

The College has published its vision for a general practice-based healthcare system. *‘The Future Direction of General Practice. A Roadmap’* was written by Mayur Lakhani, Maureen Baker and Steve Field. It carries the logos of the BMA, COGPED, NAPC, the NHS Alliance and others on the cover as seals of approval from all our allies. And if you were not certain what the College wants or where our profession should be going, this paper has answers for you – sensible, valuable and achievable answers which are in tune with our patients, and with our daily experience.

The roadmap proposes a view of primary care which is anchored in general practice. The RCGP wishes to strengthen the values of interpersonal care and continuity of relationships. It recommends holding on to the priceless system of personal registered patient lists. The role of the future GP will be that of the advanced medical generalist dealing particularly with co-morbidity, diagnosis and co-ordination of care.

Moving away from seeing care as either primary or secondary, towards the concept of generalist or specialist care, is, say the College leaders, an important conceptual change for the NHS.

Generalist medical care in the community must expand. The roadmap rejects the idea of polyclinics as the method to achieve this. It proposes that practices build on their existing strengths by federating in larger local groupings. Through such integration, federations of practices will be able to offer a wider range of services in the community, including almost all mental health care and most diagnostics.

Hospitals and specialist services will be reserved for acute serious illness, specialised investigations and major surgery. In this model, generalists and specialists will work more closely together.

The practice and the primary health care team will remain the basic unit of care.

The College is very clear: the market approach for delivering care is flawed and must be countered. The challenge is to develop innovative and creative ways of working including business models for new services, raising capital and utilising economies of scale.

But at the heart of generalist medical care, the therapeutic doctor-patient relationship must continue as the cornerstone of future health care, and models of care should enable relationship continuity for the many patients who seek it. The expert generalist will have a pivotal role in tackling co-morbidity and health inequalities; and reducing the destructive fragmentation of patients’ experience which has come to characterise the NHS of recent years.

Professor Darzi’s review of the NHS is proceeding fast. This vision of our discipline from our College is clear and unequivocal in stating the values and culture of general medical practice over the next ten to twenty years. If you have the opportunity to contribute to the NHS review, this roadmap should be your briefing.

Nick Bradley

Members’ Feedback

Over the summer we asked College members and fellows for their experiences of and ideas for the faculty. A quarter of the membership responded. This is what you told us:

1. You value the College for networking, representation, maintaining standards, the MRCGP qualification, belonging to a professional body, and accommodation at Princes Gate. The journal came in for some criticism. And some felt value for the subscription was meagre. Others felt the faculty was remote, for ‘the great and the good’, out of touch and off-putting for new members.

2. You would like the faculty to work on:
   Pastoral care, bringing events to localities, increased press coverage to promote general practice, and more CPD with a clinical focus. You would also like support for returners, new members and sessional GPs.

3. Standing up for high standards of care was the single most common aspiration.

Nick Bradley

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RCGP Tamar Faculty Annual Student Award 2007

Congratulations to Gary Croker on winning this year's prize.
Here is a summary of his paper.

Are Emergency Care Practitioners valuable tools in the delivery of unscheduled care in a General Practice setting?

Recent health care reform has focused on shifting a wider range of patient services into the community setting. Unscheduled care, which aims to respond to patients' urgent and emergency care needs, is one of the services undergoing reform. Primary care services, already feeling the strain inflicted by the erosion of primary care doctor availability, are now under increased pressure. There is a need to develop new roles within primary care and explore skill mix changes, in order to cope with increases in service demand.

Emergency Care Practitioners (ECPs), drawn from paramedic and nursing backgrounds, undergo intensive training, enabling them to independently assess, treat and discharge patients with minor illness and injury. They work alongside General Practitioners (GPs), Nurse Practitioners (NPs) and other allied health professionals, acting as a point of first contact for patients. They triage patients by carrying out phone consultations, hold face-to-face meetings, undertake home visits and support GPs by providing out-of-hours cover. As members of the ambulance service they also respond to 999 calls, thereby providing the local community with a faster emergency response service. ECP involvement liberates highly trained staff to deal with more demanding tasks, decreases GP workload and has the potential to reduce direct healthcare costs.

Despite concerns claiming that delegation of care to ECPs may be detrimental to the quality of care that patients receive, no appreciable differences have been found in health outcomes, resource utilisation or processes of care. In fact ECPs have improved the quality of care that patients requesting urgent home visits receive. Dispatching an ECP, instead of oversubscribed ambulance services, results in faster response times, improved patient satisfaction and a reduction in inappropriate emergency department admissions.

The safety of ECP practice requires further evaluation. Although ECPs are skilled individuals, their training and clinical experience does not match that of a GP. Their ability to adequately triage patients, due to the breadth of possible diagnoses and 'occult' conditions, has been questioned.

The introduction of ECPs, and enlargement of the primary care team, is likely to interrupt doctor-patient personal continuity. However, the enhanced coordination of care that ECPs provide may compensate for its loss. Their ability to work across both primary and secondary care interfaces enables them to accompany patients requiring hospital admission along their care pathway. This ensures 'seamless care' for the patient, reducing duplication and avoiding multiple 'hand offs' between treatment teams.

The ECP is a vital tool, which successfully occupies the space between the GP, the nurse and the paramedic. They facilitate integration between emergency and primary care services by complementing existing practitioners, blurring professional borders and promoting inter-professional working. The ECP occupies a unique position, providing care that is currently unrivalled by any other practitioner.

Gary Croker
4th Year Medical Student

The Tamar Faculty awards an annual prize of £250 for a student of the Peninsula Medical School judged to have produced the best essay on a subject relevant to general practice.

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Book Review

Continuity in Palliative Care
Key issues and perspectives

by Dan Munday and Cathy Shipman (RCGP Publications 2007)

This is a new book published by the RCGP looking at palliative care with a specific emphasis on continuity. In a sense this is a book for all GPs with a desire to preserve some aspects of continuity of care in an ever-changing NHS and for those with an interest in palliative care. The book covers many aspects of both cancer and non-malignant palliative care. There is also an interesting chapter on aspects of ageing that highlights how elderly people may not be suffering from a specific disease warranting palliation, but need many of the broader aspects of palliative care. Ethical and spiritual issues are tackled and some authors look at the help IT can bring to continuity of patient records.

One slightly disappointing aspect is that most of the book is written by doctors approaching the subject from more specialist palliative care and by other researchers in the area. There is one short chapter by a practising GP, though this is more in the form of a personal view. Although there are chapters on *General Practice and out-of-hours palliative care* and another on *PCTs and organisational issues,* no GPs seem to have been involved in writing these. As many patients with palliative care needs spend much of their dying at home cared for by their GP, this could be seen as an omission. Many GPs are involved at a primary care level as Macmillan Facilitators and there are also GP researchers in this area who might have had something to contribute. There is also no mention of the role of community hospitals in providing patients with continuity of both GP and locality, although there has been considerable research in this area. It may be that the editors are unfamiliar with these.

The broader aspects of the primary health care team are dealt with in a chapter on *District Nurses and continuity of palliative care* which is co-authored by a researcher with a nursing background.

This book is probably for those specifically involved in palliative care or research in that area or on continuity of care. It has some useful ideas on the aspects of continuity which are being developed. These different strands include continuity of personnel, continuity of place, and informational and organisational continuity. Issues around out-of-hours care and the loss of some continuity since the changes of the new GMS are most pertinent and the encouragement to notify out-of-hours providers of patients with palliative care needs should not be ignored.

Dave and Clare Seamark
September 2007

Dave & Clare Seamark are both involved with a Macmillan funded project based at the Peninsula Medical School with Suzanne Richards, John Campbell, Jim Gilbert and others, looking at out-of-hours care for patients with cancer and palliative needs. The first phase of the work, which covers many aspects including the important one of continuity, has been completed and submitted for publication. Dave Seamark has a long track record of research in palliative care especially looking at primary care provision and the use of community hospitals as a rural and local hospice.

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Book Review
Telephone Consultations in Primary Care
by Tony Males (RCGP Publications 2007)

A crisp and deceptively slim paperback for £24.95 before member discount, this provides an extensively referenced treatise on the history of telephone communications in general practice, followed by well-considered guidance on use of the telephone from the perspective of patient, call handler and clinician.

Tony Males FRCGP, an experienced GP and trainer, publishes the fruits of his MSc research on out-of-hours aspects of doctor communication, with long experience of "Advanced Access" with nurse telephone triage. His determination to consider telephone communication in an evidence-based way shines through the book and is sure to provide a basis for practical telephone guidelines for use in general practices.

It is true that most practising clinicians were not taught telephone communication, and it is easy to forget that a different skill set is needed from that of face to face consultation. It is certainly helpful to consider the implications and limitations of the telephone, along with the potential for misunderstanding which can occur, particularly with an inexperienced clinician or receptionist. This book does thoroughly examine the disadvantage of absent visual and sensory cues, the medicolegal pitfalls, and methods of limiting risk in telephone consultation. The importance of establishing a trusting and caring relationship while ensuring adequate information gathering and recording is made clear.

There are exercises provided at the end of each of the 10 chapters, aimed to foster understanding of the preceding chapter and to encourage consideration of how to apply lessons learnt. Some of these are of a very practical nature and could be used as part of team learning exercises. I would have preferred to see them at the end of the book, better preserving the flow of the text, but see logic in their placement.

The management of common conditions section (chapter 9) presents didactic summaries of management of 15 key conditions which can be dealt with on the telephone. This section is of particular use to registrars, new GPs and nurse practitioners training for their roles, encompassing a large proportion of the areas where patients seek telephone advice. There are useful suggestions for a tutorial or group learning event.

I feel that the book could well be divided up to appeal better to parts of its intended audience. I am sure that the average practice receptionist would have something to learn from the very short (10 page) receptionist section . However, the preceding history and communication theory would probably scare the majority. While much of the book appeals to an academically minded GP or nurse practitioner, I think the most benefit will be to registrars, nurse practitioners in training and other clinicians who will be involved in giving telephone advice. The reception team could well benefit from discussions culled from the book, as a basis for a clinical governance or practice learning exercise

When describing a book, I have never thought to mention the olfactory sensation: I have tried to read this book on many occasions, and been put off by a most offensive, chemical smell. I can only hope that RCGP publications changes the printing method with future books, or I shall have to invest in a clothes peg… .

This book is definitely worthy of space on the practice library shelf.

Nick Chiappe
September 2007

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Many congratulations go to Buckland Surgery in Newton Abbot on achieving the RCGP Quality Practice Award earlier this year.

Many congratulations also go to St Leonard's Medical Practice in Exeter on achieving the PCRTA (Primary Care Research Team Assessment) award from the RCGP in January this year.

Obituary

We were saddened to hear of the death of Dr Edward C Hamlyn on 14 August 2007. He was a Life and Founder Member of the College and one of the oldest practising members of the Tamar Faculty. We send our sincere condolences to his family.

MRCGP Exam Passes—Summer 2007

We warmly congratulate the following candidates who passed the recent MRGCP exams.

Passes with Distinction:

Dr CD Anthony, Dr JC Barber, Dr LL Newton, Dr EJM Ross, and Dr B R Wesson.

Passes with Merit:

Dr HES Butterworth, Dr AJ Collings, Dr AM Dew, Dr SJ Gardner, Dr JM Jarvie,
Dr AV Kostova, Dr DS McLellan, Dr L Sherrington, Dr LB Taylor, and Dr WP Wenzel.

Passes:

Dr HDF Burke, Dr JA Button, Dr AM Chowdhary, Dr S Chubb, Dr A Delgado Bolton,
Dr AS Farrell, Dr R Gaywood, Dr EJ Good, Dr AL Griffiths, Dr BW Hallmark, Dr JC Harris,
Dr KM Jaeschke, Dr KA Jones, Dr AJ Mercer, Dr KS Murphy, Dr ES Osborn, and
Dr AJ Warren.

Please get in touch!

We would be very pleased to hear from you if you would like to contribute to our next newsletter or if you have any comments on this one. Please contact Dr Nick Chiappe (nick.chiappe@nhs.net) or Liz Bell at the Faculty Office (liz.bell@pms.ac.uk). We hope to hear from you!

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