The world of general practice has been buzzing since the health white paper was published on 12 July 2010. There has been much debate and consultation with various inputs from different sources. This can all be a bit overwhelming, especially for those GP’s who just want to get on and do their job. So where do we stand at the moment?

Here are the facts: Following the white paper, 4 consultation documents were circulated on:
1. Commissioning for patients,
2. transparency and outcomes,
3. Local democratic legitimacy
4. Regulating healthcare providers.

2 further consultations were also circulated on:
1. Access to information
2. Patient choice and control

So how does this impact us?

In each locality there is likely to be change but there are still many unanswered questions.....will PCT’s cease to exist? If so, who / what organisation will take over their roles and responsibilities. Some areas have already formed GP commissioning consortia and others are still in the infancy stages of this process. The prospect of change is both exciting and daunting and there is great opportunity for sessional GP’s to get involved. So how does one go about doing this?

First and foremost, it is important to keep updated on the new information, this entails reading wisely as there is not possibly enough time to read all the information that comes our way. It is also a good idea to familiarise yourselves with what is happening in the area you are working in with regard to setting up / establishing shadow consortia etc.

Look at your individual and collective skills and try and think of ways in which you can contribute. Sessional GP’s have great skills, enthusiasm and it would be a shame to not be able to apply these in the new structure. It will also be a great learning experience and help individuals to develop skills outside of clinical practice.
GP COMMISIONING - HOW CAN SESSIONAL GPs GET INVOLVED?
(cont)

Get involved at any level where you feel comfortable and that will be a good stepping stone. You can get involved directly in the commissioning aspect in either the management aspect or in developing clinical pathways which will be used in future commissioning. Given that many sessional GP's have special interests it is also possible to become a provider of services.

Getting started is probably the most challenging part; one option is to get in touch with the person / persons presently involved in the commissioning aspect in your area. These individuals are usually well known within the local GP community. Declare your interest and ask how you can get involved. What is the worst thing that can happen?

It is often underestimated how much Sessional GP’s can and want to contribute. It is up to us to make them aware that we have skills and ideas that can help shape the future of General Practice at such an important time.

To end with...these changes are going to happen, the details of exactly how still need to be ironed out and we can choose to either bury our heads in the sand and plod along seeing our patients or we can get involved and contribute to the changes that will come. The choice is yours!!!!!!
WORKING IN CANADA AS A GP

In October 2008 I met a representative from The Alberta Rural Physician Action Plan (RPAP) at the BMJ fair. The RPAP is an independent not-for-profit company funded by Alberta Health & Wellness (The Alberta Government) and provides a provincially-focused comprehensive, integrated and sustained program for the education, recruitment and retention of physicians for rural practice.

Alberta is a province located in Western Canada, bounded by the provinces of British Columbia to the west, Saskatchewan to the east, the Northwest Territories to the north, and the U.S. state of Montana to the south.

The RPAP representative was promoting a 3 month locum program where doctors from the UK would be assisted to moving and working in a rural part of Alberta. There was a need for GP’s in this part of Canada (due to a general lack of doctors and so called “brain drain” to the USA) and, since the British Primary Care model and education is similar to the Canadian system, it was thought to be an easy transition. The three month program would provide GP’s with furnished accommodation and a vehicle as well as an allowance towards their airfare/ work permit / licensing costs in addition to a daily locum wage it would also cover Canadian medical defence organisation fees (The Canadian Medical Protective Association).

Having been visiting relatives in Canada since childhood and seeing for myself what a wonderful country it was I couldn’t help but apply for the program.

To start the process I needed my CCT so my application was delayed by a year whilst I received this. I needed to be approved by the College of Physicians and Surgeons of Alberta (CPSA). The College, the Canadian equivalent of the General Medical Council, regulates the practice of Medicine in Alberta and required me to have 4-8 weeks experience of General Medicine, Surgery, O&G, Paediatrics, Psychiatry, A&E and Primary Care.

The program was only for three months. This was quite convenient since any longer would mean that candidates would have had to sit the Medical Council of Canada Evaluating Exam (initially) and then the Medical Council Qualifying exam Part 1 and 2 (which you have 30 months to sit once practising in Canada).

The RPAP helped me apply for a work permit and advised me on how to get my qualifications verified by the Canadian organisation called the PCRC. The whole process took 6 months and in August 2010 I started my three month position.

WORKING ABROAD

I was placed in a town 122 km North West of Alberta’s Capital Edmonton. My practice population was approximately 5000 from the town and 10,000 from the surrounding region. The population consists mainly of people of German and English descent with a sizeable Dutch minority. European immigration continues to help the area grow with the vast majority of new immigrants coming from Germany. The small town has fourteen churches and this was at one time the largest number of churches per capita in the world. The weather averages 20 degrees in the summer and -20 in the winter. Since I arrived in August and left in November, I experienced the minus 20 and had the wonderful experience of feeling my nose drip and then freeze instantly. The town’s main business is agriculture, oil and gas.
WORKING IN CANADA AS A GP
(cont)

Like the NHS, Alberta has a publicly administered and funded health care system that guarantees Albertans receive universal access to medically necessary hospital and health care services. However prescriptions need to be paid for so many patients have health insurance via their employers where the majority of medications are included. Key groups like children and seniors were exempt from the majority of charges. I found the system difficult to understand as did the patients. Practically, with the help of the pharmacists I was able to prescribe economically for patients and this was not a major hurdle. A real appreciation of our NHS dawned on me when I went to buy a simple ointment. Bought as a private script since it was not an OTC medicine in Canada, it cost me six times the price I would have paid here.

'As a GP the remuneration is via a fee for service basis. This is paid by the government / insurance companies and occasionally the patient directly. GP’s had autonomy for the way the clinic was run and decided their opening hours and how many patients they saw a day. At my clinic they worked 4 days a week and once a week covered 24 hours at the hospital where there were the only doctor on the premises with help from surgeons/ anesthetists and an air ambulance on stand-by. The hospital appeared to be well staffed with nurses/ pathologists/ radiologists. Generally the GP’s were obstetrically trained and delivered their patients’ babies (midwives are not widely used in the rural community) and performed caesarean sections if needed.

We had 10 minute appointments and saw approximately 24 patients a day from 9 till 5pm. The cases were similar to those in UK with an unexplained high rate of conditions such as RA, coelias and IBD. Our surgery did not have any nurses and this seemed to be because the payment system did not allow for billing for patients who had seen a doctor and not a nurse. Home visits were a rare request. These were generally not expected by the patients. In three months I didn’t see any home requests for me or my colleagues. Unlike the UK, Canadian patients do not have a right to a GP. It is seen as a privilege. And those who don’t have access have to use the walk-in clinics or hospitals.

The lack of doctors in Alberta was felt when referring patients on to secondary care. Often waits were longer than I have experienced in the UK and urgent cancer referrals were best carried out with direct phone referrals as the two week cancer referral system is not present. The news media highlighted the long A&E waits just as they do here.

A few last things which did surprise me were the number of commercials on local TV from pharmaceutical companies (of Cialis in particular), not being able to find aqueous cream or a similar substitute and not having to deal with QOF!

I found the transition to the Canadian system surprisingly easy and managed to feel integrated by attending meetings and building relationships with the local community. Although I was only there for three months, which some would say is just a honeymoon period, I can’t help but think of the Canadian system with fondness especially as we go through all the new changes in our own NHS.

(Article written by Dr Iman Velji)
RECENT CLINICAL MEETINGS

17th April 2011
The use of GLP-1 agonists in Type 2 Diabetes. With a demonstration of Victoza.

16 March 2011
Our speaker at this meeting, held at The Spice Room, Eastcote, was Dr Ben Wakerley, Neurology Registrar who spoke about dermatological presentations of neurological conditions and then held a Question and answer session on primary care neurology.

16 February 2011
Our speaker at this meeting, held at Days Inn, Ruislip, was Dr Baburaj, Consultant Endocrinologist, Watford General Hospital, who spoke about Osteoporosis, Vitamin D Deficiency and other rheumatological conditions. Dr Sagar Dhanani, our treasurer and Clinical Director of Hillingdon Community Health spoke about the services offered by HCH in the borough of Hillingdon. Both talks can be found at http://www.hillingdongp.org.uk/locum/personal_development_plans.htm

19 January 2011
This meeting was held at the Spice Room, Eastcote and our speaker was Dr Vicki Weeks, sessional GP chairperson on the GPC who spoke to us about GP Consortia and sessional GPs. A good discussion was generated during the talk with members of the group giving each other ideas as to how they can get involved in consortia at various levels. A copy of this talk is also available at http://www.hillingdongp.org.uk/locum/personal_development_plans.htm

JINGLE BELLS PARTY
This year the Christmas meeting was held at the Sheraton Skyline hotel on Bath Road on 15 December 2010. At this meeting local Hillingdon GP and GPwSI in Cardiology, Dr Sabby Kant gave an extremely informative and interesting talk on “Understanding and reducing the risk of cardiovascular disease in south Asian patients.” The meeting was well attended and it was a thoroughly enjoyable evening.

BASIC LIFE SUPPORT TRAINING
Many members do not have access to BLS training / updating in the practices where they work so Dr Shashikanth kindly organised a session on 27 January 2011 which took place at the Hillingdon Hospital Postgraduate Centre. Training was done by the Hospital Resuscitation officers. This meeting was very well attended and included anaphylaxis and defibrillator updating.
**JUNE 2011 - AWAY DAY**

This year’s away day was held at The Spice Room, Eastcote and there were two guest speakers.

The morning started with a talk from Dr Robin Lawrence, Consultant Psychiatrist. He spoke about depression, its treatment and educated us with cave man and stone-age man analogies!!!!! He also made us aware of how sleep disturbances factor into depression and how best to manages these problems in patients suffering with depression.

This was followed by a very interesting presentation by Dr Paqueta de Zulueta who introduced us to the concept of Emotional Intelligence (EI). This will hopefully help enhance our self-awareness and she was able to give us tips on recognizing and managing our own emotions so as to improve our social interactions, be it with patients, friends, relatives, colleagues etc.

It was a thoroughly educational and enjoyable day and we thanks our educational lead, Dr Satesh Sehdev, for all his efforts in organizing this day and look forward to the next one coming up soon!!!!!

**GP MASTERCLASS**

NHS Hillingdon holds monthly educational meetings for all GP’s working in Hillingdon. They are typically held on a Wednesday evening. Attendance is high and they provide a good opportunity to discuss local needs. They are peer-led sessions with clear learning objectives. These meetings are fully sponsored by NHS Hillingdon, keeping them free from bias and drug promotion. The presentations of these masterclasses are also accessible from the group website on [http://www.hillingdongp.org.uk/GPmasterclass.htm](http://www.hillingdongp.org.uk/GPmasterclass.htm)
FORTHCOMING MEETINGS

Please find below a list of the upcoming meetings and dates to be attended to your diary – further information is available on the website:

18 May 2011: Common Conditions in ENT

15 June 2011: Dementia (exact title TBA)

20 July 2011: Dermatology - Acne. Eczema & Psoriasis

July Away Day: Gynaecology & NLP (Neuro-Linguistic Programming)

RECENT E-GROUP DISCUSSIONS

Polymyalgia Rheumatica

Medication in the Doctor’s Bag

Various presentations of Ectopic Pregnancies

HbA1c, Diabetes and Ethnicity

Hair loss

Issuing School Certificates

A Case of Vague Abdominal Symptoms

Write to us
Hillingdon Independent GP Group
20 Pield Heath Road
Hillingdon,
UB8 3NG

newslettereditor@hillingdongp.org.uk
www.hillingdongp.org.uk

Co-Editors-in-chief: Dr. Taiwo Akinseye
Dr. Bev Dahele

Suggestions & Contributions
newslettereditor@hillingdongp.org.uk

Thank you to all members who have contributed to this newsletter.

Please continue to send your submissions into us.