

18 June 2010

In this issue:

- 🔗 QIPP
- 🔗 PBC Indicative Budgets for Practices
- 🔗 WH.C Role
- 🔗 WH.C Feedback
- 🔗 PBC LES
- 🔗 WH.C Board Membership/Election
- 🔗 Urology Pilot at West Mendip Hospital
- 🔗 Prescribing Cost Pressures and Mitigating Factors
- 🔗 Immediate Referral for all High Risk TIA's/Minor Strokes
- 🔗 DVT Community Pathway
- 🔗 Yeovil Acute Care GP Service
- 🔗 Somerset Diabetes Service
- 🔗 "Look after your Memory"
- 🔗 Ten Top Tips - For Supporting Someone with Dementia
- 🔗 Huntington's Disease Association
- 🔗 Dates for your Diary
- 🔗 Deadlines
- 🔗 Employment Opportunities
- 🔗 WH.C Board Election 2010: Nomination Form

QIPP

- Matthew Dolman, WH.C Vice Chair

QIPP - Why does the NHS have such a fondness for acronyms? Does it say something about the complexity of an organisation that it thinks it has to reduce things to its smallest denominator? This latest four letter creation however has huge implications for our future. The four letters may be replaced by our new coalition but the implications for the way we work will remain.

Quality, Innovation, Prevention and Productivity is the catch all group of words which details the processes to achieve efficiency savings over the next three years. The scale of the task is enormous. £120 million must be saved in Somerset, in order to standstill in terms of funding availability because of the increasing year on year burden of demography, expectation and clinical advances matched against "flat cash".

The Programme is broken down into eight workstreams and these have been given target savings to be achieved over the three year period. How Commissioners choose to make these savings is not determined but ideas have been formulated by different PCTs in the Southwest.

Somerset is piloting Long-Term Conditions as a workstream initially and has chosen the Bridgwater community to develop the plans before rapid roll out to other areas as soon as possible. The other workstreams will have to be acted upon in a similar way.

We have to design new ways of working with all our colleagues in Secondary, Community, Social and Third sector. This a fantastic opportunity to create a responsive and sophisticated health and social care model because the levers for change are so powerful.

How do GPs juggle the dilemma of being commissioner and provider? I would suggest we have a responsibility to commission and the skills to provide, they are not mutually exclusive. Balancing the two may well be clarified in the White Paper due in July but we must not get distracted by labels. What matters is quickly creating the space and energy to work together to tackle all those frustrations we know create inefficiency. GP federations are nascent organisations matching WyvernHealth.Com localities. In the short-term the overlap will be considerable, in the short-term let's try and grapple with the QIPP agenda as one Primary Care body changing our hats as necessary. Provision must follow commissioning.

More details on the QIPP workstreams will be circulated shortly along with more detailed information about how best to start designing. A lot of the principles are evolving weekly and WyvernHealth.Com will endeavour to keep you as well informed as we can.

[Please click here to return to top of document](#)

PBC Indicative Budgets for Practices

- David Rooke, WH.C Chair

NHS Somerset will be issuing budgets to practices this week for 2010/11. WH.C has been engaged in discussions with NHS Somerset to a much greater extent than in previous years; this is particularly appropriate as we face significant financial challenges and we start preparatory work for the potential shift to real budgets for GP commissioning.

At the last WH.C Board meeting we reviewed the practice budgets and we have already communicated a view on the prescribing budgets in the May newsletter. The other element of the budget, where there is an opportunity for practices to achieve Freed up Resources (FUR) is the Payment by Results (PBR) element of the hospital budget. For 2010/11 the total value of this budget has decreased by 3% compared with the budget for 2009/10. The main reason for this was that the budget for 2009/10 had increased by 9% on the previous year to take account of predicted increased activity to deliver the 13 week Referral To Treatment (RTT) waits from a starting point of 18 weeks. For 2010/11 the budget has been set on recovering and maintaining 18 week RTT waits.

For 2010/11 it was decided that it would be appropriate to move to 'Fair Shares' budgets for the allocation of budgets to practices. This means that practices should be receiving a share of the budget which more accurately meets the needs of their population rather than on the historic basis whereby practices received funding based on their activity from previous years. Any allocation of a limited 'pot' creates 'winners and 'losers', but with practices all in a consortium the benefits of being a 'winner' and the risks of being a 'loser' are shared with all the practices.

Delivering the budgets for 2010/11 is going to be challenging and that they were not available until mid June has not been helpful although it was appropriate to understand the provisional numbers that are available in April, but we are all aware that there will be increasing demands for limited NHS resources and the 3% decrease in hospital PBR and the no growth in the prescribing budget will create tensions in the system.

Whilst this is not good news, it is not as bad as we feared and it does focus the mind on the need to tighten the NHS belt in these challenging times. We must emphasise that the budgets have been set by NHS Somerset and although we have been involved in discussions about the total budget available and the allocation of the budgets they are still the responsibility of NHS Somerset to set them.

WH.C Role

Following discussions with both the LMC and NHS Somerset we have been working on making sure that the PBC LES is a valuable exercise for primary care to be engaged in and that it will support practices in providing good care for their patients. We would also want to make sure that it does make economic sense for a practice to be signed up to participate in the LES. We explain the LES and how WH.C will support member practices to deliver the LES further on in the newsletter.

There has been a degree of confusion about the role of WH.C; NHS Somerset; GP federations and the LMC. At a time of significant changes in the health service with the likely abolition of Strategic Health Authorities; reduced roles of PCTs, and the development of GP commissioning and at a time of major financial constraints the most challenging the NHS has faced, it is difficult to put some clarity into the roles of the respected organisations. The anticipated Health White Paper in early July will hopefully clarify the position.

[Please click here to return to top of document](#)

WH.C Feedback

We would like to remind you that we do recognise that we are a membership organisation and from recent feedback received we are aware that there have been a number of issues raised concerning the direction and role of WH.C; federations; the proposed PBC LES; PBC budgets and FUR. We are in a position of being able to make significant changes in services for our patients and we need to make sure that all GPs and practices are engaged and contribute to this agenda. We are working with the LMC to make this happen but, in the meantime, if you have any questions or queries please contact your local Board member or any member of the team. We are always happy to attend a practice meeting if that would be helpful. For information we list below contact details for Board members:

Board Member	Area	Email Address
Dr David Rooke, Chair.	Somerset Coast	david.rooke@wyvernhealth.nhs.uk
Matthew Dolman, Vice Chair	Somerset Coast	matthew.dolman@wyvernhealth.nhs.uk and/or matthew.dolman@southwest.nhs.uk
Rosie Benneyworth	Taunton and Wedge	rosie.benneyworth@wyvernhealth.nhs.uk
Mike Gorman	Taunton and Wedge	mike.gorman@wyvernhealth.nhs.uk
Jim Milner	Mendip	jim.milner@wyvernhealth.nhs.uk
Nick Matthews	Mendip	nick.matthews@wyvernhealth.nhs.uk
Sarah Pearce	South Somerset	sarah.pearce@wyvernhealth.nhs.uk
Anne Salkeld	South Somerset	anne.salkeld@wyvernhealth.nhs.uk

PBC LES

- Nick Matthews, WH.C Board Member, Information Lead

WH.C has been involved in the development of this year's enhanced service with NHS Somerset, and in many ways it is very similar to last year's document. In response to comments and concerns over the apparent complexity of the PBC LES (Local Enhanced Service), it might be helpful to revisit the basics of PBC in order to put it in some kind of context.

The fundamental principle of PBC is that each practice holds an indicative budget for in-patient care, out-patient care and prescribing for their registered patient population. We are tasked with coming in at or under budget for a year, with any underspend being re-cycled by the practice into improving patient services - more care for the same money, which is a good thing. Overspends are carried over, and the rules dictate that these need to be made good over a three year cycle according to a recovery plan. If this isn't achieved, in theory, the practice's right to hold an indicative budget is reviewed, and potentially withdrawn. Quite what this means in practice has never been tested or expressed, but put simply would need to involve someone else managing the budget (and therefore clinical activity?) on the practice's behalf.

At the outset, GP practices with the support of the LMC took the view that forming a large commissioning group (WyvernHealth.Com), formed of all the practices in Somerset, had two big advantages. Firstly, we could share the risk. In forming a consortium, overspent practices could be considered along side underspent practices and the "net" position for Somerset practices be taken. This has the effect of protecting individual practices against factors which might be beyond their control, and from having to develop their own rescue plans. Secondly, by pooling any resources left over, it allows much larger projects to be taken on - such as the emergency admissions avoidance schemes - which a practice or small group of practices simply couldn't do. It's important to point out that this doesn't preclude smaller projects, and there are many examples of ideas from practices, which have been converted into schemes and pilot projects. Inevitably, the net contributors will feel less enthusiastic than the beneficiaries about the system, but the rewards/benefits for patient care (in terms of the new services we've been able to commission as a group) are genuine.

All this represents a potentially huge shift in traditional working culture for many practices to achieve properly, as it requires a significant focus on how our clinical activity and behaviour affects how resources

[Please click here to return to top of document](#)

are used. Both WH.C and NHS Somerset believe there should be incentives for joining in the process, and this is the purpose of the LES.

On the face of it, it is a complicated document. There are a variety of reasons for this, partly to do with encouraging a range of behaviours and activity, partly because of political imperatives placed on NHS Somerset, and partly because the outcomes need to be specific and measurable for the public auditors. Put simply, the first part of the LES represents some of the tools and activity which will help to create good budget management, and the money associated with this part is to recognise that time needs to be spent. The second part ensures that all practices - irrespective of their overall PBR outcome - get some funds to reinvest in enhancing patient care. It might be possible to produce a much simpler document (as they have elsewhere) which simply states the desired PBC related outcomes – eg "achieve a 5% reduction in emergency admission". For those practices where this simply wouldn't be achievable, there would be no incentive to work on some of the processes which might lead to progress.

There are elements within the Enhanced Service, which don't immediately appear to link with PBC. The Choose and Book element is a pragmatic way of continuing to incentivise its use following the demise of the Choose and Book LES. The money available would potentially have been lost completely from the Enhanced Services GP income stream, and, as an entity, it has significant relevance from an information gathering/data monitoring point of view for PBC in Somerset, irrespective of any other pros and cons.

Ultimately, the Enhanced Service is a contract between individual practices and NHS Somerset. WH.C has sought to influence the evolution of its content in a positive way for practices, but it falls to each individual member practice to weigh up the pros and cons of participating. It goes without saying that the fundamentals of holding a PBC budget and the expectations associated with that continue, irrespective of whether a practice decides to take up the LES or not. Many of the activities within the document would need to happen in some way to achieve a positive PBC outcome, and our view is that we may as well get something extra for doing it.

The LES has three elements:

- 1) The "Engagement component", which involves being part of WH.C which includes making a commitment to attend three meetings during the year (WH.C will prepare the PBC plans for practices and complete action plans, but would ask for practice sign off)
- 2) The "Looking at clinical behaviour component". With the focus being on reducing hospital activity wherever safe and appropriate, the aim is to identify and use alternative patient pathways which might avoid unnecessary episodes of hospital care. For example, member practices would be expected to be:
 - Maximising use of SPL
 - Considering alternatives to an acute hospital bed
 - Reviewing elective referrals
 - Developing care management plans for patients with a high risk of being admitted to hospital
 - Using newly commissioned advice and guidance services (currently for Paediatric referrals to Taunton and Somerset)
- 3) The "Prescribing component". Ensuring rational prescribing with a view to working within the practice prescribing budget. The identified areas are a mix of cost-effectiveness measures, combined with patient safety initiatives. The agreed areas are:
 - Statins
 - Generic alendronic acid
 - ACEIs
 - Percentage generic savings
 - PPIs
 - Hypnotics
 - Morphine Sulphate
 - Approved repeat dispensing
 - Electronic prescribing system

We would be keen to ensure that practices do not view these actions as too onerous, and we are planning to write to practices with clear advice on how the LES can be achieved once it is published by the PCT.

[Please click here to return to top of document](#)

Financial Benefits for Practices Participating in PBC in 2010/11

- 1) PBC LES1 payment £1,500/practice in September 2010
 - 2) PBC LES1 payment in two instalments
 - (i) 48p/patient in September 2010
 - (ii) up to 86p/patient in July 2011
 - 3) PBC LES2 for investment in patient services up to 75p/patient by delivering against particular targets paid in 2011
 - 4) Prescribing incentive for investment in patient services of up to a maximum of £1/patient funded from practice prescribing savings
 - 5) Funding of PBC schemes (eg complex care GP; SIP feed service; medicine management support; community COPD, etc) which meet specific commissioning criterion and WH.C priorities. Anticipated that a further £500K will be available for investment in PBC schemes
- NB LES1 can be treated as practice income
LES2 is for practice investment in patient service
-

WH.C Board Membership/Election

Within the terms of the WH.C constitution every year four Board members retire from the Board, but are eligible to stand again. This year the four are: Matthew Dolman (Somerset Coast); Nick Matthews (Mendip); Mike Gorman (Taunton); Anne Salkeld (South Somerset). We are therefore inviting nominations from all localities for individuals who are interested in being a member of the WH.C Board. We are not looking for experts in practice based commissioning but for individuals who have an interest and passion to see service development and service improvement for patients in Somerset.

As you know, WH.C represents the GP practices in Somerset in engaging in practice based commissioning. WH.C is a company limited by guarantee with the objective to improve the health of the population of Somerset and reduce health inequalities by commissioning innovative and high quality health services based on identified local needs through co-operative working of practices optimising the opportunities available from practice based commissioning.

Board members are expected to take a key role in their locality and to develop a portfolio of specific projects supporting the WH.C team. For most Board Members this represents three sessions a month. To do this the Board needs a spread of members who can reflect the age, gender, geographical and working pattern of primary care. So whilst it is important to maintain some continuity of membership, it is also vital that the Board attracts new members to widen the range of views represented and we urge you to consider standing.

At present the full committee meets formally on the afternoon of every first and third Wednesday of the month. The venue for these meetings can vary but meetings are usually held at our offices in Wells. Members are paid a sessional rate currently £275 per session.

The next election for membership of the Board will take place in July 2010. The method for the election is detailed below and a nomination form is attached to enable you to stand as a candidate. I should be grateful if you would please **return the nomination form, no later than Friday 2 July 2010**, to sue.vowles@wyvernhealth.nhs.uk. Any nomination received after the closing date will be declared invalid.

Ballot papers will be distributed to the declared list of electors during July and must be returned by no later than Friday 16 July 2010; any ballot paper received after that date will be declared invalid. Electors in constituencies where the number of nominations does not exceed the number of seats to be filled will be appointed and notified accordingly.

[Please click here to return to top of document](#)

Method of Election of the Board

- 1) The Returning Officer shall be a person other than an elector, (normally the General Manager of WH.C at the time), appointed by the Board for the purpose and in the event of her/his absence or inability to act the Board shall appoint some person, other than an elector, to act in her/his place.
- 2) Voting shall be by a ballot, papers to be returned by EMail.
 - (a) The Returning Officer shall prepare a list of the member practices entitled to vote which shall include all those known to the Returning Officer and the practices whose names are on such a list are in this scheme referred to as "the electors".
 - (b) The said list of electors shall also show the constituency in which the practice is entitled to vote, which shall, subject to the next succeeding sub-paragraph, be governed by his/her practice address.
- 3) The returning Officer shall send written notice of the election to each practice to be delivered not less than fourteen clear days before the date of the election. Such notice shall state:
 - (a) The date of the election.
 - (b) The constituency in which the elector is entitled to vote.
 - (c) The day by which nominations for election must be submitted to the Returning Officer.
and
 - (d) It shall set out the provisions with regard to nomination contained in the next succeeding paragraph.
 - (e) a nomination form shall be enclosed.
- 4) Candidates can self-nominate. They should be a General Practitioner or Practice Manager working in a practice.
- 5) If the number of nominated candidates qualified for election does not exceed the number of vacancies in the constituency for which they are nominated, the Returning Officer shall declare those candidates to be elected, and for the purpose of filling any vacancy or vacancies in respect of which more than the corresponding number of duly qualified candidates is nominated, a vote shall be taken as follows.
- 6) Each elector shall be entitled to cast the total number of votes allocated to it based on its list size as specified in the Articles of Association equal to the number of vacancies to be filled in their constituency.
- 7) Voting shall be in accordance with the following rules:
 - (a) Separate voting papers shall be prepared by the Returning Officer containing the names of the duly nominated candidates who are members of practices on the List and the constituencies for which they have been nominated.
 - (b) Each voting paper shall contain
 - (i) a statement of the number and identity of candidates for whom the elector may validly vote
 - (ii) a statement that the same must be returned to the Returning Officer so as to reach him/her by the date of the election, which shall be specified in the voting papers and shall be not more than twenty one days after the issue of such papers.
 - (c) The Returning Officer shall send to each elector a voting paper containing the names of those candidates for whom he/she is entitled to vote.
 - (d) A voting paper shall be invalid if:
 - (i) the elector has purported by it to cast more votes than is permitted
 - (ii) in any other respect it does not comply with this scheme or is marked in such a manner as to cause uncertainty as to the candidates for whom the elector desires to record his vote - except that the Returning Officer may, if he/she thinks fit, treat a voting paper so marked as valid for the purpose of any vote other than in connection with which the uncertainty arises
 - (iii) it is received by the Returning Officer after the date of the election

[Please click here to return to top of document](#)

- 8) The Returning Officer shall examine the voting papers received on or before the date of the election and after rejecting any that are invalid shall count the votes recorded on the remaining papers and shall prepare a return for the candidates according to the number of votes which each has received, the person receiving the greatest number of votes being placed highest in the return.
- 9) If the votes received by any two or more candidates are equal and the addition of one vote to any one of such candidates would enable that candidate to be declared elected, the Returning Officer shall decide by lot which of the candidates shall take the highest place.
- 10) Any question as to the validity of any nomination or voting paper or otherwise in connection with an election shall be determined by the Returning Officer.
- 11) The Returning Officer shall immediately give notice in writing of the result of the elections to all candidates.
- 12) Where any document is, under this scheme, required to be sent to a practice, it shall be deemed to have been duly sent if it has been delivered or posted, direct to the practice address on the list of electors prepared in accordance with Para 2.
- 13) No election shall be invalid by reason of any mis-description or non compliance with the provisions of this scheme, or by reason of any miscount or of the non delivery, loss or miscarriage in the course of post of any document required or authorised by this scheme to be despatched by post, if the Returning Officer is satisfied that the election was conducted substantially in accordance with the provisions of this scheme.

Urology Pilot at West Mendip Hospital

The Urology Flexible Healthcare Working Group have been working to address the challenge of providing services closer to patients' own homes and communities. It is recognised that at present travelling to the main District hospital sites has a significant impact upon patients' lives, especially for those in the areas furthest away such as West Somerset and Mendip.

As a result of the work completed by the group, a pilot service will be set up at West Mendip Hospital for six months. This will commence on 10 June 2010 and will run on the second and fourth Thursdays of each month. The service will be provided by Yeovil District Hospital NHS Foundation Trust, led by Mr Tim Porter, Consultant Urologist.

The new service plans to provide a fortnightly one stop haematuria clinic and Consultant led outpatient clinic. As the service matures a nurse led flow clinic and continence service are planned.

The outpatient clinics will be booked in the same way as the existing outpatient clinics via Choose and Book. The one stop haematuria service will be booked via Yeovil District Hospital NHS Foundation Trust cancer services from two week wait general practitioner fast track referrals.

Tim Porter and Paul Foster, both Consultant Urologists, will jointly deliver the fortnightly service at West Mendip Hospital.

To inform colleagues in general practice about the new service we will be available and would encourage GPs drop in and discuss patients.

For any queries please contact Tim Porter via tim.porter@ydh.nhs.uk or telephone 01935 384227.

This pilot is supported by NHS Somerset and Yeovil District Hospital NHS Foundation Trust and we will share with you with the results of the pilot at a future date.

Mr Tim Porter
Consultant Urologist
Yeovil District Hospital NHS Foundation Trust

Dr Matthew Dolman
GP lead for Flexible Healthcare
WyvernHealth.com

[Please click here to return to top of document](#)

Prescribing Cost Pressures and Mitigating Factors

- Maria Chapman, WH.C Prescribing Support

Type 2 diabetes (CG87) There is an increasing use of newer agents including DPP-4 inhibitors, Exenatide and Liraglutamide. Secondary care have now been prescribing for more than 6 months therefore shared care guidelines allow them to request GP's take on the prescribing with in NICE guidelines. The PCT agree that practices need to ensure that these drugs are only continued if results in appropriate HbA1c reduction occurs.

Diabetics converted to insulin - Diabetics could potentially be started on insulin by interface service earlier than GP would normally start. However it is expected that the diabetes service will take the following into account. "Yet another trial has shown that intensive blood glucose control in patients with type 2 diabetes may increase the risk of harm and all cause mortality. Intensive treatment with insulin was associated with a greater risk than metformin plus sulphonylurea. HbA1c of 7.5% (59mmol/mol) was the optimum level with greater harm seen at both lower and higher levels. http://www.npc.co.uk/ebt/merec/cardio/diabetes2/merec_extra_no45.html"

Breast Cancer Nice guidelines – increased use of aromatase inhibitors.

COPD guidelines – will result in increased use of tiotropium and triple therapy. Patients should be referred to COPD interface clinic and treated as per guidelines.

New angina pathway is likely to increase the use of ivabradine and ranolazine and an overall increase in numbers. Ranolazine now an amber drug £50 a month instead of nicorandil £7- to be initiated by cardiologist.

Increase number of patients being identified requiring a statin. Treating 20,000 patients will cost an extra £300,000 a year if all have simvastatin.

Implementation of dementia strategy is likely to increase countywide prevalence. Practices must ensure shared care guidelines are followed to avoid an increase in acetylcholinesterase inhibitor prescribing.

Acute trusts will attempt to off load prescribing to GP practices. Practices must be encouraged to return requests to secondary care for Red drugs, and ensure amber drugs are only prescribed as per shared care guidelines.

Prescribing volume driven by: aging population / Diabetes / QOF / NICE guidance and New Drug Developments. Costs driven partly by volume but mainly by uptake of new drug developments.

Clopidogrel usage – Now being prescribed by primary care on discharge, patients must be reviewed to ensure drug is stopped as per NICE guidelines.

Future risks

Dabigatran (new warfarin – no monitoring) – Pregabalin (May be NICE approved for Pain) newer Diabetes drugs and increased respiratory prescribing.

- Challenge over NICE Implementation in Primary Care
- Use of Medicines post discharge
- Use of Medicines in Care Homes
- NICE program for new drugs in secondary care
- Exceptional drug requests (use outside of NICE guidance)
- New QIPP ideas

[Please click here to return to top of document](#)

Immediate Referral for all High Risk TIA's/Minor Strokes

The National Stroke Strategy and the Accelerated Stroke Improvement Programme 2010/11 highlight the importance of an urgent referral to a TIA clinic for all high risk TIA's; patients with an ABCD² score of 4 or higher. The National Vital Signs target for the Acute Trusts is:

"To investigate and treat all high risk TIA patients *within 24 hours of first contact with a health professional*"

To assist our colleagues within the Acute Trust to achieve this target and provide potential TIA/Minor Stroke patients with timely access to these services, please can you familiarise yourselves with the documentation contained on your preferred providers site and immediately notify the service if you have a suspected high risk TIA/Minor Stroke patient in your surgery.

Information on TIA services and referral forms for the Acute Trusts is available at the following Trust locations:

- Taunton and Somerset NHS Foundation Trust
<http://www.tsft.nhs.uk/OurServices/Stroke/InformationforGPs/tabid/1170/Default.aspx>
- Yeovil District Hospital NHS Foundation Trust
(Password required to access GP information site)
<http://www.yeovilhospital.nhs.uk/TopMenu/GPPages/tabid/60/Default.aspx>
- Royal United Hospital Bath NHS Trust
http://www.ruh.nhs.uk/gps/urgent_referrals/stroke_tia/index.asp?menu_id=1

Please contact the above organisations if you have any queries about the referral process.

Sharon Ashton

Service Improvement Manager (NHS Somerset), AGWS Cardiac and Stroke Network

Email: Sharon.ashton@somerset.nhs.uk

DVT Community Pathway

It is planned that those practices using Yeovil Foundation Hospital Trust will be able to commence using this Pathway from the summer.

An education session for professionals has been arranged by LEO Pharma **on Thursday 15 July at Yeovil Football Club** with two opportunities to attend – **12.00 or 13.00 hours** for a 45 minute presentation and finger lunch. Please book your place with Clare.Mather@wyvernhealth.nhs.uk Further details will be circulated to all practices shortly.

Yeovil Acute Care GP Service

The correct telephone number for contacting the Yeovil ACPG is via Somerset Primary Link on **01749 836700** - this will avoid upsetting the gentleman who has contacted us to say he is tired of receiving their calls!



Somerset Diabetes Service

Please see the care pathway page on our website <http://www.wyvernhealth.com/pathways.htm> as documents have been updated. Please ensure clinicians are using the latest version of the referrals forms as telephone numbers have been updated.

[Please click here to return to top of document](#)



“Look after your Memory” Events: 5-9 July

To promote **Dementia Awareness** week from the 5th to 9th July, NHS Somerset are taking to the road with ‘**Look after your Memory**’ events across Somerset - each day in a different area - through use of South Somerset’s Big Blue Bus, sited in supermarket car parks.

The main aims are to raise awareness of how people can look after their memory, tips and strategies to support those who feel they may have some memory loss including information for family carers, and emphasis on the importance of early diagnosis of dementia.

Staff and volunteers from the NHS, Alzheimer’s Society and Somerset County Council’s Active Living team will be on hand, all with experience of the issues - including Dementia Advisers from the Alzheimer’s Society.

On the bus there will be ‘memory games’ available both via computer and practical hands on ones, DVDs to watch and information to take away. We will enable people to find out more about memory problems and support available in Somerset, also encouraging openness and discussion with the wider community about dementia and Alzheimer’s disease.

Here is the plan for the week, the bus will be open from 10-3.30 each day:

- **Monday 5 July – Taunton** (Sainsbury’s, Hankridge Farm, Hankridge Way, Taunton, TA1 2LR)
- **Tuesday 6 July – Minehead** (Tesco, Seaward Way, Minehead, TA24 5BY)
- **Wednesday 7 July – Burnham-on-Sea** (Morrisons, Pier Street, Burnham-on-Sea, TA8 1BT)
- **Thursday 8 July – Shepton Mallet** (Tesco, Townsend Shopping Park, Shepton Mallet, BA4 5SB)
- **Friday 9 July – Yeovil** (Morrisons, Lysander Road, Yeovil, BA20 2AU)

For further information please contact: Carolyn Arscott, NHS Somerset - Phone: 01935 385048

Email: Carolyn.arscott@somerset.nhs.uk

Ten Top Tips - For Supporting Someone with Dementia

- 1) Communicate clearly as people with dementia may take longer to understand. Take a calm approach and think about the tone of your voice, gestures and use of touch to encourage.
- 2) Keep a safe environment around the person.
- 3) Time! The person will need more time to absorb information, orientate themselves and carry out what is needed.
- 4) Uniqueness. If you’ve met one person with dementia, you’ve met just one person with dementia. See the person not the dementia.
- 5) Don’t try and stop the person from doing something just because it isn’t being done ‘properly’. Give them the dignity and respect to do things in their own way, at their own pace.
- 6) Don’t make assumptions. Does it really matter if the person wants to eat with his hands or sleep with his trousers on...
- 7) It is very easy to confuse caring with controlling. When someone is unable to protest they may become resistant or aggressive so help people to make choices and resist the temptation to choose for them.
- 8) If the person appears or becomes agitated or distressed, try to identify the cause or trigger and if possible, change it.
- 9) Leave your reality behind and step into the person’s world.
- 10) Include a person with dementia in conversations and support them to make their own choices, as their understanding may differ from day to day.

Huntington's Disease Association

A Family and Professional Day A day of Information and workshops with Professional Speakers

Organised by Shirley Bignell, Local Regional Care Adviser for the Huntington's Disease Association and the Somerset Branch of the Huntington's Disease Association

On
Saturday 6 November 2010 10.00 am – 4.00 pm
At
Millenium Hall, Seavington St Mary, Water Street, Near Ilminster, Somerset TA19 0QH

Cost: £5 for family members and £25 for professionals
To include refreshments and lunch

Workshops to include



Booking Form

Name			
Address			
		Postcode	
Tel			

No of places required Total amount enclosed £

Cheques should be made payable to: **Huntington's Disease Association**

Please specify any special needs or dietary requirements.

Please tick here if you require invoicing

Please provide name and address for where and whom to send invoice to.

Name			
Address			
		Postcode	

To book your place, please return this form no later than 15 October 2010 to:
Shirley Bignell, Huntington's Disease Association, Neurosupport Centre, Norton Street, Liverpool L3 8LR
Or call Shirley on 01460 57079 for further information

Huntington's Disease Association
Neurosupport Centre, Norton Street, Liverpool L3 8LR
Tel: 0151 298 3298 Fax: 0151 298 9440 Email: info@hda.org.uk Web: www.had.org.uk
Registered charity no.296453

[Please click here to return to top of document](#)

Dates for your Diary

- **Wednesday 7 July 2010, 1.00 pm until 5.00 pm** – WH.C and NHS Somerset are holding a ***Prescribing Leads countywide meeting*** at The Monks Yard, Horton Cross Farm, Horton Cross, Ilminster, TA19 9PT. Please Email Geoffrey.Howard@somerset.nhs.uk to reserve your place.
- **Monday 5 to Friday 9 July 2010, 10.00 am until 3.30 pm** – NHS Somerset are holding “***Looking after your Memory***” Events in Taunton, Minehead, Burnham-on-Sea, Shepton Mallet and Yeovil. Please see page 10 for further details.
- **Thursday 15 July 2010, 12:00 or 13:00 hours** – DVT Community Pathway presentation by LEO Pharma at Yeovil Town Football Club. Please see page nine for further information. Please Email clare.mather@wyvernhealth.nhs.uk to reserve your place.
- **Wednesday 8 September 2010, 2.00 pm until 5.00 pm** (lunch at 1.00 pm) – WH.C is holding a ***People Leadership/Time Management Workshop*** at the The Mount Somerset Hotel, Lower Henlade, Taunton, Somerset, TA3 5NB, for its Board Members, Management Team and practice representatives. This workshop is now fully subscribed.
- **Wednesday 29 September 2010, 2.00 pm until 5.00 pm** – (lunch available from 1.30 pm) – WH.C is holding a ***countywide workshop looking at the PBC worksteams*** at The Canalside, BCC Huntworth, Marsh Lane, Bridgwater, TA6 6LQ. To reserve your place, please Email sue.vowles@wyvernhealth.nhs.uk.
- **Wednesday 10 November 2010, 2.00 pm until 5.00 pm** (lunch at 1.00 pm) – WH.C is holding a ***Leading Meetings and Facilitation Workshop*** at the The Mount Somerset Hotel, Lower Henlade, Taunton, Somerset, TA3 5NB, for its Board Members/Management Team and has six spare spaces for any GP/Practice Manager that would like to join them. Attendance is free of charge and places are issued on a first come, first served basis. Please Email sue.vowles@wyvernhealth.nhs.uk to reserve your place.
- **Wednesday 17 November 2010, 7.00 pm until approximately 8.30 pm** (buffet available from 6.15 pm) – WH.C is holding its ***AGM*** at Taunton Racecourse, Portman, Taunton, TA3 7BL. Please Email sue.vowles@wyvernhealth.nhs.uk to reserve your place.

Deadlines

- **Friday 2 July** – nomination forms for election to WH.C Board to be returned via Email to sue.vowles@wyvernhealth.nhs.uk. Please see pages 5-7 for further information.

[Please click here to return to top of document](#)

WyvernHealth.Com, Priory House, Priory Health Park, Glastonbury Road, Wells, BA5 1XL
Telephone: 01749 836709 – Fax: 01749 836699 – Website: www.wyvernhealth.com

Employment Opportunities

Somerset Service Manager, Devon Doctors Group

Devon Health, part of the Devon Doctors group, is seeking a Somerset Service Manager. The person will have the lead responsibility for the day to day management of a series of projects within Somerset including the Acute Care GP schemes in Yeovil and Taunton and GP-led medical cover at Williton Hospital.

The manager will offer commissioners a flexible, adaptable and approach to service development that where necessary, will offer innovative and creative solutions. The role requires self motivated self starters and the ability to work unsupervised and with autonomy. Excellent communication skills are a must, across both clinical and managerial boundaries.

Salary negotiable. Fixed term contract until March 2011 with possible contract extension. **Closing date Friday 2 July 2010.** For more information, contact the Devon Doctors HR team on 01392 823156 or email ddocs.hr@nhs.net

GPwSI ORTHOPAEDICS

Want to add some variety to your practice? Wondering if there is medicine beyond QOF? Why not become a GPwSI in Orthopaedics.

Up to 3 days a week available in ½ day sessions. Join a happy team of 6 doctors and 3 ESPs in the EASe clinic in Yeovil/Crewkerne. Training provided.

For an informal chat contact Dr Steve Holden on 01935 470200 or email Stephen.Holden@hendfordlodgemc.nhs.uk

[Please click here to return to top of document](#)

WyvernHealth.Com, Priory House, Priory Health Park, Glastonbury Road, Wells, BA5 1XL
Telephone: 01749 836709 – Fax: 01749 836699 – Website: www.wyvernhealth.com



WH.C Board Election 2010: Nomination Form

South Somerset\Mendip\Somerset Coast\Taunton and Wedge Locality

Please return this nomination form by no later than noon on Friday 2 July 2010

I wish to nominate myself as a Candidate to represent the constituency of
..... on the WH.C Board and, if elected, I am prepared to accept office.

CANDIDATE'S NAME
(Block letters please)

Practice Name

Address

.....

.....

Postcode

Please return, via Email, to: sue.vowles@wyvernhealth.nhs.uk

[Please click here to return to top of document](#)

WyvernHealth.Com, Priory House, Priory Health Park, Glastonbury Road, Wells, BA5 1XL
Telephone: 01749 836709 – Fax: 01749 836699 – Website: www.wyvernhealth.com