Managing patients

The term ‘to manage patients’ is often used by GPs: it jars on some patients as it seems to regard them as passive objects rather than autonomous beings. Presumably, the term does not offend most doctors; but it fails to do justice to those who seek to work in partnerships of mutual respect and understanding with patients. Should it now be dropped as inadvertently out of keeping with the specialty’s and patients’ aspirations?

CHARLOTTE WILLIAMSON
Chair, RCGP Patient Liaison Group
1994-97, Dalby Old Rectory, Terrington,
York, YO60 6PF.
E-mail: charlotte@wmsn.freeserve.co.uk

Saving money on hernia repairs?

We were delighted to read of Dhumale’s enthusiasm and success in treating abdominal hernias.1 We have a similar experience with 400-plus groin hernia repairs. The model is different — surgery is performed by a retiring general surgeon with an interest in hernia surgery and an enthusiastic GP with a special interest in the subject. No sedation is used and the repair is of modified Shouldice type without mesh. Recurrent hernias and anti-coagulants don’t worry us and no anaesthetist is required.

The patients are more satisfied than those from a hospital day care unit, whether in a district hospital, small community hospital or private hospital. There must be savings but no-one really seems to know their true costs. Even if we only save £100 per case and only £3,600 per year were cared for this way, we only save £100 per case and only 36% of principals participated in GPASS. Principals were reimbursed for this activity: sessional GPs were not. Nevertheless the results do indicate that sessional GPs can obtain high levels of patient enablement. In addition, where sessional GPs undertake to work regularly in the same practice or practices — which is very much the case in this area — there are considerable opportunities to get to know individual patients well.

In the light of this and the continuing exodus of principals, some of whom are dissatisfied with partnership, the sessional phenomenon may not actually represent a threat at all, but rather an opportunity for motivated GPs who enjoy their work and are committed to patient enablement to deliver high quality clinical care.

DR TOM SCANLON
Sessional General Practitioner, Brighton
and Hove City Teaching PCT, 6th Floor,
Vantage Point, New England Road,
Brighton BN1 4GW.
E-mail: tom.scanlon@bhcpct.nhs.uk

References

Dangerous jobsworths

We are concerned with the care of patients of a 52-bed charitable care nursing home in Oxford. Over the last 9 months the home has been in dispute with a regulatory body, the Commission for Social Care Inspection (CSCI, formerly the National Care Standards Commission), over criticisms of our medicines administration system. The home works to the usual model of an NHS hospital in which a patient’s Medicines Administration Record (MAR) chart functions as the definitive record of current prescriptions. The MAR is intended, where necessary, to override whatever may have been written on the label of the original medicine container. As in NHS hospitals, all medicines are administered to our patients by professionally qualified nurses.

In prescribing for ill older people dosages often need adjustment and discrepancies arise between the MAR and container labels. Initially the inspectors demanded that in such circumstances the label on each bottle or box should be altered to match the MAR. We had to point out to them that, legally, no-one is allowed to alter the label on a medicine. They then suggested that when a dosage is adjusted, the medicine should be returned to the issuing pharmacy for redispensing. This would require a new prescription, a redispensing of the medicine, and a further delivery from the pharmacy. This would involve a nonsensical waste of money and staff time and, most importantly, leave a patient without a necessary medicine until new supplies arrive.

Such proposals could only have come from people with great respect for the written word but limited awareness of the realities of providing drugs accurately and responsibly to older people in nursing care. Is this a local phenomenon or are nursing homes elsewhere in the country suffering similarly? Worryingly, it seems that, like too many regulatory bodies, the CSCI is non-accountable for its competence and good sense — or lack thereof.

DAVID B BULLOCK
General Practitioner, Drs Sacks and Partners, Manor Surgery, Osler Road,
Oxford 0X3 BP.

JOHN GRIMLEY EVANS

Correction
The author of the letter ‘Simple and effective treatment for head lice’ in the October issue of the Journal (Br J Gen Pract 54: 786) was incorrectly cited as Elizabeth Eames. The author’s actual name is Elizabeth McMullen.

References