



Have you booked your place at the Conference?

'In Sickness and in Health' - The 2nd Occupational Health for Primary Care Conference is being held on **Thursday 22nd November 2001** at St. Mellion Golf & Country Club, Saltash.

Last minute bookings now being taken – Deadline 16 November – Contact Lynn at the Devon LMC office NOW on 01392 201654

Dear Eric and Cynthia



I am just writing to thank you for having us to stay once again. Having such good friends living so near Heathrow is so fortunate for us.

Sadly, our holiday was marred by Mavis feeling unwell. She felt very tired, had unbearable tinnitus and lots of other symptoms.

Having looked on the **'everything.is@someones.elses.fault.com'** website, we discovered that these symptoms can be caused by inadequately washed fruit. Mavis's GP said that he thought it more likely to be due to the Devon air and he suggested we move. She has lost confidence in him, which is a shame, as her weekly visits to the surgery always seemed to buck her up.

Anyway, Mr. Grabitall, our very nice lawyer said that we should sue you, as you are unlikely to be able to produce a certificate of food handling knowledge and the appropriate written meal plan. He said you are not to worry, as your household insurance should cover it.

Anyway, thank you again. See you next year

Love Dennis and Mavis

Moral

The world is getting more and more structured with rules and regulations and the **'should virus'** abounds in the perhaps mistaken belief that that it results in safety.

Occupational Health and Safety has a few **'shoulds'** but most important are the **'coulds'**.

"If you don't know what to do you **could** ask for advice". Your difficult problem may be something that is other people's everyday work.

Dr. David Longdon
OH Service
Co-ordinator



How our Life Experiences Affect our Clinical Practice

Dr Ben Charnaud

The Occupational Health Service for sick doctors in South and West Devon and Cornwall, has now been formally in place for over two years but had been working informally for some years prior to this.

This article is based upon some of the experiences I have had in assessing and treating sick doctors and other members of the healthcare professions. I have now personally assessed over 100 doctors and a similar number of other healthcare professionals.

There are many factors that can lead to burnout and psychological symptoms in healthcare professionals e.g. work stress; over-work; dysfunctional organisations. We are also finding an interaction between current life stresses and early life experience.

At a rough estimate of the Health staff that we see for psychological assessment:

- ❖ Approximately 20% have problems, which are a direct consequence of dysfunctional organisations, in the same way that children in dysfunctional families often present as patients.
- ❖ Another 20%-30% present as a direct consequence of specific work pressures or other major life events.
- ❖ The remainder who present to us have histories of life experiences, usually in childhood, that leave them with some predisposed vulnerability to current life pressures. The defence mechanisms that staff have developed to cope with their early life experiences often become the

mechanism whereby they are predisposed to burnout when they are stressed in a work situation.

Thus, it is often a combination of work stress that acts on underlying vulnerability, which then leads to 'burnout'. Both factors are usually necessary to cause the person to become symptomatic. This means that it is necessary for the person to be under significant stress before the underlying risk factors become sensitised and it is then the combination that causes the problem.

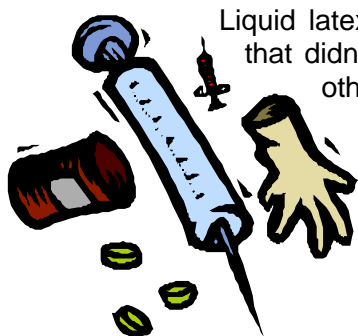
It is in this area, therefore, that one's early life experiences affect the way one interacts with patients and staff. This affects the way one communicates, as well as predisposing one to burnout and psychological symptoms within the current demands of the NHS.

It is also in this area that we find therapy is extremely important in helping professionals look at their defence mechanisms and coping strategies, and move from the position where their behaviour is more compulsive and unconsciously directed, to a position where they are more able to make conscious choices and are less driven by their own defence mechanisms, which make them more vulnerable to external pressures.

We have found that medication and short-term therapy can often deal with the individual's symptoms. But, in order for a healthcare professional to make some real changes and alter the way they interact with the system, it is important they are given the opportunity to take stock of **who** they are and **how** they have learnt to cope with life in order to **make real changes** in how they cope with the modern NHS.

Hazards at Work! - Latex - A Hazard Encountered in Everyday Work

WHAT is it?



Liquid latex is produced by the *Hevea brasiliensis* tree (you really needed to know that didn't you!). The complex manufacturing process involves adding sulphur and other chemicals, **some** of which will be washed out in the process.

The durable, flexible material gives a high degree of protection from many micro-organisms (but not all chemicals!) hence being used for protective gloves and other medical devices, such as airways, intravenous tubing, catheters etc.



Hazards to Health

The increased use of latex gloves and other equipment has contributed to an increase in cases of asthma and skin problems attributed to latex; however true allergy is still rare. **For most clinical staff the risk of infection is greater.**

Irritation – symptoms include redness, soreness, dryness or cracking of the skin directly exposed to latex. This is not an allergic reaction – once the contact ceases the symptoms will disappear.

There are two types of allergic reaction:

- **Type IV** – this is an **allergic response** to the **chemical additives** or accelerators used in the manufacturing process. Symptoms include inflammation and itching with oozing blisters, usually localised to the hands and arms, occurring 10-24 hours after exposure and getting worse over the next 72 hours.
- **Type 1** – an **allergic response** to the **latex proteins**, which occurs immediately on contact. In rare cases it may result in life threatening anaphylactic shock. Symptoms include – localised or generalised rash (urticaria/hives). Runny nose (rhinitis); red and swollen eyes (conjunctivitis); and asthma like symptoms

The amount of latex needed to produce a sensitisation or allergic reaction is unknown and will only cause a reaction in certain people. Once they are sensitised, then further exposure even to the smallest amount will cause symptoms to recur.

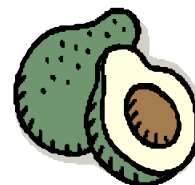
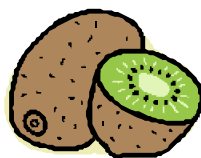
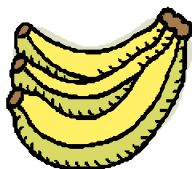
In powdered gloves the latex proteins can leak into the powder posing an additional risk of respiratory sensitisation from inhalation of the powder, both to the user and others in the area.

Prevention

When undertaking **non-clinical** activities consider using vinyl gloves first - they are less protective from a control of infection viewpoint, but generally do not cause allergies and they are cheaper. If you have to wear gloves for your work

- Use **NON** powdered ones
- Wash your hands before and **after** you remove the gloves
- Purchase gloves with a low level of extractable protein (such information is available from the supplier)
- Do not use barrier creams in conjunction with latex gloves as they may increase the penetration of the allergens

Research suggests that those allergic to the following fruits may also have an allergy to latex - kiwi fruits; bananas; avocados; chestnuts; papaya.



Early reporting of symptoms and intervention may prevent more serious problems occurring.
For further help/advice contact Georgina on 01872 274374 or ring the Helpline (details on back page)

Partnership Agreements –

Is a Financially Sound Practice also a Healthy Practice? £££

Many thanks to Darnells Chartered Accountants of Dawlish who have agreed to write a series of short articles relating specifically to GP Practice financial management. If you have a topic that you would like covered please contact the helpline.

With the ever-increasing complexity of the average GP's working environment and a significant increase over recent years in partnership disputes it is a surprising fact that probably up to 50% of GP practices do not have a current or valid partnership agreement.

So what is a partnership agreement, why have one and what are the important points to consider? A partnership agreement is a deed setting out all the requirements and conditions of the partners within the partnership, which while these can be exhaustive, should ensure it includes key issues, especially those of concern to individual partners.

Why have one?

- For clarity and certainty amongst all parties
- To ensure the potential for disputes is reduced
- To protect the financial interests of each partner
- So GPs can include their own rules
- Because without one in the event of dispute there is no alternative than to rely on the provisions of the Partnership Act 1890, with the attendant legal costs that this may entail

Not having a partnership agreement can be a false economy.

A solicitor specialising in GP practices should be able to produce a suitable deed for between £800 and £1,000, which spread over the term of the average partnership should not be considered costly. Also, provided the main clauses and philosophy do not vary, any future changes should be effectively covered by a supplemental deed at minimal cost.

While it is undoubtedly the responsibility of the practice solicitor to draw up the deed, the partnership accountant should also be consulted to ensure that the financial clauses are properly set out.

The principal financial requirements, which should be included in any deed, are as follows:

- The division of net income (profits)
- Definition of capital
- The requirements of property ownership
- Definitions of income and partnership expenses
- Provisions for sickness or absence of a partner
- Provisions for retirement or untimely death of a partner
- Arrangements for annual accounts



However, be aware that a badly drafted agreement can sometimes be worse than no agreement at all. Having an agreement in place upon which all the partners are agreed and can rely on is the foundation for a stable partnership, which is a significant feature to any well-run, high earning practice.

Typical Q&A

Q. *Have you encountered problems where a partnership agreement excludes provisions for death or sickness?*

A. The most important issue is to ensure adequate sickness cover, both loss of earnings and locum costs, because although it is possible to claim additional payments from the Health Authority

these are subject to certain conditions which may not be met. If a partnership agreement does not stipulate that each partner should have suitable cover then it becomes a personal obligation of the individual GP and inadequate cover will almost certainly cause financial pressure on both the Practice and the individual. The maximum cover available under a typical Permanent Health Insurance policy is 65% earnings.

Q. *Do partnership agreements have status in financial law?*

A. Yes, provided all the partners have signed and it is correctly drafted. An agreement would be invalid if it included illegal provisions. Typical examples would be in respect of the valuations of property or goodwill not being in accordance with BMA guidelines.

Q. *Is there any evidence between a good partnership agreement and good financial performance?*

A. There is no specific quantifiable correlation, but it is undoubtedly true that a stable partnership is a significant feature of the higher earning practice. Clarity on all matters provided by an agreement will improve stability.

Q. *Is a solicitor really necessary or can a template be used and adapted?*

A. A template may be used, but a solicitor should be consulted to confirm interpretation and legality.

If you have a query specific to the above article please contact John Stokes of Darnells on john.stokes@darnells.co.uk or 01626 863 443

Does the thought of taking exercise or getting fit leave you cold?



Do you have a constant little niggle in the back of your mind that goes something like? -

“ I really should do something about the extra weight appearing as if from nowhere around my midriff..... there again – I’m too busy, life is too short”!?

If your answer is ‘YES’ – then read on:

Now is the time to start getting to grips with yourself and do more exercise.

Why Now? - You May Ask.

Why Not Now!!



Most of you reading this newsletter will know only too well all the reasons why it is beneficial to maintain a reasonable level of physical fitness, but here are the basic facts:

- There is good evidence to show that taking regular exercise is beneficial to your body - particularly your cardiovascular system
- Feeling better physically makes you feel better emotionally
- If you have difficulty relaxing or sleeping, physical exercise may help you to wind down

Start to introduce more exercise or physical activity into your life gradually and try to think of it not as time consuming but more as being a necessary benefit for your well-being.

If you have colleagues, friends or family who enjoy exercise ask them to help you get going.

Here are a few ideas of ways to take exercise:

Walking	Swimming	Climbing	Cycling	Running	Aerobic class
Dancing	Jogging	Team Sports	Sailing	Weights	Martial arts

Choose the kind of exercise you feel comfortable with – try to build in variety so that you don't get too bored.

There are many Fitness Clubs/Leisure Centres in Devon & Cornwall that offer special rates for NHS staff (you usually have to show evidence that you are employed within Primary Care). Here are just a few that we know offer reduced rates for NHS staff:

Many thanks to Andrea Smyth of Adelaide Street Surgery for her personal recommendation of **The Exercise Centre, 5 Church Street, Stoke, Plymouth (01752 606425)**. Andrea says, " This is an excellent gym, no 'posers' and you get a good assessment and follow-ups".

Also: Canons Health Club, Barbican Leisure Park, Plymouth (01752 265355)
 Mounts Bay Heath Studio, Penzance (01736 369460)
 Fitness Future 2000, Redruth (01209 211122)
 Devonshire Health & Racquet Club, Derriford, Plymouth (01752 237000)

Let us know if you know of any others!

Contact Details	
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