THE CONSULTANT

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AMAZING MEDICINE: THE BEBIONIC HAND LIFE CHANGER

HOT DEBATE: WHERE DOES MENTAL HEALTH RANK IN THE DISEASE-BURDEN HIERARCHY?

"EVERY NHS STAFF MEMBER HAS THE POTENTIAL TO BE A LEADER" SAYS NEW LEADERSHIP ACADEMY MD

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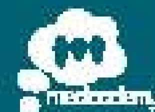

THE CONSULTANT

Welcome to edition thirteen of The Consultant.

I sincerely hope that you are continuing to find the content stimulating and thought-provoking. We love to get direct feedback and when we do it is always shared across the editorial and production team.

We do hope that you enjoy this edition as it features a diverse range of articles designed to inform and stimulate debate. This month's Hot Debate focuses on Mental Health – how we can best challenge the stigma which surrounds the issue, how the repeal of archaic laws can play a part, and how the 'confessions' of high-profile individuals who have lived with a disorder have helped mental health to achieve a more prominent position within the healthcare agenda.

We know there's a vast amount of conflicting opinion out there around this topic and therefore I am particularly keen to receive direct feedback, comment and opinions, some of which will be published in next month's edition.

Elsewhere, we introduce two new sections to The Consultant – Finance Zone and Monitor Watch - and our regular Amazing Medicine (and cover story) feature tells the inspirational story of Mr Mike Swainger and his NHS provided myo-electric bebionic3 hand.

We hope you enjoy looking through this edition.

Yours faithfully

Dr Sara L Watkin
Editor-in-Chief

In this issue...

HEALTHCARE NEWS 4

Turning your private practice into a Ltd Company now could mean reducing your January 2013 tax bill by half 8

HOT DEBATE 10
A commitment to change: keeping mental health on the agenda 11
Our archaic mental health laws must be changed 14
Challenging preconceptions Reducing the stigma of mental illness 16

MONITOR WATCH 20
"Every NHS staff member has the potential to be a leader" - The Consultant speaks to Jan Sobieraj the new MD of Leadership Academy 22

AMAZING MEDICINE 28
"Having a bebionic hand is a complete life-changer" 28

WORK-LIFE BALANCE 32
A change of directioN: the Mercedes-Benz B 200 CDI Blue EFFICIENCY SPORT 32

FEEDBACK

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NHS Confederation chief Farrar calls for "cultural shift" in the way older patients are treated by healthcare services

Mike Farrar, Chief Executive of the NHS Confederation has called for an end to age discrimination within NHS services stating that access to care should be based on clinical need, not on the age of a patient.

Responding to the Royal College of Surgeons' report - Access All Ages – published this week, Mr Farrar said: "Age discrimination is not only illegal but goes against all the principles and values of the NHS.

"This report presents some worrying figures. We need to look at them carefully to examine whether they are the result of arbitrary decisions taken solely on the basis of age, or because some non-surgical treatments could offer greater benefit, or a patient chooses not to undergo surgery.

"We know that prejudicial attitudes against older people still pervade through society but the NHS and its staff should close the door to such unacceptable behaviour.

"We should never defend ageist behaviour against patients, and we all have a responsibility to speak up and act when we see it happening.

"The NHS - and society as a whole - needs to trigger a major cultural shift in the way we think about older people. We need to make sure that the care we provide is consistently person-centred, not focused solely on age. Making this change happen will require changing the way society sees ageing, changing the way care is organised and designed, the way assessments are undertaken and the attitudes of staff."

Mr Farrar concluded by stating that although there was a great deal of work still to be done many NHS organisations were "getting it right."

Hospital food quality and excellence is now a right says Hunt

New standards covering the quality of food, nutritional content and choice for patients have been announced by Health Secretary Jeremy Hunt.

The standards, which set out what patients can expect from good hospital food, include the following as some of the essential requirements:

- nutritious and appetising hospital food and drink is essential
- patients get a choice from a varied menu – including meals suitable for religious needs
- all patients should have access to fresh drinking water at all times, unless it contradicts clinical advice
- food and drink should be available at all times, not just planned mealtimes
- hospitals should promote healthy diets to staff and visitors

Mr Hunt said:"Patients should be treated with dignity and respect. They have the right to expect food that is of high quality and healthy – and that it has been prepared in a clean kitchen.There are lots of hospitals already doing this, but in some places, the NHS falls short."

The introduction of the standards has the support of Age UK, Patients Association, Hospital Caterers Association, Royal College of Nursing, Soil Association, British Association of Parenteral and Enteral Nutrition and the British Dietetic Association.

DoH on the lookout for new Chair of CQC

The Department of Health is looking to appoint a new Chair of the Care Quality Commission (CQC) to replace Dame Jo Williams who resigned last month.

The Secretary of State for Health Jeremy Hunt has said that as the CQC is the independent regulator of health and adult social care providers in England, the Chair of the organisation is a key appointment and requires an individual of exceptional calibre to challenge, provide direction and enable the CQC to be a first-class regulator of quality in health and social care.

Dame Jo Williams: outgoing Chair

The new Chair will also be expected to build and lead improvement in the board's capability and oversee plans to take the organisation to the next phase of its development.

The closing date for applications is midday on 30 October 2012.

NHS Leadership Academy to launch £46m development programme

The new NHS Leadership Academy is launching a £46m leadership development programme which will see up to 10,000 people each yearlearn how to lead their teams and deliver compassionate health care.

The investment will be made in three core programmes for leadership by 2015: a foundation leadership programme, a mid-career leadership programme, and an executive/senior leadership programme.

All of these will include an emphasis on the skills, knowledge and behaviours needed to lead radical service redesign with a focus on patient experience and health outcomes in a more integrated system of care.

Underpinned by the evidence based Leadership Framework, the programmes are at the heart of the new NHS Leadership Academy's mission to deliver outstanding leadership in health, in order to improve people's health and their experience of the NHS.

Jan Sobieraj, Managing Director of the NHS Leadership Academy, added: "Great leadership will be at the heart of the transformation which needs to take place across the health system if we are to meet the health, financial, quality and reform challenges we're facing.

Jan Sobieraj

"This is not about tweaking around the edges; it's about industrial levels of innovation and change. Our core programmes will develop leadership at a scale which has never been done before so we can create a health system which stands up to those challenges, and overcomes them, and one which has compassion at its heart."

*An interview with Jan Sobieraj is featured in this edition of The Consultant (page 24).

Diabetics with foot ulcers face premature death according to new study

Diabetics with foot ulcers are at a far greater risk of premature death than those without ulcers according to new research.

The research, which involved almost 18000 diabetic patients between 2006 and 2011, found that over 6062 people (34 %) of the patient group died, compared to around 3031 (around 17 %) of the diabetic patients that never had any foot ulcers.

Robert Hinchliffe from St George's, University of London, who co-led the study, said: "Our research, which is the largest and therefore most reliable study to date, shows that people with diabetes who have foot ulcers are at considerably higher risk of an earlier death compared to those patients without. We suspect that this may be due in part to the effect of infections among those with foot ulcers and the greater co-existence of cardiovascular disease and foot ulcers with diabetes although the reasons are not entirely clear."

The study also makes clear that there are undoubtedly other diseases related to diabetic foot ulcers (DFU)which are as yet unidentified.

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Turning your private practice into a Ltd Company now could mean reducing your January 2013 tax bill by half

By John McFarlan, Tax Consultant, Medical Finance

Over the last three years, the number of Consultants moving their Private Practice from sole trader status to Ltd Company has been substantial. The reasons are obvious. The highest rate of tax and NI is currently set at 52% and there is a tax surcharge on anyone earning more than £100,000 by removing their tax free personal allowance. So if you are a consultant earning £90,000 a year from the NHS or University and have a profit of £70,000 on private or medico – legal work, you are handing over around 48% of your private earnings to the Taxman if you are a sole trader.

Tax owed has to be paid by January 31st 2013 following the year ending April 5th 2012 and you normally have to make payments on account in January 2012 and July 2012 towards this. Each of these payments is based on half the tax due in January 2012 and goes towards paying next years tax. In effect you are paying the estimated 2011 – 2012 tax in two instalments in January 2012 and July 2012 with a balancing payment of the difference being paid in January 2013 to HMRC or credited to your account towards next year. (Who said tax doesn't have to be taxing? It's certainly not simple!)

The point is that when January 2013 comes around you'll have paid the taxman a sum equal to your 2010 - 2011 tax bill towards your 2011 – 2012 bill tax which you then add to if you profit is up or get a refund or credit on if your profit is down.

However a Ltd Company is a separate legal entity from the sole trader. It pays Corporation tax of 20% on its profits up to 9 months after it's year end. Moreover, you will not be asked to make payments on account towards your company profits, only towards any taxable benefit you take from the company. So if you float a company in October, and your private earnings go into the company for the last 6 months of the year, your payments on account as sole trader will cover the tax due in January 2013 and the payments on account for 2012 – 2013 will be half last years as you stopped trading halfway through the tax year. You may even find that payments on account are not due at all as the sums are small.

In the above example, the consultant would have been paying around £15,200 in both January 2012 and July 2012. But if they ceased trading as a sole trader in September 2012, in January 2014 they would owe just over half the tax and therefore be able to reduce the January 2013 and July 2013 payments on account towards this by half; around £7,600 in each month instead of £15,200 thus reducing the tax paid in 2013 by £15,200. The tax on the consultant's NHS salary would be reduced by over £3,000 as well.

The total amount of tax you'll pay as an Ltd Company can also be substantially less than the 48% paid by the sole trader.

The consultant in the above example is paying tax on £70,000 profit in three different ways:

52% Tax and Ni on £10,000 income over £150,000 = 5,200
42% Tax and NI on the remaining profit of £60,000 = 25,200
Additional tax on the NHS salary as they earn = 3,242
Over £100,000 in total

TOTAL TAXAND NI:
33,642

When most people take the profit out of their company they usually take this as a Dividend which is your share in the profit in the company. The dividends then attract additional tax depending on the highest rate paid by the shareholder. If you were to take it all to yourself, when added to the Corporation Tax, the total tax will be much the same as if you had been a sole trader. But if you delay transferring the profits from the business account of your new company to your private account until after the 5th of April 2013 you'll still avoid having to pay the £33,642 in 2013.

Of course, most Consultants work in the private sector so they can use the money for their family: School fees, university courses and weddings all cost money. So how do you get the money out of your company without paying additional tax on the dividends?

If your spouse doesn't work, you can pay them up to £8,105 pa tax free. If you make yourself and them 50% shareholders, even if you draw out all the remaining profit as dividends, you'll pay additional tax on your half share but your spouse pays no more. So tax on half the profit is limited to the 20% corporation tax paid by the company. That could save the family around £7,700 pa in tax

If your children are over 18 they can be shareholders as well. So if you have two children at University and you give them and your spouse a 25% share in the company, you can pay out £17,500 to each member of the family as well as your self and the total tax bill would be just over £17,000 compared to over £33,000 as a sole trader. If you give a child a shareholding, you must give them that share of the profit.

Even if you are both higher rate tax payers and your children are too young to hold shares in their own name, you can still get a tax saving if the grandparents are willing to help. If you give a share in the business to each of the grandparents from outset the grandparents can subsequently set up a Family trust for the benefit of you and the children and transfer ownership of the shares to the trust. Thereafter, that share of your company profits will pass to the trust and can be used for the benefit of the children without further tax being due. By doing this, you limit the total tax on their share to the 20% Corporation tax. Therefore, two Consultants with children under 18 could still save around £10,000 a year in total tax on their private Practice profit of £70,000. This won't work if the parents simply transfer a share in the business to the trust as the Taxman will treat the income as the parent's to all intents and purposes. Trusts are a whole topic on their own, but in addition to saving you income tax, they can protect your family from inheritance tax as well.

Limited Companies hold further advantages over Sole Traders in that they can claim tax relief on some expenses sole traders cannot. Several types of Life Insurance can now be owned by and premiums paid for by your company with the premiums being treated as a company expense. So if you are paying £300 a month in life cover over 20 years and these costs can be paid for by your company, you stand to save a further £34,000 in tax over the term. Mobile phones provided to Directors can be 100% tax deductible as well. If you are a heavy user that could save a few hundred pounds a year.

So what are the drawbacks?

Well the tax regime that applies to Limited Companies is more complex. As well as a tax return for you as a sole trader, you'll be required to submit a tax return for the company to both HMRC and Companies House. Possibly you may have to submit one for your spouse and children as well if they are receiving dividends or a salary. If you have a family trust you'll be asked for one for that as well.

You also have a statutory obligation to maintain certain records pertaining to Share ownership and Directorships and submit a report on your company to Companies House each year. Failing to do so is a criminal offence and so it's best to have your accountants act as book-keepers and in the role of company secretary as well. So your accounting costs inevitably rise. However, assuming a company profit of £70,000 as above you might be paying around £500 per year to your advisors at present and find yourself paying £1,300 a year to have them look after the company administration as well as your own tax affairs. That's an increase of £800 a year but it's tax deductible so a net additional cost of around £450 and in the case of the Consultant retaining all profits in the company account for the first 6 months saves over £30,000 from the family budget in 2013.

Setting up a company is straightforward. You just need to decide on a name, who will be the Directors and who will hold a share in the company. Most accountants should be able to create the company and produce all the legal documents in under a week for less than £200.00 thereafter, all you really have to do is open a separate bank account in the Company's name and ensure all earnings are paid into that account and all expenses relating to the business paid out from that account.

Although the previous Labour Government intended to stop families from reducing their tax in this way, the present administration said it would not make any changes to the rules. So with the next election a few years away, there is still scope to reduce tax by setting up a Ltd Company and spreading the profits around the family.

If you want a tax reduction in January, take advice. But the sooner you act, the bigger the saving will be.

John McFarlan runs Medical Finance providing accounting services to UK Consultants. He is a Director of UK Will and Trust Ltd and has written about financial matters for over 20 years. He can be contacted for advice on 01563 821117 (24 Hour Answering Service).

SUMMARY

Small Companies Pay 20% tax compared to sole traders who can pay up to 52% tax and NI.

Consultants whose Spouses are nil or basic rate tax payers can make savings.

Consultants with children over 18 at University can benefit.
Consultants with parents still living and minor children can also benefit.

Budget an extra £800 or so a year to have your company run and administered for you.

Act NOW to obtain maximum refund in January 2013.

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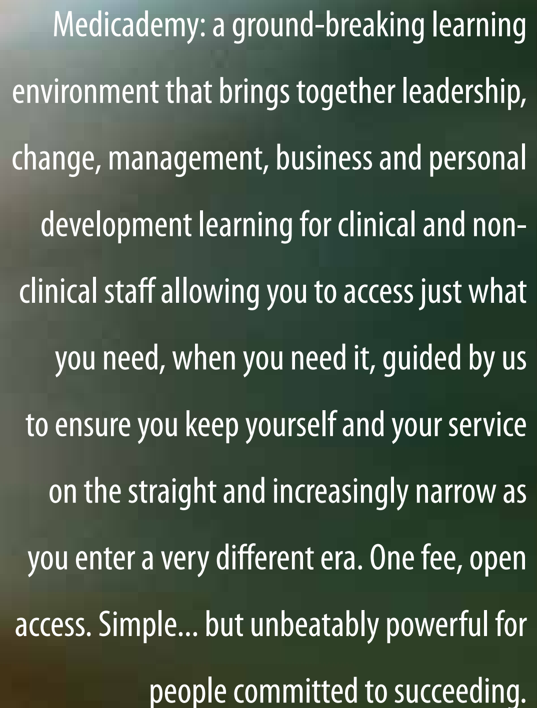

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The Hot Debate is set to be just that – heated. Each month we'll pick a topic that warrants further open discussion because controversy remains.

We'll see to it that a variety of views are included in the interests of editorial openness and neutrality. We may provide comment, we may even get involved but ultimately, we think it's healthy that thoughts and feelings from all sides are shared and not hidden simply because they may or may not conflict with your own. However, it's also important to realise that just because we are publishing a viewpoint it doesn't mean we share it or indeed disagree with it either. We're simply putting it 'out there' for the benefit of debate.

In the interests of furthering debate, we're going to invite comment in two forms. Each debate will have a debate question or questions designed to gauge your feelings. We'll report the findings in the subsequent month. Additionally, we'd like you to submit comments in a 'Twitter-like' form of up to 50 words and we'll publish a selection of the best ones.

The October Debate

Where does mental health rank in the disease-burden hierarchy?

According to a recent report by the World Health Organisation (WHO), the leading cause of suffering and disability throughout the world is mental health issues.

The range of mental health disorders is wide with the likes of depression, insomnia, stress, and bipolar disorder falling under the general term.

But many of these conditions (and the term mental health itself) are often not afforded the recognition they undoubtedly deserve despite mental health related issues costing the UK in excess of £1 billion a year according to figures collated by the National Mental Health Development Unit (NMHDU).

Three sources of informed opinion contribute to this month's Hot Debate: MP Gavin Barwell, who recently tabled a motion calling for the repeal of a number of archaic mental health laws, and two organisations – Mind and the Mental Health Foundation - that are committed to raising the profile of the mental health agenda, passionate about the therapeutic techniques available and enthusiastic as to the road ahead.

Sara Watkin
Editor-in-Chief

A commitment to change: keeping mental health on the agenda

It's been an important few months for mental health, as growing commitment from government and politicians to improve support for people with mental health problems and a wave of high-profile people 'coming out' about their own experiences creates momentum for real positive change.

By Vicki Nash, Head of Policy and Campaigns, Mind

In July 2012, the government published the long-awaited implementation framework to accompany its mental health strategy, launched 18 months before. The strategy, No Health Without Mental Health, recognises that mental health has a 'parity of esteem' with physical health, a principle also enshrined in law this year in the Health and Social Care Act.

Parity of esteem is something for which mental health charities like Mind have been fighting for many years. Mental health problems are responsible for the largest proportion of the disease burden in the UK (22.8 per cent), which is larger than cardiovascular disease (16.2 per cent) or cancer (15.9 per cent) . Yet people with severe mental health problems die on average 20 years earlier than those without . Overall, the cost of mental health problems to the English economy amounted to £105 billion in 2010. However, only 10.8 per cent of the NHS budget (£11.9 billion) was spent on NHS services to treat mental health problems during 2010/11.

Aside from parity, the most important aspect of the strategy is its nature as a cross-departmental document rather than a Department of Health one, which implicitly acknowledges that mental health is everyone's business and that it affects all areas of life. It is an ambitious plan for improving mental health across several areas of government and society, involving bodies that don't necessarily have mental health on their agenda but ought to.

Mind was one of a number of organisations that co-produced the implementation framework, a much-needed document that details how the strategy is to be brought to life by giving specific, practical guidance for various national and local bodies. It sets out what health services, local authorities, housing bodies, schools, employers and other organisations should be doing to better support people with mental health problems. It says, for example, that Clinical Commissioning Groups should appoint a mental health lead and that employers should use HSE guidance for managing work-related stress. It's not a directive, but it does provide some clarity on what organisations can and should be doing to ensure that people with mental health problems are properly supported.

Mental health charities were also really pleased to see parity of esteem reiterated in the draft Mandate to the NHS Commissioning Board (in Objective 9). The draft Mandate references better coordination between mental and physical health services and early intervention as central to achieving this objective.

Elsewhere, in June, we witnessed for the first time MPs speaking out about their own experiences of living with mental health problems, during a Commons debate on the subject. In a completely unexpected move, MPs Charles Walker, Kevan Jones, Sarah Wollaston and Andrea Leadsom spoke courageously about living with obsessive compulsive disorder, depression and post natal depression, championing the notion that talking openly is the only way to tackle the stigma that continues to surround mental health.

The MPs received wide-spread praise and admiration for their decision to speak out, which would have been unheard of even a few years ago. A Bill, put forward by Gavin Barwell MP, is currently making its way through the commons to repeal antiquated laws that mean, among other things, that an MP loses their seat if they are sectioned under the Mental Health Act. When such blatant discrimination is still written into law, it is unsurprising that many people with

mental health problems hide their condition from their employers for fear of losing their job.

Mind, along with Rethink Mental Illness, runs England's biggest mental health anti-stigma campaign, Time to Change. Key to the success of this campaign is people in the public eye speaking out about their own experiences, whether that's sports stars, comedians or politicians. Since its launch in 2007, Time to Change has reached millions of people across England and has seen a three per cent increase in the number of people with mental health problems reporting no discrimination in their lives.

However, while there has been a lot to celebrate, we have to acknowledge that it's not all rosy. The moments of positivity over the last few months are set against a fairly bleak background and the reality is that, day to day, the lives of people with mental health problems is becoming harder.

Positive as the mental health community is about the government's commitment to mental health, it's not easy to see how this can be delivered while health services are being cut. Overstretched services in a state of uncertainty will never be in good enough shape to deliver first-rate, patient-centred care. Former health minster Paul Burstow recently admitted that mental health services in particular had suffered cuts under the coalition, as Department of Health figures confirmed that spending on adult services has fallen in real terms for the first time in 10 years. Mind hears on a daily basis from people who cannot access the services they need, from talking therapies to care in a mental health crisis.

In November, Mind will be launching the next phase of its campaign around improving crisis care. Over a million people a year use crisis and specialist mental health services when they hit rock bottom and demand is rising at a time when resources are dwindling. Excellent crisis care exists, but we need it available everywhere. In a time of austerity measures, the government's own research has shown that £224 million a year could be saved by preventing people from reaching crisis point and improving acute and crisis mental healthcare .

The increasing demand for struggling health services has not been helped by the government's welfare reform agenda, which is leaving some of the most vulnerable people in our society deeply fearful for their future and, in doing so, leading to a worsening of mental health problems. In addition, the drip-drip of negative 'benefit scrounger' messaging is enormously damaging, particularly for people with a hidden disability like a mental health problem, and threatens to undo all the good work done by the Paralympics in improving public attitudes to disability. On the flip side, those of us lucky enough to be able to work and currently in employment are under increasing pressure to conceal mental health problems from our employers, as the threat of redundancy looms and we fear being among the first to go.

There is significant evidence that tough economic times can have a huge impact on mental health and the UK's own recession has been no exception. We know from our own records that people need Mind more than ever; we've seen a huge surge in demand for our helplines, with calls to our Infoline and Legal line up 18 per cent and 28 per cent respectively between October and April 2011-12, compared with the same period in 2010-11. Since the start of the recession, advisors have seen an increase of 100 per cent on calls on both personal finances and employment.

Our local Mind presences across England and Wales are also feeling the effects. As well as seeing the very real impact on the lives of service users, local Minds are concerned about their own futures as the services they deliver on behalf of the NHS and local authorities are being cut. Tendering for contracts is becoming increasingly competitive and some of our smaller local Minds just can't undercut the big contractors, despite the rhetoric around localism, the 'big society' and the role of voluntary sector organisations as service providers.

Luckily for Mind, localism has the potential to work well for us as our network of local Minds are in a great position to engage with forming Clinical Commissioning Groups and give valuable insight into what services are needed in the local area. We have a good track record of affecting change and we are pleased that, having fought for so long for improved access to talking therapies, the IAPT (Improving Access to Psychological Therapies) programme is now being extended to young people.

So we keep going. Mind will continue its campaigning work to keep mental health on the agenda and to make sure the government delivers on its promises. We need to keep up the pressure and, most importantly, make sure the voices of people living with mental health problems are heard.

Mind is the leading mental health charity in England and Wales. We provide advice and support to empower anyone experiencing a mental health problem. We campaign to improve services, raise awareness and promote understanding.

www.mind.org.uk

Our archaic mental health laws must be changed

Shortly after the Queen's Speech and the opening of parliament, I was drawn fourth in the private member's bill ballot. It's fairly rare for a backbench MP to have the opportunity to change the law of this country and there were hundreds of issues that I could have taken forward, so I took my time and thought long and hard about what I wanted to bring forward. I eventually settled on the Mental Health Discrimination (2) Bill, a cause that is close to my heart.

By Gavin Barwell, MP for Croydon Central

The purpose of the bill is very simple: to remove the last significant form of discrimination in law in our society. I can't emphasise that enough. Our country has changed a huge amount since I was a young child. I remember the first Asian family moving into our road when I was growing up. Some of the people who lived in our road put pressure on the people selling their house not to sell to an Asian family, something unthinkable under today's social mores. I also remember the arguments about section 28 and the language that was used in my school playground. We have made a huge amount of progress since then as a country, partly as a result of legislation passed by the government and partly by changing attitudes – and I strongly believed that former may have encouraged the latter.

To our shame, the law still discriminates against those with a mental health condition. An MP or a company director can be removed from their job as a result of a mental health condition even if they go on to make a full recovery. Many people who are perfectly capable of performing jury service are disbarred from doing so. If my private member's bill is approved by the House of Commons, we will look back in a few years' time and be amazed that this archaic nonsense was on the statute book in 2012.

One in four of us will experience a mental health condition in our lifetime; three in four of us will see a member of our immediate family experience such a condition. These numbers have been increasing because, while the physical conditions in which we live and work have improved, our lives are busier and much more stressful. The World Health Organisation estimates that by 2030 more people will be affected by depression than any other health condition. The law as it stands sends out the message that if someone has a mental health condition their contribution to public life is not welcome. This cannot be permitted and my bill hopes to address this.

In the well-reported debate on mental health of June 14th shadow health secretary Andy Burnham said that Labour would also support the bill, and I'm grateful for his commitment as well as the full support of the current Coalition Government. The debate was a prime example of the House of Commons coming to a consensus about an important issue and demonstrated the best of what we have to offer the country. Times like this should not be forgotten in the heat of traditional political debate.

If my bill is passed by Parliament, companies and our courts will benefit directly from the involvement of people with experience of mental health conditions - as our recent debate was by contributions from my colleague Charles Walker MP and Labour's Kevan Jones MP. A school may have a pupil with a mental health condition; in a court case, the accused's state of mind may be a key issue. How much better will that school be if a governor has personal experience with mental health? How much better will that court case be if there is a juror with the necessary experience and knowledge that others may not necessarily have?

Gavin Barwell MP

More importantly, the bill will send a clear message that discrimination is wrong: people have a right to be judged as individuals, not labelled or stereotyped based on misunderstood ideas. In

September, the excellent Time to Change campaign, run by Mind and Rethink Mental Illness, surveyed 2,700 people with mental health conditions. Of those, 80% said that they had experienced discrimination, two-thirds were too scared to tell their employer, 62% were too scared to tell their friends and, worst of all, more than a third were too scared to seek professional help.

But what can health workers do to help? When I was growing up, my perception was that mental health problems affected very few people. Yet two of my close personal friends over the past 20 years have been affected by mental health conditions. I now see how many people are affected by it, because of open discussion and firsthand experience. But many won't have that exposure. When patients make the huge step of seeking help, reassurance is the key. Everyone has mental health; just for some it's healthier than for others.

There are a number of public figures who have been open about their conditions. We have debates on mental health in the House, but it also means a great deal when those who have a high profile in other spheres of public life take the decision to talk openly and honestly about their experiences. The 'big conversation' that I hope this Bill will spark will aid many people, and clinicians have a key role in aiding that.

It may be hard to talk friends and families about the illness, but the reaction they get might not be what they expect. I have been on a variety of TV and radio shows to talk about and promote the Bill. I will never forget a phone-in on Iain Dale's show on London's Biggest Conversation. A number of calls we took were from people suffering from profound depression and other mental health conditions. One caller could not believe that any of the people in his life would want anything more to do with him if he explained to them how he was feeling. My message, as the friend of two people who have mental health conditions, was that friends will want to know and to provide care and support. If they do not want to do so, they are not proper friends. People who are suffering should know that those who care enough will want to know and to provide help and support and I hope that everyone working in health services would support this message.

The Bill had its second reading on Friday 14th September and passed with unanimous support from all parties in the Commons. It now heads to the Committee Stage where a group of MPs will consult with clinicians, campaigners and members of the public about the wording of the Bill – whether it needs to be changed and how it could be improved. This is likely to happen in late October before it goes back to the Commons to be debated and voted on once more. If supported then it will head to the Lords before hopefully becoming law in early 2013.

Having a mental health condition is nothing to be ashamed of or to keep a secret. It is high time we dragged the law of this land into the 21st century.

I hope you all agree.

Challenging preconceptions

Reducing the stigma of mental illness

By Dr Andrew McCulloch, Chief Executive, Mental Health Foundation

In the preface to his seminal 1963 study on the subject, Erving Goffman defines stigma as "the situation of the individual who is disqualified from full social acceptance" and this deftly sums up what we mean by mental illness stigma today. In working out how we can reduce the stigma of mental illness - which not only makes life more difficult for those with mental ill health but prevents those with undiagnosed mental illnesses from getting help – it is first necessary to examine how stigma is actually created. Referring to more recent work in this area, Bruce Link and Jo Phelan (2001) have devised a stigmatization model, now commonly applied, which shows the processes that create stigma. For stigma to exist, they argue that four conditions need to be present.

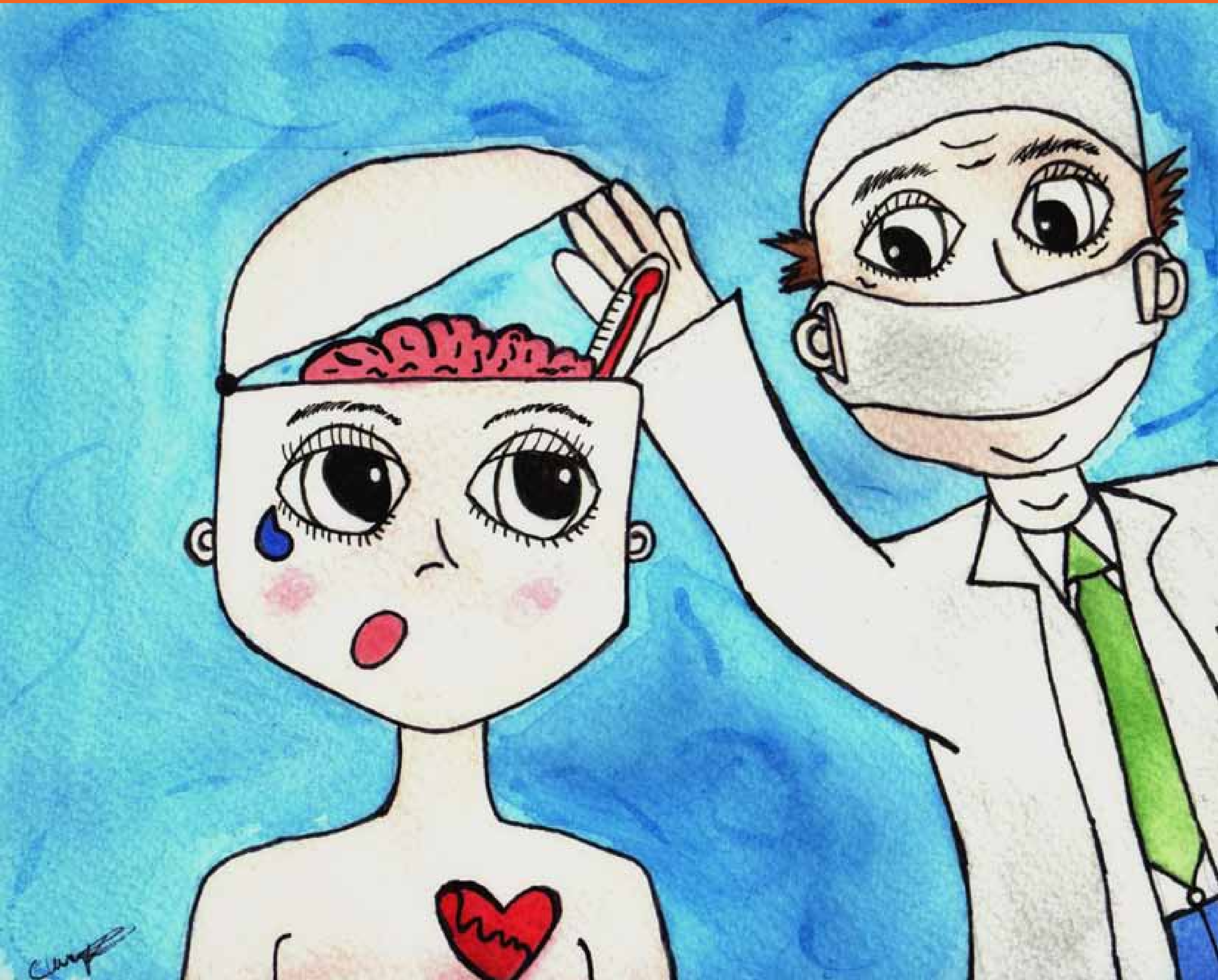
The first condition is 'labelling', which is where certain characteristics of a person are labelled or marked as conveying an important difference, hence the original meaning of the word 'stigma' which referred to an indelible mark made on the skin. Second comes 'separation' – the categorical distinction between the mainstream group and the labelled group as fundamentally different in certain respects. Third is 'stereotyping' which involves linking this difference to undesirable characteristics. In terms of mental illness, we can see this stereotyping in the way the media often link mental illness with violence – neatly encapsulated in the way that the word 'psychotic' is used interchangeably with 'psychopathic' when the two words mean very distinct things. The fourth condition, according to Link and Phelan, is 'status loss and discrimination'; this involves the devaluation and then the rejection and exclusion of the labeled group.

As noted by Thornicroft, one of the central tenets of stigma is ignorance. Unfortunately, there is the inescapable problem that many people do not have an understanding of what mental ill health is and, even more importantly, what it is not. This is perhaps understandable. It is not easy to fully comprehend mental illness unless you have experienced it personally, or have been close to someone who has experienced it. Indeed, part of the stigma of mental illness stems from the fact that, unlike many physical illnesses, it is not often outwardly apparent.

A few years ago, the Mental Health Foundation conducted its own research survey into the stigma and discrimination against mentally ill people, and found that an astonishing 7 out of 10 people

Dr Andrew McCulloch

reported discrimination in response to their own mental distress or that of a friend or relative. Most interesting, and alarming, was the range of discrimination that was reported. The most common sources of discrimination cited by respondents were from those closest to them, such as family and friends. This ranged from being completely ignored and marginalised by family and friends, to being told unhelpful and insensitive things such as 'pull yourself together'. It was because of this fear of being judged and not being understood that 42% of respondents said that they would not tell some family members and friends about their mental distress. Similar results were found in the workplace. 47% had experienced some kind of discrimination at work and some reported being forced into



redundancy due to mental health problems. A number of people reported that they had been denied promotion because of their health condition. This survey was undertaken over ten years ago and already things have moved forward. The Equality Act 2010 makes it illegal to discriminate directly or indirectly against people with certain mental health conditions in public services and functions, access to premises, work, education, and transport.

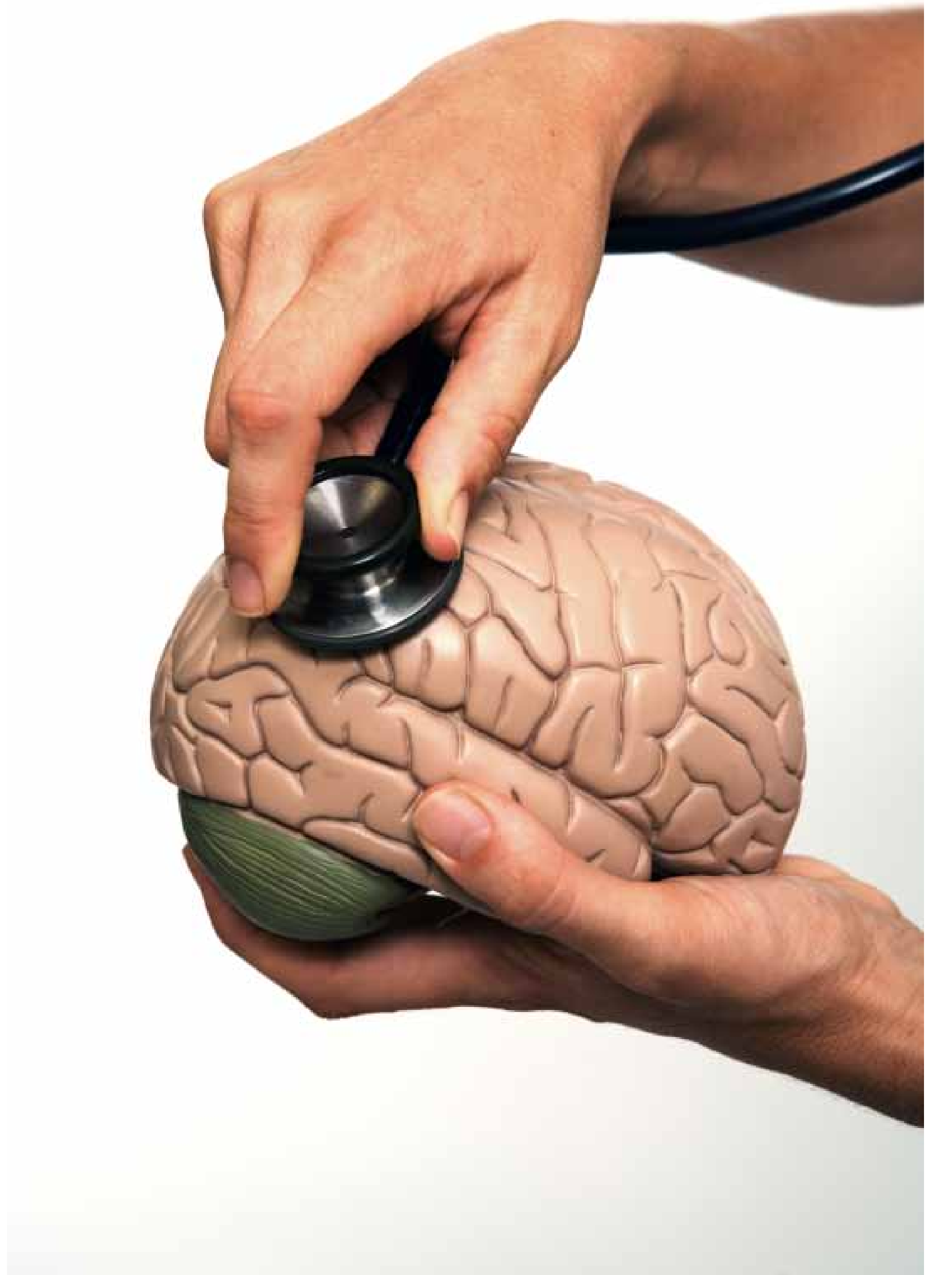
But stigma is also a problem not only to those who have been diagnosed with a mental illness, it also prevents people from seeking help in the first place. We know that mental health problems affect 1 in 4 Europeans in any one year but we also know that only a proportion of people affected actually seek professional help. Research has shown that the stigma of mental illness acts as a significant barrier to seeking help, thus the mere anticipation and perception of stigma can have potentially dangerous effects. This anticipation of stigma is particularly strong in male depression and this may go some way to explain why men are much less likely to have been treated for a mental health problem than women (17% compared to 29%). For example, in male depression and other mental illnesses such as anxiety are seen as signs of weakness, inherent flaws that threaten the very notion of their masculinity. Moreover, depression is often seen as something that can be overcome without assistance: asking for help is perceived as an admission of defeat. These are just a few of the reasons why mental health stigma, in all its complexity, has such a hold on the public consciousness.

According to Patrick Corrigan, how we reduce stigma and its associated discrimination essentially boils down to three main methods: education - replacing skewed preconceptions with accurate information; contact – challenging attitudes about mental health problems by interacting with people affecting by these problems; and protest – suppressing stigmatizing attitudes about mental illness.

Educational campaigns are a good way of combining protest with education, providing correct information about mental illness as well has making clear the unacceptability of holding stigmatising views, and recent studies have shown that campaigns such as these can increase

both tolerance and understanding of mental illnesses. There are now a number of national and local campaigns who are trying to change public attitudes to mental ill health including the national voluntary sector campaign Time to Change, which has already shown a 4% reduction in the discrimination experienced by people with mental health problems and a 0.8% improvement in public attitudes towards people with mental health problems since the launch. The Mental Health Foundation itself continues to fight stigmatization by influencing government policy through research and campaigns about mental health awareness.

However, research has shown that the best single way to reduce stigma and challenge stereotypes about mental illness is through firsthand contact with people with experience of mental health problems. There have been positive results from these kind of contact activities in a number of different contexts, ranging from schools to police forces, but it is clear that these strategies must be focused and relevant. Some of the best results have come from when audience and participants have 'equal status' and take part in reallife informal conversations rather than contrived and overplanned encounters . The obvious priority target group for anti-stigma campaigns would be young people, while they are still in school. One Australian study on mental health stigma has shown that young people share specific stigmatising attitudes with their parents, suggesting that the involvement of both child and parent could have even more impact than just the child alone.



It's also worth noting that the wider problem of stigma seems also to contribute to institutional discrimination. A salient example of this is the disparity in funding for mental health research compared to research on physical illnesses. Current estimates suggest that, in any one year, more than 1 in 4 adult Europeans experience a mental health problem; and mental illness has the largest proportion of disease burden in the UK, at 22.8%. But this burden does not correlate with how much is spent on funding for research. For example, in 2008–9, the Medical Research Council spent just £24 million (3.5% of its budget, against the burden of 22.8%) on mental health research, including neurosciences.

There is definitely a perceptible change in the way society is talking about mental illness, and it is really important that this positive trend continues. There are now many more people in the public eye speaking out about their experiences about mental illness, in newspapers, on television documentaries, from football players to celebrities. Recently, MPs such as Charles Walker have spoken in Parliament about their experiences of mental illness - to much support from the public - and it is unlikely that this could have happened 10 or 20 years ago. So we need to keep pushing the message that mental health stigma isn't indelible. Through investment, good policy and better education, we can challenge preconceptions about mental illness and make stigma a distant memory.

www.mentalhealth.org.uk

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MONITOR WATCH

Monitor has confirmed that it is to take regulatory action at Sherwood Forest Hospitals NHS Foundation Trust to ensure that high quality services are maintained and the Trust is financially stable.

On 21 September the Trust had been found to have been in significant breach of its terms of authorisationdue to a £5.9m loss in the first quarter of 2012 and a failure to achieve £10m of savings in the last financial year.

Now, following a special meeting of Monitor's Board this week, a number of moves will be made including the appointments of Chris Mellor as interim Chair of the Trust Board (replacing the previous Chair, Tracey Doucét) and Eric Morton as interim CEO.

Further action to be taken by the regulator will see an inspection of breast cancer screening procedures at the Trust and a quality governance review.

An independent external review of the Trust's financial viability is also on Monitor's to do list.

"We are using our formal regulatory powers of intervention because we are concerned the Trust has failed to get to grips with the scale of the problems it faces," said Monitor's Chief Operating Officer, Stephen Hay.

"In addition to the Trust's financial difficulties our concern about its leadership has been heightened by the disclosure that some breast cancer patients are to receive an apology from the Trust and an urgent review of their treatment after an investigation into faulty pathology test results.

"The reviews we have commissioned will assess whether or not this issue was identified and dealt with sufficiently promptly. If either the CQC's inspection, or the Trust's own external expert review, reveals any other matters of concern we will not hesitate to intervene again."

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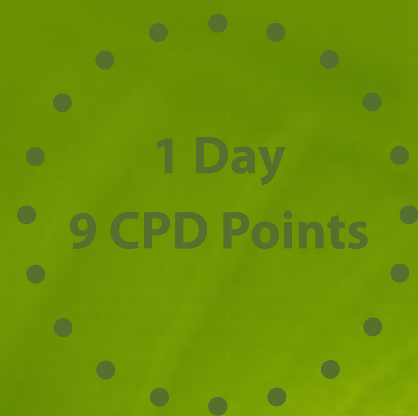

GROW
MEDICAL

“Every NHS staff member has the potential to be a leader”

New Leadership Academy MD shares his vision for coping with health service change

Interview by Fraser Tennant

The appointment of Jan Sobieraj as Managing Director of the NHS Leadership Academy, the national hub created to improve people's health and their experience of the NHS, has been touted as the icing on the cake for thedevelopment of outstanding leadership throughout our healthcare services. Indeed, the announcement last week of a £46m leadership development programme is proof of the Academy's serious intent to drastically alter the nature of leadership in the NHS and harness the resultant benefits. With more than 30 years of management experience, including 13 years as a chief executive in different NHS organisations including NHS Sheffield, Barnsley Hospital NHS Foundation Trust and a Lincolnshire NHS Trust, Jan is well placed to leadthe Academy at a time of great uncertainty and upheaval in the NHS.

The Consultant: Why is there a need for an NHS Leadership Academy?

Jan Sobieraj:The simple answer to that is that we are facing unprecedented change in the NHS. We've got an absolute focus on quality of care and patient experience as never before and that's going to intensify going forward. At the same time, we've got huge pressures on the service. We've got greater numbers of older people, great advances in technology, and we all know that this is a bit of a cash environment which is going to be very tough forthe foreseeable future. So, in the light of all that, and I should mention of course that there are lots of structural changes going through, it's very clear that we need a different form of leader. We need leaders who can build on the successes of leadership over the last 10 years. But the challenges going forward are pretty special and they're unprecedented. We know this is not an observer sport. Leadership is a contact sport and we need leaders who are preparedas best they can be to challenge wicked issues. The Leadership Academy has been born out of that background with the purpose of providing as much support to leaders of all types, at all levels across the whole health system, to make sure that we can deliver what patients require. For example, we know that patient outcomes and patient experiences are often based around how integrated their care is and how they feel as they travel through the health system - from primary care to secondary care, community services and social care. That's a huge challenge and we need leaders who can understand that complexity and have a range of skills, behaviours and competencies to manage integration pathways and processes across the system from the patient's perspective to maximise their outcome.One of the big themes emerging from all this is the need for leaders who are able to engage with their colleagues, the public and patients in a different way.

“The challenges going forward are special and unprecedented”

The Consultant: Do you deal with the issues arising from the current upheaval in the NHS through the Academy?

JS: Yes, we do. Our role is to develop leaders who, in turn, can improve outcomes and better patient experience. So I know the challenge to us as an Academy is to not

Jan Sobieraj

be an organisation which is going to run a few training programmes. We'll have some development for different strands and different levels of service, but our responsibility is to ensure that leaders at all levels in all organisations across healthcareare working in a different way to support transformation. Our responsibility is to make sure people understand what good looks like. There is fantastic leadership out therebut it's variable, it's ad hoc, and not as consistent as it should be. We don't have the diversity of leadership that we need going forward. If you look at the senior level of leadership in the NHS, it doesn't reflect the community we serve and that's not just a numbers game. That's a worry, because we know that if leaders understand the needs of their community, they can provide better care and treatment. There's absolute correlation between the diversity of leadership and the ability in the community to provide better care for patients so we need to have leaders who have got the skills and competence to innovate. There is a very active piece of work for us going through this year, no doubt into the next year too, to support the new bodies being set up, such as the Clinical Commissioning Groups. Providing support to people and organisations, teams, individuals, who want to develop themselves and develop their teams is something that is a key responsibility for us.

The Consultant: Going back to innovation, does it worry you that the NHS is notoriously slow in embracing the concept?

JS: Absolutely. We've known that there is a massive lag between great practice, particularly clinical practice, and all sorts of relevant practice impacting the patients across the country. That can't be acceptable in the face of the challenges that we face. I am absolutely sure that, if we pool the great practice that already exists around the country then we'll make a rapid and significant improvement to the quality of care for our patients and it will be affordable.

The Consultant: Surely it is impractical and unsustainable for an organisation to be overburdened with leaders?

JS: I disagree. I think that if you separate management from leadership, I think every single member of staff in the NHS has potential and the ability to be a leader. An individual looking to deliver their job wellcan bring all sorts of skills and leadership qualities to their work at every single level. I've seen porters, who you may think just move patients around from A to B, engage with patients and be responsive to patients. They've communicated well and provided reassurance and comfort. When people talk about leadership, they automatically think of the Board, the Medical Director, or the Clinical Directors. Leadership is across the whole gamut and the Leadership Framework (link: www.leadershipacademy.nhs.uk/lf) that the Academy has generated applies to every single member of staff across the NHS. We've had over 35,000 downloads of our Self-Assessment Tool (link: http://www.leadershipacademy.nhs.uk/develop-your-leadership-skills/leadership-framework/supporting-tools-and-documents/self-assessment-tools) from our website already and I am sure that the people downloading will represent all sorts of levels across the NHS.

The Consultant: How will you determine the success, or otherwise, of the Leadership Academy?

JS: Two or three years down the line I think we will need to stick our head above the parapet and ask if we can evidence base the impact of our work on patient outcomes, the quality of care for patients. So we're not interested in just saying that we're going to run a few programmes and we've had hundreds or thousands of people through the door, but our task will be to demonstrate that better leadershipleads to better quality outcomes, better patient experience, and better staff satisfaction. That's the ultimate test.

www.leadershipacademy.nhs.uk

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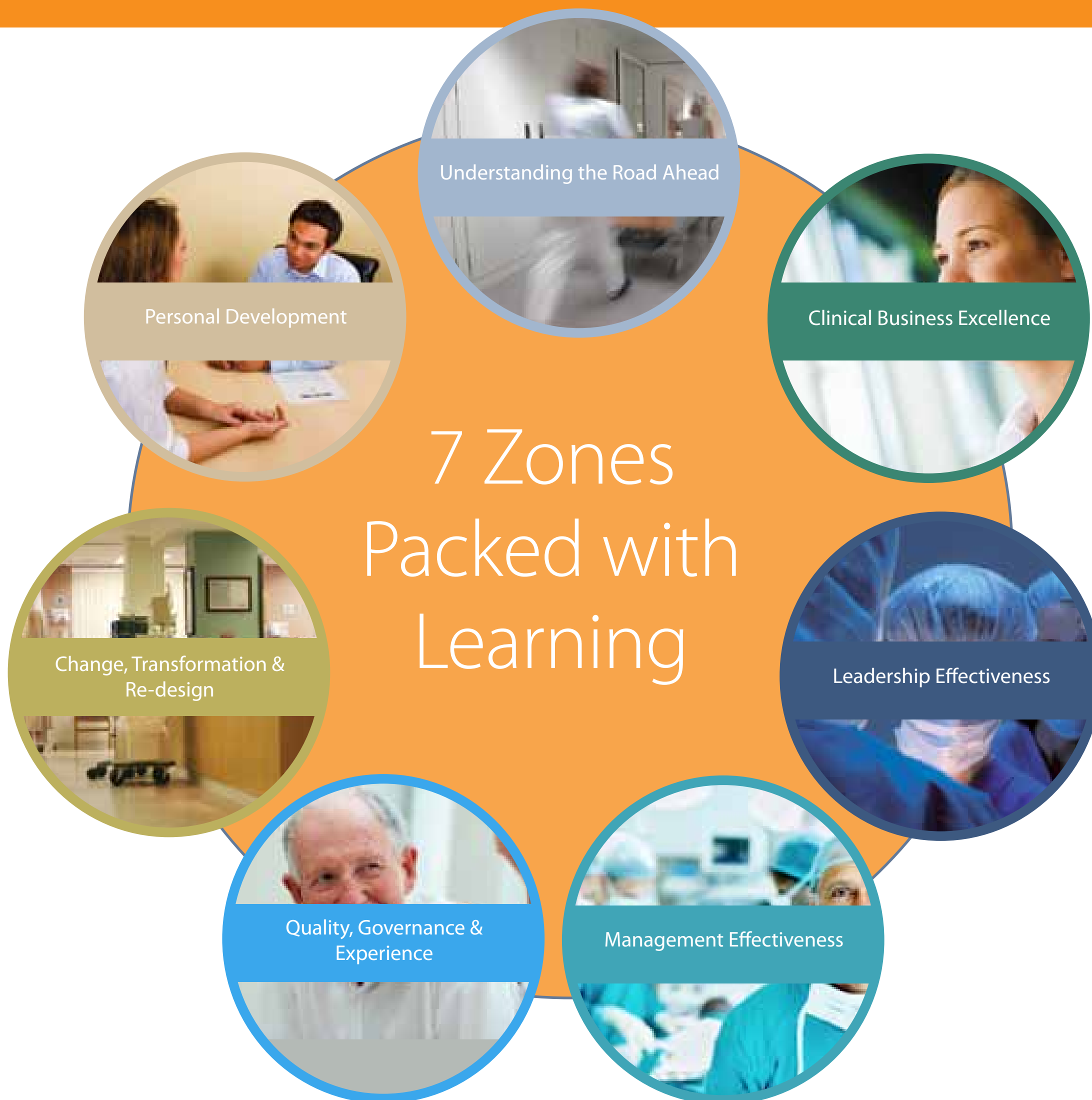

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“Having a bebionic hand is a complete life-changer”

Amputee Mike Swainger has had his life “changed immeasurably”thanks to an amazing collaboration between the NHS and leading prosthetic manufacturer, RSLSteeper, which led to him becoming the first person in the UK to be fitted with a new fully articulating, myo-electric bebionic3 hand.

Mike Swainger

The bebionic3 hand features a lifelike appearance and naturally compliant grip patterns which can be wirelessly programmed and tailored to suit each individual user’s requirements, alongside customisable grip speed, patterns and strength. To make the hands look as natural as possible, they can be covered with a realistic silicone skin, available in 19 different skin shades or a futuristic jet black. Boasting industry-leading functionality, bebionic is designed to offer amputees a stronger, more accurate and more affordable alternative to other myo-electric hands.

On 16 June 1992, at the age of 13, Mike was struck by a train when playing with friends on some waste ground. Lying fully conscious by the trackside for 45 minutes before medical support arrived, he was fully aware that the arm and leg that rested on the ballast a few feet away, were his own.

Mike, who lives inHull, said:“I remember waking up in intensive care, looking down and realising that my life had changed for good. I was in quite a dark place for some time and really struggled with the various options that were around. The functionality of the prosthetic limbs was a frustration and the fact that I was very young meant that I needed more and more adaptations to match my growth. I suppose I was looking for a solution that just didn’t exist so it was very difficult.”

A major turning point was when Michael’s wife, Claire, gave birth to the pair’s first child, Billy. Mike worked hard with the medical specialists to ensure that he could do all the ‘Dad’ things with his son. However, he was still frustrated by the limiting technology that was available for his artificial arm:

“I tried a number of different arms over a period of 19 years and all were quite frustrating – The grip was generally weak and they never felt like a part of me. There was also the option for a split-hook hand but that just didn’t resemble a hand in any way. The only option was to re-learn all the everyday tasks with my left hand.

“I knew the technology was out there and became increasingly aware of the bebionic hand. I knew it was a long shot but I contacted the manufacturers, RSLSteeper, and effectively offered to be a UK test case. I also approached the Hull Artificial Limb Centre who knew all about it. I knew what an incredible impact this would have and was desperate for a break.”

"Having a bionic hand that works like a real hand is such a confidence boaster"

That break came just six months' ago, when Mike was selected as the first person in the UK to receive RSLSteeper's bebionic hand through the NHS. Now, using the most advanced bebionic3, Mike can complete all sorts of tasks: "Having a bebionic hand is a complete life-changer. I can go fishing, try new sports like archery and shooting, and perform everyday tasks that people consider mundane, such as tying shoe laces, opening a pack of crisps, or shaking hands.

"It has changed my life immeasurably. Having a bionic hand that actually works like a real hand is such a confidence booster. It encourages you to take on different tasks and is a great icebreaker. I've heard little kids in the street saying, 'Look, it's a robot! The best thing was when my youngest child, Jodie, held the bionic hand in the street without batting an eyelid. I am extremely grateful to the NHS and RSLSteeper."

Now living with his wife, Claire, and three children, Billy, Ellie, and Jodie, Mike wants to play his part in helping those going through similar circumstances:"Being an amputee can be so daunting and accepting the disability is often the toughest thing. I've experienced many highs and lows and want to make that experience available to as many people as possible."

Paul Steeper, Managing Director of the RSLSteeper Products Division, said:"bebionic3 is already revolutionising the lives of amputees from across the world and people like Mike truly help in that development. Thanks to people

like him, we are able to make constant improvements to a design that is already the world's most advanced myo-electric hand, making it stronger, more precise and easier to programme.

"The new hand is helping Mike to tackle real-life, everyday situations, and provides the perfect balance between advanced technology, functionality and aesthetics. Mike has taken to his new prosthesis incredibly well, and we look forward to continuing our relationship with him over the coming years."

*Continuing Mike Swainger's story and the work of RSLSteeper, next month's edition of The Consultant will feature an interview with Product Manager Bruce Rattray.

A CHANGE OF DIRECTION: THE MERCEDES-BENZ B 200 CDI BLUE EFFICIENCY SPORT

THINGS ARE changing in the world of motoring. Premium brand car manufacturers are offering smaller models – take the Audi A1 and the BMW 1 Series for example.

Of course, Mercedes-Benz was ahead of many. After all, it introduced the entry-level A-Class supermini in 1997. Then in 2005 the B-Class, essentially an enlarged A-Class, was ushered in. Why? Well, sometimes you just need a luxury car that sits more towards medium than mini. And that's what the B Class is all about.

But time doesn't stand still, and Mercedes felt a change of direction was needed for the B Class this year. The German motor maker has made the car more agile and efficient by lowering its height. Also, as is the case with the 200 CDI on test here, a new diesel engine has been fitted alongside a more modern manual transmission.

So, what's the revised B-Class like? Well, it's a typical Mercedes sports tourer, offering bags of room, combined with the dynamic performance of a hatchback saloon. The character lines of the exterior point to both of these qualities: the front and rear demonstrate width-emphasising design, with a prominent grille and headlamps extending along the sides at the front, while the rear end has a broad rear window, two-piece tail lights and a big tailgate with low loading sill. The fresh, athletic, lines and the aerodynamics are particularly apparent in the side line: the bonnet flows flawlessly into the A-pillar and the roof line descends neatly to the attractive roof spoiler. At the bottom edge the body includes side skirts which add a soft touch to the car's form, whilst sophisticated details, such as the deftly designed headlamps, confirm the marque's distinctive first-rate credentials.

Naturally, and as you would expect of a quality European car producer, the B-Class is as nice on the inside as it is on the outside. High-quality materials and finely structured surfaces abound. Three air vents in the middle of the dash with their unique cruciform nozzles add a particularly sporty element to the interior's design. Other touches such as a three-spoke leather trimmed steering wheel and seats with contrasting stitching are very pleasing to the eye.

Interestingly, in response to requests from many customers, the sitting position is now more upright in the reborn B-Class. This makes for great visibility when you're

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- Max. torque (lb/ft): 221 at 1600-3000 rpm
- CO2: 121 g/km
- Price: £24,710 on the road

behind the wheel. Indeed, the more erect seating arrangement, in combination with a lowering of the vehicle's floor at the rear, leads to a degree of legroom which even surpasses that of the Mercedes-Benz S and E-Class.

On the move the B 200 CDI Blue EFFICIENCY SPORT is incredibly nimble. You'd think that would make it pleasurable on twisty rural routes. Well it does in a way, but it doesn't make for comfortable driving. You see, in 'Sport' guise the car's suspension is far too harsh and, because it also sits on 18 inch alloys, it crashes and bangs over the slightest change of road surface. Mind you, if you don't mind having your fillings rattled out of your molars then the car is great fun to throw around corners. It's also fantastic for motorway mile munching. That's when the car magically decides to ignore any road imperfections and comfort levels resume to what you might expect from Mercedes-Benz.

Needless to say, if you do a lot of driving, then safety should be at the forefront of your mind when buying a car. The B-Class goes the extra mile in this respect. As well as the usual supply of airbags and protective gadgetry, it features a radar-based collision warning system with adaptive Brake Assist, which lowers the risk of rear-end crashes. The Collision Prevention Assist technology gives out a visual and acoustic warning to alert you to obstacles and prepares Brake Assist for the most precise possible braking response. This is initiated as soon as you forcefully operate the brake pedal. In contrast to some systems currently on the market the new Collision Prevention Assist feature is not merely intended to minimise minor damage in urban traffic. Instead, this innovative solution is aimed at protecting you from typical rear-end collisions in hazardous traffic situations. Mercedes-Benz says it expects the safety system to have a "significant positive effect" on accident statistics.

As well as being a lively, safe, family oriented number, the B 200 CDI never forgets it comes from pedigree stock. It offers internet access, voice control, sat-nav and MP3 connectivity. Traditionally these executive features were the reserve of luxurious Euro-barges. Now you can indulge yourself without having to fork out for one. Oh, and there's one other advantage of driving a B-Class – it's so much easier to park compared with a more extravagant motor. Let's face it; once you've battled the morning rush hour, and the only parking bay left is the awkward one in the corner, you're going to be thanking yourself you didn't think bigger was better when you walked into that Mercedes-Benz showroom.

By Tim Barnes-Clay, Motoring Journalist

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