

Devon Local Medical Committees

Newsletter ~ Vol 2 ~ Issue No 10 January/February 2001



CHIEF OFFICER'S CORNER

PCTs – waiting for a Chair!

The six new PCTs which come into being all hope that they know who their Lay Chairmen will be but political considerations of party affiliations are delaying the announcement of who will run what. In N&E

Devon the HA has attempted to get things moving by holding CEO interviews before the final announcement of Chairs and by including all those who are presently in the running for the role! Appointments have been made to just two of the PCTs and the posts will be re-advertised. In South Devon the process of appointing CEOs is being delayed until after the Chairs are confirmed. This is generally bad news at both ends of the County as the job of getting ready for PCT status is not a simple one and it would be easier with the period of "shadowing" that had been envisaged on the original Government timetable. "Slippage" has occurred in a major way and in one that is not really acceptable if new organisations are to get off on the right foot.

Good news in Mid Devon

I chaired a very pleasant meeting last night at which the doctors of Tiverton became full members of the fledgling co-op in their area. For some months these doctors have been sharing services with their more rural colleagues by providing the treatment centre and Community Casualty cover in return for their patients being visited, when necessary, by the "non-Tiverton doctors. Happily the way they have worked together and the work of "a few good men" have encouraged all concerned to formalise their "co-operation"! Thank you to all those involved.

"Taking the Initiative" Conference - Dartington 1st and 2nd March

We have again persuaded some excellent National speakers and presenters to come down to Devon and share their thoughts on how to provide quality primary care services. There will be a mixture of lectures and workshops that should include something for everybody within the Primary Care Family. Dr John Chisholm on 1st March, Dr David Carson on 2nd March and in-between leaders in Nursing and Health Services Management, working GPs, IT specialists and the like. There are 6 hours of PGEA per day, a super lunch and all for £35 for one day or £60 for the two! *Good value or what?* (See back page of this Newsletter for more details).

The first "Golden Eddie"

Graham Ward and I have awarded the 1st Eddie Stobbard Award for sartorial elegance in a GP which would stand out among an identity parade of truck drivers to the erstwhile anonymous author of "Dodgy Doc's Almanac", Dr Dave Longdon. There was some scatter and his partners share the award with him. This is to demonstrate their responsibility in letting Dave be seen out in public dressed as if ready for a spell in the garden! We intend to use the defence of truth if challenged!



Branch Surgery closures

The issue of the proposed closure of antiquated outlying consultation facilities is going to give all concerned, practices, HAs, PCG/PCTs, CHCs, patient groups and the LMCs a whole load of grief in the years to come. However appalling the premises, however difficult to provide safe acceptable quality services, the local

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NEWS
LMC
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(always rural) populations will fight to "Save our Surgery!" The problem is that human emotions will tend to keep them open when honest logic will always see them closed. Doctors will be stuck in the middle wanting to do the best for their patients but concerned at their own exposure to risk because of the non-availability of chaperones or even basic diagnostic equipment. We have moved on from the 1950s in terms of patient expectations and what we are able to provide for them. It is time both to recognise that the vast majority of "Village Hall Surgeries" have had their day and to find a better and safer way to care for rural patients.

3rd Wave PMS

The numbers of practices given permission by the Secretary of State to proceed to PMS status and still intending to do so on 1st April are as follows:

North & East Devon Health Authority

North Devon - 5
Exeter - 4

South & West Devon Health Authority

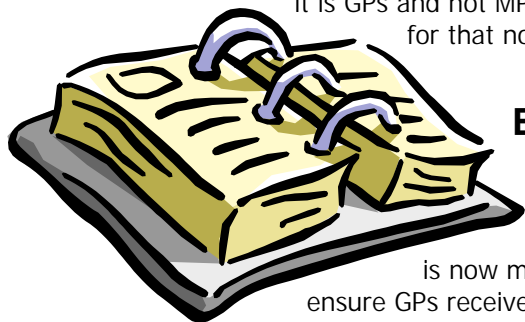
Plymouth - 7
Torbay - 6
Teignbridge - 6



A small number have decided to pull out at this stage despite being given permission. Decision day is 28th February but as yet the budgetary arrangements have not been confirmed by the centre to the HAs and the time available to make a final fully informed decision is shrinking. I trust that this central delay will soon be over.

The LMCs will be writing to all the practices confirming that they will continue to have our support in the future whatever decision they finally take. For some the step of PMS will be the right one. I merely hope that the step will be taken for the right reasons and not because of financial fears arising because of concerns about GMS growth in the future.

A decision to invest differentially in PMS as opposed to GMS would be a political one and not one aimed at improving the lot of GPs. Patients are a larger electorate than GPs and politicians will never forget that. I hope they will remember, before the current anti-doctor propaganda goes even further, that at the end of the day it is GPs and not MPs that patients need when they are ill. There need to be a few doctors left for that not to be a problem!



BNF - Peter Corpe, Secretary to the GPC

The Department has recently changed the system of distributing the BNF to GPs. It no longer distributes to GPs via health authorities, as the BNF is now mailed direct to GPs. It is hoped that in this way the Department can ensure GPs receive a copy as quickly as possible after publication. For the current edition, the

Department has asked all GP practices to complete an order form naming all the GPs in their practice for BNF distribution. This is to ensure that the Department's database for distribution covers all individual GPs, and not just practices. We are assured that there is no question of GPs having to complete a form every 6 months.

We are aware that there may be some difficulties in distributing the BNF to certain non-principal GPs. Any non-principals experiencing this problem are advised to contact Grant Matchett on 01623 724072.

Could you please note that, due to overwhelming demand, Mr Matchett is becoming rather overburdened with requests. This has led to a backlog, as well as irritation to him. LMCs are advised that non-principals should contact the NHS Response line on Tel: 0541 555 455, who will be able to provide a quicker service.

Comings & Goings - January 2001

Welcome to:

Dr Nicola Spicer, Mayfield Medical Centre, Paignton

Dr Matthew Fox, Barton Surgery, Dawlish



Changes Relating to Cervical Cytology – Plymouth Area

The NHS CSP has recently published new guidelines relating to cervical cytology. As a consequence there will be some minor changes to the cervical screening programme in Plymouth area. The most important changes are as follows:

1. Providing the smear taker is convinced of a good sample, evidence of transformation zone sampling (the presence or absence of endocervical cells or material) is no longer necessary in order to consider a smear adequate even after cone biopsy **except** where treatment or a previous smear suggested an endocervical abnormality. Furthermore, those few cases showing an endocervical abnormality should be followed up using both spatula and brush specimens. The laboratory will, however, continue to report on the presence or absence of endocervical material as this is useful information for the smear taker providing indirect evidence that the right area has been sampled. If, however, the smear taker indicates that the smear was inappropriately taken, for example "cervix not seen" or "only part of cervix sampled", then the smear would be considered inadequate regardless of cell content assuming no abnormality was detected.
2. Patients who have been followed up for a borderline or mild abnormality are now required to have three instead of two negative smears before being returned to 3-year recall or being ceased from recall by virtue of age. The same principle applies following cone biopsy showing CIN 1 or hysterectomy for any grade of abnormality. The smears will be suggested at 6 months, 12 months and 12 months intervals.
3. It is recommended that smears graded "severe dyskaryosis ? invasive carcinoma" (result code 5) or "?glandular neoplasia" (result code 6) should be referred **urgently** for colposcopy. The recommended action on the smear reports has been altered to reflect this.
4. It is also now recommended that no woman should have three abnormal smears (including borderline) within a 10-year period without being referred for colposcopy. This may lead to a slight increase in referrals in women who have "grumbling borderlines" which have not until now fulfilled the criteria for referring for colposcopy.

MATERNITY LOCUM REQUIRED

**Dr Gibson & Partners
The Honiton Group Practice**

Required for 50% Job Sharing Partner commencing 3rd/4th week in April for approximately 6 months.

For further information please contact Dr Sarah Evans or Mrs Christine Bevan, Practice Manager, Tel: 01404 41141. Fax: 01404 46621

GP RETAINER

**Required 2-4 Sessions per week for
Torrington Health Centre, North Devon**

We are a busy 4-partner practice and have an immediate vacancy to replace our existing retainer who has now obtained a partnership.

For discussion and details please contact the Practice Manager, Mr Brian Butland
Tel: 01805 622247

GP RETAINER

Required for

**BRAMBLEHAIES SURGERY
College Road, Cullompton**

2 Sessions per week – Wednesday and Friday mornings preferred.

Access to Friday lunchtime PGEA approved Journal Club

Friendly 3.5 partner practice with a team approach.

You will be encouraged to participate in and contribute to all aspects of our work.

Please contact Maggie Smith, Practice Manager, or Dr Sally Davis

Tel: 01884 33536.

Fax: 01884 35401.

email:

Maggie.Smith@gp-L83128.nhs.uk

LOCUM REQUIRED - May to August 2001

To cover Dr Jenner on Sabbatical Leave from
College Surgery Cullompton Devon

From 1 May – Mid August 2001 (with 2 weeks holiday in the middle but preferably not in school holiday season) 23 June – 7 July ideal as holiday period but room to negotiate this.

Dr Jenner is a $\frac{3}{4}$ time partner and is looking for full cover for 3 days a week on a Monday, Tuesday and a Friday.

- ❖ Ability to do child health surveillance and maternity and minor ops, where required, desirable.
 - ❖ There is also a requirement to cover margin duties from 7.0 am – 9.0 am and to 7.0 pm circa 7-8 in the 3 month period and times can be negotiated with the Practice Partners.
 - ❖ Dr Jenner is also looking for someone who would underwrite his duties at Mid-Devon Doctors co-operative if he is unable to sell them to someone else. This would amount to approximately 10-12 duty sessions in the 3-month period but it is likely that a significant proportion of these could be sold off.
 - ❖ Payment based on BMA rates and co-operative rates.
- Interested applicants please discuss with Dr Jenner in the first instance on: 01884 831302.

PARTNERSHIP VACANCY IN TORQUAY, SOUTH DEVON

Full-time Partner required for young, friendly urban 3-Partner Practice (Senior Partner retiring October 2001). Enthusiastic P.H.C.T. committed to providing high quality medical services.

We work from excellent, new, purpose-built, Partnership owned premises with adjacent pharmacy.

We are a democratic, forward thinking practice involved with the local PCT Board and LMC.

Out-of-Hours Co-operative.

Excellent local schools.

Please send CV to: Sue Clay, Practice Manager, Southover Medical Practice, Bronshill Road, Torquay TQ1 3HD.
Tel: 01803 327100.

Closing Date: 12 February 2001

PRACTICE NURSE

Barton Surgery, Dawlish
'E' Grade – 20 hours per week

We currently have a vacancy for a practice nurse to join our Primary Healthcare Team.

We are an innovative practice of 7 GPs with very close links with the new Community Hospital and Community Nurses. This is an ideal opportunity for a staff nurse to develop her/his skills within a Primary Care environment.

For an informal discussion please contact: Janine Payne, Primary Care Manager, Dawlish Medical Group, Dawlish
Tel: 01626 888877.

Janine.payne@gp-183005.nhs.uk
www.bartonsurgerydawlsh.com.uk

Additional Clinical Assistant Required - Torbay Hospital Genito-Urinary Speciality

Your Hospital Needs You!

The number of clinics for the above speciality is increasing. If you are interested in helping, please contact Mr Ken Dainton, Medical Directorate Manager on 01803 655010

RETAINER – February 2001 Required for Yealm Medical Centre, Yealmpton, PLYMOUTH

Our retainer is leaving us for sunnier climes and we are seeking a replacement from 1 February 2001. We have four partners in our rural training practice, which is readily commutable from Plymouth. We are probably looking at three sessions a week but there is room for some flexibility.

For more information please contact Alec Cherry, Practice Manager, or Dr Bill Thom on
Tel: 01752 880567

GP Retainer Required

for
Grosvenor Road Surgery
Drs Moris Watt, Simon Lansdown,
Yvette Steele & Jonathan Shaw

Pleasant and friendly 4-doctor seaside practice based in Paignton, Devon, require a GP retainer to join their team

Two mornings per week (may increase)

Close to Community Hospital

Practice Active in local Primary Care Trust

Fully computerised

Please apply in writing with CV to
Mrs Hazel Crook, Practice Manager
Grosvenor Road Practice
17 Grosvenor Road
Paignton, Devon TQ4 5AZ

Closing Date – End February 2001

Gate House Courses

Persuading and Influencing – 27 March or 7 June 2001

For managers to succeed in an increasingly complex environment it is necessary for them to re-examine past practice and to develop a more persuasive style if they are to maximise the commitment of works and supporters of the NHS.

Handling People Problems – 2 May 2001

The course is aimed at those who wish to overcome problems caused by poor staff attitudes or undesirable behaviour from colleagues.

Further details from Gatehouse:

Tel: 020 7420 3530

Courses, Seminars & Information

Health Services Management Centre Birmingham - Forthcoming Events

Risk Management Conference	The conference will provide healthcare professionals, managers and academics with an opportunity to share their experiences of implementing risk management in practice.	22-23 March
Lessons from implementing booking systems	The NHS Plan has set the target for the NHS to replace waiting lists with booking systems by 2005. The seminar explores the learning from the 1 st wave booking pilots.	9 April
Staff involvement in service development & planning: examining progress	The workshop will examine progress in developing effective methods for staff involvement and look at what can be learned from good practice in other areas.	3 April
Implementing and measuring clinical governance	The seminar will explore progress on structural aspects of implementation as well as key elements of cultural change, leadership and assessment of performance.	26 April
Developing an integrated plan for health	This timely seminar aims to further thinking on the development of integrated health strategies at local level drawing on examples of integrated planning from around the country, particularly looking to learn from the experience of health action zones.	12 June
Evaluation of acute service reconfigurations	The seminar will examine a number of different approaches to evaluation and consider whether there is any evidence that such reforms do achieve the desired benefits.	10 July
'Sleeping Giants': the role of the voluntary sector in healthcare	Voluntary sector patients' organisations have been described as 'sleeping giants' who, if awakened, could become central players in the politics of health. Their future role in influencing policy, providing patient-led healthcare and developing stronger relationships with health organisations will be examined and the implications for health professionals and managers explored.	17 July

Learning from NHS Collaboratives – Summer 2001

The NHS Plan has placed Collaboratives at the centre of the modernisation agenda to 'optimise care by streamlining services'. This seminar will examine the contribution that Collaboratives can make, firstly, by discussing the underlying theoretical basis for such initiatives and, secondly by drawing on the experience of the Cancer and Orthopaedic Services Collaboratives. Further information from Ingrid Leeman.

Modernising Primary Care – Summer 2001

This seminar will present learning from a range of initiatives within Primary Care including direct bookings for hospital appointments, redesigning access to appointments in Primary Care and Secondary Care, matching capacity and demand and other changes to streamline patient care.

For further information on the above courses – Contact HSMC Tel: 0121 414 7058/7052.

Back Bytes – Office Manager's Mutterings

After a well-deserved festive break the office started up at the beginning of the year with a vengeance. It is amazing how soon items come back into the diary. January had more than its fair share of events with five big meetings throughout the county. Barbara our minute secretary (plus 101 other things) will be typing for a month! Other issues appearing on the horizon are the main LMC Conference (thankfully back in London on the 20 & 21 June) and the very well received Annual Report. If you have a local issue which you would like to share and feel would be of interest both locally and nationally, please contact the office – 1,700 copies of last years report were circulated!

Primary Care Conference

Peter has mentioned this on the front page. I wanted to explain what has been happening and a number of the changes which have been made. Lynn and I have been having sleepless nights pulling the event together. However much planning you do, it is amazing how quickly things which are done, confirmed and agreed can change!

Taking the Initiative
The 5th Annual South Devon Primary Care Conference

One of the biggest issues for me in the office, is the amount of time I spend discussing and explaining the **Data Protection Act 1998** and Access to Medical Records with GPs and their Practice Managers. I am now pleased to report that Peter has agreed to do a workshop on the first day. This will replace the previously advertised "**Violence in Primary Care**" with Dr Brian Balmer, which is now taking place on the second day. If anyone would like to alter a choice to attend this interesting and worthwhile workshop, could they please contact Lynn on lynn@devonlmc.org

One of the most popular workshops is proving to be on **Nurse Triage**. I have a very capable speaker from the local NHS Direct – Claire Pratt (Nurse Practitioner) who will be giving an insight into Telephone Triage, the role of the Minor Illness Clinic Nurse in Primary Care and explain how the Nurse Practitioners are organised in the local area.

At the national level both Dame Lesley Southgate (RCGP) and Christine Hancock (RCN) have unfortunately had to give their apologies. Both organisations are in the process of sourcing suitable replacement speakers!

The event is proving as popular as ever, the closing date for delegates is Wednesday 21st February – if you haven't booked yet please contact Lynn at the office.

Website

Activity on the website has continued to grow, January proved to be the most popular month ever with a **massive 3,239 recorded hits** (ok – I admit many were re-visits). This is my quickest method of sharing information to our readers and members, I try to find information from a wide variety of sources and post at least once a day (other work permitting). If you find something which doesn't work or something missing which you would like to see, drop me an email at jb@devonlmc.org

