Devon Local Medical Committees

Newsletter ~ Vol 2 ~ Issue No 14 ~ July 2001

Devon LMC News

Chief Officer's Update

"Blip, blip, blip....."! The sentence preceding this sounds a little like a destroyer hunting a submarine in an old Jack Hawkins movie. Happily, the blips seem to be moving away into the distance and not perhaps because I have slipped under a thermal layer (I must have been watching too many old daytime B movies!).

My cardiac rehab programme at the RD & E has been going for a few weeks now and I have had no angina attacks for the last three weeks. My nitrate headaches appear (fingers crossed) to be a thing of the past and generally things seem to be on the up.

My brain appears to be returning slowly to normal (some may find an argument with that in that it has been suggested that it wasn't normal in the first place), and I have even been allowed to have discussions that might raise my pulse above 100.

Plan D is now in operation and it is probable that I will be back in the office, being bullied by Lynn and the others (Lynn is typing this so I am obviously taking a few risks), after a break in France at the end of August. I am looking through the occasional piece of mail and have been reading the odd GP comic although there doesn't seem to be much to laugh about in them at present. Hopefully, the GPC will find a way to negotiate sensibly with the Government, but I have doubts as to whether it would be appropriate to comply with Mr Milburn's latest suggestion that Government should be left out of the negotiating loop and that the profession should negotiate directly with the NHS Confederation, headed up by Stephen Thornton (the man famous for not wanting to treat "child B"). To do so would further distance Government from the effects of the continuing under-funding of the Health Service and would allow them to blame not only doctors for the failure of the NHS to achieve their lofty aspirations but also the managers who are attempting to manage on too small a budget! Anyway, enough politics for now – back to Ray Milland and black and white TV!

TIME FOR GENERAL PRACTICE

LMC Conference 2001

Report by Dr Preston de Mendonca, Plymouth

The LMC Conference was held in London over two days. There were 884 motions prioritised for debate grouped into 50 broad groups.

The theme was "Time for General Practice". The logo is an hourglass with sand running out, the countdown is to next April when our leaders have proposed sanctions.

The GPC negotiators are very serious. The Scottish GPC survey of GP morale and the recent vote for "possible future resignation" has given them steel and the tone of the Conference was that GPs are over burdened, there is no capacity - the NHS plan will not be delivered, starting with the NSFs.

The profession seems remarkably united with support from non-principals and PMS practices. The GPC has

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written open letters to all GPs explaining what GPs might like to do within their terms of service to ease pressure in Primary Care and draw local attention to the plight of General Practice. Too much is being asked of General Practice with insufficient capacity and yet it is being made less and less attractive to work in Primary Care - pay, pensions. superannuation registrar pay and conditions, diversion of Primary Care development money into Secondary Care bailouts, collusion with Secondary to Primary Care shift because of our "rescuer" mentality. GP specialists will do Secondary Care work at Primary Care rates of pay rather as they do as clinical assistants and hospital practitioners.

Most of the motions were uncontentious, censoring the Government and passing a host of motions calling for slowing down on health changes and initiatives including pushing single-handers into PMS, creating GP specialists, revalidation, forty-eight hour access, the support for the idea that suspension of GPs must be remunerated until the case is heard (parity with consultants).

The most elegant analogy was that Primary Care has been treated rather like Rail Track; not maintained or invested in and yet under pinning the whole NHS - of the 10,000 new doctors 7,000 are for Secondary Care.

It may be that the GP work force is actually shrinking, as we don't have the whole time equivalent members to track. Certainly compared to other parts of the country Plymouth seems relatively fortunate. There are large areas of the country where it is impossible to recruit GPs and in some areas the average list sizes now exceed 2,500 patients.

Other Interesting Points:
There has been an agreement on a circular between the negotiators and the Department of Health regarding occupational health and this is about to be distributed to Health Authorities and General Practitioners.

The annual debate for splitting the contract was defeated - I think this is largely due to the fact that the whole contract is up for re-negotiation at present and that all the implications of splitting the contract are not yet clear. It seems reasonable that we maintain the status quo until the conclusion of the contract re-negotiation.

There was an emergency debate on the lack of action from the Government on smoking in the Queen's Speech, which was delivered during the Conference.

NICE was attacked for some of its guidance but there wasn't a vote of no confidence. There was support for more Local Development Schemes and a general condemnation of the poor way in which these are being implemented by Health Authorities.

I hope this gives a reasonable flavour of what went on. There is a lot more in the GP "comics". Dick and I will be happy to respond to any particular questions you may have about particular topics.

Peninsula Medical School

Dr Dick Page, Chairman
Plymouth Sub Committee

I am sure that most local doctors will have been pleased by the expansion of the Peninsula Medical School to take undergraduates. You will have recently received a request for medically qualified clinicians to participate in interviews to select these students. I was very taken aback to see that they were unable to pay for the interviewers' time. What is more disturbing is that, as the students are apparently to be based in primary care, if the same attitude to the value of our time prevails I can see the whole project failing due to lack of primary care clinicians prepared to take on this additional work.

Editor's note – Dr John Dean has agreed to meet with the Medical School to discuss this and other issues.

Target Immunisation Payments – Problems?

It is noted that an increasing number of practices are missing out on their target payments for childhood immunisation. There are ways round this problem and it would be sensible if you are having problems for you to contact the Chair of your Local Medical Committee to discuss them. The Chair of the LMC may be able to assist you in these matters and it would be worthwhile discussing your predicament with him on the telephone or by e-mail.

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Exeter Primary Care Education Website

The aim of this website is to provide:

- A diary of educational events in the area
- A notice board of educational news
- Access to educational resources
- Useful web links related to Primary Care education

This information is updated weekly and any suggestions for inclusion would be welcome via **R.Ash@exeter.ac.uk**

If you need any further help in accessing this site, please contact Dr David Leeder, GP Clinical Tutor, at **david.leeder@gp-L83036.nhs.uk**

SEPTEMBER 2001

19th Sept. 17.30. 'Getting to Grips with the Basics' University of Exeter, St Thomas' Medical Group Research Unit & University of Warwick, Dr David Kernick

20th Sept. 09.00. 'Complexity - The Theory' University of Exeter. Dr David Kernick

21st Sept. 13.30. 'Getting Complexity into Practice in Primary Care' University of Exeter, Dr David Kernick

OCTOBER 2001

20th Oct. 'An Introduction to Neuro Linguistic Programming' Frenchay Hospital, Bristol, Dr Tom Bell.

Following changes to the 'Eligibility Criteria for Continuing Health Care' GPs may be approached by the Health Authority for medical reports about registered patients.

You are reminded that these reports are outside your Terms of Service and should be charged at the appropriate rate for private work. It may be in your interests to agree in writing the fee payable or obtain payment in advance, in view of local difficulties that have come to the attention of the LMC. **Dr Mike Richards**

Contacts:

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Rosemary Ash Tel: 01392 403006.
Fax: 01392 403007. Email: **R.Ash@exeter.ac.uk**
Adam Peate, Janssen-Cilag Ltd.
Tel: 07979 708962. Fax: 01494 567663.
Email: **apeate@jacgb.jnj.com**

Medical Bags, Surgery Stock and Prescription Fraud – An Update

Dr John Dean, Medical Secretary, Devon LMCs

My article in the last "Purple Pages", on emergency drugs and stock items in the surgery, prompted a great deal of correspondence and it is clear that there is still considerable confusion about the regulations. In this update, I will try and clarify the situation, in the light of my discussions with the prescribing advisers of both Devon Health Authorities.

Items personally administered by GPs or their practice staff

The items described in Paragraph 44/Schedule 4 of the Red Book can be purchased by non-dispensing GPs and then "supplied and personally administered" to their patients. The item cost may then be reclaimed from the Prescription Pricing Authority (PPA). Other than for items supplied under the bulk prescribing arrangements, (such as 'flu vaccines and "other high-volume personally administered vaccines"), an FP10 prescription should be completed for eligible items and submitted to the PPA with a properly completed FP34(D) claim form. Reimbursement will follow by BACS transfer from the PPSA about three months later. A further small payment per item is made for dispensing.

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Eligible items include

- Injections personally administered by GPs or by their practice staff on their instruction, such as pethidine, diamorphine, prochlorperazine, local anaesthetics, and steroid, vitamin and contraceptive injections.
- Some vaccines that are not centrally supplied
- IUCDs
- Caps and diaphragms
- Pessaries that are appliances
- Sutures and skin closure strips
- Various rarely-used diagnostic reagents (Dick test, Schick test, etc.)

You must not replace your purchased stock by writing an FP10 after you have supplied the item to the patient, sending it to the local pharmacy and keeping the item yourself. If you were subsequently to supply that item to another patient and make any sort of claim, you would be committing a fraudulent act. It is also incorrect to give the prescription to the patient and ask them to get it from the pharmacy and then give it back to you as a "gift". In this case, you would also be in breach of regulations for "excessive prescribing", as by the time you gave the patient the prescription, they no longer had need of the item. Unless you give the patient an FP10 for the item to be taken to the pharmacy in advance, to bring back to you to administer, the only safe way to reclaim the costs of items described in Paragraph 44/Schedule 4 is through the PPA, with a claim on Form FP(34)D.

Dressings, minor surgery requirements and other items

Dressing packs, dressings, bandages, skin cleansers and many other essentials for minor surgery and dressings are not items that can be "supplied and personally administered" under Paragraph 44/Schedule 4 of the Red Book and so cannot be reimbursed on an FP(34)D claim form. The Department of Health expects GPs to provide and pay for them from a notional allowance within their normal practice remuneration and the minor surgery fee. You must not replace these items by writing an FP10 for the patient receiving them, sending it to the local pharmacy and keeping it yourself. The same principles apply as for personally administered items.

For regular dressings, you should send the patient to a pharmacy with a prescription for the necessary items before treating them, asking them to bring them back for your use. They will pay a full prescription charge for each item, if they pay such charges. It is legal for you to keep that patient's dressings at the surgery for regular administration. If any are left over and only then with the patient's express permission, you may use them on other patients but should not make any further claim for them. To do so would be fraudulent. You must not deliberately over-prescribe, in order to build up a stock of items, as you would be in breach of regulations for "excessive prescribing". Writing a single FP10 for 12 rolls of Micropore is likely to attract some investigation!

For acute injuries, the situation is far from ideal. GPs are expected to provide dressings, bandages and other items from within the notional allowance within their existing practice allowances. You should not supply items to patients and then write FP10s to replace them to stock. Your only legal options are to supply the items at your own expense, prescribe the items on FP10 prior to treatment and send them to a pharmacy to collect them beforehand (probably advising them not to bleed on the carpet), or send them to an A&E Department for treatment. Dispensing GPs can immediately prescribe and dispense any items normally available on FP10, but prescription charges are still payable by eligible patients.

Issues for practices and PCTs

These regulations make primary care provision of minor injury and minor surgery services difficult for patients and financially unattractive for GPs. It is a curious anomaly that patients who normally pay prescription charges would pay such charges for items used in a general practice setting, but not in an A&E department.

It is essential that GPs take care not to break the law in this area. The Government has made elimination of prescription fraud a priority and GPs who breach these regulations, however petty that they think they are and however much inconvenience their strict observance may cause to patients, may end up as the subject of a police investigation, prosecution and referral to the GMC. PCTs should urgently consider providing special allowances to cover the additional costs of practices that offer extended minor injury and minor surgery services, particularly in isolated areas where patients would otherwise have to make long journeys to their nearest hospital A&E Department. (*The full regulations can be found in Paragraph 44 of the Red Book.)*

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Partnership Agreement for the 21st Century?

Do you have a partnership agreement? When was it last reviewed? Is it a document for lawyers or a useful way for partners to establish a clear contract between themselves and incorporate some good practice?

The challenge is to make the process of having an agreement as easy as possible. The old templates used for many years do need some modification. The LMC plans to play a part in developing a new format. If you have any clauses in your agreement that you have found useful or useless please let me know.

Some areas that I think could usefully be included are:

1. Work outside practice – How is income split? Who does the work while a partner is absent. What about superannuation - is it kept by individual or pooled?
2. What constitutes the 'job' of a partner? What does full-time/part-time mean?
3. Sickness
   a. Should all GPs and staff be registered with an independent GP?
   b. Returning to work after ill health – is it time to move away from the old culture of 'we've been covering whilst you were away... now you are back you are 'on call' everyday for a fortnight.' How about a prescribed return to work policy written down in the agreement?
   c. What about a clause: If two or more partners are concerned about another's health they can:
      (i) Seek an independent occupational health opinion and report on fitness to practice.
      (ii) In extreme circumstances insist on a partner leaving the surgery immediately pending further assessment.
4. Mediation – Should agreement proscribe mediation mechanisms to use when a dispute cannot be resolved?
5. Review clause – perhaps in a rapidly changing world agreements should be reviewed every 3 years.

These are just a few thoughts – Any ideas or comments? Please let me know. **Dr David Longdon** (LMC Representative for South Devon), The Surgery, Westella Road, Yelverton PL20 6AS. Tel: 01566 784788.

Conferences, Courses and Information

University of Birmingham

Care Trusts: shotgun marriage or coming of age? - 3 October 2001

This course will be of interest to senior managers within the NHS and local government as well as those working in the voluntary sector who are concerned with the future commissioning and delivery of health and social care services.

Carrots, stocks and all that – managing performance in PCTS

19-20 November 2001

This 2-day workshop explores the different dimensions of performance management confronting new PCTs. Themes will include the HA-PCT relationship, the PCT-practice performance agreement, the management of professional staff, use of incentives and the application of experience from primary care organisations in other countries.

Further lessons on replacing waiting lists with booking systems

21 November 2001

This seminar will present the final research findings from HSMC's evaluation of the first wave booked admission pilots.

DOH – Health Development Agency

Workplace Health is Good Practice: A Framework for Action in Primary Care

The agency is organising a series of workshops throughout England. The aim is to introduce the publication *Workplace Health is Good Practice: a Framework for Action in Primary Care*, to PCTs/PCGs and GP practices. There will be a workshop in your area on:

Wednesday 17 October - Plymouth – central location to be confirmed

The workshop is free. To book or obtain a copy of the publication please contact Vivienne Rangecroft on 020 7413 8921 or 2004 for further details.

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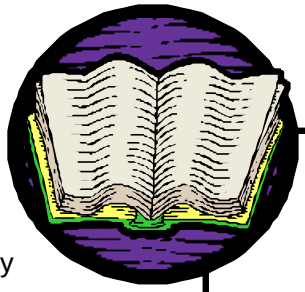
Publications



A Practical Guide to Primary Care Trusts
– Ed. Michael Dixon and Kieran Sweeney
(2 of our local doctors)
Radcliffe Medical Press, 2001

The first three parts of this book describe the early experience of PCGs as they get to grips with the work of implementing the reforms, developing clinical governance and working on the fresh collaborations required in the new NHS. It deals first with the theory underpinning day-to-day practice in PCGs, before discussing how groups rose to their major operational challenges, and ending with a " how to" section.

Half-Time Partner

Tothill Surgery, Plymouth

This small, 1.5 partner, inner city practice requires half-time partner.
Fully computerised, recently refurbished premises with
Out-of-Hours service and pleasant staff.
Family Planning and Obstetrics list preferred.
INTERESTED?
Please contact Dr Carlson
10 Tothill Avenue, St Judes, Plymouth PL4 8PH
Tel: 01752 664424

Budleigh Salterton Medical Centre

Require a
RETAINER for 4 sessions per week.

This is a busy 4-partner, fully computerised practice by the sea.
Usual Clinics.
Opportunity to participate in and contribute to all aspects of our work.

Please apply in writing to:
Mrs Wendy Matthews, Practice Manager,
1 The Lawn, Budleigh Salterton
Devon EX9 6LS
Tel: 01395 441212

GP Retainer

2-4 Sessions per week
required from 1st August for

Cherrybrook Medical Centre Paignton

Cherrybrook is a small, friendly, 2-partner practice in a residential area
on the outskirts of Paignton, South Devon.
For more information please telephone:
Trudie Blackburn, Practice Manager on
01803 844566/844105

WANTED

FULL-TIME REPLACEMENT PARTNER

Barnstaple - North Devon

Boutport Medical Centre is a 3-partner market town practice with 4,900 patients in a beautiful coastal area to the west of Exmoor with sailing, surfing and walking.
Rented premises recently extended and updated.
Fully computerised (EMIS) and NHSnet connection.
Out-of-Hours Co-operative and full complement Primary Health Care Team.
Must be eligible for Obstetric list, CHS, Minor Surgery and Family Planning and be committed to developing the practice further whilst retaining the best of traditional family medicine.

Practice profile available on request.
Please send handwritten letter and CV to Mrs S M Beeney,
Boutport Medical Centre, 110 Boutport Street,
Barnstaple EX31 1TD

To arrange an informal visit please telephone 01271 324106

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Devon Doctors on Call Clinical Governance Support Officer

Devon Doctors on Call are currently looking to appoint a Clinical Governance Support Officer, accountable to the Director of Clinical Governance & Corporate Communication and the General Manager. This position is based at the Exeter Offices and is a challenging role supporting the Out-of-Hours GP services throughout the County of Devon.

This position will be based initially on a 12-month temporary contract working a minimum of 30 hours per week. Salary is negotiable depending on experience and it is desirable that applicants have previous knowledge of the Healthcare environment.

For an application pack or further information concerning this position, please contact Jane Moxon (Operations Manager) on 01392 823636.

Closing date for applications
Monday 31 July 2001

IT DOESN'T HAVE TO BE LIKE THIS OR FEEL SO BAD!

Confidential help and advice for South & West Devon Doctors.

Contact Ben Charnaud (Consultant Psychiatrist)
The Cottage, Trengweath, Penryn Street,
Redruth, Cornwall
Email: **rulelo@cht.swest.nhs.uk**
Tel (01209) 881909
or ask your own GP to refer you.

P.S. He hasn't got a couch!!

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

EXETER

FULL-TIME SALARIED GP

£50,000-£55,000

This is an opportunity to join our friendly 3-partner practice as a full-time salaried doctor. Saturday mornings on a rota but no co-operative commitment unless desired.

We are a fully computerised (EMIS) practice embarking on a 3rd Wave PMS project on a large council estate in a deprived area of Exeter.

We are planning to enlarge our privately owned premises and offer more community based services, particularly relating to child health.

You will be a fully integrated member of our team in the organising and running of the practice.

Application letter in own handwriting plus full CV to
Mrs Wendy Prosser
Practice Manager, Wonford Green Surgery,
Burnthouse Lane, Exeter EX2 6NF

POSITION WANTED

Energetic male GP with substantial experience as a principal and locum, seeks position in practice either as a part-time or job-share partner, assistant or locum with regular duties.

Registered for Obstetrics, Child Health Surveillance and Minor Surgery, plus Family Planning Certificate.

Please contact
Dr Davies
Tel/Fax: 01752 851104
Email: p.dav@virgin.net

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Office Manager's Mutterings - LMC Conference

June is the traditional month when the great and good of the LMCs gather in London to discuss and debate all the issues, which currently impact on GPs. It has been reported elsewhere in this issue and more fully in the medical press, how important the event was. I thought that I would mention that Devon was particularly successful this year in the number of motions that were selected for discussion. This meant that all our speakers were able to take centre stage and really put Devon on the map on a number of key issues.

The personal highlight for me had to be the opening speech by John Chisholm, which really summarised and caught the flavour of all the complex issues and problems that are faced by primary care. All our speakers did very well. However, one of the local "magic moments" was Dr Adrian Midgley being selected from a cast of thousands to talk in an open "soap box" session. This was a new addition this year and Adrian's name was drawn. He went on to talk about some of the significant problems within GP clinical systems; in particular he raised important issues on the need for open source coding. This was very well received and Adrian's face was a picture when the audience clamoured for more.

Another networking opportunity of conference is the ability to spend some time with our neighbouring and national LMCs and to build and develop our existing excellent relations. This year with the uncertainty of the move to Strategic Health Authorities and the possible implications for GPs and the LMC, it was even more important. A number of the team arranged and went off for an evening of team building with the Kernow deputation. The whole event was very positive and thoroughly enjoyed by all. There will be more information on this and other issues in the LMC Annual Report, which is currently being produced.

Backing up Outlook

I have been asked by one practice if it is possible to backup your information and email within Microsoft Outlook. It is amazing how quickly the number of emails can build up on a system; there is nothing worse than having a problem and then having to re-install and then losing the whole lot. Also those "electronic warriors" who live and die by email, will also experience major problems when they get more than 2GB of email data and attachments stored on their computers, this is the vital amount when you will start to get critical corruption problems. Those of you who are using Office 2000 can download a tool to do this for you. Microsoft Outlook stores its information in .PST files, with **Personal Folders Backup** you can choose which of your .PST files you wish to back up, how often you wish to back them up and also best of all, its free. The files can be obtained from **http://office.microsoft.com/downloads/2000/Pfbackup.aspx**

Little Red Book

The Red Book remains the "bible" for the vast majority of practices throughout Devon. It has proved difficult recently to get hold of the various updates and amendments, necessary to keep your paper copies current. I am pleased to report that an electronic copy can now be accessed, free of charge over the web from **http://www.nhs.uk/redbook** - happy hunting.

Comings and Goings July 2001

Welcome to:	**Goodbye to:**
Dr Niall MacLeod, Heavitree Health Centre, Exeter	Dr John Halliday, South Brent Health Centre
Dr Stuart Crowe, Croft Hall Medical Practice, Torquay	Dr Claire Hamon, Tothill Surgery, Plymouth
Dr Benjamin Dawson, St Neots Surgery, Plymouth	Dr Peter Ryan, Redfern Health Centre, Plymouth
Dr Trevor Avis, Mayfield Medical Centre, Paignton	

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