

# Devon Local Medical Committees



Newsletter Issue No 32

May 2003

Devon  
LMCs  
NEWS  
LMC  
Devon

## The Special Conference of LMCs - 14 May 2003

The Devon LMC delegates & observers were disappointed with the outcome of the conference in that there was little apparent logic in the series of decisions taken with regard to the motions debated.

The motions themselves were not designated as "priority motions" and therefore guaranteed for debate until we picked up our packs at the New Connaught Rooms. The Devon motion 113 was not prioritised, but nevertheless, through a quirk of fate, was debated and lost. This was a pity (as a number of delegates said to me later) as it would have given an opportunity to both safeguard the advantages of the New Contract whilst giving time to examine properly and vote on a new financial redistribution formula. It may yet be resurrected in GPC so all is not yet lost!

There was much attempted bloodletting but little blood spilt. Censure debates and calls for resignation were quickly dispatched to the boundary (*time for a cricketing metaphor! Ed*) and it was left to the GPC (Thursday 15 May) to decide whether the team would be readjusted. I would predict that a Celtic Australian will probably keep his position but others might be left in the pavilion making the tea. (See post for details of their meeting. In the event the team continues unchanged for the moment.) I saw John Chisholm at the Avon LMC Conference on Friday 16<sup>th</sup> May and he is genuinely hopeful that the Contract will be ready to be balloted early enough to prevent the missing of the legislative window in Scotland, which is the real problem as their legislative rules are different from the rest of the UK! It is important that the entire profession be united on this subject (it is LMC Conference policy!) and National negotiation will be a protection for the future. The consensus of opinion of members and all the constituent GPs who contacted me after our "EXTRA" is that the contract details are acceptable but that the pricing needs sorting out – i.e. the Carr-Hill formula as it is currently is not acceptable. Conference agreed and I hope that the DoH will also have heard the message. (Full details of LMC Conference resolutions are already posted on [www.devonlmc.org](http://www.devonlmc.org)) Purple Pages (and the website) will give more details as we have them and as ever we would appreciate your thoughts and comments to [peter@devonlmc.org](mailto:peter@devonlmc.org)



Dr Charlie Daniels addressing the Special Conference of LMCs

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### Check the Latest BMA Ready Reckoner Now!!

We now believe that the "ready reckoner" on the BMA Website has ironed out the issues that led to its withdrawal early last week (just before the Special LMC Conference). Our GPC reps in the Westcountry all recommend that practices take the time to work their way through the "RR" so that they can get a personalised view of what moving to the new GMS Contract will mean to them as individuals. Those that have done so report that the picture is better than one would imagine from what

has appeared over the last few weeks in the GP medical press. We are exploring the possibility of running local seminars on the "RR" with the assistance of GP Accountant specialists. More news as we get it! Meanwhile please log on to the net and visit either the BMA website direct through <http://web.bma.org.uk/ap.nsf/Content/Hub+gpcor> use the link provided on the LMC site at [www.devonlmc.org](http://www.devonlmc.org) See for yourselves as only you have the information needed to run the spreadsheets and only you know what your aspirations are about opting in or out of providing certain services. We would find it very helpful if you were prepared to share with us the results of your tests on our assurance that we will keep the individual results strictly confidential. Contact me on [peter@devonlmc.org](mailto:peter@devonlmc.org) and it will help the LMC to be better informed in the work it does in your support.

### **GPC Meeting 15 May 2003**

At its meeting on 15 May, the GPC considered an update on the GP contract, including a report of the resolutions of the special LMC conference held on 14 May.

The GPC was informed about the legislative timetables in the four countries of the UK, and was greatly concerned that a significant delay in the ballot could lead to the fragmentation of a UK contract. Many GPs feared losing some of the good aspects of the contract if the opportunity for early legislation were missed. At the same time, the committee recognised the need for urgent action on the resolutions of the Special Conference, and after lengthy debate passed the following motion:

"That the GPC directs the negotiating team to re-examine the new GMS contract, to make every effort to revise the contract in the light of the resolutions of the Special Conference of LMCs, and to return to the GPC at a special meeting to be held on 29 May with the results of their further negotiations".

The GPC negotiators will be working over the next two weeks to this end and the GPC will meet again on 29 May to discuss progress of the further discussions with the NHS Confederation and the Departments of Health. In the light of the outcome of these discussions, and the success in meeting the requirements of this resolution, the GPC will take a decision on the timetable for the ballot at the meeting on 29 May. In the interim, further regular updates will be posted on the Devon LMC website: [www.devonlmc.org](http://www.devonlmc.org)



**Drs John Ackroyd, Peter Jolliffe & David Jenner  
at the Special Conference of LMCs**

### **LMC meeting with Devon Partnership Trust, May 1st 2003 – Dr Janet Ward, May 2003**

The meeting began with a brief statistical overview. Valerie Howell, Chief Executive of the Devon Partnership Trust (DPT), produced a paper showing a disparity of investment in the local Mental Health Services from the different PCTs, which the Trust serves. In fact investment had been calculated on a health needs assessment basis and therefore the disparities didn't seem unreasonable.

The Trust admitted there were problems filling consultant posts, finding locums and that there were issues with morale and sickness absences. However, these were not thought to be any different from those occurring nationally. Valerie Howell did agree that there were local problems with access to Psychology Services.

The main part of the discussion focused on the Primary Care Services. Dr Andrew Haytread from Torbay was extremely positive about the services developing in his area. However, these had been funded by additional investment from their PCT. I asked about the possibility of re-establishing link working between GP practices and Community Mental Health teams as this had been seen to be an important model of working at the Devonwide LMC meeting the day before. I expressed concerns that the Trust's unilateral decision to withdraw this service in East Devon last year had led to a detrimental loss of communication between the two groups of clinicians. This is entirely against the principles of the NSF. Dr Andrew Blewett, Lead Consultant for Exeter and East Devon, agreed that good communication was essential if services were to improve. However, managers had been concerned that the loyalty of the link workers would be divided and that this would disrupt the cohesiveness of the CMHTs. That was why the link working service had been discontinued.

I also asked about GP representation on the Trust's service development groups. The Trust felt that GP representation should take place mainly through the LIGs (Local Implementation Groups). They restated their belief that the LIG system would bring about effective service change. Clare Steel, chair of East Devon LIG and Jackie Lyttle from Mid Devon, also firmly supported this view. I remain sceptical, that such a widely representative group (user representatives, carers representatives, voluntary agencies, trust managers etc) with such a broad brief, meeting relatively infrequently and often with little guidance from senior Trust management, can be expected to rise to this challenge.

The Devon Partnership Trust is concentrating their services on those with "Severe and Enduring Mental Illness" (SMI) (Ruggeri *et al.*, 2000). This is where their expertise lies and services developed by them for Primary Care may not necessarily be the most appropriate for our needs and those of our particular client group. The DPT also seem to expect that Primary Care Services should be supplemented by additional funding from PCTs. Andy Haytread reminded me that the NSF states that implementation of sections 2 and 3 of the NSF, relating to Primary Care is clearly the responsibility of PCT Chief Executives. If services do not improve or continue to decline, I presume that Chief Executives will need to carry out their own health needs assessment, looking at the numbers of the SMI populations in their areas. Funding may need to be adjusted, so that they can strengthen Primary Care Services, which seem to be inappropriately under resourced in some PCTs.

Meanwhile Peter Jolliffe has asked the group to reconvene in six months to review progress. Andy Haytread has offered to help the LMC set up a forum for GP Mental Health Leads to meet and share ideas. Nicola Heywood from the LMC has volunteered to use her excellent managerial skills and knowledge of general practice to offer support to LIG Development Managers. Also of note Dr Kathryn Vile and I are working with Drs Adrian James and Keith Lloyd to run a series of joint educational sessions starting in the autumn and soon to be advertised in Purple pages.

Finally, many thanks to Peter Jolliffe for taking up this challenge, being so supportive and trying to move things forward in a positive direction.

*Ruggeri, M., Leese, M., Thornicroft, G., Bisoffi, G. and Tansella, M. (2000) Definition and prevalence of severe and persistent mental illness Br J Psychiatry, 177, 149-55.*

## Bruises and Birth Marks in Young Infants

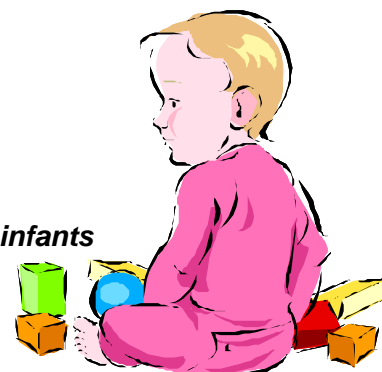
Dr Charles Holme, Consultant Community Paediatrician and Named Doctor for Child Protection

### Time to be Careful

A reminder of the differential diagnosis of unusual markings on infants in the first few months of life:

- Haemangiomata, café au lait spots, blue spots, prominent veins
- Ink, paint, dye or dirt - try soap and water!
- Bleeding disorders, e.g. haemorrhagic disease of the newborn
- (vitamin K dependent bleeding)\*\*
- Infection, e.g. Meningococcal septicaemia\*\*
- Physical abuse\*\*

**\*\* All of these are life threatening. 40% of child abuse deaths occur in infants of less than 12 months of age**



### **Is the mark a bruise?**

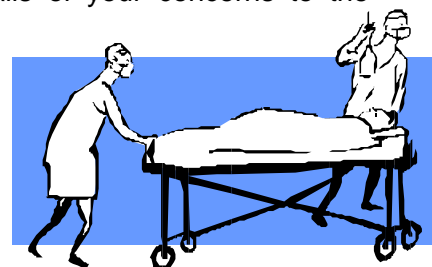
- Bruising may be in the form of a patch with a variety of colours, red, purple, brown, yellow or grey (the bruise possibly at least 18 hours old to be yellow)
- Sometimes the bruising may be petechial or intradermal, especially if the trauma causing the bruise is transmitted through clothing

### **Could the bruising be due to child abuse?**

- Why should a young infant who is not yet rolling over or sitting alone show signs of bruising?
- A small number of infants with bruises due to trauma may have a consistent witnessed history of accidental injury
- But if there is no history of a witnessed injury, the bruising is unlikely to be self-inflicted and ***you should consider the possibility of abuse.***

### **Suggested action**

- For suspected bruising, there is an urgent need for a full blood count and clotting screen
- For suspected abuse, apart from blood tests, there will be a need for a skeletal survey and consideration of an urgent MRI head scan and examination of the retinae
- ***Discuss with the Health Visitor and get on the phone to arrange an urgent assessment by the paediatricians the same day.*** Speak to the duty paediatric consultant or specialist registrar. Feel free to discuss the problem with the named doctor or nurse for child protection in your PCT
- Follow your phone call with a faxed referral letter giving full details of your concerns to the consultant paediatrician
- Remember that if you suspect abuse you are duty bound to disclose risk factors such as domestic violence.




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### **Plymdoc GP Co-Operative - Relocation to Derriford Hospital**

Please note that with effect from Monday 28 April 2003, the Plymdoc GP Co-operative has relocated to the Plym Day Case Unit, Derriford Hospital, Plymouth.

For people needing to contact the evening, overnight and weekend GP service, they should first call their usual GP surgery and follow the instructions provided on the answer phone. The on-call GPs see patients by appointment only. In an emergency, people should dial 999. If they are unsure or require general advice, they can also call NHS Direct on 0845 46 47.

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### **Peninsula Medical School – Open Days 27 & 28 June 2003**

This year the Peninsula Medical School will be welcoming a special guest to its Open Days on the 27 and 28 June, as 'SimMan' will be attending.

SimMan is a breakthrough in modern teaching technology. He represents a new generation of Human Patient Simulators developed in recent years. SimMan consists of a life-like adult mannequin, which breathes, vocalises and responds to therapeutic interventions, either directly or via a control handset or laptop computer. The laptop can be programmed to run complex 'scenarios' pre-written by the instructors covering many of the common critical incidents or situations in medicine.

Professor Paul Bradley, Director of Clinical Skills at Peninsula Medical School, said: "Visitors should enjoy meeting SimMan, he has revolutionised the way that medicine can be taught and Peninsula students have much to learn from him. He is incredibly realistic. We're hoping we don't enrol him by accident!"

Students interested in studying medicine in the South West should register to attend the Peninsula Medical School Open Days on 27 and 28 June as soon as possible as places are limited.

"Peninsula Medical School is providing one of the most exciting new developments in medical education in recent times," said Professor Bradley. "Our teaching philosophy provides a hands-on approach to medicine which is very attractive to students as our 64% increase in applications showed this year."

Developed through a unique collaboration between the Universities of Exeter and Plymouth and in partnership with the NHS in the South West, the Peninsula Medical School prepares undergraduates for their role as a doctor by immersing them in clinical experience from week one.

The new curriculum integrates the fields of science and medicine, using problem based learning techniques and hands-on practical experience, in a diversity of healthcare environments, as key delivery tools. This year's Open Days will provide students with the opportunity to try their hand at clinical skills and to meet existing students to find out more about studying in the South West.

For more information, or to reserve a place at one of the Open Days, contact the Undergraduate Admissions Office on (01752) 232800.

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### GP Registrars' Newsletter

You can access the newsletter under the GP Registrars' section on the GPC's website: [www.bma.org.uk/ap.nsf/Content/Hub+gpc](http://www.bma.org.uk/ap.nsf/Content/Hub+gpc) or copies can be obtained from the GPC, BMA House, Tavistock Square, London WC1H 9JP. If details for Directors, Deans, Course Organisers and trainers require updating, please email Karen Day: [kday@bma.org.uk](mailto:kday@bma.org.uk)

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### Research Governance

The Research Governance Framework aims to ensure that research in the NHS is conducted to high ethical and scientific standards. Any research in general practice must now have PCT approval. This extends to **all research**, whether commercial or non-commercial, and applies whether the practice's role is that of researcher or is just providing patients. To ensure PCT approval, Exeter PCT is commissioning services from a Research Governance Unit at the RD&E on behalf of all Devon and Cornwall PCTs. This unit has a Trust Notification and Approval procedure (tried and tested in primary care). This procedure is intended to be as simple as possible.

For further information, please contact: Ruth Hall, Research Management & Governance manager, Exeter PCT – tel. 01392 687194 email: [ruth.hall@exeter-pct.nhs.uk](mailto:ruth.hall@exeter-pct.nhs.uk)



### MIDSUMMER MEDICAL BALL

**Friday 20th June 2003**

**Exeter Golf and Country Club  
Dancing to Bertie's Big Band &  
Sit down meal**

**£30 per ticket - available from  
Drs Pip Hayes, Marina Morgan or  
Tania Davis. Please email us and  
we will send you the menu choices**

### Comings & Goings May 2003

Welcome to Dr Peter Fung  
Sid Valley Practice, Sidmouth

## VACANCIES

<p>Saltash Health Centre Plougastel Drive Saltash Cornwall PL12 6DL Tel: 01752 842281</p>	<p style="text-align: center;"><b>Partner - Saltash, Cornwall</b></p> <p><b>New Partner</b> sought in 6-partner practice, due to population growth.</p> <p>This friendly practice serving Saltash town, surrounding villages and rural countryside, is offering a full-time partnership or equivalent job share.</p> <p>We are a training practice, in purpose built premises, computerised to the level of paperless consultations. PMS started in April 2003. The practice is well organised and managed, and offers above average remuneration. Out-of-hours is covered by a Cornwall wide co-op. Medical cover for a 17-bed community hospital is shared with neighbouring practices. We have close links with the new Peninsula Medical School. The location is near to Plymouth City, Dartmoor and the Cornish beaches. There is reasonably priced housing in the area.</p> <p>The successful candidate will be encouraged to actively participate in the development of the practice; we place a high value on teamwork and individual professional development.</p> <p>For further information please apply to Lynn Chenery, Practice Manager</p>
<p>Chard Road Surgery St Budeaux Plymouth PL5 2UE Email: postmaster@gp- l83037.nhs.uk</p>	<p style="text-align: center;"><b>REPLACEMENT PARTNER</b></p> <p>To replace a partner who is emigrating as from 1 September</p> <p>We are a friendly five-doctor practice in Plymouth who became a 5<sup>th</sup> wave PMS pilot in April 2003.</p> <p>We are able to offer great flexibility and all options can be discussed, including partnership – full or part-time, a salaried post – full or part-time, a job share or other agreed arrangements. The position is nominally for a WTE. A “golden hello” payment may also be available.</p> <p>We own our superb purpose built surgery, which offers excellent facilities including its own pharmacy. We operate using EMIS and are virtually paperless. We have an enthusiastic supportive team and attached staff. We use deputising doctors to cover OOH care.</p> <p>We have an excellent Nurse Practitioner who triages our emergency calls and we are training another.</p> <p>If you are interested in joining the team please apply with your CV to Mrs Kay Slater, Practice Manager. For an informal chat or visit please contact either Kay Slater or Dr Philip Oliver Tel:01752 363111.</p>
<p>Castle Gardens Surgery Castle Hill Gardens Great Torrington North Devon EX38 8EU Tel: 01805-623917 Email: susan.crane@gp- L83105.nhs.uk</p>	<p style="text-align: center;"><b>GP RETAINER – North Devon</b></p> <p>Required to join modern but relaxed 4 partner practice [3 male, 1 female]</p> <ul style="list-style-type: none"> <li>• 2, 3 or 4 sessions a week, hours flexible but preferably Tuesday, Wednesday or Thursday</li> <li>• £130 per session</li> <li>• Standard BMA retainer contract</li> <li>• Part-time/full-time partnership coming up in the next couple of years</li> </ul> <p>If you are interested in arranging a visit or require more details please telephone Sue Crane, Practice Manager.</p>

<p>Plymouth GP Education Team Email:lesley.seward@swndea nery.swest.nhs.uk</p>	<p><b>PLYMOUTH VTS is looking for 2 eager people to joint their teaching team based at Plymouth Medical Centre, Derriford Hospital</b>  <b>Post 1:</b> Two-sessions-per-week-post suitable for an established trainer.  <b>Post 2:</b> One-session-per-week-post suitable for a recently trained GP  Both posts would be paid on Point 4 of the existing consultant scale - £64,130 per annum pro rata. Full job description for both post available from Lesley Seward, The Academic Centre, Frenchay Hospital, Frenchay Park Road, Bristol BS16 1LE. Tel: 0117 9757044. Details on LMC website.</p>
<p>The Barton Surgery Barton Terrace Dawlish Devon EX7 9QH Tel:01626 888877</p>	<p><b>GENERAL PRACTICE OFFICE MANAGER</b>  An exciting opportunity has arisen to work in a busy GP surgery in Dawlish Due to retirement, we have a vacancy for an experienced office manager. The successful candidate will have proven management, HR and IT experience, with exceptional communication and organisational skills.  Previous NHS experience is desirable, but not essential. This is a full-time position at Whitley Grade 5 (£16,106 - £19,592) and is eligible for the NHS Pension Scheme.  For an informal visit or discussion, please contact Janine Payne, Primary Care Manager on 01626 888877 Email: <a href="mailto:Janine.payne@gp-l83005.nhs.uk">Janine.payne@gp-l83005.nhs.uk</a>  Application forms and information packs can be obtained from Mrs C Walsh, Email: <a href="mailto:chris.walsh@gp-l83005.nhs.uk">chris.walsh@gp-l83005.nhs.uk</a></p>
<p>The Barton Surgery Barton Terrace Dawlish Devon TQ7 9QH Tel: 01626 888877</p>	<p><b>FULL-TIME RECEPTIONIST</b>  A career opportunity for the right person with full training and personal development.  The successful candidate will possess: <ul style="list-style-type: none"> <li>• Excellent computer &amp; Word skills</li> <li>• Experience in a service environment</li> <li>• NHS experience desirable but not essential</li> <li>• The ability to work flexibly, use initiative and be part of a team</li> </ul> For further information and application form from: Chris Walsh – Tel: 01626 888877. Email: <a href="mailto:chris.walsh@gp-l83005.nhs.uk">chris.walsh@gp-l83005.nhs.uk</a></p>
<p>Marlborough Street Surgery 1 Marlborough Street Surgery Devonport Plymouth PL1 4AE Tel: 01752 568864</p>	<p><b>NURSE PRACTITIONER (Grade H)</b>  An exciting opportunity has arisen for a nurse practitioner to join the staff at this friendly inner city, single-handed practice.  As a 4th wave PMS pilot practice growth money has been awarded to fund this position.  The hours and salary are negotiable depending on experience and qualifications. Hours - in the region of 20.  For further details please phone Dr Stephen Nash.  <b>Closing date is 6th June 2003</b></p>
<p>Redfern Health Centre Shadycombe Road Salcombe TQ8 8DJ Tel: 01548 842284</p>	<p><b>PART-TIME PARTNER Sensational Salcombe</b>  Enthusiastic part-time partner required to replace retired senior partner. The successful candidate will joint 3 full-time incredibly youthful partners, together with our highly trained and supportive nursing and administrative team. We are a semi-rural practice with 4,400 patients. All higher targets met, EMIS, shared responsibility for cottage hospital. Come and enjoy great sailing, surfing, pubs and cream teas.  For informal discussion contact Sue Sharp, Practice Manager or forward handwritten application and CV to Redfern Health Centre.</p>

<p>Richmond House Surgery 26 Brunswick Street Teignmouth Devon TQ14 8UG Tel: 01626 773339 simon.bates@gp- l83145.nhs.uk</p>	<p style="text-align: center;"><b>2 PART-TIME SALARIED GPs</b></p> <p>Richmond House Surgery is a small, friendly and rapidly developing practice in the seaside town of Teignmouth, South Devon.</p> <p>A PMS pilot site with 3,500 registered patients, we have a dedicated and enthusiastic team of nurses and staff with currently only one GP who has recently joined the practice and taken over from a retiring partner. We have lots of ideas for the future development of the practice and are looking for similarly enthusiastic doctors to join us.</p> <p>We would like 2 additional part-time salaried GPs each working between 2-3 days a week, with flexibility of working hours to suit the individual. OOH is organised by Devon Doctors. Participation would be optional.</p> <p style="text-align: center;"><b>Start date ASAP. Closing Date: 30 June 2003</b></p> <p>If you think you would be interested in joining us and helping us to develop our practice, whilst working in a happy, supportive and hopefully stimulating environment, please come and see us or give us a call.</p> <p style="text-align: center;">Further information available from Simon Bates, Practice Manager. Applications in writing with a CV please.</p>
<p>Dartmouth Medical Practice Victoria Place Dartmouth TQ6 9RT Tel: 01803 832212 Email: <a href="mailto:angela.harris@gp-l83094.nhs.uk">angela.harris@gp-l83094.nhs.uk</a></p>	<p style="text-align: center;"><b>FULL-TIME PARTNER – DARTMOUTH</b></p> <p>The surgery is looking to replace a full-time partner who is retiring early in 2004. We are a friendly 5-partner practice set in the centre of picturesque Dartmouth. We have 8,500 patients, excellent PHCT and Community Hospital. We are computerised and operate the IPS Vision System.</p> <p>As a PMS practice we are able to offer flexibility with this position. All options can be discussed including partnership (full or part-time), job share, etc. We are an innovative practice and encourage outside interests and are looking to develop GPwSI.</p> <p>We are a training practice with an enthusiastic, supportive team committed to family medicine and are looking for a dedicated, forward looking doctor with good communication skills to join us.</p> <p>Enquiries and informal visits welcomed. For a practice profile please contact Angela Harris, Practice Manager.</p> <p style="text-align: center;">A practice profile is online at <a href="http://www.dartmedical.co.uk">www.dartmedical.co.uk</a></p>
<p>Honicknowle Green Medical Centre Guy Miles Way Honicknowle Plymouth PL5 3PY Tel: 01752 777207</p>	<p style="text-align: center;"><b>SESSIONAL DOCTOR</b></p> <p>Required to do session on Wednesday afternoon 2-hour surgery and on call from 13.00 hours – 18.30 hours for a single-handed PMS fully computerised and paper light Practice.</p> <p style="text-align: center;">Please send application and CV to Mrs V D Rai, Practice Manager.</p>



### Lost Budgets?

We were contacted recently by an Exeter GP, who had heard a rumour that the Budget for paying Social Services Medical Fees had been lost on dissolution of the N&E Health Authority. I am pleased to report that Exeter PCT has this particular budget and will pay out to all former N&E practices on submission of correct forms to Social Services who manage the process and authorise payment. If you are having problems tracking down budgets please let us know and we will endeavour to find them. And yes we are on the case re missing GMS underspends. Email: [Nicola or Debbie @devonlmc.org](mailto:Nicola or Debbie @devonlmc.org)

## **Diabetes UK South West Primary Care**

### **Regional Conference**

**Thursday 26 June 2003 at the Thistle Hotel Bristol**

A one-day conference aimed at healthcare professionals in primary and secondary care

#### ***Programme will include the following topics:***

Balancing the Diabetes NSF vs realistic targets  
Vascular and Renal Protection

**DAFNE, Exercise Extend, Retinal Screening**  
Compliance + Motivation

Glucose Monitoring Who, When and Why?

Further information and a registration pack(s) contact:  
Ruth Taylor, Diabetes UK, 10 Parkway, London NW1 7AA  
[www.ruth.taylor.diabetes.org.uk](http://www.ruth.taylor.diabetes.org.uk)

### **Courses, Conferences and Information**

#### **University of Birmingham**

Are now recruiting to their Autumn 2003 MSC/Diploma programmes in Health Care Policy and Management, Managing Quality in Health Care, Primary Health Care Policy and Management, and Health Economics and Health Policy, which commence on 29 September 2003. In addition they hope to start a new programme on Partnership Working in Health and Social Care.  
For information pack Tel: 0121 414 7050.

#### **Gatehouse**

#### **Assessing and Managing Risk in Mental Health**

4 July - 12 September - 13 November  
Workshop Leader: Andrew Wetherell

#### **Violence in the NHS: Working towards zero tolerance**

1-Day Conference – 8 July - Central London  
Keynote Speaker: Simon Bennett,  
Deputy Head NHS Employment Policy Branch, DoH

#### **Regulating Healthcare – a new era?**

Thursday 10 July 2003 – Central London

**Conference Chair:** Prof Betty Kershaw, DBE FRCN

Dean, School of Nursing and Midwifery, University of Sheffield

**Keynote address:** Ray Rowden, CHI Reviewer, Health policy analyst, author and member, NHS Plan Taskforce on Service Quality

### **Negotiating Skills Course**

The date has now been confirmed - Friday 20 June 9.30- 5.00

**Morning session: Negotiating Skills**

**Afternoon session: Influencing**

**Lunch will be provided and the day will be very beneficial for all attendees**

**For those people who are not able to attend this date**

**I will be organising another course later in the year**

**For further details contact Debbie Galbraith -Tel: 01392 834020**



## Torbay Primary Care Trust

### ***Find out...Speak out...Chill out*** **13 June – Riviera Centre - 10.00am –10.00pm**

You will probably have seen the publicity for the special event for carers and staff in the health/social care sector called ***Find out...Speak out...Chill out***, which is taking place on 13 June (10.00am – 10.00pm) at the Riviera Centre. If not, this is to let you know a bit more about it, as it is shaping up to be a really interesting event. This is an ideal opportunity for you to take a little time out from your usual working routine to listen to what life is like for carers, and discuss how agencies can work effectively with carers to the betterment of people in need of our services. The theme of the event is based around listening to carers, and offering information and advice on any loosely health or care-related matter. There is something to suit most tastes, interests and concerns. Full details of the programme can be found on the Devon LMC website: [www.devonlmc.org](http://www.devonlmc.org)

### **Professional Development International**

Calling all PCT Leads/Managers/GPs to a FREE WORKSHOP

### **“Communicate and Negotiate with Confidence”**

**Seminar Room 5, Buckfast Abbey, Buckfastleigh, Devon**

**Part 1 – 9<sup>th</sup> June 2003**

**Part 2 – 20<sup>th</sup> June 2003**

**Facilitator: Tina Gossage**

2-Day workshop designed to enable participants to identify how individual communication styles and behaviours can impact on day-to-day interaction with other people. There will be a two-week break between the workshops so that techniques acquired on Day 1 can be used and reviewed on Day 2.

For further information contact: Alison Parnall, PDI House, 19 Ross Close, Exeter EX1 3UE.

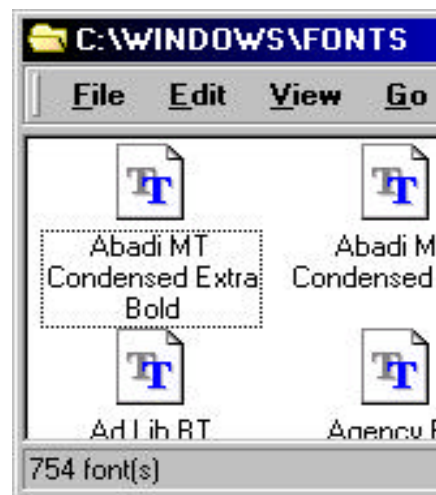
Tel/Fax: 01392 468643. Email: [pdihouse@compuserve.com](mailto:pdihouse@compuserve.com)

### **Computer Utility of the Month: X-Fonter - BlackSun Software**

One of the big success stories of Windows has been the ability to print in various typefaces or fonts. It was not that long ago, that when printing a simple pound sign was considered by many to be a black art.

The bloat of large numbers of fonts has become a significant problem as many applications can install literally hundreds of different fonts on to your PC without being asked. The issue is that over time you can accumulate a vast collection, which can impact significantly on the speed of your computer and make finding individual fonts a complex task. A quick check has shown that I have 754 fonts on my computer, many of them I have never used.

The utility of the month is called X-Fonter and is designed to improve the management of your fonts. This simple freeware utility (e.g. it is free...) illustrates the list of fonts and shows their file names. There is a generous-sized panel on which one can set up one's own specimen text, upper and lower case alphabets, numerals, accented letters and so on, in one's own choice of size and colour. It is easy to run down the names and see instantly, for example, if a Euro or other symbol is supported.



X-Fonter can be downloaded from <http://users.pandora.be/eclipse/xfonter.html>