

Devon Local Medical Committee

Devon

Newsletter Issue No 34

Web Vers

August 2003

Chief Officer's Corner



The Silly Season?

I returned in the first week of August from Chinon (where Mike and Vivianne Anderson's place is now even better!) after two weeks holiday where I only bumped into three different Devon GPs and their families! Who says GP access is a problem?!? It was immediately apparent that the "Silly Season" is amongst us as how else could one explain the ongoing difficulties and delays in developing understanding as to how GMS2 is to be implemented?

You will have seen from the GP "comics" that PCTs had to make returns to their SHA as to how they were planning to spend their share of the £315m set aside nationally for "GP Enhanced Services" and that had come included in their budgets at the start of the year. This had happened in the original belief that the new contract would start on 1st April 2003!! The timescales for that return were as ludicrous as ever and it is the view of the LMC that that is why only one of the three returns that have so far been shared with us would appear to be fully within the spirit and letter of the rules that came down to the PCTs from the DoH. The second appears to be completely unconnected to the thoughts behind the funding and the third may have some merit in some parts! Of the other five PCTs I do not know but I expect a similar "curate's egg"! Why this becomes vitally important is that this money was intended to form part of the, as yet unagreed, GP pay rise for this year. Other funds for additional services and preparation payments were also signalled as having a similar role and GP anger and dismay will be intense if at the end of the day new money intended for developing or maintaining services provided in general practice (and at the same time giving a 12% rise to GPs) has been diverted towards paying back historical debts derived from the secondary care sector which have arisen largely because of chronic overall under funding of the NHS. I will be saddened personally if this LMC, or others elsewhere, should be forced into advising GPs that they withdraw from providing services that have been flagged as being outside the core of general practice merely because PCTs cannot identify the funding to pay for them. However that may yet be the case, and if it is so then it is vitally important that the profession acts as one body following the advice of its representatives. To do anything other would be destructive to the profession.

GMS2 Updates (+ IT)

We attach two "pink pages" briefings from GPC/BMA which you may find of interest particularly as they will be the source documents of all sorts of articles you may see elsewhere! There is also a series of "Focus on..." documents coming out from GPC and the first two are available from the GPC website or perhaps more easily at www.devon.lmc.org These are "Focus on Out of Hours" and "Focus on Enhanced Services" and are well worth a read. More will be added as we get them.

Of course, the major concerns regarding IT remain and we are getting quite a few contacts from practices on this. There are bits in the paperwork coming to you "in the pink" but I will be delighted to actually get my hands on definitive guidance that lays out precisely what will be paid for, when and by whom! In the meantime my belief is that PCTs will be repaying 100% of legitimate IT costs (both maintenance of soft and hardware and development of systems to make them compliant with the latest RFA standards). Remember that practices must still be given a free choice as to the clinical system that they use as long as it is itself compliant with the latest

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DEVON LMC NEWS

RFA. Our advice remains that you contact your PCT to tell them what you need to be doing with respect to your IT needs and if they are unable to guarantee that they will reimburse you against the invoice then contact us urgently so we can have discussions with the PCT on your behalf.

The conference programme continues to develop nicely and as I was on my hols it became evident that the GPC negotiators were all going to be busy with "continuing negotiations"! I am delighted to be able to tell you, if you don't know already, that our keynote opening speaker for the Conference is Dr Fay Wilson, who although "a No voter", was partially responsible for the improvements in the contract in the turbulent two weeks before it went to ballot, and who will be bulldog-like in her determination to see it properly implemented with no renegeing of promises made to the profession. For some reason entirely beyond my comprehension GPs in Cornwall, perhaps confused by their irascible "Dr Basil Bile", are under the misapprehension that Fay Wilson is actually the famous author Fay Weldon. I hope they will cross the Tamar in droves intending to hear about her latest racy novel only to discover that her thoughts on general practice are far racier! We shall see! Details and booking forms etc from the Devon LMC office on 01392 834020 or by email from lynn@devonlmc.org - See you there!!

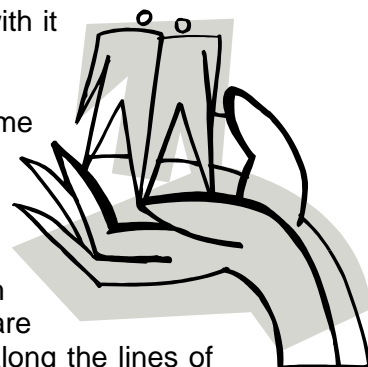


(further information is on the back page of this newsletter – ed.)

PCT REVIEWS OF CARE HOME PATIENTS AND ELIGIBILITY FOR FREE NHS CARE

This has now come up from several directions and rather than wait to deal with it from the rest of "the compass" I thought a brief note here might help.

Essentially after Coughlan vs North & East Devon Health Authority it became evident that the criteria for free Nursing Home Care had been incorrectly set in Devon and the PCTs, as successor bodies to the two HAs, became responsible for a review of patients/residents who may have been poorly dealt with. Part of this review has led to the appointment of specific PCT staff doing reviews of patient notes and practices have received letters from their PCTs requesting copies of notes. The issues are those with which you are familiar in that you need fully informed consent from the patient concerned along the lines of that used in Devon with solicitors. It is possible, but not certain, that the current "consents" included in some (but not all cases) will suffice. Of course the PCT technically owns the notes but the registered GP is the keeper under Regulations and under the Data Protection Act 1998. They could of course recall them but would then still be constrained by confidentiality and informed consent as to who looks at them.



We do not ever recommend sending the actual notes and in these cases I would imagine that the relevant qualified officer undertaking the review would be able to view the notes (both paper and electronic) most sensibly at the surgery and have any queries dealt with as well. This may impinge more upon surgery time but is perhaps the best that can be done. If the PCT insist on copies I see no reason why they should not pay the full going rate for photocopying as used with solicitors plus the time needed for the GP to review the notes for references to third parties etc. I imagine that there will be little need for such a copying service if it is charged for properly!!!

In summary the view of the LMC on this issue is that if there is properly informed consent from your patient then the best outcome is that the PCT reviewer should be given free full access to both paper and computer records through their visiting the surgery. In the case of deceased patients the problem lies with the PPSA to whom you will have already returned the records....!

Dear Colleagues,

IVF EGG SHARING

I have recently taken over nursing responsibility for IVF egg sharing at the Peninsular Centre for Reproductive Medicine based at the RD & E Hospital (Heavitree).

Several patients have mentioned that it was only by chance that they discovered the availability of this treatment locally, often after treatment much further afield.

While there is a lack of NHS funding for IVF in the South-West, many patients will be unable to afford treatment at the full cost but might wish to consider undergoing a treatment cycle donating half their eggs to a couple requiring donor eggs, who pay the major part of the cost.

Couples where the woman has tubal problems or there are male factor problems, including failed vasectomy reversal, would be considered as egg-sharing donors provided that the woman was aged under 35 and was willing to undergo blood screening tests and implications counselling prior to treatment.

Referrals should be made to Mr. Jonathan West, the Centre's Medical Director. Further information is available from the Centre on 01392 405051 (answerphone) or 01392 405260 (fax) or through my e-mail number val.collyer@RDEHCTR.SWEST.NHS.UK

Thank you for your interest.

Val Collyer (Egg-Sharing Co-ordinator)

Sick Notes Policy

Some practices seem to be having problems providing sick notes for a certain supermarket group in the area. The matter was presented to the Plymouth Sub Committee at their recent meeting and it was suggested that you could use the following letter, which the Yealm Medical Practice sends out when they are approached for sick notes for employees:



"Dear.....

It has been drawn to my attention that members of your staff are required to provide medical certificates to support an absence ofdays

*GPs are obliged to issue certificates **for social security purposes only** for episodes of illness lasting 5 working days. Thus no GP is required to issue free of charge, or otherwise, a certificate for absence through sickness for seven days or less (including weekends). Although GPs may issue a private certificate in such circumstances and charge you a fee for doing so, we try to encourage employers not to rely on medical certification for short periods of incapacity. It is difficult for a doctor to judge whether or not a patient was incapable of reporting for work in this situation and all the certificate is really indicating is that the patient presented himself at the surgery on a specific date complaining that (s)he had been ill on the previous day. Control of excessive absence is a task which falls more appropriately to managers.*

*Yours sincerely
Registered Medical Practitioner"*



Retirement of Exeter Coroner

“Dear Peter

Having reached the age of 66 – without significant medical intervention (!) – and having served as Coroner for some 20 years the time has come for me to ‘turn the page’, and retire. I shall, therefore, be doing so whatever it is that Coroners do – putting the lid on for the last time? And retreating into

the peace and quiet of Devon; save for helping out my successor from time to time as Deputy. I cannot, however, depart without thanking you, the LMC and all the many GPs who I have had the privilege of knowing, and who have been so helpful down the years.

In today’s world of rapid change – particularly in the law of neglect and of Human Rights – set against a background of high public expectations, a ‘blame culture’, and a disinclination on the part of many to accept personal responsibility, the Coroner’s task, neglected by successive Governments, is not an easy one. Without the goodwill and constructive co-operation of the Medics my task would have been impossible.

However, and notwithstanding, I have always found my work satisfying. To have worked with skilled and dedicated GPs, and to have had the opportunity to help people during difficult times is great reward in itself.

I know my successor, Dr Elizabeth Earland who takes over on 1st August will continue to receive the goodwill and co-operation that I enjoyed for so long.”

Yours sincerely
Richard J van Oppen
HM Coroner

Dear Richard

Thank you for your letter of 9th July, and of course I am very happy to publish your letter so that it reaches the GPs who have been working with you over the 20 years you have served as Coroner for the county of Devon.

From a personal point of view I have enjoyed our meetings. We have done some useful things together that hopefully have made a small difference to both the GPs I represent and the relatives of their deceased patients. I thank you for your noted kindness to a number of GPs in difficulty and for your even-handed approach to what is a difficult task with very few easy “win wins”! Enjoy your retirement but please use your time as “deputy” to steer your successor in the right direction!

Best wishes
Peter Jolliffe
Chief Officer

Welcome To:

Dr Georgina Sowman, Chard Road Surgery, Plymouth (1 April)
Dr Benjamin Stubbs, Chillington Health Centre
Dr Gillian Daly, Litchdon Medical Centre, Barnstaple
Dr Barry McKenna, Axminster Medical Practice
Dr Oliver Hassall, East Street Surgery, South Molton
Dr Peter Monahan, Castle Place Surgery, Tiverton
Dr Rachel Tyler, Chard Road Surgery, Plymouth

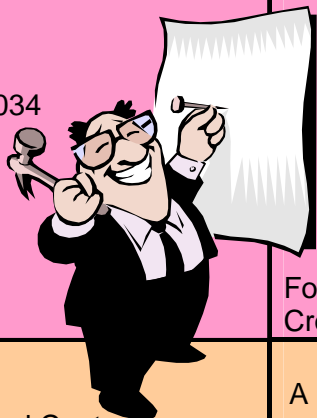
Comings and Goings

Goodbye To:

Dr Andrew Ryan, Devonshire House, North Tawton
Dr Jones, Beaumont Villa Surgery, Plymouth
Dr Philip Porterfield, Stannary Surgery, Tavistock
Dr Christopher Trounce, Chillington Health Centre
Dr Robert Whitehead, Richmond House Surgery, Teignmouth
Dr Nicola Spicer, Mayfield Medical Centre, Paignton
Dr Gillian Daly, The Wooda Surgery, Bideford
Dr Mark Beer, Chumleigh Health Centre
Dr Sara Hadfield, East Street Surgery, South Molton
Dr Claire Isham has moved from Chatto Road Surgery to Chilcote Surgery

VACANCIES

Wyndham House Surgery
Silverton
Exeter
EX5 4HZ
Tel: 01392 860034



FLEXIDOC/SALARIED GP - Silverton, Nr Exeter

We are a PMS, 3-partner, rural, dispensing, research practice looking for an enthusiastic and dedicated GP to join our team.

- 5 Sessions per week
- Supportive, family friendly practice
- Modern purpose built surgery situated in the stunning Exe Valley within easy reach of the city of Exeter
- No out-of-hours or Saturday surgery
- Salary £30k-£35k dependent on qualifications and experience
- "Golden Hello" if eligible

For an informal discussion or further information contact: Clare Crocker, Practice Manager.

Coleridge Medical Centre
Canaan Way
Ottery St Mary
EX11 1EQ
Tel: 01404 814447
Email:
anne.maher@gp-183095.nhs.uk

HALF-TIME JOB SHARING GP PARTNER

A new partner is required from January 2004 to job share with a partner who has recently acquired 'family commitments'.

We are a partnership of 8, supported by a GP Retainer (4 sessions). Meetings and decision making is democratic and friendly.

We run a large semi-rural practice with a list size in excess of 15,000. We practice from our own purpose-built premises, which are currently being extended. We are well supported by our dedicated and enthusiastic team of staff. Paperless practice since the 1970s (Protechnic Exeter system). We are part of an out-of-hours cooperative (Wakleydoc).

We have two branch surgeries and provide the medical staffing for our local community hospital including two clinical assistantships. We have a long tradition of GP registrar training and are attached to the University of Bristol for undergraduate training.

**Please apply with a handwritten letter of application and CV. Informal enquiries and visits welcome.
Closing date 30 September 2003**

Barton Surgery
Barton Terrace
Dawlish
EX7 9QH
Tel: 01626 888877
Email: janine.payne@nhs.net

GENERAL PRACTITIONER – Dawlish

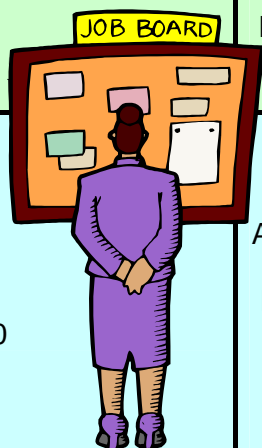
An exciting opportunity has arisen to work in a busy (8 general practitioners, 20 staff) seaside practice situated midway between Torquay & Exeter

Required for 5 sessions per week
for 6 – 8 weeks during the summer months initially.
3rd wave PMS practice

No out-of-hours commitment - 12,500 patients
Modern, fully computerised (Vision), purpose-built surgery
Branch surgery; attached pharmacy
18 bed community hospital located next door

For further information or informal discussion, please contact:
Janine Payne Primary Care Manager.

<p>Barton Surgery Barton Terrace Dawlish EX7 9QH Tel: 01626 888877 Email: janine.payne@nhs.ne</p>	<p>PRACTICE NURSE - F GRADE (20 hours per week) An exciting opportunity has arisen to work in a busy (8 GPs, 20 staff) seaside practice situated midway between Torquay & Exeter. RGN with 4 – 5 years post registration Previous practice nurse experience preferable Modern, fully computerised (Vision), purpose built surgery 3rd wave PMS Practice - 12,500 patients Branch surgery; attached pharmacy 18-bed community hospital located next door Nurse led clinics for diabetes, coronary heart disease, asthma, cytology, family planning, travel advice etc For further information or informal discussion, please contact: Janine Payne, Primary Care Manager, or Fiona McDonald, Lead Nurse.</p>
<p>Trelawny Surgery 45 Ham Drive Plymouth PL2 2NJ Tel: 01752 350700</p>	<p>GRADE G PRACTICE NURSE - Plymouth Trelawny Surgery in North Prospect is looking for an experienced G Grade Practice Nurse from the beginning of August 2003 - 12 hours per week, 4 hours per day divided into 3 mornings (Mon. Weds. Fri). Preferred start time is 9.00am or 10.00am but hours could be negotiable for 'family friendly' hours of work. All practice staff are eligible for the NHS pension scheme. However, applications from nurses wishing to move into General Practice will be considered and training offered. Trelawny Surgery is owned by Dr Nagabhyru and has a friendly team of staff. The surgery is in the first year of its PMS pilot. Duties will range from practical nursing skills to health promotion advice for patients. Informal enquiries can be made directly to Dr Nagabhyru Mon-Fri between 11.00 am and 12.00 noon.</p>
<p>Knowle House Surgery 4 Meavy Way Crownhill Plymouth PL5 3JB Tel: 01752 793383</p>	<p>SALARIED DOCTOR Part-Time (8 Sessions per week)</p> <ul style="list-style-type: none"> • Large Practice in north Plymouth 10,600 patients across two sites • Salary £40K + £1,500 per Annum Expenses • Dedicated Study Leave • No Out-of-Hours commitment • Working towards Paper Light Practice • Possibility of Partnership • Duty Doctor & Home Visiting Commitment <p>For more information please contact Mr Craig Smith-Avery, Practice Manager.</p>
<p>Devonshire House Surgery Essington North Tawton EX20 2EX Tel: 01837 82204</p>	<p>PART-TIME PMS GP REQUIRED – ASAP For friendly single-handed practice in rural mid Devon. 4 sessions per week ie 2-hour afternoon or evening surgery, Mon, Tues and Thurs and half-day morning Wed. We have an active social life from theatre trips to cycling, walking and birthday celebrations including all team members directly and indirectly connected with the surgery. For further details please contact Linda Warre, Practice Manager. Please apply in writing with CV to Dr J Warre.</p>



PPSA and the New Contract – from Paul Ham

The PPSA is prepared for any involvement necessary to meet the requirements of the new GMS contract. However, despite our state of readiness developments have been extremely slow. The imminent actions required are the MPIG calculations, processing of the quality preparatory payments and the revised seniority allowance. Unfortunately, these have not yet been finalised due to a lack of personnel within the finance department of the DoH.



In general the new GMS contract will have little effect on the PPSA's registration functions. The only real change is that patients will be registered at practice level rather than with individual GPs. There are also minor changes in the rules for removals and allocations and there is potentially a small amount of additional work required for monitoring closed lists.

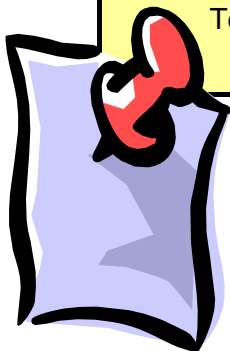
All other potential changes to PPSA functions are concerning finance/payments. We are involved in several national groups responsible for the enhancement of our system, which is being developed to be able to process the new contract payments. We are currently in the process of writing a document to be sent to all PCTs outlining the services that the PPSA can and cannot offer. We are also involved in PCTs' working groups and hope to be able to assist them in maintaining some consistency for those elements where there is national guidance.

In brief, the PPSA is offering a single point of payment for all payments to practices from PCTs. This would include the global sum/MPIG, the quality payments, payments for enhanced services, payments from PCO administered funds, premises payments and any other payments that the PCT wish to make. There is obviously a long way to go yet and PCTs may wish for us to process some or all of these payments. We shall however do our best to keep you informed of any developments. This is a difficult time but the PPSA is looking forward to the new challenges that it will bring.

Late Advert

Grosvenor Road Surgery
17 Grosvenor Road
Paignton
TQ4 5AZ
Tel:01803 524817/663412

We are a friendly training practice in the centre of Paignton with 6000 patients and are looking for a Nurse Practitioner to join our team. We feel this is the way forward and hope to evolve the post together.
Hours and salary negotiable dependant on experience but anticipate around 25 hours per week.
Please contact Andy Cory, Practice Manager.



Women's Health Matters

'PROBLEM' PATIENTS STUDY DAY

13th Annual Study Day
Friday 7 November - 9am to 4.15pm
The Commodore Hotel, Instow, North Devon
Some of the subjects covered:



Disability and Sexuality; Sterilisation and Down's Syndrome – Abuse or Compassion?; Teenage Pregnancy – Still top of the League; Bridging the Gap – The FP/GUM Overlap; Was it Worth the While?; Middle Age – The Contraceptive Wilderness; FAQs and Your Questions Answered.

Applications/information from Linda Bell:

**The Health Centre, Vicarage Street,
Barnstaple EX32 7BT. Tel: 01271 371761. The fee is £90.00**

EXPERIENCED TRAINER COURSE

Saunton Sands Hotel, 17-19 November 2003

This course is for GP Trainers with at least 3 years of experience of GP registrars who would like to review that experience. Topics include:

- Failing Registrars
- Summative Assessment
- Advanced video skills
- Evaluation of teaching
- How to survive as a training practice
- Good, Good Enough or Enough?
- Advanced Trainers – What skills do you need?
- Common Problems in Training
- Opportunities as a portfolio educationalist



The course fee of £250 covers the cost of accommodation at Saunton Sands Hotel and cheques should be made payable to North Bristol NHS Trust.

Spaces are limited so please apply with a cheque by October 6 at the latest to: Mandy Hall, GP Training Practice Coordinator, The Academic Centre, Frenchay Hospital, Bristol, BS16 1LE.



6th Primary Care Conference 2003

Working Together In Partnership

Torrey Riviera Centre - 8th & 9th October

The conference offers you plenty of choice to explore and participate in many aspects of protection ranging from informative sessions on GMS2, legal issues and new legislation, through to the practicalities of protecting yourself and your staff.

Places are on a first come, first served basis so please book early to avoid disappointment.

Workshops (listed below) range from the informative to the interactive.

Wednesday - 8 Oct	Thursday - 9 October
Practice Income & GMS Ready Reckoner	Practice Income & GMS Ready Reckoner
Freedom of Information	Psychology of GP Stress & Emotions
Premises & Flexibilities	Managing Complex Environments
"I've got a bone to pick with you"	Fit Map (Health & Fitness)
Weight of the Nation - "Naughty But Nice"	Weight of the Nation - Dr David Haslam
Fit Map (Health & Fitness)	Agenda for Change & Improving Working Lives
Tae Kwon Do (Self-Defence)	Child & Adult Protection
Life Coaching & Team Building	"Games in the Workspace"
GMS Implementation	Roadside Care - The Role of the GP
Diversity & Discrimination	GMS Implementation
Your Practice, Your Money, Your Life!	Your Practice, Your Money, Your Life!
Chi Kung (Relaxation)	Chi Kung (Relaxation)

Each practice should have received a number of booking forms for this conference. Extra copies are available on the website www.devonlmc.org or by contacting the office.

Teignbridge Primary Care Trust

Thursday 18 September at Newton Abbot Racecourse

Health Fayre - 11.30 am – 5.30 pm

Annual General Meeting - 6.00 pm

Please look out for further details