

# Devon Local Medical Committee



Newsletter Issue No 35

September 2003

## Chief Officer's Corner

In place of firm national guidance....!



Devon LMC NEWS

More and more GPs and Practice Managers (and LMC bods! *Ed*) are becoming frustrated with the lack of definitive authoritative national guidance on a whole raft of issues around GMS2 implementation. Much is awaited and it is always "coming next week". All practices are involved as either you are in GMS and will become GMS2 automatically on 1<sup>st</sup> April 2004 or you are in PMS and you need to know what the effect would be on workload and practice income if you are to move to GMS2 from your current contract.

**PMS first then!** You have (in the standard contract) to give 6 months notice of your intention to move back to GMS and thus 30<sup>th</sup> September is the deadline for most of you. As the definitive guidance promised by the Department has not yet arrived it is vital that PMS practices keep all their options open so that they can make an informed decision without suffering from a timescale imposed by things outside their control. To that end South Hams & West Devon PCT are advising their PMS practices to give notice of intention to return to GMS by 30<sup>th</sup> September on the basis that they can withdraw that notice of intention at any time up to Midnight on 31<sup>st</sup> March 2004 and therefore stay in PMS. Plymouth and Teignbridge PCTs are giving undertakings that they will accept less than six months notice and that when notice needs to be given will be governed by the timing of the final guidance we all need! I am happy with both models BUT I must now strongly advise all PMS practices to either submit your notice of intention to return to GMS now and before 30<sup>th</sup> September or get written confirmation that your PCT will waive the six month notice requirement. This is the best way we (the LMC and PCTs) can see to protect your options and we are sorry that such advice has been made necessary by central delays.

**GMS second (and PMS!).** You must be checking that the Read codes you are using are those that have been determined to be used in the data collection needed within the Quality and Organisation Payments system. GPC has issued the codes although already there has been a replacement paper for some of them! There are a number of software programmes that will help demonstrate the quality of your work and one, from MSD, has already been purchased for SH&WD GPs by their PCT. Other PCTs are considering the same and this will be discussed at the first Peninsula GMS2 Implementation Group on 23<sup>rd</sup> September. Entering the agreed codes and using one of these systems is the most simple and helpful way for you to determine your aspirations for next year and to maximise payments for achievement. More information will follow on this topic so do not go out and buy something yourself yet! MSD will supply free "sample" CDs to allow you to experiment with their programme. I am told that it helps you to target individual patients to maximise care and payments. We shall see!

**GP Pay for 2003/04.** The joint evidence from GPC, NHS Confederation and the four Health Ministers has gone to, and been accepted by the DDRB. John Chisholm reported to the GPC yesterday (available on [www.devonlmc.org](http://www.devonlmc.org)) that the current year pay uplift will consist of 3.225% uplift to all current gross fees and allowances, + a quality preparation payment of £9000 per average practice equating to an extra 3.6%, + a quality information payment averaging £3000 per average practice equating to an extra 1.2%, + payments for influenza payments to at risk patients under the age of 65 years equating to 1.2% making a total of 9.2%. To

### IN THIS ISSUE:

GP Pay for 2003/04.....	1
Out of Hours OPT OUT .....	2
HepB, Housing Letters, Normal Smears .....	2
"The Other Hutton's Inquiry" .....	3
IPQ and Quality Points .....	5
Non Principals – NHS Pension Contributions .....	6
Local Help for Stressed GPs in Devon.....	7
Who is Big Brother? .....	8
Vacancies .....	8
Courses, Conferences and Information .....	10

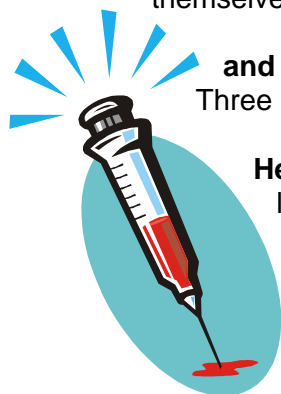
this should be added the write off of the 2.4% “debt” from previous “overpayments” to GPs. This makes a grand total of 11.625%. I look forward to confirmation that my maths is correct and that this gets through to you all.....!

### Out-of-Hours OPT OUT

You are aware that the earliest date that PCTs could be funded to take on responsibility for the redefined “Out-of-Hours period” is 1<sup>st</sup> April 2004 but that they will be allowed to delay until midnight on 31<sup>st</sup> December 2004 when they will no longer have a choice. The LMC advises all practices who have taken a decision that they would like to opt out as soon as possible and those who will do so if “the price is right” to give notice to their PCT in the following terms: “ We wish to give notice of our intention to opt out of responsibility for providing General or Personal Medical Services for our registered patients on 1<sup>st</sup> April 2004 subject only to confirmation of the cost to the practice which we understand to be 6% of our ‘global sum’. As yet we have not been made aware of what that figure will actually be.”

Please write to your PCT as soon as possible (and preferably before 30<sup>th</sup> September) so that they can make appropriate plans for the earliest possible opt out.

There may be some practices and individuals who are reluctant to opt out for other than financial reasons. I will be delighted to talk to anybody in that position as they need to be fully aware of the changing rules for Out-of-Hours that will affect them if they carry on providing the service themselves.

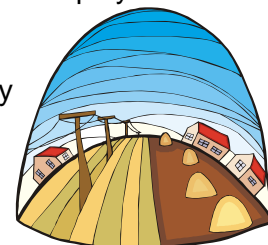


### and more parochially....

Three evergreen perennials – **Hep B, Housing letters and “normal” smears.....**

**Hep B** – the most recent advice from the BMA has been interpreted by Dentists and at least one PCT as saying that GPs must provide free Hep B vaccinations as part of employers Health & Safety responsibilities. This remains NOT THE CASE! It is a bit of a “curate’s egg” of guidance as it is both right and wrong in parts! Where it is right is when it says that “GPs are not competent to carry out an occupational risk assessment and therefore we believe that in the absence of such (from the medical officer of health) guidance it will not be appropriate for the GP to provide the vaccination”. Where it is wrong is where it says that a GP cannot ever charge an employer where a GP could not charge a patient. If a dental employer wishes to employ a GP in a separate capacity to provide part of an occupational health service to his employees he may do so and it is irrelevant that some (or all) of his employees happen to be registered as patients of the GP or his practice. Consider every practice providing OH services to local factories. Are they all in breach of their Terms of Service? NO!! My advice to you is to stick to the guidance issued jointly by Devon LMC and the PPSA. If you remain reluctant or unsure tell your patient who has been sent for the job by his/her employer that you do not have any responsibility to provide the service and that the employer may approach other GP practices or the Occupational Health Service at the local Hospital Trust and see if they wish to provide the service. The responsibility is with the employer – the cost should remain with him too!

**Housing letters** – definitive advice will follow in the next purple pages but we already have communications from most council that these are soon to be a thing of the past. Watch this space!



**Normal smears** – these are certainly a source of relief to the women concerned but they are no more so than the normal PSA in the middle aged male nor the normal CXR nor any other normal result. Those “up there” who advise on cervical smears certainly believe that every smear result should be sent to every woman who has had one done. However it does not form part of normal general practice to provide normal results in writing to everybody and I know of no regulation or Term of Service that renders GPs liable to provide this information to this one group of their Patients. There has never been any funding for it either (what a surprise! *Ed.*). If you wish to

fund this yourself there is no rule that stops you but I suggest that as long as you have foolproof ways of informing and following up women with smears that are abnormal in any way that is where your actual responsibility ends. We are not yet unquestioning servants of the "Nanny State"!



#### **And finally 28 day scripts....**

What value has been placed on a patient's time or indeed the time taken in additional work done in general practices and in community pharmacies by a move to 28 day prescribing for most items that patients take on a stable and regular basis? There appears to be evidence of increased waste in terms of drug costs where longer scripts are issued and certainly the compliant patient who gets run down by a bus after picking up their prescription will certainly "waste" twice as much of their therapy if they are on 56 rather than 28 day regimes. However far more is wasted by doctors giving too much of a drug before their patient is stabilised on the therapy and by patients squirreling away drugs that they continue to tell their doctor they take regularly. Why not concentrate on those issues before condemning patients to doubling up their journeys to and from the surgery and the pharmacy and instantly doubling their costs and those within the practice. But at least the pharmacist will profit you say? No, they are on a pool system of pay so there is disbenefit to them too in the long run as the more they do the less they get paid for each item of work!! (Sounds familiar! *Ed.*)

The issue of compliance may be assisted by using the Devon concordance assessment tool recently developed by Devon Local Pharmaceutical Committee. If you would like more information about this please contact Di Knighton at Devon LPC on 01392 834022.

#### **Week Four, "The Other Hutton's Inquiry" Dec 2004**

**Charlie "Scoop" Daniels, LMC reporter.**

After a week's adjournment, John Hutton, Minister for Health, resumed taking evidence at The Royal Courts of Justice. He had spent the previous week considering which witnesses were to be brought back for cross-examination.



The inquiry had been set up following the tragic death of General Practice, which had been found fatally haemorrhaging GPs with an overdose of increasing secondary care work, in the Devon countryside.

First up on the stand was Fay Wilson, Birmingham GPC representative (and a star at the October Devon LMC Conference! *Ed.*). In May she had written an article, and indeed spoken at the LMC Special Conference accusing the GPC negotiators of "sexing-up" the New Contract Document. This document was known to many GPs as the so-called "dodgy dossier" and was implicated in many GPs supporting the case for the New Contract.

Under harsh cross-examination, she stood by her story and said that the then unnamed source (known as "JC" for convenience) had told her in an Italian restaurant, just round the corner from BMA House, that MPIG had been inserted into the document. She was repeatedly asked why she had erroneously referred to her source as "a top man at GPC", when it is widely known that they prefer curries!

Sir Dean Jolliffe QC, counsel for the family of the late General Practice, took her in detail through the clandestine meeting with "JC". She explained how the document promised increased resources for General Practice, including 100% funded IT, nationally agreed enhanced service payments, quality payments and the ability to say no to new work or to limit the amount of work done. It also contained the now very controversial statement that GPs would be able to "opt out" of Out-of-Hours within 45 minutes of accepting the New Contract.

The claims in the dossier that millions of pounds in extra resources would flow into General Practice, once the New Contract was accepted, was found later to be written by a year 11 schoolboy for his GCSE business studies coursework.

Fay Wilson strenuously denied that she had misquoted her source. She explained how GPs were expecting to find “welcome new money for developments” (WMD) in the New Contract. “It is now clear” she said, “that the original document was undoubtedly sexed-up”.

The revelations from the Hutton inquiry were raised in the House of Commons on Wednesday at Question Time.

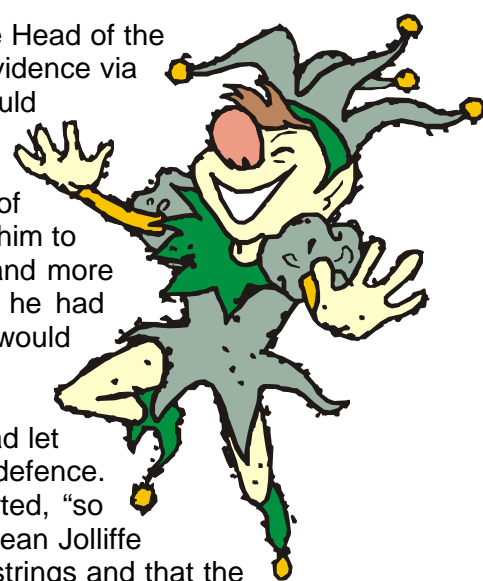
The Leader of the Opposition asked the Prime Minister about the situation in PCT-Land and the search for WMD. “Will he now accept that WMD are just a figment of his imagination?” he shrieked to whoops from the opposition benches and waiving of order papers. “We will go on looking for WMD, for as long as it takes, but I have to tell the House that in the long run up to accepting the New Contract, much of it was hidden...” At this point loud jeers came from both sides of the House. He raised his voice and continued, “We may only find a suggestion that the money was in PCT-Land.” At this point the Leader of the “New Force in Politics”, looking very self satisfied and smug, winked at his new MP for Brent Goose and patted her bottom for luck before rising to his feet and accusing the Prime Minister of continually changing his story. “Before the New Contract vote you assured GPs that WMD would definitely be found in PCT-Land, during the summer you told us that we would find evidence of WMD being there at one time, but now you tell us that we may only find a suggestion that WMD had been there at one time. How can we trust a word of what you say?”

Questions from backbenchers proved no respite from the controversy. Sir Pompous Arse, MP for Little Snittering-in-the-Wold, asked about the deteriorating financial situation in PCT-Land. “Every day comes an incident of an overspend or increased waiting lists. What do you intend doing about it before more of our brave stars are lost?” At that moment the House was in uproar as members shouted “Shame, shame” and the speaker had to intervene on two occasions to call “Order, Order”. The Prime Minister acknowledged that the financial situation was serious and then went on to announce, “I’m sure the House would wish to pay tribute to the 10,000 brave accountants on the ground in PCT-Land looking for WMD and it is for this reason that I have asked my colleague, Dr John Reid, to dispatch up to another 3000 accountants to PCT-Land. I am pleased to tell the House that this morning, a forward contingent of 150 accountants have left their base in Leeds and are on their way, at this moment, to North Devon PCT.”

That evening, the government received more embarrassing news from New York where Hans Blix, chief UN WMD inspector, was giving a press conference. He also cast doubt on finding WMD in PCT-Land. He believed that the money had all been spent ten years ago after the 1990 contract.

Later in the week, the inquiry took the unprecedented step of calling the Head of the NHS Secret Service. Known only to the court as “Dr M” she gave her evidence via video link from NHSSS headquarters. From the public galleries we could see only a silhouette of “Dr M” portrayed on the video screen and she cut rather a sinister figure. She had been called to answer the allegations that had been made, two weeks previously, by the widow of General Practice that the NHS had “let my husband down” and “thrown him to the wolves”. She said that for years her husband had taken on more and more work particularly from secondary care with no increase in resources, he had become more and more demoralised and hoped that the new contract would be the answer.

Sir Dean Jolliffe QC, repeatedly challenged her, saying that the NHS had let down General Practice, however she continued to put up a robust defence. “GPs have only themselves to blame for their predicament” she retorted, “so what if there’s no new money in the New Contract?” It was then Sir Dean Jolliffe QC challenged “Dr M” as to whether it was she in charge of the purse strings and that the “new money” had gone into management?



Her voice then went up an octave; her voice becoming shriller, so much so that John Hutton had to remove his earpiece. "You will always find GPs willing to take on work despite not giving them extra resources. OK, so they will whinge a bit but I know that under the New Contract they will do all the enhanced services with no WMD being found, ha, ha, ha" she started to cackle hysterically and for some mysterious reason the video link was cut.

All in all, it was an extraordinary week at "the other Hutton's inquiry", but the two questions that remain on the public's lips are: Will WMD be found in PCT-Land and, if not, will Devon GPs be able to say "No" to PCTs who expect them to do enhanced services free of charge?

---

### IPQ and Quality Points

I am copying below an email from Dr Mike Greco who developed the IPQ first in Australia with the Australian College of GPs and refined it here in work through the Research and Development Unit which is part of the Medical Post Graduate Department of Exeter University.

The IPQ has been undertaken by many practices in Devon and it genuinely appears to be easy on GP and GP staff time as well as giving useful and comparative feedback on both individual GP and practice performance as assessed by patients. I believe it is worth your consideration

A "Declaration of Interest" - I play cricket with Mike Greco and David Jenner is a member of the LMC. Neither the LMC nor I have any financial interest in the IPQ.

----- Original Message -----

**From:** [Dr Michael Greco](#) **To:** [Peter Jolliffe](#)

**Sent:** Wednesday, September 10, 2003 12:18 PM **Subject:** GMS Contract and patient views

Dear Peter,

We are one of the lead organisations for the **Patient Views section** of the Quality & Outcomes Framework.

In fact, it was the work from our organisation that shaped the content of the Quality Indicators on this. Hence, we know only too well how to make this an easy/no fuss experience for GP practices.

I've attached some information about the IPQ, which may be helpful for your GP practices.

The benefits for GPs are:

1. We are an independent organisation hence our service is private and confidential.
2. Although it costs GPs a small fee (£60 per doctor) for us to undertake the patient survey on their behalf, they will get 40 quality points which equates to circa £1000 in the first year for doing our survey, and a further 30 quality points (circa £700) for completing levels 2&3 (ie reflecting on results, and discussing these with a patient group).
3. We take out the hassle for GPs and undertake all the work.

If you would like to discuss this further, please contact me directly on 077-40744980 or Dr David Jenner on 079-80715014 (Weds -Thurs as David is in GP practice the other days). Or visit our website [www.cfep.net](http://www.cfep.net)

Best wishes,

*Dr Michael Greco*

CFEP

**The attachment is reproduced with one copy per practice on "cream" coloured paper!!**

## Non-Principals - NHS Pension Contributions

For those Non-Principals who are looking to join the NHS pension scheme and take advantage of the option of backdating their pensions please note:

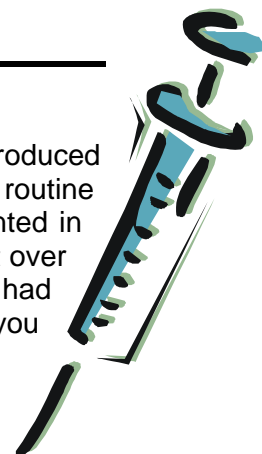
1. Main contact is Paul Ham at the PPSA on 01392 207432.
2. Payments with all forms A and B as required should go to Marion Braund, Devon PPSA, Cecil Boyall House, Southernhay East, Exeter, EX1 1RB – Tel: 01392 207426. The forms contain comprehensive guidance on completion. Please note that Form A, must be signed by the employing practice before submission. Both forms are available on the Locum Page of the Devon LMC web site - <http://www.devonlmc.org/locum.htm> and from the NHS Pensions Authority - [www.nhspa.gov.uk](http://www.nhspa.gov.uk)
3. Cheques for the basic rate of 6% of gross earnings should be made out to HM Paymaster General.
4. Backdated payments can be made to April 2002 but must be brought up to date in one go and then maintained on a current basis.

We are grateful to Dr John Uhr Delia and Paul Ham for this information. We would recommend that you do not delay in taking advantage of this opportunity to backdate your contributions, as there may be a time limit on it!

---

### Pneumococcal Vaccine Campaign

You will no doubt have noted that since the end of July the Secretary of State has introduced a new programme of immunisation for pneumococcus which aims to achieve routine vaccination for all patients aged 65 and over by 2005/2006. This will be implemented in stages and in this financial year you will receive a fee at the "B" rate for each patient over the age of 80 years that you immunise. This is not yet a matter on which we have had discussions with any PCTs so currently it is something that you may wish to do as you provide flu vaccinations to your patients over the age of 80.




---

### PAVA – The Practitioner Alliance against Abuse of Vulnerable Adults

As part of my membership on your behalf of the Adult Protection Committee for Devon County I have bumped into PAVA. I thought it might just be of interest to those readers who themselves have been involved in the treatment or care of vulnerable adults who may have been subject to abuse. The website for the Alliance is [www.pavauk.org.uk](http://www.pavauk.org.uk) and individual membership is available at a rate of £15 with organisations being able to join for £50. For information either have a look at the website or contact PAVA at PO Box 4670 Bournemouth BH6 3BL.

### Comings & Goings September 2003

Welcome to:

**Dr Nicola Spicer, Withycombe Lodge Surgery, Paignton**  
**Dr Nicola Whittaker, Wooda Surgery, Bideford**

Goodbye to:

**Dr Claire Isham, Chilcote Surgery, Torquay**  
**Dr Timothy Story, Chard Road Surgery, Plymouth**

## Local Help for Stressed General Practitioners in Devon – Dr Jack Shelley

The National Health Service is an increasingly stressful environment in which to work. The Government and the Public are demanding an ever-greater quantity and quality of medical care from a too slowly growing number of doctors and nurses. This increasing stress can reach the point that a doctor's health is put at risk or the care he provides for his patients begins to deteriorate.



We should tackle the problem of stress in workers in the NHS before deterioration in patient care occurs. There are various channels of help available. The first line of help for health problems should be the doctor's own GP but often this avenue is not acceptable to the sick or struggling GP. There is a list of possible agencies to approach on the BMA website but you can only find it if you log in and then type 'sick doctor' into the search box and choose the 'appendix 2'. Unless you 'log in', you won't find it!

In Devon there are other possibilities. Dr Peter Jolliffe, Chief Officer of the Devon LMC, and Dr John Dean, Medical Secretary, work with individuals and practices to improve their working environment. They can also put GPs in contact with confidential caring agencies. Dr Peter Jolliffe Tel: 01392 834020 (mobile 0796 8484116) and Dr John Dean (mobile 07831 430324). The officers of the PCT can also help but GPs with problems are often understandably reluctant to approach them. The PCTs have funds available to help provide solutions and these resources can be tapped anonymously through the LMC.

In most areas of Devon there is an Occupational Health service available to GPs and their staff funded by the PCTs. In the four South Devon PCTs this is provided by the 'Occupational Health for Primary Care in Devon and Cornwall' Tel: 01179 232381 or website <http://www.youmatter.org.uk> Dr Gerard Woodroof, Consultant Occupational Health Physician, is at Torbay and for mental health problems, Dr Ben Charnaud, Consultant Psychiatrist is at Redruth. Many GPs are referred for psychotherapy or other treatment at no expense to the GP or practice. About 5% of GPs in South Devon and Cornwall avail themselves of this service. Exeter, East Devon and Mid Devon PCTs have a contract with Dr Anne Rossiter at the Wonford Hospital, Exeter Tel: 01392 405062. North Devon PCT currently has no arrangements specifically for GPs but does fund help through the LMC and the North Devon Hospital Trust Occupational Health Department. This is a nurse led department but Dr Paul Dean is available two days a week. Contact Sister Jenny Rafferty through the main switchboard 01271 322577.

All the occupational health organisations listed above are aware of the difficulty some GPs face in contacting the department at their local hospital and are happy for GPs from out of area to phone them for advice. Hospital Consultants appear to be less embarrassed than GPs about this and are usually happy to self-refer themselves to their local occupational health consultant. I have recently spoken to the Senior Nurses in the three departments and would have been happy to self-refer myself to any of them if I was in trouble, as they were all keen to provide in and out of area care.

Occupational Health contacts are Sue Burke on 011 79232381 for South Devon, Jenny Adkins on 01392 405062 for Exeter, Mid & East and Jenny Rafferty via 01271 322577 in North Devon.

If your work is making you sick, do something, talk to someone now. There are good systems in place to put things right and support you while the changes are made. Only your embarrassment at admitting you are human stands in the way of you making a change for the better.



NHS?

## Who is Big Brother?

Dr Jack Shelley (jack@shobrookepark.com)

Who is Big Brother? You are! Any worker in the NHS who notices that a doctor or nurse's standard of care to their patients is dropping below the acceptable norm has a personal responsibility to do something about it. Our duty of care to all patients must outweigh our natural desire to keep the failings of our colleagues confidential. But how do we get help for the failing doctor or nurse in the complexities of the

In the Primary Care sector of the Health Service in Devon there are two ways an NHS worker can discharge their responsibility to divulge information when patients are at risk. Firstly, contact Dr Peter Jolliffe, Chief Officer of the Devon LMC, Tel:01392 834020 or his mobile 0796 8484116 or Dr John Dean, Medical Secretary, mobile 07831 430324. Secondly, the NHS worker can contact an officer of the relevant PCT (Primary Care Trust), either the Medical Chair or the Clinical Governance Lead or possibly the Medical Officer of Health of the PCT. Either the LMC or the PCT can institute a confidential investigation of deteriorating patient care by a General Medical Practitioner or Nurse.

But watch out! As an appraiser I have found that one of the common causes of stress in a 'Good GP' is a partner who thinks they should be better. We only have to be adequate GPs! I believe that we should endeavour to make 'Adequate GPs' into 'Good GPs' and 'Good GPs' into 'Excellent GPs' that is why I enjoy doing appraisals. Being 'Big Brother' is about making 'Bad GPs' into 'Adequate GPs' or better.

But most 'Bad GPs' were 'Good GPs'. So why did they change? There are two main reasons. Firstly, failing to keep learning in order to be up-to-date. Appraisal can help prevent this. Secondly, 'Good GPs' can become 'Bad GPs' through sickness or stress. There are systems in place in Devon to help with this problem at an early stage before it leads to deterioration in patient care. Please see my article on 'Local Help for Stressed General Practitioners in Devon'.

So, a little 'Brotherly Love' please. Let's help each other with the stresses of our job and not increase them by demanding what may be possible for us but not for all of our colleagues.

## VACANCIES

Norton Brook Medical Centre  
Cookworthy Road  
Kingsbridge  
TQ7 1AE.  
Tel: 01548 853551

### 1. A Part-Time Profit Share partner – (no capital required, parity 6 months)

### 2. A GP Retainer

We are a friendly, mutually supportive, GMS 8 partner Practice (6 WTE) based in a small South Hams town with rural/semi rural catchment area surrounding the Kingsbridge estuary. We have a new purpose built clinic, cottage hospital and MIU.

For further details, informal visit or chat please contact or send CV to: Louise Killick, Business Manager

Glenside Medical Centre  
Glenside Rise  
Plympton  
Plymouth  
PL7 4DR  
Tel: 01752 341340

### Medical Notes Summariser

Short- term help is required with summarising of medical records for up to 12 hours per week. Past medical knowledge and computer skills would be an advantage. Salary is dependent on experience.

For further details please contact Kath Dix, Practice Manager.

<p>Beaumont Villa Surgery 23 Beaumont Road Plymouth PL4 9BL Tel: 01752 663776</p>	<p align="center"><b>PMS Salaried GP</b></p> <p>We are a progressive, forward looking 5 partner 5<sup>th</sup> wave PMS practice in Plymouth, who are looking for a salaried GP for 6 flexible sessions a week.</p> <p>We have approximately 8,000 patients and work from spacious upgraded premises</p> <p>Salary: £30-35,000/year dependent upon duties Fully computerised, EMIS, paper-light. No on call "Golden Hello" available if eligible University Branch Surgery</p> <p>Engaged with Peninsula Medical School for teaching Start date from October 2003 (negotiable)</p> <p>Written applications with CV to Mrs Janice Stabb, Practice Manager.</p> <p>Informal enquiries please telephone Dr Paul Hardy on 01752 663776. Email: <a href="mailto:janice.stabb@gp-183018.nhs.uk">janice.stabb@gp-183018.nhs.uk</a></p> <p>Closing date for applications: 17 October 2003</p>
<p>St Lukes Medical Centre 17 New Road Brixham TQ5 8NA Tel: 01803 852731</p>	<p align="center"><b>Locum required to cover sabbatical – Brixham</b></p> <p>Dr Hill requires a locum to cover a 6-week sabbatical between mid November and mid January, dates can be flexible. Full-time, 9 sessions need to be covered, (but 2 part-time doctors would be fine).</p> <p>We are a 4-partner practice with a GP Registrar. Please contact: Dr Lorraine Hill</p>
<p>Dr Ridler and Partners Sid Valley practice Blackmore Drive Sidmouth EX10 8ET. Tel: 01395 512601</p>	<p align="center"><b>Practice Nurse</b></p> <p>An opportunity has arisen for a Practice Nurse to join the team at the Sid Valley practice.</p> <p>We are looking for an applicant with previous experience or with a special interest in asthma. Applications are also invited from nurses wishing to move into general practice. Grade will be assessed in accordance with experience and qualifications. Informal enquiries can be made to Sue Tubbs, Lead Nurse,</p>

### "GP Educational Facilitator Post"

John Deacon will be joining the deanery education team for Exeter, East and Mid Devon from 1st October 2003. John is a Chemistry graduate and has had a long career in Education. He was a Headteacher in Cornwall and more recently has been involved in assessing preparing senior educational staff for headship. Since 2001 he has been a non-executive director of Plymouth PCT with involvement in audit.

John will be working from the Exeter Postgraduate centre where he will undertake many of the roles previously performed by the GP Tutor including monitoring PGEA and assessing personal learning plans. He is no stranger to managing change and will be working as part of the deanery team to help GPs at all levels as the educational requirements of the new contract become apparent. I am confident you will find John to be a friendly and helpful ally in this continuing era of change.

**Moris Watt - Associate Director GP Postgraduate Education**

## Courses, Conferences and Information

Gate House is presenting a one-day Conference on Tuesday 11 November 2003 in central London.

### “Woman in Mind – Do Mental Health Services Delivery Effectively?”

This event will focus on developing good practice and seeking solutions and health services. For further details ring 020 7347 3575 or email at [gatehouse@lexisnexus.co.uk](mailto:gatehouse@lexisnexus.co.uk)



Other courses include:

**A Two-Day MBA** – on Tuesday 4 November 2003 and 18 and 19 February 2004

**Team Leadership** – on Monday 17 November 2003 and Monday 16 February 2004

**The New Manager** – on Wednesday 26 and Thursday 27 November 2003

**Demystifying Clinical and Research Governance for Healthcare Professionals** – Friday 28 November 2003 and Friday 13 February 2004

**Practice Development and the NHS Modernisation Agenda** – Tuesday 25 November 2003 and Wednesday 4 February 2004

Further details on all these courses can be obtained by ringing 020 7347 3575 or email at [gatehouse@lexisnexus.co.uk](mailto:gatehouse@lexisnexus.co.uk)

Back by popular demand...

## “Phit and Hellthy”



Written and performed by  
Vik Mohan and Anthony O'Brien

The most successful show in the history of the Exeter Fringe returns; “Phit and Hellthy” is a medicopolitical satire exploring the consequences of society’s excessive focus on health. Funny, thought provoking and set in the future, but just how far into the future is left for you to decide...

Phoenix Theatre, Exeter  
Box Office 01392 667080 – Tickets £4.00  
Tuesday 14<sup>th</sup> October 7.30pm

## PLYMOUTH LAW SOCIETY

### The Tenth Pilgrim Fathers Lecture

Will be given by

The Right Hon Lady Justice Hale DBE

At 6.45pm on Friday 24 October 2003

To be held at

The Robbins Conference Centre, University of Plymouth

Sponsored by Plymouth Law Society, Jordans and University of Plymouth

Tickets are available priced at £12.00 and include a

Reception afterwards with wine and savouries.

Please contact Mrs C J Davison, 11a Ridge Park, Plympton, Plymouth, PL7 2BP – telephone 01752 339707 - or email [CaroleJDavison@aol.com](mailto:CaroleJDavison@aol.com)