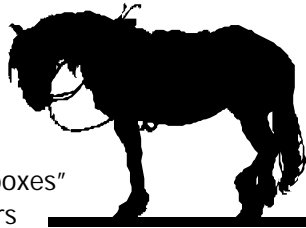




Chief Officer's Corner "BACK IN THE SHAFTS"

The old carthorse has been back in the shafts now for several weeks but with a lightened load! We have been re-examining some of the "boxes" that have been carried for 6 years and have decided that they can go for recycling! Some other important "boxes" have been transferred to other carriers within the Secretariat team and we will be looking at all the "boxes" over the next few months. I have been very firmly instructed to work smarter and not harder and this will be taken to heart!!



those plans that are completely dependant on such additional human resource will founder on the recruitment problem. I am very concerned at the ethical implications of recruiting doctors and nurses from less wealthy parts of the world and at the "opportunity costs" that other countries might suffer if we prop up the NHS in this way. We really should be able to train enough of our own citizens to care for our sick!

On a similar vein there are lots of GP practices that are currently looking to be working even harder than before and the LMCs have been looking at their PMS applications! Almost all the plans are intending to improve their accessibility and the overall standard of care they can provide for their patients, which are both laudable ambitions. Most are planning to use expected additional financial resources to achieve their aims but many plans are so ambitious that I have doubts that sufficient funds will actually arrive to enable them to succeed. I wonder whether the required number of Nurse Practitioners currently exists in the Devon area, and if there are sufficient numbers of additional GPs to take up all the salaried posts on offer? I am concerned that

Whilst on that train of thought "The Peninsula Medical School" are presently training those who are to interview prospective students and they have more doctors and less lay people than were originally wanted. Cornwall LMC advised against Cornish GPs from being involved in this process as only travel expenses will be covered and it is possible that had I been fully active Devon LMC may have given similar advice. Time out of practices should really be covered financially and interviewing should not be done as "pro bono work". There are Devon GPs involved and I am down as a substitute if needed but I hope that this matter can be resolved before the second round of interviews! Our Medical Secretary, John Dean, is now leading for us on "The PMS" having caught that particular "box" as it fell off my cart!

CHAOS COMING?

On 1 December 2001 "The NHS Tribunal" will be abolished. This is probably a good thing as the delays in bringing resolution to matters referred to it have often been totally unacceptable for all concerned. The "chaos" may arise as there is no clear guidance yet as to what will replace it and HAs have been

charged with being ready to start examining some of the issues arising from the reforms brought about by the Health and Social Care Act 2001! HAs will have the powers to suspend GPs but the delineation of those powers is not yet clear. Will 102 HAs (and even more PCTs when they inherit HA powers in October 2002) be using comparable procedures and processes? How will GPs be protected from loss of income whilst suspended and awaiting final resolution? How will "postcode suspension" be avoided?

I have approached the GPC for further advice on this and will keep you informed.

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Devon Area Child Protection Committee

For many years the GP representative on this important committee was Dr Tim Manser of Totnes. However, he thought it was time for someone else to have a go and the two Devon LMCs appointed Dr Jane Richards to take on the task. It is vitally important that a doctor who understands the issues represents Devon GPs on this committee as it maintains the ability for the committee to have a "reality check" on its deliberations.



Jane asked specifically that I point out to you the newly re-edited Devon Area Child Protection Committee Handbook, which was launched at the beginning of September and you should by now have received it. I am told that its size makes it a particularly effective doorstop but frankly it is more important than that and I would hope that every GP and clinician within the practice knows where it is and when it should be consulted.

If you find things within the handbook about which you have major concerns please do not hesitate to contact the office and we will pass on your comments to Jane to see if matters can be improved.

Medical Secretary – Dr John Dean

The mailbag has been pretty full in the past month and a few issues have arisen that might be of interest:

Loans for Purchase of Practice Premises

We have had a good response to our request in the last issue of Purple Pages for information about practices concerned about the financial products they have purchased to buy practice premises. The biggest problem is that large early redemption penalties and uncompetitive fixed interest rates are unattractive to incoming partners and the loan may become a millstone around the neck of a partner approaching retirement. GP newspapers picked up the story and we have had correspondence from other LMCs who know of GPs with similar concerns. This is clearly a national problem and we will be pursuing it further in the months ahead. Watch this space for more news. *If you are concerned about your practice premises finance arrangements, please drop me a line at the LMC office.*

GPC Guidance for GPs – The Future of GP Practice Premises

A copy of this leaflet has been sent to your Practice Manager with this newsletter.

Complaints and "Poor Performance Procedures"

The current procedures for managing complaints have been a great success. Local resolution and conciliation have been effective both for complainants and practices. Complaints have been dealt with rapidly, without the quasi-judicial, adversarial procedures of the old Service Committee hearings. Complainants are usually pleased that their concerns have been taken seriously and practices have had the opportunity to learn from the process. A great deal of credit should be given to Mick Davis at South & West Devon, and Carol Pearson at North & East Devon, the two Health Authority Complaints Managers. They have assisted complainants, practices and the Medical Secretary in resolving difficult issues to the benefit of all.

From 1st April 2002, new complaints procedures are to be introduced. These will be managed by individual PCTs rather than at Health Authority level.

In addition, the NHS tribunal, the "Supreme Court" of NHS Disciplinary Procedures is to be abolished and its powers are also to be devolved to PCTs. This is a very major change and meetings will take place in the next few months to see how this will affect Devon practices. I will be closely involved in this process and will keep you informed of developments. The LMC feel that it is essential to have a consistent approach across the whole of Devon so that complainants and practices are treated equitably. We are particularly keen to avoid a return to a more adversarial system. If any practice has comments on the new complaints procedures, or would like to comment on complaints management in general, please drop me a line.

I can be contacted by e-mail at dean@devonlmc.org or through the LMC Office.

Comings and Goings October 2001

Welcome to:

Dr Clare Lascelles, Hill Barton Surgery, Exeter
 Dr Steven Barada, Hill Barton Surgery, Exeter
 Dr Daryl Pearce, Boutport Medical Centre, N Devon
 Dr Richard Perrett, Leatside Surgery, Totnes

Goodbye to:

Dr Lisa Horman, Boutport Medical Centre, N Devon
 Dr Anthony Born, Leatside Surgery, Totnes
 Dr Julian Turner, Litchdon Medical Centre, N Devon

Dr John Ridge, Southover Medical Practice, Torquay

The Cameron Fund Christmas Appeal

It is that time of year again when I am asked to remind you of one of the less known GP support mechanisms that kicks in when almost all else has failed. The Fund does sterling work throughout the year but in addition to their normal support they have a tradition of sending "something extra" to their beneficiaries "GPs or their dependants who, through no fault of their own, have fallen on hard times". Special contributions last year enabled the Fund to distribute £17,440 to 65 different individuals or families to help them have the happiest possible Christmas. If you want to help this year please send your cheque to:



Dr E C Bramwell M.B.E.
 Chairman
 The Cameron Fund
 Tavistock House North
 Tavistock Square
 London WC1H 9HR

Remember that it could be you who needs some help in the future or, even worse, your family. Please give generously.

"SWELLS" Update

SWELLS continue to do great work training ordinary members of the public in CPR and in what to do in the event of major bleeding and the like. Since its inception, 12,150 ordinary members of the public have received this training, which makes me feel a little safer when wandering out in the countryside!

The recent British Heart Week led to a surge in phone calls to SWELLS from individuals wanting to receive training and I hope that this useful activity will be continued now that funding will have to come from PCTs rather than Health Authorities.

Research Project:

Reasons for admission to Hospital with COPD

We would like to inform GPs about a forthcoming research project in the Derriford Hospital catchment area. This is due to start in mid October and run for approximately 3 months.

Study designed by: **Dr Philip Hughes** (Consultant Chest Physician, Derriford Hospital)
Prof Michael Hyland (Psychologist, University of Plymouth)
Dr Rupert Jones (GP, Roborough Surgery, Plymouth)

- ◆ COPD Admissions form a large component of all acute medical admissions: approximately 10% at Derriford Hospital.
- ◆ They mostly occur in winter.
- ◆ They are hugely expensive.
- ◆ It has been suggested that many could be prevented.
- ◆ Few studies have asked the patient's views and less, if any, have considered the GP's perspective.

AIM

- ◆ To understand more about the views of admitting GP and the patient about the reasons for the admission.
- ◆ Whether admission might have been avoided and how?

- ◆ By understanding the problems facing the GP and the patient at the time of admission, it may be possible to provide services that can prevent some of these admissions, and make life easier for both GPs and patients.

THE PATIENTS

Patients admitted to Derriford Hospital with an exacerbation of COPD will be identified. After giving informed consent, they will be interviewed by the research assistant. The main topics will be:

- the main reasons why they were admitted
- the events leading to the agreement with the GP that admission was necessary
- Who drove that decision, and what did they think about it now they are in hospital.

WHAT DOES THE GP HAVE TO DO?

The GP who arranged for the patient's admission will be telephoned and asked to consent to give a short, recorded, semi-structured telephone interview. It will last approximately five minutes. It will consider the main reasons for admitting the patient, who drove the decision and whether admission could have been avoided and how. Response will be confidential and any quotation will be non-attributable.

PAY GPs will be paid £10 for their time for completed interviews.

Local Research Ethics Committee approval has been granted.

ANY QUERIES MAY BE ADDRESSED TO DR RUPERT JONES,
Telephone: 01752 764230 or e-mail rupertjones@ukgateway.net

CONFERENCES, COURSES AND INFORMATION

“Looking after Ourselves and our Staff”

Thurlestone Hotel, Nr Kingsbridge Saturday 17 November 2001

A day organised by Plymouth Young Principals Group – aimed at anyone in the first few years of being a principal including tutorials on occupational health, stress relief, health and safety, employment law, adding to our pension. PGEA applied for.

A meal in the evening is also organised – to which partners will be welcome. Some rooms reserved for those who would like to stay overnight.

For further details and application form, please contact:

Dr Claire Harnett or Dr Pete Leman

Mannamead Surgery

22 Eggbuckland Road

Plymouth

PL3 5HE

Tel: 01752 223652

Fax: 01752 253875

Email: claire.harnett@virgin.net



Implementing NICE Guidance – a practical handbook for professionals

This is a practical guide for NHS clinicians and managers on how to adopt and monitor national guidance, such as NICE Clinical Guidelines, Technology Appraisals and Referral Advice.

Individual copy £24.95

NHS Price £19.95

Further Details:

Radcliffe Medical Press Ltd. 18 Marcham Road, Abingdon,
 Oxon, OX14 1AA.

Tel: 01235 528830. Email: orders@radcliffemed.com

University of Birmingham

Seminar Programme



Establishing new approaches to citizen consultation – 11 December 2001

The seminar will examine the future of public consultation in the NHS, including the role of local voices and Patients' Forums, the Overview and Scrutiny Committees led by local authorities.

Changing expectations? Patient based strategies to manage demand – 10 January 2002

Rising patient expectations are resulting in greater demand for many health services. Examination of ways in which health care providers are attempting to influence demand by adopting a more patient-centred approach

stHAs: will the balance really shift? – 21-22 February 2002

This 2-day workshop will explore the functions of the new strategic health authorities when they become operational in England on 1 April 2002.

Further lessons on replacing waiting lists with booking systems – 6 March 2002

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

PCTs holding contracts for primary care: implications for nurses and nursing – 19 March 2002

It will examine the roles of nurses and GPs working to a PMS contract and consider the implications of such changes for nurses, doctors and managers working with Primary Care Trusts.

Hard choices: primary care trusts and priority setting – 21 March 2002

PCGs and PCTs will have a major role in bringing about efficiency improvements as they take on increasing responsibility for commissioning and service provision. The seminar will look at the tools and techniques that can help in making decisions about priorities for resource allocation.

Forthcoming Events

Public involvement in primary care trusts workshop – Spring 2002

Drawing upon research evidence and examples of innovative practice, the workshop will examine how PCTs might develop patient and citizen involvement through proposed new mechanisms such as PALs, Patients' Forums and local 'Voices'.

Changed utterly? Clinical governance and organisation culture – Spring 2002

What progress is being made in this area? What tools are available to help organisations prioritise areas for development? The aim will be to share some of the important work being done to develop the long-term clinical governance agenda as well as providing resources to enable participants to examine their organisation's clinical governance climate.

Learning Sets

Introducing PALS – Initial Meeting 24 January 2002

The government expectation is that by April 2002 every NHS trust and PCT will have a Patient Advocacy and Liaison Service (PALS). This is an important new development in patient involvement. The aim of PALS is to provide information to patients, their carers and families and to help resolve any problems or concerns with their health care before they become more serious. The local detail of how PALS will operate is still under development and may result in PALS staff feeling isolated and vulnerable, situated as they are at the interface between patients and staff within trusts. The learning set will include an initial meeting on 24 January followed by five 1-day meetings over a 12-month period.

Clinical directors: managers or leaders? – Initial meeting 25-26 February 2002

This is an ideal opportunity for clinical directors to meet together in a non-competitive environment to share knowledge, experience, issues and feelings. The sets normally run over a 12-month period with a 1-day meeting on 18 April. A further three 1-day meetings will be set once the group has been formed.

For further information on any of the above please contact: HSMC, The University of Birmingham, Park House, 40 Edgbaston Park Road, Birmingham B15 2RT. Tel: 0121 414 7050.

Internet: <http://www.bham.ac.uk/hsmc/>

V A C A N C I E S I N D E V O N

<p>St Leonard's Medical Practice 34 Denmark Road Exeter EX1 1SF Tel: 01392 201790</p>	<p>1. GP, Maternity Leave Cover - 3 sessions per week. All day Tuesday and Thursday afternoon including late call and medical administration, starting early January 2002.</p> <p>2. Phlebotomist/Health Care Assistant - 20 hours per week. Monday to Friday mornings, duties to include venepuncture new patient registrations, administration and processing recalls.</p> <p>3. Practice Nurse, Maternity Leave Cover - 18 hours per week. Wednesday and Thursday, starting early January. Previous experience preferred, including minor illness.</p> <p>4. Administrator - 10 hours per week. 9 month fixed term contract. Duties will include linking of patient notes, computer data entry and office administration. Knowledge of medical terminology and computer skills essential.</p> <p>5. Saturday Morning/Relief Receptionist - Up to 4 hours Saturday mornings and provision of cover for holidays and illness. Computer skills essential.</p> <p style="text-align: center;">We are a friendly practice 5-partner PMS pilot practice with list of 6,500 patients.</p> <p style="text-align: center;">For further information about any of the above posts please contact: Tim Smith on 01392 201790.</p> <p style="text-align: center;">Apply with CV and 2 referees to: Practice Manager. The closing date will be left open due to the variety of posts available.</p>
<p>College Surgery College Road Cullompton EX15 1TG Tel: 01884 831300</p>	<p>1. Medical Notes Summariser Past medical knowledge required and computer skills an advantage. Flexible hours are child OR retirement friendly! Experience preferred, training given for right person. Pensionable salary £5-£8 per hour dependant on experience. Good way to keep fresh or refresh medical knowledge if a nurse on or after a career break!! Please apply in writing with CV to: The Practice Manager.</p> <p>2. Medical Receptionist Experience preferred, training given for the right person. 25 hours per week, salary approx £9,000 p.a. pro rata pensionable. Please apply in writing with CV to: The Practice Manager.</p> <p>Closing date for both positions – 31st October 2001</p>
<p>Castle Place Surgery Park Hill Tiverton EX16 6RR Tel: 01884 252333</p>	<p>Phlebotomist Required Approximately 1—12 hours per week (five mornings). Experience not necessary as prepared to train. Please telephone for an application form and further details. Miss Helen Kingdon, Personnel Manager</p>
<p>Hatherleigh Medical Centre Hatherleigh Okehampton EX20 3JT Tel: 01837 810283</p>	<p>FULL-TIME SALARIED GP – RURAL WEST DEVON Fantastic opportunity for hassle-free General Practice. We are looking for a full-time salaried GP (job share considered) as part of an innovative PMS scheme. The doctor will work between 3 single-handed forward looking rural practices in West Devon, which are full equipped and modern with full ancillary staff. No on-call or out-of-hours responsibility. Salary from £48,000 - £55,000. Please apply to Mrs Michelle Downie, Practice Manager.</p>
<p>Litchdon Medical Centre Landkey Road Barnstaple EX32 9LL Tel: 01271 323443</p>	<p>RETAINER – NORTH DEVON Retainer required for 4 sessions per week to replace our present Retainer who has now obtained a partnership. We are a 9-partner training practice on the edge of Barnstaple, EMIS/NHS Net and a full complement of support staff. Reliable person required, GSOH a bonus! Approved retainer contract and pay adhered to. Please visit our website at www.Litchdon.com or telephone our Practice Manager, Mary Golden, for further details and an information visit.</p>

<p>Northam Surgery Bay View Road Northam Bideford EX39 1AZ Tel: 01237 474994</p>	<p>PARTNERSHIP VACANCY – NORTH DEVON Full-time replacement partner (job share considered) for friendly, democratic training practice in picturesque coastal town. List size 9,400, committed primary healthcare team with emphasis on high quality family medicine. Modern purpose built premises. Fully computerised (EMIS), PMS, some police work, above average income. GP co-op for out-of-hours. The ideal candidate will be energetic, comfortable with IT and committed to teamwork. Handwritten letter of application with full CV to: Jane Clark, Manager. Closing Date: 2 November 2001. Starting date subject to negotiation. Practice profile available on request.</p>
<p>Axminster Medical Practice St Thomas Court Church Street Axminster EX13 5AG Tel: 01297 32126</p>	<p>FULL-TIME OR 2 JOB-SHARE VACANCIES We are seeking a replacement for our retiring senior partner in April 2002. Full-time or two job-shares will be considered. 6 partners, semi-rural, part-dispensing, training practice. Situated near the coast with beautiful countryside and excellent amenities. Active community hospital with casualty and surgery. Fully EMIS computerised. Full ancillary staff. Excellent PHCT. Practice profile available from Mrs S Martin, Practice Manager. Applications with letter and CV by 5 November 2001.</p>
<p>Tothill Surgery 10 Tothill Avenue St Judes Plymouth PL4 8PH Tel: 01752 315594</p>	<p>HALF-TIME REPLACEMENT PARTNER - PLYMOUTH Small Practice requires half-time replacement partner to join existing full time partner. To work two afternoons until 6pm and one morning per week. Also occasional Wednesday afternoons (half-day rota) and 1 in 3 Saturdays. No out-of-hours duties. Rented premises so no large capital requirements. Pleasant surroundings in large recently modernised Victorian House in suburban area. Microtest computer system. Plenty of opportunities with new Medical School. Would suit doctor wishing to reduce hours or develop new interests in South West. Obstetric list & FP certificate preferred. For further information, speak to Dr Carlson or e-mail jcarlson@doctors.org.uk</p>
<p>Raleigh Surgery 33 Pines Road Exmouth EX8 5NH Tel: 01395 222499.</p>	<p>ADDITIONAL HALF-TIME PARTNER – EXMOUTH Required to join small, friendly expanding practice. Currently 2 full-time partners, becoming 1 full-time and 2 half-time from early 2002, when senior partner reduces his hours. Local out-of-hours Co-op, Community Hospital beds, good income, Microtest computer, purpose-built premises: optional buy-in, great staff and appreciative patients. For an informal chat or visit contact Jane Marston, Practice Manager</p>
<p>Old Farm Surgery 67 Foxhole Road Paignton TQ3 3TB Tel: 01803 556403</p>	<p>1. SALARIED GP - PAIGNTON An exciting opportunity to join our innovative and challenging PMS Practice as a Salaried GP, 4 – 5 sessions per week. We are a friendly 2-Partner Practice committed to high standards of medicine and a teamwork/holistic approach. We are also part of 2nd National Primary Care Collaborative working towards advanced access. We use the Microtest Computer System.</p> <p>2. PRACTICE NURSE GRADE E We also require a Practice Nurse Grade E to join our Nursing Team for a minimum of 8 hours weekly with flexibility to cover holiday and sick leave and the growth of the practice. General treatment room duties, dressings, vaccinations and health promotion. Encouragement will be given with continued professional development. Please send CV with handwritten letter of application for both positions. For an informal discussion contact Madeline Way, Practice Manager.</p>
<p>Bere Alston Medical Practice The Surgery Bere Alston Yelverton PL20 7EJ</p>	<p>PART-TIME DOCTOR REQUIRED (FEBRUARY 2002) Two days a week, preferably eligible for Retainer Scheme. We are looking for a doctor who will be fully committed to our country practice for two days each week. In return, we'll support your education, for example with help to take your MRCGP. We are enthusiastic about general practice and believe it has a great future. Find out more by phoning us on 01822-840269, or take a</p>

Tel: 01822 840269	look at http://members.aol.com/BereMedics
Stoke Surgery Belmont Villas Stoke Plymouth PL3 4DP Tel: 01752 558562	1. Receptionist to work 25 hours a week, 5 hours per day Monday to Friday and Saturday mornings on a rota. Pay rate starts at £5.20 per hour. 2. Filing Clerk to work 3 hours per day Monday to Friday a total of 15 hours per week, the pay for this post is £4.10 per hour. For further information and an informal chat please contact Mrs Louella Ryder, Senior Receptionist 01752 558562. Written applications to the Practice Manager, Jo Cottis
Wycliffe Surgery Elliott Road Prince Rock Plymouth PL4 9NH Tel: 01752 660648	REPLACEMENT PARTNER - 1 JANUARY 2002 Required for 8 sessions, Saturday am rota. No out-of-hours on call. This is a friendly inner city practice that is fully computerised and all targets reached. Please apply with CV plus 2 references to the Practice Manager. For an informal chat please ring Dr J Biggs. Email: kathy.perrett@GP-L83076.nhs.uk
Barton Surgery Horn Lane Plymstock PL9 9BR Tel: 01752 407129	RECEPTIONIST VACANCY Required from Monday – Friday, 15-20 hours per week. £5.53 per hour. Permanent position. Applications with CV to: Mr Martin Pallett, Practice Manager. For informal enquiries please ring Practice Manager on Mondays/Wednesdays.
Chillington Health Centre Orchard Way Chillington TQ7 2LB. Tel: 01548 580214 Email: Kathy.Burn@gp-L83148.nhs.uk	Sabbatical cover required for Full-Time Partner in South Devon Cover is required from Monday 17th June 2002 to Sunday 15th September 2002. Rural, dispensing, computerised (EMIS) practice, 2.5 WTE with a list size of approx 3,660. Approximately 3 nights on-call per month. Must be eligible for Minor Surgery, CHS, and Obstetrics. For further information please contact Dr Chris McIntosh or Kathy Burn.
POSITION REQUIRED	
Employer reference and CV available Tel: (Work) 01884 33536 Tel: (Home) 01364 652654 Ask for Maggie	SOON TO BE EX-PRACTICE MANAGER 6 years experience also Fund-holding Manager for 2½ years Seeking pastures new – Short Term or Longer Term Work, Part-time or Full-time in or near the Exeter -Torbay - Plymouth Triangle. Particularly enjoys Finance, Audit, Training, Research, Problem Solving and setting up O & M Systems (but anything considered). Part-Qualified in Accountancy, Good Office/IT Skills, Commercial Management Experience, Degree and Research in Physiology Qualified in Training and Lecturing



Send them Books not Bombs

Wondering what to do with your obsolete editions of the BNF and "Clinical Evidence"? Book Aid International are collecting these, to send to developing countries in the Commonwealth. All you have to do is to take them to your nearest pharmacy which stocks AAH Pharmaceuticals. (In Plymouth, that includes a couple of National Co-op Chemists.)

For further information, please contact Kay Collings, Telephone 024 7643 2453.

I am also looking into sending my journals to the Third World, through the Journals Project. If you have complete sets of six months or longer, not more than three years old, in reasonable condition, and you would like them to be used where they are needed, please contact me –

Clare Hamon e-mail clarehamon@eurobell.co.uk Telephone 01752 772395

Secretariat Managers Mutterings

Charges for access to health records under the DPA 1998 - UPDATE

After many months of increasing anxiety, the proposed reduction in charges for the production of medical records has been partly resolved. It was originally intended that the current maximum of £50 would reduce to £10 from mid-October. Devon LMC has taken an active role in highlighting many of the problems associated with aspects of the DPA. Dr Mark Wood (North Devon LMC) spoke very eloquently about the issues at the National LMC Conference in June.

While a maximum £50 charge is considerably better than the originally proposed £10, it still remains a major concern and problem, in that this charge does not reflect the actual costs of producing the material in the vast majority of cases. The total cost should

include the full costs of the GP's time taken reviewing the notes, the time of the person reproducing the notes and the actual material costs of reproduction, postage, etc.

The important fact for the moment is that the current arrangements, as previously outlined by the LMC, will continue. It is important to note that legal practices are already approaching primary care, sending cheques for £10 and demanding the full reproduction of notes. If you have problems the Secretariat Office will provide support for medical practices as well as continue to negotiate both locally and on a national level.

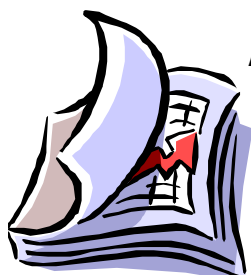
The following statement from the BMA clarifies the current position.

331/01- Lord Chancellor's Department 27 September 2001

The Government announced today that the charges levied by the NHS for providing individuals with access to their health records will continue at current levels for the time being. This means that the maximum fee that can be levied is £10 for records held on computer and £50 for paper records or other media.

Over the past year the Government has been working with key groups, including representatives from the NHS and patient interests, to evaluate the charges that are levied under the Data Protection Act 1998 for providing individuals with copies of their health records. The issue has been to strike a balance between ensuring that cost is not a barrier to individuals requesting access to their health records and allowing the NHS to recoup costs incurred in servicing requests, so that essential resources are not diverted from providing direct patient care. This is a difficult balance to strike, but a Department of Health led review of the current charges established that the present arrangement provides an acceptable compromise given current technology and record keeping practice.

The Government is committed to continuing discussions with key interest groups and to working closely with the Information Commissioner with the aim of achieving a long-term solution.



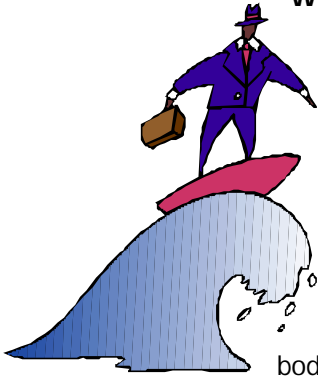
Annual Report

This year's annual report is just about to go off to the printers. As with last year, this project always seems to take on a life of its own and grows at its own pace. I am always amazed at the amount of time required to pull all the items together, proof read, adjust copy, adjust copy again, print and finally distribute. Every year we promise to start the process earlier and it always seems to slip. I would like to say a special thank you to all those who contributed and supported this year's publication. We should be in a position to distribute copies by mid-November.

LMC Newsletters

After months of nagging by the office staff, I have reluctantly had to give up production of the newsletter to concentrate on other more pressing LMC issues. The more observant amongst you may have noticed that production has now been passed into the very capable hands of Lynn Stubbings. Please pass any comments or contributions directly to her on lynn@devonlmc.org

NB: The next newsletter will be at the end of November. **All articles and adverts must be received by Wednesday 21 November at the latest.**



PMS and Superannuation (Guidance from the GPC)

PMS contracts must include employer contributions. GPs should check that their contracts take account of these costs with the cost of the employer contributions to be met by the health authority.

PMS 4 Wave and Regulation 18(K)

It is the time of year when the office receives piles of applications from practices around the patch, which are considering going PMS. The LMC is one of the statutory bodies that have to comment on every PMS application. The following information has been supplied by the GPC and may be of particular interest to those who are in the process of applying for PMS.

The GPC has written to the Health Department following concerns about GMS regulation (18K), which prevents GMS practices from recruiting to a vacancy once the practice has expressed an interest in becoming a PMS pilot under section 4 of the 1997 Primary Care Act. The vacancy is frozen until the Secretary of State approves the proposal and the pilot is established, or the proposal is rejected, or the practice decides to withdraw. Effectively, regulation 18(K) could cause manpower problems if PCTs are encouraging all practices in their locality to

convert to a PMS contract under wave 4. This is particularly problematic for those practices that defer their PMS application, and for practices in areas that are already experiencing recruitment and retention difficulties. For example, while potential third wave pilots had to express an interest by 30th June 2000, those who deferred their application to wave 3B will not become operational until 1st October 2001 resulting in a manpower freeze of 15 months. Practices applying to join the fourth wave PMS should consider how regulation 18(K) could affect their manpower

National Survey of GP Opinion

The following item has been extracted from the October GPC Newsletter.

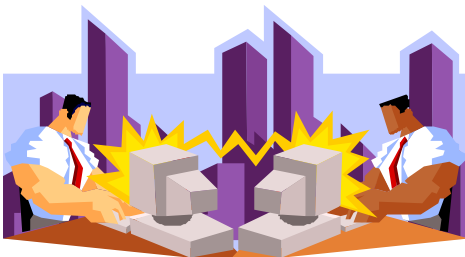
The results of the national survey of GP opinion are now available on the GPC's website. As you will have seen, the seminal messages from the survey are:

- Devastatingly and unacceptably low morale and a profession in poor heart.
- Consequential intentions to retire early or to leave general practice.
- Excessive workload, and the need to control that workload in future.
- The need to negotiate a radically modernised new GP contract.
- The need to secure national negotiating rights on behalf of all GPs.
- The perception that the role of general practice within the NHS is undervalued.
- A commitment to quality and to better services for patients, delivered in part through lower average list sizes and through longer consultations, which the research evidence shows are the best available marker for high quality care.



LMC Web Site – www.devonlmc.org

Following on from the above, all back copies of the Purple Pages are available as PDF files on the web site. I



have also started reviewing the majority of web pages on the site; I have completed the members' addresses page as well as a major re-vamp of the IT page. Recent additions have included postings from the PHLS (Public Health Laboratory Service) covering concerns over Anthrax, Plague & Smallpox. If you have not visited for a while, now is a good time to come on by. I try to ensure that the web site is as current and up-to-date as possible but if you experience any problems or feel something is missing please contact me on john@devonlmc.org