



Chief Officer's Corner



IN WITH THE NEW? (GMS CONTRACT THAT IS)

As you are all aware the negotiations between the GPC and the NHS Confederation on the New GMS Contract have reached the stage where the GPC wish to test the waters and brief GPs as to progress so far and the way to be taken forward. We have been asked to arrange a meeting with GPs from Devon and Cornwall (not forgetting the Isles of Scilly!) one evening in Exeter! You can imagine the immediate responses heard from around the peninsula! I have had discussions with Ros Winter (Secretary, Cornwall & Isles of Scilly LMC) and we are enquiring as to the cost of the three main out-of-hours providers (Devondocs, Kernowdoc and Healthcall) providing a "Saturday afternoon level service" during a weekday afternoon to both counties. This would release more than 1,000 GPs to be free to be consulted at a central venue without the double pressures of distance to travel in a short time and patients to care for. Closing down General Practice for a complete afternoon and evening would demonstrate the importance of the decision that soon faces all GPs in England. This New Contract is even more important than that of 1990 and is perhaps the most important change in General Practice since 1948. All GPs should be allowed the chance to hear and speak for themselves on this issue.

It may be that the cost might be prohibitive or that GPs would be happy to let this potentially huge change go along without their input, but the possibility of a fully representative meeting of the peninsula's GPs is very tempting. **Please let me know via the usual ways what your thoughts are on this.**

HAVE THE VOGONS TAKEN OVER THE DoH?

Those lovers of "Hitchhikers Guide to the Galaxy" will remember how the Vogons planning to construct a hyperspace bypass through the planet Earth lodged their planning application, perfectly legally, on Alpha Centauri. The fact that earthlings failed to lodge an appeal and were vaporised along with their planet was perfectly reasonable. Are the Department of Health (and presumably other organs of Government) using similar methods to ensure that appeals are kept to a minimum? Certainly, finding electronic copies of NHS Regulations and new papers is made difficult both by where things are published electronically and the fact that seldom is anybody told that things have been published let alone where! If you have the odd hour to spare (and are a little sad like me!) try a trawl through the fertile fishing grounds that are the DoH website and try to find the rules that govern the admittance of GP Non-Principals onto the new Supplementary List and particularly with respect to clinical references. You will be amazed and astounded (and more than a little irritated!!!).

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CHRIS WRIGHT TO DEVONDOCS

I am delighted to announce that Chris Wright takes up the General Manager post on 15 April. Congratulations to all! A very fitting appointment.

Devon LMC News

DIRECTOR LEVEL APPOINTMENTS TO OUR STRATEGIC HEALTH AUTHORITY

The following Director appointments have been made to the Strategic Health Authority:

- ❖ Director of Personal and Organisational Development
Alison Rowe (currently Director of Modernisation, C&IoS HA)
- ❖ Director of Strategic Partnerships
Anthony Farnsworth (currently Director of Primary and Community Care, N&ED HA)
- ❖ Director of Corporate Affairs
Will Erwin (currently Director of Corporate Affairs, C&IoS HA)
- ❖ Medical Director
Jim O'Brien (currently Director of Public Health, S&WD HA)
- ❖ Director of Finance
Rob Little (currently Director of Finance, N&ED HA)
- ❖ Director of Performance, Improvement and Modernisation
John Bewick (currently Acting Chief Executive, N&ED HA)

This team joins **Mrs Thelma Holland** (Chief Executive) and **Mrs Judy Leverton** (Chairman) and we wish them all the very best of fortune in the future. We do not yet know where the Authority will be based.

GP APPRAISAL

There is a whole mess of activity at present on this topic with PCTs being ordered to support it financially through negotiations with the LMC. Sadly the funds for this were not identified separately but are said to be within the normal baseline budget! (Where have we heard that before? *Ed.*) This means that already cash strapped PCTs are faced with large bills if the job is to be done properly and not as yet another “tick box exercise”. There is no agreed national guidance as to how long the exercise will take for either appraisers or appraisees and this is predicted to vary between 13 and 4 hours per GP per year. We hope to find an acceptable compromise where GPs are appraised in an informative, non-threatening, educative process by properly trained, respected GP colleagues, and in fully funded protected time. Not much to ask is it?



PMS – Waves 4b and 5!

We have a number of practices intending to go live on 1 April and we are currently being very briefly consulted on those applying for approval for the 1 October. Sadly, the main problem being resolved by all these practices arises from the political decision that there will be no growth funding for GMS practices and that it would only be available for those converting to PMS. Being pragmatic people the LMC supports these practices in their striving to gain additional

resources to care for their patients but remains concerned at the growing inequity of funding between PMS and GMS GPs. Many of the current plans contain useful innovation, which cannot sadly be shared with their GMS colleagues. Hopefully, the new GMS contract will help the profession to return to a position of genuine fairness and equity in the provision of services to the patients we care for.



IMPORTANT INFORMATION ON SUPPLEMENTARY LISTS

The deadline for applications to get on these lists and to remain employable as a GP Non-Principal has been extended so that applications must be received by 31 March. If yours has been received you may continue to work provisionally until you are admitted to a list. If you fail to meet the deadline you will be ineligible for GP work until you have both made an application and been accepted onto a list. You are reminded that it has been agreed that you will obtain two clinical references and send them for certification to us at the LMC Office (see below). We will get them back to you as soon as possible but you must remember that we are trading our making some 500 phone calls for your referees being called on an almost daily basis driving them to distraction and possibly drink!

Various correspondence regarding the supplementary lists

Dear Peter

I have been running round the steeplechase provided for willing locums in order to keep the paper mountain growing. A number of the hurdles were very old, one dating from 1937 others from 1963, 1973, 1981, etc. All this and other information was held by the FPC and its successors, but it now seems necessary for me to fish it out again. After practising as a GP Principal in Crediton for 31 years and in Medicine for 41 years I suddenly feel as if I had never existed – even my birth certificate is being required! And I have been given only one month's notice to provide it all.

I enclose two referees' letters. I understand you need to verify that they are not forgeries by contacting the referees who wrote them. Once you have been convinced of their authenticity you will stamp them and return them to me? I then need to keep them on my person whenever I am working in case I am accosted by the NHS thought police.

If the above is anything to go by, I fear that when I am due for re-accreditation I shall gracefully withdraw from Medical Practice. Which would be a shame for some hard-pressed Principals who need all the help they can get.

With all best wishes and many thanks.

Yours sincerely

*Dr Chris Maycock
(Enclosed with application for inclusion
in the Supplementary Medical List)*

Dear Dr Jolliffe

We have recently received details of requirements for inclusion on the 'Supplementary Medical List'.

As per the 'Guide for Completion' paragraph References, I have been asked to provide a reference for a colleague. I am prompted to write about the bureaucracy and time involved in the administration of this exercise, and would value your comments. Of course I understand that these regulations are requirements from the Department of Health. The letter we received was neither dated nor signed.

My understanding was that our general practice workload of paperwork was to be reduced. The issuing of references, which then subsequently have to be ratified and authenticated by the Local Medical Committee merely adds to the workload.

I would suggest that the requirement to seek and issue references to and from colleagues does little to help the morale within General Practice.

Dear Dr Mills

Thank you for your letter regarding the General Medical Services Supplementary List.

I, and most LMC officers around the country, heartily agree with your view of the increased bureaucracy and time involved in this particular Department of Health initiated enterprise. For many years there has been much talk of reducing bureaucracy within the National Health Service and several Scandinavian forests have been chopped down to provide the paper on which numerous plans to bring this about have been issued to all and sundry. I fear that in this particular exercise the only useful thing that has been done is the agreement that the Local Medical Committee (in the guise of myself) will certify the genuineness of any references required by GP non principals so that at least practices who are intending to employ the doctors don't have to spend probably fruitless hours trying to track down the doctors who are willing to give clinical references. It is indeed a shame that our profession is no longer given the regard that I believe it deserves and that the days when being qualified to work as a GP was enough in itself to allow you to be employed.

Thank you again for your letter, which with your explicit permission, I would be very happy to publish in the coming edition of purple pages.

I look forward to hearing from you.

Yours sincerely - Dr Peter Jolliffe

Yours sincerely
Dr David Mills



Medical Secretary's Monthly Musings

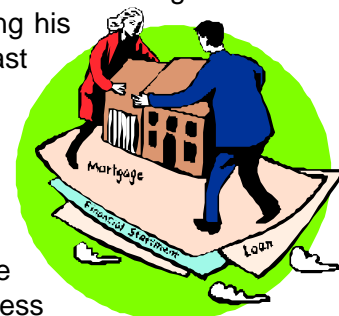
This month, we look at some potential financial problems that face many GPs around the county.

General Practice Finance Corporation:

Last year, Purple Pages highlighted the difficulties faced by some GPs who had financed their practice premises with loans from the General Practice Finance Corporation (GPFC), part of the newly named Viva group, formerly CGNU, formerly Norwich Union. These financial packages seemed attractive at the time, as the interest rate mirrored the rate of reimbursement under the Cost Rent Scheme. This made it unlikely that borrowers would face a long-term shortfall between their loan interest payments and their reimbursement. The price for this security was agreement to a high early redemption penalty that could run to tens of thousands of pounds. Many GPs joined this scheme after taking professional advice and were fully aware of both the benefits and costs. Some joined without taking professional advice and, sadly, have only themselves to blame. Others, more worryingly, allege that they were misled about the scheme and were mis-sold a financial package that was inappropriate to their needs.

Following the article last year, more than a dozen practices contacted the Medical Secretary with concerns about GPFC loans. With this information, Devon LMCs have been in contact with other LMCs and the General Practice Committee (GPC) of the British Medical Association, in order to identify a common approach to dealing with these concerns. The GPC has been in negotiation with the GPFC and has been given an undertaking that the company will carefully review cases where the terms of the loan agreement cause hardship on their individual merits. The company will also investigate any allegations that loans were sold improperly. They reserve the right to charge the full penalty for early redemption set out in the original agreement but may agree to waive part of this in some circumstances.

The sort of case that is likely to receive a favourable response is one in which a retiring GP is experiencing difficulty in transferring his loan to an incoming partner and selling his share in the practice premises. This has been an increasing problem in the past year and there are many retired GPs who find themselves unwilling landlords, unable to sell their property share to their successor or their remaining partners. Having a partnership agreement that specifies the arrangements for transfer of loans and property for incoming and outgoing partners can prevent this situation, but those facing this situation now will glean little comfort from hindsight. It is very unlikely that those who seek early redemption solely to take advantage of the lower interest rates that are currently available will benefit, unless they can demonstrate that the loan was improperly sold to them.



If you wish to redeem your loan with the GPFC before its full term and feel that there are specific reasons why they should waive part of the early redemption penalty, you should write to the GPFC setting out your case. I know that some of you have already done this, setting out an excellent case as to why penalties might be waived, only to be told that you must pay the full penalty. However, the situation has now changed a little and it is worth writing again. Please indicate that you are doing this in the knowledge of the discussions that have taken place between the GPC and the GPFC, and, if you are willing to do so, please copy the correspondence to the Medical Secretary. I would be pleased to assist you, if you would like me to review your draft letter or advise you on any response that you might receive. If you are dissatisfied with the response that you receive from the GPFC, please contact me, with copies of all correspondence, and I will take the matter up with the GPC.

Medical indemnity insurance and the withdrawal of the St Paul:

Several Devon GPs have contacted me with concerns about the withdrawal of the St Paul Insurance Company from the medical indemnity market. Attracted by very attractive rates and under the impression that the St Paul was committed to medical indemnity insurance in the long term, many switched to the new provider. The company had mounted a very aggressive marketing campaign targeted towards GPs. Those that switched now find that the company has abruptly withdrawn from the market, probably because of the massive increase in costs arising out of medical negligence litigation in the United States. To add insult to injury, they may have to pay a considerable sum to provide run off cover, for claims arising in the future for work carried out during the period that they were with the St Paul. The final sum may considerably exceed the cost differential they would have paid if they had remained with their original defence organisation.



The BMA and the Small Practices Association (SPA) have been in negotiation with the St Paul to try and agree a way forward. There is the possibility of litigation and the SPA has established a fighting fund to support this for its members. It has also produced an excellent guide on how those affected should proceed, which I will quote from below. It is essential that you follow the correct procedure.

1. You should write, by Special Delivery, to Paul Cusition, General Manager London, St Paul International Insurance Company Ltd, 122 Leadenhall Street, London EC3V 4HQ, enclosing photocopies of your documents, requesting for a settlement offer for run off cover, indicating the quotation that you have received from your preferred supplier of medical indemnity.
2. If you agree with the offer, write a letter of acceptance to the St Paul.
3. If you disagree with the offer, you will need to appeal against their decision. There are two stages to the appeal process. The first appeal should be made to Mr Cusition, at the same address. You may accept or reject his response. The second appeal should be made to Martin Hudson, General Manager UK, St Paul International Insurance Company Ltd, St Paul House, 61-63 London Road, Redhill, Surrey RH1 1NA. Again, you may accept or reject his response.
4. At this stage, you have exhausted the St Paul in-house appeal process. If you wish to proceed further, you should then write to the Financial Ombudsman Service to ask for adjudication. You can obtain a copy of their complaint form from The Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London E14 9SR, Telephone 0845-080-1800 or 020-7964-1000, or download it from their website (<http://www.fos.org>) There is no cost to you for pursuing this, although the St Paul will pay £375 for each case that goes through the adjudication system. The outcome of the adjudication is binding upon the St Paul and they do not have the option of withdrawing their offer to you if the case goes against you. You can only seek FOS adjudication if you have completed the process described in steps one to three.

SPA members can obtain support from that organisation and they can be contacted at spa@zen.co.uk or on 01706-691880. Non-members can ask the Medical Secretary for advice and I would ask anyone planning to appeal to keep me apprised of their progress, particularly when they reach stage four.

Hopefully, I will have some more cheerful reading for you in our next issue. If you would like more information about the issues covered in this article, I can be contacted (reliably) by e-mail, at john@dean.eu.com or by telephone, on 01752-665879 or 07831-430324, or through the LMC office.

Care Direct, a new service for older people, their relatives and carers, began in Devon in December. Devon is one of six Authorities in the UK piloting the development of this initiative, along with Bournemouth, Bristol, Gloucestershire, Plymouth and Somerset. In October of this year Care Direct will become operational across the whole of the South West of England.

The service aims to provide a single gateway for accessing information, advice and help concerning social care, community health, housing and benefits, and can be contacted by telephoning freephone 0800 444 000 between 8.00 am and 8.00 pm. Care Direct has also taken to the road and the public can now see a Care Direct Adviser in person at a number of public libraries, the Health Information Centre at RD&E Wonford, and from April at Imperial Surgery, Exmouth. A pharmacist at Moretonhampstead is to provide a local contact for the service, and further meetings with Devon's pharmacists are planned to discuss how we might work together.

Since launch date around 800 calls have been received. When a person rings the Freephone number they will speak to an Adviser who will attempt to resolve their enquiry at the point of contact. They may need to do some research, in

which case they will ring the caller back, or if a more detailed assessment is required they will, with the caller's consent, make a referral on the person's behalf to the relevant agency. Either way the member of the public only has to make one telephone call - Care Direct will do the rest.

Feedback to Care Direct from our partner agencies so far has been very positive, confirming that the opportunity to be able to make just one phone call to Care Direct for information and help about a very wide range of issues for older people and their cares has been a major step forward, and we are now working to rapidly increase public awareness of the service. The government intend to develop Care Direct as a very comprehensive and broadly based information and help service for older people. It is likely that over the course of the next few years the scope of the service will increase to include areas such as home security, leisure, lifelong learning, consumer advice etc.

It is particularly hoped that Care Direct will be of value to GPs and other primary care professionals: we welcome contact if you would like one of the team to meet with your group to discuss how Care Direct may be of assistance. Please contact Judy Tennant, Care Direct Project Co-ordinator, Tel. 01392 383503, or e-mail jtennant@devon.gov.uk if we can help.

VOLUNTARY LEVY 2002 - Jen Townsend, Financial Manager

I advised in the last purple pages that the amount of the voluntary levy for the calendar year 2002, requested by the General Practitioners Defence Fund Ltd., was an increase of 3.9% on 2001 to 4.05 pence per patient (2001 - 3.9p). I have now completed the drawing down of this levy and the statistics are as follows:



South Devon LMC

95% of the current patient list size is covered by paying doctors. The final amount paid is 4.2 pence per patient, whereas the amount asked for was 4.05 pence. This is because of those doctors who have not signed the mandate to pay. If you are one of these, please do sign the mandate now and send to the office so that you can be included next time.

North & East Devon LMC

98.3% of the current patient list size is covered by paying doctors. The final amount paid is 4.05 pence per patient, exactly that asked for. This is because the total patient numbers used by the GMSDF Ltd. is slightly out of date and the numbers have risen, so although some doctors are not paying, the others are paying on a higher patient number. This will not necessarily be the case next year, so if you are one of those who don't pay, please do sign the mandate now and send to the office so that you can be included in the next draw down.

The GPs in the North & East Devon LMC also pay an extra 0.1 pence per patient as a charitable donation to the Cameron Fund and the total amount collected this year is £495.42. This has been sent to the Cameron Fund.

Young Carers in Plymouth

Overview

In November 2000 PIPCYP (Plymouth's Integrated Plans for Child and Young People) ratified a multi-agency strategy for Young Carers in Plymouth. A copy of this now revised and amended strategy (January 2002) is available on request from Bronwyn Prosser. This document outlines the agreed action for all agencies in Plymouth with regard to young carers.

Health Service

As part of the strategy involvement of health service workers in supporting both young carers initiatives and young carers personally is requested. We currently have an "Information Pack for Social Care Practitioners" that we can send to you on request. This pack gives useful information about younger carers, action that can be taken to assist them and details of support services. Please contact Bronwyn Prosser if you want a copy.

Awareness Raising

If anyone would like further information about younger carers, members of the multi-agency task group would be more than willing to attend meetings, staff days or specific events on request. Let us know if you think it would be helpful?

Free Training

Plymouth Social and Housing Services have a free half-day multi-agency training course available to all agencies. Health Workers are particularly welcome. For details of this training please contact Richard Brandon or Sheila Carter at College of St Mark & St John – 01752 306390.

Contact Person:

Bronwyn Prosser
Policy Planning & Development Officer
83 Chaucer Way, Manadon
Plymouth PL5 3EQ
Tel: 01752 305157. Fax: 0n752 305160
Email: bronwyn.prosser@plymouth.gov.uk

SWELLS UPDATE

I would like to congratulate all the instructors and participants in SWELLS events over the last year. At the end of 2001 13,173 people had been trained in giving life support aid. Two instructors gave up a full day to teach hundreds of young people at Plymouth College the skills that might one day save a life and there are now more instructors including 7 firemen who are now fully qualified to teach on this!

The SWELLS Administrator, Karen White, who can be contacted on 01884 251817 between 0900 - 1300 hours daily, would very much appreciate hearing from anybody in Exeter who has a suitable venue at which up to 20 people could be trained. I am sure that some of the practices have a big enough area that could be used in the evening. If so, please volunteer yourselves and get along to see the excellent work that the trainers are doing.

MENINGITIS C VACCINE: DISTRIBUTION AND DISPOSAL ARRANGEMENTS

As reported in January 2002 GPC news, we were seeking clarification of the arrangements for the disposal of any unused and expired Meningitis C vaccine.



The distributors of the vaccine, Farillon, have informed us that they will collect large (70 +) supplies of any unused and expired vaccine, but that it will take 4 weeks from the date of notification for them to collect these. For smaller amounts of expired vaccine, Farillon advises that these be disposed of in GPs' sharps bins.

Clearly these arrangements are quite unsatisfactory and we are raising them with the Department of Health.

Farillon have also informed us that the bulk supplies which many GPs received in Dec/Jan without requesting them will not be repeated. From now on, GPs will need to order the vaccine by contacting Farillon (tel: 01708 330200). However, if you do order bulk supplies we suggest that you check the expiry date and that it might be worth ordering two smaller supplies rather than one large supply if the vaccines offered have a short shelf life left.

We will keep you informed of our discussions with the English health department on their wish for a targeting campaign. As we reported in GPC news, the GPC has not agreed to the targeting of patients under 25 years of age as we are aware that some practices may not feel able to get involved in this or manage the extra work arising from this.

Julie Goodway - GPC Policy & Negotiations

Comings and Goings March 2002

Welcome to:	Goodbye to:
Dr Jeremy Jacob , College Surgery, Cullompton Dr Mattheus Pieterse , Northam Surgery, Bideford Dr Iain Stewart , Brannam Medical Centre, Barnstaple Dr Lucy Thrippleton , Knowle House Surgery, Plymouth Dr Daniel Fay , Glenside Medical Centre, Plymouth Dr Sean Ross , Warwick Practice, Ilfracombe Dr Glen Allaway , Lynton Health Centre Dr Samantha Barrell , Compass House Med Practice	Dr Richard Perrett , Leatside Surgery, Totnes Dr Eric Holmes , Warwick Practice, Ilfracombe Dr Brian Gurry , Glenside Medical Centre, Plymouth Dr David Knights , Marlborough Surgery, Plymouth Dr Roger Ferrar , Lynton Health Centre

Courses, Conferences and Information



**GPIAG Conference:
Integrated Care for COPD
Dartington Hall
FRIDAY 19TH APRIL 2002**



9.30 am to 5.00 pm PGEA has been applied for

The Plymouth Respiratory Research Unit in association with GPIAG announces a one-day conference on integrating services for patients with COPD. There will be presentations for health care professionals from the Southwest regional hospitals and for primary care nationwide.

If you would like to attend please contact Dept of Primary Health Care & General Practice, ITTC Building, Tamar Science Park, Derriford, Plymouth PL6 8BX.

NHS Alliance Spring Conference

Directors, leading players or backstage hands? Clinical professionals in PCTs

Thursday 21 March – Barbican Cinema, London

The Alliance will look at the issues to see if power is moving and to examine how it is, when it is and what the barriers are to progress. Of vital interest to clinical professionals and managers alike, the conference will formulate an Alliance action plan for shifting the balance within PCTs.

Complementary Medicine in Primary Care – Time to Decide

Wednesday 27 March 2002 – Royal Society of Medicine, London

This special one-day conference will consider the issues that Primary Care leaders need to address when they look at the provision of complementary medicine. It will examine the evidence needed to make decisions, the cost-effectiveness of treatments and how to ensure that the appropriate practitioners are involved in the delivery of service.

For further information on the above conferences please contact: Health Links – Tel:0121 248 3399.

Fax: 0121 248 3390 or email: yhunter@health-links.fsnet.co.uk

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- ❖ Good working conditions
- ❖ Full administrative support
- ❖ Full nursing support

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Outpatient Sister on 01392 262137

The Exeter Nuffield Hospital, Wonford Road, Exeter EX2 4UG

VACANCIES IN DEVON

<p>Stoke Surgery Belmont Villas Stoke Plymouth PL3 4DP Tel: 01752 606837</p>	<p>PLYMOUTH - PART-TIME SALARIED GP Required from 1 April 2002</p> <p>We are a three-partner practice working from modern and spacious premises with 5,500 patients in a socially mixed and interesting area of the City. We have a team of great experience who work well together in a competent and friendly manner. From 1st April we require a GP for four sessions a week. A dedicated consulting room is available. We expect the successful applicant to become involved in all areas of the practice. Hours and pay are negotiable, as is the starting date for the right person.</p> <p>Please contact Dr J R Franklin</p>
<p>College Surgery Partnership College Road Cullompton EX15 1TG Tel: 01884 831300</p>	<p>MEDICAL RECEPTIONIST 20 hrs per week £8,800 pa pro rata</p> <p>Experienced in General Practice reception work, preferably with a recognised qualification. Further career development and training offered. Must be flexible. Permanent position.</p> <p>To obtain application form contact: Donna Stevens Closing Date: 22 March 2002. Interview Date: Thursday 4 April 2002.</p>
<p>Raleigh Surgery, 33 Pines Road EXMOUTH EX8 5NH Tel: 01395 222499</p>	<p>Exciting Opportunity in Devon Partnership vacancy for ½ time partner in Jan 2003</p> <p>Small expanding partnership in Exmouth requires an additional ½ timer from January 2003. 4000+ patients and growing steadily. Fully computerised. Higher targets achieved. Purpose built premises with option to buy-in if desired. Local cottage hospital, out-of-hours co-op, excellent opportunities for developing outside interests and possibility of teaching in new Peninsula Medical School. Superb World Heritage Coastal location - Dartmoor, Exmoor and Exeter within easy reach.</p> <p>What are you waiting for? Pick up the 'phone and ask to speak to Jane Marston or David Spiers for further details and practice profile. Closing date: 1 May 2002.</p>
<p>Channel View Surgery 3 Courtenay Place Teignmouth Devon TQ14 8AY Tel. 01626 774656</p>	<p>FULL-TIME PARTNER</p> <p>Come and join us by the sea to replace full-time Partner, starting July 2002. Flexible approach to facilitate personal development. Golden Hello applies. 5 Partners supported by a strong PHCT. OOH Co-op. Community Hospital. EMIS – nearly paperless. Applications should be addressed to Mrs Susan Hedley, in the form of a CV together with a covering letter or email: susan.hedley@gp-L83120.nhs.uk Closing Date: 10 April 2002</p>

<p>Dr Michael Brewer, RD3, Motueka, New Zealand. Tel: 0064 3 5287541 AH or Email: m.brewer@xtra.co.nz</p>	<p style="text-align: center;">NEW ZEALAND Wanted – Long-term Locum or Partner</p> <p>A general practice position of 4-6 sessions per week is available from the end of April 2002 in the South Island town of Motueka, New Zealand. A long-term commitment is sought although locum offers of 3 months or more will be considered. There is one other practitioner in the practice. Out-of-hours is shared with 5 other nearby practices and is 1:12. The practice is fully computerised and presently has a GP registrar. Motueka is a semi-rural town serving a population of 14,000 within 45 minutes drive of Nelson city (pop 70,000) where there is the base hospital. The main industries are horticulture, tourism and fishing. There is also a large retirement population attracted by the fine weather and surroundings. There are 2 national parks within 20 minutes drive providing easy access to beaches and mountains. Apply to Dr Michael Brewer.</p>
<p>Claremont Medical Practice Exmouth Health Centre Claremont Grove EXMOUTH, DEVON EX8 2JF Tel: 01395 273666</p>	<p style="text-align: center;">(1) Replacement for Retiring Partner ¾ time in a 6 Partner Practice (4.75 WTE), plus GP Retainer, plus GP Associate. Date of Commencement: 1/10/02.</p> <p>We are a friendly, innovative, forward thinking Training Practice operating from a superb modern Health Centre, caring for approx 10,150 patients, plus a dispensing branch surgery. The Practice is progressive, fully computerised (Vision), paperless and achieves all higher targets with well above average income. We have an onsite GP Hospital with a small Casualty/Minor Injuries Unit and a fully Integrated Nursing Team. For out-of-hours work we use a local based co-op.</p> <p style="text-align: center;">Excellent windsurfing, sailing and sports facilities with Dartmoor National Park nearby.</p> <p>For further information please contact Hazel Hunt, Practice Manager. Closing date: 30 March 2002 and interviews will be held on 22 and 29 April 2002. Informal visits are welcomed.</p> <p style="text-align: center;">(2) 1 or 2 Salaried GPs £5,750 per session pa Initially for 3 years</p> <p>We are seeking one or two enthusiastic doctors to join our friendly, innovative Practice in Exmouth.</p> <p>The post(s) are for 8 sessions per week including daytime visits, some daytime work on call and some Saturdays. For out-of-hours work we use a local based co-op. You will receive 6 weeks annual leave plus one week's paid study leave per annum.</p> <p>If you are interested in this post(s), please contact Hazel Hunt, Practice Manager, for further information and application details. Closing date 30 March 2002 and interviews will be held on 23 and 30 April 2002.</p>

Future LMC Meeting Dates

Combined Devon LMC Meeting

15 May 2002 – Comfort Inn, Kennford - 1:00 lunch 14:00 meeting starts

South Devon LMC AGM
10 July 2002 – Glazebrook Hotel
13:00 lunch & meeting starts 14:00

North & East Devon LMC AGM
24 July 2002 – Tiverton Hotel
13:00 lunch & meeting starts 14:00