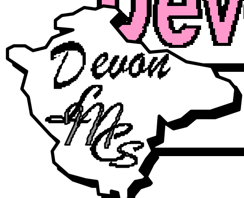
Devon Local Medical Committees



Newsletter ~ Issue No 20 ~ April 2002

Chief Officer's Corner

Devon LMC News

DEVONWIDE MEETING ON GMS NEW CONTRACT

Following my article in last month's purple pages I have received more comment than on any other subject, with letters, emails and phone calls. The overwhelming majority have supported the concept of an afternoon when all Devon GPs will be available to attend this very important event in every GP's life. Both LMCs have voted unanimously for us to organise this meeting. As I type John Baker is seeking out an appropriate venue which may now be in the Exeter area (although this is by no means certain!) rather than in Plymouth. Sadly Kernowdoc found themselves unable to provide the needed cover for all Cornish GPs to be freed up to attend. Happily Devondoc and Healthcall will be able to cover their patches and I hope that Seadoc and other set ups will also be able to cope. I will be contacting them in a couple of weeks when things are more certain. Nevertheless stray Cornish, Somerset and Dorset GPs will be welcome guests wherever we hold it!

We will be sending out flyers as soon as possible and the three dates we are working on are the afternoons of Friday 3rd, 17th and 31st May so please try to book as few appointments as possible (preferably none!) for afternoon or evening surgeries on those days. We want as many Devon GPs as possible to attend wherever we meet so please arrange car sharing for partners or even neighbouring practices. Your staff members could also use the time for their own training purposes or in any other way that does not need your presence.

This will be your best opportunity to first listen to Dr John Chisholm and to ask him for any clarification needed and then let him know your genuine grass root GP views. The GPC needs the support of the profession in its attempts to achieve an improved GMS contract. I hope that Devon general practice will be able to influence future action rather than merely react to it. Here is your personal chance to do so.

GP APPRAISAL

We have had sensible discussions with all 8 PCTs on this topic and the most difficult areas remain: the funding for both appraisers and appraisees; the selection and training of sufficient appraisers to make the system viable; sufficient understanding or training of appraisees so that the system is seen to be non-threatening, formative, educative and supportive; how long is needed for the process both in the set up and subsequent years. We are close to agreement on the cost of each appraisal based on a compromise of timing as to how long the process will take. We are looking at one day in total with half set aside for preparation by the appraisee and half for the actual appraisal. Appraiser time will be split ¼ day for preparation, ½ day for the appraisal and ¼ day for report writing. The actual time taken and an estimate of what time should have been given will be

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recorded for each appraisal to inform future funding and time allowance decisions. We will let you know of progress as soon as it is made!

GOODBYE MEDICAL PRACTICE COMMITTEE

The MPC has had its last meeting and it has not been replaced with a body that looks at national distribution of GPs. Regulation of numbers now falls to PCTs each of whom has been given recruitment targets! I hope that this will not worsen the numbers game for GP recruitment in Devon but fear it might! The retiring Chairman of the MPC, Mrs Ro Day, has similar fears and I hope we are both wrong. In any event I would like to thank Ro for her hard work in the final months of the MPC and for her robust comments to our political masters. A shame perhaps that her advice has not been heeded.

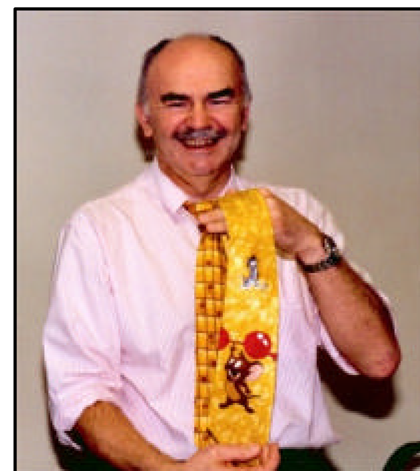
FAREWELL HEALTH AUTHORITIES!

Both Devon HAs were abolished on April Fools Day – an auspicious date in most NHS reorganisations! Some of the people involved have already found new roles in the NHS locally (see past issues) but many excellent people remain uncertain as to their futures. Some have retired with the thanks of those who have worked with them - I think particularly of Eamonn Drummond in S&W and Jean Weston in N&E. I would like to thank all those at both HAs on your behalf for their past efforts and wish them the best for the future whatever it holds.

I must congratulate Peter Colclough on his new post as CEO of Torbay PCT. It is really good for the Devon Healthcare community to keep his experience available in the county. I will keep you appraised of changes as I come to know of them over the coming months.

THANKS JACK AND NIGEL

Two long serving servants of the old Devon LMC and the N&E Devon LMC have retired from membership and indeed Chairmanships of the LMC on 31st March. Jack Shelley was Chairman of the N&E Devon LMC for about three years after several years as its Treasurer and Nigel Brennan was Chairman of the North Devon Sub-Committee for a decade! Their wise counsel and enthusiasm will be missed. I was happy to present them with retirement gifts on your behalf (see pictures for detail!). Their replacements will be Dr John Ackroyd taking on the main committee as Chairman and Dr Mark Wood in the North Devon Sub-Committee. Thank you both for sticking your heads above the parapet!!



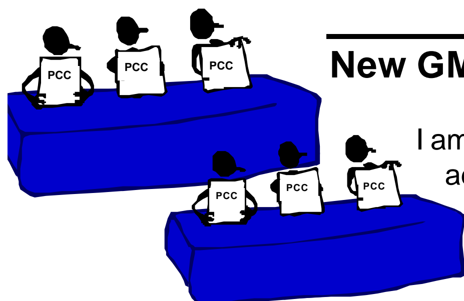
Other recent significant retirements include Dr Steve Price as N&E Treasurer and LMC member and Dr Phil Taylor and Dr David Penwarden as members. Thank you all. We welcome Drs Janet Ward, David Spiers and Simon Hodges to the membership as their replacements!

GP Registrars Model Contract

A framework for a written contract of employment and handbook of terms and conditions of service has now been finalised. They were compiled with expert input from colleagues in regional services and it is hoped that these documents will provide helpful guidance when GP registrars come to draw up their contracts with individual practices. These documents will be available on the GPC website under GPC guidance (GP registrar section) and from local BMA offices. BMA members are also reminded they can obtain additional employment advice from their local BMA office.

Electronic Patient Records (EPRs)

The GPC has received reports that many GP practices are not fulfilling their terms of service, the accreditation process for maintaining EPRs and GMC guidelines by failing to forward a full copy of the record to the health authority when a patient leaves the practice. Please may we remind GPs to abide by the 'Good practice guidelines for electronic patient records' (http://.doh.gov.uk/gpepr/index.htm) and forward the entire record to the health authority.



New GMC Office in Manchester

I am sure we will all be delighted to learn that the GMC is opening up additional accommodation to enable them to be able to hold up 6 Professional Conduct Committee (PCC) hearings in parallel! PCC panels sitting in Manchester will hear cases from anywhere in the United Kingdom but hope to be able to concentrate on cases from the north of England and Scotland.

I sincerely hope that no Devon based GPs will ever be travelling up to Manchester for such a purpose and indeed I hope that travel to London will also be unnecessary!

SWELLS Update

The latest SWELLS newsletter reports 59 training sessions being held bringing the number of lay people trained by the scheme to approximately 14,000 to date. Westcountry Ambulance staff has done a huge amount of work since SWELLS opened up and one must remember that this is done on a voluntary basis. My thanks to all involved. In particular, I would like to congratulate the four new Heartstart Instructors who qualified in March with Paul Gerry and Dave Jolly in Torquay, Bill Saunderson in Exeter and Heather Rew in Ilfracombe.

Midsummer Medical Ball

A social event for GPs and Consultants and their partners

Friday 21 June 2002 - Powderham Castle
Gourmet Buffet

Dancing to "Up for Grabs"
Black Tie/Ball Gown

Book early to avoid disappointment

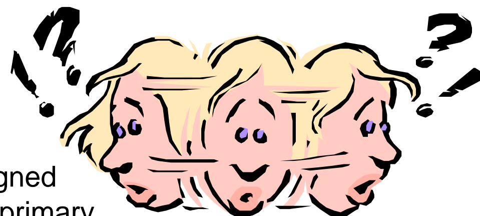
Tickets £30.00 (£5.00 to Hospice) available from:

Dr Pip Hayes (St Leonards Medical Practice)

Dr Tania Davis (Budleigh Salterton Health Centre)

Dr Marina Morgan (Microbiology Dept. RD & E Hospital)

When things go wrong – John Dean, Medical Secretary



The Department of Health is introducing a range of measures designed to tackle alleged poor performance in the NHS, including within primary care. Whilst the aim of these measures is laudable, it is going to add to GP workload. It is also questionable whether the benefits of these initiatives will outweigh the costs in terms of time spent on unproven administrative activities rather than on clinical activities. Time will tell.

Three new schemes, covering GP appraisal, complaints, and allegations of underperformance, are meant to have come into effect on 1st April 2002, although lack of information about them and details on their implementation prevent a full assessment of their impact on general practice in Devon. An important principle is that the all three, the appraisal process, investigations of alleged underperformance and investigations of complaints are completely separate issues, which should be managed by three completely separate processes, without linkage. This may seem obvious but there has been some (probably) well meaning but clearly inappropriate blurring of the distinction between them by some agencies.

Appraisal: Regular professional appraisal is already practised by many doctors on a voluntary basis but was imposed as a contractual obligation for NHS GPs on 01/04/02. How it will be implemented is still in considerable doubt, despite the Department of Health's aspiration that every GP will submit to a standardised appraisal process before 31/03/03. As conscientious, self-motivated professionals, we should all be "self-directed learners" and appraisal should become a routine part of our regular learning need assessment, the results being used to help us to develop our need-related personal learning plan. It is a "formative" assessment for the benefit of the practitioner, not a "summative" assessment for the benefit of the Department or the contracting authority, used covertly for performance management purposes. It is certainly not a tool for identifying "underperformance", as anyone with even a modicum of guile could confound the process if they perceived that it was being used for that purpose. Having personally appraised GPs participating in a voluntary scheme for several years, I am not so arrogant as to believe that I could detect underperformance in a colleague who wished to deceive me. Happily, knowing the doctors that I have worked with so well, I am convinced that this has not been the case. However, even with considerable experience, I would not have the same confidence within an imposed and involuntary universal appraisal system, particularly if there is any tension or perceived conflict between the doctors being appraised and the appraising doctor. There is a great deal of discussion going on regarding the implementation of universal appraisal and I intend to cover this in detail in next month's *Purple Pages*.

Complaints: I have written much about complaints in recent months, so I will confine myself to explaining why the NHS complaints system should be considered as distinct from the other two processes. Individual complaints are, generally speaking, not evidence of underperformance. Complainants are most frequently concerned about some aspect of the way in which they were treated, or about a practitioner's attitude towards them. Even when the practitioner has provided exemplary clinical care, it is all too common for outrageous allegations to be made about their overall professional competence. On those occasions when the main thrust of the complaint is upheld, in that matters might have been better managed in some way, it is unusual for Independent Review Boards to raise serious doubts about a doctor's overall professional competence. Even if that were the case, mechanisms already exist for the Board to recommend that contracting authorities take action regarding this. A pattern of complaints observed over time is a different matter and may constitute evidence of underperformance. Practices and individual practitioners should make every effort to learn from *all* complaints, not just those that are dealt with by formal procedures, however trivial they might seem, however unwelcome they might be and however unjustified you might consider them. Identifying and dealing with their causes may save a great deal of pain and trouble in the future.

Underperformance: The current situation is that when an *allegation* of underperformance is made, usually originating from a professional colleague (doctor, nurse, pharmacist, etc), an initial assessment of the allegation is made by a triumvirate consisting of the LMC Chief Officer, the Director of Public Health (for the Health Authority) and the local Clinical Governance Lead (for the Primary care Trust). They will usually make enquiries of those making the allegation and then speak with the allegedly under performing doctor. They then have several options open to them:

1. They may find that the allegations are not substantiated, that there is no evidence of underperformance and that no action is necessary.
2. They may offer advice to the doctor concerned, agreeing a programme for any necessary remedial action (educational, change of practice procedures, review of personal attitudes and behaviour), setting a review date to ensure that the agreed action has taken place;
3. Where poor mental or physical health is involved, they may recommend that the doctor involved consult their GP with a view to obtaining a Med 3 certificate for sickness absence, and then refer them to the primary care Occupational Health Service; in some circumstances, it may be necessary to appoint a doctor to examine them urgently and, on the basis of the examining doctor's findings, recommend to the contracting authority that they be immediately suspended under Regulation 25;
4. They may commission an inquiry by "three wise men", peers of the doctor concerned, usually from a different geographical area, who will conduct an in-depth investigation and then make recommendations for further action;
5. In very serious cases where patients need immediate protection and where the practitioner refuses to co-operate in taking remedial action, they may refer the matter to the GMC.

A new process, the details of which have yet to be fully specified by the DoH, will replace this procedure, which has worked well for a number of years. It will involve a new National Clinical Assessment Authority, although how involved that authority will be at local level is yet to be determined. A working party, which includes myself as an LMC representative, has been looking into these issues but our progress has been hampered by the lack of detailed information from the Department. Generally speaking, alleged underperformance may be ascribed to one or more of three causes; poor health (physical or psychological), unmet educational need (the doctor is often unaware of this need, and it can usually be remedied through educational interventions) and, most rarely, professional misconduct (wilful neglect of our professional duty to maintain our professional learning and offer a satisfactory standard of care). Those with health issues may self-refer, or be referred to the primary care Occupational Health Service. Those with unmet educational needs may seek advice from or be referred to an appropriate educational adviser. This might be a GP tutor or other appropriately experienced educator. It would not normally be the local Clinical Governance Lead. Misconduct through neglect of our professional obligations is, fortunately, very rare. Those doctors that do slip into bad habits of practice are usually mortified when they are made aware of alleged underperformance. They are only too willing to engage in activities designed to resolve any areas of potential underperformance and to co-operate with those colleagues who are delegated to assist them.

Next month, I will be reviewing the situation with GP appraisal. If you want more information about the Department of Health's proposals, visit http://www.doh.gov.uk/pricare/index.htm - be warned that this is not a site for the faint hearted! The appraisal scheme *might* be a wonderful opportunity for us to have fully funded, protected time with a properly trained and funded educational adviser, so that we can manage our professional learning more effectively. This would be of benefit to everyone, doctors and patients alike. However, it could also turn into an inadequately resourced administrative nightmare or, worse still, something from the Dark Side, such as performance management of general practice and a further curtailment of our professional freedom.

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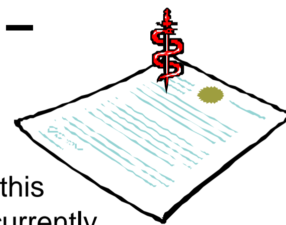
Fees for Reports for Life Assurance Purposes –
Information from the BMA



Following a detailed discussion of the work involved and the agreement with the ABI at a meeting of the Professional Fees Committee early in 2001 it was agreed to seek a significant increase in the agreed fee. The ABI has so far rejected the BMA proposals though they had a meeting with them to discuss the way forward and it has moved some way towards the BMA position. However, at the moment there are no agreed fees with the ABI as the previous agreement expired at the end of March 2001.

The BMA is, therefore, advising doctors to charge their own private rate for this work. As a guide the BMA currently suggests a fee of £66 for a report undertaken on behalf of a GP's own patient which takes half an hour to complete. The Committee, however, has not agreed or endorsed a standard letter to be sent to insurance companies. Meanwhile the ABI has advised that the new rate for work is £31.

The Peninsula Medical School Community Programme

The medical school opens its doors to the first medical students on 30th September this year. We, Community Clinical Sub Deans are working hard to prepare the way for these students who, as the medical school asserts, "*will be the best clinically skilled medical graduates in the country"*

The following extract is from the latest PMS newsletter, published this month. More details can be found at http:**//www.pms.ac.uk/newsletter/**

The Programme

The first students arrive in September 2002. In each of the first two years (Phase One) the student will follow the complete life cycle from pre-conception to death. This will be reflected in the structure of the course, the clinical skills training, the plenary sessions and, of course, in the community experience.

Each student will spend half a day a week in the community programme - either in seminar groups, preparing for or debriefing after, the community placement - or in the community itself.

In Phase Two, years 3 and 4, the student will follow pathways of care both on the wards and a day a week in the community.

Throughout the course students will have to complete several Special Study Units - SSUs, making up Special Study Modules. These give the student the opportunity to follow a personal interest or speciality and will allow students to tailor the course to their own perceived needs with guidance from their tutors. SSUs will comprise 30% of the total final assessment.

To fit in with modern communications that will be expected of our students, all future communications will be via e-mail and the web.

More information may be obtained from the website or from any of the three Community Sub Deans: David Leeder, Adrian Freeman, Steve Watkins

LOST IN THE TRANSLATION?

IMPORTANT INFORMATION FOR PLYMOUTH PCT PRACTICES – GUIDELINES FOR USING LANGUAGE LINE

Plymouth PCT has become aware that despite information being sent out to Plymouth practices, some GPs are still unaware that they can access the Language Line telephone translation services when dealing with non-English speaking asylum seekers. The costs will be charged to Plymouth Primary Care Trust and this contract is available for all GPs working within the Plymouth PCT. The calls cost approximately £3 per minute - it is not a cheap service but it helps with meeting the needs of this client group when there is a shortage of accredited "face-to-face" interpreters that the Trust is unable to fund.

When using Language Line it is advisable to have a list of questions prepared before making the call and to call back with any further questions that have arisen during an examination - a 60-minute call will cost £110.

When contacting Language Line on 0845 310 9900 **you will be asked:**

- **Plymouth PCT account no. C6182 (Language Line will have a list of all PPCT practices authorised to use this contract)**
- **Your ID code L23310**
- **Organisation and Practice - Plymouth PCT + name of your practice**
- **Your name**
- **The language you require**

You will need to document the interpreter's ID number when you have been connected.
When possible, arrange the consultation with Language Line in advance. This is particularly helpful for less common languages.
Conference calls/speaker phones work best or two phones connected to the same phone socket but the service can still be used with a single telephone.

Language line provides information sheets that can be obtained via: Freephone 0800 1692 879, fax 020 7520 1450 or email - sales@languageline.co.uk

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Comings and Goings March 2002

Welcome to:	Goodbye to:
Dr Alison Prust, Raleigh Surgery, Exmouth Dr Marc Epps, Southway Surgery, Plymouth Dr Philip Davies, Friary House Surgery, Plymouth Dr Michelle Earley, Pathfields Practice, Plymouth Dr Monika Kinteh, Wonford Green Surgery, Exeter Dr Robert Daniels, Townsend House Surgery, Seaton Dr Jonathan Allen, Axminster Medical Practice	Dr Michael Wickins, Townsend House Surgery, Seaton Dr Christopher Sutton, Axminster Medical Practice Dr Ronald Samuel, Southway Surgery, Plymouth Dr Sheila Gould, Croft Hall Medical Practice, Torquay

Dr Sarah Ellis, Axminster Medical Practice	

The Fountain Foundation
(The South West Medical Research Foundation)
Cordially invites you to

"Celebration 2002"

A Grand Charity Concert to celebrate the adoption of the Foundation as the charity supporting the Peninsula Medical School (Universities of Exeter & Plymouth)

Plymouth Pavilions on
Wednesday 15 May 2002 at 7.30pm
Compère: Mr Craig Rich

Programme

The Band of HM Royal Marines, Plymouth
The Plymouth Area Police Choir
The Choir of St Joseph's School, Launceston
Tickets £9.50 (Students & Senior Citizens £6.00)
Tickets obtainable from: Plymouth Pavilions 01752 229922 or
The Fountain Foundation, ITTC Building, Tamar Science Park, Plymouth PL6 8BX

Conferences, Courses and Information

GP Registrars Conference

National conference for "GPs to be"
Thursday 11 - Friday 12 July 2002
Stratford Moat House Hotel, Stratford upon Avon

This is aimed at all those doctors on a vocational training scheme or in their GP registrar year. A brochure giving all the details of this 2-day conference is available from the BMA's conference unit or on the conference unit on the BMA website as well as via the GPC's homepage - **http://web.bma.org.uk/gpc.nsf**. For more information please contact BMA/BMJ conference unit on 020 7383 6605.

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British Medical Acupuncture Society Foundation Course in Acupuncture Exeter 2002

Two weekends: 1 - 2 June and 29 - 30 June. PGEA/CME applied for.

This course is designed to teach basis acupuncture techniques over the two weekends. Approximately 500 doctors were trained last year on this practically based course, which is now coming to Exeter. If you would like to learn this new skill please contact the BMAS Office on 01925 730727.

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University of Birmingham

Masters/PG Diploma Programmes 2002
HMSC offers four related Masters programmes, each with an associated Post Graduate Diploma. For further information please contact: University of Birmingham Tel: 01214147050.
Website: **http://www.bham.ac.uk/hsmc/**

Gatehouse - New Courses

Dealing Effectively with Disciplinaries - Fri 20 September 2002
Staff Selection Skills for Managers - Wed 29 May or Thursday 10 October 2002
Conducting Successful Performance Appraisals - Fri 5 July 2002
Balancing Workloads - Mon 1 July 2002
Making your Meetings Work - Wed 22 May
Effective Delegation - Tues 18 June 2002
Negotiate with Confidence - Thurs11 July 2002
CV & Interview Skills for Secretarial and Administrative Staff - Wed 10 July 2002
Further details of the above courses please contact: Gate House on 0207 347 3500 after that date.

<table>
<tr><th colspan="2">VACANCIES IN DEVON</th></tr>
<tr><td>Chiddenbrook Surgery
Threshers
Crediton
Devon
EX17 3JJ
Tel: 01363 772227</td><td>PHLEBOTOMIST/HEALTH CARE ASSISTANT

Due to the relocation of our current Phlebotomist we are looking for a replacement to start as soon as possible.

3 sessions a week – Tuesdays, Wednesdays and Fridays
8.30-12.30 approx. (Possibility of Wednesday afternoons)

Duties include venepuncture, taking of ECGs and blood pressure measurement.
Hourly rate of pay £6.00 if qualified. May be willing to train.

For further details or application form please contact the Practice Manager</td></tr>
<tr><td>Peverell Park Surgery
162 Outlands Road
Peverell
Plymouth
Devon
PL2 3PX
Tel: 01752 79438</td><td>FULL-TIME PMS SALARIED GP
From 1 September 2002

SALARY IN EXCESS OF £50k
We are a PMS Practice run from 2 sites; branch surgery at the University of Plymouth.
We require a doctor who will be able to provide all the services normally expected of a GP. We do not wish to be over-prescriptive in a detailed job description but hope for flexibility in both directions, according to the needs of the Practice.

Clinical Requirements:
MRCGP (Family Planning cert) not essential but helpful.
Special interests/skills encouraged.
Computer literacy welcomed as moving towards paperless (EMIS) practice.
Interest in audit.
Post suitable for independent person to work alongside Partners in supportive, sober environment.
Further information contact Danny Stiles, Practice Manager.</td></tr>
<tr><td>Beaumont Villa Surgery
St Judes
Plymouth
Devon
PL4 9BL
Tel: 01752 663776
www.beaumont-villa.co.uk</td><td>RETAINER - Plymouth

Required from September 2002 for up to 4 sessions a week
Vacancy arises from retirement of previous retainer
We are an established 4-partner proactive, friendly practice with University Branch Surgery
Sessions flexible to university/school terms.
BMA rates and conditions apply.
Expressions of interest please to
Felicity Barry, Practice Manager.</td></tr>
</table>

Bere Alston Medical Practice **Bere Alston** **Yelverton** **Devon** **PL20 7EJ** **Tel: 01822 840269** **Email: Beremedics@aol.com**	**PRACTICE MANAGER** Bere Alston is a small, forward-looking Personal Medical Services practice with a history of innovation. We are looking for a manager who can use their business and personal skills to help us through the challenge of change. We have an integrated Primary Care Nurse Team, GP Registrar, powerful IT system and above all a first class relationship with our patients. Hours of work and rate of pay by negotiation. For a job description, person specification, and further information contact Samantha Grylls. **Closing date for applications 20 April 2002**
St Budeaux Health Centre **Stirling Road** **Plymouth** **Devon** **PL5 1PL** **Tel: 01752 361010**	**SALARIED GP/JOB SHARE** We are a long established 6-doctor practice in the west of Plymouth On 1 April we became a PMS Practice and are now looking for a salaried GP or Job Share for 8 sessions in total per week. Starting date, hours and pay are negotiable. The practice has a full primary care team and is in the process of redevelopment to a new build in partnership with Plymouth PCT. The incoming GP would be expected to cover minor ops, CHS and obstetrics. **For further details contact: Dr Jo Butcher/Mrs Rose Davies, Practice Manager, or apply in writing with CV to the Practice Manager.**
Townsend House Medical Centre **49 Harepath Road** **Seaton** **Devon** **EX12 2RY** **Tel: 01297 20616**	**GRADE E PRACTICE NURSE** **Start June 2002** We are a friendly seaside practice looking after 6,800 patients with a high proportion of elderly patients. We are looking for an enthusiastic nurse to work within a team committed to personal, professional and practice development. Normal nursing responsibilities including, chronic disease, NSF led clinics. Experience is desirable but not essential, as training will be offered. Timetable negotiable within time limits of practice. 5 Weeks annual holiday plus study leave. NHS pension scheme. For further information please contact Mrs A Mungeam, Practice Manager, or send written application with CV advising of current salary. **Closing Date: 15 May 2002**
St Leonard's Medical Practice **34 Denmark Road** **Exeter** **Devon** **EX1 1SF** **Tel: 01392 201790**	**MEDICAL SECRETARY** Required to work in a medical practice for 37 hours a week. Enthusiastic, sensitive, flexible and amiable person who can work on his/her own initiative. Good communication skills and computer/ keyboard skills, especially Word, essential. Medical secretarial experience would be an advantage. Duties will include reception work, administration and occasional Saturday morning cover. Apply with CV and 2 referees to: The Practice Manager. **Closing Date: 26 April 2002**