

Devon Local Medical Committees

Newsletter Issue No 22

June 2002



Chief Officer's Corner

506 attend LMC/GPC meeting in Dawlish!!

I was delighted with the attendance at the two session meeting we arranged to give all Devon GPs the opportunity to hear, at first hand, details of the proposed new GMS GP contract from the Chairman of GPC Wales, Dr Tony Calland. I am pleased that many of you have taken time to thank John Baker and the Secretariat team for their efforts both before and on the day. I would also like to thank the representatives of the Drug Industry whose financial support made the day possible. They really are not the enemy!

424 GP principals attended leaving me wondering what happened to the other 280!!! 42 GP non-principals came along with 26 Practice Managers, 9 senior PCT officers and 5 "others" which included the local press and the Primary Care lead for the Strategic Health Authority, Mr Anthony Farnsworth. Feedback about the arrangement of the event itself has been excellent and many found the presentations informative and helpful in assisting them in

deciding how to vote in the coming ballot (which may have already arrived as you read this). Both Devon LMCs were unhappy with the decision to ballot the profession before the new contract is "priced" but the question to be asked is now, I understand without actually having seen the official version, one that would have been acceptable to most members. LMC Conference will debate the issue next week (19th and 20th) and we will report back on events. In the meantime can I encourage all GPs with a vote to use it either one way or the other. Abstention will not help the profession on this one. How you vote is purely a matter for you and not one in which I wish to influence you. You have had the papers and the chance to hear for yourselves and ask questions. Now let the GPC know your response.

GENERAL PRACTITIONERS
NEW GP CONTRACT 2002
YOUR CONTRACT YOUR FUTURE



Dr Tony Calland
Chairman GPC Wales
presenting the proposed
new GMS Contract



Massed Devon GPs listening to the GPC presentation "Your Contract, Your Future" at Dawlish

Only a brief bit from me today as life is particularly hectic at the Secretariat Office. Our move to new premises is progressing but less smoothly than I would like. You will get a special flyer with all the new details as soon as everything is confirmed. LMC Conference next week takes up planning time as does trying to work effectively with eight "new" Primary Care Trusts who, in most cases, have not yet finalised their own management arrangements. As the old Chinese sadist said "May you live in interesting times"!!

Report to the Devon LMC on Child Protection – Dr Jane Richards, LMC Rep

Fortunately, child abuse cases do not happen with the frequency we associate with other primary care paediatric problems such as respiratory tract infections and rashes, but when they do the results are devastating for the children concerned and involve an enormous amount of work and anxiety for the health professionals caught up in them.

In recent cases in Devon – and there have been 3 serious enough to be subject to a review of the roles of the agencies involved, under Part 8 of “Working Together to Safeguard Children”, since I have been the LMC representative on the Devon Area Child Protection Committee – the role of members of the Primary Health Care Team has come in for some justifiable criticism. This is mainly in the area of inadequate communication between the members of the team who have responsibilities to the children of the practice and the need for greater awareness of potential problems. The inadequacy of A & E reports and their distribution and timeliness has also been commented upon.

Recommendations have been that GPs need training in child protection procedures and awareness of risk situations. The latter now includes in particular the incidence of domestic violence in a household, even when not initially affecting the children directly. It is a factor in 1/3 of child protection case conferences.

Training is being developed by Devon Social Services in two forms. A 2-day very basic course and a 9-day more specialised course. I have indicated that I consider that the former is the only practical course that GPs will be able to find time to attend. The longer course may be necessary for the named doctor (see next paragraph).

PCTs are now responsible for provision of the health aspects of child protection services in primary care and are required to have a named doctor and a named nurse to take the professional leads within the trust. A lead PCT needs to be identified to commission CP services.

There is a letter from Jacqui Smith to all Chief Executives of PCTs and PCGs (dated 28.01.02) which although not mandatory is certainly positively directive! **(May 2002)**

Doctor Patient Partnership (DPP)

Preventing and Managing Hypertension

The Doctor Patient Partnership continues to be a key voice in promoting the effective use of primary care services.

Working in partnership with the National Dairy Council, DPP has developed materials that aim to encourage patients to take a more active role in preventing and managing hypertension. To reserve a complimentary supply of materials, please contact Liza da Silva on 020 7383 6824 or visit the website at www.dpp.org.uk



Supplementary Lists: Australia to England

I could not believe the speed with which I received a reply when I recently requested a reference from Australia for a doctor joining the supplementary list here in Devon. Not only was I faxed an immediate reply but the hard copy was sent to me in the post and this took only 4 days!

I only wish we could get the same sort of response timescale from surgeries when we send out requests locally!!

Out of the 239 non-principals who have applied to join the Supplementary list we have checked and certified 148 X 2 references. We remind principals and non-principals that it has become a Terms of Service requirement for an employing practice to check 2 clinical references. It is for that reason that we have been certifying written references are genuine to avoid employers trying to track down two referees before a locum starts work. **Remember that referees do not wish to be contacted several times a week.**



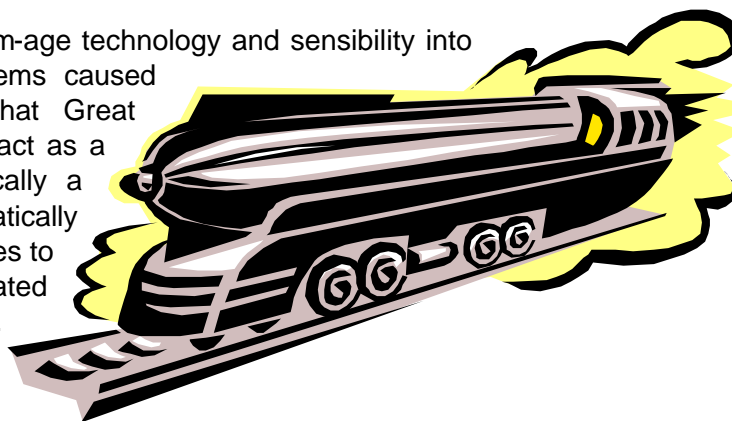
<p>Drs Perks, Boyhan, Weston-Baker & Potter North Road West Medical Centre Plymouth PL1 5BZ Tel: 01752 662780 e-mail: jenny.haynes@gp-l83030.nhs.uk</p>	<p align="center">GP Retainer - Plymouth</p> <p>Retainer required for 2 sessions a week in this innovative, 4-partner practice. We are an energetic partnership working well together to agreed policies and protocols with the aim of high quality patient care. We enjoy our work and this is reflected in the service offered to patients. Three of us are trainers and we currently have one GP Retainer and one GP Registrar at the practice.</p> <p>Our high standards are backed up by our excellent multi-disciplinary team and our strong network of support staff, which we value highly. Our building has its own car park, is well-equipped with all mod cons and is situated only a few minutes' walk from the excellent shopping facilities in Plymouth City Centre.</p> <p>Interested in finding out more? Please contact Jenny Haynes, Practice Manager</p>
<p>Wembury Surgery 51 Hawthorn Grove Wembury Plymouth PL9 0BE Tel: 01752 862118</p>	<p align="center">Part-time Practice Manager - Plymouth</p> <p>Required for a busy single-handed, semi-rural dispensing practice. This is a new post (up to 20 hours per week) and offers the successful applicant the opportunity to respond to a variety of challenges.</p> <p>Application in writing with CV to: Mrs J Bennett, For more information and job description please telephone. Closing Date: ASAP</p>
<p align="center">Maternity Locum Required - Plymouth 27 August 2002 – 13 January 2003</p> <p>Our 4-partner, friendly, innovative practice needs a locum doctor to cover a full-time partner on maternity leave. Ideally duties would involve 4 full days covering am and pm surgeries, visits and paperwork. No weekend or OOH cover required. One day on call and flexibility in hours negotiable</p> <p>For further details contact Mrs Felicity Barry, Practice Manager, Beaumont Villa Surgery, 23 Beaumont Road, St Judes, Plymouth PL4 9BL - Tel: 01752 663776. www.beaumont-villa.co.uk</p>	

Mini Software Review

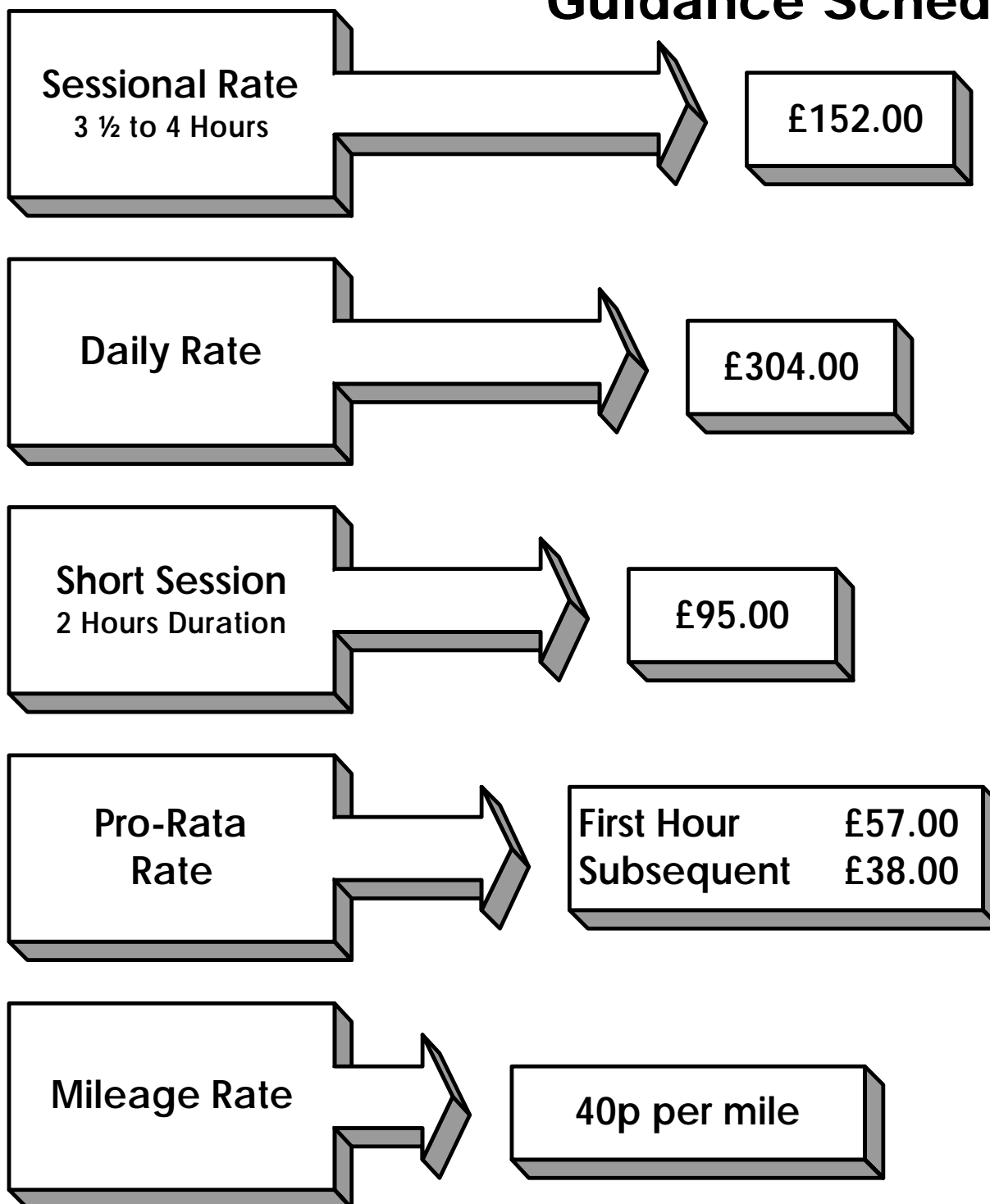
- "Dead Man Switch" - <http://daisyman.arsware.org/dms/>

This is a bit of fun software, which I have been looking at, originally done partially tongue-in-cheek. It gets its name from a safety device that used to be installed a century ago in locomotives: A spring-loaded pedal or lever the engineer would have to stand on or pull to operate the train. If the engineer left his assigned position or if he fainted or died while at his post, the pedal or lever would be released, and the train would automatically stop.

The "Dead Man Switch" software brings this steam-age technology and sensibility into the age of the Internet. It addresses the problems caused if we were unexpectedly to "shuffle off to that Great Motherboard in the Sky:" software which would act as a proverbial "Dead Man's Switch," which is basically a system that, if not reset by a given time, will automatically carry out a series of tasks, such as posting messages to websites, sending e-mails to loved ones (or hated ones), and encrypting or destroying sensitive files....



Attendance Fees 2002 - 2003 Guidance Schedule



Notes -

BMA Rates of Pay - The annual increase in the BMA suggested rates of pay has been delayed by an investigation by the Office of Fair Trading (OFT). The investigation began in 1999 and so the BMA have been unable to update these suggestions since then. The OFT has stated that "Anything that prevents, restricts or distorts the ability to ... be [competitive] on price and quality grounds ... is potentially anti-competitive... In the context of price, individuals should set or negotiate their fees with potential employers individually."

BMA Rates - The "Rates of Pay" were last set for the year 99/00 - since then the uplifts have been, Year 00/01 - 3.30%, Year 01/02 - 3.9%, Year 02/03 - 6.1%

Mileage - The proposed figure will be the new Inland Revenue Authorised Mileage Rate of £0.40p Per Mile for the first 10,000 miles.

Please note that if we pay more than this rate, the payment will be liable to Tax and NI, plus comprehensive declarations by the claimant.

- **Daily Rate equates to 9am to 6pm**
- **Sessional Rate is 3.5 to 4 hours**