

# Devon Local Medical Committees

Newsletter Issue No 30

March/April 2003



## Chief Officer's Corner

**First - Vote Nicky Toynton – see back page!! and second...**

### THE GRANDMOTHER OF ALL COCK-UPS!

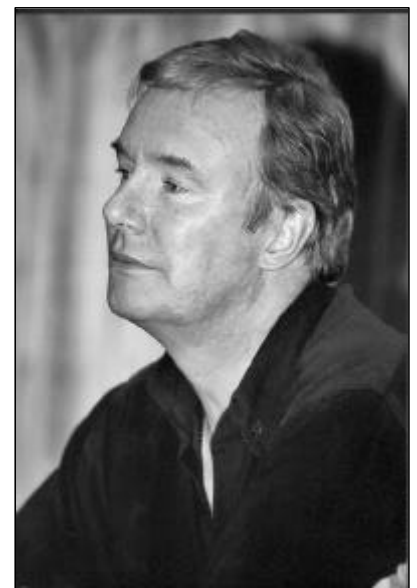
The LMC hosted two very well attended meetings of GPs with two GPC Negotiators at St Mellion and at Tiverton. A total of 555 people attended, but at times did not hear what they wanted to.

The conspiracy theorists have been out in strength since the formula for calculating the "Practice Global Sum" (the "Carr-Hill formula") was used to distribute the good news to GPs as to how their financial future was to be assured! "The Benny Hill formula" (one of the politest names that this formula has been called) is in no way amusing despite learning that its inventor is "an anti-establishment academic currently in Nepal who looks like an escapee from Tolkein"! "How could the GPC take something this important on trust from government statisticians without testing it themselves?" "Are they trying to get a 'No' Vote?" "Do the Government want us all to go PMS?" "Do they want us to go private like the dentists?" Lots of questions and few easy answers. Nevertheless, I smell "cock-up" rather than conspiracy here. Can the Government really afford to get this one wrong with the large percentage of GPs in their mid-fifties sitting ready to take their pensions and head south? Or with all the promises made to the electorate about "Modernisation" of the NHS? Or with General Practice being about as attractive to young doctors as a blind date with Robin Cook or Ann Widdecombe? (*Political balance is important. Ed.*)

My firm belief is that all parties intended to negotiate a contract that gave "wins" for their side. Sadly HMG stuck its oar in at the last moment after the GPC and the NHS Confederation had come to some (probably) acceptable compromises and took out some sensible bits for purely political reasons. But even then the Government wanted a 'Yes' ballot and would not have intentionally tried to give 72% of GPs a reduction in resources (and take home pay!). There was real anger and dismay at many of the GPC Road Shows until these were partially allayed by the promise to re-examine "Benny Hill" and that the ballot would be delayed until it was sorted out. The concept of the PIG (Practice Income Guarantee) was introduced so that the concept of "losers" would disappear. There was, of course, the caveat that the "Parliamentary Legislative Window" might slam shut in June if there had not been a ballot before then BUT that cannot be a reason to rush again and to



Local GPs & Managers at the St Mellion Roadshow



Dr Tony Calland GPC Negotiator at the Tiverton Roadshow

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Devon LMC News

compound the problem that already exists. The GPC and those it negotiates with must examine the formula forensically to see what is wrong. They must ignore the 2001 census data, which is known to be flawed and is not helping the use of the formula. They must **GET IT RIGHT** so that GPs can compare and contrast their current income against realistic predictions for the future. When they have done that they should come back to the profession and introduce the proposed changes honestly and openly whilst displaying true leadership by giving a recommendation as to how GPs should vote. There should be no more fence sitting – the profession's leaders should be able to say whether they have done a good job or not and advise GPs as to whether they should accept or reject the contract. There will be more news after another emergency GPC meeting tomorrow (Thursday 27<sup>th</sup> March) and I hope to be able to get that to you. The article below comes direct from the GPC....

### **Will this PIG fly? - Further news from the GPC Negotiating Team GPC meetings - 22 and 27 March 2003**

The GPC met on 22 and 27 March to discuss the global sum allocations problem and to decide on a way forward. During the course of the two days, the committee considered different solutions and concluded yesterday (27<sup>th</sup> March) that a proposal for a Minimum Practice Income Guarantee (MPIG) should be put to the profession as part of the new contract proposals.

The MPIG proposal had been initially drawn up by the negotiating team and the NHS Confederation, and modified to take account of the GPC's comments. Health Ministers have also agreed to the proposal. A brief summary of the MPIG follows:

- the transitional protection scheme will be replaced by a new Minimum Practice Income Guarantee (MPIG) that will ensure that all practices start under the new contract from a neutral position i.e. the MPIG will ensure that the gap between practices' global sum allocations and the equivalents of their current income from Red Book receipts (but **solely** for those items that read across from the Red Book into the global sum) is bridged
- the MPIG will be uprated in the same way as the global sum
- practices will, in addition, have an unrestricted ability to access funds through the quality and outcomes framework – preparation payments, aspiration payments and achievement payments – subject to a baseline level of quality payments, set at the value of 100 points in 2004/05 and 150 points in 2005/06
- practices will also have income from the guaranteed floor for enhanced services, seniority payments, and access to guaranteed funding for IT and premises.

**22 March 2003** – “The GPC negotiators are very sorry that over the last ten days a great many GPs have experienced anxiety, frustration, fear and uncertainty as a direct result of receiving the letters to practices containing indicative information regarding weighted practice populations and global sum estimates. They remain committed to ensuring that all practices become winners under the new contract.”

### **Update from Dr Roger Bulley, GPC Representative Portfolio working and future of good practitioner practice contracts.**

I believe the time is right for all of us to revisit our partnership contracts. More of us are now portfolio working and many are working part-time in our practices. As practitioners it is therefore essential to be totally clear on our “working times” for the practice and “working times” for ourselves and our families, noting the new options for out-of-hours work by December 2004.



**Drs Charlie Daniels & Andrew Dearden  
at the Tiverton Roadshow**

This area of discussion must also be considered **in advance** of the new contractual arrangements, whether they be PMS or GMS2. If these are clarified and “in writing”, supported by practice agreements, it should allow much less internal tensions in the practice teams so that **all** know the boundaries of their own income generation for whom, and at what times in the working week.

I look forward to comments on these issues. (Roger can be contacted via the LMC Office. Ed.)

### **VoxPop... from Nicola Heywood**

When I was working in a practice it was very handy to be able to email colleagues in other practices to find out how they felt about certain issues. The LMC has a facility created by Mark Wood in North Devon and called Voxpop that works like a notice board and enables everyone to see what has been posted to it and string a discussion below the initiating notices. The main benefits over email seem to me to be that:



- you don't have to set up a circulation list
- it reaches a wider audience of managers outside of one's own network
- it automatically groups discussions under headings so you can follow the discussion
- if you have a problem someone, somewhere, has probably solved it before and will point you in the right direction
- if you have an issue, support from others can strengthen your position

Practice managers and GPs in North Devon have been able to use it as part of a pilot and it has worked well for those who use it. Would you be interested in joining a system dedicated to practice managers across Devon? We would be happy to come along to one of your meetings and discuss how it works and the benefits.

If you would like to know more then please contact Nicola on **01392 834020** or [nicola@devonlmc.org](mailto:nicola@devonlmc.org)

### **Plymouth Practice Managers Conference – Nicola Heywood**

On the 11 March, Liz Brimacombe the Practice Manager of the Waterloo Surgery, Plymouth, in collaboration with other members of the Plymouth Practice Managers Group and the Plymouth PCT organised the first Plymouth Practice Managers Conference. The event was very well attended by 142 delegates from across the region, coming from all sectors of Primary Care, Secondary Care, PCTs, Workforces Development Confederation, PPSA and, of course, the LMC! The conference had a very interesting menu of speakers for us to listen to and they clearly provoked a lively debate judging by the discussions going on between sessions and at the workshops.



#### **Plymouth Practice Managers Conference**

Event Organisers - From left to right Emily Street, PCT Project Officer, Danny Stiles, PM, Peverell Park Surgery, Jenny Coombes, PM, Marlborough Street Surgery, Liz Brimacombe, PM, Waterloo, Felicity Barry, PM, Beaumont Villa Surgery, Andrea Smyth, PM, Adelaide Street Surgery

Nigel Edwards' presentation centred on the proposed new contract; the controversy over the figures had not yet hit the fan, so he was able to focus on the managerial challenges we face. He pointed to research which shows that better managed health services produces better health. He questioned the Foundation Status for hospitals and highlighted, with some interesting statistics, his view that hospitals are a strange focus for health care. And yet much of the PCTs' time, it seems to me, is taken up with secondary care provision these days. He also made the comment that professionals are difficult to manage especially in large groups, so I think practice managers need not plan on retirement yet a while despite the talk of surgery clusters! He also said that primary vs secondary care was an outdated way of looking at health care provision. This theme seems to be a growing chorus, so hang on to your hats for the next round of changes!!

The patient experience was much emphasised during the day. Sadly patient responsibilities did not get much of a mention but perhaps we only need wait a few years for the national curriculum to kick in when schools will churn out model healthy patients for us!

Kieran Sweeney gave us a very succinct presentation on CHI reviews. For me it came across very much like a consultancy service for PCTs and other Trusts, an organisational review; useful because it forced us to take time to look at the why/where/what/how issues again. It did sound to me though like a bureaucratic process leading up to a one-week visit from the reviewers. Although not directly reviewed by CHI, a sample of practices in each PCT area will be visited by the reviewers as they will want to see how PCTs are managing the practices and to ensure that standards are met or improved. CHI concentrates on systems and processes. Its aim is to improve patient care. It wasn't clear to me at the time what evidence was being gathered to demonstrate that this method works. [www.chi.nhs.uk](http://www.chi.nhs.uk) contains start up packs, self assessment tools and records of past reviews for those who wish to know

more. Having been shown a glimpse of a part of the number of audit vehicles there are within the NHS, I feel it's time to rationalise them!

Roy Lilley's closing speech was highly entertaining and very thought provoking, at times contradictory. He refuted the belief that people hate change, pointing out how much we welcome it in other areas of our lives provided we are in control of it! Roy pointed out that the NHS has a multitude of products in various stages of their life cycles and that commercial experience shows clearly that different management cultures are required to

make a success at various stages of those cycles. He indicated that service provision is likely to become more fragmented in future.

The challenge for practices is to get control of the changes and manage the interface problems in an increasingly fragmented market. Roy seemed to think we had much to fear from the supermarkets but we could rest easy about Marks and Spencer who had discovered that "sticking to the knitting" was financially more lucrative. He highlighted some of the issues in the pathway of care for patients that need addressing, and called upon managers to deal with these problems by looking at systems and processes. The following day I heard him on national radio say this country didn't have the best system of healthcare in the world but it had the only one that worked!

We look forward to the next conference. Well done and thank you to Plymouth Practice Managers and Plymouth PCT.



**The event was well attended by 142 delegates  
Here are some from the Exeter area**

## BAYDOC Goes to Hospital!

On Thursday 27<sup>th</sup> March the BAYDOC out-of-hours Treatment Centre moved to the Out-Patients Department at Torbay Hospital and said "goodbye to the circus!" The LMC hopes that the move will be the success it is predicted to be and that they will continue to see appropriate patients rather than those who should be seen in A&E!




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## Disability Discrimination Audit - Notes for Practice Managers

A quick reminder that the DDA issue is being looked at by your PCTs and the LMC with a view to identifying funding to pay for schemes to address any appropriate issues arising from the DDA audits. DDA audits are nearly completed in the S&W and we understand that PCTs in the N&E have schemes hand to run audits.

For those of you in the old South and West area that have received Improvement Grants in 2002/3 and have work running over the year end, Ian Turnbull assures us that steps are being taken to ensure that the funding is kept available by the 4 PCTs.

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## Non-Principals Section

### "Superannuation for locum work"

Following the setting up of Health Authority/Primary Care Trust (HA/PCT) Supplementary Lists in England, Pension Scheme Regulations became effective on 5 April 2002, which opened the Scheme to freelance locum practitioners.

Pension Scheme members will be able to "pension" their GP locum earnings backdated (if they wish) for NHS locum work undertaken since 1 April 2002. GPs who wish to pension their locum earnings should follow the instructions at <http://www.nhs.gov.uk/nhsjsplocums5.cfm>

Full details and contact information is available on [www.devonlmc.org](http://www.devonlmc.org)

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### Non-principal Appraisal – a message from the GPC

Discussions are ongoing with the English Department of Health regarding the appraisal of GP non-principals. In the meantime, there is NO obligation for non-principals to participate in the formal appraisal process. The GPC (*and LMC Ed.*) are particularly pressing for adequate funding and support to be available to all GPs. The DoH has agreed that GPs should not be out of pocket as a result of participating in appraisal.

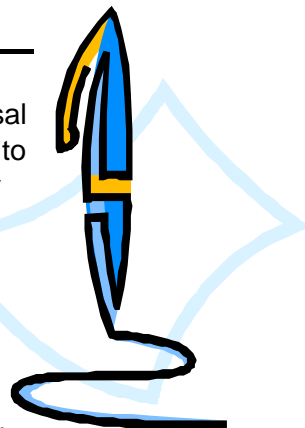
It has been strongly recommend that all English LMCs start to negotiate now with PCTs on the level of funding to be available for GP non-principal appraisal for 2003 onwards. As a starting point, if it is felt that the level of reimbursement achieved for GP principals is suitable, then LMCs could press for this to be available for non-principals too. Please be aware that different types of GP non-principals will require different funding/support - for example, locums will need any loss of income to be reimbursed, and the employers of salaried GPs will need locum support while the salaried GP prepares for and undertakes appraisal.

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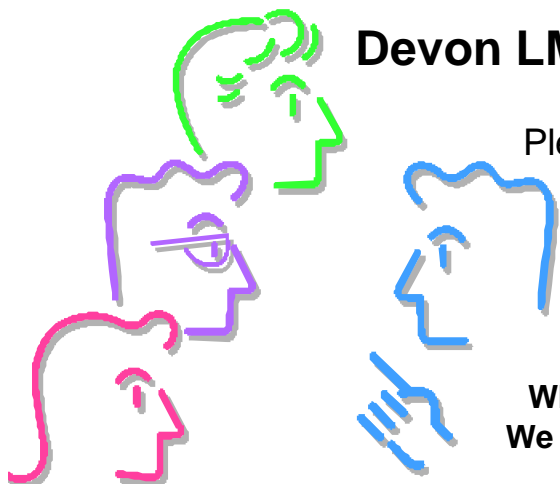
### GPC GP Non-Principals Sub Committee Election for 2003-2004

Do you know of a non-principal who would make a good representative?

Nominations are currently being sought from all GP non-principals for the eight member seats on the GPC's Non-Principals Subcommittee for the July 2003-June 2004 session. The GPC have written to all the non-principals on their database, but you may not be one of those! If you want a nomination form then you can contact the LMC by email and we will put you in contact.



## Devon LMC & Primary Care Conference 2003



Please start thinking about...

- YOUR CHOICE
- YOUR SAY
- YOUR WAY.....

What would YOU like to gain from your 2003 Conference?  
We want it to be the Conference you WANT to attend in 2003

- WHAT VENUE WILL GET YOU THERE?
  - WHAT SPEAKERS WILL GET YOU THERE?
  - WILL ENTERTAINMENT GET YOU THERE?

What will get YOU there? We can only make this effective if you tell us. We will do our very best to accommodate you and your choices.

### TELL ME!! PLEASE

Please contact or email Debbie Galbraith, Executive Officer, at the Secretariat Office on 01392 834020 or email: [debbie@devonlmc.org](mailto:debbie@devonlmc.org)

#### Comings & Goings March/April 2003

##### Welcome to:

Dr Zoe Fox, Northam Surgery  
 Dr Helen Murch, South Molton Health Centre  
 Dr Johnathan Gillard, South Molton Health Centre  
 Dr Clive Thorpe, College Surgery, Cullompton  
 Dr Richard Byng, Ernesettle Green Surgery, Plymouth  
 Dr Richard Braddick, Chiddenbrook Surgery, Crediton  
 Dr Francisco Fernandez-Guillen, Rolle MP, Exmouth  
 Dr Judyth Aarons, Haldon House Surgery, Exmouth  
 Dr Helen Parkes, Budleigh Salterton Health Centre  
 Dr James Hayter, Heavitree Health Centre, Exeter

##### Goodbye to:

Dr Jack Shelley, South Molton Health Centre  
 Dr Eric McLarty, Redfern Health Centre, Salcombe



### Use of Blue Lights by GPs

The new Police Chief Constable now insists that cars using blue lights are officially marked. Westcountry Ambulance Service have a list of GPs known to them who are authorised to use blue lights. These GPs will be given official magnetic stickers to put on their vehicles in an emergency situation to show they are officially licensed. No other GPs should be using blue lights. WAST will shortly be sending out a letter and questionnaire to GPs who are on their list in order to update their records and to explain the new Police requirements.



Surgery	VACANCIES
<p><b>The Medical Centre</b> East Street Okehampton EX20 1AY Tel: 01837 52233</p>	<p><b>SALARIED PRACTITIONER – MAY 2003</b></p> <p>The practice is situated in a vibrant community on the northern edge of Dartmoor, close to the A30 with easy access to Exeter and Cornwall.</p> <p>The post would initially be for 5 morning sessions per week. This would expand to a full-time position by mid 2003. The successful candidate will be invited to take on these extra sessions. However, the full-time post could easily be split between 2 part-time doctors.</p> <p>Minimal paperwork and no out-of-hours commitments.</p> <p>Starting salary in the region of £25,000 rising to £50,000 for the full-time post.</p> <p>For job description, or to organise an informal visit, please contact David Seward, Practice Manager.</p>
<p><b>Sid Valley Practice</b> Sidmouth Health Centre Sidmouth EX10 8ET Tel: 01395 512601</p>	<p><b>JOB SHARE PARTNER - 1 JULY 2003</b></p> <p>We are looking to appoint an enthusiastic, caring and committed job share partner with a good sense of humour, a genuine interest in geriatric medicine and eligible for CHS, Minor ops and Obstetric lists, to fit into our very democratic and supportive team. Golden Hello may be available if all criteria are met.</p> <p>7 full-time partner practice, 4<sup>th</sup> Wave PMS pilot, meets all quality markers and targets and has recently gained the RCGP Quality Practice Award in December 2002, the 2<sup>nd</sup> practice in Devon so far to achieve this. Nurse led clinics. Above average earnings. GP community Hospital with 26 beds next door to Health Centre. Fully computerised.</p> <p>Please apply with letter, CV and references to Mr Rob Spargo, Practice Manager. Informal enquiries by phone or email to Dr Joanna Kinder (01395 516162) or email <a href="mailto:tim@core-hill.freeseve.co.uk">tim@core-hill.freeseve.co.uk</a></p> <p>Practice profile available or view practice web site at <a href="http://www.siddoc.co.uk">www.siddoc.co.uk</a> for more information.</p> <p><b>Closing date for applications 15 April 2003 - Interviews April/May 03.</b></p>
<p><b>East Street Surgery</b> South Molton North Devon EX36 3BU Tel: (01769) 573811 <a href="mailto:Maria.Hosegood@gp-L83047.nhs.uk">Maria.Hosegood@gp-L83047.nhs.uk</a></p>	<p><b>REPLACEMENT JOB SHARING PARTNER</b></p> <p><b>The post is permanent for 4 sessions per week from August 2003</b></p> <p>We are a friendly, innovative 5-doctor training practice in North Devon (3 WTE), working from a purpose built practice. We are a 3<sup>rd</sup> wave PMS pilot practice, which would enable us greater flexibility in offering this position as a Partnership or salaried option depending on the applicant.</p> <p>We have excellent practice nurses working alongside us to provide good quality care for our patients, and an enthusiastic supportive clerical team. We work closely with the Primary Health Care Team and a modern local community hospital. We are paper light (In Practice systems – Vision 3).</p> <p>We are part of an out of hours co-operative (TarkaDoc).</p> <p>Informal enquires welcome. Please send application letter together with your CV to: Maria Hosegood, Practice Manager.</p> <p><b>Closing date: 25 April 2003</b></p>
<p><b>Honiton Surgery</b> Marlpits Lane Honiton Devon EX14 2NY Tel: 01404 41141</p>	<p><b>BOOK KEEPER /ADMINISTRATION CLERK</b> <b>required approximately 30-35 hours per week.</b></p> <p>To support the practice manager &amp; other members of the surgery team in dealing with medical report record keeping, financial and clinical record data management. Salary Scale £11,159 - £12,506 p/a pro-rata.</p> <p>For further information and an application pack please send a hand written letter together with CV to Mrs Christine Baugh, General Practice Manager.</p>

<p><b>The Wooda Surgery</b> Clarence Wharf Bideford North Devon EX39 4AU. E-mail: <a href="mailto:jane.clark@gp-L83106.nhs.uk">jane.clark@gp-L83106.nhs.uk</a></p>	<p align="center"><b>PMS SALARIED GP</b> <b>(to replace outgoing female partner)</b></p> <ul style="list-style-type: none"> <li>➤ Fixed term contract for one year, starting date to be agreed but not later than 1<sup>st</sup> September 2003.</li> <li>➤ 4 sessions a week over 2 days - Monday and Thursday</li> <li>➤ Salary £55,000 (pro rata), NHS Pension Scheme.</li> <li>➤ 6 weeks leave and 1 week study leave (pro rata)</li> <li>➤ Out-of-hours and Saturday mornings - pro rata share, but can clear sessions through local co-op.</li> </ul> <p>We are a friendly, democratic, training practice of 3 full-time, 2 job-sharing doctors and an enthusiastic, supportive team, caring for 8,000 patients. Fully computerised (EMIS). Purpose built, riverside premises on the North Devon coast. Excellent local schools and recreational opportunities.</p> <p align="center">Interested? For an informal chat/visit and job description, please telephone Jane Clark, Managing Partner (01237 427817) Applications in writing with full CV quoting two referees.</p> <p align="center"><b>Closing date 18th April 2003</b> <b>Interviews will take place on 1<sup>st</sup> May 2003</b></p>
<p><b>Church View Surgery</b> 30 Holland Road Plymstock Plymouth PL9 9BN Tel: 01752 403206 Email: <a href="mailto:Amanda.sharp@gp-l83064.nhs.uk">Amanda.sharp@gp-l83064.nhs.uk</a></p>	<p align="center"><b>PARTNER REQUIRED FOR SEPTEMBER 2003</b></p> <p>Replacement Partner required: full-time, part-time; and salaried options all considered.</p> <ul style="list-style-type: none"> <li>• 6 Partners</li> <li>• 11,000 Patients</li> <li>• Co-operative OOH cover</li> <li>• EMIS clinical system</li> <li>• Modern expanding premises</li> <li>• Suburban practice with rural fringe</li> <li>• PMS application in progress</li> </ul> <p align="center">We enjoy an outstanding quality of life – Come and join us! Applications and CV to Mrs Amanda Sharp, Practice Manager.</p>
<p><b>St Budeaux Health Centre</b> Dr D Palin &amp; Partners Stirling Road Plymouth PL5 1PL Tel:01752 361010</p>	<p align="center"><b>PRACTICE NURSE</b> <b>for Maternity Cover approx 6 months from mid June 2003</b></p> <p align="center">Experienced and flexible RGN with good interpersonal skills to join our friendly team</p> <p align="center">18 hours pw ... Wednesday all day, Thursday afternoon &amp; Friday morning Salary negotiable according to experience and duties to be performed</p> <p align="center"><b>Must have experience in Diabetes</b> (Preferably having completed the ENB 928 course)</p> <p align="center">Other responsibilities to include: Family Planning Skills ... Cervical cytology Childhood immunisations ... Travel Clinics</p> <p align="center">The role includes a range of Practice Nurse duties for effective patient care Apply in writing with CV to: Rosemary Davies, Practice Manager</p>
<p><b>Dr Rai's Surgery</b> Honicknowle Green Medical Centre Guy Miles Way Plymouth PL5 3PY Tel:01752 777207</p>	<p align="center"><b>PRACTICE NURSE - PLYMOUTH</b></p> <p>Practice Nurse required as soon as possible for single-handed PMS GP – 15 hours flexible. There is a need to be computer literate as the practice is fully computerised with Advanced Access. Time out is allowed for CPD training. Remuneration is negotiable according to expertise.</p> <p align="center">Please send CV to Mrs Rai, Practice Manager</p>

<p><b>Bramblehaies Surgery</b> College Road Cullompton Devon EX15 1TZ Tel: 01884 33536</p>	<p align="center"><b>GP PARTNER – FULL-TIME – September 2003 (Job Share Considered)</b></p> <p>Required to join our team to replace a female partner taking retirement. We are a friendly 4-partner (3.5wte) rural practice in the heart of Devon. We have high standards of care, a supportive partnership and an excellent primary health care team. We are looking for an enthusiastic and committed individual to join the team where humour, mutual support and balance are valued, and assist us in delivering a patient-focused service from excellent purpose built premises with a team of attached staff based at the local health Centre.</p> <ul style="list-style-type: none"> <li>• Other features include:</li> <li>• PMS practice</li> <li>• 6,080 patients</li> <li>• Retained doctor</li> <li>• Protechnic Exeter GP medical system</li> <li>• Local OOH GP cooperative</li> </ul> <p>If you are interested in becoming part of this team and would more information please write to Miss Tracey Pratt, Practice Manager.</p>
<p><b>Castle Place Surgery</b> 9 Parkhill Tiverton EX16 6RR Tel: 01884 252333</p>	<p align="center"><b>PRACTICE NURSE - TIVERTON</b></p> <p>We are a PMS practice in Mid Devon and will be moving into new premises at the end of 2003. At that time we will be seeking an addition to our evolving practice nursing team. The hours and salary will be negotiable depending upon experience and qualification.</p> <p>To make informal enquiries and register your interest, please telephone Helen Kingdon, Practice Manager.</p>
<p><b>Honiton Surgery</b> Marlpits Lane Honiton Devon EX14 2NY Tel: 01404 41141</p>	<p align="center"><b>PRACTICE ADMINISTRATOR/ASSISTANT PRACTICE MANAGER</b></p> <p>To assist our General Practice Manager with all aspects of practice management. The ideal candidate should have:</p> <ul style="list-style-type: none"> <li>❖ administrative skills</li> <li>❖ organisational skills</li> <li>❖ training to AAT level</li> <li>❖ initiative &amp; motivation</li> <li>❖ analytical skills</li> <li>❖ IT proficiency</li> <li>❖ aptitude for staff management</li> <li>❖ NHS experience</li> </ul> <p>We can offer excellent opportunities for further career development and advancement, training and flexible working arrangements.</p> <p>Both salary and hours are negotiable according to experience and qualifications. Salary range £15,000 - £20,000 p.a. pro rata.</p> <p>For further information and an application pack please send a hand written letter together with CV to Mrs Christine Baugh General Practice Manager.</p> <p align="center"><b>Closing date: - 14th April 2003</b></p>
<p align="center"><b>NORTH DEVON PRIMARY CARE TRUST</b></p> <p align="center"><b>Macmillan GP Facilitator in Cancer &amp; Palliative Care</b> (Consultant Grade or Equivalent)</p> <p>Required for 2 sessions per week to develop the continuity and quality of cancer and palliative care across North Devon.</p> <p>This is for a 2-year fixed term or secondment period</p> <p align="center"><b>Closing Date: 4 April 2003</b></p> <p>For further information please contact Jacqui Pilkington, Director of Clinical Services/Director of Nursing on 01271 327779</p> <p>Information pack from Personnel Recruitment, Munro House, North Devon District Hospital, Raleigh Park, Barnstaple. Tel: 01271 311660</p>	

## Conferences, Courses and Information

### Royal College of General Practitioners

TAMAR FACULTY - ANNUAL STUDY DAY

Wednesday, 30 April 2003 - Dartington Hall, 9.15 am – 4.30 pm

### “The Consultation and Beyond”

Enquiries to Liz Bell on 01392 403010 or [liz.bell@rmps.ac.uk](mailto:liz.bell@rmps.ac.uk)

### Patients Centered Medicines Management in the Reforming NHS

10 June – Exeter Court Hotel - 09:30 – 16:30 - Facilitated by Dr Pat Oakley - Workshops include:

- Implementing the new GMS Contract
- Medication with You
- Supplementary Prescribing
- Repeat Dispensing

Contact Caroline Connett – 01392 824710 email [action@twlp.co.uk](mailto:action@twlp.co.uk)

### New Services under GMS2 – Some “Definitions”

- **Essential** – seeing ill people & management of chronic disease
- **Additional** – CHS, contraception, vacc & imms etc
- **Directed National Enhanced** – optional for each surgery, but obligatory within a PCO (e.g. flu immunisations, minor surgery, improved access, service for violent patients)
- **National Enhanced** – optional services (e.g. anticoagulant monitoring, IUCDs, drug and alcohol services)
- **Local Enhanced** – response to local need

### Forthcoming GMC Elections – Dr Nicky Toynton

Nicky works as a GP Principal at Yealmpton Surgery in the South Hams and is a current GMC member.

The LMC and I urge you to give her and other GP candidates your support. I believe we are into “single transferable votes” again so I will be putting her number 1 on the ballot!! We need GPs to represent our interests on the GMC and if all Devon’s 1,000 GPs vote for her this would be a positive start to getting her re-elected.



## **Vote GP, Vote Now, Vote Nicky!**

### NHSA – A New Terminal Disease?

NHSA, like MRSA in hospitals, is infecting almost everything that comes into the LMC. We try to treat it and prevent its ongoing spread, but every so often we fail and GPs are inundated with yet more unidentifiable letters. Following a short review, we found the following in the office; AS, A&E, AC, ACE, ADHD, AMI, BASCD, BHIVA, BNF, CABG, CHD, CHF, CHI, CPA, CRAG, DDD, DNE, ENT, EPR, ES, GMC, GMS, GMS2, GPASS, GPC, GPNP, GPwSIs, HA, HAI, HASS, HES, HoNOS, IFH, LAN, LASS, LES, LDL, LIFT, LIP, LMC, MH, MHMDS, MMR, MPIG, MRSA, NaCP, NatPaCT, NCAA, NIC, NICE, NPDT, NSF, NSTS, NWCS, NwSIs, ONS, OWAM, PCG, PCO, PCT, PMS, PPA, PPI, PTCA, PU, PwSI, SaFF, SARS, SHA (not StHA – which was declared an evil acronym by the NHS), SMR, STAR-PU, UTI... some die a death, others reappear, so PCIPs are out, LDPs are in... **Oh, NHSA? National Health Service Acronymitis of course!**