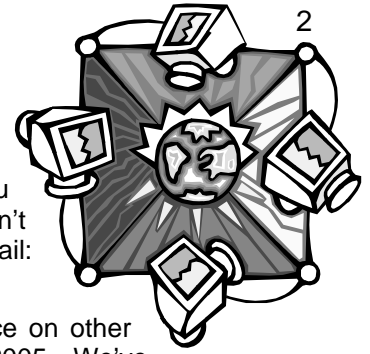


**Chief Officer's Corner****Post Conference Tristesse?**

As I write (mid October) the whole Secretariat has just been fully involved in our 6th LMC Primary Care Conference, which was the first aimed at the whole county. It upped all our stress levels but the final results were well worth it and I must convey my thanks to Debbie, Lynn, John, Barbara, Jen, Sarah and Nicola, the Secretariat team. We were also assisted by James Short, and the team from Plymouth PCT and Christine Branson from Torbay. Thank you also. Well after all this I have taken a week or two of leave only to find myself on the standard "Dad's Taxi" duties plus a little bit of light nursing with the latest "there's a lot of it about virus"! And to think I still miss clinical work ...



Nicola Heywood

Freedom of Information Act – you are required by law to have a Publication Scheme from 31st October 2003. If yours is not in place then see www.devonlmc.org current and main page and scroll down to FOI, you'll find all you need there and it will take you 3 hours to put together. Don't have nightmares you won't be appearing on Crimewatch! The LMC has a draft patient charter, email: nicola@devonlmc.org for a copy. There is an FAQ sheet for anyone sad enough!

The LMC will produce draft Records Management and Access policies and guidance on other areas you may need to tidy up before the next stage of FOI kicks in on 1st January 2005. We've delayed this until the spring as it was felt you might all be very busy with something slightly more important for the next 6 months, but if you need something to tide you over then let us know as Julia Ellis has provided us with some standards.

nGMS Implementation - see the write up on the nGMS Implementation workshops with this newsletter for a checklist of things you can be getting on with. If you think of something not on the list, please let us know so that we can disseminate it.

The LMC is looking to provide workshops for practices on a locality basis when we finally have definitive information of the contract, details of what services PCTs wish to provide and what local enhanced services practices wish to provide. Please let us know if you would find this useful and what you'd like covered.

The LMC are attending implementation team steering groups across the PCTs and are keen to hear from you if you identify particular issues in the information you are receiving from PCTs etc. Your PCTs will no doubt be contacting you (if they haven't already) with workshops, baseline surveys and details about what services they will fund etc. Unfortunately they have been hindered by the lack of definitive guidance on many areas from the centre!

If you are not already doing so we recommend you trawl the following websites on a regular basis BMA GPC (you'll need a GP password), NHS confederation and the Devon LMC website www.devonlmc.org - we put up any information we obtain so as a minimum look at our site!

Copying Letters to Patients – PCTs are now running workshops on this new requirement to be introduced nationally by 1.4.04. Nicola attended one in Teignbridge recently run by Liz Procter and Jenny McNeil. It was reassuring to see that most of the issues raised by GPs were being addressed:

- Patient choice
- Confidentiality – risks of breach
- Protecting patients – breaking suspicion of bad news
- Provision for people who lack mental capacity to make own decisions
- Dangers of releasing sensitive information about third parties
- Difficulties of writing the letters for its various recipients' needs

We highlighted the following issues:

- Funding for administrative costs
- Time constraints in consultations
- Need for all healthcare professionals to take responsibility for their own letters if patients have queries
- This should not be seen as a replacement for other forms of communication and could serve to worsen rather than improve communication with the patient if poorly applied.

On an anecdotal note a couple of practices who have started to experiment recently with offering patients copies, have found that as few as 1 in 20 patients actually want a copy of the referral letter.

We know that some GPs are already dictating letters in front of patients. It is only another step to offer the patient a copy most are likely to refuse. Of course when they say yes then there is an administrative process that needs to be watertight and funded!

From a risk point of view we can see the potential for more rather than less complaints particularly if the patient is not present when the letter is written! At least if they are present any potential misunderstandings or lack of knowledge can be clarified at the time and an agreement reached over any potentially contentious information sharing.

LMC will produce guidance for general practice shortly. In the meantime we are keen to hear from GPs and Practice Managers attending the workshops as to their views on what stance GPs should take and how best to implement this with the minimum of bureaucracy.

Mental Health Issues in General Practice - for those GPs and other healthcare professionals who missed an excellent Psychiatry Education Event on 24th Sept – you can find presentations on www.ex.ac.uk/dmh/penment
The presentations were:

- Mental Health Law & Psychiatric Emergencies - Dr Keith Dudlestone
- Deliberate Self Harm Clinical & legal aspects - Dr Peter Aiken
- Psychotic Patients Clinical & legal aspects of care - Dr Keith Lloyd



CHI (soon to be CHAI) Reviews

CHI has commenced the review process with Exeter, East Devon and Mid Devon PCTs as well as Devon Partnership Trust. Dr Jolliffe has been in contact with the Commission for Health Improvement who advised that they would be writing to the GPs individually to invite them to comment either in writing or through stakeholder meetings.

Practices will receive questionnaires (addressed to the practice managers) about the clinical governance arrangements at their individual practices and PCT support for clinical governance development at practice level. This could also be an opportunity for GPs and Practice staff to comment on the PCT generally as well as specifically on clinical governance development.

The Commission have advised us that the best time to comment on the 4 organisations would be between the beginning of December 03 and the end of January 04, which is indicative of when you are likely to receive this invitation and the questionnaire.

If you would like to comment, you can: Email your views directly to yourviews@chi.nhs.uk or write to them at: Your Views, Commission for Health Improvement, Finsbury Tower, Bunhill Row, London EC1Y 8TG. Or phone 0845 601 3012 to arrange either an individual meeting or a telephone interview

Please contact them between the dates mentioned so your communication is not misplaced.

For those reluctant to contact the Commission direct there is the option of contacting the LMC who will collate any comments and report back on behalf of those GPs and or Practice staff. It is worth pointing out that the Commission are happy for practices to collate their teams' views or for them to respond as individuals.



CAMERON FUND CHRISTMAS APPEAL

Many of you will remember that annually we mention The Cameron Fund to you, which is a medical charity supporting any GPs or their dependants who have fallen on hard times. At Christmas the Fund attempts to send some additional money to families in difficulties to help them enjoy their Christmas and last year some £13,205 was distributed to 50 different individuals and families and the Fund's help was very much appreciated.

Can I take this opportunity to ask you to consider whether you would like to make a personal donation to The Cameron Fund and these can be made by either sending a cheque to The Secretary, The Cameron Fund, Tavistock House North, Tavistock Square, London, WC1H 9HR, or by credit card by phoning 020 7388 0796, when the Secretary will be able to process your donation.

You should be reminded that I have contacted The Cameron Fund over the years for assistance with a number of GPs and families in trouble and I believe this is a Fund worth supporting. More details can be found at their website on www.cameronfund.org.uk

Occupational Health for Primary Care in Devon and Cornwall

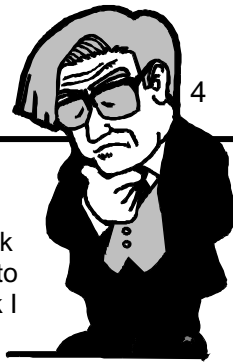


**Put this date in your diary
NOW!**

**OCCUPATIONAL HEALTH CONFERENCE
12TH FEBRUARY 2004**

St Mellion Golf and Country Club, Saltash

An Application Form is enclosed with this newsletter. Please photocopy as required.



Dear All

Reflections

I have just returned from London following my abortive attempt to have Cornish GP, Dr Basil Bile, struck off for his disparaging remarks about NHS managers. I was very surprised that he did not even bother to attend the hearing and disappointed to find the hearing chaired by another Cornish GP. Anyway I think I made my point. How on earth are we going to achieve anything without lots more managers and administrative support staff especially when we were told that GMS2 would be based on "trust".

We all know that "trust" means a board, chief executive, director of planning and a host of very necessary support staff to deal with the wide variety of strategic planning and away days required to identify the key stakeholders and corporate governance issues that will form the basis of the trust. I find it incredible that Dr Bile does not appreciate that it takes at least one person to find a hotel to host all the away days - such is the demand from NHS organisations.

Innovation is clearly not part of Dr Bile's repertoire when he writes for the Cornwall LMC newsletter. I, however, was inspired by Mr Hutton speaking on Radio 4 in October (I was listening on my new digital earpiece radio during a rather long consultation) when he eloquently stated that it was not the government's intention to have league tables based on quality points. "But all PCT information quite rightly will be in the public domain under the Freedom of Information Act and it is clearly possible that the media will get hold of it and create their own league tables." What political mastery..... but, I thought, how long before someone as cynical as Dr Bile counters with the suggestion that GPs should collate "significant events reports" where their patients are harmed by lack of NHS resources for, I fear, these too must be disclosed under the said Act providing there are no names associated. How dreadful that would be.

Anyway...back to innovation and I am delighted to be able to announce the launch of the new patient loyalty card - "Enema". Participating practices will be issued with card readers so that patients' cards can be swiped when they attend. Patients will be able to exchange their points for a whole host of benefits. These include "ambulance miles", "F*** off its a virus" t-shirts, and, for high earners one way tickets to faraway places. In addition there will be rewards for patients who do not have fits/coronaries or asthma attacks and a special 50-point bonus for those able to maintain a high blood pressure for at least 3 readings before it returns to normal with the minimum of effort. In the Devon PCT pioneering a return to referral and admission budgets there will be an opportunity to refuse treatment and earn special "funeral bond points" depending upon the cost of treatment refused. This scheme has certainly attracted interest in high places and I have been told that Lord Drivell of Devon is very much a possibility for the New Years Honours List and also for the board of "Tonios Supersurgeries". To obtain further details please:-

Register with our website www.enema.com "taking the crap out of healthcare"

Yours

Dr Desmond Drivell

LMC Meeting with Devon Partnership Trust - 2 October 2003 – Dr Janet Ward

The agenda was very full, these are a few notes on issues that we were specifically asked to raise:

Recruitment and retention of staff - Consultant posts are gradually being filled some from the "consultants from abroad scheme". CPN recruitment still remains a problem and the Trust is looking at new ways of advertising these posts.

LIG/LIT (Implementation group) developments - Devon came second bottom in the National League, based on self-assessed achievement scores. Some PCTs are making much greater progress than others, but the area was scored as a whole.

Link Working - To be re-established again in East Devon and strengthened in other areas. The importance of link working was a strong theme at our last meeting; it is good to see the Trust taking note.

OOH Crisis Resolution - Although still in planning, Clare Steel briefly outlined the plans to merge the East Devon and Exeter services, which will be based at Sowton. We expressed concern about accessibility and availability of the new service for patients in East Devon. Mike Slot will raise these concerns with East Devon PEC. The service will also cater for those over 65yrs. Meetings will be held on Oct 21 & Nov 4 in East Devon to discuss this and other issues.

Psychology Services - The psychology support for the RD&E pain clinic will stay for the foreseeable future. The clinic consultants have expressed their gratitude to the LMC for their help in resolving this matter.

Acute Bed Closures, Wonford House - The Trust Managers reassured us that there were no longer any immediate plans to close beds.

Eating Disorder Service - A new consultant has been appointed, Denise Yeldon, who will be based at a 6-bedded unit in North Devon. A referral pathway for outpatient opinions has yet to be established, but GPs are unlikely to be able to refer directly, at first.

Stowford Lodge, East Devon - We are assured that the closure of this unit is only very temporary. It is unlikely to lead to bed blocking in Community Hospitals, as there is space in the other units although no data was produced to support this.

Torbay - Andy Haytread outlined the developments in the Torbay area, with a streamlined single point access, amongst ideas being developed there.

North Devon - Several items on our agenda from North Devon, but no GP representative to explain them, so we have postponed until next time. Simon Polak from the North Devon PCT explained that they were doing some work on prioritising investment, which sounded very useful.

GP Education and Information - The Trust admitted that this area had not been given sufficient priority. They were complimentary about the initiative started by the LMC in conjunction with Drs Keith Lloyd and Adrian James. We had 41 GPs at our first meeting and your feedback about future meetings has been noted. Peter Jolliffe stated that a much more comprehensive service, especially with a view to keeping us informed of service developments does need to be established by the Trust as a matter of priority.

Referral Statistics - The LMC members again voiced disappointment that the Trust had failed to bring referral statistics as previously requested and also not brought copies of the recent child and adolescent services review. We have asked that this information be forwarded to us.

CHI - CHI will be holding public meetings about the Partnership Trust in the week commencing 16 February. Peter told the Trust that the LMC would be encouraging as many GPs as possible to express their views to the Inspectors. See details in this newsletter under CHI.

PLYMOUTH TEACHING PRIMARY CARE TRUST

Clinical/Academic Fellowships in Primary Care

Ever wanted to develop an academic/research expertise whilst still maintaining clinical practice?

An exciting opportunity is available for general practitioners currently practising within Devon and Cornwall who would like to develop a portfolio career. These career opportunities are part of a programme of initiatives led by Plymouth Teaching Primary Care Trust in conjunction with the Peninsula Medical School.

Each award will provide funding for 3 or 4 general practitioner sessions a week for up to 2 years. This will free you up to develop and follow a research interest whilst combining this with taught components of the Peninsula Medical School postgraduate programme to certificate level (60 CAT credits).

Interested individuals should contact Professor John Campbell, Peninsula Medical School

john.Campbell@pms.ac.uk, or Mary McClarey, Plymouth Teaching PCT mary.mcclarey@plymouth.ac.uk in the first instance.

Application is by submission of a current CV, along with a detailed proposal (3 sides of A4) outlining your project and highlighting how the award might impact on your delivery of healthcare locally and contribute to your personal professional development.

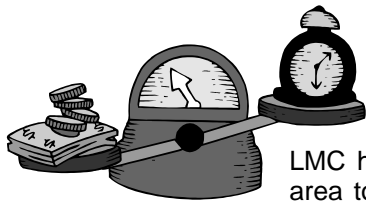
Project outlines should include the following sections:

- Background (including relevant literature)
- Research questions
- Proposed methods (including proposed analysis of results)
- Plans for further development of the work and dissemination.

The award will cover Peninsula Medical School fees in respect of the taught postgraduate course, and applicants should outline any projected project costs that might be incurred (to a maximum of £5,000). Post-holders will be eligible to apply for honorary academic contracts with Peninsula Medical School.

Salaries will be negotiated individually and will be commensurate with the service and academic experience of successful candidates. Interview to be confirmed, not before December 2003.

Closing date for applications - 14th November 2003.



Out of hour shifts available for ready money!!

Do you want to be able to pick when to earn about £10,000 before 1st April 2004? The LMC has put together a package of out-of-hours sessions available in the Mid Devon Co-op area to be worked at times to be agreed by the successful candidate and Devon Doctors on Call. It is possible that there might be some ability to work some sessions in other areas within the overall Co-op. There are presently a total of some 38 shifts and 10 standby sessions containing a mixture of evening, weekend and "red-eye" shifts. More shifts may become available if others wish to join the scheme. You must of course be on a PCT list as a principal or on a supplementary list as a GPNP and have the relevant insurance cover and GMC registration.

Contact Dr Peter Jolliffe at the LMC for further details (01392 834020 or 07968 484116 or by email on peter@devonlmc.org)

Non-Principal Update - Dr Mark Selman

Coordinator of Torbay and South Devon Non-Principals Group.

Member of Torbay LMC, GPC Non-Principals Sub Committee, GPC and acting Secretary of NANP.

As your GPC Non-Principal Representative I will be providing updates for the Devon LMC purple pages when issues of importance arise locally or nationally.

Appraisal

Non-principals must now be included in the appraisal process. Although no formal deadline has been set, your first appraisal will need to be completed by the end of 2004 in order to satisfy revalidation. Devon LMC has agreed that appraisal for non-principals should be equivalent to that of principals and that they should have the opportunity to train as appraisers.

It is important to contact your local PCT appraisal or clinical governance teams to ensure they are making plans to include non-principals. Non-principal group leaders are the best placed to do this.

Locum pay

The BMA has been unable to publish locum rates since the Competition Act was passed in 1999. Since that time many locum groups have been publishing their own rates.

After consulting with BMA lawyers, the GPC Non-Principals Sub Committee advises locum groups not to publish rates as they may be at risk of legal action by the Office of Fair Trading, which could result in significant fines for those group members involved. These fines can be up to 20% of annual income for the years where anti-competitive practice is deemed to have occurred.

The GPC, in conjunction with the NANP, are together working on guidance for locums and practices on how to negotiate pay. We hope to have this guidance available within the next few months. In the meantime the NANP has its own guidance available on their website.

Non-Principal Representation

Any non-principal receiving purple pages will probably be a member of a Devon NP group. If you are not, then here are the contacts:

Exeter NPs Dr Vic Mohan Mobile: 07974 807195Email: mohanvik@hotmail.com

North Devon NPs Dr Anneke Dissevelt, ChairmanEmail: annekedissevelt@hotmail.com

Torbay & South Devon NPs Dr Mark SelmanEmail: maselman@yahoo.com

If you do not have a local group then form one, the above contacts and LMC Secretariat will provide advice and support. Devon LMC has 5 non-principal members:

Dr Mark Selman, Torbay Sub Committee
 Dr Peter Kennerley, Exeter and Eastern Group
 Dr David Berger, North Devon Sub Committee
 Dr Bryan Moore, Plymouth Sub Committee
 Dr Jane Richards, Devon LMC (Special Interests Representative)

Anyone wishing to raise any issues such as problems with PCTs and appraisal should contact their LMC Secretary, contacts for whom are available on the LMC website.

Comings & Goings October/November 2003

Welcome to:

Dr Anna Dias, Church View Surgery, Plymouth
 Dr Edward Fitzherbert, Clare House, Tiverton
 Dr Caroline Hadfield, Sid Valley Practice, Sidmouth
 Dr Samantha Wood, Oakside Surgery, Plymouth
 Dr Rachel Leyland, Beaumont Villa Surgery, Plymouth
 Dr Samantha Wheeler, Beaumont Villa Surgery, Plymouth

Dr Clive Long, Richmond House Surgery, Teignmouth
 Dr Rachel Parkinson, Richmond House Surgery, Teignmouth
 Dr Clare Coleman, Witheridge Surgery, Nr Tiverton
 Dr Julia Jefferson, College Surgery, Cullompton
 Dr Mark Blackburn, College Surgery, Cullompton
 Dr Nicholas Allison, Oakside Surgery, Plymouth

Goodbye to:

Dr Ian Guildford, Moretonhampstead (wef 28.10.03) Chagford (wef 4.11.03)
 Dr Clive Thorpe, College Surgery, Cullompton

Dr Roger Whittlesey, Clare House Surgery, Tiverton

Fancy trying it on your back in a ditch?

Like so many things, medicine can be more satisfying in an unusual and challenging environment!

For over 10 years, Plymouth Locality Immediate Medical Support (PLIMS) has been providing pre-hospital care to the victims of serious trauma and medical emergencies.

Working closely with the Westcountry Ambulance Service, the team have helped many hundreds of patients and are now looking for new members, in order to expand their operational capability within Plymouth and the South Hams.

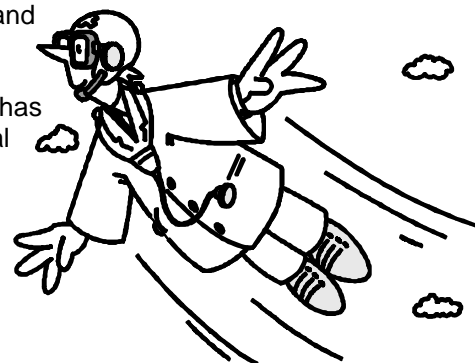
- No previous experience is required, as full (PGEA approved) training will be provided.
- All doctors will be fully equipped by PLIMS.
- Very flexible commitment ... (we have families too!)

If you would like to know more about this exciting, rapidly evolving specialty, please visit our website at www.plims.org.uk or contact Tony Golding-Cook at:

The Ridgeway Practice
 Plympton Health Centre
 Mudge Way
 Plympton
 PL7 1AD
 Tel: 01752-346634 Fax: 01752 341444
 Email: mail@plims.org.uk



PLIMS
 Saving Lives in the South West



GPs to Report the Death of Any Patient on Practice Premises

From November 2003, a change to GPs' Terms of Service comes into force. A doctor will be required to report, in writing, to a patient's PCT the death on his or her practice premises of any patient. The report should be made no later than the end of the first working day after the date on which the death occurred. This regulation is in response to the unusual number of deaths, which occurred on the surgery premises of Dr Harold Shipman. The report will need to include the patient's full name, NHS number, date and place of death, the name of any doctor or other person treating the patient whilst on the practice premises, and the name of any other person present at the time of death. It should also contain a brief description of the known circumstances surrounding the death. The doctor has also to send a copy of the report to any other PCT on whose list he or she is. The report should be sent to the Director of Primary Care, (currently Dr John Horrocks for Exeter PCT). For these purposes GP premises include out-of-hours primary care treatment centres or minor injury units, and GPs working there will be subject to this requirement. So, at its most complex, if the patient who dies lived in Crediton (Mid Devon PCT), but they die at Whipton treatment centre (Exeter PCT) whilst being treated by a GP from Exmouth (East Devon PCT), all three PCTs would need the report.

Nick Bradley, Clinical Governance Lead, Exeter PCT

VACANCIES	
<p>Mayfield Medical Centre 37 Totnes Road Paignton TQ4 5LA Tel: 01803 558257 Email: laurette.ackland@nhs.net</p>	<p style="text-align: center;">FULL-PART-TIME SALARIED GP</p> <p>We are a progressive, friendly 6-partner PMS practice with 10,5000 patients in sunny South Devon looking for an enthusiastic part or full-time salaried GP</p> <p style="text-align: center;">Fully computerised EMIS GV, paper-light Excellent and supportive PHCT Weekly PHCT meetings with regular in-house educational events. No out-of-hours. "Golden Hello" available, if eligible</p> <p>Opportunity to live and work in truly one of the most beautiful parts of the country within minutes of the coast, easily accessible to Dartmoor and the whole of the South West Peninsula, and good local schools. Written applications, including CV, to Ms Laurette Ackland, Practice Manager.</p>
<p>North Road West Medical Centre Plymouth PL1 5BZ Tel: 01752 662780 e-mail: jenny.haynes@gp-183030.nhs.uk</p>	<p style="text-align: center;">GP RETAINER - PLYMOUTH</p> <p>Our Retainer will be leaving us towards the end of the year (due to relocation) and we require a replacement for four sessions a week in this innovative, four-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 two GP Registrars at the practice.</p> <p>Our high standards are backed up by our excellent multidisciplinary team and our strong network of support staff, which we highly value. 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 style="text-align: center;">Interested in finding out more? Please contact Jenny Haynes, Practice Manager Drs Perks, Boyhan, Weston-Baker and Potter</p>
<p>Friary House Surgery 2A Beaumont Road St Judes Plymouth, PL4 9BH Tel: 01752 663138 Email: samclay@nhs.net</p>	<p style="text-align: center;">REPLACEMENT PARTNER - PLYMOUTH</p> <p>City wide, forward thinking and enthusiastic PMS Practice seeks a replacement partner for the retiring Senior Partner to start in March/April 2004. Own modern premises with a fully integrated PHCT. Fully computerized (EMIS). Good OOH arrangements. Undergraduate training with links to the Peninsula Medical School.</p> <p style="text-align: center;">For further information or to arrange an informal visit please contact any of the Partners (Drs Tristan Bertie, David Fisher, Howard Ackford or Pam Lenden) or the Practice Manager (Sam Clay)</p>
<p>The Health Centre Orchard Way Chillington Kingsbridge TQ7 2LB Tel: 01548 580214</p>	<p style="text-align: center;">LOCUM TO COVER SABBATICAL – DEC 03 TO JAN 04</p> <p>Dr Harvey requires a locum to cover a 6-week sabbatical Monday 15th December 2003 until end January 2004. We are a 3-partner, rural practice also covering the cottage hospital in Kingsbridge. Six sessions per week, 3/4 time cover required.</p> <p style="text-align: center;">Please contact Dr Harvey or Kathy Burn.</p>

Virus Update

I have been contacted by a number of people who have been concerned by all the press about computer viruses and that in their words, they would not know one if they tripped over it!

The screen shot on the right shows a very dirty email that came into the office recently. The first thing, which raised my concerns, was that I did not recognise who the email was from – but as I have approximately 900 plus contacts, this is not always totally reliable. The subject line was innocent enough and the content was rather vague, however, the big problem comes with the attachment. In this example I am using Outlook Express and if you click on the paperclip, you can see the name of the attachment...

Without going into great detail, when a file is saved it is given a name. This name will consist of two sections, the file name itself (which you select as the operator) and then an extension. In the bad old days file names were restricted in length, but with the advent of Windows 95, you are only limited by your imagination (up to 256 characters with some punctuation exceptions, these include the full stop and the colon). The second-half of the name is the interesting bit and is referred to as the file extension. The extension was originally designed to tell the operating system what programme created the file, it consists of three letters, so Microsoft Word (normally) creates either DOC or RTF files, Excel creates XLS, PowerPoint – PPT, etc. To separate the two sections of the name a special character is used – historically this was the full stop. Therefore in a normal file, you should only have the file name, then a full stop and then the extension – files with extra full stops should be treated with care.

In this email you can see that the filename is “Letterhead.pub.pif” – the name “Letterhead” is not a problem, the extension “pub” shows that the file was created in Microsoft Publisher. However, the problem is the second full stop and the final extension “pif”. A “pif” (or program information file) is a special sort of file that is executable, in simple terms it is a computer program, some are harmless and start normal programs we want, while others can be more malignant. Executable files generally have the extensions EXE, COM, BAT or SYS. However, it is not uncommon to see the unusual extension of a Windows screen saver (.SCR) or even Zip messages which contain viruses.

Please note that in this example, I have done a single click on the “paperclip”, this has revealed the file name – **THIS IS SAFE, remember that these files have to be physically opened to be activated.** Do not click on the file name, as this will run the virus program – this example contained either the Gibe-F virus or the I-Worm.Swen – both of which are not nice and could have created major problems and I did not open it to find which it was! What normally happens at this stage is the anti-virus normally kicks in and starts to get excited.

It used to be that computer viruses were rare and not normally seen, unfortunately it has got to the stage that we are getting nasty viruses on a daily basis. So for example in the LMC office over the last couple of months we have had the pleasure of the following, to name but a few; W32/Mimail-A, W32/Sobig-F, W32/Nachi-A, W32/Sobig-A, W32/Bugbear-B, W32/Blaster-A. None of which has caused any long-term problems, however, they have taken a lot of time to sort and resolve.

If you want further information on computer viruses, try the following...

Sophos: <http://www.sophos.com> - **Symantec:** <http://www.symantec.com> - **McAfee:** <http://www.mcafee.com>

Free anti-virus – if you do not have reliable, self up-dating anti-virus software on your home computers, try the following link for a free version of AVG... http://www.grisoft.com/us/us_dwnl_free.php

AVG Anti-Virus Free Edition will give you:

- AVG Resident Protection
- AVG Email Scanner
- AVG On-Demand Scanner
- Basic Scheduled Tests
- Free Virus Database Updates
- Automatic Update feature
- Easy-To-Use Interface
- Automatic Healing of infected files
- AVG Virus Vault for safe handling of infected files

**Remember – If in you are in doubt about an email – do not open the file...
You can always phone or email the sender and ask if they have sent you the file**



Course, Conferences and Information

REMINDER

Negotiating Skills Course at LMC Office, Deer Park Business Park

Friday 5th December PM – Practice Managers

Friday 12th December PM - GPs



4th Week of Education in East Devon 1st – 4th December 2003

Venue: Salston Manor Hotel, Ottery St Mary, Devon

This builds on the highly successful previous education weeks, offered by the Clinical Governance Team in East Devon, led by Dr Sue Pocklington, Medical Director East Devon PCT, and chaired by Dr Phil Taylor, Clinical Governance Specialist.

This is a week of clinical and non-clinical education for those working in Primary Care. Most sessions are with the GP in mind, but some are more specifically for nurses. 21 hours PGEA

For further details, costs and an application form please apply to:

Penny Jolley, Conference Organiser, Beacon Associates Beacon House, Beacon, Ilminster, Somerset TA19 9AH. Tel/fax: 01460 52699. Email: pennyjolley@btopenworld.com

3rd Avon LMC Autumn Seminar

19th November 2003, Clifton Pavilion, Bristol Zoo

General Practitioners and the Role of Primary Care Nursing

An Avon Local Medical Committee seminar for general practitioners, practice managers, primary care nurses and members of PCT Boards and Executive Committees

For any conference enquiries contact Sarah Monteith at Avon LMC, Tel: 0117 9702755.

Fax: 0117 9702710. E-mail avonlmc@btconnect.com

Gatehouse Courses

Essential Budgeting - 23 January, 2 April 2004

"Do you hold a budget? Do you want to know how to use it to benefit your patients and clients most? Then this course is for you.

Essentials of Project Management - 3 December 2003, 10 February and 20 April 2004

Specifically designed for NHS staff, this highly popular one-day interactive course is offered as a sound basis for anyone who is undertaking a project in the NHS.

Balancing Workloads - 5 February and 26 April 2004

The course will focus on practical strategies for prioritising tasks, defeating procrastination and delegating effectively.

Demystifying Clinical and Research Governance for Healthcare Professionals

28 November 2003 and 13 February 2004.

Developing Effective Care Programme Approach Processes - 25 Nov 2003 and 23 Feb 2004

Who should attend? Any mental health practitioner who has care coordination responsibilities within their day-to-day clinical work, together with service managers and commissioners as well as other workers who work in conjunction with the CPA process.

Practice Development and the NHS Modernisation Agenda - 25 Nov 2003 and 4 Feb 2004

Who should attend? Any NHS professional interested in gaining skills to implement changes linked to the modernisation agenda. It is particularly suitable for Clinical Directors, Directors of Nursing, Clinical Governance Leads and Practice Development Nurses.

Gatehouse Bookings Hotline and Enquiries: 020 7347 3575

GP Registrars' Newsletter

You can access this under the GP registrars' section on the GPC's website:

www.bma.org.uk/ap.nsf/Content/Hub+gpcor direct from the BMA House, Tavistock Square, London WC1H 9JP.

