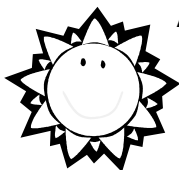




Chief Officer's Corner

Summer come and gone?



After "November gales" in early July one might like to think that Summer has made its brief appearance before heading for warmer climes but I remain an optimist at heart so I expect it to make a return visit soon! The two main medical Conferences have taken place and I hopped around at the LMC Conference (see the observer's report from Dr David Ward later on) but chickened out of the BMA Conference in Llandudno where the LMC's policy on who should have the negotiating rights and the duty of representing Hospital Practitioners, Clinical Assistants and Community Hospital Doctors was ably defended by Dr Roger Bulley (GPC rep for North & East Devon and Somerset) and these rights and duties remain with the GPC rather than returning to the Consultants representative body.



Was the London LMC Conference as contentious as I had predicted? Well not really I suppose as although there were a lot of people who were unhappy with all sorts of aspects with respect to the implementation of nGMS the pragmatic nature of most meant that it was recognised that with such a major change there were bound to be "bog ups" and that things will take time to settle down. God help the DH though if the failures are later seen to be deliberate rather than accidental as so many practices have suffered stress and upset because of continuing uncertainty about funding streams and many particular issues. I hope that clarity will come soon as it is not only general practice that is displaying signs of stress as many people in PCTs are doing their best against a background of an appalling lack of proper information and guidance from the centre only to end up feeling bad about being unable to re-assure practices as to the future. I know how they feel as the LMC is currently working with more than 100 individuals and practices with serious concerns, illness and "alleged performance issues"! One thing of note was the resignation of Dr John Chisholm as Chairman of the GPC and whatever people have thought and said about the nGMS contract I believe he has largely done the job the profession asked of him and he deserved the thanks he was given by way of the ovation he was given at his final "State of the Profession" speech to Conference. You will probably have heard elsewhere that Dr Hamish Meldrum was elected on July 15th as the next Chairman and I am sure that you will join me in wishing him well for both his and the profession's future!

Devon LMC was again at the forefront of the debates, leading on many subjects and all the delegates spoke apart from me. I had been hoping to be called to deal with the four questions I kept being asked throughout the Conference but wondered if the Chairman was ignoring me because of my crutches. The answers would have been "Cartilage; cricket; of course I am too old to play cricket but I am still too young to play golf; the parrot refused the invitation to attend because he is easily bored!" Anyway I never got the chance to tell them.....

remind you all, GP principals, Sessional GPs and Practice Managers that Doctors bags, if they are to be left in a car, should be locked and concealed from view in a locked boot or other compartment and that it is important for the doctor and the practice to have a record of who has what in their bag including the number of scripts and ideally the registered numbers of those scripts. Also you must have a bound book recording all controlled drugs that you carry and it is not helpful to carry that book in the bag containing the drugs – you see where I am coming from here no doubt...?!? Please keep these things safe – “you know it makes sense!”

Temporary Residents Guidance

The reasons why this policy was made

Nationally the structure for returning Temporary Residents (TR) forms to a patient's practice is being dismantled. Currently Devon deals with thousands of TR forms per year and duly sends them off to other PPSAs across the UK. This consumes huge resources. Other PPSAs give them very low priority and therefore they take months to get to their destination GP practice. This time lag often makes the form irrelevant and makes the process not cost effective. We also suspect/know that some PPSAs don't forward them on! Many TR forms are for repeat medication of minor illness that does not need to be forwarded to the patient's practice. The decision was taken by the PPSA in consultation with the LMC that we needed a pragmatic solution. From an ethical standpoint as we know that the information is taking up to 9 months to reach registered GPs and in many cases never arriving, it seems sensible to develop a solution pending the “Electronic Patient Record”.

Waiting Room



LMC Guidance

1. All the practice is required to do medico-legally is keep a record of the consultation. Ethically there is also a responsibility to inform the patient's GP of anything significant to the patient's future care.
2. You do need to keep recording TR activity including Out of Hours (OOH) TRs; you've paid through the opt out cover (£6,000 approx) for them and will continue to pay so you should protect your income. You also need the information from OOH in case there is any follow up care required.
3. Consultation notes
 - a. Practices should give a copy of any treatment notes (eg screen print where paperless) to the patient for them to return to their GP.
 - b. Where practices have high volumes of TRs or the above recommendation is impractical because of the way clinical data is recorded, practices only need to give copies of consultation notes (eg screen print where paperless) where the GP feels it is significant to the patient's ongoing care or the patient or their GP request the information. **We believe this will not form a high number for most practices and most patients can and should be trusted to convey the information to their GPs.**
 - c. Ethically where the practice feels that the patient (or a competent carer) cannot be relied upon (for whatever reason) to take the letter to their GP and the practice feels that the treatment given is significant to the ongoing care of the patient, the practice should send the information direct to their registered Practice (observing Cauldicott Guidelines using NHS number or date of birth and initials). **We believe that these instances will be small in number and will often relate to substance misuse or potential abuse/child protection issues.**

The registered practice, if unable to identify the patient, would have to call you. The patient should supply you with sufficient details for you to be able to trace the practice on a best efforts basis, certainly their own name and address and details of their GP eg. The Surgery Small Town County or The Surgery, Long Street, Large Town County! or telephone

number. *Failing this you should return the information for the PPSA to trace as a matter of urgency..*

- d. Long stay TRs clinical notes should be given to the patient to convey to their GP where appropriate or sent on to their registered GP directly by the practice.
4. There is no obligation to forward a copy of the OOH TR consultation note to the patient or their GP - this task should fall to DDOC who have the patient contact, as you may never see the patient and therefore will be unable to check their details.

Small Practices

Some of the 100 or so GPs and practices we are currently working with to provide help are in the “small practice” category and the major new problem is the identification of precisely what income these practices can expect as set against their expenses and the resultant predicted profit on which their pension will rely. This has shone a bright light on the incomes of practitioners in these practices as compared to those of their colleagues in neighbouring practices which often serve a smaller population per whole time equivalent GP. In the past many GPs have had a shadowy understanding of what they earn as their accounts are not finalised until their accountants have battled to reduce tax bills and the like! The exercise of agreeing Global Sums and Global Sum Equivalents and considering MPIGs has brought the financial implications of small practice to the fore and many are wondering if the reward is worth the effort. Happily most are doing the calculations and saying “OK I enjoy this way of working and I am earning just enough” but some are seeing that they are effectively subsidising the NHS by working for less than they could earn performing their skills in different ways. Hence the stress caused by the conflict between “self interest” and the enjoyment of caring for a known patient list and the knock on effect we are seeing now.



It would have been helpful if in the 1000s of pages of new Regulation and Guidance there was a simple guide as to how practices should move seamlessly from one of the four new ways of providing primary care services to patients (GMS, PMS, PCTMS and APMS) to another but no such guide exists. This has caused difficulties for practices and PCTs as on a number of occasions already PCTs, practices and the LMC have tried to find ways of doing this as painlessly as possible only to be thwarted at the end of a prolonged process. This must be happening all over the country and you can be assured that I have flagged this up to the centre. Nobody can afford chaos at the moment and people’s livelihoods and patient care are being damaged by this uncertainty which surely could have been predicted and avoided? But perhaps not with so much change in such a short time but, unless we are to see an acceleration in the demise of a much loved (by patients and a lot of doctors) method of providing primary care, it would help if some simple flow charts were developed....?



GP Registrars and Voluntary Contributions

It has been pointed out to me by a GP trainer that a few GP registrars were upset by being asked whether they wished to make a voluntary contribution to LMC costs in a round-robin letter addressed to all doctors on the supplementary list of any PCT. I obviously apologise to any GP registrar who felt offended by being asked for money to contribute towards their representative body and the LMC is very happy to continue representing them without any voluntary contributions made on their behalf, until of course they qualify and get into a higher earnings bracket! For any GP registrar who wishes to make a voluntary contribution we will of course issue them with a receipt as normal, which they can use in their tax returns to reduce the costs.

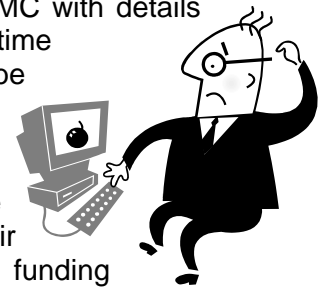
The LMC actually does of course represent GP registrars and on a number of occasions over the years has done significant work on their behalf and provided support to individuals. We have always done this willingly and at no cost to the individual doctor and this will continue to be the case. We never treat any doctor differently because they either choose not to contribute or are indeed unable to contribute because of financial difficulties.

Can I take this opportunity of just asking GP registrars whether they have asked their vocational course organiser recently to invite the LMC to come to talk at the vocational training scheme so that

registrars are more aware of what the LMC does for them now and what they will be doing for them in the future?

I.T. Confusion?

As we all know the “100%” funding trumpeted for all things relating to GP I.T. systems has seemed to have been translated into something different as the reality of how much it has actually cost to set up, maintain and run them in the past has at last been recognised by the centre. However they have not translated that understanding into a transfer of sufficient funds down to PCT level and the vast bulk of funding remains centrally controlled. Some PCTs, recognising that the transferred cash alone will barely keep the current system going are using the guidance they have received to require “business plans” to be submitted for all but urgent replacement of failed “core” hardware using the list of “additional items” provided by the centre. The LMC on examining the list of “additional items” found that all of them were core to the way some, but not all, practices care for their patients. The most obvious item is scanners, and the software that drives them, as the majority of practices have been working towards “paper-light practice” for many years. When the routine of receiving a letter about a patient includes scanning it into the permanent computer record a scanner can scarcely be called “additional”. For this reason I ask that practices that have had requests rejected for the replacement of failed scanners or the necessary upgrade of scanning software contact the LMC with details which should include whether the practice have been using scanners for some time or whether it is a genuinely new idea for them in patient care. Indeed we will be happy to receive details of any difficulties practices experience with respect to any request refused by a PCT about any sort of I.T. kit.



We have said to individual PCTs that we do not hold them responsible for the failure of the centre to fund them appropriately but our understanding of their difficulties does not preclude us from attempting to calculate the level of the funding shortfall and, by passing such detail to the GPC, assist them in pushing for a proper level of funding. Of course with an “unified budget” technically PCTs can put as much cash into GP computing as it requires but it would be cruel to play that card in our discussions....!

I.T. Information from the I.T. Team for the old S&W Devon HA area

As you may be aware there has been a study into which Anti Virus product should be used, F Secure as used by SDHCT or Sophos as used by the GPs and the PCT HQs.

A trial has been undertaken to assess the viability of using F Secure at GP sites; this has so far proved inconclusive, and has raised a number of issues, which still need to be resolved.

With the dead-line for renewing the Sophos licensing now being at a critical point, the time scales needed to install and train users in a new Anti Virus product, the additional work which is required for NPfIT, together with the manpower which will be needed to achieve the deadline of the end of July 2004, it is recommended that we continue with the present arrangements for a further 12 months. This will give us time to test both products fully, enabling us to give a more informed opinion, taking into consideration the upgrade of GP links, N3 contract, additional work required to achieve the implementation of PECaM, and the integration with Clinical Systems.

We **have** recommended buying Sophos Enterprise Manager (SEM) at a cost of £100 per practice, which would fully automate the update process. SEM is a powerful suite of management tools for Sophos Anti-Virus (SAV). It provides fully automated web-based installation and updating of SAV across a wide range of platforms and even to remote users. In practice, a network of 1000 or more clients can be updated from a single, central computer within five minutes. Unprotected computers or those running an out-of-date version of SAV can be immediately and automatically updated. The use of Sophos and the SEM has also been adopted by Plymouth HIS, which would for the first year give us some degree of cohesion during the transition from a joint service to the two Health Informatics Services. SEM could be installed by the Practice Manager or Practice IT lead, using the Sophos HelpDesk, or Dartington HelpDesk, without anyone having to visit an individual Surgery. CDs will no longer be required to be issued, centrally by the HIS, as updates will be downloaded once to the

Enterprise Manager, and then all machines will be updated locally thus saving on bandwidth. (*What language this? Ed.*)

The cost for renewing or purchasing any new Anti Virus product would have to be funded by the relevant PCT.

Phil George **MinstLM** Networks Team Leader South Devon Health Informatics Service Tel: 01803 861885. Fax: 01803 861906. Email: Phil.George@swdhis.nhs.uk

PGEA – THE FACTS! - Paul Ham, Payments Manager, Devon PPSA

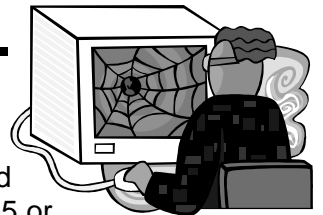
PGEA must be looked at in terms of ongoing funding streams rather than by looking at what period it relates to. PGEA was paid under old GMS up to the March 2004 quarter. In other words a payment **was** made in the March Quarter. From the 1st April 2004 PGEA it is included within the global sum and therefore in terms of funding streams it continues to be paid without a break.

The payment system was amended to prohibit payment of PGEA from 1st April. This is a national payment system and the decision was a national and not a local one. Neither the PPSA nor the PCTs are in a position to be flexible on this matter. The precedent was set years ago with PMS where exactly the same process occurred and this was never an issue with PMS practices!


The only way that PGEA could be under funded through the global sum is if any GPs were on a lower level of PGEA during the baseline period (1st July 02 to 30th June 03) although practices should have taken this up with their PCT directly. I hope that this re-assures practices that they have not been shortchanged by “the system”!

CPD Forum Website

In the last newsletter, contact details for CPD Forum were given for Jayne Sutton on 01803 654707 (e-mail jayne.sutton@nhs.net), however Jayne only provides administrative support for CPD Forum for the Torbay area. If you would like information for the Plymouth area, please contact Irene Hart on 01752 763015 or e-mail irene.hart@phnt.swest.nhs.uk. For the Exeter area, please telephone 01392 403029 for further details.



Observations at the LMC Conference, London - 17-18 June 2004 – Dr David Ward



Shortly after the auditorium of Logan Hall was filled with delegates and observers the conference was opened and business started after a speech from Dr John Chisholm, the GPC Chairman, who announced his retirement. I was impressed by the number of ‘familiar faces’ from the pages of ‘Pulse’ and ‘GP’ magazines!

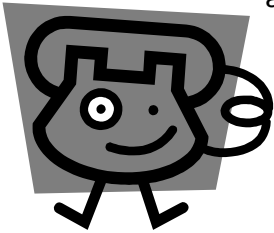
The Agenda book contained all the 738 motions which had been submitted from around the country arranged according to a timetable. Those with stars alongside had been chosen for debate, some were a combination of ideas from several different areas expressing similar sentiments put together by the Agenda Committee. Although generally proposed by a member of one of the groups contributing to these they could have lacked the ownership which the original proposer

would have had and lost some of the carefully crafted words of the originals.

The proposer was only allowed to speak for three minutes and was kept strictly to time by a set of traffic lights which changed every minute. If the subject and delivery was considered of value by the delegates there were calls for ‘more’ and the speaker was allowed a little longer. Those who wanted to speak in reply queued along the side of the hall near to the podium and were called up in turn. When the debate had gone on long enough to the satisfaction of the audience there were calls to ‘move on’ and the chairman or another member of the GPC came forward to reply. There was then a show of green cards to determine whether it would be supported or rejected in its entirety or in part. The chairman calling people to vote on the proposals with

their individual components reminded me of an auctioneer inviting bids for lots.

Procedural matters were taken very seriously with aficionados relishing their opportunity to promote their ideas by using their knowledge of the 'rules'! 'Standing orders' were suspended from time to time to allow a wider debate and then there were calls to 'move on to next business' when it was felt that enough time had been spent. Points which were considered unworkable as policy were taken 'as a reference' to be recorded and used at a later stage. Professor Sir Brian Jarman, President of the BMA, came forward at one point on the second day to say that he believed that the destruction of general practice had been on the Government's agenda; I was surprised that this didn't prompt comment in the general press, I saw two references in the second week of reporting in the GP magazines only. Dr Chisholm confirmed that some government advisors favoured the splitting of the role of the general practitioner into a series of tasks for others to perform. On another occasion there was a tense period when one of the speakers asked for standing orders to be suspended to allow a debate on phlebotomy. This did not go



along with the plans for the day and was rejected.

There were also ten minute themed debates with comments coming from the floor. There were opportunities to submit further motions. The debates in general could be divided into those on 'hot topics' and those on procedural and strategy matters which tended to be rather dry.

Day one brought out the local variations in implementation of GMS2 and the concerns seemed to be related to this rather than the contract itself which people felt need longer to settle down; early days. Day two concentrated on GP training and further IT issues in the afternoon.

There were no formal tea or coffee breaks and the panel was served their refreshments on the podium as business went on. Delegates wandered in and out of the hall to get theirs. There were elections and meetings going on around the main business.

I was struck over the next few weeks as to why the faces had been familiar from the pages of the 'rags', they all appeared again alongside the reports of proceedings!

NEW Telephone Number – Barton Surgery, Dawlish

With effect from Monday 19 July there will be a new telephone number for the above surgery:

0871 230 1002

Comings & Goings July 2004

Welcome to:

Dr Susan Taheri, Okement PC Centre,
Okehampton
Dr Stephen Harris, Ivybridge Health Centre

Goodbye to:

Dr Oliver Hassell, East Street Surgery, South
Molton

FOR SALE

- Eschmann Little Sister Autoclave (1995)
- Eschmann Little Sister Autoclave (1993)

Open to offers

Contact Justine Scott or Amanda Coleridge at Riverside Surgery, Bovey Tracey on: 01626 832666



General Pharmaceutical Services - Domiciliary Oxygen Therapy Service

Pharmacists supply patients with Oxygen under the Domiciliary Oxygen Therapy Service Scheme as prescribed by GPs. The Primary Care Contracting Team would like to remind practices to notify Pharmacists who supply patients with oxygen when a patient dies, so that steps can be taken to retrieve equipment at the earliest convenience from deceased patients.

Community Pharmacists Advice to Care Homes Scheme in South & West Devon

Community Pharmacists have been contracted to provide General Pharmaceutical Advice to Care Homes locally for a number of years. This contract has been reviewed by South Hams & West Devon PCT, Torbay PCT, Teignbridge PCT & Plymouth PCT together with the South and West Devon Local Pharmaceutical Committee & the National Care Standards Commission (NCSC). A new scheme called the "Advice to Care Homes Scheme" has been developed & will run from **1st April 2004 to 31st March 2005 in South & West Devon**. This is an excellent opportunity to start utilising the skills of community pharmacists in improving the care of this vulnerable group of patients.

The new scheme will have three parts, & **Part 3** of the scheme is a simple medication review for each resident of a care home who is taking any medication. This optional **Patient Medication Review** will involve a minor degree of participation from GPs. This small amount of participation will benefit the practice in terms of the nGMS contract. The Organisational Aspiration contains two important elements that this level of participation contributes towards:

- records & information
- medicines management

The service to be offered is a simple level 1, medication review on Form ACH5. Similar Prescription Reviews Schemes are already successfully running in South Hams & Torbay. Pharmacists will ensure that consent has been obtained by a representative of the Care Home, which will permit a Medication Administration Record Chart based patient medication review. The Form ACH5 is quadruplicate; the original will be left with the home to forward to the patient's GP. There is also one copy each for the Pharmacist, Care Home & an anonymous copy for the PCT.

The GP will be asked to action any appropriate changes, & return the original to the Pharmacist for feedback. This closes the audit loop for the Pharmacist, the Care Home & the PCT as suggested by the Counter Fraud Team.

We hope that you will welcome this initiative. If you have any queries or would like further information about this scheme, please do not hesitate to contact either:

Joanna Haynes, Primary Care Contracting

joanna.haynes@shandwd-pct.nhs.uk

Tel: 01803 866665. Fax: 01803 867679

Sue Taylor, Devon LPC

ipcdevon@cix.co.uk

Tel: 01392 834022. Fax: 01392 833339

VACANCIES

Beaumont Villa Surgery
23 Beaumont Road
St Judes
Plymouth
PL4 9 BL
Tel: 01752 663776

Locum required

Progressive forward looking PMS practice in Plymouth looking for a locum GP for 8 sessions per week to cover maternity leave.

- Five partners
- 8,500 patients
- Paper light
- Fully computerised
- University Branch Surgery
- Engaged with Peninsula Medical School for teaching
- Closing date: 16 August 2004
- Start: 8 November 2004

Informal enquiries, please telephone Dr Paul Hardy 01752 663776
Written applications with CV to Mrs Jan Stabb, Practice Manager.

<p>Chard Road Surgery St Budeaux Plymouth PL5 2UE Tel: 01752 363111 Email: kay.slater@nhs.net</p>	<p>Flexible: Partnership/salaried/job-share/retainer – All considered</p> <p>Friendly 5-doctor PMS Practice seeks GP(s) for 4-6 sessions per week starting October 2004</p> <ul style="list-style-type: none"> • Superb modern purpose built premises • Fully computerised • No out-of-hours • Excellent primary health care team including nurse practitioner • Compact practice area • Small visit numbers • Advanced access • Student training practice, with links to new Peninsula Medical School • Urban location but close to all that Devon has to offer – beaches, Dartmoor, countryside etc <p>For further information please contact Kay Slater (Practice Manager) or Dr Rory O'Neill. Informal visits welcomed</p> <p>Closing Date: 20 August 2004</p>
<p>College Surgery Partnership College Road Cullompton EX15 1TG Tel: 01884 831300 Wendy.Evans@gp-l83092.nhs.uk</p>	<p>Enthusiastic Doctor</p> <p>Wanted to join a progressive PMS practice, providing quality care in rural Mid Devon. Seven Partners, excellent nursing team including nurse practitioners and paramedics and friendly supportive administrative staff.</p> <ul style="list-style-type: none"> • Full time 8 sessions per week • Quality care to patients, quality of life for the Partners • 1,000 QOF points predicted • GPs helping to lead the profession at all levels • Four sites • Two dispensing sites <p>New premises planned for 2005 to include an innovative holistic vision of leading edge patient care in genuine partnership with other service providers.</p> <p>Closing date for Applications August 21st Interviews September.</p> <p>Ring or email Mrs Wendy Evans, Strategic Manager, Dr Andy Smith or Dr David Jenner for practice profile/application pack or further details.</p>
<p>Dr Perks, Boyhan, Weston-Baker & Potter North Road West Medical Centre Plymouth PL1 5BZ Tel: 01752 662780 Email: jenny.haynes@nhs.net</p>	<p>Locum GP - Plymouth 6 months from August or September 2004</p> <p>A locum GP is required for 6-8 sessions a week, with no out-of-hours or weekend commitment. We are a four-partner training practice and are fully computerised and paper light. Our building has its own car park, is well-equipped with all mod cons and is situated only a few minutes' walk from the City Centre.</p> <p>For further details please contact: Jenny Haynes, Practice Manager</p>
<p>West Hoe Surgery 2 Cliff Road Plymouth PL1 3BP Tel: 01752 660105</p>	<p>Full-time Medical Secretary</p> <p>Required with excellent IT skills, including Receptionist duties when required, in a small, busy, friendly Inner City practice. Previous experience with EMIS an advantage but not essential.</p> <p>Salary negotiable.</p> <p>Apply in writing to: Audrey Gibbs, Practice Manager.</p>

<p>Clare House Surgery Newport Street Tiverton EX16 6AU Tel: 01884 252337 www.clarehousesurgery.co.uk</p>	<p align="center">Strategic Manager Salary: circa £31K negotiable</p> <p>We are looking for an enthusiastic Strategic Manager for our 7-partner, 10,000 patient PMS practice which also provides a range of specialist services to the brand new £18million Tiverton District Hospital.</p> <p>For an information pack or to discuss matters further please contact Dr Graeme Peters on 01884 252337 or email Graeme.Peters@gp-L83085.nhs.uk</p> <p>Letters of application in writing with full CV to Dr Graeme Peters Interviews mid September.</p>
<p>Dr D Palin & Partners St Budeaux Health Centre Stirling Road Plymouth PL5 1PL Tel: 01752 361010</p>	<p align="center">Practice Manager Required</p> <p>St Budeaux Health Centre is a new purpose-built surgery opened in 2003.</p> <p>The practice is PMS and has a list size of 10,100 patients. There are 8 GPs (6 WTE) and full complement of Nursing and support staff.</p> <p>Despite the laid back, informal attitude of the Partners, the practice has developed under the retiring Manager to become a high attaining practice.</p> <p>We are therefore looking for someone to help us continue to achieve our high targets both medically and financially. Financial and IT skills essential.</p> <p>We welcome applicants from inside and outside the NHS – Flexible working an option. Salary to be discussed at interview. An informal visit to the practice can be arranged. Closing date for applications is 14 August. Apply in writing with CV to: Rosemary Davies</p>
<p>The Surgery 1 Eastern Road Ashburton Devon TQ13 7AP Tel: 01364 652440</p>	<p align="center">Maternity Cover For Medical Secretary/Receptionist</p> <p>As from mid August we are looking for cover for 20 hours per week, split between medical secretary and receptionist duties. This would be for a minimum of six months and the possibility of extending to a year. An opportunity, in a friendly practice on the edge of Dartmoor that cannot be missed!</p> <p>Please telephone, in the first instance, Jill Little or Richard Mitchell on 01364 652440.</p>
<p>The Surgery Church Street Starcross Exeter EX6 8PZ Tel: 01626 890368</p>	<p align="center">Part-time Practice Nurse</p> <p>The Westbank Practice (Starcross and Exminster Surgeries) is a successful and progressive PMS Practice that is now looking for a part-time Practice Nurse to join this friendly expanding team.</p> <p>Approx 25 hours per week, with the ability to increase. Practice Nursing experience an advantage but not essential.</p> <p>For further information contact: Jan Thomson on 01392 833230. Please send CV with covering letter to: Stephanie George, Practice Manager Closing date 31st July 2004</p>
<p>Dr Rai's Surgery Honicknowle Green Medical Centre Guy Miles Way, Honicknowle Plymouth PL5 3PY Tel: 01752 777207</p>	<p align="center">Practice Nurse</p> <p>Practice Nurse – Grade F/G – required for single-handed PMS GP – 15 hours flexible at £15 an hour. Needs to be computer literate as practice is fully computerised. Bonus depending on QUOF. Job sharing acceptable. Informal visit welcome.</p> <p>Please send CV to: Mrs V D Rai, Practice Manager.</p>

<p>The Bovey Tracey & Chudleigh Practice Riverside Surgery Le Molay Littry Way Bovey Tracey TQ13 9QP Tel: 01626 832666</p>	<p>TWO new part-time posts are now available within our expanding Practice Nurse Team. Experienced Practice Nurse (20 hrs) & Practice/Treatment Room Nurse (15 hrs) We are an 8-Partner Practice with two surgeries looking to appoint highly motivated nurses to complement our current nursing team. We provide a range of nurse-led services with planned developments in the areas of hypertension and minor illness. Medical Receptionist also required for maternity cover Part-time, 29 hours per week, Tuesday – Friday. Want to find out more? Contact Primary Care Manager on 01626 852379 or 01626 832666 for job descriptions and further detail or e-mail justine.scott@nhs.net Closing Date: 9th August 2004</p>
<p>St Lukes Medical Centre 17 New Road Brixham TQ5 8NA Tel 01803 852731 Fax 01803 852637</p>	<p>Locum Required for 3-4 days/week in December 2004 in a 3.5-partner +1 retainer EMIS paperless practice with 6200 patients.</p>

POSITION WANTED

<p>Dr Jon Carty</p>	<p>I am due to complete Plymouth VTS on August 4th 2004 and am available for all locum work from this date. I will consider all work in the Plymouth, West Devon and South Hams area. If you would like a copy of my CV please do not hesitate to call on 07818 023970 or email me at j.carty2@ntlworld.com</p>
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Plymouth GP Education Programme from September 2004

These events include two new sessions on co-mentoring and time management in response to requests from local GPs.

Date	Time	Course	Venue	Details
22.9.04	6.30-9.00pm	Freelance/Sessional GPs - dermatology	TBA	
27.9.04	2.00-4.30pm	Introduction to co-mentoring	Plymouth Medical Centre	Helping GPs to support each other in a changing environment
27.9.04	6.30-8.30pm	Starting a co-mentoring group	Plymouth Medical Centre	
25.10.04	9.00am-1.00pm	Time Management	Plymouth Medical Centre	Coping with increasing demands on GPs' time! Maximum number 12
27.10.04	9.00am-1.00pm	Time Management	Plymouth Medical Centre	
19.10.04-21.10.04	9.30am-5.00pm	Personal Learning Plan course	Kitley House Hotel	Three day course to help GPs evolve a personal learning plan
3.11.04	9.30am-4.30pm	Diabetes study day	Plymouth Medical Centre	New developments and treatments and meeting the demands of the new contract
10.11.04	9.30am-4.30pm	GP Study day – common problems	Plymouth Medical Centre	Everything from headaches to toe aches!
23.11.04	6.30-9.00pm	Freelance/Sessional GPs - cardiology	Plymouth Medical Centre	

For more information or to book a place on one of the above courses, please contact Irene Hart, Administrator, on 01752 763015 or e-mail: irene.hart@phnt.swest.nhs.uk.

Whole-day courses £70 for principals and £35 for freelance/sessional GPs. Shorter sessions, pro rata.