

NORTH & EAST AND SOUTH DEVON LOCAL MEDICAL COMMITTEES



Newsletter ~ Volume 2 ~ Issue No 5

July 2000

Chief Officer's Corner

Data Protection Act 1998

After considerable delay the BMA have issued guidance on the above Act and it can be accessed in its entirety through the LMC website at www.devonlmc.org. The guidance confirms that, where a valid request is made under the Act, which will be complied with by the provision of copies of data held (other than in computerised form) the maximum fee that can be charged and received in advance of the provision of the copies, is £50. It is stated this fee should be "a reasonable fee of up to £50", and guidance from the NHSE says that the fee should be "on a cost recovery basis to a maximum of £50". Nowhere has anybody quoted the reference for either "reasonable" or "cost recovery" and the terms do not appear either in the Act or the Statutory Instrument concerning payments under the Act! In any event the secondary guidance we issued following discussions at the Medico-Legal Liaison Committee demonstrates that the legal profession in Devon believes that a fee of £50 is "reasonable" and I hope that solicitors from other counties will accept the same argument. We will be circulating a pro forma letter for you to use when approached by solicitors, some of whom may have a belief that £50 is a lot of money when paid to someone other than a solicitor! We will also be agreeing a new version of the Devon patient/client consent form and I hope that will come out at the same time.

PMS – 3rd Wave – "Waving not drowning?"

Almost 100 "expressions of interest" have gone in to the two Devon HAs seeking further information on this possible way forward. I am informed that the management capacity to handle so many at once may be lacking and also that many have "expressed" to get the package that explains what it is all about!! Nevertheless moving to PMS from GMS seems to some to be an idea whose time has come. But hold on a moment please. Have you seen any proper evidence of

evaluation anywhere? Has anybody been in the system long enough to discover all the negatives? Have you really identified the "problem/s" that you cannot solve under GMS? Do you imagine that this move will make a lasting reduction in the bureaucracy affecting the practice? Has anybody taken you through the minuses that have already been identified as well as the hoped for pluses?

Neither the GPC nor the Devon LMCs have taken a stance on this issue. I am seeking more information before I can give any really useful advice other than please make every effort to assure yourself that you have looked at the issue with your eyes wide open and mindful of all the possibilities. If you do any other than that Hillaire Belloc's advice to a child in the park might be sensibly followed: "Always keep a hold of nurse, for fear of finding something worse!"

Please share your views on PMS Pilots and copy us in to any proposals you are making.

Incidentally, "surfer GPs" tell me that it is usually the Seventh Wave that does the damage.

Two Pairs for Two Cities

The LMCs still have two vacancies in each of our two cities. Both Plymouth and Exeter GPs are shyer than I had imagined, as I have not been flooded with "expressions of interest". Traditionally we have always had more applications than places but now the opposite is true. LMCs have been around a long time and will be around longer than any present or future Health organisations so get on the phone and make a positive contribution to your profession and your city! The role of the LMC in caring for the interests of the profession is expanding but the ordinary member does not have to take a full interest in "the difficult bits". They are largely catered for by the Secretariat and the officers of the LMCs so your early input will be your thoughts and opinions. You can expand your interests as time goes on.

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Mentors – a follow up

OK you are all tired, overworked and stressed! That must be why I have had volunteers to be mentored but as yet nobody wanting to do the mentoring!! I have asked John Dean to consider how a mentoring system could be set up and supported and hope that progress will be made over the coming year. In the meantime PCG/Ts could

perhaps consider whether they would like to be involved in more than just merely providing funds to help such a scheme develop. Would John Perkins be happy to share progress with us? Knowing John I think it likely!

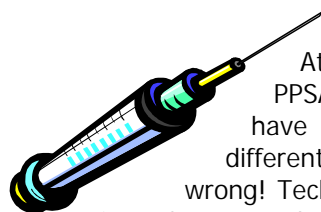
I believe that a mentoring system might act in a similar way to the "supervision" system used by psychologists and others, and that it could prevent some people from suffering ill effects from the everyday stresses and strains of providing high quality health care. We are often worse at caring for ourselves than we are at caring for our patients and that is a really ineffective way of going on. Let us care for ourselves so that we may care for others.

Peninsula Medical School

Those of you who get home for lunch (OK both of you!) may have seen my brief appearance on the Beeb at lunchtime on the day the establishment of the Peninsula Medical School was announced (I hit the cutting room floor by the evening!). The main thing is that despite fears that the ongoing problems at Derriford Hospital would adversely affect the bid there is now permission to go ahead and for the first students to start in 2002. This is truly great news for the South West and for the practice of medicine in the area. Much more time will be spent in Primary Care for the future "Peninsula" student, which will encourage the continuation of high standards in local general practice. It should also help in building a "home bred" supply of doctors for the region, which may be important if recruitment remains a problem. Congratulations to all those involved in the bid and the very best of luck over the next couple of years when the work to get things started will be trying, exasperating but, I am sure, ultimately successful.



Flu Vaccination for the Over 65s



At the recent South Devon LMC meeting we were informed that it would be possible for the PPSA to generate letters to call patients on an annual basis for their flu vaccination. They have recently installed software that makes this relatively easy. I had thought that with different capitation fees for the over 65s it would have been possible for some time – but I was wrong! Technology now makes me right and how unusual that is! Watch out for further information in LMC News and the PPSA Link letter.

Meningitis C

The issue of small school age children who have missed their turn at school was also raised at the South Devon LMC. Some are deliberately being brought to their GPs by parents who want it done there but such behaviour will cause chaos and mean that kids may be left unvaccinated. These children will be "caught up with" by the school medical service so present advice is that GPs should not vaccinate this group. If you have vaccinated such children please let the school service know but do not expect an Item of Service fee!

The LMC Conference in Manchester

All the representatives and observers from Devon and Somerset headed up the motorways of England by coach saving a few thousand pounds in rail fares and hopefully reducing the cost of the Conference to the GPC. Sadly few others followed our example and I am told that it was far more expensive to hold the Conference in Manchester than in London. Nevertheless there were some good bits about it particularly that the majority of representatives stayed in the Conference hotel and the networking was much easier and more comprehensive! The big moments for us were: Charlie Daniels getting huge support for the South Devon motion on opiate substitute prescribing; Andy Stewart from Cornwall forcing a debate on the continuing support for professional self regulation (for without it there is no profession in my view). And, finally, me sneaking in a debate on Maternity leave entitlement and expenses that now makes it national policy that female GPs should be entitled to 18 weeks maternity leave as elsewhere in the NHS and that locum payments under the SFA should reflect the cost of providing a full replacement service for patients based on the number of sessions normally worked! We await negotiations!

Violence Against GPs and Their Staff

Work continues on this difficult topic and I have met two police representatives on 22 June along with Ann Morecraft, Ann Bond and John Baker. The present plan is to:



- Carry out the planned survey as to why patients are taken off the list
- Introduce a "GP alert" system as exists in Cornwall
- Share information wherever possible (watching confidentiality issues)
- Remind practices that safety advice is available from specialist Crime Prevention Officers and the Police Architectural Officer (eg around premises alterations etc)
 - Support for victims and witnesses of violence should be provided and documented
 - Formal recording of all incidents should occur even where the practice do not wish to remove the patient from the list
 - Remember that others may be at risk from violence – eg the patient's family - sharing this with the police using their systems of "Problem Solving Policing" and "Repetitive Non Crime Incidents" may be beneficial
- To have a draft policy ready for consultation with LMCs, CHCs and Trusts by the end of July

We will reserve the right to return to more formal Local Development Schemes if the plan does not work or the numbers involved are such as to make it worthwhile.

Methadone Prescribing

This issue was again raised by South Devon at Conference and it is now Conference policy:

That conference believes that in view of recent events GPs should no longer prescribe opiate substitute medication unless:

- (i) GPs have had additional training in such treatment
- (ii) It is supported by a specialist team for updates and supervision
- (iii) The service is funded from outside the GMS pool
- (iv) Supervised consumption facilities are available

This continues to be an area where GPs are at serious risk, and there are GPs still awaiting CPS decisions as to prosecution. The safest policy at present is not to prescribe but one cannot always play safe. PCGs must commission services that both protect GPs and their staff but which also meet the needs of patients. This will be expensive but less so than losing a GP from the NHS to the Prison system!

The Cost Rent Scheme - Prescribed Percentages

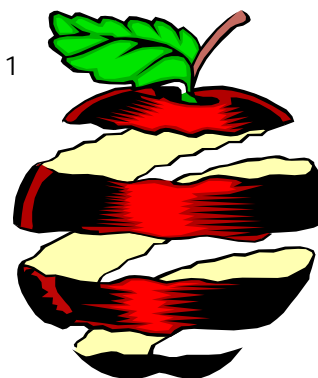
1. With effect from **1 July 2000** the prescribed percentage to be applied under the cost rent scheme will be as follows:

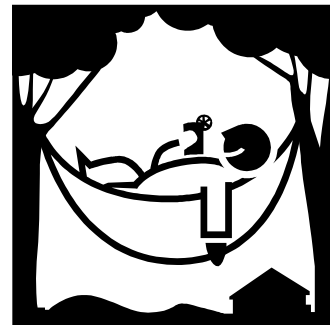
Variable rate loans	7.00%
Fixed rate loans	6.50%
(including purchase and lease arrangements).	

2. The variable rate is set annually. It was last set on 1 April 2000 and will next be reviewed on 1 April 2001.
3. The fixed rate is reviewed quarterly from 1 April each year and will next be reviewed on 1 October 2000.

The Seven Dwarves – A Fairy Story

Early this year I was Happy. Later I was Sneezy as the hay fever season hit. Treatment made me Dopey and ultimately Sleepy. Interactions with Bashful who was reluctant to commit resources to Doc made me Grumpy. Snow White was of little use as The Wicked Stepmother had slipped her a poisoned apple! Oh well – nothing like the NHS then!





Pension Implications of a Move to PMS

PMS Pilots

GPs who remain self-employed on entering a pilot will continue to be pensioned on the traditional self-employed GP method.

This will also be the case if they become salaried on entering the pilot, but only for the duration of the pilot. If they remain salaried when the arrangement becomes permanent, then the salaried doctor method of calculation will be used. A salaried GP entering a pilot will continue to be pensioned using the salaried doctor method.

When PMS Pilots become Permanent

Self-employed GPs will continue to be pensioned using the traditional self-employed calculation method.

However, GPs who are salaried or who move to a salaried basis when the pilot becomes permanent will be pensioned according to the salaried doctor method.

Impact on Pension

GPs need to give careful consideration to their pensions when they enter pilots and thereafter, particularly if there is a move to salaried employment. On moving to salaried employment, the self-employed GP pension accrued to date will be preserved in the scheme and increased thereafter in line with the retail prices index (RPI). It will not be dynamised, ie it will not be increased in line with Review Body awards. Over a period, dynamising usually produces a better result than RPI increases. However, the future overall pension position of the doctor will depend on salary progression throughout the remainder of the career. Whether remaining as a self-employed GP would have produced a better pension will be a complex equation which may vary between individuals and will depend on the respective increases over the years in the superannuable income of self-employed and salaried doctors.

The level of income in the PMS post is the key factor in future pension entitlements. The GP pension accrual rate (1.4%) is in fact 12% higher than the salaried doctor accrual rate (1.25%, ie 1/80th). Other things being equal, therefore, a move from the GP method to the salaried method will require a pay rise of at least 12% to ensure that future pension accrual is not inferior. However, as explained above, in the long term the relative future rates of GMS and PMS pay scales will be the determining factor.

The LMC thanks Dr David Farrow of East Sussex LMC for this contribution.

Qualified Nurse Practitioner (G/H Grade) – Torquay

Democratic and friendly 3-doctor practice seeks enthusiastic qualified Nurse Practitioner to join team to work 16 hours per week (potential for increase in the future). Working hours and salary negotiable.

We have been successfully running a minor illness clinic for the past 18 months. Unfortunately, our Nurse Practitioner is emigrating and we need someone to replace her. For an informal discussion please phone Juliet Lloyd, Nurse Practitioner, on a Monday or Wednesday or Dr John Robinson at Chatto Road Surgery, 104 Chatto Road, Torquay, TQ1 4HY. Tel: 01803 314277.

Alternatively: you can apply by sending your CV and letter of application to the above address for the attention of Mrs Lynn McLean. Interviews will be held week commencing 21 August 2000.

NHS DIRECT – GP FEEDBACK

At the recent LMC/WAST Liaison Group meeting held on 23 May 2000, NHS Direct was discussed. It was noted that on occasions GPs felt that the advice given by the triage nurse at NHS Direct was not the most appropriate. It was agreed that in this event it would be helpful if the GP were to contact the NHS Direct supervisor to discuss the incident. By so doing it is hoped that improved communications between GPs and NHS Direct will result in less confusion for patients and therefore improved care.

FULL-TIME PARTNER Plympton

Replacement Full-time Partner required in 3¾ doctor practice. Shared, owned, purpose built premises with extensive facilities. This friendly, fully computerised Primary Care team takes pride in quality of care. The practice is situated in the Plympton Valley on the outskirts of Plymouth, close to the edge of Dartmoor and the sea. The applicant would need to join in our enthusiasm for General Practice and be eligible for Minor Surgery and Obstetrics. Out-of-hours co-operative available.

Apply in writing with typed CV to Mrs Lynne Langridge, Practice Manager, or Dr Millard, Plympton Health Centre, Mudge Way, Plympton. Informal visits by arrangement very welcome. Telephone: 01752 348884.

PRACTICE MANAGER - ILFRACOMBE

Innovative 6-partner practice requires well-motivated Manager with wide range of skills to manage enthusiastic loyal team. Two new medical centres, NHS Beacon Practice, Training Practice, Accredited Research and Development Practice.

Please send application letter and CV to Mrs Jo Rose, Practice Manager, Waterside Primary Care, The Medical Centre, Ilfracombe, Devon, EX34 8EG, or telephone 01271 863840 for further information.

THE DEVON & CORNWALL GENERAL PRACTITIONERS' ADVISORY SERVICE

If your practice is appointing a new partner please let Barbara Powell at the Secretariat know (01392 201654) so that they can be allocated an adviser. Home telephone number and address would be useful.

GP RETAINER

Glenside Medical Practice Plymouth

for up to 4 sessions per week in well-established practice of 3 doctors and usual attached staff. Modern purpose built premises. Fully computerised. BMA rates.

Apply to Dr Jane Melhuish, Glenside Medical Centre, Glenside Rise, Plympton, Plymouth PL7 4DR.
Telephone: 01752 341340.

FOR SALE

TREATMENT COUCHES

Dean Cross Surgery, Plymstock, has several treatment couches to dispose of. Collection essential. Please telephone Practice Manager 01752 404743 for details.

Occupational Health

Thursday 23 November 2000

1-Day Conference - For Doctors and those who have responsibility for their health and welfare. PGEA approval sought. St Mellion Golf and Country Club, Cornwall (see enclosed leaflet)

Comings and Goings in June/July 2000

Welcome to:	
Dr Michael Tutty, St Neot's Surgery, Plymouth	Dr Peter Miller, St Thomas Medical Group, Exeter
Dr Mary Embleton & Dr John Benton, Waterloo Surgery, Plymouth	Dr Timothy Goulding, Chapel Platt Surgery, Exeter
Goodbye to:	
Dr William Morgan, St Thomas Medical Group, Exeter	Dr Robert Gurney, St Lukes Medical Practice, Brixham

Courses, Conferences and Information

UNIVERSITY OF BIRMINGHAM

The Mental Health Act 1983 - 21/22 September

Using Clinical Effectiveness Information in Primary Care - 5 October

PCTs: Opportunity or Threat for Pharmacists? - Date: 11 October - This seminar will consider the issues facing pharmacists within the development of primary care trusts (PCTs).

Further details from University of Birmingham, Short courses direct:0121 414 7058/7052.

Chris Ham, Director of the Health Services Management Centre at Birmingham University, is joining a new Strategy Unit, located in the Department of Health, set up to advise Ministers on the future direction of the NHS and social care. During his secondment, John Clark will serve as Acting Director of HSMC. He is a Senior Fellow and was a former Chief Executive who worked at HSMC in the 1980s and rejoined the Centre in 1997.

GATE HOUSE

12 September and 23 November 2000 – **Customer/Patient Care**

This is a course for all who deal with patients, public and other users or who support those who do.

31 October 2000 – **Dealing with Difficult and Aggressive Customers**

This course is for any staff who come into contact with angry or aggressive people, who suffer verbal abuse or who would just like more confidence in this difficult area.

20 September and 7 November – **Nursing and Clinical Governance**

14 September and 26 October – **Therapists and Clinical Governance**

8 September, 17 October, 16 November and 7 December – **Delivering the New Agenda in Nursing**

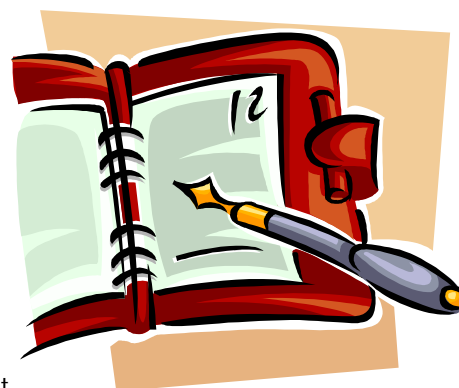
For further Information contact Gate House Tel: (020) 7420 3530/3533. Email: gathse@dircon.co.uk

INFORMATION

The General Chiropractic Council, the regulatory body for chiropractors, has written to tell us that they now have a website at: www.gcc-uk.org which lists all registered chiropractors alphabetically and geographically. This may be a useful tool to those GPs who plan to refer patients to chiropractors for treatment. They have also produced an information leaflet for distribution to GP surgeries. If anyone would like a copy of this, please contact the Secretariat office.

Radcliffe Medical Press Ltd has notified us of five recent publications. These are as follows:

- **Implementing Evidence-Based Changes in Healthcare**
Edited by David Evans and Andrew Haines
 - **Clinical Guidelines from Conception to Use**
Edited by Martin Eccles and Jeremy Grimshaw
 - **Making Use of Guidelines in Clinical Practice**
Edited by Allen Hutchinson and Richard Baker
 - **Implementing Clinical Guidelines**
Edited by Debra Humphris and Peter Littlejohns
 - **Clinical Guidelines and the Law**
Brian Hurwitz



If anyone is interested in obtaining copies, please contact the Secretariat office.

SECRETARIAT HOLIDAY PERIODS

Please note that Peter Jolliffe will be on leave from 17 July – 4 August inclusive and 21 August – 1 September inclusive. John Baker will be on leave from 7th August – 18 August inclusive (the rest of us will fit in where we can!)

Back Bytes – Office Manager’s Mutterings - Sleepless in Devon

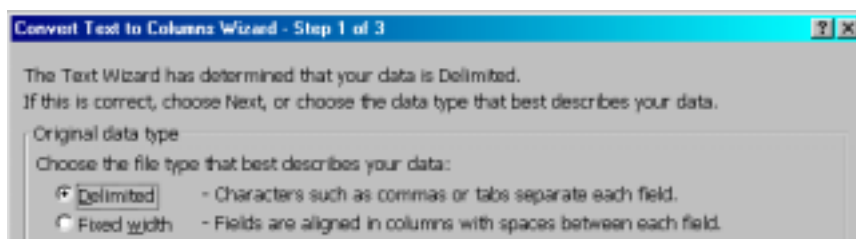
The web site is proving as popular as ever, with 1,243 hits in the month of June - I see the insomniacs are still active with 13 hardy individuals visiting at 02:00 am, dropping to 3 souls between 03:00 and 04:00. I am posting new links and information up on a daily basis – if you have not visited for a while you can still find us at www.devonlmc.org

Parsing Data – or how to split cells in Excel

We have been doing large amounts of work with data and information for the various ballots, elections and votes that are currently being conducted by the LMC. One of the problems working with data in Excel is when information is contained in a single cell. What we need to do is split the cell, there are numerous ways of doing this, some simpler than others. I wrote a macro which will do it - *I prefer Excel for working and manipulating data as it is quick and easy, also nine times out of ten it will do what I want and not what the computer thinks I want!*

Dr Jack Shelley
Dr Peter Jolliffe
Dr Charlie Daniels

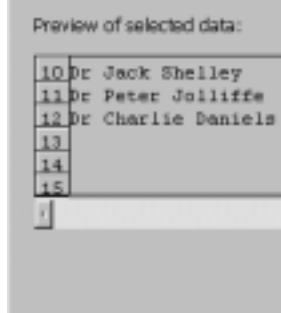
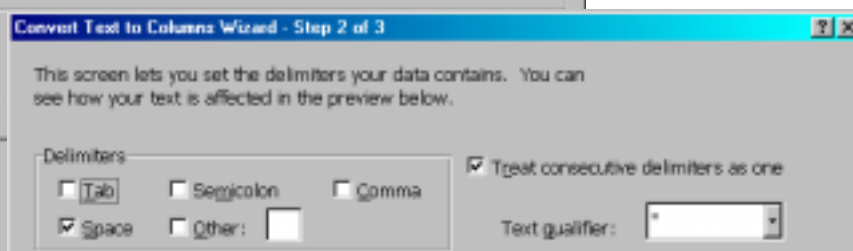
This is the easy way!



1. Select the range of cells you want to split.

2. Choose **Text to Columns** from the Data menu. Excel starts the **Convert Text to Columns Wizard**.

3. Choose whether the text you have selected is fixed width or delimited. (In the case of a space between



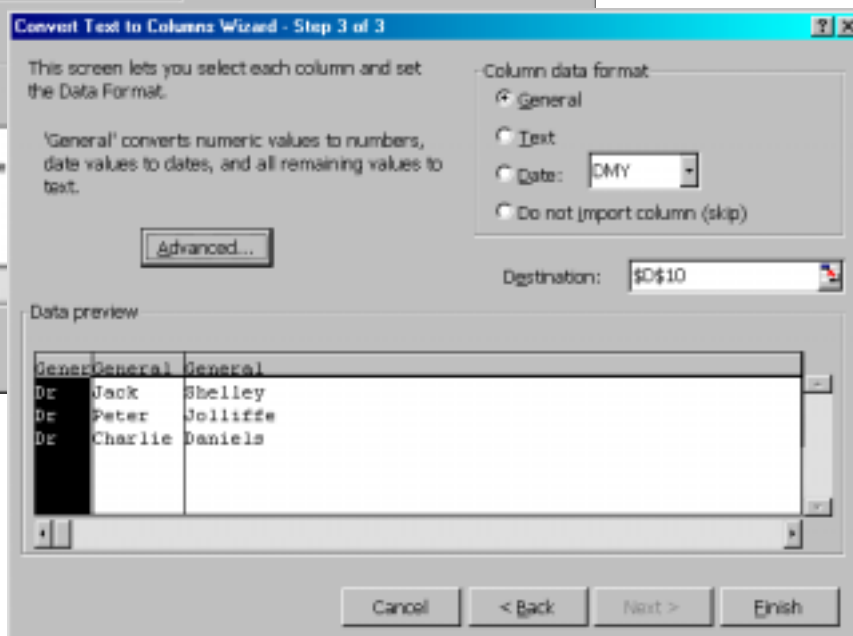
first and last name, the text would be delimited.)

4. Click on Next.

5. Specify the delimiters you want Excel to recognize. In the case of pulling apart names, you should make sure that you use spaces as delimiters.

6. Click on Next.

7. Step 3 of the Wizard is not needed in this example. However, it is very useful because you can tell Excel not to convert some information. Convert other into dates, etc.



8. Click on Finish – this should split the cells.

Dr	Jack	Shelley
Dr	Peter	Jolliffe
Dr	Charlie	Daniels

A very handy hint that can save you a huge amount of time. Next time, I will try to remember it before I do the job!!

HAVE FUN....