

Devon Local Medical Committee

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Newsletter Issue No 50

March 2005

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Chief Officer's Corner

LMC Conference 17th, 18th, 19th May

I am delighted to be able to inform readers that the 7th Annual LMC Conference should welcome Dr Hamish Meldrum, Chairman of the GPC of the BMA, as our Key-note speaker on the first day of the Conference at Woodbury Park Golf Club. It is unlikely that he will be able to be with us for days 2 and 3 at St Mellion Golf Club (*A bit of a theme developing here shurely? Ed.*) As the first year of the latest "New Contract" comes to an end there is much that he will be able to tell us and I hope that his talk will help us look to the future. Change has been the only constant in the NHS for some time and at least this time it seems that the "cash has followed the patient" in that Enhanced Service payments have increased resources and profits in practices and the QOF payments look like doing so as well. We are working with the 8 Devon PCTs to ensure that the ES floor is met and reports on QOF visits relate that 99% of visits were non-contentious and some were even "enjoyed" by all concerned! But what of future change? "Choose and Book" and "Practice (Locality) Based Commissioning" are coming but we need to influence their form and substance or I can guarantee that we will not like what is "sent down from above"! "Agenda for Change" will affect the "marketplace" for staff whether we like it or not. We must consider these things and plan for them and our Conference will be a good place for that. I look forward to seeing you there.

Partnership Agreements

This is an old chestnut but one that needs airing regularly. Those who have never been involved in a Partnership dispute where there is no legal agreement as to how the partnership will work cannot easily understand just how dangerous it is to be in a practice which is, by default, regulated by the Partnership Act of 1890". At worst this means that the partnership may be dissolved "at will" by any of the partners and the assets of the practice, the premises, equipment and so on can be forced to be sold on the open market. (For the premises bit to happen the partner must be an owner of the premises.) This effectively threatens the ability of the practice to be able to continue to provide care to its patients and also threatens the livelihood of the partners. **AVOID THIS HAPPENING TO YOU!! GET A PARTNERSHIP AGREEMENT SIGNED AS SOON AS POSSIBLE!!!** (Give the LMC a ring if you think I might have been "yelling" at you as we may be able to help you.....)

Elections

It seems probable that we will have votes for the elections in at least two constituencies which must be good for democracy. We have some properly nominated and seconded Sessional GPs standing and that pleases me greatly. This was very high in my thinking when the election papers were distributed to our constituent GPs as in previous years they had been difficult to contact and this time we corrected that. Please accept my apology if I have offended anybody by having made that contact possible. In future years I hope that we will be able to use Voxpop, the new communication system for Devon GPs and Practice Managers. In two years time it should be so well used and understood that I can even see that we might be able to use it for the retire election process! Think of the trees we will save if we can!

Executive Officers

Nicola Heywood – North & East Devon - I'm Leaving on a Jet Plane

Well it is actually the ferry! I am moving to Orival in France near the Charentes/Dordogne border. My "last" day will be March 31st 2005.



If you'd like to hear more, or just to make sure I am really going, come along to the Ley Arms at Kenn on Friday March 18th at 6pm for a beer or two. It would be lovely to see you all again before I go... If any of you would like contact details please send me an email -nicola@devonlmc.org or nicolahey@aol.com and I'll let you have them. Although I'll be up to my eyes in French cement and roofing it won't be the last you will hear of me. It is proposed that I continue to work for the LMC on a consultancy basis and you will be able to contact me by email as usual if you need to – nicola@devonlmc.org

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It is proposed that I:

- manage some of the forums on Voxpop, more about this soon as it is going to be available to all GPs and practice managers in Devon.
- continue to hold briefs on Freedom of Information (FOI), Data Protection Act (DPA), Complaints Procedures, Managing Alleged Poor Performance and other major legislative impositions if and when they arise!
- handle email queries about practice management issues as well as providing an information gathering resource for the office to support its general work and in particular negotiations with PCTs.
- write articles for purple pages from time to time on hot topics as requested by LMC.

My departure and strong rumours about PCT mergers have caused the LMC to pause and consider its options regarding its future requirements. In the meantime this is what happens to my liaison work etc:

Exeter PCT Contracts & Issues	– John Baker
East and Mid Devon PCT Contracts & Issues	– Dr Peter Jolliffe
North Devon PCT Contracts & Issues	– Dr Mark Wood (as always)
General practice queries in N&E Devon	–Email: admin@devonlmc.org or use Voxpop or phone secretariat as appropriate.
Plymouth, SH & WD, Teignbridge & Torbay PCT Contracts and Issues will continue as usual with the contact being Debbie Galbraith debbie@devonlmc.org	

I should like to thank you all for the tremendous support and co-operation I have received during my time at the LMC. It is amazing how much can be achieved through teamwork and the LMC can provide an excellent resource for GPs and their practices which can be enhanced by the judicious and timely use of information and feedback through Voxpopulus, if only everyone grasps the opportunity!

Good luck to you all and many thanks for a wonderful 10 years in Devon!

Nicola Cont. - Salaried Doctors

Check your contract. Is it the GPC model one? If not you will find one on the LMC website.



Premium-rate Phone Lines – GPC note

The Department of Health has banned the use of premium rate lines (0870/1) and announced its intention to fund the cost of the change back to *lo-call rate* systems at £500 per practice. At present the DH has only made contact with one supplier. The GPC has announced that it will not be agreeing to directions covering transitional arrangements until more information about other supplier contracts is known. Devon LMC has contacted the GPC to make clear the case regarding costs and the wider issues behind the use of 0870/1 numbers which have clearly been ignored. We are assisting involved practices locally.

The amendment regulations incorporating the phone lines ban itself (but not the transitional arrangements) into the GMS regulations will be bundled up with the other miscellaneous amendments that are currently being discussed at the Lawyer to Lawyer meetings.

Locum Reimbursement

A second issue raised concerned locum reimbursement. A report had been received that some PCTs nationally had claimed that they did not have to pay the maximum locum reimbursement (£948.38) when full-time GP performers are on maternity, paternity, adoptive leave or sick leave and a locum is contracted to cover that work. Whilst it is accepted that part 4 of the SFE could be interpreted that the maximum should not *automatically* be paid and that PCTs do have powers to exercise some discretion regarding payment, the ICG agreed that it was not acceptable for the PCT to adopt a policy of paying a figure below the maximum to all requests for locum cover. Happily this has not been a problem in Devon and long may that continue!

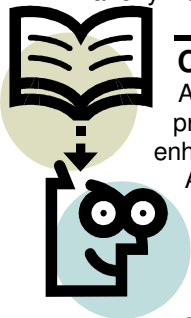
Patient Confidentiality and QOF

Devon LMC have already negotiated suitable arrangements with your PCTs to ensure that records are easily anonymised. However, we felt you should see the latest advice from GPC, which is very close to our earlier recommendations! GPC has taken legal advice and discussions are continuing to amend the Code of Confidentiality, appropriately, to reflect the advice obtained and clarify other practical issues.

The rule of thumb is that where practices can anonymise records relatively easily, without a huge administrative burden, then they should do so in order to comply with the Act. Where it becomes burdensome to a degree where it would be unreasonable as well as time consuming and costly for the practice to anonymise, or the anonymising software is not effective, then the GP can hand over the patient record without having to go through the anonymisation process. This falls within a specific exemption in the DPA under provision of healthcare and especially applies where the GP is disclosing to another healthcare professional.

There are certain factors which the GP must take into account in order to ensure he/she is protected. Firstly, the practice must be able to demonstrate that anonymisation cannot be undertaken with relative ease; also the practice must ensure that there are clear notices/leaflets in the surgery informing patients as to how their records may be disclosed. If a GP is aware that a particular person would object, or a record contains third party personal information which has nothing to do with QOF, or certain types of information in a record may in future override the DPA (e.g. gender transfer due to be implemented this year), then the GP must recognise that in these cases consent will be required.

Under the current Code of Confidentiality the onus is on the PCT to obtain consent in these cases and the GPC maintain that this is still applicable; refer the PCT to clause 30(ii) and clause 31 which clearly states that where anonymisation is not possible the PCT obtains consent.



CRB Checks

At present there is NO requirement for all practice staff to have a CRB disclosure done. It is the practice's responsibility, as employer, to decide whether any of its staff should have standard or enhanced CRB checks bearing in mind the requirements of the Police Act 1997, Protection of Children Act 1999 and the Rehabilitation of Offenders Act 1974 Exceptions Order 1975 (permits health services to run such checks!). In short these acts stipulate that staff/volunteers, who are caring for, training, supervising or in sole charge of children or vulnerable adults, are required to have enhanced checks.

All requests need to go through a registered body to the CRB. It costs £28 for a standard disclosure and £33 for an enhanced disclosure, these charges will rise by £1 on 01/04/05. Some PCTs are offering to request CRB checks for practices at a small additional extra fee, but you can go on to the CRB website to find other registered bodies who will do the same for you.

Note 1 A member of staff cannot just contact the CRB and get a disclosure done. There is no "wheeze" to achieve this via the DPA although an individual can find out what CRB checks have been done on them and what was said.

Note 2 New legislation has made it necessary for a minimum of 2 people from an organization to be trained in the processes of CRB checks in order to qualify for registered body status. This training costs £500 per person.

Full Seniority Entitlements

Hopefully this will not apply to any of you but just in case please be aware of the following:

Under the SFE, the full annual rate of seniority payment is only payable in respect of a GP whose superannuable income fraction is at least two thirds of the national average. However if a full time GP works in a low earning practice and his working situation has not changed following the implementation of new contract, his seniority should be protected in line with the J Chisholm/M Farrar letter of 30 May 2003 and the consequent SFE and guidance documents.

Debbie Galbraith – South & West Devon Choose & Book - Re Cataract Choice Letter

We note that a letter on this subject has been sent to all practices in the South Hams and Plymouth areas. At present this arrangement has not been negotiated with the LMC. Although we feel that it is possible the proposed system will be workable in the future there is currently no IT system money or staff in place.

The GPC and LMC decision is that no practice should be forced to do this without negotiation and extra funding. You therefore have our support should you choose to refuse this work

We will keep you updated.

Out of Hours – An Intro!!

During an Out-of-hours Commissioning Group meeting (the LMC still has a place on this countywide group) it was obvious that an old chestnut from the “good old days” of GP Co-operatives had still to be pulled from the fire! The failure to have a message to patients that does not require a divert to DDOC for them to understand that the surgery is closed blocks completely, or at best reduces, access to urgent GP care. I was one of those who called DDOC on 27th December – help me to get through next time please by taking on board the article by Chris Wright below!! (PJ)

Out of Hours – Direct Phone Diverts

Devon Doctors have a rule that direct phone diverts into DDOC control without a message is not allowed. The answer phone message gives important information to the patients and prevents Devon Doctors from receiving unnecessary calls. There are 25 practices across Devon who still use direct diverts without any accompanying message. Every working day we receive a number of calls from confused and sometimes irate patients expecting to speak to their own practice.



The final straw for the DDOC Board was that this was a contributory factor to the problems DDOC experienced on the 27th and 28th of December. Between 08.30 and 09.30 DDOC took over 400 patient calls. A high number of these calls were from direct divert practices where patients were expecting their surgeries to be open. The Board have directed me to take a number of severe measures to penalise those practices which continue to use direct diverts without a message. Obviously I want to avoid this if I can.

With this in mind DDOC will donate £20 to the charity of the LMCs choice for each existing direct divert practice which changes to an answer phone or to a direct divert with message by the 14th March. Please contact Annette Hammett on 01392 823153 for a copy of our recommended answer phone message.



Round up of what's new on the www.devonlmc.org

Making Practice Based Commissioning a Reality - Technical Guidance

The Practice Based Commissioning guidance published in December promised further technical guidance to help PCTs and practices implement Practice Based Commissioning. This guidance provides a methodology which may be used for establishing practice level budgets. It also provides further details on:

- Risk management
- Use of efficiency gains
- Management costs
- Values and principles underpinning PBC

DDRB 34th Report 2005 - Doctors hit out at below average pay rises

The British Medical Association today expressed anger at below-average pay rises for doctors, recommended by the Doctors' and Dentists' Review Body (DDRB) and accepted by the government.

Responding to the announcement that pay rises for NHS doctors will range from 3 per cent to 3.225 per cent, BMA chairman Mr James Johnson warned that they could adversely affect NHS recruitment and retention, and the government's ability to meet NHS targets. Dr Hamish Meldrum, chairman of the BMA's General Practitioners Committee said: "We are particularly disappointed that the Review Body seems to have been taken in by the government's evidence on recruitment figures. Although the headcount figures show the number of GPs in practice has increased there is a much smaller rise in whole-time equivalents terms."

Focus on Quality Achievement Payments

This guidance is a brief reminder to practices about the timetable, process and calculation method for achievement payments under the Quality and Outcomes Framework.

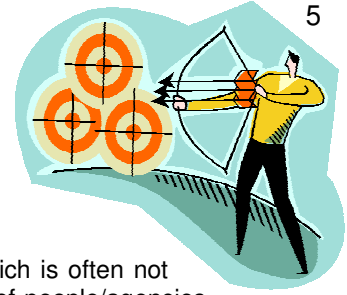
Focus on Community Hospital GPs: Interim Guidance

This Focus on guidance note recognises the problems facing GPs working in community hospitals, sets out the measures that the BMA's GPC is taking to remedy the situation, including the recently negotiated Powys (Wales) agreement, and provides advice as to what action GPs and LMCs could be taking locally.

Child Protection Case Conferences – Targets, Targets, Targets!

Dr Jane Richards. February 2005

It is time to re-visit that perennial bone of contention, attendance at Child Protection Case Conferences. Under this so-called joined-up-thinking the targets the government set for various sectors, GPs, Probation Officers, Social Services, are not necessarily compatible.



Social Services have to schedule CP meetings within a very tight timetable which is often not compatible with GP's 48-hour appointments target. Unless a certain proportion of people/agencies are present decisions cannot be made – and it is the child or children who suffer. However if the GP submits a report this can mitigate the situation. Even a negative report such as “The practice has only seen this child twice – for Tonsillitis – and we have no other relevant information” can be sufficient and helpful. See, that didn't hurt!

Freelance/Locum Pension - Update

The existing locum pension payments system will remain in place after April 1st 2005, so keep sending your Locum forms A and B to the PPSA each month.

The 'rumours' began when the Department of Health suggested that the funds might be moved from PCT administered funds to practices' Global Sums. For this to happen, the GPC would have been approached in negotiations before April. This has not happened yet and as far as we know the current system will continue for another year.



I am sorry that we have had to wait so long for this news, but if the GPC had approached the Department of Health for clarification then they might have been triggered to make the changes previously suggested. There will also be new GP Locum forms C and D to cover out-of-hours work. The forms developed by the NHS Pensions Agency without GPC input are (needlessly) complicated to use, so guidance will be issued by the Sessional GPs sub committee of the GPC soon. The system is generally good news but relies on the employing out-of-hours organisation being recognised as an NHS employer, which Devon Doctors on Call currently is.

Death in Service Benefits (DIS) are not available to the dependents of full-time locums who die between locum employments eg at lunchtime if working a split day between two practices. The GPC has put a lot of time into this and sought legal advice. The government will not budge on this issue as it would set a precedent for many other public sector workers eg bank nurses and supply teachers who are not employed in permanent long-term contracts. There is also no way of using employment or Civil Rights Law to change the situation.

The BMA Pensions Department can offer more advice on this issue but apparently the dependents of locums would be entitled to receive death in deferment payments from their existing pension contributions. The advice is to get insurance and factor this into your costs. Alternatively, come up with a contract by doing regular sessions with out-of-hours or with a practice for at least a session or two each month. I hope this hasn't bored you to death!!

Mark Selman, Deputy Chairman of the GPC Sessional GP Sub Committee & Deputy Chairman of the NASGP

Update from Chris Wright DDoc - Mark is correct, except that the out of hours forms used will mostly be the new 'Solo' forms, which will be publicised on the NHSPA website as soon as the legislation is passed. Forms C+D won't be used unless locum is deputising for a principal during OOH, which isn't the case in Devon.



Investigation by Devon Counter Fraud Squad (From a letter from a Devon GP – with permission.)

“I thought it might be beneficial for members to be aware of activities of the local counter fraud services.

Recently, a local GP had a request from a lady from the DCFS to release confidential medical information under the Data Protection Act 1998, Section 29 (3). In short, she stated that she was making enquiries concerned with the prevention or detection of crime and the apprehension or prosecution of offenders in a case in which a patient had allegedly obtained property by deception. She sought the patient's medical records and, rather worryingly, suggested that “failure to provide the information will, in my view, be likely to prejudice that or those purposes”. I regarded the latter with some suspicion as I could not see into which category such a request could fall for legitimate breach of confidentiality. I spoke to my colleagues at the MPS who concurred with my view and stated that frankly the request was ridiculous and that she should know better! The person requesting the information was correct that Section 29 of the DPA does mean that I could provide pertinent

information to the fraud services to assist in the protection or detection of crime. However, Section 29 (3) does not provide protection against a complaint to the General Medical Council about a breach of confidence. The legal opinion was that the GMC would reprimand a doctor who complied with such a request. It is likely that the GMC would only countenance such a disclosure if there was a risk of death or serious harm. This exception does not apply to investigating fraud – a financial crime. The person making the request has been advised by the MPS by one of the MLAs in the following form – “I am particularly concerned to note that an individual in your position should be making such requests. You should cease immediately”.

Hopefully no other members will be bothered in this way, so I thought this information might be useful.”



Guidance for GPs arranging Transport to Hospital for Mental Health Patients

At a recent meeting of the LMC/WAST Liaison Group, Westcountry Ambulance Service outlined details of a Peninsula Inter-Agency Agreement with regard to arrangements for transporting mental health patients to hospital. He felt it would be helpful for GPs to be made aware of a few general guidelines:

Mode of Transport

- Alternative kinds of transport, such as Urgent Transfer Vehicles, should be considered when ordering transport. Modern ambulances were not safe places for mental health patients.
- GPs were reminded that when patients were admitted to hospital under the Mental Health Act it was a Social Services' responsibility to make transport arrangements.

Timing

- Ideally transport should be ordered at least an hour in advance. If there was likely to be a delay it would be helpful if the GP could advise the ambulance service.

Risk Assessment

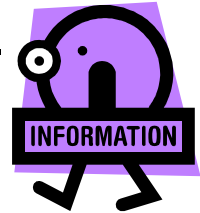
- If the patient was likely to be difficult then a responsible person – relative, friend or social worker – should accompany them. If there was concern that the patient could become violent **and did not require medical assistance** then a police car, with appropriate escort, could be employed to transport the patient.

A full copy of the policy can be obtained direct from the following address: Mike Killoran, Westcountry Ambulance Service NHS Trust, Abbey Court, Eagle Way, Exeter EX2 7HY

Peninsula Medical School

Career Planning for Medical Students

Many of us are interested in recruiting doctors to general practice, the exposure in the undergraduate curriculum helps but here is a further opportunity. We are seeking doctors who are enthusiastic and able to talk to students about the good and bad aspects of their work. All we need at the moment is a paragraph about life in general practice. Later we may direct individual students with questions in your direction. Personal experience has been that students often choose a career in areas they have particularly enjoyed.



Integrated Structured Clinical Examinations (ISCEs) - The ISCE exams for students' clinical competencies are taking place on Wednesday 25 May 2005 and Friday 27 May 2005. If you are interested being an external examiner for one of the various stations please contact jenny.edmonds@pms.ac.uk. A one-hour briefing session will be held in Plymouth on 17 May 2005 or Exeter on 6, 11, 18 May 2005.

Progress Test for Grown Ups - Would you like to assess your knowledge, improve your PLP and help the medical school all in one afternoon?

In our attempts to benchmark and validate the examinations at PMS we are asking qualified doctors to sit the periodic Progress tests which assess, using MCQ, the candidate's grasp of Applied Medical Knowledge (AMK). The exam takes 2-3 hours (depending on your confidence). It occurs on a Wednesday afternoon three times a year. For security reasons you will need to sit the test to Plymouth. Only you and an assessor will be aware of your score but you will be able to compare it with the whole of the student population together with several of your colleagues in the hospital and general practice. What do you get out of it? - An anxious 2 hours, a worrying wait for your marks and the satisfaction of seeing, objectively just how good your current knowledge is. Please note there is no payment for doing this – we are looking for willing volunteers!

If you are interested, please get back in touch with Jodene Melville, Acting Locality Manager (NHS) Peninsula Medical School, Plymouth Local Office, Research Way, Derriford, Plymouth PL6 8BU.
Email: jodene.melville@pms.ac.uk. Tel: 01752 247354.



Please note that from 4th March 2005 North Devon PCT HQ
will be moving from 12 Boutport Street to:

North Devon Primary Care Trust, Crown Yealm House, Pathfields Business Park
South Molton, North Devon EX36 3LH
Switchboard Telephone No: 01769 575100

EAST DEVON PRIMARY CARE TRUST

GP for Cancer Local Implementation Group

We are also looking for a GP who might be interested in attending quarterly meetings of the Cancer Local Implementation Group. This group acts to improve cancer services across East and Mid Devon and Exeter PCTs. We would welcome the views of a GP. It is understood that there will be suitable reimbursement.

Please contact Penny Anning (01392 681866) or Jackie Lewis (01395 272714) who will be happy to answer any questions. Dr Jackie Lewis BPharm, MRPharmS, PhD Cancer Lead, East Devon PCT.

VACANCIES	
<p>The Mannamead Surgery 22 Eggbuckland Road Mannamead Plymouth PL3 5HE Tel: (01752) 223652 Fax:(01752) 253875</p>	<p style="text-align: center;">GP Locum</p> <p>Required for 6 weeks in summer 25th July 2005 3 full-days per week—preferably Monday, Wednesday, Friday To take full share of visits, duties, and partner workload Rates paid in accordance with LMC recommendations. The practice is a busy city practice, with 9,600 patients, six partners and a GP on the flexible careers scheme. We are a PMS practice and committed to best practice care of our patients. Our practice population is varied, and we have a commitment to our large patient list of chronic disease management and elderly care. Our computer system is ISoft Synergy, with DOCMAN scanning solution. The practice is committed to training, clinical governance, and team</p> <p>For further enquiries please contact Sue Smith, Practice Manager on 01752 223652 or email:susan.smith6@nhs.net</p>
<p>The Mannamead Surgery 22 Eggbuckland Road Mannamead Plymouth PL3 5HE Tel: (01752) 223652 Fax:(01752) 253875</p>	<p style="text-align: center;">Practice Nurse F/G Grade depending on experience</p> <p>We are looking for an experienced nurse to join our practice team from 1st April 2005, for at least 6 sessions a week. The practice has 7 GPs and 2 other Practice Nurses. We need the successful applicant to be dynamic and flexible, we promise the same in return. Good communication skills, ability to work within a well developed team and IT skills essential. Please apply with CV and covering letter, to Mrs Susan Smith, Practice Manager. For informal chat or to arrange a practice visit, please contact Sue Smith or Dr Alan Donaldson.</p>
<p>St Neot's Surgery 47 Wolseley Road Milehouse Plymouth PL2 3BJ Tel: 01752 561305</p>	<p style="text-align: center;">Full-time (9 sessions) Partner or 2 Part-time Partners</p> <p>To replace our retiring Senior Partner from July 05 onwards - will wait for right applicant(s)</p> <ul style="list-style-type: none"> • Enthusiastic 6-partner, forward-thinking urban practice with 10,500 patients • Fully computerised (updated Nov 04) • Paperless • Premises owned outright by partners • Excellent PHCT <p>For further information please contact Dr Ben Dawson or Mr Paul Davies, Practice Manager. Complete confidentiality assured.</p>

<p>Roborough Surgery 1 Eastcote Close Roborough Plymouth Devon PL6 6PH Tel: 01752 201414 Fax: 01752 201410 e-mail: claire.hansell@nhs.net</p>	<p>Due to retiring senior partner Full-time/three-quarter Time Partner Wanted Sun, Sea, Sand and Cider? Devon is God's own Country! We are offering an exciting opportunity for the right person to join our thriving 6-doctor practice (5.125 WTE), providing quality care for around 10,000 patients. We are a progressive PMS practice forecasted to achieve 100% of the Quality and Outcomes Framework. You will be an enthusiastic, forward-thinking and committed GP searching for the opportunity to develop new ideas. Superb team, great location. No on-call! What are you waiting for? Closing Date: 1st April 05 Applications in writing with CV to Practice Manager, Claire Hansell. Email or phone for informal discussion and practice profile.</p>
<p>The Budshead Health Centre 433 Budshead Road Whiteleigh Plymouth PL5 4DU Tel: 01752 206002</p>	<p>Salaried Doctor Required for friendly, go ahead 3-partner, PMS practice in Plymouth. We are fully computerised, paper light using ISoft Synergy clinical system. Well motivated team. Three days per week - Tues/Wed/Thurs, consisting of five clinical sessions and one admin. Job description available on request. Please send CV to Mrs E Boardman</p>
<p>Bideford Medical Centre Abbotsham Road Bideford EX39 3AF Tel: 01237 476363</p>	<p>IT & Audit Co-ordinator (16 to 20 hours per week) We are looking for an enthusiastic and motivated person with experience in clinical audits and IM&T. Analytical and computer skills are essential. Medical/pharmaceutical training is an advantage. The post is permanent. Contract hours are 16-20 hours over 4 to 5 mornings a week. Salary is £8.25 per hour depending on experience. Job description and application form are available from Mrs Olivia Bassett, Practice Manager on 01237 476363. Please send your application together with a CV to the Practice Manager by Friday 18 March 2005. If you do not hear from us by the end of March please assume your application is unsuccessful. We thank you for your interest in our Practice.</p>
<p>Peverell Park Surgery 162 Outlands Road Peverell Plymouth PL2 3PX Tel: 01752 315455</p>	<p>Salaried GP Full-Time Permanent for 9 Sessions per Week £55,000 – £65,000 for 9 sessions. Salary dependent on experience and qualifications. Supplementary List Eligibility. We are looking for an enthusiastic GP to join a friendly team providing a high level of patient care. We are a PMS practice of 4 WTE GPs who together with our Business Partner work across 2 sites. Main surgery is a newly modernised medical facility. The branch surgery is based on the campus of Plymouth University. The Practice is fully computerised running EMIS and has been paper light for the past 3 years. We have a very supportive, highly motivated and comprehensive healthcare team, committed to the highest level of patient care in line with our PMS contract and reflected in the high score we are currently achieving in the Quality and Outcome Framework. In line with our Practice ethos we recognise flexibility both in working hours and contract arrangements and are keen to encourage the development of clinical interests. We offer an opportunity to become involved in undergraduate teaching of Medical Students. For a Practice Profile or further information please contact Mrs D Stiles, Managing Partner. Email: danny.stiles@nhs.net</p>

CONFERENCES, COURSES AND INFORMATION

Peninsula Medical School

Computers and Consultations

Wednesday 9 March 2005 - Devonport Lecture Theatre, Portland Square

6.15pm - Coffee and Registration. 6.30 – 7.30pm Lecture

Professor John Bachman, MD, Minnesota has worked extensively in the area of patient computer interaction. The talk will be of interest to clinicians in primary care, also those involved in teaching consultation skills, students and health IT systems.

To reserve a place please contact Sharon Mason 01752 764293 or email: sharon.mason@pms.ac.uk

Domestic Violence Training Courses – Online Booking Facility now Available

We now have an online booking facility available for our Multi-Agency Domestic Violence Training Courses.

This can be found at: www.devon.gov.uk/domesticviolence

There are dates available for January – September for Level 1 'Tackling Domestic Violence' Training Course which is a 1-day course and is offered free of charge to most delegates attending from within Devon (£85.00 for those coming from outside).

There are also dates available for the Level 2 Domestic Violence 'The Impact on Children' course which is aimed at Practitioners who work with children. 17/18 March - this is a 2-day course which is accredited through the Open College Network. The cost of this course is £150 for delegates from within Devon (subsidised by the ADVA Partnership) and £300 for those from outside. With effect from January 2005 we are also able to offer 3 places on each course 'Free of Charge' to delegates who work full-time for a Voluntary Sector agency. These free places will be allocated on a first come first served basis. **For further information please contact Melody Floyd, Project Support Officer, Domestic Violence & Abuse in Devon Partnership, County Hall, Exeter. Tel: 01392 382233.**

Exeter & District National Osteoporosis Society

Bone up on your Health

Friday 22 April 6.30pm ENTRANCE IS FREE

Honiton County Primary School, Clapper Lane, Honiton

Two eminent doctors with a special interest in osteoporosis – Dr Bayly, Clinical Lecturer from Stroud and Dr Beynon, Consultant Physician from Portsmouth will provide much needed information on this subject. A condition which, if diagnosed early enough, can be arrested or alleviated through adopting a healthy life style and receiving medical treatment where required. To reserve a seat please Tel: 01404 43689 before Friday 15 April. Tea/coffee and light refreshments will be available during interval.

Torbay Educational Events 2005

Unless otherwise stated, please book via Jayne Sutton 01803 654707

Monday-Wednesday or e-mail: jayne.sutton@nhs.net

HPE Plymouth & Torbay Joint Events

March tbc	ECGs for GPs	tbc
9 th /10 th April	Substance Abuse	Book via Kaz 01752 568228
May tbc	Brief Interventions	TBA
June tbc	Parkinsons & Motor Neurone	TBA
Disease		

Torbay Sessional & Freelance GPs

Note: All Sessional meetings need a minimum of 10 confirmed participants to run

5 th March	Dermatology	7.30-9.30pm Postgrad. Medical Centre, Torbay Hospital
3 rd or 10 th May	Diabetes	TBC

Torbay Retainer & Flexible Career Scheme Group

May TBC	Gynaecology	TBC
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Organised by Health Services Journal - Advance Notification/early booking Discount

**Driving Forward - Practice Based Commissioning -
Developing innovative strategies for successful implementation 28 April 2005 Ibis Hotel, Earls Court,
London SW6**

Turning the policy into practice – instead of focusing on what practice based commissioning is, this unique conference will address your current challenges and key questions to help you move forwards in implementation.

Department of Health key policy maker speakers

For further details call: 020 7505 6044 or email: HSJconferences@emap.com

**Area Child Protection Committees Plymouth, Torbay, Devon and Cornwall
- Friday 11 March 2005 - All Day Event - Venue: Buckfast Conference Centre, Buckfastleigh**
(Conference led and facilitated by Dr Peter Reder and Sylvia Duncan)

Learning from Serious Case Reviews

Helping professionals to think analytically about serious cases, with relevance for everyday work, supervision, training and undertaking serious case reviews

Cost: Approximately £50.00 per person. Registration details to follow in due course.

The Osteoporosis Explosion

One-Day Seminar - 14 October 2005 - The Post Graduate Centre, Exeter

National and International experts on the subject of osteoporosis will cover many aspects of diagnosis and treatments now available so that patients may receive the highest level of care possible.

It is hoped that all personnel will wish to attend all the lectures although it will be possible to choose specific sessions – minimum of 3 will qualify for Certificate of Attendance. There will be provision in the adjoining Lecture Theatre for a variety of audits to be displayed as posters/flyers or on table displays. If you are currently engaged in an audit and would like the opportunity to share your findings with colleagues please indicate this on the enclosed application form.

Comings and Goings February 2005

Welcome to:

Dr Philip Windless, Kingskerswell & Ipplepen Health Centre
Dr Paul Melling, Kingskerswell & Ipplepen Health Centre
Dr Alisha Kaliciak, Castle Gardens Surgery, Torrington
Dr Kelly Dinniss, Ridgeway Practice, Mudgeway
Dr Alison Lam, Ernesettle Practice, Plymouth



**17/18/19 May 2005
Woodbury Park & St Mellion**

**The 7th Devon LMC
Primary Care Conference 2005**

Making Change Pay

Planning for this event continues and it is now developing into the Peninsula Primary Care Conference - based in two different centres starting on the 17 May at Nigel Mansell's, Woodbury Park Golf and Country Club, near Exeter, then moving to St Mellion Golf and Country Club for the 18 and 19 May. The main theme is "Making Change Pay". One day will involve looking forward to "The NHS in 2015" which we hope will bring together Specialist PMS, Alternative PMS, IM&T, Choose and Book, Practice Based Commissioning, Treatment Centres and Managing Long Term Conditions. The other day will involve workshops on practice issues from Freedom of Information and the Data Protection Act, Partnership Agreements, Pensions, Agenda for Change, Mentoring, Domestic Violence and Child Protection to name but a few. More details to follow.

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