

Devon Local Medical Committee

Newsletter Issue No 65

September 2006

Devon
for

NEWS
LMC
DEVON



Nearly there now!

Only a few more days to go before we should know the name of the new CEO of the Devon PCT that comes into being on 1st October. Once the name is known we may have a better idea of the direction of travel and how the new PCT intends to work and what its philosophy will be. Uncertainty is generally, and has been here, a destructive thing. Change can be managed when you know what the plan is and, sadly, there has been little understanding of "the plan" over the past few months. PCT managers and workers have been uncertain about their futures and they have been given directions that were based on saving money rather than developing better services for patients. Making decisions, other than in Torbay and Plymouth, has been a rare event and I believe managers have found that difficult as their motivation has generally been that shared by most NHS people, i.e. that their job is to improve the lot of patients. Good people are moving on but, happily, many are hanging on to see what happens rather than abandoning ship! At times Charlie Daniels' NHS Titanic comes to mind!!

Sharon Kearns

I am very sorry to announce that Devon is losing Sharon, but our loss is the gain of a much respected hospital, the home of "McIndoe's Guinea Pigs" in the Second World War. From November 20, she will be taking up the post as chief executive of the Queen Victoria Hospital at East Grinstead, a foundation trust hospital which specialises in burns and plastic surgery. Sharon has worked hard in East Devon since her arrival as interim CEO and she both built on the work of her predecessor and stamped her own personality on the PCT. I wish her success in her new post and hope that she both enjoys it and that her hospital serves patients with elan!

Devon Voice – an update

We now have 165 members with new people joining daily. It really couldn't be simpler – just go to <http://www.devonlmc.info/devonvoice> and register and get talking! We now have areas for particular interests as in the days of Voxpop and those are private to the members. There are also areas that remain open to all with a web connection, particularly the advertising section for example. See you there!

Holiday thoughts

I hope that you have either had a great summer holiday, or, that like me, you are anticipating a relaxing break in the next few weeks. My wife and I are off sailing in Turkey (there are some great deals with Sunsail at the moment!) for the first two weeks of October but the rest of the LMC team will be here as usual to look after the shop! Our boys are "grown", or at least school days are over, so we are freed from school holidays and half terms at last – thus the "great deal"! I will try not to worry about you while I am away, but if you are worried please contact the office as usual.



QOF 5% Visits

I am booked to be attending some of this year's 5% visits and remind practices and PCTs that either party can request the presence of the LMC at these. I attended a couple last year and will do the same this year. They have been as painless as possible BUT they are nevertheless worrying for the people concerned and hence the LMC role in helping both auditors and audited to work calmly and respectfully together. If you have been "chosen" then consider whether you would like company!

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Debbie Galbraith - Executive Officer for South & West Devon

Still a few spaces left!! - A quick reminder about the **FREE** Primary Care Seminar

'Preparing to Survive in a changing NHS'

Presented by **Dr Richard More (Xytal)** and **Jacqui Lyttle (JSL Consulting)**

- **Afternoon – 4 October (Mid & North Devon) – Hartnoll Hotel, Tiverton**
- **Afternoon – 10 October (Plymouth) – Novotel Hotel**
- **Afternoon – 11 October (Exeter & Torbay) – Haldon Race Course**

Please confirm your attendance ASAP by either telephoning the office (01392 834020) or calling Adam Whateley 07899910067.

These will be very informative afternoons and will help with your future practice business planning with talks, advice and interactive workshops. Topics include PBC, PMS, APMS, SPMS – for the flyer see – Devon Voice or see <http://tinyurl.com/ryo7s>

Dispensing Practices–VAT - How to Analyse the PCSA Drug Statements

Luke Bennett, Winter Rule, Chartered Accountants

Dispensing practices will be aware of the need to analyse their income between sources that are standard rated, zero rated, exempt or outside the scope for VAT purposes.

Unfortunately the monthly statements issued by the PCSA are in the same format as they were before dispensing practices had to register for VAT, and so are not in a format that is useful for preparing the VAT return. In particular there is no distinction on the statement between reimbursements for dispensed drugs (zero rated) and personally administered drugs (outside the scope).

We are suggesting that practices adopt the following approach in analysing their dispensing income:

- 1) The VAT reimbursement shown on the statement is the VAT relating to personally administered drugs only. Therefore the value of personally administered drugs can be calculated by taking this VAT figure and multiplying by 117.5% and dividing by 17.5% (or, if you prefer, multiplying by 6.7143).
- 2) The value of dispensed drugs can then be calculated by
 - a. adding the basic price reimbursed;
 - b. adding the VAT reimbursed;
 - c. deducting the discount;
 - d. deducting the value of personally administered drugs calculated in (1) above.
- 3) Dispensing fees should strictly be split according to the number of prescriptions issued for personally administered items versus dispensed items. However, having analysed drug income between personally administered and dispensed drugs, it is reasonable to split dispensing fees in the same ratio. Whilst strictly this may not be absolutely accurate, it provides a workable solution that avoids having to refer to any other records, and will provide an answer that is not materially different to the VAT to be reclaimed. Fees relating to personally administered drugs should be added to exempt income and the fees relating to dispensed drugs is added to zero-rated income.



We have prepared an Excel spreadsheet that automates this process, so that all that is required is to enter the figures from the drugs statement for each doctor each month. If anyone would like a copy of the spreadsheet please contact Luke Bennett at

lbennett@winterrule.co.uk

GP Green Card (South Devon Only)



**A message from Dr Basil Bile, GP,
Abandonhope Surgery, St Salive, Cornwall**

Enclosed with this month's issue of the LMC Newsletter is a little something to add a touch of class to your wallets and handbags, ye practitioners of the noble art of Family Doctery in the South West Peninsula. So dislodge those beastly Black, piffling Platinum and ghasly Gold cards from their higher perches (clever use of words eh?) and replace them with something Green.

Those dedicated souls at the Occupational Health for Primary Care in Devon and Cornwall office (Dr Long-Gone's old boy-scout tent erected on the grass verge in the Tamar Science Park) have for many moons provided a bally magnificent service for the stressed out primary care docs who ply their trade in this neck of the woods.

There are three important questions that arise.

- 1) Firstly: Who to contact in your hour of need?
- 2) Secondly: How to contact them?
- 3) Thirdly: Who is going to win the 3.30 at Exeter?

This wonderful little two dimensional, non-IT gismo will provide the punter with the answers to two out of three of those posers, but for the moment I can't remember which two.

Keep it somewhere safe. Wear it close to your heart. And most of all use it confident in the knowledge that it is a prompt confidential service tailored to the needs of GPs in the modern NHS, run by people who understand the stresses, strains and sheer frustration of trying to do one's best in the front line of an ever changing under-resourced landscape.

You can access support for yourself or a colleague by using it. The LMC, the PCTs and the Out-of-Hours Providers know of its existence and support the work the OH service does on behalf of us all.

Meanwhile I am hoping that the Occupational Health Service for Primary Care in Devon and Cornwall can come up with a shorter and snappier title. How about - "Mend-A-Doc"?

Yours until the next NHS Reform. *Basil x*



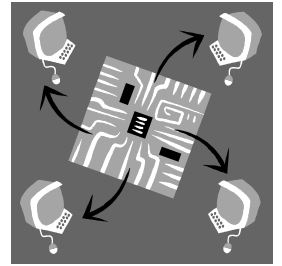
EMIS and Pharmacy2U

The Devon LPC has understandably received complaints about an EMIS GP practice sending out a letter to patients outlining what has been construed to be an electronic prescription service provided by Pharmacy2U using a letter written by that company. I have had discussions with Pharmacy2U to clarify the position. EMIS and Pharmacy2U have developed a piece of software which will enable patients to access the delivery of prescriptions to their homes. This was originally intended to be an occasional mechanism where the pharmacist is allowed to dispense when he has assurances from a GP that a prescription exists and that it will be presented to him later. This is not a true Electronic Prescriptions Service as trialled by Pharmacy2U with the Department of Health as that is currently not allowable. (Please see the article which follows from Wessex LMC.) There has been no inducement to the practice to send out the letter other than their belief that it might benefit patients. As originally written, coming as it does from the GP practice, this letter could have been reasonably construed as "directing" the patient and to be in breach of Regulations.

The letter has been redrafted by Pharmacy2U and I believe it now covers all the bases. Please though CONTACT ME BEFORE sending any such letter if you are approached to do so. Wessex LMC have had problems with this matter over the last few months and, with their permission, I copy the latest article that they have published on EPS as it matches my views. I mirror their advice for the future when EPS arrives. (PJ)

Electronic Prescriptions Service and Directing of Patients Dr Andrew Mostyn, Medical Director, Wessex LMCs

“The Electronic Prescriptions Service will allow prescriptions to be sent electronically from the GP surgery to the pharmacy and then on to the Prescription Pricing Authority for payment.



In the future (ETP Release 2), patients will have the option of nominating a pharmacy to receive their prescriptions electronically. Patients will be able to change their nomination settings at any pharmacy and at any GP Surgery. There is concern, primarily within the pharmacy profession, about the potential for the nomination functionality to be abused by prescribers and used as a means of directing prescriptions to certain pharmacies.

*On the 14th April 2005, the National Health Service (Primary Medical Services) (Miscellaneous Amendments) Regulations 2005 came into force. These stipulate that when operating the electronic prescription service, a prescriber **must not** seek to persuade a patient to nominate a pharmacy recommended by the prescriber. If asked to recommend a pharmacy, the prescriber is to provide a list of pharmacies that operate ETP, as provided by the Primary Care Trust.*

Wessex LMCs would strongly advise all constituents to bear this in mind if approached by a third party who might be asking for assistance in promoting their service. Where a GP or a practice does wish to inform patients about any such service then the responsibility is to provide information which:

- *is factual and verifiable*
- *conforms with the law and guidance issued by the Advertising Standards Authority*
- *does not make claims about the quality of the services especially if comparisons are being made with other providers*
- *does not exploit patients' vulnerability or lack of medical knowledge*
- *does not pressurise people into using a service eg by arousing ill-founded fears.”*

Medicines Management Network Website – Access to North & East Devon Effective Practice Committee Recommendations, and North & East Devon Formularies and Shared Care Guidelines - Tim Pitcher, Business Manager, MMN

A website has been developed for North and East Devon Healthcare Community Medicines Management Network. The site is a sub-section of the Mid Devon PCT public website. It provides medicines management information for both the public and the healthcare community. The site can be accessed at <http://www.middevon-pct.nhs.uk/ned-mmn/>

The website includes the following:

- Effective Practice Committee (EPC) Recommendations
- The Exeter and North Devon Joint Formularies
- Ratified Share Care Guidelines

You can go direct to the Effective Practice Committee page using:

<http://www.middevon-pct.nhs.uk/ned-mmn/epc.htm>. Currently, all of the above elements are stand-alone web pages. There are no links between the formularies and the EPC Recommendations.



The website also provides the following:

- An explanation of medicines management
- Information about taking medicines
- The Devon Medication Concordance Assessment Tool
- Information on National medicines management initiatives
- Information on the work of the Medicines Management Network
- Information and links relating to public/patient involvement
- Links to medicines related websites

The website will continue to be updated and expanded throughout 2006. It is anticipated that the format will be transferred to and revised for the new Devon PCT. If you have any comments on the content or format please use the communication link on the website.



Medicines Use Reviews by Community Pharmacists.

Emma Mortimer, Devon LPC

What is an MUR?

A Medicines Use Review (MUR) is a service that can be provided by an accredited community pharmacist under the Advanced Service component of the pharmacy contractual framework. 50% of patients do not comply with some element of their prescribed medicines; a high proportion of hospital re-admissions in the elderly are attributed to poor compliance with prescribed medication. An MUR can be provided on an annual basis to a patient on one or more medicines and/or long term conditions. It can also be provided as a Prescription Intervention as an opportunistic medicines intervention on any patient, acute or chronic, in response to an identified problem around dispensing where more than simple advice is required. Both are performed under the same conditions, using the same paperwork and are effectively part of the same service; the difference is the trigger to provide the review.

What an MUR isn't

An MUR is not a full clinical review, because patient notes are not expected to be accessed and is not intended to review the clinical appropriateness of prescribed medication. Instead, it is a structured patient interview to support patient concordance thereby reducing waste, helping patients to understand their medication and identifying problems and possible solutions if patients are having trouble taking their medicines. Hence a medicines USE review. The report from the MUR is therefore likely to mention these aspects with the possibility of minor clinical changes rather than complex clinical interventions.

What an MUR involves

The MUR can only be offered by accredited pharmacists from accredited premises, which means it will be conducted in an appropriate consultation room. The pharmacy receives a nationally determined fee (currently £23.00 at 1st September 2006) which is funded from the PCTs via the savings accrued from the reductions in the Drug Tariff prices of some drugs. Community pharmacists can undertake MURs once they are accredited under a national assessment process.

The Paperwork!

Under the service specification issued by the Department of Health, patients, pharmacist and GPs must all have a copy of the paperwork generated by an MUR. The majority of GPs will by now have received these reports and unfortunately the paper work is plentiful. Although an e-version is available, emailing from a pharmacy is not always secure. Three different reports are generated, of which the most important one for the GP will be the 'action plan'. This is where the pharmacist will document outcomes from the review and the actions suggested, how they are prioritised and who needs to action them. Please bear in mind that only some actions will be for the GPs, others may be for the pharmacist, other healthcare professionals or the patient themselves. Sometimes the action plans may not contain any information. This would be the

case if there were no outstanding concordance issues and the patient has sufficient information to comply with their medicine regime.

Possible outcomes (not exclusive) might include the following:-

- Recommending change to formulations of drugs if patient is experiencing difficulties e.g. swallowing tablets
- Recommending a change to the time of day medicine is taken to improve effectiveness
- Changes to formulary/generic products, if appropriate
- Synchronisation of medicines if this does not impact on clinical management
- Recommending compliance support e.g. a compliance aid, repeat dispensing etc
- Requesting dose clarification, especially for 'as directed' or variable doses.

Communication

Discussion between the two professions is key to helping this service work. If a GP receives an MUR report that appears to falls outside the MUR criteria (remember it's not a full clinical review) then it is important for a GP or practice to feedback any comments and suggestions to the pharmacist concerned. This would also be an ideal opportunity to jointly agree patient groups and outcomes where MURs can provide the maximum benefit. As healthcare professionals it is important to work together to make this service as effective and useful as possible. If GPs or practices have a priority group of patients target group/preferred patient, then they can be referred to their pharmacist.

How to deal with MURs in practice

- Agree who, at the surgery, the pharmacist will send the reports to
- Agree what level of detail you would like the action plans to include
- Agree how the action plans will be managed

Which Patients to recommend

- Compare the PCT target groups for MURs with the current services your surgery provides e.g. if you have an active respiratory interest within the surgery, MURs on asthma/COPD patients may not be beneficial. Popular target groups are currently diabetes, osteoporosis, asthma, and dermatology
- Invite your local pharmacists to a practice meeting to discuss the above and any other elements of the service
- Agree a collaborative approach with your local pharmacies for recruitment onto Repeat Dispensing or if you think a patient may need medicines compliance support

Referrals to the MUR service can be made by any member of the primary care team who feel a patient would benefit, so share the information about the availability of the service.

Medicines Use Reviews provided by Community Pharmacists play an important role in improving patient care and in complementing the medication reviews provided by GPs.

If you need more information on the MUR service, community pharmacy input or target groups please contact the Devon Local Pharmaceutical Committee on 01392 834022, the medicines management team at your local PCT, or your local pharmacy.

Comings & Goings September 2006

Welcome to:

Dr Helen Frow, Knowle House, Plymouth
Dr Edward Parry-Jones, Ernesettle Green, Plymouth
Dr Gavin Fothergill, Brunel Medical Practice, Torquay

Dr Rachel Gaywood, Walnut Lodge Surgery, Torquay
Dr Joanne Owen, Barton Surgery, Dawlish

With effect from 1st October

Salisbury Road Surgery will be moving to...

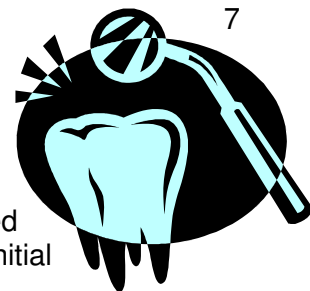
Mount Gould Primary Care Centre

c/o Mount Gould Local Care Centre, 200 Mount Gould Road, Plymouth, PL4 7PY
Tel: 0845 155 80 89 Fax: 01752 272486



Notes for Dental Patients Attending GP Practices

Ian Stuckey, Secretary, South & West Devon LDC



- Registration for dental patients ceased on 1st April. Access to practitioners is dependant on available "capacity" at the practice. Practices that have ceased or reduced their NHS commitment should inform the patient of this when initial contact to practice is made by patient.
- PCTs are holding databases of patients awaiting places at NHS dental practices.
- Dental practitioners who now hold restricted contracts with PCTs to treat certain groups of patients cannot issue an NHS prescription to patients outside these groups. This would require a private prescription to be issued and the patient must agree to any cost implication of this service. Private patients should not be issued a NHS prescription as any part of treatment plan.
- There is now no cost for the patient to have a NHS prescription issued by a NHS dental practitioner – change from previous dental contract.
- Dental practitioners should not send dental patients to GP for prescription unless patient has medical reason or antibiotics required are not available in Dental Formulary. GDP needs to contact GP to advise of this referral.
- No patient should have antibiotics prescribed without a clinical assessment of dental condition unless this is an ongoing dental problem for which the patient is currently receiving treatment.
- Patients who attend GP practices with dental problems may be prescribed analgesics and referred to their existing practice or the Access Centres or Salaried Emergency services available in PCTs (information available from relevant area PCT). GPs should not prescribe antibiotics unless they are sure of the clinical diagnosis of the dental problem. If patient has an existing dental practitioner, GP should endeavour to contact practice and advise dental practice of patient's attendance at GP and that the patient is being asked to contact the dental surgery for advice and assessment.
- Patients have access to Out Of Hours emergency services commissioned by PCTs and triaged through Devon Doctors. Treatment needs will be assessed by this service and appropriate referral made for patient. This service is available evenings and weekends to all patients including private patients.

Available for Work....

Dr Lucy Dickinson MBChB MRCGP

I have recently moved to Devon having completed my GP training in Cumbria in March 2006.

I am available for short or longer term work in East/Mid Devon and Exeter.

For a copy of my CV or to enquire re availability please contact me on my mobile: 07971 881009

Dr Lucy Cowell MBChB, MRCGP, DTM&H, DCH, DRCOG, DFFP

I finished the Torbay VTS in August 2005. After some voluntary work in Nepal and Madagascar, I will be moving to Exeter in September 2006. I am available for long or short term locum work in the Exeter, Torbay, Teignbridge and Mid Devon areas from now onwards. In the longer term I hope to find a salaried or partnership position in the area.

E-mail: lucyannecowell@gmail.com Tel: 07866 427949

Dr Nicola Smales MRCGP DRCOG DCH DFFP

I finished the Exeter VTS in Aug. 2006. I am currently seeking locum work in the Exeter, Mid and East Devon area. For a copy of my CV/availability please contact me on

07989-989140 or nicolasmales@hotmail.com

VACANCIES

<p>Knowle House Surgery 4 Meavy Way Crownhill Plymouth PL5 3JB Tel: 01752 793383 Fax: 01752 766510</p>	<p style="text-align: center;">Locum Doctor Required</p> <p>From 1.12.06 -14.1.2007 for large surgery North of Plymouth. Six Sessions per week. Locum rates apply.</p> <ul style="list-style-type: none"> • 10,800 patients • Microtest paper light surgery • Weekly Team/Clinical Governance meetings • Two sites <p>For further enquiries please contact Mr Craig Smith-Avery, Managing Partner, Direct Dial 01752 315869.</p>
<p>The Surgery Church Street Starcross Exeter EX6 8PZ</p> <p>Closing Date: 22 September</p>	<p style="text-align: center;">Practice Nurse</p> <p>The Westbank Practice (Starcross and Exminster Surgeries) is a successful and progressive PMS Practice that is now looking for a Practice Nurse to join their friendly expanding team.</p> <ul style="list-style-type: none"> • Flexibility and enthusiasm essential • Approx 28-37 hours per week split between both sites. • Practice Nursing experience an advantage but not essential. • Salary depending on experience <p>For further information please contact Jan Thomson on 01392 833230. Please send CV with covering letter to Stephanie George, Practice Manager.</p>
<p style="text-align: center;"><u>Interesting Opportunity</u></p> <p>We are seeking to engage a Doctor to provide intermittent in-hours private general medical services and complement our existing Psychiatric and Clinical team for our small private Hospital (max 6 patients) in the Exeter area.</p> <p>We are an established and developing care provider who specialise in providing a range of care options to people with an Autistic Spectrum Disorder and/or associated conditions, who maybe liable to detention under the Mental Health Act. We have a strong ethos of providing care which is tailored to meet the needs of the individual. Please contact: Deborah Stevenson - 01626 899930. Website: www.moduscare.com</p>	
<p>Litchdon Medical Centre Landkey Road Barnstaple North Devon EX32 9LL</p> <p>Closing date 1st October 2006. Check us out @www.litchdonvacancies.org</p>	<p style="text-align: center;">Carlsberg don't do General Practice But if they did it would probably feature:</p> <ul style="list-style-type: none"> • An idyllic rural setting with surf and turf • 9 friendly & fun partners and 15,000 patients • Six-figure basic gross profit share (05/06) • A four-day week • Three-yearly sabbatical • 1047 QOF points • Purpose built modern premises • Partially dispensing • Training (registrars and students) • Full advanced access • On-site district dermatology department • Fully equipped operating theatre • In-house ophthalmology, ENT & dermatology • Full complement of attached staff • Voluntary out of hours in addition <p>We are looking for a replacement full-time partner, so if you are energetic, ambitious, gregarious, fun and like to work hard and play hard then we are probably for you! Please write with CV to Mary Golden, Practice Manager.</p>

<p>Bishops Place Surgery Paignton Devon TQ12 5SU Tel: 01803 521458 Email: ingrid.marsh@nhs.net</p>	<p>Part- time Partner Required</p> <p>Opportunity to join a well established Paignton town centre practice. This is a new post for 4 sessions, which has arisen because of an increasing patient list and teaching commitments. The existing team has three part-time partners who are also GPs at Paignton Hospital, two practice nurses, two phlebotomists and an administration support team.</p> <ul style="list-style-type: none"> • List size 3800 • High QOF achiever • Vision – paper light • 6 weeks annual leave plus one week study leave • Large building totally refurbished 3 years ago • Years 3, 4 and 5 students from Peninsula Medical School • Part of Paignton North Zone (PBC) <p>Please apply in writing, with CV to the Practice Manager, Mrs Ingrid Marsh, by 30 September 2006.</p>
<p>The Surgery 1 Eastern Road Ashburton Devon TQ13 7AP Tel: 01364 652440</p> <p>Closing date: Friday 22 September Interviews: Monday 9 and Tuesday 10 October</p>	<p>A Business/Strategic Manager</p> <p>This is an opportunity for a full-time post or job-share</p> <p>Opportunity has arisen for an enthusiastic person seeking new challenges in this rural, teaching, paper-light, friendly and dynamic GP Practice. We are seeking an experienced Manager to take responsibility for all non-clinical aspects of the practice. We particularly require knowledge and skills in:</p> <ul style="list-style-type: none"> • HR, Leadership and Development • Accounting, Finance and Business Planning • Premises, IT and Facilities Management • Previous NHS experience is desirable but not essential. • We would like you to be a self-motivated team player with effective interpersonal skills. • Salary is negotiable depending upon qualifications and experience. <p>If you are interested please contact Ted Edgar, Practice Manager, or Dr Paul Thomas on 01364 652440 for further information and an application pack, or email: ted.edgar@nhs.net</p>
<p>Woodbury Surgery Fulford Way Woodbury Nr Exeter EX5 1 NZ</p> <p>Closing Date: 30 September</p>	<p>GP Dispenser</p> <p>Required for approximately 20 hours per week. We are a small, friendly, fully computerised, semi-rural 3-doctor practice with 3,400 patients. Experience essential, together with good communication skills, initiative, enthusiasm and a sense of humour. Salary negotiable, dependent upon experience and skills. Please apply in writing with CV to Mrs Sandie Hampshire, Practice Manager.</p>
<p>Chard Road Surgery Chard Road St Budeaux Plymouth PL5 2UE Tel/Fax: 01752 363111</p>	<p>Maternity Locum Required - January – July 2007</p> <ul style="list-style-type: none"> • 6 Sessions per week • Tuesday, Wednesday, Friday • No out of hours • EMIS computer system • Paper-light <p>Please contact Nicky Evans, Practice Manager, or Dr Rachel Tyler, on 01752 363111.</p>

<p>Saltash Road Surgery 218 Saltash Road Keyham Plymouth PL2 2BB Tel: 01752 562843</p>	<p>Practice Manager – Part-time 15 hours a week Required for small busy inner city practice. Previous experience in this role, probably in a larger practice and involving team management, financial control and customer care skills are essential as your task will be to work with the current team. Salary to be negotiated. For further information please contact robert.gardner@nhs.net enclosing a current CV or apply in writing to the surgery.</p>
<p>Knowle House Surgery 4 Meavy Way Crownhill Plymouth PL5 3JB Tel: 01752 793383 Fax: 01752 766510</p>	<p>Salaried Doctor Required for large surgery in the North of Plymouth. Six Sessions per week with flexibility to increase activity on a sessional basis. £60,500.00 per annum pro rata. 6 weeks annual leave entitlement. The successful candidate will be required to run one duty doctor day per week.</p> <ul style="list-style-type: none"> • 10800 patients • Microtest paper light surgery • Weekly Team/Clinical Governance meetings • Two sites • Private Health Insurance offered <p>For further enquiries please contact Mr Craig Smith-Avery Managing Partner, Direct Dial 01752 315869.</p>
<p>South Molton Health Centre 9-10 East Street South Molton EX36 3HL Tel: (01769) 573101 Fax: (01769) 57437 Closing date 30th September</p>	<p>Practice Nurse Required 4-5 Days Per Week South Molton Health Centre in North Devon PMS training practice with 5 partners We are looking for a well motivated, well organized senior nurse with a view to taking on nurse practitioner role Salary according to experience Personal development encouraged Please apply in writing accompanied by a CV to the Practice Manager</p>

Conferences, Courses and Information



Having it All? CPD and the Sessional GP Fifth National Conference Friday 6 October 2006, BMA House, London

The conference offers the chance to those interested in continuing medical education and professional development for Sessional GPs (salaried and locums) to come together and share research, ideas and examples of good practice.

The programme covers topics such as revalidation, appraisal, GP returners, GP retainers, issues specific to locums, recruitment, retention, as well as lessons learned from HPE and the flexible careers scheme. A variety of workshops offering information on specific educational techniques have been scheduled which offers a prime opportunity to share information and experience.

Further information – BMA Conferences on 020 7383 6137/6605 or email confunit@bma.org.uk You can also register by completing the online booking form at www.bma.org.uk/conferences.

Somerset Cancer Care

Spirituality and Dying

“What do I say..... how do I listen?”

A conference for those involved in the care of the dying

Saturday 11 November 2006 9.00am – 4.30pm

The Cleve Hotel, Wellington, Somerset

Limited places: £25 to include lunch and refreshments. Further details from Somerset Cancer Office Tel: 01823 433510. Email: office@somersetcancercare.org.uk



NHS CONNECTING FOR HEALTH - GP ENGAGEMENT FORUMS

Thursday 2 November - Bristol

Thursday 9 November - Taunton

Afternoon Times: Registration: 12:30 Start: 13:00 Close: 15:30

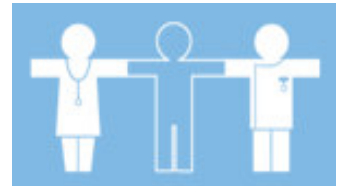
Evening Times: Registration: 18:30 Start: 19:00 Close: 21:30

A snack meal will be provided during the registration period. Delegates may book to attend either the afternoon or the evening session

NHS Connecting for Health (NHS CFH) is delivering the National Programme for IT, to bring modern computer systems into the NHS which will improve patient care and services. Over the next ten years, the National Programme for IT will connect over 30,000 GPs in England to almost 300 hospitals and give patients access to their personal health and care information, transforming the way the NHS works. NHS CFH is running a series of GP Engagement Forums in each SHA, for local GPs to learn more about NHS CFH and to provide up-to-date information about current, relevant developments. The invitation is being distributed through RCGP faculty leads and LMC routes.

Topics to be covered include the NHS Care Records Service (including the GP Summary Care Record), GP Systems of Choice, Data Accreditation, Personal Demographics Service and Role Based Access Control.

Speakers include: Dr Gillian Braunold, Professor Mike Pringle (National Clinical Leads for GPs, NHS CFH), Local Medical Council representatives from your area and NHS CFH Cluster Clinical Leads.



A full agenda for the day will be available shortly on NHS CFH Events website at <http://etdevents.connectingforhealth.nhs.uk>. This event is targeted at General Practitioners and Practice Managers. Places are limited and will be allocated on a first come, first served basis. This event has no other cost to eligible NHS staff/employees and contractor organisations. **Book Online:** <http://etdevents.connectingforhealth.nhs.uk>

RCGP Tamar Faculty



The McConaghey Symposium 2006

‘Establishing a Scientific Journal of General Practice: Mac’s Legacy’

7 pm, Wednesday, 8 November 2006

Dinner (optional) at 8.15 pm

The Arundell Arms Hotel, Lifton

A Symposium celebrating the centenary of the birth of Dr McConaghey, founding editor of the Journal of the Royal College of General Practitioners. Chaired by Sir Denis Pereira Gray, past and present editors of the Journal will speak on different aspects of their editorship.

For further details, please contact the Faculty Administrator,
Tel 01392 262744; email liz.bell@pms.ac.uk



The good, the bad and the ugly... A round up of recent guidance and documents newly published on the **Devon LMC** web site as well as on **Devon Voice**. If you have any trouble downloading these or any previously mentioned papers please call John Baker at the LMC Office or email john@devonlmc.org

(GPC) Guidance on the implications of the new age discrimination legislation

The Employment Equality (Age) Regulations are due to come into force from October 2006. The regulations are complex, cover all areas of employment and apply to both 'workers' and partners. They will make it unlawful to discriminate against any person on the grounds of their actual or perceived age. Employers need to ensure that they make themselves fully aware of all the relevant provisions. <http://tinyurl.com/js2gq>

(GPC) Identifying services that should not be provided by GPs under primary medical (GMS, PMS, APMS or PCTMS) services

GPs should not be asked to accept overall clinical responsibility for patients in secondary care institutions or for those in any setting where the clinical needs of the patient fall outside the normal skills of GPs. This short guidance document has been put together to help doctors decide whether or not the patients they are treating in institutions and residential homes fall under standard primary medical services contracts. <http://tinyurl.com/l558k>

(GPC & DOH) 'Health reform in England: update and commissioning framework': GPC summary/analysis of new policy developments in relation to practice based commissioning

The Department of Health published 'Health reform in England: update and commissioning framework' on 13 July 2006, The commissioning framework provides an update about health reform and focuses on commissioning NHS services, in particular hospital services. It builds upon 'Health reform in England: update and next steps', published in December 2005. In terms of practice based commissioning (PBC), it sets out to build upon and add clarity to Department of Health guidance issued earlier this year, 'PBC: achieving universal coverage' (January 2006).

This commissioning framework is split into two parts; the main document and an annex, which contains the bulk of information relevant to LMCs and GP practices. This GPC analysis seeks to highlight the new and/or important developments in policy that will be relevant to GPs/LMCs.

- GPC Guidance - <http://tinyurl.com/l558k>
- DOH Extract - A framework to strengthen PBC – <http://tinyurl.com/kofu2>

(GPC) Issues regarding sending attachments to GP records in electronic form

This is advice from the Joint GP IT Committee (JGPITC) of the General Practitioners Committee (GPC) of the BMA and the Royal College of General Practitioners (RCGP).

This document is not designed to be a definitive guide regarding the electronic transfer of documents relating to the GP held patient record, but merely to list the areas that need to be considered. It is limited to the transfer of electronic documents (not the core record) between practices, or from practice to PCT, where the documents are not also being sent in hard copy.

<http://tinyurl.com/kkrz6>

NHS Pensions Newsletter – NHS Pension Benefits & Retirement (TN 14/2006)

This letter contains important clarification about NHS Pension benefits and the rules regarding qualifying for retirement benefits. Following a number of recent enquiries, discussions have been held with the Department of Health who have confirmed that the underlying requirement of the NHS Pension Scheme Regulations is that all Scheme members must demonstrate a clear intention to retire from the NHS before NHS pension benefits are awarded. <http://tinyurl.com/foekz>

Devon LMC GP Bulletin Board – "Devon Voice" – Register at....
<http://www.devonlmc.info/devonvoice>