

Devon Local Medical Committees



Newsletter ~ Volume 2 ~ Issue No 8

November/December 2000

Chief Officer's Corner

The Annual Report

I hope that many of you have had the chance to dip into our latest Annual Report and that those who have done so found it interesting. We tried to celebrate some of the successes in General Practice in Devon and to gather the opinions of many of our "opinion formers". We seem to have an unusually high concentration of these in Devon – perhaps it is the air! I would like to thank all the contributors and particularly the Secretariat staff including John Baker who could be said to be the lead midwife for this particular production. I look forward to your comments.

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The 1st Occupational Health Conference – St Mellion

Last week the Secretariat hosted our first one-day Conference on behalf of "Occupational Health for Primary Care in Devon & Cornwall" and it was a resounding success! Again thanks to John and the team. We had speakers of national renown (Prof Ruth Chambers, Dr Robert Hale and Dr Phil Hammond) and "local heroes" (Dr Ben Charnaud, Zuleika Robertson and Julie Hewson) who understand the area in which they work and live. Dave Longdon and Gerard Woodroof "set the scene" and a thought provoking and fascinating day was had by all.



Dr Phil Hammond talking at the Occupational Health Conference

It was impossible to let your mind drift as a succession of people who knew what they were talking about communed with an audience of interested parties.

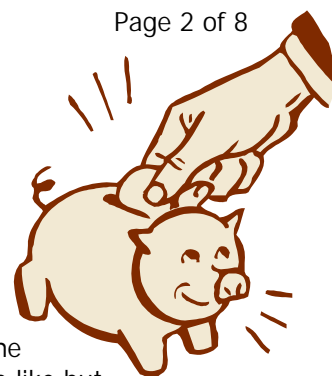
Phil Hammond had the post lunch snooze spot and woke us up with a combination of foul reminiscences of Medical School "jokes" often played on "freshers", whilst putting forward the idea that many of the stresses that doctors live with and work under could be traced back to the macho attitudes instilled into doctors as students. He did a difficult job well! My personal favourite was a thoughtful and well argued talk from Zuleika Robertson who has given me a copy to read and study. I hope to be able to persuade her to let me publish it on our website!

North & East Devon PCGs have understandably decided to use the existing OH service in Exeter. I believe that both services in Devon (& Cornwall!) will work closely together and provide

mutual support so that every doctor and primary care staff member gets the best possible care for them as individuals. It has been needed for a long time and is now a genuine reality for most.

GPNPs and “voluntary contributions”

I spoke recently to the Torbay GP Non-Principals Group and had a splendid evening with them (thanks for dinner!). They are doing many things themselves that provide mutual support and ended the evening understanding that the LMC is there to support them too. We do not advertise widely the support we give to individual doctors in difficulties whether they be principals or not but the group heard about some of the help we have provide in the past. The suggested “voluntary contribution” is a yearly minimum of £25 (tax deductible!), which is a token that demonstrates that the payer is a full member of the local GP family. It barely covers the cost of producing and distributing newsletters and the like but it does give access to the ability to stand and vote in GPC elections and will (after changes in LMC Constitutions) give similar electoral rights in LMC elections. At present (and for many years) GPNPs are represented by co-opted members – in the future they should be electing GP members and how they do the job should become less important! All cheques gratefully received at the normal address!

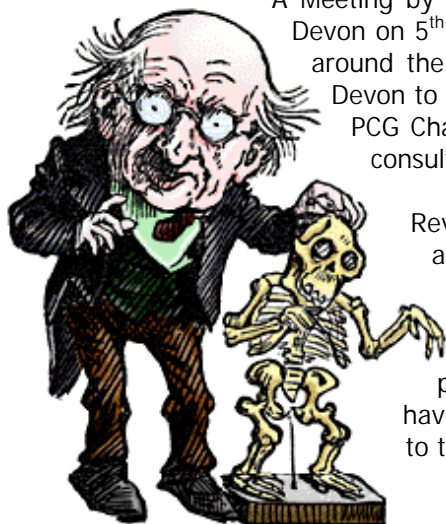


The Carson Report

Sadly, it appears that little notice was taken of those attempting to help the authors of this "Independent Report" (all of whom either work directly for Health Authorities or who are members of PCG/T Boards!) in turning their original draft into something that will work. There were no significant changes from original to final format. This is a shame as the integration of NHS Direct into the provision of out-of-hours care to patients is a logical way forward as long as they are genuine partners with other stakeholders. I chaired a multi-disciplinary Devon-wide group that has put together another way that I believe could work well and achieve the aim of better care without the risks of destroying highly effective systems that already provide effective and efficient services to patients. If the Carson Report were to be implemented as it stands it risks reducing the standard and quality of care that is presently provided in Devon and this is not something that many GPs are prepared to accept, particularly as it is not necessary. Applying national solutions to “Big City” problems is not an effective way forward. “Equity” does not mean that everything and everybody must look the same. Different geographic areas and demographic patterns need different solutions. Perhaps the centre should reconsider and ask itself whether a genuine devolution of the ability to make decisions and formulate solutions might be more effective in the long run?

Revalidation in General Practice

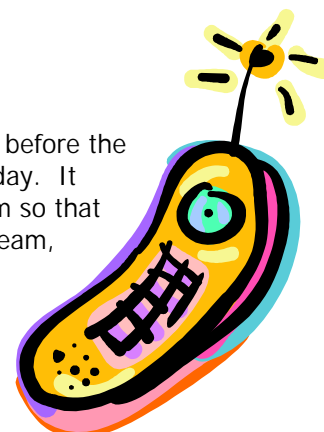
A Meeting by invitation to look at general practice revalidation will be occurring in South Devon on 5th December. It should involve PCG Chairs and Clinical Governance leads from around the county. I have been asked to write this short piece to enable any GP in Devon to feed their ideas and concerns on revalidation in general practice through their PCG Chairman or their Clinical Governance lead so that they may bring them to the consultation process at the meeting.



Revalidation is going to happen. I am not certain yet what final form it will take although I still remain a little surprised that the profession that, despite all the difficulties highlighted in the media over the last few years, remains the one most trusted by the general public is also the first to have a stringent revalidation system imposed upon it. I suppose we could argue that politicians are revalidated on a five-yearly basis! Perhaps doctors should only have to do it every five years as well? In any event please get your view through to the meeting by the routes I suggested.

INRs

In order to prevent difficulties arising as a result of raised INRs being discovered just before the weekend break, it is suggested that practices avoid performing routine INRs on a Friday. It would also be most helpful to put the patient’s telephone number on the request form so that if there is an abnormal result, which requires immediate action by the Out-of-Hours team, the patient can be contacted directly without having to involve the patient’s GP.





Provision of Surgery Premises

Permission has been given to copy the following letter, which has been sent to all Kent practices regarding the Provision of Surgery Premises. The matter is still under review in Devon and may I suggest you watch the Purple Pages for further developments. Peter Jolliffe

"Dear Doctor

October 2000

It has been custom, in the past, for the majority of practitioners to own their own premises. These are then reimbursed with a cost rent, a hybrid cost rent or a notional rent. A minority of practitioners have rented their premises and have been reimbursed a notional rent equivalent to the current market rent.

Since the cash limiting of the cost rent budget Health Authorities have been encouraging practitioners to develop new premises under notional rent as distinct from cost rent.

The LMC is concerned as to the implications of this policy.

With cost rent a practitioner makes an arrangement for the new building under the terms of the Red Book schedules, clearly limiting the construction size and costs. Subject to those limitations the practitioner receives, in cost rent, the interest payments that he makes to the lender fixed for the period of the loan or until the practitioner deems it appropriate to move to a notional rent usually after 9-12 years.

The practitioner remains responsible for the capital repayment on the building. This is usually achieved by either a repayment mortgage or an endowment insurance policy. At the end of the day after 20, 25 or 30 years, depending upon the loan period, the doctor owns the premises outright.

With the development under notional rent the doctor makes an arrangement with a commercial company who build the premises to the standard required by the Red Book, making an arrangement with the practitioner either to take over any outstanding debt or negative equity on the existing premises transferring it to the new premises and guaranteeing the notional rent on the premises for a period of usually 25 or 30 years.

If there is no outstanding negative equity then the developer makes an agreement for a 20 or 25-year lease accepting the notional rent.

The concerns the LMC have is that the doctor is entering into an unbreakable 20 or 30-year lease. Much is made that the lease can be assigned to new partners but are we sure that any new partner will accept the assignation of a lease? Are we sure that the situation in 10 or 15 years time will be the same as at present and there will be notional rent reimbursement?

It is the LMC's considered opinion that **no fixed 25-year lease should be entered into without break clauses**. It is becoming normal commercial practice for a 15 year lease to be entered into, perhaps with the opportunity to break the lease every 3 or 5 years. It is our experience that the commercial developers of doctor's premises will not agree to break clauses and will insist on a 25-year lease.

It is our opinion that this transfers the total responsibility for the continuing repayment of rent to the doctors and his practice without any risk being undertaken by the developer. Is there anyway forward to this dilemma?

- 1) Cost rent is not dead. It may be cash limited but the cash limitation is that put upon by central Government and if it is clear that general practice, in order to improve, requires new premises which are not being produced under an alternative system then the Department will have to respond to pressure and increase the cost rent budget.
- 2) Remember that Trusts may own property and develop property. There is nothing to stop a Hospital Trust, a Community Trust or indeed a new Primary Care Trust taking and being responsible for the primary lease on a new building sub-letting to a doctor. The doctor would then negotiate break clauses with the Trust who will have the responsibility of arranging new tenants should the doctor decide to retire or move.

It is in the best interest of the service, as a whole, that general practice continues from good premises and the LMC cannot see a situation arising whereby a Primary Care Trust or Community Trust would not take the opportunity of developing good premises taking the head lease and sub-letting to doctors.

The purpose of this letter is to draw your attention to certain disadvantages that are becoming apparent in the present encouragement of doctors to undertake private arrangements with developers with unbreakable 25-year lease. We do not intend to interfere with your personal business concerns but would request that you consider very carefully the future of general practice and provision of premises over the next 25 years."

Dr. J. B. Ashton
Medical Secretary

Mr. D. J. Barr
Clerk

Partnership Deed and Third Wave PMS Contracts



Every so often the LMC is contacted by professionals who can provide services which will be of benefit to general practitioners. On this occasion I have been contacted by Andrew Lockhart-Miramis of Lockharts Solicitors in Tavistock Square, whose firm provides much valuable advice to the BMA and the GPC.

As you know, the LMC is firmly of the opinion that all general practice partnerships should have a signed active partnership agreement and sadly this is not the case in a large percentage of general practices! We know this because on many occasions we are called in to help resolve partnership issues when a partnership deed would make our job much simpler and make resolution much cheaper for you! Lockharts provide a service preparing partnership deeds on a fixed fee basis, which for any practice taking up their offer before 31st December this year will be £750 plus VAT and after that it will be £875 plus VAT. If you have any desire to contact Lockharts regarding partnership deeds please contact Ros Parkin on 020 7383 7111, or by email at law@lockharts.co.uk or in writing to Lockharts

Solicitors, Tavistock House South, Tavistock Square, London WC1H 9LS.

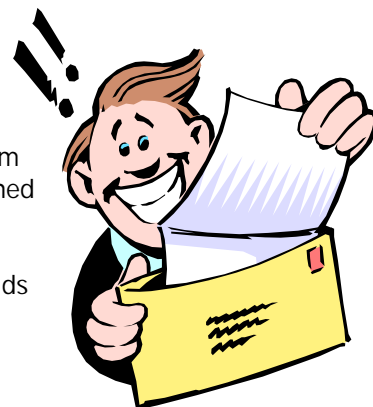
Lockharts also have been involved in giving advice on PMS contracts and have been responsible for a number of the contracts for First and Second Wave Pilots. They are the source of advice to the GPC and the BMA on the effect of the national core contract issued recently by the Department of Health, and they will be very happy to advise any practice or practices who are genuinely seriously considering application for the Third Wave of PMS Pilots as to what form the contract should actually take.

If you have any enquiries on that please contact Andrew Lockhart-Miramis at the same contact numbers as above.

The LMCs are not in a position to endorse this particular solicitors firm over and above any other. However, we are aware of good work done by the firm in the past and their proposal does have the advantage of you at least knowing what the costs are likely to be up front!

Bill Hill & Plymouth Social Services!

In August, Bill Hill was asked to fill in a form by Plymouth Social Services regarding him giving a report and an opinion on the members of a household in which a person wished to become "a carer". He was "perplexed" to see that there was no fee offered and following correspondence has gained acceptance from the City of Plymouth Social Services Department that a fee of £21.20 is appropriate for this work! This corresponds to the current BMA Fees Guidance Schedule and Bill asks that we point out that you should be doing this "as a good will gesture" but for the appropriate fee.



Thank you Bill!

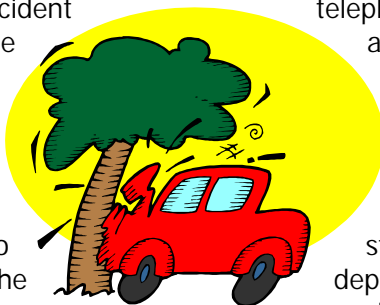
School Leavers DT Polio Immunisation – Dr Kim Storrow, Plymouth

Currently this continues to be done partly by GPs and partly by the School Nursing Service and overall coverage is inadequate (70%). A series of meetings have been held between the South Devon Health Authority, School Nursing Service and the LMC and the costings of various options looked at. It was agreed by the Health Authority that there should be a central database for this group of children in the same way as for pre-school children which would help with scheduling and hopefully aid increased uptake.

After consideration of the facts, it was generally agreed at the South Devon LMC meeting that in terms of increased coverage and cost effectiveness this immunisation should be the responsibility of the School Nursing Service. GPs should only be required to provide immunisation to those children missed at school and will continue to be paid an Item of Service fee for this service. This has manpower implications for the School Nursing Service and is currently being looked at by the Health Authority. Until the systems are in place for the School Nursing Service to take over this job more fully the situation will remain as it is currently.

Claiming Emergency Fees - June Chamberlaine, Practice Manager, Yelverton Surgery.

Recently two of our partners were called by the Emergency Services to a serious road traffic accident. The seriousness of the accident necessitated them going to the hospital with the injured. They were away from the surgery for some time. The question arose as to how we should go about claiming an emergency fee. The PPSA do not pay for RTAs; we were not able to claim under GMS3 as the identity of the injured was not known to us.



injured. A spokesman from the BMA suggested I ring the Chief Constable for advice! I telephoned our general police number and, after explaining my reason for calling, was put through to the Accident Stats Area. The person to whom I spoke said I should send our account to the Finance Section at our local main police station and if it was not their department, the account would be passed to the relevant section for payment.

No one to whom I spoke could help as to what I should do: A & E and the Emergency Services were not able to divulge the identities of the

We have yet to receive payment but we live in hope!

North Devon Practice Requires Doctor(s) to Replace Retiring WTE Partner

The five WTEs work from purpose built main and branch surgeries. Provision of in-patient and casualty services for local Cottage Hospital add to above average IOS earnings. Well-established local co-op. MRCGP and other postgraduate qualifications an advantage. The practice is working towards RCGP Quality Practice Award. The delights of living near Exmoor and wonderful beaches require no expansion.

Please apply with references and CV to
Dr J Womersley, Partner, The Warwick Practice,
Ilfracombe, Devon EX34 8EG.
Tel: 01271 863119.

Closing Date: 15 December 2000.

Full-time Partner Kingsbridge, Devon

Full-time replacement Partner sought for a large, established training practice. Brand new premises near Cottage Hospital. Out-of-Hours co-operative. Area of outstanding natural beauty on the Salcombe Estuary offering a plethora of outdoor pursuits.

Don't miss this opportunity to practice quality medicine in an exceptionally congenial environment. Apply to **Justine Payton**, Business Manager, Norton Brook Medical Centre, Cookworthy Road, Kingsbridge, Devon TQ7 1AE with a CV, handwritten letter and an SAE for a practice profile.

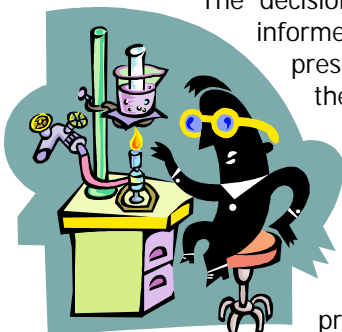
Closing Date: 15 December 2000

Unlicensed Medications

Dick Page has asked that I remind all GPs that the prescribing of unlicensed medications can prove awkward to the prescriber if and when things go wrong. The MDU recently offered the following advice:

"The decision to prescribe an unlicensed drug must be something capable of support from an informed, reasonable body of clinicians of similar training and experience. Provided the prescriber achieves a reasonable standard of care and there are good grounds to prescribe the drug, we would expect to be able to defend the claimant negligence with some prospect of success. There is no doubt that the legal responsibility for prescribing falls to the doctor who signed the prescription and there is no way of circumventing that responsibility by way of a disclaimer signed by a patient."

If you are asked by a colleague to prescribe an unlicensed medication or a licensed medication for an unlicensed purpose please consider contacting the LMC or your local prescribing adviser, at your Health Authority, before doing so.





Home Births in South and West Devon

I read the Annual Report of the South & West Devon Maternity Services Liaison Committee for 1999/2000 with interest, and soon after watched a television programme on home births in Torbay featuring a lady doctor of my acquaintance (no, she wasn't the one giving birth!) I asked Dot Matthews, the Chairman of the Committee, for a little more detail and there were 378 home births

in South and West Devon in that year with 143 in the Plymouth Hospitals NHS Trust area and 235 in the South Devon Healthcare NHS Trust area. I found it interesting that the Torbay area in particular appears to be in the lead for home births on a national basis and this demonstrates good co-operation between GPs and midwives, providing an excellent service for local families. Long may such co-operation exist!

Half-time Assistant for Honiton Group Practice To commence 1 March 2001

Initially 4 sessions a week with a scope for other locally based activities with a view to full-time partnership in September 2002 on retirement of senior partner. Honiton is expanding but not fast enough for the MPC to grant a partnership just yet! Currently we are two WTE (1 full-time, 2 job share) in a large group practice. Purpose built, GP-owned Health Centre. Local Community Hospital. Above average income. Highly computerised and a research practice.

Practice interests: Endoscopy,
Palliative Care, Research.

Enquiries and informal discussions welcomed. Please send a letter of application and CV to: Mrs Christine Baugh, Practice Manager, Honiton Group Practice, Marlpits Lane, Honiton, Devon EX14 2NY. Tel: 01404 41141. Fax: 01404 46621. E-mail: Christine.Baugh@gp-L83002.nhs.uk

Closing Date: 15 January 2001.

Receptionist 16 Hours per week Plymouth

Receptionist required for small friendly GP Practice in Central Plymouth. Must have flexible attitude, be able to work under pressure and willing to learn IT skills. Salary according to Whitley Scale 2.

Please apply in writing, together with CV to: The Practice Manager, Salisbury Road Surgery, 43 Salisbury Road, Plymouth PL4 8QU. Tel: 01752 665879

Closing Date: 15 December 2000 with view to starting January 2001.

WANTED

Carousels for Lloyd George Medical Records

Please contact June Snape, Practice Manager, The Barton Surgery, Barton Terrace, Dawlish EX7 9EG. Tel: 01626 888877. Fax: 01626 888360. E-mail: dawdocs@binternet.com

Comings & Goings November 2000

Welcome to:	Goodbye to:
Dr Katherine Field, Eastern Road Surgery, Ashburton	Dr Rosalind Anderson, Tothill Surgery, Plymouth
Dr David Simpson, Plym River Practice, Plymouth	Dr Robin Hyde, Mayfield Medical Centre, Paignton
Dr Carol Scott, Pinhoe Surgery, Exeter	Dr Robert Wylie, Wharfside Surgery, Tavistock

Apologies to Dr John Church - He was reported as leaving East Street Surgery, South Molton. This should have read **Axminster Medical Practice**.

Courses, Conferences and Information

Personal Learning Plans

Getting Started! Beginners Workshop Aims

East Devon PCG has already run a number of PGEA approved PLP workshops which have been attended by 42 GPs and a number of other health professionals. The workshops have received very positive feedback and we would like to offer them to new participants. Preference will be given to East Devon participants but more workshops will be offered if required.

Where? AXMINSTER MEDICAL PRACTICE

When: 11 December 11.00 – 1800 hours OR 13 December 09.00 – 1600 hours

Book your place by telephoning Sharon Higgs on 01297 33022. Places limited to 20 per workshop. If interested but can't make these, let us know and we'll run some more!



Gatehouse

New Directions in Primary Care

Tuesday 13 February 2001.

This one-day seminar has been organised specifically to address the unprecedented change involving every aspect of the sector. The seminar will address these changes, clarify the multiple policy initiatives being implemented and offer practical lessons from experience to those embarking on a journey into uncharted waters. It is ideal for PCG/PCT and HA Chairs and Chief Executives, Nursing Directors of Community NHS Trusts, PCG/PCT Board Members and Primary Care Staff.

Customer/Patient Care

Tuesday 6 March 2001. This course is designed for all who deal with patients, public and others users or who support those who do.

The Essential People Skills Workshop

Tuesday 13 March 2001. This course is designed for staff who would like to sharpen up their people skills, refresh their telephone techniques and learn how to deal with angry or difficult people.

Delivering the New Agenda in Nursing

21 February, 29 March and 9 May 2001.

With the development of the new nursing strategy, clinical governance, nurse prescribing, PCGs and PCTs, the changes in social care and new models for professional self-regulation, nursing has never faced such turbulent times nor greater opportunity. This seminar will allow participants to gain a more coherent picture of the emerging agenda and realistically plan for personal and organisational actions.

Nursing and Clinical Governance

1 February, 7 March and 4 April 2001.

This workshop will enable in-depth analysis of key issues in nursing governance.

Therapists and Clinical Governance

7 February, 15 March and 2 May 2001.

This workshop will enable in-depth analysis of key issues in professional governance.

For further information about these courses

contact: Gatehouse on (020) 7420 3530/3533

Community
Paediatrician/Doctor with
Experience in Child
Development
**Required as soon as possible for
Okehampton Medical Centre.**

Two afternoon sessions a month to do
3-yearly development checks on behalf
of Okehampton Doctors. **£1,800 pa.**

Applications with CV to Mr David
Seward, Practice Manager, Okehampton
Medical Centre, East Street,
Okehampton, Devon EX20 1AY.
Tel: 01837 52233.

GP RETAINER REQUIRED

For busy semi-rural

4 partner training practice in seaside town

- 4 Sessions per week
- Fully-equipped purpose built branch and main surgery
- Close to local community hospital
- Fully computerised
- Active in local PCG

Please apply in writing to:

Mrs Annette Mungeam, Practice Manager,
Townsend House Medical Centre, 49 Harepath Road,
Seaton EX12 2RY

Closing Date: 31 January 2001

Part-time Partner Required for Richmond House Surgery, Teignmouth, Devon

To join 2 doctors in growing practice from
1 February 2001. A friendly, committed staff team.
Flexible hours. Eligibility for Obstetrics list, CHS, minor
surgery, family planning an advantage.

Informal enquiries to **Dr Henk Hauer** or **Dr Liz Hardy**.
Applications to the Practice Manager, Richmond House
Surgery, 26 Brunswick Street, Teignmouth TQ14 8AF.
Tel: 01626 773339.

Closing Date: 15 December 2000.

Replacement Partner Required in March 2001 for 5½ doctor Practice on North Devon Coast

Beacon/research/training practice with
excellent PHCT. Purpose-built premises.
Fully computerised. Above average income.

Full Out-of-Hours co-operative.

Friendly practice in an area offering
superb quality of life.

Applications for full/three-quarter time or
job share welcome.

Applications and enquiries to: The Practice
Manager, Waterside Practice, St Brannocks
Road, Ilfracombe, N Devon EX34 8EG.

Tel: 01271 863840.

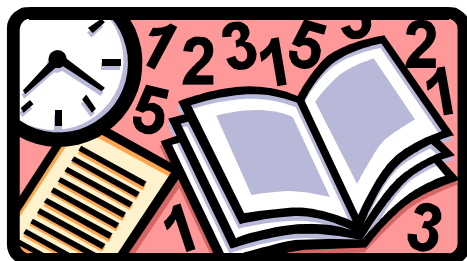
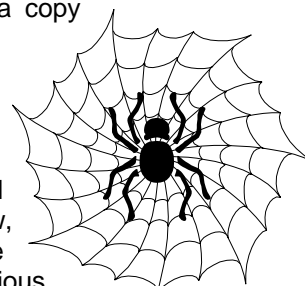
Office Manager's Mutterings

Annual Report

By now you should have all received your copies of this year's Annual Report. This year I was particularly keen to get as many of the local personalities as possible. Feedback so far has been very positive. If you feel inspired we are always after content and articles for both this newsletter and next year's report! Also all comments and suggestions are welcome! I still have spare copies available; if you would like an extra copy contact me in the normal way.

Website – www.devonlmc.org

The web site is proving as popular as ever – I must apologise for recent access problems with the site, CIX who host our domain have been suffering from a number of technical problems – they promise that it will be fixed shortly! Visitor numbers continue to grow, currently at the rate of about 3,000 per month! Recent additions have included a page dedicated to Information Technology. A popular part of this newsletter has been my various attempts to pass on IT skills. On the IT page, I have posted a number of Excel spreadsheets, which contain these, and other articles. When opening these files you may be prompted that the files contain Macros, you are then given a number of options either; **Disable Macros**, **Enable Macros** and **More Information**. None of these files have macros, which are essential; I would therefore suggest that you select **Disable Macros**. If you find anything you would like explained or find a problem feel free to contact me at jb@devonlmc.org



Conferences & Diary Dates

It has been reported elsewhere that we were recently involved in the first Occupational Health Conference at St Mellion. This was an inspirational event and thoroughly enjoyed by all. It is hoped that this will become another annual event. Talking about annual events, we are currently in the process of organising the **5th Joint South Devon LMC/South & West Devon Health Authority/PCG/PCT Conference**. We are planning to have the event at Dartington Hall on the 1st and 2nd of March 2001 – this event while hosted by

the South is open to all GPs throughout the area. We will try to make the event interesting and cover many of the vast number of complex issues currently in the GP forum. More information on this key event will follow.

Word Snippets

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- To return text to its default style, select the text and press **Ctrl, Shift & N**