

Chief Officer's Corner

Primary Care Trusts

Torbay PCT and South Hams & West Devon PCT became realities on 1 October and we wish them well. I can confirm that as far as the two LMCs are concerned they will be joined by the other six Devon PCGs on 1 April 2001 as the final results of the LMC run ballots have confirmed GP support for the move to Trust status in all cases (see results below). The LMCs anticipate good working relations with all the new Trusts as we have been working regularly with the PCGs for some time. Inevitably, we will need to find new balances as the HAs devolve more responsibilities to them and I hope we can avoid having eight different ways of working!

Official Results	Date	Level	Electorate	Turnout	Yes	No	Other	% Yes of Turnout
Torbay	1/10/00	3	88	69	55	14	0	79.7%
Teignbridge	1/04/01	3	72	58	39	17	2	67.2%
South Hams & West Devon	1/10/00	4	74	69	54	14	1	78.3%
Plymouth (GP principals)	1/04/01	4	156	121	75	46	0	62.0%
North Devon	1/04/01	4	103	77	62	13	2	80.5%
Mid Devon	1/04/01	4	66	44	32	10	2	72.7%
East Devon	1/04/01	4	68	53	47	5	1	88.7%
Exeter	1/04/01	4	81	63	54	8	1	85.7%
Devon Total			708	554	418	127	9	75.5%
Percentage of Turnout				100.0%	75.5%	30.4%	7.1%	-

PMS Pilots

You could not have failed to notice the sets of guidance we have issued to all GPs on this over the past few weeks. I am sorry to swamp you with paper but I believe that it was necessary to ensure that you are all fully informed of the potential benefits and disadvantages of a move to PMS. I am only sorry that it has been left entirely to LMCs to give the balancing "disadvantages" as it would have been better if they had been presented upfront when people were first approached on the matter. This has meant that the LMCs have been seen by some as being "blocking" and "purely negative" about PMS and this would not have been necessary if some of the early information had

not been merely "pushy" and "purely positive"! Be that as it may, you now have a clearer and fuller picture of what you are being asked to consider.

Both LMCs recognise that PMS is one legitimate way for practices to develop in the future and that it is the appropriate way for **some** practices to develop **now**. Difficult problems like those addressed by the Clocktower in Exeter and Ernesettle in Plymouth can be solved best by use of PMS and we have supported these fully. Ordinary practice issues can be managed in any number of ways and a push to only consider one way may not benefit patients, GPs or their staff. I hope for a proper revision of the PMS national core contract that will allow us to assist GPs in finding the right way forward for them and in partnership with their local PCT.

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DEVON LMC NEWS

Data Protection Act 1998

The Medico-Legal Liaison Committee has met and agreed a local way forward. I append a copy of the new Devon Policy plus two standard form letters for you to use as appropriate. Both the LMC and our lawyer colleagues are lobbying nationally for a reasonable compromise solution to be reached before the Home Office imposed deadline of October 2001 when the maximum fee chargeable drops to £10. Pro tem please contact the Secretariat if you have particular problems with any solicitors, as we have been successful in reaching agreement in most cases! Indeed there is one particular organisation where we have reached a reasonable compromise in any event and that is with "Medico-Legal Reporting" or "Personal Injury Medical Services Ltd" of 2 – 12 Whitchurch Road, Pangbourne, Berkshire RG8 7BP. Essentially, this organisation will only request copy notes back to 1991 on the basis that anything earlier is generally unhelpful. I have agreed a fee of £20 plus 35p per sheet of photocopying plus the cost of postage and packaging using recorded delivery. PLEASE NOTE that this agreement applies only to the above organisation/s and that the general guidance applies to all others. I append a separate note for you to keep out in reference to this.

Where to send evidence: GPs having problems with access to records workload can send evidence of it to the Professional Fees Committee, BMA House, Tavistock Square, London SW1H 9JP

"Single use" Means What it Says!

I am informed that the Medical Devices Agency has sent a booklet to all GPs telling them that "single use" devices are only supposed to be used once and then thrown away!! Well who would ever have believed that?.....!!
(*What a brilliant "single use" of NHS funds! Ed.*)

The Cameron Fund Christmas Appeal

Last year the fund sent cheques totalling £15,530 to 67 individuals or families to help them enjoy a "Happy Christmas!" All beneficiaries were GPs or their dependants who have fallen on hard times and for whom Christmas is generally a less than happy occasion. GPs in N & E Devon who pay the Voluntary Levy all make a small donation to the Fund. GPs in South Devon only contribute personally or not at all. Would GPs who wish to top up their contribution to a fund that could well be a help to any one of us please send their cheques to: Dr E C Bramwell, Chairman, The Cameron Fund, Tavistock House North, Tavistock Square, London WC1H 9HR. If you contact the Fund on 020 7388 0796 they will send you a form that allows them to collect a tax rebate on your contribution without the need for a covenant! With the love we all have for the Inland Revenue that alone makes it worthwhile sending some cash!

Cervical Screening at the RD&E

The RD&E Cytology Department screens over 30,000 cervical smears from N&E Devon every year. The programme also reviews patients who have had abnormalities detected, most commonly at colposcopy clinics. The good news is that 98% of received smears in the quarter ending in June 2000 were reported in under 4 weeks and 75% in under 3 weeks. This improvement has been the result of much hard work by all those involved and we should thank them for their efforts. There are similar improvements in the colposcopy clinic waiting times (to 63% of all patients seen within 10 weeks and 62% of patients with severe dyskariosis seen within 6 weeks) and more is to come with further changes to the service. Please could you remember to include a brief outline of previous smear history and the degree of smear abnormality in your referral for colposcopy because of difficulties clinic staff have in accessing these results directly.

Verification of Death

The draft shared with you in the last purple pages has been amended following comments from readers and LMC members so that there is no longer a need for there to be a written statement that the death is anticipated. The final policy will be distributed when the revision of the Nursing guidelines that need to accompany it are complete. Watch out for it!

The NHS Plan

Well does the BMA support it or reject it? Is it good for patients, GPs and their staff? Will the necessary cash emerge from the Treasury? Will 2000 WTE GPs join the service by 2004? Will 1000 GP specialists emerge (along with the extra GPs to do their GMS/PMS type work when they are specialising)? Will patients get to see you in 48 hours when they **want** to or when they actually **need** to? Where are all the extra Nurses (20,000), let alone Nurse Practitioners, going to come from? These and other questions answered after a General Election near you!

(You can find the full plan at: www.nhs.uk/nhsplan or links at www.devonlmc.org)

LMCs welcome new members!

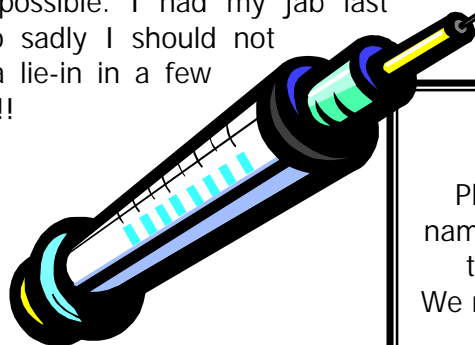
Both Devon LMCs are pleased to welcome new members co-opted to serve until the next election in April 2002. In Plymouth Dr Tristan Bertie of Friary House Surgery has joined South Devon LMC and in Exeter Dr Hugh Plummer of the St Thomas Group Practice has joined the North & East Devon LMC.

We wish them both good fortune and hope that they enjoy their new roles.

A few vacancies remain – two for the Exeter constituency and one each for Plymouth City and Tavistock. Could it be you that steps forward?

Flu jabs for colleagues

The South Devon LMC has agreed to look kindly at a request that we ask GPs to be prepared to administer flu jabs to those on their lists who are dentists, pharmacists and optometrists even if they are not in the clinical at risk groups or if they are under 65 years. We have not been asked the same question in N & E Devon but why not be kind to them too if you can! The general idea is that flu in these professional groups will impact on patient care and is therefore to be avoided if possible. I had my jab last Saturday so sadly I should not be having a lie-in in a few weeks' time!!



WHIPTON SURGERY, EXETER

Requires Part-time
Phlebotomist/Auxiliary
Nurse

To work Wednesday mornings - ASAP
Hours negotiable

Apply in writing to:
Mrs C Howe,
Whipton Surgery
378 Pinhoe Road
Exeter
EX4 8EG

RETAINERS IN PRACTICES

Please would practices inform the Secretariat of the names of their current Retainer/s. Often GPs retire and then resume work with the practice as a Retainer. We need to know their names so they can be included in mailings, etc to the practice.

ADVERTISING IN THE PURPLE PAGES

It would be appreciated if all staff vacancies could contain a closing date and/or starting date for the position. The adverts will also be published on our website so this information is important.

Letter from Dr Clare Hamon – GP in Plymouth

EMPLOYING LOCUMS –

I have worked as a non-principal for the last five years, and have just become a principal again. The following are my reflections as I change roles.

Rates of Pay

Most of you will know that the British Medical Association has not issued guidelines on locum fees this year, as a result of investigations by the Office of Fair Trading. Unofficially, the BMA has observed that GPs' pay has risen by about 4% this year, and that locum rates might be expected to increase by the same amount.

At the locum dinner in mid-September, I asked those present what they would charge for a full day's work, including being on call from 7.00am to 6.00pm. One locum said she would charge the BMA rate, which she interpreted as being £50 for the first hour and £33 for each subsequent hour i.e. £380 for the 11-hour day. Another said that he was currently working 7.00am to 6.30pm and the practice had agreed to pay him £400 per day. The BMA, in their detailed guidelines, have accepted for several years that a full day is 7 – 8 hours, and that additional time on call should attract additional payment. Some locums are prepared to charge less in a small, quiet practice. Most are concerned to maximise their income and charge on the basis of hours contracted rather than workload.

In the light of the wide variation in interpretation of guideline rates, and their recent abolition, I will be agreeing locum fees in writing in advance. Otherwise, if one engages a professional, one is bound by their terms and conditions, unless one can prove that they did not carry out the work satisfactorily, or that their terms were totally unreasonable.

Range of Services Provided

Do you send your nurse on holiday at the same time as you are off? Do you expect the locum to do some of her work e.g. giving injections and taking blood? If you do so, it might be argued that they are being more than a locum GP, and a further charge might be levied. Alternatively, the locum might refuse to do the work. Some locums will not take blood, inject joints, or fit IUCDs, as they feel that they do not get enough practice at these procedures.

Cancellation Fees

Ideally a contract with a locum should specify the terms under which the work can be cancelled by either side, and any financial penalties. Readiness to charge a cancellation fee would depend in part on how much notice was given, and how easily the practice could find another locum, or the locum could find alternative work. In my opinion, locums should be eligible for a cancellation fee equivalent to 50% of the agreed fee, and should be prepared to pay this amount if they cancel.

Clinical Governance

Do you always check that the locum is on the General Medical Register, is eligible to practise as a GP and has current professional indemnity?

Do you provide your locums with an information pack? How do you know they are up-to-date eg on urgent referrals of suspected malignancies? If a locum dictated and posted a letter, rather than sending a fax immediately, and there was a delay in the patient being seen by a consultant, would you be partially culpable?

Blacklisting Practices

Locums sometimes refuse work at particular practices because of their own experience, or that of others. Typical problems are unhelpful or unfriendly staff, too many extra patients fitted into their surgeries, and late payment. Locums do meet up for suppers, and there is talk of a website to aid communication.

The Future

There is talk of locums having to apply to Health Authorities for accreditation as locums, and that practices will only be able to apply for reimbursement of the costs of employing *these* locums in some circumstances eg attending PCT meetings. Some locums welcome the idea of being officially recognised, and hopefully receiving information from the local hospitals etc. Others are allergic to bureaucracy! It will be interesting to see what happens.....

RETAINER
(2 Sessions per week)
Required for WOODA SURGERY,
 Clarence Wharf, Bideford,
 Devon EX39 4AU
 Excellent working conditions.
 For more information please telephone
 Jane Clark, Managing Partner,
 Tel: 01237 471071)

COMINGS AND GOINGS – OCTOBER 2000

Welcome to:	Goodbye to:
Dr Iain Walker, St Lukes Medical Practice, Brixham Dr Peter Bates, Southernhay House Surgery, Exeter Dr Anne Homer, Newcombes Surgery, Crediton Dr Jonathan Stride, Pinhoe Surgery, Exeter Dr Jonathan Pike, East Street Surgery, South Molton Dr Jonathan Halford, St Thomas Court, Axminster Dr Clare Hamon, Tothill Surgery, Plymouth Dr Sue Binning, Cricketfield Surgery, Newton Abbot Dr Bettina James, Croft Hall Medical Practice, Torquay	Dr Michel Mole, Pinhoe Surgery, Exeter Dr Charles St Johnston, Pinhoe Surgery, Exeter Dr Denis Pereira Gray, St Leonard's Medical Practice, Exeter Dr Kieran Sweeney, St Leonard's Medical Practice, Exeter Dr John Church, East Street Surgery, South Molton

NHSNet - Router Insurance

The following was received from Keith Saunders in the North & East of the patch, however, it is still very relevant to all those in the South.

If a GP practice has its NHSnet Router stolen or maliciously damaged it is the responsibility of the practice to replace it. The replacement cost and installation will be under £1,000 and should be recoverable through the normal insurance channels.

To initiate a replacement a FAX request should be sent to the relevant NHSnet Supplier (either BT or C&W – details below) on headed paper quoting the appropriate reference. A contract will be sent which should be signed by an authorised signatory and returned. This contract can also be used for insurance purpose claims.



Once the NHSnet Supplier has received a signed contract they will arrange for a new Router to be installed as soon as possible. Contact Details:

BT – Cambridge Service Centre Fax 0800 136378
Reference – please quote your SIN Number

C&W – NHS Customer Management Centre Fax 0500 375006
Reference – Please quote your Customer Account Number

PRACTICE MANAGER TORQUAY

(minimum of 30 hours per week)

Required for a friendly, busy 3-doctor practice in the heart of Torquay. If you have plenty of enthusiasm, initiative and have experience in Managing People, Information Technology and the NHS, we would like to hear from you. Rate of pay is negotiable depending on experience and qualifications.

Please apply in writing together with CV to:

The Practice Manager
Chatto Road Surgery
104 Chatto Road
Torquay TQ1 4HY

or

Tel: (01803) 314277 for more information.
Closing Date 27 October 2000

PRACTICE MANAGER TAVISTOCK

8-Partner Practice requires a Practice Manager (ASAP) who is highly motivated and possesses excellent organisational, human resource and financial skills. Salary in the region of £25,000

Please apply in writing, enclosing CV, to:

Dr Isobel Davies
Abbey Surgery
28 Plymouth Road
Tavistock
Devon PL19 8BU

or

Tel: 01822 612247

HALF-TIME PARTNERSHIP VACANCY

Torrington Health Centre, New Road, Torrington
North Devon. Tel: 01805 622247. Fax: 01805 625083

Enthusiastic half-time replacement partner sought for friendly 4-partner,
3-WTE practice, **to commence April 2001.**

- Purpose built GP owned Health Centre and Branch Surgery with 5,300 list size
- Dispensing practice with GP Cottage Hospital beds
- Out-of-Hours cover provided by Tarkadoc co-operative
- Part of an excellent primary healthcare team offering minor surgery, child health surveillance and contraceptive services
- Parity within 1 year, 7 weeks annual leave and access to a well-established practitioner group network.

Please send a letter of application and CV to the Practice Manager, Mr Brian Butland,
by 1 November 2000.

E-mail at brian.butland@gp-L83026.nhs.UK

Courses, Conferences and Information

University of Birmingham

New Contracts for old: general practice in 'the new NHS'

Venue: Botanical Gardens, Birmingham – 8 December 2000

Speakers include: Simon Fradd, BMA and Jonathan Shapiro, HSMC.

With the announcement of the 'NHS Plan' the days of the Red Book seem finally to be numbered. In this seminar, the future nature of primary care contracts and links of GPs with the NHS will be debated and discussed. Speakers will identify a number of different contractual models for deeper exploration, using both plenary sessions and more information workshop sessions. **PGEA applied for.**

GP RETAINER 2 Sessions Per Week BIDEFORD MEDICAL CENTRE NORTH DEVON

We are a 10-Partner, fully computerised Training Practice Looking for a GP Retainer to join our dedicated PHCTG - ASAP For further details please contact Olivia Bassett, Practice Manager on 01237 476363

For information: Seminar & Conference Secretary: 0121 414 7050 Internet: <http://www.bham.ac.uk/hsmc/>

Staffordshire University & Radcliffe Medical Press

Occupational Health Matters in General Practice

Do you want to learn how to draw up and apply a personal development plan? Well learn more about occupational health in general practice at the same time!

Venue: Royal College of General Practitioners, Hyde Park, London

Date: Monday 30 October 2000 **PGEA applied for.**

Further details from: Jackie Redhead Tel: 01785 353758. Email: j.p.redhead@staffs.ac.uk

Capita Business Services Ltd

NHS Direct – The Story so Far....

Venue: Central London

Date: 23 November 2000

NHS Direct provides a service which allows the public to make a choice about its health care. This choice has now been extended with all NHS sites able to refer people to out of hours pharmacy care by 2002.

This conference brings the example of the first such service of its kind in the UK.

Further information: 020 7222 5110. Web: <http://www.capitagroup.co.uk/training>

Vehicle Identification Discs – Plymouth



Have any GP, nurses or medical staff using these discs had trouble with the Traffic Wardens Department?

Stickers were issued to medical staff in Plymouth in September 1996 allowing them to park in "residents only" parking areas whilst visiting patients. Over a period of time these stickers have become faded and, in some cases illegible, and therefore the occupants of the vehicles have incurred parking fines. The Traffic Wardens Department have asked that we re-issue the discs with some form of identification on the back. Would any practice requiring a new disc please contact the Secretariat Office.

Bell Industries – The Diamond In Your Community

July 4th 2000 was an important day for millions of Americans, but it was also equally important to the many hundreds of people connected with Bell Industries.

This unique Exeter based service for people with mental health difficulties celebrated its 10th Anniversary on American Independence Day this year.

Established in July 1999 by the Exeter Health Authority, Bell Industries has continued to be funded by the NHS with support also from commercial contracts and sponsorship from many organisations. Over the last decade Bell Industries has established a reputation for providing quality care and products to its users and customers.



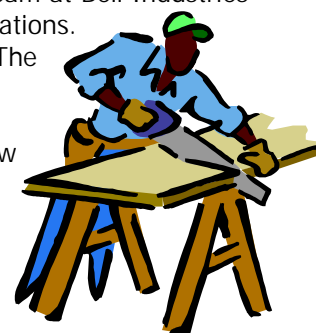
Those who attend Bell Industries do so as part of an agreed Care Plan. People are enabled to regain an old skill or acquire a new one. It may be a need to boost self-confidence or establish a purpose for their day.

Whatever a person's reason for attending Bell Industries they are cared for and supported by a committed and dedicated team.



The commercial world also benefits from access to a multi-skilled team of professional trade instructors who provide a wide range of services and products. The skills within Bell Industries are wide ranging. They include a full upholstery and printing service and a joinery workshop which produces everything from children's toys to handmade kitchens. Facilities to train users in photography and catering techniques are also available. The revamped business centre now offers nationally recognised qualifications in IT to those who attend our Marsh Barton site. The team at Bell Industries are now offering a mail shot service, both large and small, to local and national organisations. These many facets of Bell Industries led to the theme of the 10th Anniversary being "The Diamond in your Community".

Bell Industries is always very pleased to welcome visitors to its Marsh Barton site to show potential users and customers its facilities and the unbelievable team spirit which exists within the unit.



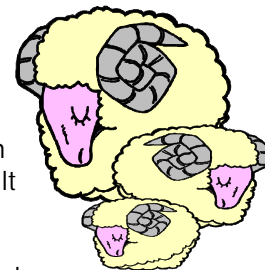
Should you require any further information about how we can help your surgery requirements for stationery, upholstery, mail shots or carpentry, or even to arrange a visit, please contact one of the following:

General Enquiries	01392 208850	Fax 01392 208860
Robert Nunnery – Manager	01392 208851	
Marc Colson - Assistant Manager	01392 208852	
Elaine Rennie - Secretary	01392 208853	

Bell Industries, 26-30 Marsh Green Road, Marsh Barton Industrial Estate, Exeter EX2 8PN

The last word on Ballots - "Counting Sheep"

As the ballots have now all successfully closed, I thought I would do a final article on counting results in Excel. Normally, we use spreadsheets to count numbers, however, we can also use it to count other things e.g. the number of individuals who voted yes, voted no, spoilt their ballot, etc.



	C	D	E
4	GP	Vote	Notes/Function
5	Dr A	Y	Y for yes
6	Dr B	N	N for no
7	Dr C	S	S for spoilt
8	Dr D		Not voted
9	Dr E	y	Y for yes
10	Dr F		Not voted
11			
12	Total	6	=COUNTA(C5:C10)
13	Turnout	4	=COUNTA(D5:D10)
14	Voted Yes	2	=COUNTIF(D5:D10,"y")
15	Voted No	1	=COUNTIF(D5:D10,"n")
16	Spoilt	1	=COUNTIF(D5:D10,"s")
17	Not Voted	2	=COUNTBLANK(D5:D10)

Let us consider for example a simple spreadsheet, which lists a number of GPs who are voting on an important issue....

In Column C, we have a list of GPs. In D we record how they vote – this could be either y = yes, n=no, s =spoilt and blank for anyone yet to vote.

The formula we will use to do the magic will be the **COUNT** function. There are a number of different Count functions; I will try to introduce you to three of them.

COUNTA - Counts the number of cells that are not empty and the values within the list of arguments. This has been used to find the Total Electorate and the Turnout - e.g. COUNTA (C5:C10) counts all the GPs (the number of cells with entries) or COUNTA (D5:D10) on the vote column, counts all those who have cast a vote = 4.

COUNTIF - Counts the number of cells within a range that meet the criteria. This I have used to find each of the types of vote. So to find all the yes

or y votes, I have used = COUNTIF(D5:D10,"y") – this will examine the range (D5:D10) looking for the text "y" (the quotes show that we are looking for text, rather than a number) and in this example return the value 2 as only 2 cells contain the value Y or y. This can also be used for numbers or dates with = < > arguments. Excellent for chasing debtors, follow up appointments, etc.

COUNTBLANK - Counts empty cells in a specified range of cells. This I have used to find the number of cells with no entries, or in this example those who are yet to vote in the vote column.

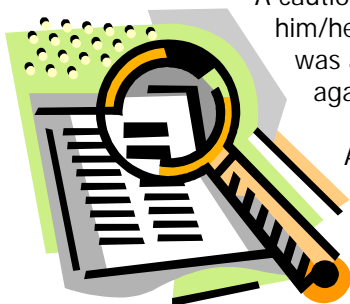
This all works very well, until you suddenly find that someone does something other than Y, N, S - e.g. when someone decides to abstain. This needs a small error trapping routine, which I will try to cover in yet another future issue. Easy to think of afterwards, but you should build it in from the start, so that it can save a few embarrassments!

If you want to discuss this further, or if you can think of another way of doing this, or have a specific IT problem, why don't you give me a click, ring or drop me a line! – jb@devonlmc.org

More Data Protection Act 1998 – article from Cornwall & IOS LMC

A cautionary tale for GPs when checking through a patient's medical record before allowing him/her to have a copy under the Data Protection Act: a patient who discovered that he was adopted as a result of reading his medical record is currently considering legal action against his GP on the grounds that this discovery caused him mental distress.

As a GP, you have a responsibility to ensure that information that may harm the patient or that contains sensitive information about a third party is removed before the patient sees it. The example above shows just how impossible the GP's situation is when editing the notes for this purpose.



Devon LMC Factlet - the website in September received a record 2.870 Hits - Have fun.