

Devon Local Medical Committees

Newsletter ~ Vol 2 ~ Issue No 15 September 2001



Chief Officer's Update – September 2001

The Cardiac Rehabilitation Team at the RD&E appear to have done their magic again and after 22 sessions it is nearly time to return me to "Stage 4" (future self-care and continuing exercise).

Thank you to Jane, Clare, Christine, Roger and Shenda – I will try not to bother them professionally again but will take up their offer of tea and a gossip when needed! I am returning formally to the LMC fold next week (10th September) on an initial part-time basis and with the understanding that I will have to work smarter and less hard than previously. This advice mirrors the advice that I have been giving a succession of GPs over the last decade!



While I have "been away" much has happened in the spheres of general practice and "The New NHS". The PCTs have all got off to a start and are now faced by yet more responsibilities with the move to 28 or 29 Strategic Health Authorities (SHAs) and the effective devolution of current HA responsibilities, duties and rights as at 1 April 2002. I say "effective" as I have it on good authority that the necessary primary legislation cannot be brought before Parliament in time to transfer current HA powers etc to PCTs before that date and the timetable for such a legal transfer to PCTs is now 1st October 2002. Nevertheless, it is hoped by the Department that there will be a pragmatic acceptance of the planned transfer from 1st April and that "partners" such as GPs and LMCs will continue to work with the PCTs to facilitate the achievement of the "quality agenda". I believe that we must do this particularly as this will give a proper "reality check" to these new organisations at the same time as preserving the skills and experience that will be needed to achieve benefits for patients without further damage to the professionals providing care.

However little will be achieved unless the promised additional resources in terms of both funds and personnel make their appearances. Devon has been relatively well resourced in terms of whole time equivalent GPs but there has been increasing downward pressure on the funds available for GP services. Sadly, the national GP recruitment and retention crisis is now biting even in the West Country and we will need more GPs to achieve the targets aspired to in all the National Service Frameworks. Those GPs will need additional support staff. Do either the GPs or the staff exist? Perhaps, but not in an immediately obvious way, particularly if you do not see stripping needy 3^d World countries of their own limited professional resources as a morally acceptable way forward. The Peninsula Medical School will help, but not for another 10 years and we cannot wait that long! The new managers of the NHS will need all the help they can get and I can assure them that the LMC(s) (established 1911!) will be available and willing to offer it!

Does any of the above cause particular problems for the way GPs are represented? It does mean that for at least 6 months there will be a new legal entity of a single LMC representing Devon, Cornwall & The Isles of Scilly (perhaps called "The Peninsula LMC" for convenience) and informal discussions have been taking place between existing LMCs for some time. There will be more formal discussions to be held over the coming months and I hope that we will achieve a longer-term partnership to the satisfaction of all parties. After that it is probable that PCT level LMCs will come into being (1st October 2002) and my view is that

IN THIS ISSUE:

NHS Net in Devon.....	2
NHS Direct.....	3
Personal Learning Plans (PLPs).....	4
Medical Bags, etc – latest news.....	5
GPFC & Practice Premises.....	5
Comings & Goings.....	6
Courses, Conferences and Information.....	6
Vacancies.....	7

Devon
LMC
News

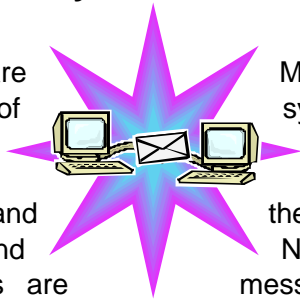
they can only be effective if banded together for mutual support as otherwise they would be too small to provide the services and assistance that GPs are now requiring on an all too frequent basis. Watch out for more in future “Purple Pages”.

NHS Net in Devon – Dr Jack Shelley

The Devon Health Authorities are leading the country in the installation of NHS Net to GPs' worktops. Are the connections useful? The connection to the WWW (World Wide Web) and NWW (NHS Wide Web) works well and the number of health related sites are rapidly proliferating and are mostly of good quality. The National Electronic Library of Health is developing well. NHS Direct is also on Line. The Web sites of the four South Devon PCTs are up and running. Many GP practices have web sites and these are becoming increasingly relevant as they learn from each other what needs to be included.

In the busy day in General Practice it is difficult to find time to look at everything but next time you are eating your lunch at your desk top browse a few of the links from the LMC web site. Get to know your way around. Identify the sites National and Local who have relevant information which is updated on a regular basis and bookmark them into your 'Favourites' folder. If your Health Authority or Primary Care Trust sites are not up-to-date send them an email and keep sending until they update their site. If the information on the site is not what you need to enhance patient care in your practice tell the providers what is missing. Remember you are dealing with people rather than technology. Without your input as to what is needed on these sites they will not develop into useful tools. You, the user, need to determine the content of your local health community sites.

Email on NHS net can be less reliable than the old SMTP connections we had before we were forced to disconnect from our Internet providers by the code of practice of NHS Net. Locally we have the quantity of connections but is the quality there? The present system is currently inadequate to provide quality care for patients because it is unreliable and too slow. It is often not user friendly as installed on our desktops. The use of X400 rather than SMTP addresses has not helped this.



Many of the failings of our local E-mail systems are due to national problems. The routing of the NHS Net messages could be better. Recently the system lost the address book for the North & East Devon practices. SMTP messages sent to GPs from outside NWW bounced for three days.

The current connection to my desktop functions is slower than the SMTP provider that I had before NHS Net was installed. Is this due to the configuration of Outlook in my Surgery or due to problems of the message transfer server at the Health Authority? The slowness could also be due to the telephone lines and the basic systems of the NHS Net. This year the NHS Net connection providers need to get out into the practices to find what is required to enhance patient care and redesign the system with the user's needs prioritising the upgrades in practices and servers. Both Health Authorities have improvement to the GP Net on their agendas. Please make sure your provider knows where the bottlenecks are.

Does the lack of quality matter? Fortunately we still can't transfer patient information to secondary care or amongst ourselves because the government has not yet sorted out the encryption system that is required to ensure patient confidentiality. This is now at least a year behind schedule. Our secondary care colleagues do not yet have the hardware on their desks to be able to receive messages from us. But this will be rectified in the next six months and we will then need fast reliable connections to our desktops as fax is phased out and replaced by more secure E-mails that can be attached to our electronic patient records.

Pathlinks is now almost available with full encryption. The new software should be in the pathology departments by the New Year and connections to Primary Care well underway by Easter. Those who have the existing non-encrypted Pathlinks say it is well worth having. Book your place in the queue.

NHS Direct – Dr Jack Shelley, Chair N&E Devon LMC



At the LMC meeting on Wednesday 25 July, it was agreed that the North & East Devon LMC would change its stance on NHS Direct South West communicating with General Medical practices about 'Frequent Callers'. The LMC now believes practices should consider coordinating their care plans for 'Frequent Callers' with NHS Direct.

All the Health Authorities in the area, covered by NHS Direct Southwest, put in bids for exemplar status to work more closely with NHSD triaging calls out-of-hours for the co-ops. For these initiatives to be successful GPs in primary care and the nurses in NHSD need to communicate with each other and break down the areas of mistrust.

NHSD already discusses the management of 'Frequent Callers' with the practices in Cornwall, Dorset and Somerset. Practices in North & East Devon should now be included. The definition of frequent callers by NHSD means that there are less than 100 patients in the whole of their area whom they classify in this way. These patients are probably also frequent users of our practices and the aim of NHSD is communicating with the practices about these patients to ensure commonality of approach to their needs. This decision by the LMC does not bind any particular practice to communicate with NHSD about frequent callers. However, the LMC would now encourage practices to start a dialogue with NHSD. NHSD will ask the permission of the frequent caller before they communicate with the practice. I would hope that most practices would now have sufficient confidence in NHSD and the advisory nurses working there to co-operate in the care of this difficult group of patients.

The LMC also agreed to encourage all practices to include the NHSD telephone number on the answer machine message for patients which they get when they telephone for help during the time the surgery is closed at night, weekends, lunch time or for training events. The currently agreed wording with Devon Doctors on Call for the message on your answering machine is:

"The Surgery is now closed until (ADD DETAILS). Please listen to the whole message before ringing off. If you have a routine request for an appointment or for another service please phone again in normal surgery hours. If, however, you have a problem that you believe needs to be resolved now you have a choice. If you require health information or advice, NHS Direct, a 24-hour nurse led advice line, is available on 08 45 46 47. If, however, you wish to contact a doctor in an emergency please phone 01 392 824 600. Thank you."

Devon Doctors on Call are still troubled by some practices that directly transfer the phones to them without an intervening answer machine message. This results in an increase in inappropriate calls to Devon Doctors on Call and does not provide the patient with the opportunity of talking to NHS Direct instead of DDoc. Another problem with direct transfer of calls is that it blocks the telephone line for the next caller for a longer time than an answer phone message. No other patients will be able to get through out-of-hours until DDoc has stopped talking to the first patient on the transferred phone.

The exemplar bids submitted by all the South West Health Authorities, with the support of the Co-ops, would provide one out-of-hours number for patients to call. They would then be rapidly triaged and transferred to either the co-op, NHSD or the ambulance service as was appropriate. This system will ensure that however many incoming calls there are at any time to the 'One Number' there will never be an engaged tone.

At the Conference of LMCs in London in June there were many speakers who were able to testify that combining the services of NHSD and the co-ops out-of-hours led to more appropriate use of general practitioner time. Some co-ops even showed a drop in the number of GP/patient contacts during the

“red eye” shift. The DDoc exemplar bid will not be in the first wave of implementation in the South West. While other pilots go ahead, practices locally need to be encouraging their patients to experience the benefits of advice from nurses at NHSD. We need to be encouraging our patients to use NHSD through our practice posters, leaflets, newsletters etc. as well as putting NHSD’s number on our answering machines.

Primary care is changing faster than ever before. With the increase of responsibilities and complexity of in-hours primary care, new systems are going to be required out-of-hours. I believe the 24-hour a day; 365-day a year contract responsibility for GPs is now impossible for an individual GP to provide. That responsibility should devolve to PCTs. GPs may well retain a responsibility to take part in out-of-hours care but should no longer be tied to a 24-hour, 365-day year responsibility. Think about this one because our negotiators at the GPC will be canvassing your views in the near future so that they can properly negotiate the new Red Book contract. Your views matter! Please make them known both locally to your LMC and also nationally to the GPC.

Occupational Health for Primary Care in Devon and Cornwall



Occupational Health Conference - Thursday 22 November 2001

“In Sickness and in Health”

**Guest Speaker – Pete Goss, Round the World Yachtsman of Team Philips Fame
St Mellion Golf & Country Club, Cornwall
Anyone interested please contact the office**



PLPs (Personal Learning Plans)

An Electronic View - Dr Adrian Midgley

There is some sense in Personal Learning Plans, despite the immediate addition of layers of paperwork and bureaucracy to the obvious business of pursuing interests and patching up your ignorance.

The paperwork of the portfolio fills me with horror - PGEA was bad but repeating over and over again the same nonsense phrases is the sort of thing that seems more likely to make me cease studying than intensify it.

Technological solutions may add a little convenience, not least to whatever poor sod has to plough through the assembled administrivia. (If they don't regard it as a task meriting sympathy, eliminate them - such men are dangerous).

Alan O'Rourke at the WISDOM centre in Sheffield offers us all a free tool for keeping track of these things, the on-line Personal Learning Plan or ePLP. They built a database, we access it over the Web (sensibly it is not restricted to NHS Net) register, enter and then access your learning needs, learning outcomes and PLP summaries.

You can update it easily, and print out copies of all the pages whenever you want or if your tutors still think VR is Her Majesty not virtual reality.

It won't suit everyone, but it lets you avoid having the same stuff entered each year, you can get at it from anywhere in the world, and you can give your mentor the password to let them access it in their own time without disturbing you.

Zip along to: <http://www.wisdomnet.co.uk> and follow the signs to the PLP

Dr John Dean – Medical Secretary Devon LMCs

Medical bags, surgery stock and prescription fraud – latest news

North Devon PCT has taken prompt action to try and deal with some of the anomalies caused by the regulations surrounding the funding of items “supplied and personally administered” by non-dispensing GPs (see Purple Pages *passim*). Many items, particularly dressings, are not reimbursed under these regulations and GPs are expected to pay for them out of their existing income.

As an interim measure, non-dispensing GPs in North Devon PCT area will receive, for one quarter beginning 1 August 2001, a payment of 20% pro-rata of their annual dressings expenditure, together with a 2.5% uplift for inflation, to enable them to independently purchase a

stock of treatment room dressings. Eligible practices should already have received a letter from Executive Committee Chairman, Dr Ian Jack, setting out the procedures they must follow in order to receive this payment. The PCT also plans to establish a working group, including all stakeholders, to look at a long-term solution to the problem. They are also interested in hearing from dispensing GPs who might be interested in participating in these arrangements.

Hopefully, other PCTs will look carefully at this development and the needs of the GPs they serve in their own areas. Devon GPs may wish to make their own representations to their PCT Executive Committee. On behalf of the LMCs, I will be writing to PCT Executive Committee Chairmen about this and will report back in the next issue.

Practice Premises Finance

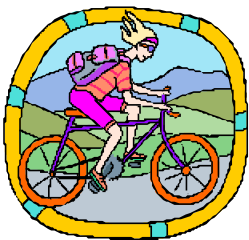
Over the past year, the LMC Secretariat has been contacted by several GPs expressing considerable concern about the financial penalties imposed by the General Practice Finance Corporation for early redemption of loans used for the purchase of practice premises. Some reported that they were experiencing great difficulty in recruiting new partners who were willing to buy into practice premises. This could cause significant problems to GPs planning to retire and pass on their share of the premises, including their loan package, to an incoming partner.

It may be a considerable disincentive for a prospective partner to join a practice if they have to take over responsibility for the outgoing partner’s loan. If they did so, they would be responsible for any early redemption penalties for the remaining term of the loan and would not be able to take advantage of some of the more competitive interest rates available with other financial service products. If an incoming partner is unwilling to take on the burden of the outgoing partner’s loan, the loan would have to be taken on by the remaining partners. If it were redeemed, the penalties would be payable by the outgoing partner or the whole partnership, depending on the terms of their practice agreement.

We want to collect information about the problems that these issues might be causing for Devon GPs. If you are concerned about the terms of your practice premises loan agreement, please let us know at the LMC Secretariat. There is no need to give details, just a contact name, address, telephone number and, preferably, e-mail address. All responses will be acknowledged and treated in confidence. Please write to John Baker and we will contact again you in due course.

National Eczema Society – Iceland Bike Challenge 2002

Sign up now for the coolest challenge around!



Cycle through the amazing land with the chilly name, which is fast becoming one of Europe’s hottest destinations! This 8-day adventure begins in Iceland’s capital, Reykjavik. On the 374km round trip you will be riding through lava fields, past breath-taking snow-capped peaks, glaciers, geysers and amazing waterfalls. For further information or to take part please ring 020 7281 3553.

Comings & Goings July-September 2001

Welcome to:	Goodbye to:
<p>Dr David Spiers, Raleigh Surgery, Exmouth Dr Gary Lenden, Ernesettle Green, Plymouth Dr Peter Rudge, Ernesettle Green, Plymouth Dr Steven Nash, Marlborough Street Surgery, Plymouth Dr Helen Bishop, Pembroke House Surgery, Paignton Dr Rowena Nicholson, Kingskerswell Health Centre</p>	<p>Dr David Bickerton, Hill Barton Surgery, Exeter Dr Alan Hulme, St Neots Surgery, Plymouth Dr Willie Hamilton, Barnfield Surgery, Exeter</p>

Conferences, Courses and Information

Gatehouse

Valuing People: A new vision for people with learning disability?

19 September – Central London

Improving Health: Local Government and Primary Care working together

22 October – Central London

This one-day course will explore the developing health role of local government and its relationship with PCTs drawing on examples of effective progress and reviewing future prospects.

An Introduction to Involving Services Users in planning, implementation and monitoring of mental health services

30 October, 6 December 2001 or 25 January 2002 – Central London

One-day introductory workshop for mental health service professionals aimed at promoting the involvement and empowerment of service-users to improve the quality and efficiency of mental health services.

Community Care for All – Linking statutory and voluntary organisations

7 December 2001 or 15 March 2002 – Central London

This small specialist workshop has been designed to enable people to work on how to develop more effective relationships across potentially difficult boundaries and how to develop a truly seamless pattern of service locally.

Self Help – A Useful Tool? Working with self help as an integral part of community care

14 November 2001 or 25 February 2002 – Central London

The workshop will focus on:

- The skills needed to initiate and support and then withdraw from groups
- The role and function of self help
- Facilitating the growth of groups
- Maintaining groups once they have got started

Good Pals? Independent advocacy and responding to complaints

23 October 2001 or 24 January 2002

The workshop will focus on:

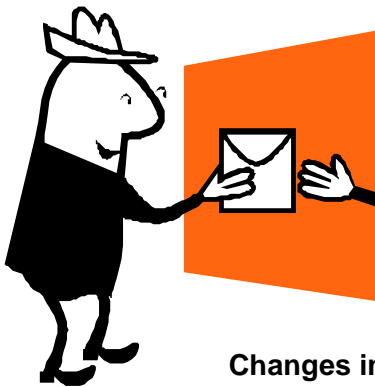
- The importance of advocacy in service development
- The distinctions between self and peer advocacy and professional advocacy
- The skills needed to support the development of an advocacy project
- The role of the professional – to what extent can a professional be an advocate?
- The stages of developing a local advocacy service

Further details - Gatehouse Tel 020 7420 3530. Email: gatehouse@butterworths.com

University of Birmingham

Evolution in Health Care – Learning Set - Initial Dates: 1 and 2 November 2001

Details from HSMC Tel: 0121 414 7050



MESSAGE FOR PRACTICE MANAGERS

Advertising

It would be appreciated if adverts for insertion in the Purple Pages could be emailed, wherever possible, to lynn@devonlmc.org as this saves time having to retype them.

Changes in Practice Details/Staff

Please would you keep the Secretariat Office informed of any of the following changes:

Practice Manager

Address

Telephone number

E-mail address, especially if this has been changed recently

VACANCIES

Practice	Details
<p>Grosvenor Road Surgery 17 Grosvenor Road Paignton TQ4 5AZ Tel: 01803 559308 Email: andrew.cory@GP-L83122.nhs.uk</p>	<p>PART-TIME HEALTHCARE ASSISTANT - PAIGNTON (25 Hours per week) Duties to include routine nursing tasks, BP monitoring, ECGs, etc. Experience preferred but comprehensive training available. For further details please contact: Andrew Cory, Practice Manager.</p>
<p>St Budeaux Health Centre St Budeaux Health Centre Stirling Road Plymouth PL5 1PL Tel: 01752 361010</p>	<p>JOB-SHARE PARTNER – PLYMOUTH We are a long established 5-doctor practice in the west of Plymouth. Due to altered commitments we are looking to develop a job-share post. The practice has a full primary care team and meets all the higher targets. The incoming partner would be eligible for minor ops, CHS and obstetrics. Deputising services are available for out-of-hours commitment. The practice uses 'Vision' computer system. For further details contact: Dr Jo Butcher/Mrs Rosemary Davies, Practice Manager or apply in writing enclosing a CV.</p>
<p>Corner Place Surgery 46A Dartmouth Road Paignton TQ4 5AH. Tel. 01803 557458. Fax 01803 524844 Email: brenda.vandenberg@gp-l83103.nhs.uk</p>	<p>CLINICAL SUMMARIES CLERK We are an 8-partner practice in the centre of Paignton and are looking for someone who can assist us in entering patient histories onto our computer system. This is a role that requires accuracy and a methodical approach to the job. Some knowledge of clinical terminology is required, so applicants should have relevant experience in a similar post. Someone with nursing/pharmacy experience would also be suitable. The post is part-time (20 hours per week) and these can be flexible to suit other commitments. If you are interested please call Brenda van den Berg, Practice Manager.</p>

<p>Norton Brook Medical Centre Cookworthy Road Kingsbridge Devon TQ7 1AE. Tel: 01548 853551 Email: Justine.payton@gp-L83059.nhs.uk</p>	<p>PRACTICE NURSE VACANCY – KINGSBRIDGE A Practice Nurse is required to join our friendly 8-doctor Practice in South Devon. Grade E, F or G according to qualifications and experience. Hours flexible. Encouragement given with continued professional development. General treatment room duties, dressings, vaccinations and health promotion. Please apply in writing, enclosing your CV to Justine Payton, Business Manager. For an informal discussion please telephone or e-mail.</p>
<p>Pathfields Practice Plympton Health Centre Mudge Way Plympton Plymouth PL7 1AD.</p>	<p>PARTNERSHIP VACANCY - PLYMOUTH – 1st December 2001 Our friendly 4-partner practice requires a full-time partner to join the team for 8/9 sessions a week (one early finish). Out-of-Hours covered by Co-operative. Thriving branch surgery. Vamp vision. PMS under consideration. Please send CV and handwritten letter to Mrs B Lewin, Practice Manager. Closing date for receipt of applications: ASAP</p>
<p>Knowle House Surgery 4 Meavy Way Crownhill Plymouth PL5 3JB Tel: 01752 793383.</p>	<p>PART-TIME SALARIED GP – PLYMOUTH Required to join a progressive 6-partner 3rd Wave PMS Pilot on the outskirts of Plymouth. We are looking for an enthusiastic, friendly and committed General Practitioner with a good sense of humour and high medical standards. We are fully computerised and looking to introduce an advanced access project later in the year. This post will include protected time for administration and may well lead to partnership at a later date. For further information please contact: Craig Smith-Avery, Practice Manager.</p>
<p>Barnfield Hill Surgery 12 Barnfield Hill Exeter EX1 1SR Tel: 01392 432761</p>	<p>PARTNER or SALARIED GP – EXETER This vacancy is due to retirement of part-time doctor. Friendly 3.0 WTE Cathedral City training/research practice. GP owned premises. EMIS is being installed in October. The Practice is applying for PMS. All targets met, local co-op. MRCGP required. Informal visits or enquiries welcome. Please apply with CV by 20 September to Elizabeth Deasy, Practice Manager.</p>
<p>Friary House Surgery 2a Beaumont Road Plymouth PL4 9BH Tel: 01752 675800</p>	<p>PARTNERSHIP VACANCY – PLYMOUTH Due to unforeseen personal circumstances of the recently appointed partner Friary House Surgery is re-advertising for one full-time or two half-time partners. This is a friendly, 6-doctor, City Centre, computerised practice. Out-of-Hours covered. Apply in writing with CV to the Practice Manager. Closing date for applications: Friday 28 September 2001. Interviews will be held during the two weeks commencing 9 October 2001. A Practice Profile is available on request.</p>
<p>Whipton Surgery 378 Pinhoe Road, Exeter EX4 8EG.</p>	<p>MEDICAL SECRETARY – EXETER Required for approximately 12 hours per week, negotiable. Please apply in writing, enclosing CV, to: Mrs Christine Howe, Practice Manager. Closing Date: 21 September 2001.</p>

MAYBE YOU HAVE AN INTERESTING OR CONTROVERSIAL ARTICLE YOU WOULD LIKE TO SHARE WITH COLLEAGUES OR PERHAPS YOU WOULD LIKE TO NOTIFY PEOPLE OF A FORTHCOMING EVENT? IF SO, PLEASE CONTACT THE SECRETARIAT OFFICE

TEL:01392 201654, FAX 01392 201654 or EMAIL: admin@devonlmc.org