

Chief Officer's Arterial Update!!

I was made radioactive to a purpose in that it was discovered that I have some reversible ischaemia in the area supplied by my right coronary artery. I underwent balloon angioplasty and stenting to my RCA two-and-a-half weeks ago "successfully". I have had a small blip in the recovery period with one episode of angina, which is being further considered! I may yet become a recipient for yet another pill or two.

I really ought to write to thank those who have sent goodwill cards and messages but am reluctant to boost GPO profits too much and since the vast majority of people who have sent good wishes receive these purple pages, please accept my thanks. Your support has indeed been very helpful in making me more cheerful.

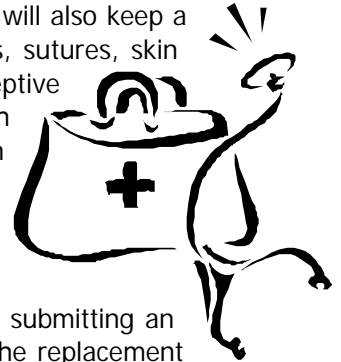
I hope to be back at work, probably initially in a part-time capacity, in July but to some degree that depends on any other "blips".

Medical bags, surgery stock and prescription fraud

Dr John Dean, Devon LMCs Medical Secretary

The crackdown on NHS prescription fraud is not just directed at patients, doctors and pharmacists are subject to scrutiny, too.

We all need to carry emergency drugs in our medical bags and many of us will also keep a stock of items in the surgery, such as IUDs, pessaries that are appliances, sutures, skin closure strips, local anaesthetics and steroid, vitamin and contraceptive injections. Recently, a community pharmacist reported a GP to their Health Authority, alleging that they had restocked their surgery treatment room with FP-10 prescribed drugs. In order to avoid such allegations, there are some important considerations to be made, particularly by non-dispensing doctors, who are less likely to be familiar with the regulations.



- Stocks of medical bag or surgery drugs should never be replenished by submitting an FP10 prescription form for the recipient after the event and then keeping the replacement item. An amount is included within practices' indirect expenses to cover the cost of surgery stock, so this action would be considered as claiming the reimbursement twice for the same item.
- Where allowable, the cost of personally administered drugs and appliances may be recovered claiming on Form FP34D (Red Book, Paragraph 44.5).
- When making reimbursement claims on Form FP34D, it is essential to keep receipts and clear records of the purchase of drugs, including the details of when they were administered and to whom. Without this information, it may be difficult to defend a subsequent allegation of fraud.
- If a patient asks you to keep their FP10-prescribed drugs on the premises for later administration (gold injections, for example), an audit trail should be maintained to prove that the drugs were lawfully obtained and that no fraudulent activity was involved.

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Health Authorities are obliged to follow up any allegations of fraud that are brought to their attention. Allegations could also be made direct to other parties, such as the Prescription Pricing Authority or the NHS Counter Fraud Directorate. If you are in doubt about your current practices, contact the LMC for advice.

Joint Formulary - A Response from Dr Dick Page, Chairman Plymouth Sub Committee

As Chair of Plymouth Area Formulary Group I am pleased to have the opportunity to respond to Dr John Dean's article in the April/May 'purple pages'. He raises some interesting points for discussion, which is why the draft proposals are widely circulated for consultation with all interested parties prior to implementation.

The original Draft Formulary is produced following close scrutiny of the evidence and in consideration with current local and national guidelines and recommendations, existing formularies and current prescribing trends. The Draft is widely circulated across both primary and secondary care allowing feedback such as John's to be considered and, where appropriate, alterations to be made in a constructive and transparent manner.

John's concerns focus on the inclusion of indometacin as a first line agent despite the fact that the text clearly says it is first line for gout. He appears to be suggesting that indometacin is less effective than other NSAIDs in causing gastro-intestinal bleeds. The published evidence suggests that it is of intermediate risk with naproxen and diclofenac.

John also suggests that selective inhibitors of cyclo-oxygenase 2 inhibitors (coxibs) may be a more appropriate choice of NSAID in patients with a history of dyspepsia. Whilst the evidence for coxibs causing less GI bleeds appears robust on the surface the benefit appears to be lost when patients are also prescribed aspirin. Indeed I feel it is important to take this opportunity to point out to my colleagues that the individual data sheets for rofecoxib and celecoxib warn against the use of these agents in high risk patients – eg the elderly or those with a history of peptic ulceration.

Finally, more patients prescribed rofecoxib in VIGOR had MIs than with naproxen, which highlights that we do not actually know what the cardiovascular effects of coxibs really are. This CSM reminds prescribers that rofecoxib is contra-indicated in patients with severe congestive heart failure and caution should be exercised in patients with a history of cardiac failure, LVD or hypertension, and in patients with oedema for any other reason.

We await NICE for further guidance which is reported to be available next month. As I am sure all of you will have realised, the above information is not from my head but from the pharmaceutical advisors to the Health Authority Prescribing Team. Both primary and secondary care clinicians will benefit from their time and expertise in producing the Formulary. John rightly states that the Bolam principle is no longer a defence. It is, therefore, all the more important that we can show we have used best evidence when treating our patients and I hope you will agree that the Joint Formulary will be a useful resource for this evidence.

Complexity in Primary Care Conference

Organised on behalf of the Complexity in Primary Care Group by St Thomas Medical Group Research Unit and The Centre for Primary Health Care Studies, University of Warwick.

Date: 19th – 21st September 2001

Venue: University of Exeter PGEA

Converging from a number of disciplines, complexity theory offers new insights into the organisation and delivery of primary care. This conference of lectures, seminars and workshops will enable delegates to obtain an understanding of complexity theory and how it can be used in practice.



Further details from: <http://medicine21.com/complexity/conference.htm> or Dr David Kernick, St Thomas Health Centre, Cowick Street, Exeter EX4 1HJ. Tel: 01392 676679 Email: su1838@eclipse.co.uk

Experienced full-time Personal Assistant

**Dr Ashworth & Partners
Cricketfield Surgery
Newton Abbot, TQ12 2AS**

Required to provide secretarial support to the Practice Business Manager of a busy 7-Partner surgery.

Hours of work: 37.5 hours per week, between 8.00 am and 5.00 pm, Monday to Friday.

The successful applicant will be mature, educated to GCSE/O Level standard with passes in English and Mathematics, holding recognized secretarial, audio and word-processing qualifications, RSA Stage II/III or equivalent.

We are seeking a person able to communicate at all levels, who can organise, prioritise, co-ordinate and control work under pressure. Experience of Windows 98, Office 97, Word, Excel etc is essential. Some accounts experience would be an advantage.

For an application form and job description

please call into the surgery or telephone 01626 208020.

Business Manager Required ASAP for Honiton Surgery, Devon

Part-time (approximately 30 hours p/w) Business Manager required for friendly eleven-partner group practice in the market town of Honiton in East Devon.

The successful applicant will have proven organisational, personnel management and communication skills, be computer literate and have the ability to lead the practice through future NHS developments. This is a new innovative post to strengthen and support our team and also to work closely alongside our full-time practice manager in this large and busy practice.

Salary will reflect qualifications and experience and a one-year contract is offered in the first instance.

Please reply in writing enclosing a CV to:
The Practice Manager, Honiton Surgery,
Marlpits Lane, Honiton, Devon, EX14 2NY.

Comings and Goings June 2001

Welcome to:

Dr Harriet Dickson, St Leonards Medical Practice.
Dr Julie Best, Norton Brook Medical Centre.

Goodbye to:

Dr Helen Keenan, St Leonards Medical Practice,

NB: Dr Sheila Gould has **not** left Croft Hall Medical Practice, Torquay, as stated in the last Purple Pages. This information was incorrect.

Finance and Administration Clerk Required ASAP for College Surgery, Cullompton

Must have experience of bookkeeping, a general knowledge of the rudiments of accounting, good organisational skills and attention to detail, preferably with experience of Sage and Excel. Required to work mornings up to 15 hours per week. Salary commensurate with experience. Some training provided.

Apply with CV and details of salary expectations to: The Practice Manager, College Surgery, College Road, Cullompton, Devon EX15 1TG.

GP Partnership Opportunity

Kingskerswell & Ipplepen Medical Practice in Teignbridge, South Devon, is seeking a sixth partner (half-time) to expand the Primary Healthcare Team.

We are a friendly, innovative, enthusiastic, training, dispensing, EMIS practice based in two villages. You must be a team player, have a GSOH and feel NSFs are fun!

For an information pack contact: Bob Hooper or Janet Churchward Tel: 01803-873551 or Email: robert.hooper@gp-L83031.nhs.uk

Closing Date 15 July 2001

Position Wanted

Female GP aged 45 with considerable experience as a principal, locum and retainer seeks long-term work in Plymouth. Anything considered.

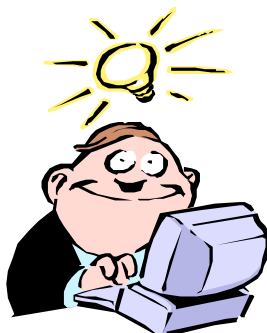
Registered for obstetrics, child health surveillance and minor ops.

Family planning certificate

Please contact Dr Hamon. Tel: 01752 772395

Quick Keyboard Shortcut

If you are using Internet Explorer and want to follow a link to another page – pressing the **Shift** key when clicking on the link, will open the link in a new window. Now, when you are finished with the link you can close the new window and go back immediately to where you were – this can save the long wait for the reloading of the referring page!



GP Retainer

Required for

Ashburton Surgery

4 Sessions a week as from 1st July.

This is a busy, friendly dispensing and training practice on edge of Dartmoor

For further information please contact:

Mr Richard Mitchell, Practice Manager

Tel:01364 652440

GP Retainer

Required for

Ernesettle Green Surgery, Plymouth

We are exploring innovative approaches to providing consistent cover for GP absence and are, therefore, inviting expressions of interest from GPs who want to work for a minimum of 140 sessions on a flexible basis.

This is an excellent opportunity to contribute to the continuing development of this PMS practice.

You will be part of a friendly and supportive Primary Health Care Team and have access to training and development opportunities.

For an information discussion, please contact Linda Trebilcock, Team Manager on 01752 365336

Evening Medical Receptionist

Required for

4 evenings per week, 4.00 pm – 7.00 pm

Apply in writing with CV to:

The Practice Manager, The Whipton Surgery

378 Pinhoe Road, Exeter EX4 8EG

Job-Share Partnership St Thomas Medical Group

A rare opportunity to acquire a 40% job-share partnership in an established, progressive Practice, which meets the diverse needs of the local population.

The practice comprises 13 partners over 3 sites, including Exeter University Campus.

On-Call arrangements are well supported through the local Co-operative.

The practice has GP Training and Research Development interests.

The candidate should have an interest in the "practice" of primary care and team development.

For an informal discussion please contact

Dr Ruth Northover on 01392 676672

Closing date for applications – 30 June 2001

PART-TIME PARTNER

Required for

COMPASS HOUSE MEDICAL CENTRES

Compass House Medical Centres located in Brixham and Galmpton, Devon seeks additional part-time partner to join a very successful 7-doctor team. The harbourside location of the Brixham Practice offers one of the best environments to practice medicine.

The Practice, which was one of the first in Torbay to become a PMS Pilot, is actively involved in the local LMC, Primary Care Trust, Diabetes Management and Clinical Governance committees. The Practice is paperless, and a member of the Baydoc Co-operative. Please apply in the first instance to:

The Practice Manager
Compass House Medical Centres
King Street
Brixham TQ5 9TF

enclosing CV and other relevant details, or email:

compass.house@gp-l83055.nhs.uk

F GRADE NURSE

To work in a busy, expanding surgery, initially for 14 hours per week over 3 days. Practice experience desirable, but not essential. Some holiday and sickness cover.

Apply in writing, enclosing CV to:

Mrs W Prosser, Practice Manager, Wonford Green Surgery, Burnthouse Lane, Exeter EX2 6NF

RETAINER VACANCY

General Practice in the Sid Valley

Dr A H Ridler & Partners are seeking a Retainer for 4 sessions per week commencing June 2001.

We are a 7-partner training practice on two sites, with a community hospital.

Please send your application, including your CV and the names of two referees to:

Rob Spargo
Practice Manager
Blackmore Health Centre
Blackmore Drive
Sidmouth EX10 8ET

For more details please telephone Dr Nick Read on 01395 512601

PARTNERSHIP VACANCY

Plymouth

Due to retirement, friendly, 6-doctor, City Centre, computerised practice seeks one full-time or two half-time partners. Out-of-Hours covered. Apply in writing to:

Mrs Sue Wilson (01752 675800)
The Practice Manager
Friary House Surgery
2a Beaumont Road
Plymouth
PL4 9BH

Closing date for applications: Friday 15 June 2001. Interviews will be held shortly after this date. A Practice Profile is available on request.

Courses Etc

Gatehouse

The Review of the Mental Health Act – Coercion or Inclusion?

Friday 22 June 2001

Venue: Central London

Further details from Gatehouse. Tel: 020 7420 3530. Fax: 020 7420 3547.

University of Birmingham

Commercial and practical implications of the national plan for pharmacy

Thursday: 28 June 2001. PGEA sought

Venue: One Great George Street, London

Further information from HSMC. Tel: 0121-414 7050. Fax: 0121 414 7051.

Facts about pharmacy – the other side of the story

How Community Pharmacists are paid in England

Community pharmacists, like general practitioners, are not salaried NHS professionals. They contribute to the NHS in a range of ways, with an increasingly recognised role in health promotion and medicines management, as well as the traditional dispensing role.

This strange thing called “The Global Sum”

Following annual negotiations between the NHSE and the bodies representing contractors in financial matters (The Pharmaceutical Services Negotiating Committee in England and Wales), a lump sum of money called the Global Sum is allocated. This is the budget to pay community pharmacy contractors for providing the NHS Pharmaceutical Service in the following financial year.

An estimate is made of the number of prescriptions that will be dispensed. This is a ‘guesstimate’ because future dispensing figures can vary due to unexpected patterns of illness, such as a flu epidemic. The estimate governs the global sum and the per item dispensing fee. A process of reconciliation is carried out at the end of each year to balance this amount, which may involve a ‘claw back’ from contractors. It is important to point out at this stage that in essence the global sum is never exceeded, as the above-mentioned adjustments are made.

Longer prescriptions

This is where one of the greatest disadvantages exists for some contractor pharmacies. Those practising in an area where doctors prescribe on three monthly basis are effectively being paid less than those in areas where all prescribing is on a monthly basis. This is because both contractors are paid the same single dispensing fee (currently 94p) regardless of the quantity prescribed or the duration of the prescription. (There is an excessive quantity fee of 40p but this is only for specific items listed in the drug tariff with a threshold quantity). Otherwise the fees are the same. Because of the finite global sum longer prescriptions although appearing to incur fewer dispensing fees do not save the NHS money - and indeed may actually cost more in generating more waste!!

More to follow !

Office Manager's Mutterings

Attachments and GPC Papers

The GPC has been busy throughout the month of May, not only have they been conducting the widely publicised ballot of all GPs and NPs, they have produced a number of excellent guides.

The first, which I hope will not be needed that often, deals with the issues surrounding "The Suspended GP". This guidance was requested by a number of LMCs on the procedures when a GP is suspended under the various disciplinary procedures open to health authorities and the GMC. It relates to the regulations as currently written. We anticipate changes as a result of the Health & Social Care Act, which has recently received Royal Assent. Please note that this document applies to GPs providing GMS services only. At the time of writing this guidance does not apply to GPs providing PMS services, as these are pilot schemes until the relevant legislation comes into force making them permanent. Further guidance will be issued when the position is clarified.

The second GPC paper is the long awaited guidance on Hepatitis B vaccinations. It is interesting to note that after the production of the local "flow chart" last year, this has been one of the most problematic areas for the office (after issues on Data Protection). Peter and I (as well as Ann Morecraft at the PPSA) have been seeking definitive guidance from a wide variety of sources for a long period of time. While the GPC guidance is very welcome and answers a number of questions, it is generally felt that it does not go quite far enough and leaves a number of problem areas unanswered!

"A number of dental employees have asked general practitioners for Hepatitis B vaccinations and this has prompted members to raise questions as to the position under the regulations where they administer such vaccinations to employees at risk. We recognise that requests for immunisation against Hepatitis B do present considerable difficulties for GPs. The GPC accepts that some GPs will wish to provide the immunisation as a service to patients, or as service in the public interest. Nevertheless, the guidance summarises the expert advice on the legal interpretation of the terms of service and the statement of fees and allowances....". One copy of each of these papers has been sent to every practice, they are also available on the www.devonlmc.org or www.bma.org.uk/gpc.nsf web sites.

The other document reproduced is the extract from "Making a Difference – Reducing GP Paperwork". This shows some of the "real" paperwork that you should not be doing in practice NOW and the items you will not have to do in the future.

Other interesting documents received and available on the web is the MPC Guidance on "Skill Mix in Primary Care – Implications for the Future".

Office Staff

We still have a vacancy for a Part-time Secretary/Administrative Assistant. If you are interested in this position please contact the Secretariat Office or see April/May purple pages for advert).

Other team members have been re-charging their batteries on various holidays around the globe, some exotic, while some were less so. I am currently typing this article from my luxurious holiday at home in sunny Teignmouth. Exeter PCT has been on the phone already and I am unofficially in the office on Thursday, so I suppose it is business as usual.



At least I am in shorts and wearing sunglasses, now where did I leave the Pimms...