

Important news for GPs

New distribution plan for the GP Bulletin – subscribe now

From October we will be sending a printed version of GP Bulletin to all GPs. However, we will continue to include GP Bulletin with Primary Care Magazine, which is mailed each month to practice managers throughout England.

The extra printed copies will improve awareness of the bulletin among GPs and the primary care community. They will also ensure GPs are supplied with the bulletin while a new e-mail list of GPs who wish to receive the bulletin electronically is compiled. Distributing the bulletin via email reduces costs while allowing instant communication.

The Department of Health is writing to GPs asking if they wish to receive an electronic version and requesting their email addresses. The new distribution list will replace the service provided by the third party electronic mailing house, Doctors Net and will be used only by the department.

GP Bulletin is increasingly seen as a full, general round up of latest information and guidance from the department so it is important that as many practitioners as possible have access to it.

To request the bulletin each month on email please send your details to: gpbulletin@axismediaservices.co.uk (Please include your name, practice address and the email address to which you would like us to send the bulletin).

For amendments to the postal mailing list please complete the form on the back page (page 8) and send to: GP Bulletin, FREEPOST SCO6902, GLASGOW, G1 4BR, or fax to 0141 353 6667

If you have any comments about the bulletin or the new distribution plans, contact GP-Bulletin@doh.gsi.gov.uk

Editor – GP Bulletin

TOP NEWS

GP recruitment on target

Plans to boost the number of GPs are paying off with the latest workforce census figures showing more than 500 have been recruited over a six-month period.

The latest census also shows that more doctors and nurses are working in the NHS than at any time during the past 15 years.

This shows that recruitment is speeding up in line with record investment in the health service.

Between September 2002 and March 2003 there was an increase of 507 GPs, 89 GP registrars and 950 hospital consultants.

Officials from the Department of Health's workforce development branch commented: "If the number of GPs continues to grow at the same rate, the NHS Plan target of recruiting an extra 2,000 GPs by March 2004 will be achieved".

Officials also stated that a range of policies and initiatives had been developed to encourage doctors to take up posts and they appear to be having some impact.

Among these initiatives are: extending the flexible career scheme to GPs; a GP returner campaign; making golden hello payments to new and returning GPs; delayed retirement payments; the extension of the improving working lives initiative to primary care; and international recruitment.

A national advertising campaign to promote more flexible working for GPs has been launched by the department. Extra support now includes more flexible hours, improved childcare support and the choice to opt out of out-of-hours working.

Further information is available on the Flexible Careers Response Line on 0845 60 60 345

Full NHS workforce statistics are at www.doh.gov.uk/public/nhsworkforce.htm

New GMS contract – update

Funding for enhanced GP services will increase substantially over the next two years as the new contract comes into force.

Health minister John Hutton confirmed the increase, along with the introduction of directed national and local enhanced services schemes, when he recently wrote to the BMA's general practitioners' committee.

The Department of Health,

meanwhile, has confirmed no action will be taken against primary care trusts which have not met enhanced GP services' funding floors in 2003-2004.

PCTs were asked by the department to provide detailed

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information about funding being committed to enhanced services in 2003-2004. PCTs indicated they would be investing £329 million, four per cent more than the national floor of £315m.

In his letter, Mr Hutton said that when allocations were made in December 2002, the floor was set nationally, not locally.

As a result, individual PCTs were not expecting to be held to account for meeting a local floor. The department has confirmed no action will be taken this year.

Arrangements under the new contract will require PCTs to meet individual spending targets, with planned spending needing to be signed off by the chair of each PCT's professional executive committee before going to the board.

The department's GMS contract implementation team said arrangements would be different next year, with full implementation of the new contract and the robust monitoring arrangements as set out in Mr Hutton's letter.

More information on the new GMS contract is at www.doh.gov.uk/gmscontract

Taking pharmacy into the future

Pharmacists may soon be providing services traditionally only available from GPs.

The Department of Health's strategy document *A Vision for Pharmacy in the NHS* outlines how pharmacists' future roles may change.

One of the key reforms designed to give patients more choice and convenience will allow people to get their repeat medicines for up to a year without having to contact their GP surgery.

A Vision for Pharmacy says community pharmacies should fully engage with primary care trusts in the planning and delivery of local services – services which should be more clearly integrated with the work of other primary care professionals, in particular GPs.

Working with PCTs, pharmacists will help develop a wider range of services, including monitoring

patients and recommending alteration of doses and treatment reviews. They will also be able to supply medicines for minor ailments, easing unnecessary burdens placed on many GPs.

Government deputy chief pharmacist Jeannette Howe said: "We are looking to encourage and support community pharmacists and, in particular, to support effective working between pharmacists and local GP practices.

"This vision for future services will have a positive impact on GPs, as it will help provide the means to deliver a wider range of services, more support for their patients and also support more integrated working by primary care professionals.

"It builds on the work already

underway, through the medicines management collaborative, which is supporting closer working between pharmacists and GPs."

Consultation on *A Vision for Pharmacy*, which also sets out proposals for building on pharmacists' achievements and ensuring pharmacy remains an integral part of the NHS, runs until 17 October.

A Vision for Pharmacy is at www.doh.gov.uk/pharmacyvision

The department has also published a statement on progress made in discussions with the Pharmaceutical Services Negotiating Committee and the NHS Confederation on a proposed new contract for community pharmacists.

It is at www.doh.gov.uk/pharmacyframework

GPs with special interests (GPwSI) – update

Some 1,250 GPs with a special interest are now working in the NHS – exceeding The NHS Plan commitment of 1,000 a year early.

The NHS Plan stated that by 2004, up to 1,000 GPwSIs would be taking referrals from colleagues for a range of specialist conditions.

Specialist areas include ophthalmology, orthopaedics, dermatology and ear, nose and throat (ENT) surgery. GPwSIs can also undertake diagnostic procedures such as endoscopies.

National clinical director for primary care Dr David Colin-Thome said:

"All of these GPs, soon to be joined by increasing numbers of nurses and

other professionals who have special clinical interests, bring their all round and holistic skills to specialist services. This improves working between the hospital and primary care, ensuring patients get a more integrated and responsive service.

"Some of the GPs who are working in these new ways tell me it has made them better GPs and certainly removed any thoughts of retiring or leaving the NHS early. They also stress the importance of maintaining and improving traditional general

practice delivered to patients locally."

The GPwSI programme is a key part of a wider programme to increase the range and amount of services available in primary care and community settings. The programme aims to improve access and offer patients a more convenient and effective service.

More information is at www.doh.gov.uk/pricare/gp-specialinterests

Performance ratings

The top performing PCTs, earning the maximum three-star ratings, have found patient access to GPs critical to their success.

The Commission for Health Improvement (CHI) recently published, for the first time, star ratings for PCTs.

Indicators were based on the different roles and responsibilities of those organisations. Patient access to GPs and other key primary health care professionals is one of the main criteria on which performance is assessed.

Out of 304 PCTs, 45 were awarded the top three stars for performance, 139 earned two, 98 had one and 22 had zero stars.

One three-star trust is North Lincolnshire PCT, which covers a population area of 156,000 and has 89 GPs spread across 22 practices.

It achieved a 92.5 per cent rate for GP access and 93.9 per cent for access to a primary health care professional (against the national milestones of 90 per cent).

NHS Modernisation Agency's 'advanced access' model was highly instrumental in helping the trust exceed these targets.

GP practices using advanced access can balance appointment capacity and demand on a daily basis, offering patients various ways to

access health care and at a time when they need it. It includes telephone follow-up consultations and telephone management of same-day appointment requests.

Karen Rhodes, the trust's director of primary and community care, said: "Although many practices have met the access times without it, we have encouraged as many practices as possible to follow the advanced access model as it has been such a significant factor.

"Any practices having difficulties are encouraged to learn from practices which already use this model or are working towards it.

"For GPs, it radically reduces the pressures on them and they have said how happy they are with the way it works.

"Another significant effect is that it has also helped reduce the stress levels of reception staff as they are able to offer same day appointments to patients."

Chief executive Cathy Waters added: "We were obviously delighted to receive the three-star rating – certainly, in terms of staff morale, it is very positive.

"Although many practices have met the access times without it, we have encouraged as many practices as possible to follow the advanced access model as it has been such a significant factor."

"But it does not alter anything we are already doing and we will continue to work hard for the benefit of patients."

CHI said many PCTs were still relatively new organisations and, those which failed to gain three stars, in particular zero-star PCTs, should use the ratings to address problem areas.

Many PCTs are still working to develop the types of services needed to meet expected national standards, added CHI.

The performance ratings are at www.chi.nhs.uk

Walk-in centres access boost

GP services will be more widely available to the public following a £40 million cash injection in NHS walk-in centres.

The money, which is being invested over the next three years, will mean faster and more convenient access to primary care for NHS patients.

No appointments are necessary at the nurse-run centres, which provide fast access to treatment and advice for minor ailments and injuries. More than three million people have already used the 42 existing centres since 2000.

The extent to which GPs have been, and will be, based at the centres depends on local demand. But the overall skill mix reflects other local needs and includes not only GPs but other health professionals and social services staff.

However, as centres develop more of them will offer services such as

nurse prescribing and other traditionally GP-based services. This will mean more patients will receive treatment and prescriptions at walk-in centres instead of having to visit their own GP surgery.

The centres will also help PCTs achieve key national targets for seeing either a GP or primary care professional. By relieving pressure on local A&E departments, the centres will also help hospitals to meet their four-hour waiting time targets.

Dr Geoff Hanlon, medical lead at Loughborough NHS Walk-In Centre – one of the original pilot centres – and a GP at the town's Storer Road practice, described the centre as a "no-lose" scheme.

"It works well for doctors who see

a more interesting and complex range of problems and, in exchange, they get administrative support and nurses leading the treatment of patients with minor ailments and injuries.

"Patients get a seamless service and it also works well for nurses. They can use their skills to the full and can obtain advice or refer when needed," he added.

GPs interested in getting involved with a walk-in centre should contact their local PCT for more information.

Or e-mail the walk-in centre implementation team at MB-Access@doh.gsi.gov.uk

Locations of walk-in centres are at www.nhs.uk/root/localnhsservices/wicentres

Lifting the spirits – modernising GP surgeries

A detailed guide for GPs explaining how the NHS Local Improvement Finance Trust (LIFT) leaseplus agreement will work has been published.

The British Medical Association (BMA) and Partnerships for Health (PfH) have recently produced NHS LIFT: Lease Plus Agreement – Guidance for GPs.

LIFT is a Department of Health initiative designed to provide modern buildings more suited to meeting modern day primary care needs. The project has encouraged a new market for primary care investment and community-based facilities.

Many doctors and other health professionals have been working in run-down, out-of-date surgeries, particularly in inner-city areas.

Local LIFT schemes build or refurbish primary care premises before leasing them out to health providers such as GPs. Now, 42 schemes are up and running.

The guide, produced specifically for GPs and other health practitioners, explains the respective rights and

obligations of both the tenant and landlord under the leaseplus agreement.

It also includes a summary highlighting the major differences between this type of lease and the conventional ‘third-party developer’ lease.

Dr Grant Kelly, from the BMA, said: “This guidance will help GPs get a really good deal. Landlords will not just be idle, waiting to collect rent, but involved as a partner to make sure it’s a viable NHS property.

“Although rents for a NHS LIFT building will generally be higher, reflecting the wider range of services provided by the landlord and the quality of the buildings, GPs are likely to have more power over their landlords. Repeated poor performance by the landlord will also allow GPs to replace service providers.”

The guide is available at www.doh.gov.uk/nhslift/guidance.htm

From diabetic fairs to baby massages – LIFT case study

Hosting anything from diabetic ‘fairs’ to baby massage sessions, Bromley-by-Bow Healthy Living Centre in East London is far from your conventional GP surgery.

It’s a leading example of what NHS LIFT can achieve – utilising new or refurbished premises to unite the community with a range of diverse services.

Dr Sam Everington, a GP and director of NHS LIFT, said: “The design of a building is critical to the needs of the patient and that is where NHS LIFT comes in.

“The idea is to enable GPs to expand both the depth and width of the services they provide.

“It is about much more than just providing traditional GP services in a GP surgery. LIFT schemes can include elements of education, employment and creativity – things that can affect your health in some shape or form.”

The centre – in addition to being a GP surgery and traditional health centre – has about 100 different projects ongoing. As well as a traditional ante-natal and child immunisation clinic, children’s art sessions are also held while an artist does baby paintings.

A series of diabetic ‘fairs’ have also been held. People who are diabetic or

involved in diabetic care can meet to share ideas and concerns.

Dr Everington added: “Our waiting room is also an art gallery which at night often doubles up as a meeting room.

“The message to GPs is that there are fantastic opportunities to be had and it is up to them to take these opportunities.

“Obviously, art classes are not for everyone and the aim is to identify the needs of your own community.

“Perhaps a minor surgery unit is something which could be useful – in which case go for it – that is what this model of care is about.”

Marion Rex, of Partnerships for Health, said: “When clinicians are asked how they would redesign their services to make them more patient-focused if given the opportunity, they usually have the answers and when this expertise is combined with the LIFT company skills of property development and community regeneration then some very exciting projects can emerge.”

More information at www.doh.gov.uk/nhslift

Patient choice

By summer next year, all patients waiting over six months for treatment will be offered a choice of hospital.

The goal will be to introduce choice of hospital at the point of GP referral for elective care by December 2005.

PCTs will be working over the next two months to prepare their implementation plans for choice of hospital for those waiting over six months.

For the remainder of this year, the Department of Health will continue to develop the policy for choice of hospital at GP referral and will continue to involve patients, clinicians and managers in this process.

The plans for the introduction of choice at referral will be co-ordinated with the national programme for IT, which will deliver the technology for electronic booking.

Information on waiting times is already available and the department will consult on what further information is required to support patients to make informed choices.

The NHS is also to be consulted about the potential for extending choice in other directions, including for chronic conditions, primary care and maternity services. Patients, user groups, NHS and social care staff and voluntary groups will be invited to work with the department over the next three months to develop radical proposals on how best to empower patients in these areas.

More at www.doh.gov.uk/choice

Listening to patients

GPs should use the findings of a recent patient survey to make improvements to health services for their communities.

The survey, carried out for the first time by the Commission for Health Improvement (CHI), found that patients were happy with their GP.

The majority of patients felt they had enough time to discuss their problems and were confident that the person they spoke to knew enough about their condition.

Patients were also pleased with the cleanliness of and access to their local surgery.

Most patients, however, said they would like to be told how long they would be kept waiting at the surgery.

The Department of Health's Jane

Manning, head of the improving patient experience programme, said: "This survey should help GPs and PCTs to plan any necessary improvements.

"Our public service agreement says the NHS will improve the patient experience as measured by independent surveys and the results form part of the performance assessment of PCTs."

The full CHI survey can be found at www.chi.nhs.uk/eng/surveys/nps2003/pct.shtml

Nurse registration: a reminder

Nurses who are not registered with the Nursing and Midwifery Council [NMC] are not legally entitled to work as a registered nurse. There are different parts to the register. When confirming registration it is essential to check that the nurse is registered on the part relevant to and required for the post in which she is employed.

Following initial registration nurses must re-register their intention to continue to practice every three years. A condition of re-registration is that the nurse has maintained skills, knowledge and competence in the area of practice for which registration is sought. A professional portfolio attests to relevant continuing professional development and may be called for scrutiny by the NMC at the point of re-registration.

As part of their duty of care to patients and the public, GPs – as employers – are responsible for checking with the NMC that the nurse is registered before offering them employment. Additionally the practice needs to ensure that the requirements for periodic re-registration have been met. A nurse whose registration has lapsed and who continues to work as a registered nurse is practising illegally and potentially putting patients at risk. The nurse must be suspended from duty until they are re-registered. This may involve retraining and demonstrating to the NMC that they are fit to practice.

For further information and advice contact the lead nurse in the PCT or visit the Nursing and Midwifery Council website: www.nmc-uk.org

NHS dentistry reforms

Radical changes to the way NHS dentistry services are delivered in England are being proposed.

The reforms, which will take effect from April 2005 – subject to legislation – are aimed at reshaping how local dental services are commissioned, improving oral health and meeting the demand for more advanced treatment.

PCTs will take control of the £1.2 billion dental services budget from central government. The proposed local commissioning of services by PCTs is aimed at making dentistry more responsive to local needs.

The department, working alongside patient groups and the dental profession, last year published the consultation document NHS Dentistry: Options for Change.

More information at www.doh.gov.uk/dental

Screening for infectious diseases in pregnancy

Screening for infectious diseases in pregnancy: standards to support the UK antenatal screening programme have been published.

These generic and disease-specific standards cover screening for rubella antibody, syphilis, HIV and hepatitis B – the four infections currently included in the UK antenatal-screening programme.

The standards are part of a wider initiative to establish a quality-assured national screening programme and will provide a standardised tool for local audit and performance management. They are of particular relevance to commissioners and providers of antenatal screening services and those with performance management responsibilities.

The standards are at www.doh.gov.uk/antenatalscreening Contact: Linda.Lazarus@doh.gsi.gov.uk

Transplants: aims over next 10 years

The Department of Health has set out its key aims for organ and tissue transplantation over the next 10 years.

Saving Lives, Valuing Donors – a Transplant Framework for England identifies national and international good practice.

GPs will help in raising the general awareness of the NHS Organ Donor Register, mainly through speaking to patients and having leaflets on display in their surgeries.

The number of people on the register has grown from eight million in February 2001 to 10 million last December following a marketing campaign by UK Transplant.

Over the last two years the Government has invested nearly £4 million in the NHS to support initiatives to boost organ donation rates.

The framework is at www.doh.gov.uk/transplantframework

Promoting race equality

Guidance on how the NHS can use its spending power as a lever to tackle inequality has been produced by the Commission for Racial Equality.

All NHS organisations have a legal duty to promote race equality when buying in goods and services from outside contractors.

The new legislation actually requires the NHS to take the initiative. It must assess whether there is equal opportunity for everyone: for their own staff, the public they serve and people in the businesses working for them. If inequality is uncovered, steps must be taken to eradicate it.

The Commission for Racial Equality has published Race Equality and Public Procurement detailing how organisations can use their spending power and meet their legal obligations.

Details are at www.doh.gov.uk/race_equality and www.cre.gov.uk

Red tape reduction

Ways to reduce red tape from inspection and monitoring in the NHS are highlighted in a new report.

Making a Difference: Reducing Burdens in Healthcare Inspection and Monitoring outlines 55 actions.

It comes following a joint project between the Public Sector Team, based in the Cabinet Office, and the Department of Health.

Many of the 55 actions have already been taken up. They include:

- *the Academy of Medical Royal Colleges developing shared generic data collection forms with common standards*
- *Deaneries taking responsibility for co-ordinating the collection of data on educational facilities.*

A GP and PCT clinical governance manager from the east of England commented: "These actions will make the clinical governance review and the action planning process more relevant, meaningful and a worthwhile exercise for the trusts reviewed."

More at www.cabinet-office.gov.uk/regulation/PublicSector/healthinspection.htm

A discussion forum and questionnaire on bureaucracy is now available at www.doh.nhsweb.nhs.uk/bureaucracy/index.htm

Please use the site to let us have your views and examples of how you are tackling bureaucracy locally. You can also feed back any concerns you may have about bureaucracy to us at MB-Bureaucracy@doh.gsi.gov.uk

Get the right treatment

The Department of Health is again running its annual Get the Right Treatment campaign starting with local activities in November and featuring national advertising in January.

The aim of the campaign is to promote awareness of the health care options available to patients and encourage appropriate use of them through media and public relations.

This year there will be a focus on newer services, including NHS walk-in centres, as alternatives to visiting their GP and accident and emergency departments or dialling 999.

NHS staff can support the campaign by building on their role as 'navigators' and offering advice to the public on what services are available. More information about the campaign will be sent to staff during October.

The Digest

Did you see the news about...? If you missed an announcement or new development of interest to you, the chances are it could be listed in The Digest. Each month in The Digest we feature subjects of note including where to obtain more information.

Shipman inquiry

The Department of Health is now working with chief police officers to develop guidance on investigations into allegations of criminal malpractice by health professionals.

A Memorandum of Understanding will be produced to aid detectives carrying out investigations into suspect deaths.

This follows the latest reports from the inquiry into how GP Harold Shipman was able to kill at least 215 patients.

A further report examines the medical certification of death and the role of the coroner.

A new system of death certification, fully involving the relatives of the deceased and not dependent on certification by a single doctor, has been recommended.

More at www.the-shipman-inquiry.org.uk/reports.asp

A separate review of death certification and investigation is available in PDF format at www.official-documents.co.uk/document/cm58/5831/5831.pdf

Epidemic risks

Local measles outbreaks are becoming more frequent as take-up of the mumps, measles and rubella (MMR) vaccine falls, particularly in cities.

Research from the Health Protection Agency (HPA) found more outbreaks of measles in between 1999 and 2002 than in the previous four years.

The agency has published a five-year plan describing its strategic goals.

These include preparing for new and emerging diseases, dealing with threats to health and investigating childhood diseases associated with infection, chemical and radiation hazards.

More at www.hpa.org.uk

Allergy course for GPs

GPs are being offered the chance of becoming allergy specialists in a bid to combat a shortfall in experts particularly at primary level.

Southampton University's MSc in allergy is a modular course. Gaining the qualification will mean GPs can set up a specialist clinic within their practice.

Full details at www.soton.ac.uk/about/courses/allergy/

Primary care premises

NHS Estates is to launch new premises planning and design guidance this autumn on www.nhsestates.gov.uk

Key features will include: guidance on all stages of developing primary care premises, including understanding the national policy framework, preparing a local strategic plan, and developing a project brief; and detailed advice on the design of rooms.

Foundation trusts

An extra 38 three-star NHS trusts have been invited to apply to become NHS foundation trusts. These would join the 25 that have already been shortlisted.

The Health and Social Care Bill, which proposes the introduction of NHS foundation trusts, has been passed by MPs. It now goes to the House of Lords before returning to the House of Commons for its final parliamentary procedures.

More information on the Bill at www.doh.gov.uk/healthandsocialcarebill/index.htm More information on foundation hospitals at www.doh.gov.uk/nhsfoundationtrusts

Fast-track treatment

A further 25,000 patients a year will receive more speedy surgery when the next wave of independent fast-track treatment centres comes on stream.

An extension of the independent sector diagnosis and treatment centre (DTC) programme, concentrating on orthopaedic operations, has been announced.

A new report detailing the progress of the DTC programme has also been published.

Diagnosis and Treatment Centres - A New Service Model is at www.modern.nhs.uk/dtc More information on DTCs is at www.doh.gov.uk/diagnosisandtreatmentcentres/index.htm

Ballot for consultants

Consultants are likely to be balloted in September on whether to accept a new NHS contract.

Six areas of concern raised about the original contract, rejected last year, have now been resolved, including agreement that there will be no compulsion to perform non-emergency work at evenings and weekends.

Under the new contract, consultants will receive a 15 per cent average increase in their career earnings.

More at www.doh.gov.uk/consultantframework

Removing advertising restrictions

Advertising bans on a number of over-the-counter medicines are to be removed to increase the level of information available to patients.

New guidelines for advertisers and pharmacy staff are to be drawn up by the Medicines and Healthcare products Regulatory Agency.

These changes will not affect the strict ban on advertising of prescription-only medicines directly to customers.

More at www.info.doh.gov.uk/doh/intpress.nsf/page/2003-0301?OpenDocument

Humanitarian toolkit

A toolkit aimed at NHS staff who wish to carry out vital humanitarian work overseas has been produced.

International Humanitarian and Health Work: Toolkit to Support Good Practice is at www.doh.gov.uk/internationalhumanitarianandhealthwork/index.htm

International recruitment

A Code of Practice for ethical overseas recruitment has been published by the Department of Health.

More at www.doh.gov.uk/international-recruitment/index.htm

Action On projects

A series of pilots are to explore ways of modernising and speeding access to general surgery in the NHS. Sixteen sites across England have been awarded Action On pilot status and will each receive £90,000 over the next 18 months to redesign services.

More information at www.modern.nhs.uk/action-on

Doctor reforms

Proposals have been published to reform the grades of non-consultant career grade (NCCG) doctors.

NCCGs – including hospital-based associate specialists, staff grade doctors and community medical officers – feel undervalued and their qualifications are often not recognised. Consultation on the proposals runs until the end of October.

More at www.doh.gov.uk/modernisingmedicalcareers

TheDigest

Protecting whistleblowers

Amended guidance on how to deal with whistleblowers in the NHS has been issued to protect staff who raise concerns about patient safety.

The guidance is available from the NHS Responseline by e-mail doh@prolog.uk.com or 08701 555 455.

Prescription costs

The cost of providing medicines for NHS patients continues to rise above the rate of inflation.

Prescription costs rose by nearly one tenth in real terms in the 12 months to March 2003 and the number of prescriptions rose by five per cent to 617 million in that period.

More at www.doh.gov.uk/prescriptionstatistics/index.htm

Direct payments scheme

People needing care and support to retain their independence now have greater choice over the services they receive.

Patients are entitled to receive cash directly to buy-in the services they need instead of being provided with a social care service. More at www.doh.gov.uk/directpayments

Emergency care website relaunch

The Department of Health's emergency care website has been revamped to reflect current work programmes and provide a useful area for reports, guidance and toolkits. It is at www.doh.gov.uk/emergencycare/

To comment on the site e-mail your feedback to emergencycare@doh.gsi.gov.uk

Latest NICE guidelines

The National Institute for Clinical Excellence (NICE) has published guidelines on infection control; head injury; pre-operative tests; and heart failure.

The guidance is at www.nice.org.uk

Organ retention

The CMO has published his response to the Isaacs Report which investigated the case of the Cyril Isaacs, whose brain was retained for research without consent after a post mortem.

The CMO's response is at www.doh.gov.uk/cmo/isaacsreport/response

Interim guidance and support published in April is at www.doh.gov.uk/tissue

Dignity at work

From December, it will be illegal to discriminate on grounds of sexual orientation in the workplace. Guidelines are at www.gladd.dircon.co.uk/iwl.htm

Online advice for older people

An independent guide to the care and rights of older people has been launched.

Caredirections.co.uk describes itself as the web's 'complete guide to the care and rights of the elderly in the UK'.

This site is independent of the Department of Health.

It is at www.caredirections.co.uk

Department of Health restructuring

The department has embarked on a change programme designed to provide more effective leadership to the NHS and social care. The department's overall purpose remains unchanged. It is to support the Government to improve the health and well-being of the population. The department's new structure, board of directors and a timetable for change are at www.doh.gov.uk/cebulletin/change.htm

Contact: andrew.millward@doh.gsi.gov.uk

Primary Care Magazine

The magazine aims to spread good practice, stimulate debate and keep health professionals working in the primary care sector up to date with the latest developments affecting GPs, nurses, pharmacists and other staff.

It can be read at www.nhs.uk/nhsmagazine/primarycare/index.asp

MEDICAL DEVICE ALERT

Medicines and Healthcare products Regulatory Agency has recently issued a Device Alert (MDA/2003/0019) containing advice on the cleaning and decontamination of reusable, stainless steel vaginal specula. The full text of this notice is available at

www.mhra.gov.uk or it can be obtained directly from enquiries at 0191 233 3556

DIARY

Improving Working Lives conference for doctors

Taking Forward a Shared Agenda is a conference aimed at all doctors from both primary and secondary care, as well as managers.

It will offer doctors across the NHS the opportunity to share good practice and discuss the progress being made towards supporting doctors in the work place.

Discussion topics will include doctors' occupational health, international recruitment, conflict in the workplace, and appraisal and validation.

It will also benefit representatives from strategic health authorities, workforce development confederations, NHS trusts, medical colleges, unions and other professional bodies. It takes place in London on Thursday 30 October.

Anyone interested in attending should call event organisers The Glasgows Group on 01772 767740, fax 01772 767555 or e-mail iwl@glasgows.co.uk

Practitioners with special interests (PwSI) national event

GPs and GPs with special interests (GPwSI) are among those invited to a conference examining special interest roles within primary care.

It is aimed at directors and senior managers in primary and secondary care, as well as GPs, nurses and allied health professionals who are either already involved in or interested in taking on these roles.

The conference will look at the impact that practitioners with special interests (PwSI) will have on the provision of primary care services.

It is being held at the Brewery, London, on 6 November between 9.30am and 4.30pm.

For more information e-mail Karen Harrison, development manager for the Practitioner with a Special Interest team NatPaCT, at Karen.Harrison@gpws.org



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