

NP

The Newsletter of
NANP
NATIONAL
ASSOCIATION OF
NON-PRINCIPALS
PO Box 188
Chichester
West Sussex
PO19 1FP
Fax 01243 536428
Email info@nanp.org.uk
www.nanp.org.uk
Issue 17 Spring 2003

24% of GPs in England are Non-Principals

No one has ever really known how many non-principals there are in the UK, so the NANP has based its estimate of 7,500 non-principals on various surveys from around the UK from the late nineties. We're now in the final stages of collating our recent census of Supplementary Lists in England, where each PCT was asked how many GPs it had on its list. 208 (68%) out of 306 PCTs responded with a total figure of 7214 which works out to be an estimated 10,600 GPs on Supplementary Lists in England alone—approximately 8,700 being NPs and the others GP registrars. That works out at 24% of all GPs in England being non-principals! With 82% of all GPs working in England, and assuming a similar ratio of non-principals to all other GPs across the UK, this works out at over 10,500 NPs in the UK.

We'd be the first to agree that these figures are all rather crude (obscene?...Ed) but they do point to an enormous, gaping hole in the government's medical workforce statistics and therefore to the amount of resources being allocated to us for appraisal and other aspects of continuing professional development.

These new statistics must now give each one of us the confidence to consolidate our place within our profession and give us, as GPs working as non-principals, the power to really begin to shape the way that we want to work as GPs in the future. We should no longer be seen as a small group of disparate individuals, rather a significant proportion of the medical workforce that has every right to have our views and needs met by those that should be representing us. If you're not a NANP member you should join now; you ought to belong to a non-principal group, and if there isn't one you should get one going (it's so easy to do!). And if your group doesn't have at least a couple of representatives on your LMC then perhaps it's time you did!

A future NHS that effectively caters for non-principals and the care we provide can only come from effective action by non-principals—no one else is going to do this for us.

UPDATE ON NHS APPRAISAL... Since our last Newsletter there has been some significant progress on appraisal for non-principals. The DoH has commissioned Professor David Martin, from the School of Health and Related Research (SCHARR), to make recommendations for the NHS Appraisal of GP non-principals. David and his colleagues have been talking to many different individuals, groups and organisations— including the NANP, RCGP, COGPED and BMA—and are now ready to publish their findings. As usual we'll publish news on this as it comes in.

As for revalidation, the story here is less one of changing goal posts and more of changing colours, teams and pitches! Our advice at this stage is to focus more on all the great things that will come out of a decent formative appraisal process—assuming this is equitably resourced and the same process for all GPs then, so long as our approach is open-minded and enthusiastic, none of us should have anything to worry about.

NANP National Conference Nottingham 10th & 11th May 2003

There are only a few weeks left until the 4th NANP Conference at the Royal Moat House Hotel, Nottingham. Or if you're reading this after the conference, we really hope you enjoyed the two days of workshops, lectures, talks, information stands, entertainment, dancing, cocktails, drumming, yoga, fitness training, advice and gossip.

This conference puts the person at the centre of their career choice—who else? There is so much more fun these days to be had with a JCPTGP certificate, and this conference helps to explore the options available and the personal choices that need to be made. It celebrates working as a flexible, independent, sessional and happy (FISH—a new acronym for NP@!) individual and helps develop those personal attributes that can bring about personal change. If you go to only one conference this year, make it the NANP's "Flexible Careers—Positive Choice". For more information see www.nanp.org.uk/conference.

What rates should NPs now be charging?

The New Contract is all about terms and conditions for GMS principals - about how the government's extra couple of billion pounds is going to be deployed to provide services to patients both in the short- and long-term in a nationally agreed package. Obviously not all of this money will be used within GMS - PMS too will share its allocation within a locally agreed contract. Within both these packages sit the GP non-principals who will be doing about 20% of the work - sub-contractors to these contracts, so to speak. Quality features highly in this New Contract, not so much as the elusive Holy Grail, but rather as a means to an end - as the RCGP has said, "... the promised extra money has been attached to some of those things that can be counted, and not necessarily the things that count."

Assuming that the latest contract teething problems are of the deciduous variety, rather than of the impacted wisdom sort, we should pretty soon have a much clearer idea of what the government feels is a proper scale of pay for GPs. And being directly involved in the delivery of primary care - right there on the front line with face-to-face patient encounters - that means non-principals too.

So, what should non-principals now be earning? If you've been basing your fees on the BMA's initial set of suggested rates, you'll probably have last received a pay increase in April 2002. So it makes sense to base this year's increase from 1st April this year.

We've produced a spreadsheet, available for download from the NANP website at www.nanp.org.uk/rates, which can help you calculate your rates, based on what you're currently receiving, to be used as a basis for negotiation.

Rather than plump for whichever figure grabs you the most, you'll have to put together some pretty good arguments, based on both national and local figures, in order to successfully negotiate a fee with your local practices.

Laptop PCs—the ultimate locum tool?

Steve Nickless is a locum working in London who uses his laptop to its full effect. Rather than hiring a truck to carry a pile of books and files around with him, Steve has copies of Mentor Plus, E-Mims and the electronic BNF (with DTB and Mercec) on his hard disc. He checks out obscure syndromes and can print out information leaflets for patients on a portable printer. Documents downloaded

Wales—a National Approach to NP Support

The All Wales Non-Principal Network Team has been developing new resources to meet the needs prioritised by our Non-Principals.

Top of the list is support for appraisal and revalidation, and we now have Portfolio Group sessions available in most areas of Wales—contact your local Non-Principal facilitator if you're not yet a member of a Portfolio group.

In addition, we have just launched our first All-Wales Portfolio, a toolkit providing guidance through the appraisal process.

Information management and technology training was also cited as a much-needed resource. Non-Principals are able to access 'Basic IT' sessions and we are currently developing informatics training programmes specifically for general practice across Wales.

The Supplementary list in Wales is being collated by just one Health Authority—Gwent—which will be invaluable for maintaining an accurate database of NPs, enabling us to be informed of developments and resources and ensuring that they are fully integrated into clinical governance.

The NP Network Team hosted a 'Way Forward' meeting in February 2003, addressing the issues surrounding GP recruitment and retention in Wales and will hopefully provide innovative solutions to our current difficulties.

Jane Harrison
j.c.harrison@doctors.net.uk

from websites (NICE guidelines, NSFs, CMO letters) are there to read. Best of all, Steve takes copies of Hospital referral forms home and scans these into the laptop. No more "Office Archaeology". He has ALL those elusive Hospital and NHS pension forms, NANP locum contracts and invoices available at the click of a mouse!

For more information contact Steve at steve.jn@virgin.net or, better still, have a chat with him at our forthcoming conference.

The National Association of Non-Principals



Our constitution

Since our inception, the NANP has helped change the way general practitioners are treated in general practice. We have already put into place many of our original objectives so some no longer apply, and changes within the NHS environment mean that we have new problems to solve.

The NANP is determined that the quality of Non Principals will be recognised. The best way forward on this is to ensure the processes of accountability are equitable. Quality and accountability are the new watch-words for the future of general practice.

These two principles are co-dependent and will be vital for every doctor working as a GP in the UK. Non-principals should not be placed at a disadvantage by these processes and the NANP will fight to ensure this does not happen.

Being fully accountable and 'quality assured' GPs, non-principals will be on an equal footing *in all respects* with principals, barriers to integration will fall and general practice will be a more attractive career option for newly qualified doctors - and a safer place for patients.

Philosophy

The NANP seeks to act as a voice and a resource for all NHS General Practitioners who work beyond the traditional model of GPs as 'principals'.

The term 'non-principal' is easily understood to encompass careers such as locums, assistants, retainers or otherwise salaried GPs. However it is imbued with a sense of being left out, of inclusion primarily through exclusion.

Since the NANP aims to achieve **equity and inclusion** for all GPs, irrespective of their specific post, we are evolving a more positive concept of the '**independent GP**'.

Being independent may mean different things to different GPs:

- Independent of an employed status
- Independent of the "Red Book"
- Independent of certain non-clinical responsibilities
- Flexibility to choose your own career path, unrestrained by the constraints of traditional partnerships or principal posts.

As the field of Primary Care continues to change, 'independent' may come to denote other working styles.

The success of the NANP will lie in responding to and shaping those changes.

Aims

To unite all general practitioners by promoting quality and equality in primary care through:

- Standard setting and progress.
- Collection and dissemination of information
- Campaigning.
- Support.

Objectives

Standard setting and progress

- Identify and respond to changes in the health care environment that affect independent GPs.
- Develop new systems for maintaining or improving the quality of care given by independent GPs.
- Develop new systems for maintaining or improving the welfare of independent GPs.

Collection & dissemination of information

- Maintain and distribute a database of names and addresses of independent GPs for the purposes of improving their professional welfare.
- Produce and distribute a regular newsletter for members, to include an up-to-date list of all local groups and educational facilitators.

Campaigning

- Lobbying of the DoH to allow all GPs access to the NHS superannuation scheme.
- Campaign for the full inclusion of all GPs into the NHS' "information cascade" such as clinical guidelines, British National Formulaires and the NHS Net.
- Campaign for the full inclusion and participation of all GPs in the structures and processes of revalidation.

Support

- Hold a regular national conference to promote the aims and objectives of the NANP.
- Promote and facilitate the equitable provision of and access to continuing medical education for all GPs.
- Promote and facilitate research on issues relating to independent GPs
- Promote, provide and facilitate professional support for individual GPs through local support groups.
- Ensure the representation of all general practitioners through local medical committees (LMCs) and thus the British Medical Association (BMA).
- Strengthen our existing links and broaden our relationship with the Royal College of General Practitioners (RCGP) and the BMA.

Locuming in New Zealand

New Zealand is looking for more GPs to work in rural and semi-rural areas outside Auckland and the other major cities. In response to a potential recruitment crisis, including a lack of locums, the New Zealand government funded the Northern Rural GP Consortium (NRGPC). Three non-principals from the UK describe their experiences.

I arrived in New Zealand 3 months ago with my husband and 3 children looking for a different life for a couple of years. After a chat with the NRGPC I was guaranteed work and given a formal job offer, making the visa applications very straightforward and registration with the New Zealand Medical Council easy. Ten weeks later we touched down in Auckland! On arrival we were provided with a car and accommodation, and spent the following week being taken around practices to choose where I wanted to work. There is no limit to how much or little one needs to work – one day a week is fine and full-time is easily catered for.

The day-to-day work is virtually nine to five (with time for lunch!) and patients are generally booked at 15 minutes each. Outside the main cities GPs still do out of hours work but, because patients have to pay, they are much more focused about what they call you out for.

I am based in a small town called Keri-Keri in the Bay of Islands in sub-tropical Northern New Zealand, with a population of less than 10,000. Renting property is difficult but there are plenty of decent places to buy—we sold our house in the UK because we knew we would not want to return to the same place. It is easy to get swept along with the good exchange rate, and we felt tempted to buy much more than we needed—acres and acres with paddocks, orchards, native bush, sea views...

If you convert the pay into sterling you will weep; just remember that everything apart from food is much cheaper here. It is enough to live well here—just don't expect to take much home with you!

It is a beautiful place, full of friendly people who seem very happy to live here. If you are passing through and just want some casual work, or if you plan to make a new life here, then contacting the NRGPC is an excellent start.

Kate D'Arcy
MossDarcy@xtra.co.uk

After deciding on the dates you want to work, the paperwork is all fairly straightforward. On arrival in New Zealand you must receive approval from the local equivalent of a Director of Primary Care Education in Auckland and then practice under the "supervision" of a local GP, who acts as your guide and mentor to the idiosyncrasies of their medical system. Then

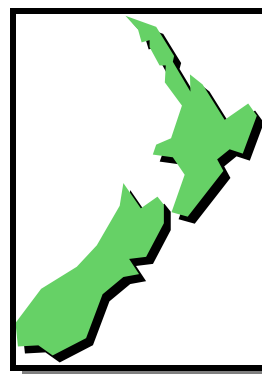
away you go!

Medical practice is much the same as in the UK. The computer system I used was easier to pick up and more intuitive than EMIS. Prescribing is limited to a list of drugs funded by the state.

The Maoris seem to have large families and a fascinating culture. When on call you can be out on your own with less paramedical backup than in the UK, but the patients are usually more grateful. The other local GPs were helpful and sociable in the extreme!

Dr. M. Garlick

I worked in New Zealand as a part-time locum in 9 different practices and loved every minute. It was a great way to see the country and meet so many people.



The most spectacular scenery was at the Bay of Islands in Northland, where I looked after a predominantly Maori practice at Kawa-Kawa near the main resort of Paihia. I was provided with free accommodation and meals at a small hotel looking over the bay towards Russell, the old capital of the country, and the loan of a 4-wheel drive pick-up. Everyone I met was friendly and supportive.

The work was fascinating and challenging, yet not overwhelming. Cultural differences were often prominent, and I suspect compliance with my advice very low but the patients were never abusive. The "iwi" (extended family or tribe) took a heavy responsibility for the wellbeing and recovery of any person with psychiatric symptoms in their midst—although when I asked a local who the "ariki" (their community leader) was he replied that, as the local GP, it was me!

The area is exquisitely beautiful, the seafood and wines are superb—Sauvignon Blancs to die for!—marvellous boating, fishing and walking. Everywhere I worked I felt appreciated, never over-exerted and forever asked back.

Derek Jeary
derekjeary@yahoo.com

If you fancy a stint working as a GP in New Zealand—no matter how long—please get in touch with Adrienne Harris of the NRGPC at www.ruraldocs.co.nz

NP Northern Ireland

There are approximately 140 non-principals doing locum work in the province. We are kept busy most of the time, as practices prefer to employ regular locums than take on new part-time partners. We await the impact that the New Contract will have on our working life – hopefully things will change for the better for us too.

Probably the biggest issue for us here is that the recent collapse of our devolved government will delay further the introduction of the NHS superannuation scheme for locums - the longer it gets delayed, the more we worry that the whole scheme is unlikely to be back-dated to April 1st 2002 to be in line with England.

We are spread widely, yet have regular educational or social evening meetings most months in Belfast when up to 30 non-principals show up.

Michael McKenna
michaelmck@msn.com

NP Gloucestershire

This is a viable and well supported group established some four to five years ago and we meet regularly once per month on a Tuesday or Thursday evening for educational or social engagements at the Cheltenham Postgraduate Centre.

Last year we had a very successful off site Internet Evening, which was facilitated by a Gloucestershire GP with a special interest in Information Technology. A Neurology evening, presented by a local neurologist and medical author, was also very popular. The group's committee endeavours to make the evenings informative and relaxed.

We have been represented in local educational fora and on the Local Medical Committee, as it is our belief that we need to be actively engaged in matters that affect us collectively. Recent involvement has been with the local GP Appraisal Steering Group.

Mike Uprichard
mjlu@aol.com

NP East Sussex

The East Sussex, Brighton and Hove (ESBH) Non Principal Group continues to flourish in what is now our fourth year, alternating meetings between the first Tuesday or Wednesday of the month to allow wider attendance. The switch to PCTs hasn't really affected the group: we seem to be getting to grips with appraisal and have run a few sessions on this, and members have now been issued with appraisal folders. Last year saw us complete the non-principal Patient Enablement

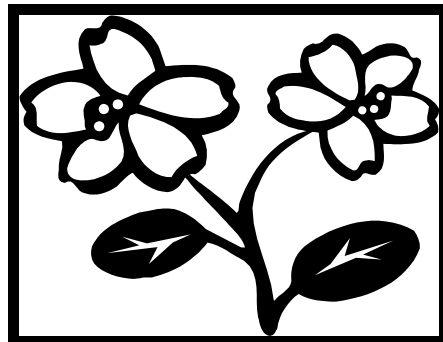
Survey to add to our previous work on audit.

In the next few months we'll be looking at referral letters and an antibiotic audit. When NHS appraisal for non-principals eventually happens, we should be well prepared. The meetings are lively and very informal, with the March meeting on complementary medicine stimulating a lot of good discussion.

Tom Scanlon
tom.scanlon@bhcpct.nhs.uk

NP Colchester

This Self-Directed Learning Group was formed 4 years ago, initially made up mainly of Retainees. Now we are a real mixture of independent locums, PCT locums, retainees and part-time principals. We meet on the 2nd Tuesday of the month, from 8-10pm, with attendance averaging about 10 GPs. The atmosphere is informal and based in members' homes. We value the supportive environment where no question or comment is too small to be raised!



The programme is a balance between meetings with outside speakers and in-house discussions, giving the opportunity to raise issues of mutual interest which guest speakers are then invited to address. Topics covered recently include Appraisals, Sports Medicine, Critical Reading of Journals and a CPR workshop. A separate MRCGP study group has also formed from this group.

We receive funding from "EQUIP" which enables us to pay our speakers and all meetings are PGEA accredited. New members very welcome.

Nicola Hilton
nicola.hilton@ntlworld.com

NP Grampian

We hold clinical meeting every 2 months, with some of these during the day rather than the evening and this has proved very popular. We have established a rolling programme for CPR training, both in the city and rurally, which again has been a success.

The Senior Registrar scheme in Grampian

Local

has once again been a success this year and we are recruiting at present for Aug/Sept 2003. This is a developmental post for one year with protected study time and an educational budget. Unfortunately the number of posts this year has had to be cut due to lack of funds.

Vicki Guthrie
vickiandgordon@emeraldbank.fsnet.co.uk

NP Exeter

We meet on a monthly basis at a restaurant in Exeter. Our group has three roles. The first is educational, although sadly we do not have access to the same educational opportunities as principals, so our group tries to address this problem by organising a rolling educational programme, with the educational agenda being set by the non-principals themselves. Secondly, our political function is to negotiate locally on issues such as pay and access to information, and to provide a unified voice in support of locums having difficulties with practices etc. Finally, our monthly meetings are a good social event, providing a chance for non-principals to meet and ensure we do not become socially isolated. I feel the group is working well, greatly helps to maintain morale, and provides an invaluable forum for addressing issues specific to non-principals.

Vik Mohan
mohanvik@hotmail.com

NP Morecambe Bay

The Morecambe Bay group is still going well with meetings every six weeks or so. We have rather relaxed and informal meetings usually in someone's house, so all views can be aired in full confidentiality, and rapid access obtained to tea, coffee and biscuits. We cover a range of issues of particular interest to non-principals such as personal learning plans, and we also use the varied skills and experiences of the group members - which means that we can cover topics from dentistry to family planning. The PCT operates a fairly successful 'Locum List' but we also have a more informal system of contacts from local practices. The main thing is that people enjoy coming along, get some support, and catch up on the latest local news!

Rachel Gilbert
rachelfgilbert@yahoo.com

NP Camden & Islington

Our non-principal group was set up as a self-directed learning group and we call ourselves the 'Dynamics'. We
(Continued on page 5)

Groups

(Continued from page 4)

are mostly (but not exclusively!) women with children who work part-time. Some of us are retainers, others are salaried GPs or working as locums. Our meetings regularly have 10 or more participants, so we now qualify for regular funding from our local PCT which has helped a lot, as we can use the funds to pay honoraria to speakers, to give us protected learning time and to buy refreshments. Opening a group bank account has helped to manage the funds. We meet once a month in the evening at the home of one of the group. We share the responsibility for organising meetings between two tutors, but decide the topics for future meetings by consensus. Recent topics have included diabetes, palliative care and STIs. We also earmark an occasional session for case discussion using a PUNS and DENS approach. We are all serious about using the meetings as a learning opportunity. However, as the group has been fairly stable over time, we have got to know each other well and derive a great deal of professional and personal support through our meetings.

Liz Goodburn
egoodburn@hotmail.com

NP Lincoln

We have 28 members, and have drug sponsored meetings every 2 months. We also have a social dinner in summer and winter where partners are welcome. Recently we have had meetings on IONA—Nicorandil prescribing—and appraisal for non-principals. We usually meet in a hotel or restaurant, with food sponsored by drug reps. Average attendance at meetings tends to be around ten people, with new members always welcome.

Mekala Mahalingam
mekala@tinyonline.co.uk

NP Swindon

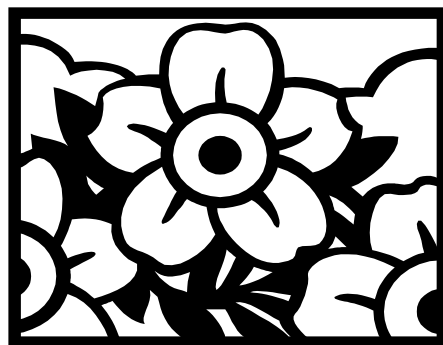
We still meet regularly on the first Tuesday or Wednesday of the month. The meetings more recently have not been especially well attended but nevertheless have been enjoyed by those who have made it out on the cold evenings. As ever, the group is changing as a few of the older members have now moved on to partnerships. Recent meetings involved informal discussion with the local diabetic specialist which worked very well. We then went on to have a Japanese evening in a very good but little known restaurant in Swindon. I don't think any of us had eaten Japanese before so it was a learning experience in itself! The last meeting was with a local specialist on HRT and the current controversies. Again as there were only a few of us it was informal and we all felt we could ask those burning questions. A few of us

are hoping to go to the NANP conference.

Laura patterson
laurapatson@yahoo.co.uk

NP Torbay & South Devon

The group numbers between 30 and 40 and meets every month, with alternate meetings supported by the local post-graduate medical education team and all meetings have an educational component with interactive presentations. A newsletter is produced every 2 or 3 months with updates on topics such as pensions and appraisal.



We have close ties with the LMCs with an elected NP member. There is no practical support for our members from the local PCT but we do maintain contact with them. We encourage payment of LMC levies and NANP membership, but do not have a membership fee. All members must be on the supplementary list.

Mark Selman
maselman@yahoo.com

NP Chester

We have a Co-ordinator (me), a Membership Secretary, a Social Secretary, a Treasurer and around 40 members with an average of 20 people turning up for meetings every 2 months. These are mainly relaxed educational ones with a drug rep sponsored meal after. Since October we had some resuscitation training, wine tasting and a talk on osteoporosis (where members could use a mobile dexta scanner). For this year we are planning events such as an epilepsy talk from Epilepsy Bereaved and "Handling the Aggressive Patient".

Our PCT is not using the Supplementary List to link NPs to local information or education and needs constant reminding that we are a significant GP workforce in Cheshire. Our dealings with the LMC are somewhat fraught at present—unfortunately NP representation expenses and attendance fees have been withdrawn because we questioned the advantages of NPs paying a voluntary levy. However, we hope to develop a better relationship with them, so we have invited them to a meeting in April.

Maeve McClean
gasman.gp@lineone.net

We meet regularly once a month on a weekday afternoon; we recently looked at personal learning plans and started down the road of preparing for appraisal.

From our database of about 70, we have managed to attract about half to at least one meeting and generally have a attendance of 15-20 members. We are seeking to engage positively with our local PCTs and had a PCT speaker recently to talk around prescribing issues.

Forthcoming attractions include designing a locum pack with a local flavour, thinking through pensions and the odd social event.

Geoff Hogg
ghogg@btinternet.com

NP East Cheshire

Our membership has grown to 60 in recent months, as newly qualified GPs try out life as non-principals prior to settling in one place. Having said that, there still seems to be a shortage of us to fill the available work, and practice managers are having to scour our area to find locum cover. I would be grateful if anyone in our region who is not on our group locum list could contact us to help increase our numbers further. Our meetings remain educational and sociable, although the attendances have not been as high as we would have liked in view of the rising membership. Meetings this term have included stress management and a review of ophthalmology.

On the management side of things, we are in ongoing negotiations with our LMC to see how we can both get the most out of each other. Look forward to meeting people at the NANP May conference.

James Hider
james.hider@tesco.net

NP Hillingdon

The Hillingdon Independent GP Group was formed in September 2002. We decided to say good-bye to the rather derogatory term of non-principal and call ourselves by the more politically correct term of 'Independent GPs'. Initially, we wrote to the Hillingdon PCT with a request to forward an introductory letter from us to all doctors on the supplementary list and they willingly obliged. Membership instantly expanded! While setting up the group, we consulted the leaders of some other groups for guidance and my experience with the Oxford Non-Principal Group helped too! Two of us have been elected to our LMC and we also have representation in the PCT GP CPD group.

Six months down the line, we have a
(Continued on page 6)

(Continued from page 5)

strong group with monthly PGEA approved educational meetings, external committee representation, approved constitution, e-chat group and proper membership procedures. There is no membership fee and the group is run by three of us on a voluntary basis. Meetings are well attended by more than 75% of members. Talks are followed by dinner sponsored by drug companies, and new members are joining from neighbouring PCTs. Group members have produced a very useful 'Hillingdon Locum Survival Guide' and quarterly newsletters. We have agreed with the PCT pharmaceutical advisor to send us their quarterly newsletters. We work closely with the course organisers and encourage GP registrars to attend meetings. Another important step was our website with a difference at www.hillingdongp.org.uk. It is packed with features and serves not only the members but also the practices, with local practices placing their job vacancies on the website free of charge; members get email notification.

We think that there is a lot more to be done. We do have problems. We have had no financial or administrative support. We have applied for £100 from HPE associate dean for SDLG activities. We do not have the PCT funding, support and information available to principals. But we are confident we could resolve these issues.

We are currently putting forward a 'Ten point plan' to the PCT with the backing of the LMC as we feel our PCT should do more to support us.

Sashi Shashikanth
webeditor@hillingdongp.org.uk

NP Norfolk

This is an informal support group where all new non-principals contacting the Norfolk LMC are informed of the group's existence. A clinical meeting followed by sponsored supper is held quarterly in Norwich. An e-mail contact list is held on North Norfolk PCT's database and is used for communication on "hot issues" - often rates of pay! There are currently 39 members and we have four non-principal seats on Norfolk LMC, all held by members of the support group!

Andrew Latten
Andrew.latten@nnpct.nhs.uk

NP Lothian

We are over half way through our education program which runs from August to August. The LANP organises a monthly PGEA accredited talk, which is also the main social focus of the group.

We also arranged an annual symposium which took place on a Sunday over the

winter, held to minimise clashing with our members' work commitments. This year it covered psychiatric emergencies, the red eye, shoulder examination and injection, knee injuries and examination and medical emergencies in primary care.

A recent local development is our bulletin board at www.lanp.org.uk implemented by one of our committee members, primarily to facilitate communication between local practices and members.

Nick Walls
Nick.Walls@ed.ac.uk

NP Basingstoke

We meet every third Monday of the month and have had a varied selection of meetings over the past few months covering diabetes, family planning, a practical session of joint injections and "PUNS" and "DENS". In March we even tackled the new GMS contract!

Harriet Walford, who started our group in 1999 has become a partner, so Rachel Turner has agreed to take over the group after Easter. We hope to continue with our friendly meetings, and we encourage a relaxed interaction with our guest speakers.

Helen Wright
helenwright@chandosterrace.freemove.co.uk

NP London

Central and West London Non-principals Group meet at 7.30 on the first Thursday of the month at the Wakefield Nursing Centre, this venue originally being found for us by our local PCT who subsidise the sandwiches. Although we only have a few regular attendees, we have a large e-mail circulation list. We begin by discussing matters of mutual interest relating to life as a non-principal, with the second half of each meeting being strictly educational. We often discuss cases and are trying to structure our discussions to make them more useful. We do not as a rule have speakers but recently the local GP facilitator for medical undergraduate teaching came along to talk about teaching opportunities as he was keen to recruit more non-principals as teachers.

We use our email list to share information about educational events, health alerts and occasionally pass on information from practices looking for locums or assistants.

Thelma Thomas
thelma_thomas@ukf.net

If you'd like to set up a non-principal group, we'd be delighted to send you information on how to get one up and running.

NPSTs In Action!

The GP Choices scheme in the Durham and Darlington area has set up the Virtual Reality Practice Group based on the NANP's Non-Principal Support Team (NPST) model for PCTs.

The group is led by a personnel manager with its Clinical Director's leadership role coming from a local GP principal who has developed an exciting and rapidly evolving group of enthusiastic non-principals who meet regularly providing each other with support in both non-clinical and clinical governance related issues. The meetings are flexible with the group actively encouraged to participate in and control the content and format.

We also have a "Smart" electronic e-mail group for communication and sharing problems or concerns in a supportive and confidential way.

The settings for meetings have varied from formal boardroom surroundings to more luxurious hotel conference rooms—great food at both! It is a good way to develop a network of contacts for both those already living in and those moving to the region.

The subjects covered by the group so far reflect subjects close to our hearts and often discussed in the NANP Newsletter including non-principal prescribing, critical incident audit, stress, communication and active listening skills and local confidentially counselling services for GPs.

The group will discuss complaints next, this being stimulated by the NANP document www.nanp.org.uk/reports/complaints.htm.

Also within the GP Choices framework, the Durham and Darlington Non Principal Support Group continues to meet at Katriona Oakley's house - this has no set format except to chat!

The group also promotes awareness of the Supplementary Lists in the region and has developed a local information pack to help new GPs joining the region, supplementing the NANP Standardised Induction Pack.

So, if you live in the region or are thinking of coming here please get in touch.

For further details see www.gpchoices.nhs.uk or contact Carol at carol.hartman-andersen@cdd.nhs.uk

Rural Regeneration

...or how best to combine general practice, organic farming, cycling, skiing, sanity and a family life and why

I am currently very grateful to be a partner in an organic farm and not in General Practice. Why? The new contract of course which sounds just about as time consuming as loading pigs into a trailer and involves as much paperwork as a Soil Association inspection. I should know, as I do both on a regular basis.

On a holiday in Bhutan I met my future husband, which coincided with a turning point in my medical career. Until that time I had been a GP in the RAF. I had been sponsored through medical school and had completed my medical training and RAF work in various NHS hospitals and general practice out posts, including Cyprus, the Falklands, Kuwait and Shropshire. Martin and I shared a passion for good food, the outdoors and the creation of the correct balance in life to sustain sanity. One thing led to another and Martin introduced me to the Organic ethos, not just a label on a Sainsbury's food packet but the real thing. A balance of natural nutrients to sustain the soil by rotating crops and animals to create a self-contained system of food production. Hence no need to spray or add chemicals - just a dose of hard work and a carefully planned rotation and, of course, a hefty subscription to the Soil Association.

After much discussion we decided to buy a small farm and put our ideals into practice. We had a few minor (!) points to tackle first though - my career, Martin's career, marriage and the acquisition of a suitable farm etc etc... There was the convenience that I was nearing the end of my short service commission with the RAF and keen to go into civilian General Practice, and Martin made the career change from Actuary to organic farmer. Then the right farm appeared on the market in Herefordshire - perfect. Unfortunately our farming experience consisted of gardening and chicken keeping and, as we enthusiastically launched ourselves at a half completed house and 13 acres of pasture and woodland which had not been touched for years, we began the climb of a steep learning curve. I think the local farmers thought us a little foolhardy to take on such a project as, especially without the use of chemicals, it was difficult to keep on top of the weeds. However,

they kindly answered our many naive questions and, as we gradually earned their respect, Butford Farm began to blossom.

We planted an orchard of some 200 dessert, culinary and cider apple trees that first winter. Next we built up our livestock - pigs, cows, geese, chickens and ducks, dogs and cats. With each came a new set of equipment, acquired variously from farm sales and wedding presents, and of course a new area of expertise and knowledge was attained. We are now also striving to grow all the crops for animal feed so that we are truly self-sufficient. We have 4 breeding sows and a boar with a thriving local market for our pork, we make cider and perry which is sold from the farm shop and local outlets, and we sell eggs to shops and locals. We are self sufficient in vegetables and soft fruit throughout the year and any surplus is sold in the shop or to a local organic ice cream producer. Not only do we now know about farming, but have learnt how to run a small business and, more importantly, how to market and sell our produce, which is not as easy as it may sound.



When all is said and done we achieved our aim of becoming self-sufficient relatively quickly. Despite starting with the wettest winter on record, the trauma of foot and mouth and constant tide of jobs to complete, we now feel as though we are getting the farm in some sort of order. The difficulty now is to get the balance right. With just the two of us to work on the farm we have to make sure we get our priorities right. The greatest for me at the moment is our one-year-old son, Guy, who is already showing a keen and enterprising interest in the chickens. Next is my work as a retainer at a Practice in Hereford, which maintains my intellect, skills and contact with my career. The flexibility of being a salaried GP suits me at the moment as my business interests lie elsewhere, but I do love patient contact and the ability to

work part time. The practice I work at is very supportive of the Retainer ethos and their philosophy is particularly helpful to me as they have regular journal clubs, which I find an invaluable stimulus to keep up to date and in touch. I am looking forward to doing more medicine but only when the time is right.

I feel my family life, farm and general practice complement each other well. Although we constantly have to reassess our priorities, I am sure my patients appreciate a stress-free GP who understands their rural pursuits in this farming county and who can give first hand advice on the benefits of a good diet and a healthy lifestyle. I really enjoy my non-principal role and working along side Guy and Martin who, if we had pursued our separate careers on a full time basis, I would see much less frequently. I hope Guy enjoys being with both his parents and being brought up on an Organic small holding, though he will probably want to escape to the city at the earliest opportunity!

Janet Hastle
tuolomne@aol.com

The National
Association of
Non-Principals



Contact the NANP

NANP
PO Box 188
Chichester
West Sussex
PO19 1FP

Fax/answerphone 01243 536428
Email info@nanp.org.uk
www.nanp.org.uk

Council Members

Chairman	<i>Richard Fieldhouse</i>
Honorary Secretary	<i>Tina Ambury</i>
Secretary (Wales)	<i>Jane Harrison</i>
Secretary (Scotland)	<i>Jo Wilton & Moray Grigor</i>
Secretary (Ireland)	<i>Vacant</i>
Council Members	<i>Tara Watson</i>
	<i>Cathryn Sheppard</i>
	<i>Michael Uprichard</i>
	<i>Bashir Qureshi</i>
	<i>Mark Selman</i>
	<i>Judith Harvey</i>
RCGP observer	<i>Mike Jeffries</i>
Honorary President	<i>Phil Hammond</i>

Registered in England No. 3861212 Six Cawley Road, Chichester, West Sussex, PO19 1UZ

NP is free to members of NANP or £5 per copy to non-members.

Local Non-Principal Groups

Visit www.nanp.org.uk for the latest additions. Contact the NANP at info@nanp.org.uk if you have news or alterations to make.

Area	Group	Contact	Telephone	e-mail	
South & West	Basingstoke Sessional GPs	Helen Wright	01962 779 841	helenwright@chandosterrace.freeserve.co.uk	
	Bath Locums and Assistants Group (BLAG)			www.gplocums.net/blag	
	Bristol Association of Non-Principals	Geoff Hogg	0117 914 3016	ghogg@btinternet.com	
	Dorset Association of Non Principals	Helen Gutteridge	01202 739691	guthj@doctors.org.uk	
	Exeter Locum Group	Vik Mohan	07974 807195	mohanvik@hotmail.com	
	Gloucestershire Non Principals Group	Mike Uprichard	01242 273038	mjlu@aol.com	
	Plymouth Non-Principals	Colin Jones	01752 764270	locum@medic.co.uk	
	Portsmouth Area Locums (PALS)	Jane Ryan	023 9226 7943	janeryandoc@aol.com	
	Southampton Locum Group (SLOG)	Tara Watson	07974 071799	tara.watson@doctors.org.uk	
	Swindon Area Locum Group	Laura Patterson	01285 644 240	laurapatson@yahoo.co.uk	
	Torbay and South Devon Non-Principals	Mark Selman	0771 801 7897	maselman@yahoo.com	
	West Cornwall NP Group	Keith Henderson	01209 832 198		
	Winchester Flexible Training Support Group	Sally Loudon	01962 855 893		
	London	Barnet and Enfield SDLG	Margaret Coffey	020 8882 7459	m.coffey@lineone.net
Bromley Non-Principals Group		Anne & Lesley	01689 875375	al.locumbank@ukonline.co.uk	
Central & West London Non-Principal Group		Thelma Thomas	0208 9983567	thelma@tthomas.fsnet.co.uk	
Islington Non-Principals		Liz Goodburn		egoodburn@hotmail.com	
Hackney SDLG		Arup Chatterjee	0208 985 3806	bajuu@aol.com	
North Camden Non-Principal Group		Martin Foley	0208 3652030	northcamdenppg@hotmail.com	
North London Locum Group		Stephen Woolfson	0208 447 1018		
South London Locum Group		Susan Ball	0208 8769 7465	susanball@lineone.net	
South West London Locum Group		Eva Kalmus	0208 642 1847	eva@eliasz.demon.co.uk	
West London Non-Principal Group		Dominic Stevens	0208 994 2602	dominic-debbies@blueyonder.co.uk	
South East		Berkshire Non-Principal Group	Susannah Denny	0118 979 6876	sjd@enigmamm@ntlworld.com
	Chichester Non-Principal Group	Jenefer Stott	01243 784 157	info@ching.org.uk	
	East Sussex, Brighton & Hove NPG	Tom Scanlon	01273 403589	tom.scanlon@bhcpc.nhs.uk	
	The Hillingdon Independent GP Group	Shashi Shashikanth		shashi@doctors.org.uk	
	Kent and Sussex Independent GP Group	Jane Roome	01892 530 617	janeroome@btinternet.com	
	Maidstone Area Non-Principals (MANP)	Julie Morgan	01622 831620	julie&davemorgan@doctors.org.uk	
	Mid Sussex Non-Principal Group	Barbara Turk	01342 325 264	drbturk@btopenworld.com	
	Northamptonshire Non-Principals Group	Mary McCracken	01604 587900	m.mccracken@virgin.net	
	Oxford NP Group	Willemina Rietsema		OxNPG@oxfordlocum.fsnet.co.uk	
	South Midlands Independent Doctor's Group	Jane Lees-Millais	01908 615746	eedmk@btinternet.com	
	West Surrey Non-Principal Group	Elizabeth Colyer	01483 418175	david-lizzieburndred@excite.co.uk	
Eastern	Bishop's Stortford Non-Principals	Louise Scott	01279 658 465	rabandlouise@hotmail.com	
	Cambridge Non-Principals Group	Mike Knapton	01223 844 517	pmknapton@bigfoot.com	
	Colchester Non-Principal Group	Nicola Hilton	01206 530320	nicola.hilton@ntlworld.com	
	Norfolk Non-Principal Group	Andrew Latten	01263 710611	andrew.latten@nnpct.nhs.uk	
	North Suffolk Non-Principal Group	Susan Locke	01502 575 643		
	Southend Non and New Principals Group	Carolyn Walters	01702 716 668	carolynwalters@doctors.org.uk	
West Midlands	Herefordshire Non-Principal Group	Alex John Thompson	01432 851277	alexthompson@btinternet.com	
	Shropshire Non-Principals Group	Paul Gardner	01743 851355	p.gardner@which.net	
	South Staffs Non-Principal Group	Eileen Gunstone		gunstone@talk21.com	
	Warwickshire Non-Principals	Peter Hutchinson	07817 398903	petehutch@doctors.org.uk	
	Worcester Non-Principals	Irene Mawby	01531 670185	amawby@uk.packardbell.uk	
Trent	Leicestershire Non-Principals	Janice Brunskill	0116 299 2361	J_brunskill@hotmail.com	
	Lincolnshire Non-Principals	Mekala Mahalingam	01522 514934	mekala@tinyonline.co.uk	
	North Derbyshire Non-Principal Group	Iona Bendefy	01246 552057	bendefy@village13.freeserve.co.uk	
	Nottingham Non-Principal Group	David Tyers	0115 9614561	tyers@bigfoot.com	
North West	Chester Non-Principals	Maeve McClean	01928 727 054	gasman.gp@lineone.net	
	East Cheshire Non-Principals	James Hider	0161 428 6806	ecnpg@ecnpg.org.uk	
	Greater Manchester Locum Group	Raquel Delgado	0161 8816133	raquel@mackillop.fsnet.co.uk	
	Morecambe Bay Non-Principals	Rachel Gilbert	015-2470-2239	rachelfgilbert@yahoo.com	
	Sefton Non-Principal GP Group	U Nick Pati	01704 560485	drpati@clara.co.uk	
Wirral Non-Principals Group	Wirral Non-Principals Group	Andrew Lee	0151 677 4173	dr.andylee@bigfoot.com	
	Northern & Yorkshire	Durham & Darlington NP Support Group	Carol Hartman-Anderson	0191 3333313	carol.hartman-andersen@cdd.nhs.uk
		Hull Non-Principals	Grace Gibson	01482 445 198	grace@gracejohn.karoo.co.uk
		North Cumbria Non-Principals Group	Karen Smith	01228 670697	rkpsmith@aol.com
		North East Locum Support Group	Nick Doll	0191 215 0305	ndoll@btinternet.com
West Yorkshire Non-Principals Group		Janet Doore	01943 850510	Jrdoore@drsnet.co.uk	
Wales	York Non-Principals Group	Johanna Lowther	01904 703730		
	Bro Taf Non-Principal Group	Eleri Roderick	01497 821811	eleri@rodericke.freeserve.co.uk	
	Dyfed Non-Principal Group	Margaret Ings	01558668660	margaret.ings@ukgateway.net	
	Gwent Non-Principal Group	Marion Bentley	01291 641309		
	North Wales Non-Principals	Bridget Osborne	01492 860663	bvosborne@doctors.org.uk	
	Pembrokeshire Non-Principals	Kate Read	01437 741 291	pgrad@wbush.demon.co.uk	
	Powys Non-Principal Group	Eleri Roderick	01497 821811	eleri@rodericke.freeserve.co.uk	
Scottish	Swansea NP Group	Jane Harrison	01792 846 774	j.c.harrison@doctors.net.uk	
	Borders Non-Principals Group	Joe Wilton	01721 721 703	joe.wilton@doctors.org.uk	
	Fife Non-Principals	Henry Murray	01592 641 876		
	Forth Valley Non-Principals	Neil Harrower		chelliah.harrower@virgin.net	
	Glasgow Locum Group	Janice Oliver	0141 884 8874	janice.oliver@scpmde.scot.nhs.uk	
	Grampian Non-Principals	Victoria Guthrie	01224 868 440	vickiandgordon@emeraldbank.fsnet.co.uk	
	Lothian Non-Principals Group	Nick Walls	0131 530 1185	chairman@lanp.org.uk	
	North of Scotland Support Group	Moray Grigor	01463 741 540	mjgrigor@aol.com	
Northern Ireland	Tayside Non-Principal Group	Stephen Pegg	01382 732 035	steve.pegg@btinternet.com	
	Northern Ireland GP Locum Assoc.	Catherine Marshall	02890 691240	mail@cathmarshall.freeserve.co.uk	