

**CAVERJECT POWDER FOR INJECTION**  
Alprostadil Sterile Powder

**Presentation** A white to off-white lyophilised powder, containing alprostadil 20 micrograms. The powder also contains lactose and sodium citrate. The diluent solution is 1 ml bacteriostatic water for injections (benzyl alcohol 0.9% w/v).

**Uses** Treatment of erectile dysfunction. An adjunct to other diagnostic tests in the diagnosis of erectile dysfunction.

**Dosage and Administration** The initial dose of alprostadil is 2.5 micrograms and can be increased in increments of 2.5 micrograms to a maximum of 60 micrograms. The usual dose is 10-20 micrograms. The recommended frequency of injection is no more than once daily and no more than three times weekly. The first injection of alprostadil must be done by medically trained personnel. After proper training and instruction, alprostadil may be self injected. The dose should provide the patient with an erection that is satisfactory for sexual intercourse. It is recommended that the dose administered produces a duration of the erection not exceeding one hour.

**Contra-indications, warnings, etc** *Contra-indications:* Known hypersensitivity to alprostadil, benzyl alcohol, or any of the other constituents. Patients with sickle cell anaemia, multiple myeloma, or leukaemia (risk of priapism).

*Warnings:* Prolonged erection and/or priapism. Patients with an erection lasting 4 hours or more should report to a physician for consideration of detumescent therapy. Painful erection is more likely to occur in patients with anatomical deformations of the penis. Patients on anticoagulants such as warfarin or heparin may have increased propensity for bleeding after the intracavernous injection. Use of intracavernous alprostadil offers no protection from the transmission of sexually transmitted diseases. Individuals should be counselled about the spread of sexually transmitted diseases, including HIV.

*Pregnancy and lactation:* Not applicable. (High doses of alprostadil (0.5 to 2.0 mg/kg subcutaneously) had an adverse effect on the reproductive potential of male rats, although this was not seen with lower doses (0.05 to 0.2 mg/kg). Alprostadil did not affect rat spermatogenesis at doses 200 times greater than the proposed human intrapenile dose.)

*Side-effects:* Pain in the penis during erection (16.8%). Haematoma at the site of injection (1.5%). Other rarely reported adverse reactions are: fibrosis, erythema, testicular or perineal pain, penile deviations, haemosiderin deposits in the penis, injection into the urethra as a result of faulty injection technique, and systemic medical events. The systemic medical events that have been reported are: changes in blood pressure, postural hypotension, cardiac arrhythmias, dizziness, headache, vagal shock, and collapse (these may be related to the injection procedure itself rather than alprostadil).

*Interactions:* None known. Not intended for co-administration with any other agent for the treatment of erectile dysfunction.

*Incompatibilities:* Not known. Only the supplied diluent should be used to prepare solutions.

**Pharmaceutical precautions** Caverject must be stored in a refrigerator until it is dispensed. It may then be stored below 25°C for up to 3 months. Reconstituted solutions should be used immediately and not stored. Do not store the unused pack or reconstituted solution in a freezer.

**Legal category** POM  
**Package quantities** Single packs containing a vial of Caverject powder and a vial of diluent.  
**Further information** None  
**Product licence numbers**  
PL 0032/0188 Caverject Powder for Injection  
PL 0032/0193 Bacteriostatic Water for Injections diluent  
**Holder of product licences** Upjohn Limited, Fleming Way, Crawley, West Sussex, RH10 2LZ.  
**Date of preparation or last review** July 1994  
**Pricing information** £9.95 per pack  
**Trademark:** Caverject

# For Erectile Dysfunction

## A solution that works

Erectile dysfunction can have many causes<sup>1-3</sup>; self-administered Caverject acts exclusively in cavernosal tissues<sup>4</sup> to mimic the smooth muscle relaxant effect of naturally occurring prostaglandin E<sub>1</sub>.<sup>5</sup>

**Caverject**  
alprostadil sterile powder  
powder for injection  
A SOLUTION THAT WORKS

- Clinically documented
- Effective
- Well tolerated

References:  
1 Whitehead ED et al. Postgrad Med 1990; 88(2):123-136  
2 Price DE. Br Med J 1983; 307:275-276  
3 Krane RJ et al. N Engl J Med 1989; 321(24):1648-1659  
4 Templeton AA et al. J Reprod Fertil 1978; 5 2:147-150  
5 Hedlund H, Andersson K-E. J Urol 1985; 134:1245-1250



Artist's impression of penile cavernosal tissue

**Upjohn**

Upjohn Limited  
Fleming Way, Crawley, West Sussex  
TRADEMARK: Caverject

# THE EXPANDING WORLD OF 'ZESTRIL'



More Doctors are prescribing 'Zestril'  
for more patients than ever before

Consult data sheet before prescribing.

## 'ZESTRIL'

**USE:** All grades of essential hypertension and renovascular hypertension. Congestive heart failure (adjunctive therapy).

**PRESENTATION:** Tablets containing 2.5mg, 5mg, 10mg or 20mg lisinopril ('Zestril').

**DOSAGE AND ADMINISTRATION:** *Hypertension* Adults (including elderly): initially 2.5mg daily, a 2.5mg dose seldom achieves a therapeutic response; adjust dose according to response. Maintenance usually 10-20mg once daily. Maximum is 40mg daily. Diuretic-treated patients - if possible stop diuretic 2-3 days before starting 'Zestril'. Resume diuretic later if desired.

*Congestive heart failure* Adults: initially 2.5mg daily under close medical supervision (hospital initiation for severe or unstable heart failure and other patients at higher risk), increasing to 5-20mg once daily according to response. Monitor blood pressure and renal function.

Renal impairment - May require lower maintenance dosage.

Children - Not recommended.

**CONTRAINDICATIONS:** Pregnancy. Hypersensitivity to 'Zestril'. Patients with history of angioneurotic oedema to previous ACE inhibitor therapy. Patients with aortic stenosis, or pulmonary or outflow tract obstruction.

**PRECAUTIONS:** Assessment of renal function is recommended. Symptomatic hypotension may occur, particularly in volume depleted patients and congestive heart failure. Caution in

patients with ischaemic heart or cerebrovascular disease; renal insufficiency; renovascular hypertension. Patients with a history of angioedema may be at increased risk of angioedema with an ACE inhibitor. Cough has been reported with ACE inhibitors. Renal impairment (usually reversible) may occur in some patients. Hypotension may occur during surgery or anaesthesia. Caution in nursing mothers. No paediatric experience. Afro-Caribbean patients may show reduced therapeutic response. Symptomatic hypotension can be minimised by discontinuing diuretic prior to 'Zestril'. Interaction with indomethacin and lithium. Potassium supplements, potassium-sparing diuretics and potassium-containing salt substitutes not recommended. Avoid concomitant use with high-flux dialysis membranes.

**SIDE EFFECTS:** Hypotension, dizziness, headache, diarrhoea, cough, nausea, fatigue. Less frequently, rash, asthenia. Rarely, angioneurotic oedema and other hypersensitivity reactions, myocardial infarction or cerebrovascular accident possibly secondary to excessive hypotension in high risk patients, palpitation, tachycardia, abdominal pain, dry mouth, hepatitis, jaundice, mood alterations, mental confusion, urticaria, diaphoresis, uraemia, oliguria/anuria, renal dysfunction, acute renal failure, impotence, pancreatitis, haemolytic anaemia. A symptom complex which may include fever, vasculitis, myalgia, arthralgia/arthritis, positive ANA, elevated ESR, eosinophilia, leukocytosis; rash, photosensitivity or other

dermatological manifestations may occur. Increases (usually reversible) in blood urea, serum creatinine, liver enzymes and serum bilirubin. Decreases in haemoglobin and haematocrit have occurred. Hyperkalaemia and neutropenia.

**LEGAL CATEGORY:** POM.

**PRODUCT LICENCE NUMBERS AND BASIC NHS COSTS:** 'Zestril' 2.5mg (12619/0084) 7 tablets, £1.91; 28 tablets, £7.64; 5mg (12619/0085) 28 tablets, £9.58; 10mg (12619/0086) 28 tablets, £11.83; 20mg (12619/0087) 28 tablets, £13.38.

'Zestril' is a trademark.

Further information is available from: ZENECA Pharma, King's Court, Water Lane, Wilmslow, Cheshire SK9 5AZ.

lisinopril

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**ZENECA**



# RCGP SALES OFFICE

Now available from the RCGP Sales Office are these new publications:

## **Health and Safety at Work**

### **Guidance for General Practitioners**

The Health and Safety at Work Act 1992 came into effect on 1 January 1993 and as it applies to all work situations where five or more people are employed, it is of great importance to most general practices. This book, the first of a new series of books on practice organisation, not only describes the responsibilities of the general practitioner employer and particular hazards to watch for, but suggests a plan for implementation, review and audit. Useful factsheets, protocols and audit forms are included as useful starting points for practices to devise their own.

Price £15.00 (£16.50 non-members).

## **Occasional Paper 68**

### **Influences on Computer Use in General Practice**

About nine-tenths of general practitioners were using the computer in some way by 1993, but little has been known about those practices who do not use computers. This new Occasional Paper by Professor Mike Pringle and colleagues is therefore particularly welcome because it is the biggest survey so far studying the reasons why general practitioners, particularly in inner cities, do not use computers or use them less often than colleagues in other areas. This work represents the state of the art on the use of computers in general practice with particular reference to those practices that have not adopted them. It should therefore become a valuable reference on this subject.

Price £15.00 (£16.50 non-members).

## **Occasional Paper 69**

### **Drug Education in General Practice**

In 1992 the European Academy of Teachers in General Practice (EURACT) was established with the aim of fostering and maintaining high standards of care in European general practice. It chose as its theme for its first major conference the place of drug education in general practice and it brought together a number of leading European thinkers in the field. A selection of papers from the conference is now published as Occasional Paper 69. The main themes concern the increasing role of the patient as consumer, the increasing availability of data about prescriptions and continuing conviction that the use of drugs is likely to remain a vital component of quality of care in general practice.

Price £12.00 (£13.20 non-members).

## **Occasional Paper 70**

### **Significant Event Auditing**

Professor Mike Pringle and colleagues conducted a study involving 20 practices, half of which carried out significant event auditing over a period of a year, and half of which carried out conventional audits. The results of audits on a wide range of topics are given and the two methods are compared and contrasted. This research is important for the new emphasis it places on qualitative review; for the emphasis it places on the whole person; and for the emphasis it places on people working together in the practice setting rather than elsewhere.

Price £15.00 (£16.50 non-members).

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# Topical reading for **HEALTHCARE PROFESSIONALS**

## **BACK PAIN**

**Report of a CSAG Committee  
on Back Pain**

*Clinical Standards Advisory Group*

This report is concerned with the standards of clinical care for, and access to and availability of services to, NHS patients with back pain. The CSAG has concentrated on the treatment in the first six months after the onset of low back pain and in particular on the first six weeks in primary care. The report was prepared with representation from hospital practice, general practice, public health and physical therapies.

DEPARTMENT OF HEALTH  
A4 92 pages ISBN 0 11 321887 7  
Paperback £14.95

## **EPIDEMIOLOGY REVIEW: THE EPIDEMIOLOGY AND COST OF BACK PAIN**

**The Annex to the Clinical Standards Advisory  
Group's Report on Back Pain**  
*Clinical Standards Advisory Group*

The aim of this review is to collate the available evidence on the epidemiology of back pain in Britain, to assess trends and to estimate the current impact of the problem, including health care. Much of this material is previously unpublished, and a major additional benefit is to draw widely scattered and inaccessible material together in one source. The review focuses on low back pain and sciatica, which is at present the major health problem.

DEPARTMENT OF HEALTH  
A4 74 pages ISBN 0 11 321889 3  
Paperback £14

## **HOW TO KEEP A CLINICAL CONFIDENCE**

**A summary of law and guidance on  
maintaining the patient's privacy**

*Bryden Darley, Antony Griew,  
Kathryn McLoughlin, John Williams*

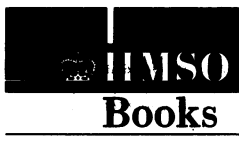
This is the first extensive review of law and guidance concerning clinical confidentiality to be written. As such it will be invaluable to those who use computer systems to hold clinical data, and to lecturers faced with the task of teaching a subject which is growing both in complexity and in the public consciousness. Health and social care managers and practitioners will also find the book gives them an authoritative overview of a subject of which many have only a limited knowledge and understanding.

UNIVERSITY OF WALES  
246x189mm 112 pages ISBN 0 11 701832 5  
Paperback £9.95

## **THE MANAGEMENT OF ANXIETY AND INSOMNIA**

The undue reliance on the prescribing of anxiolytics and hypnotics for the treatment of anxiety and insomnia is currently the subject of much concern. Temazepam in particular has become a major drug of misuse in Scotland. This report aims to encourage a shift towards the use, where appropriate, of the non-drug management of anxiety and insomnia, and helps doctors to look more critically at the prescribing of benzodiazepines.

SCOTTISH OFFICE HOME AND  
HEALTH DEPARTMENT  
246x189mm 52 pages ISBN 0 11 495274 4  
Paperback £6.95



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**For further information contact: Dr Kate Thomas,  
Department of General Practice, Medical School,  
The University of Birmingham, Edgbaston,  
Birmingham B15 2TT  
Tel: 0121 414 3760 Fax 0121 414 6571**

## RCGP

*Scholarships  
and Awards*



### ROYAL COLLEGE OF GENERAL PRACTITIONERS INTERNATIONAL TRAVEL SCHOLARSHIPS THE KATHARINA VON KUENSSBERG AWARD AND JOHN J FERGUSON INTERNATIONAL TRAVEL SCHOLARSHIP

The Royal College of General Practitioners  
invites applications for international schol-  
arships to enable general practitioners from

this country to travel overseas to study aspects of health care  
relevant to this country's needs or to help countries develop their  
own systems of primary care.

The scholarships are also available to doctors from overseas who  
wish to visit this country to study an aspect of primary care  
relevant to their own country's needs.

#### **Katharina Von Kuenssberg Award**

The Katharina Von Kuenssberg Award is awarded each year for the  
most outstanding international travel scholarship application  
submitted.

#### **John J Ferguson International Travel Scholarship**

The John J Ferguson International Travel Scholarship was  
established in 1994. This scholarship is awarded annually for the  
outstanding scholarship application from a doctor undertaking  
study in relation to the Middle or Far East.

The value of each scholarship will not normally exceed £1000.

If you would like further details or an application form please  
contact: Mrs Mayuri Patel, Assistant Committee Clerk to the  
International Committee, Royal College of General Practitioners,  
14 Princes Gate, Hyde Park, London SW7 1PU. Telephone: 0171-  
581-3232, extension 233. Fax: 0171-589-3145.

The closing date for applications is **Friday 18 August 1995.**

## FACULTY OF FAMILY PLANNING AND REPRODUCTIVE HEALTH CARE of the Royal College of Obstetricians and Gynaecologists

### ANNOUNCEMENT

**From the 1st July 1995, entry to the Faculty as a Member  
(MFFP) will be by examination only**

### QUALIFICATIONS OFFERED

#### **DIPLOMA (DFFP)**

- Candidates must be competent in basic  
gynaecological examination
- 2-3 day Theory courses widely available
- Practical training in Faculty-approved clinics  
supervised by Faculty Instructing Doctors
- Open to those with Limited Registration: candidates  
must submit details of their proposed programme to  
the General Medical Council in advance

#### **MEMBERSHIP (MFFP)**

- Part 1 consists of a Multiple Choice Question paper  
and can be sat after holding a medical qualification  
for at least one year
- Candidates must have held the DFFP for at least  
TWO years and completed a Dissertation before  
applying for Part 2
- First Part 1 examination 26th October 1995  
(closing date 1st July 1995)

Part 2 comprises

- Modified Essay Question paper
- Critical Reading Question paper
- Objective Structured Clinical Examination

The Faculty Board may allow those whose degrees do  
not qualify them for full Registration with the GMC to enter  
for Part 2.

Both qualifications are subject to re-certification every five  
years. DFFP information pack and MFFP regulations available  
on application to:

Membership and Training Secretary, Faculty of Family  
Planning and Reproductive Health Care of the Royal College  
of Obstetricians and Gynaecologists, 27 Sussex Place, Regent's  
Park, London NW1 4RG, UK. Tel: 0171 723 3175.

### One Day Conference 20th April 1995

#### **"Maternity Care-Making Choices and Taking Responsibility"**

A Conference to be held at the Royal College of General  
Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU

Organised by North & West London Faculty of the **Royal College  
of General Practitioners** and the **Royal College of Midwives** in  
association with the **Changing Childbirth Implementation Team.**

An opening address by **Lady Cumberlege**, speakers include Dr John  
Noakes, Julia Allison, Gavin Young, Luke Zander, Kate Jackson and  
Kypros Nicholaides.

"Exploring the roles of General Practitioners and Midwives within  
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**ENB AND PGEA APPROVAL HAS BEEN SOUGHT.  
DELEGATE FEE: £25.00**

For further information or to reserve a place please contact:  
Angela Rimmer, North & West Faculty, RCGP, Simpson House,  
255 Eastcote Lane, South Harrow HA2 8RS.  
Tel: 0181-422-4533.

## **DEMYSTIFYING NEEDS ASSESSMENT**

**2 May 1995**

This study day, organised by the RCGP Commissioning of Care Task Group, aims to provide opportunities for examining the methodology of needs assessment in commissioning care.

The day will include both plenary presentations and workshops and is aimed at GPs and primary health care team members involved in commissioning.

The delegate fee (inclusive of VAT) is £55.00 which includes lunch and refreshments.

PGEA applied for.

## **STRATEGIES FOR HEALTH IN DEVELOPING COUNTRIES**

Joint RCGP/IHE/VSO Study Day for General Practitioners

**10 May 1995**

A study day on working in developing countries is being jointly organised by the RCGP, International Health Exchange and VSO. The aims are to raise the awareness of GPs of the health care needs of developing countries, to discuss how these needs can be met and to explore the practical issues involved.

The delegate fee (inclusive of VAT) is £55.00 which includes lunch and refreshments.

PGEA applied for.

## **STUDY DAY ON MUSCULOSKELETAL CONDITIONS IN PRIMARY CARE**

Joint RCGP/ARC Study Day

**17 May 1995**

As part of its new series of Clinical Study Days, the RCGP is organising a study day on Musculoskeletal Conditions in Primary Care, in association with the Arthritis and Rheumatism Council. Topics will include: new guidelines on back pain; bone density measurement; rheumatoid arthritis.

The delegate fee (inclusive of VAT) is £55.00 which includes lunch and refreshments.

PGEA applied for.

## **STUDY DAY ON CLINICAL DEPRESSION IN GENERAL PRACTICE**

**11 October 1995**

Caring for patients with depression is one of the most important and difficult jobs a GP has to face. This study day will tackle the practical problems of achieving a good standard of patient care despite limited resources and consulting time. Refresh your knowledge of depressive illness and share your experience and views with colleagues in the discussion groups.

PGEA applied for. Delegate fee (inclusive of VAT) £55.00.

*For further details please contact: RCGP Courses and Conferences on 0171 823 9703 or Fax 0171 225 3047*



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**Fellowship by Assessment Working Group,  
Vale of Trent Faculty  
Royal College of General Practitioners**

***! Advance Notice !***

The next

**NATIONAL STUDY DAY ON FELLOWSHIP BY ASSESSMENT**

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*Afternoon Programme for F.B.A. Candidates*

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**To apply for places/further information, please write to:**

Janet Baily, Administrator, RCGP FBA Working Group,  
Vale of Trent Faculty, R.C.G.P., Dept of General Practice,  
Medical School, Queen's Medical Centre, Nottingham. NG7 2UH

# **Mobility Advice and Vehicle Information Service**

For more information please write to:

## **MAVIS**

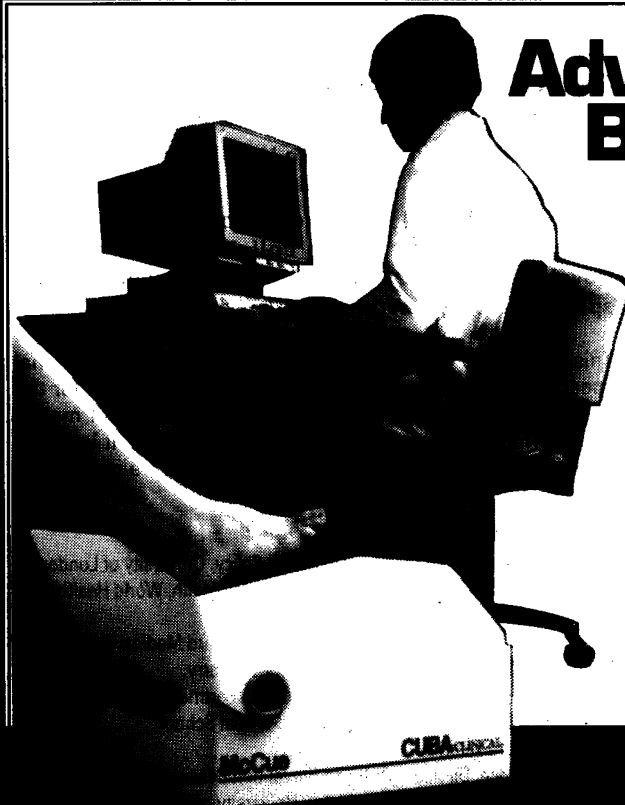
Transport Research Laboratory  
Crowthorne, Berkshire RG11 6AU  
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## **WHO ARE WE?**

The Mobility Advice and Vehicle Information Service was set up by the Department of Transport to provide practical advice on driving, car adaptations and car choice, both for disabled drivers and passengers.

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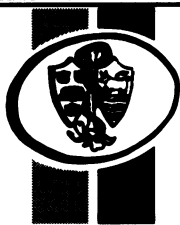
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**For further information please contact:** Claire Foster  
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Heathlands is a  
National Health  
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providing care  
based on an  
understanding  
of the needs of  
people suffering  
from mental ill  
health.

**Heathlands**

Mental Health NHS Trust

A wide range of services are provided at a number of facilities throughout western Surrey and north east Hampshire. Many of these activities are provided in a traditional manner in hospitals in Frimley, Knaphill near Woking, and Guildford. However, Heathlands Mental Health NHS Trust is improving the way that mental health care is provided to local people. Community based services are bringing easier access, better individual care and an end to reliance on institutions.

Our new services will include:

- \* Local Community Mental Health Care Centres where teams of nurses, psychologists, occupational therapists and social workers will be based with psychiatrists providing some out-patient clinics.
- \* Support in the home to people living in the community and those moving from the long-stay institutions.
- \* A rehabilitation unit to help people to re-adjust to life back home following illness.
- \* Care homes for older people who need 24-hour nursing support.
- \* An acute in-patient service for the people who need urgent nursing care.
- \* Help with getting back to work following an illness.
- \* Help with transportation to and from our services.

A range of specialist services including psychiatric care and follow up for mentally disordered offenders; support for families; help with welfare rights; and treatment for people with substance misuse problems, such as drugs or alcohol.

Plans for these services and developments are progressing and if you would like any further information then please contact our Information Section at: Heathlands House, The Ridgewood Centre, Old Bisley Road, Frimley, Camberley, Surrey, GU16 5QE, phone 01276 692919 fax 01276 678174.



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## HEALTH PROMOTION IN PRIMARY HEALTH CARE

How does someone entering the field of health promotion in primary care find out what other work is going on up and down the country? How does a researcher or health professional keep in touch with all the latest projects and initiatives? By accessing the database held at the Health Authority's National Unit for Health Promotion in Primary Care in Oxford, people can keep up to date with developments in this fast changing field.

The database contains details of over 500 local health promotion initiatives and services in primary care in England. The database can be accessed by phone, letter, fax or by online access via a modem.

In addition, the service has recently published 'Health Promotion in Primary Care: a Sample from the National Database' which contains examples of some of the projects listed on the database and provides background information on how to use the service.

Copies of this publication can be purchased at a cost of £4.99 and can be ordered from The National Database, HEA National Unit for Health Promotion in Primary Care, Block 10, Churchill Hospital, Headington, Oxford OX3 7LJ. For further information contact (01865) 225587/226038.

# HEALTH CARE SERVICE FOR PRISONERS



The Health Care of Prisoners is provided in 128 prisons in all areas of England and Wales. There are 270 doctors working in the Health Care Service for Prisoners with 140 full-time medical officers but also 120 part-time medical officers who are general practitioners.

All doctors joining the Service are expected to undertake a programme of training in a way which acknowledges the specialist nature of medical work in prisons including the managerial responsibilities, and which is to be matched by the introduction of a Diploma in Prison Medicine.

All doctors working in the Health Care Service for Prisoners are indemnified by the Service. All necessary facilities and equipment is provided by the Service.

At the present time there are vacancies for both full-time and part-time posts in prisons in many parts of England and Wales. Doctors interested in hearing more about employment in the Service are invited to write to or speak to **Dr Robin Ilbert**, Directorate of Health Care, Cleland House, Page Street, London SW1P 4LN telephone 0171 217 6550, fax 0171 217 6412.

## RCGP

Research  
Funding



Applications are now being invited for grants for research in or relating to general medical practice, for consideration by the Scientific Foundation Board. In addition to its general fund, the Board administers

a number of special funds including the **Windebank Fund for research into diabetes.**

The Scientific Foundation Board's definition of research is catholic and includes educational research, observational as well as experimental studies, and accepts the methodologies of social science as valid. It does not fund educational activities.

If the study involves any intervention or raises issues of confidentiality, evidence of Local Research Ethics Committee approval should be provided as part of your application, or justification given of why it is not necessary to obtain such approval.

Studies which do not, in the opinion of the Board, offer a reasonable chance of answering the question posed will be rejected. It may be useful to seek expert advice on protocol design before submitting an application.

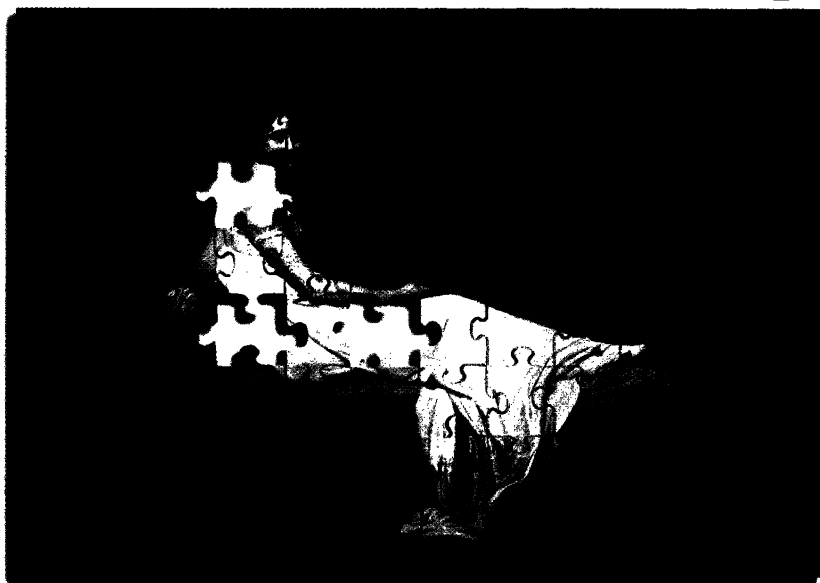
Care should be taken to ensure that costs are accurately forecast and that allowance is made for inflation and salary increases.

The annual sum of money available is not large by absolute standards and grant applications for sums in excess of £5,000 are unlikely to be successful.

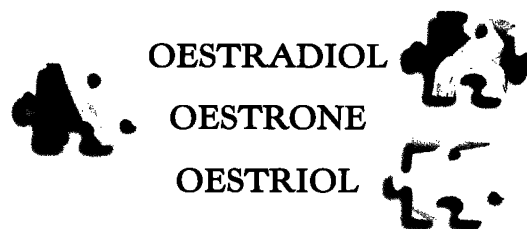
Application forms are obtainable from the Clerk to the Board at: The Scientific Foundation Board, The Royal College of General Practitioners, 14 Princes Gate, London, SW7 1PU. The Board considers applications for funding three times a year, usually in January, May and October. The closing date for applications is eight weeks prior to the date of the meeting. Information on precise closing dates can be obtained by contacting the Clerk to the Board. Any forms received after the closing date will, unfortunately, be ineligible for consideration at the meeting.

Chairman's action can be taken between meetings to approve grants of up to £1,000. This may be particularly appropriate for applications for funding of pilot studies.

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\* The three principal types of oestrogens; oestradiol, oestrone, oestriol



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Legal Category 

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### **EMPLOYMENT LAW AND MANAGING STAFF**

Course Director: Sally Irvine      Course Leader: Hilary Haman

**3/4 May & 26/27 September 1995**

The importance of managing staff effectively and the increase in new legislation and case law, arising from UK statutes and European Directives, demands that practices have a firm foundation in employment law and are kept up to date on the latest legal developments. This two day course in personnel management focuses on motivating staff, and employment law issues, including the Contract of Employment and disciplinary issues. It is designed for members of the practice team whose responsibilities include staff management, and is run by Hilary Haman and Sally Irvine, who are experienced management consultants in general practice and authors of the highly popular book "Making Sense of Personnel Management".

The delegate fee (inclusive of VAT) is £250.00 and includes lunch and refreshments on both days and dinner on the first evening. PGEA approved for two days under Service Management.

### **PERFORMANCE APPRAISAL COURSE**

Course Director: Sally Irvine      Course Leader: Hilary Haman

**23/24 May 1995**

This is a two day course open to general practitioners and practice and health centre managers. It aims to provide an appreciation of performance appraisal, the opportunity to practise interviewing skills, including role play and the use of video, and to develop a plan to allow participants to introduce a staff appraisal scheme into their practice. This course is aimed at both newcomers to appraisal and those who have experience of appraisal but wish to revisit the subject. It is a highly intensive course and therefore limited to 12 participants only.

The delegate fee (inclusive of VAT) is £325.00 including lunch and refreshments on both days and dinner on the first evening. PGEA approved for two days under service management.

*For further details please contact: RCGP Courses and Conferences on 0171 823 9703 or Fax 0171 225 3047.*

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# ADVANCE NOTICE FOR ALL PRACTICE MANAGERS

A conference and exhibition organised by:



*Better Management • Better Health*



## THE THIRD NATIONAL PRACTICE MANAGERS' CONFERENCE AND EXHIBITION 19-21 JULY 1995

In 1995 the Third National Practice Managers' Conference and Exhibition, jointly organised by the Institute of Health Services Management and Radcliffe Medical Press Ltd, will be returning to the International Convention Centre in Birmingham to build on the last two years' success.

The conference will commence at midday on Wednesday 19 July 1995. Contributors will include **Gerry Malone MP, Minister for Health, Donald Light, Carnegie Institute, Carole Green, Commissioning Development Manager, Sefton Health, Claire Perry, Chief Executive, Bromley Health.**

The programme includes workshops on Thursday 20 July featuring topics such as **Career Planning, Practice Business Planning, Managing the changes in a primary care led health service, the Role of the Manager in Clinical Audit** as well as others. The popular Practice Managers' Forum, where practice managers make their own presentations, will take place on the morning of Friday 21 July.

### **UNTIL 30 APRIL 1995**

**Fees: £160 + VAT IHSM Members, £185 + VAT Non-members**

### **FROM 1 MAY 1995**

**Fees: £170 + VAT IHSM Members, £210 + VAT Non-members**

Full programme details and a booking form will be available in March 1995. If you wish to register your interest please contact Rebecca Dodman, IHSM, 39 Chalton Street, London NW1 1JD. Tel: 0171-388 2626 Fax: 0171-388 2386.

A wide range of sponsorship opportunities is available for commercial sector involvement and there will be a commercial exhibition running in conjunction with the conference. Details are available from Sandra Barradas, IHSM, 39 Chalton Street, London NW1 1JD.

## CLASSIFIED ADVERTISEMENTS

Classified Advertisements are welcomed and should be sent to: Maria Phantis, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. Telephone: 0171 - 581 3232. Fax: 0171 - 225 - 0629. Copy must be received three weeks before the 1st of the month of issue to ensure inclusion. Every effort will be made to include advertisements received after this date but publication cannot be guaranteed and the advertisement may have to be held over to the following issue. The publisher will not be responsible for any error in the insertion of, or omission to insert, any advertisement. The charge for space in this section is £12.00 per single column centimetre, plus £10.00 if a box number is required, plus VAT at 17.5%. Fellows, Members and Associates of the Royal College of General Practitioners may claim a 10% reduction. Replies to box numbers should be sent to the above address, with the box number on the envelope. The inclusion of an advertisement in this *Journal* does not imply any recommendation and the Editor reserves the right to refuse, amend or withdraw any advertisement without explanation. All recruitment advertisements in this section are open to both men and women.

## EDUCATION

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Past President of the Acupuncture Foundation of Canada, teacher, Fellow and International Vice President of the Society of Orthopaedic Medicine (London).

This course will introduce you to the neuroanatomical and neurophysiological basis of this millennium old therapeutic technique. You will be able to apply the knowledge acquired immediately in your practice of pain management using twenty basic points of acupuncture.

The course is accredited by The Acupuncture Foundation of Canada, which is planning further, more advanced courses in Britain.

#### INTRODUCTORY COURSES CANNOCK - MAY 19-21 1995

Nicky Snazell, Acupuncture Course, Physiotherapy Department, Cannock Chase Hospital, Brunswick Road, Cannock, Staffs WS11 2XY. Tel: 01543 576412. Cheques to be made payable to "CCH Physio Trust Fund MSGH NHST."

#### EDINBURGH - SEPTEMBER 1-3 1995

Kim Bull, Acupuncture Course, Physiotherapy Department, Princess Margaret Rose Orthopaedic Hospital, Frogston Road West, Edinburgh EH10 7ED. Tel: 0131 536 4600. Cheques to be made payable to "PMROH Orthopaedic Course Fund."

FEE: £140.00. No post dated cheques please.

The course is open to medical doctors and physiotherapists.

PGEA previously approved and will be requested for these courses.

### THE ASSOCIATION FOR PSYCHOANALYTIC PSYCHOTHERAPY IN THE NHS (A.P.P)

A one day Conference

#### PSYCHODYNAMIC PERSPECTIVES IN OLD AGE PSYCHIATRY:

A Necessary Integration

Saturday 13th May 1995 9.30 to 16.30

At: St Charles Hospital, Exmoor Street, London W10 6DZ

For further details please contact: Denise Kelly, Conference Secretary to the APP, 50 Scholefield Road, London N19 3EX.

### LOSSIEMOUTH, Moray, SCOTLAND

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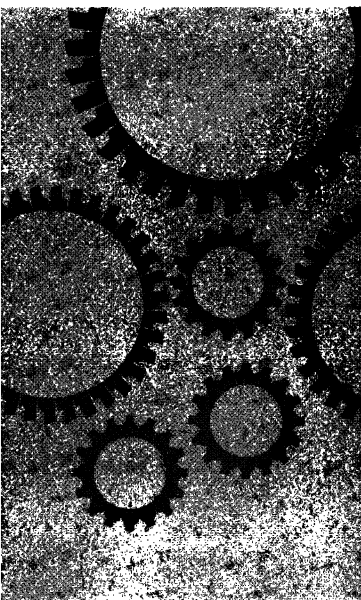
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# Making it work more effectively



## Key Strategies

Information is person-based

Information comes from  
operational principles

Information needs to be shared

Information supports  
management

Information enables business  
objectives

Information focuses on health

Information is our business

**Can we talk?**  
**Just pick up the phone!**

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**That's where we come in.** IMG is charged with providing an NHS wide strategy for delivering effective healthcare, through better use of IT resources. We understand the management and implementation issues of IM&T, can suggest ways of presenting the concept of IM&T to management and then help draw up a nationwide strategy of clearly focused delivery.

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From 6th March 1995, this office will be relocated to:

**IMG Information Point/NHS Register of Computer Applications**  
**c/o Cambridge and Huntingdon Health Commission**  
**Primrose Lane, Huntingdon, Cambs PE18 6SE**  
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