Newsletter

GLOUCESTERSHIRE LOCAL MEDICAL COMMITTEE

May 2014 Edition

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By the time you are reading this the LMC Conference will have been held and media reactions will have been aired and perhaps forgotten. However, the Conference addressed some very important issues: the extraordinary financial, work and regulatory pressures facing practices, and what to do about the situation. The best way to get a summary of all the issues would be to read the Chairman's opening address, attached for ease of reference at Annex A. (It is lengthy, but we make no excuse for that as it is all highly relevant.)

The same issues cropped up again and again in the Conference:

- There is a manpower crisis; too many GPs are leaving the profession early and not enough new doctors wish to become GPs. Low morale has many causes: increased work; reduced pay; a preference for part-time salaried or locum work rather than being a full-time partner; persistent adverse views in certain sections of the media; and little prospect of things improving.
- More appointments than ever are required; our aging population inevitably need more care, but also a succession of political promises have raised the expectations of patients, at the same time moving care from secondary to primary level, usually without properly resourcing it. It would help if patients were prepared to use the limited NHS resources wisely, as was recommended by Bevan when the NHS was set up.
- The premises in which GPs work are sometimes in desperate need of extension or replacement.
- The share of the NHS budget allotted to primary care has been steadily going down for years, which runs counter to the generally accepted view that general practice is the bedrock and foundation of the NHS.

The BMA has now agreed to back a sustained public relations campaign to improve the perception of GPs by politicians, the public and the media. This is called 'Your GP Cares' (see below).

PROMOTING GENERAL PRACTICE

You may have noticed that the Locality Commissioning Groups in the county are conducting a workforce survey? This is a reflection of a general concern about the future of general practice. The BMA has now launched a campaign called **'Your GP Cares'**. This is to increase awareness amongst the public, patients, government and policymakers of the intense pressure faced by general practice. This pressure is caused by escalating demand, fuelled by demographic change of an older population with complex needs, coupled with the shift of care out of hospitals. It

also highlights the impoverished infrastructure of general practice with regards to workforce and premises, and of a service where demand simply outstrips capacity. It will promote solutions, and fundamentally the long overdue need for sustained investment.
The campaign will be a prolonged programme of activity, leading up to the next general election. It will also enable GP practices to publicise the campaign to and involve their patients, through materials to be used in GP surgeries, which will be made available in the near future.
The website to go to for more information is:
www.bma.org.uk/YourGPcares.
The twitterati can be encouraged to tell the BMA what they think at #YourGPcares
Local activity will be crucial to the success of the campaign. Please spread the word.

HEPATITIS B INOCULATIONS

Medical schools are still sometimes asking practices to inoculate young people against Hepatitis B before they attend. You are not obliged to do this under your GMS/PMS contract. The GPC is clear that this is an occupational health matter. The medical school can contract with the practice to provide that service, in which case the practice can charge the medical school (NOT the patient!). See also http://www.gloslmc.com/library1.asp?id=10

'LEGAL HIGHS'

Please note the legislative changes that take effect from 10th June 2014, summarised below.
Note, however, that Ketamine is not being rescheduled immediately. In line with the Advisory Council on the Misuse of Drugs' (ACMD) advice, the Home Office will undertake a public consultation later this year to assess the impact of rescheduling ketamine to Schedule 2. A final decision on the appropriate schedule in which to place ketamine will be made following the public consultation. Until then ketamine will remain a Schedule 4 Part 1 drug and will continue to be available for use in healthcare as is currently the case.

Changes to 'legal high' drug laws	***Tramadol***	***Lisdexamfetamine***	***Zopiclone***	***Zaleplon***
Designation from 10th June 2014	Schedule 3 (CD No Reg POM)	Schedule 2 (CD POM)	Schedule 4 (Part I)	Schedule 4 (Part I)
Safe Custody Regulations apply	No	Yes	No	No
Controlled Drug Prescription requirements	Yes	Yes	No	No
Prescription valid for	28 days	28 days	28 days	28 days
Address of the prescriber required to be within the UK	Yes	Yes	No	No
EEA and Swiss prescribers can legally prescribe	No	No	Yes	Yes
Prescription is repeatable	No	No	Yes	Yes
Emergency supply	No	No	Yes	Yes
Controlled drug Requisition necessary	Yes	Yes	No	No
Requisition to be marked by supplier	Yes	Yes	No	No
License required to import or export	Yes	Yes	Yes	Yes
Denature before disposal	Yes	Yes	Yes	Yes

GMC AND MDO FEES

Beware! If you fail to renew your GMC subscription you risk losing your career; and if you don't renew your Medical Defence Organisation membership then you will risk not being protected. So, if you move house, change your pattern of work (e.g. more OOHs) or swap banks you really must ensure that these organisations are aware of the change.
If you are sufficiently paranoid you might like to make the payments to the GMC yourself rather than trusting your practice to do it for you. As regards payments to the MDO, some practices have a joint contract covering all GPs. In such a case the practice will, of course, pay the fee.

UPDATE TO PHARMACEUTICAL NEEDS ASSESSMENT

Gloucestershire County Council is currently re-assessing the availability of pharmaceutical services across Gloucestershire.

As part of this work, they are keen to hear the views of Gloucestershire residents and have developed a short questionnaire to help gather feedback from anyone who uses community pharmacies or GP dispensaries in the county. The questionnaire is open via the link below until Monday 29 September. Responses to the survey will inform the Gloucestershire Pharmaceutical Needs Assessment, which is used to plan and commission future pharmaceutical services.

www.gloucestershire.gov.uk/yourpharmacy

Help is available to assist with the completion of the questionnaire if needed. The help-line number is 01452 426260 which is available between 8:30 am and 5pm Monday to Friday excluding bank holidays.

GP TRAINEES

Tax Relief. At Conference it was stated that GP trainees can now claim tax back on their 'mandatory exit examination fees'. We have now heard from the BMA that The RCGP have started sending out letters regarding tax relief on AKT and CSA examination fees paid since 2009. The RCGP have set up a dedicated web page for more information about this issue.

Although this will translate into a significant tax saving, the GP Trainees subcommittee will continue to lobby for more of the exam costs to be transferred into the membership fee thereby reducing the costs of individual examinations.

Dr Pauline Foreman (new Chief Examiner, RCGP) has been invited to the next GP Trainees Executive Group meeting in two weeks time and this is on the agenda for this meeting.

Future GP Trainee Contract. GP Trainees will soon receive from their deanery a data collection spread sheet and a letter including instructions on how to complete the spread sheet. The collection asks for trainees to record the hours they have worked for a two week period beginning on **2nd June** as well as their OOH work for 12 months.

It is essential that as many GP trainees as possible take part in the collection to ensure that the BMA has accurate information for their negotiations. If you have any questions about this process please contact cscott@bma.org.uk

GPC REPRESENTATIVE

At the recent GPC elections Dr Mark Corcoran was elected to represent Gloucestershire and Avon. Dr Corcoran is also chair of the Avon LMC.

JOB VACANCIES

A list of job vacancies is at Annex B, and can also be found on our Website.

MAX'S MUSINGS

I dropped in at the beginning of the LMC's Conference as an observer. Outside the entrance of the Barbican Hall in York was a band of 20 or so very bedraggled protesters with placards (and therefore no umbrellas) who were naturally against the idea of charging patients to attend GP appointments. In chatting with them (it seemed only polite to listen) some said they would welcome being told how much their appointment and treatment would have cost them had they been paying for it in full. However, they reflected the common view that we are ever so lucky in this country to have such a system and should try hard not to lose it.

I see that the Conference agreed with them, voting down any idea that patients should be charged to visit their GP, but were equally emphatic that all the available blood had been squeezed from this particular stone. Without a proper share of the NHS's resources general practice would be unable to provide its proper share of work for the NHS. Indeed, general practice as we know it could go out of business altogether. Stress is bad, but not so bad if you all pull together. If practices start to go to the wall there is likely to be a 'domino effect', putting ever greater demand on a reducing number of practices.

Let me assure you that mine will not be one of them.

And finally:

Sharon was putting on weight. Her mother, a somewhat overbearing woman, told the doctor all about it; poor Sharon was not allowed to say a word despite being a young woman of 15 years.
After a long monologue from her mother about how it must be her glands, the doctor examined Sharon and was able to make the diagnosis.
"Well," said the doctor, "I'm afraid that the reason why Sharon is putting on weight is that she is PREGNANT."
"Nonsense," said Sharon's mother, "you're wrong, you've obviously made a mistake. Such a thing is just not possible. Sharon would never do anything like that; she doesn't know anything about such things."
Turning to Sharon she boomed at her daughter, "Isn't that so?"
Poor Sharon could only shake her head in abject agreement.
The doctor said nothing. He just washed his hands, walked to the window and stared intently into the evening sky.
"Well, doctor, have you nothing to say? Are you just going to stare out the window?" bellowed Sharon's mum.
The doctor quietly replied that he was looking for something, because the last time that this had happened a new star had arisen in the East and three wise men on camels had come looking for the fortunate mother and child.

This newsletter was prepared by Mike Forster, LMC Lay Secretary, & the LMC Office

ANNEX A TO
GLOS LMC NEWSLETTER
DATED MAY 2014

DR CHAAND NAGPAUL'S ADDRESS TO THE LMC CONFERENCE

Addressing GPs from across the UK at the annual BMA Local Medical Committees conference, BMA GPs committee chair Chaand Nagpaul said:

I'm honoured to stand before you, for the very first time as Chair of the General Practitioners Committee, and to represent all 46,000 dedicated GPs working tirelessly across the UK, from partners, salaried, locum and trainee GPs.

Today, nearly a million patients will visit their GP surgery, that's 16 times more than those who'll attend Accident and Emergency units. UK general practice is truly the lifeblood of the NHS, its foundation and that which keeps the rest of the NHS afloat.

Yet this honour comes at a daunting time when general practice is in a parlous state, facing unprecedented challenges. I took office last July on the back of an imposed contract in England piling upon GPs a mountain of bureaucracy and unresourced work, and a summer of relentless media and political onslaught, scapegoating GPs for rises in A&E attendances, to cancer mortality rates, linking it to GP opening hours, and preparing the political mood music for extended contractual access or personally providing out of hours care.

Contract success

Compared to when we met last year, we have today notably negotiated contracts across all four nations. In England, there was always the spectre of another imposition this year, from a government that had tasted blood once. Despite that, we negotiated hard to reverse most of the assault of last year's imposition, but crucially with no change in contractual hours, or OOH working arrangements.

So while months earlier the GPPAQ questionnaire or BP 140/90 target were non-negotiable, these and a raft of other imposed indicators have now disappeared. And while in England we'd never managed to get rid of a single QOF point without it being replaced by something harder, we've now moved 238 points into core funding. Three DESs imposed last year in risk profiling, remote care monitoring, and online patient access have all been scrapped with further resources moving into core budgets.

We also reversed the imposed QOF threshold increases that would have commenced this April, and prevented the introduction of any new NICE QOF indicators. So on all counts we achieved significant U turns within months. And having paved the way in England, I'd like to congratulate the negotiating teams of the devolved nations in Wales, Scotland and Northern Ireland for achieving similar contractual improvements for their GPs.

This was of course a negotiation, operating in the art of the possible, with give and take. The unplanned admissions enhanced service in England will certainly require work, but must be balanced against the significant tranche of bureaucracy and onerous work we've removed.

And while it's right for GPs to proactively care for their most frail and ill patients, I've been absolutely clear to government that this enhanced service will not in itself achieve its aims unless the rest of the system plays its full part with coordinated health and social care services, from falls prevention, community nursing, rehab, home care and so on. This wider personalised care needs time and resources.

Yet GPC's initial findings show that only one in five CCGs have made available the additional £5 per head resource promised by NHS England to practices. Therefore I'm forewarning government at this early stage that frail older patients will not receive the care they need until and unless this pronounced funding and community support becomes a reality.

Quadruple whammy

But I also have no illusions. These contract changes, while a step forward, don't address the fundamental issue of chronic underfunding and unsustainable pressures on UK general practice. We have the quadruple whammy of a crisis in workload, workforce, premises and morale. Last year's GP worklife survey by Manchester University showed GPs suffering extreme levels of stress - the highest since records began, and a sharp rise in those intending to retire early.

The government can't argue with these findings, since they themselves commissioned this report, but conveniently fail to mention it anywhere. And what's NHS England's cure? To shamefully threaten withdrawing occupational health services for over-stressed GPs and their staff when they need them most.

And if, as some politicians and others claim, general practice really is such a jolly for overpaid GPs, then why but why are young doctors shunning it in favour of working in hospitals? We can't recruit enough GP trainees to even match the government's own target to sustain general practice, with the numbers of young doctors choosing to become GPs going down 15 per cent last year.

These doctors are not shunning the discipline of general practice, but the intolerable pressures that GPs are subject to, together with relentless attacks that devalue what we do, and which has butchered the joy and ability of GPs to properly care our patients.

Let me warn those that continue in their quest to denigrate us. Continue to put off younger doctors into becoming GPs, continue to accelerate those leaving the profession, and you certainly won't have the last laugh when you won't have a GP to turn to in times of need, and when the NHS collapses because its very building blocks have imploded.

GPs won't roll over

But we won't just roll over and let this happen. General practice matters too much to you and me, but more importantly to our patients who fundamentally depend on us.

I decisively wanted to become a GP the day I set foot in an inner-city London practice as a medical student. I was awestruck by the enormity and breadth of knowledge and skill of my GP tutor, mixed with the sensitivity and continuity that being a GP is all about, as well as factoring the psychological and social context of his patients.

To me, this towered above anything I'd ever experienced in hospital. I entered a vocational training scheme in the late eighties when general practice was - incredulously - the most popular postgraduate specialty. I was one of two successful applicants out of 180. I was selected for a partnership out of 80 competing doctors, and where I've been a GP since for 24 years.

So for me being a GP is an achievement, a privilege and source of deep pride, and I will not preside over the destruction of a discipline that like for you is my life, my vocation, and defines my values.

And amidst all the vilifying headlines and distorted anecdotes, I'd like to thank our greatest partners and allies - our patients, the overwhelming majority of whom continue in repeated surveys to express gratifying levels of satisfaction and most importantly trust in their GP- something that will always elude politicians and the commercial world that government is so in thrall of.

And whatever mud is slung, let us not forget that the sanctity of the interaction between GP and patient in the privacy of the consulting room has remained unchanged for decades. We're let in to the world of our patients, confiding in us secrets not even known to their loved ones. Patients commonly delay an operation only because of wanting the approval of their GP first, who they trust to have their interests at heart as their advocates.

It's a privilege when we visit the abodes of our frail elderly when they need us in distress, with a touching reminder of their life history displayed on the mantelpiece. General practice remains a great job, indeed the best job in medicine. And it's rooted in the trust that defines the GP patient relationship. Trust that cannot be taken for granted, and which once lost will not be regained.

And which is why we must reject, oppose and challenge any system that threatens it, from perverse schemes that crudely incentivise GPs to deny patients care, systems that contaminate the consultation with conflicts of interest, or anything that threatens the confidentiality of the personal information that patients provide to us.

And this is at the heart of why GPC called for a halt to care.data – because we want to ensure that patients trust the security of their personal information held by their GP, and what happens to it.

Act to protect practices

So what else needs to be done?

The immediate priority must be to protect those practices whose futures are at stake by imposed MPIG and PMS funding cuts. NHS England has flagrantly reneged on its assurance of national protection for outlying practices. The reality has been for practices to be left hung out to dry, at the mercy of pointless local negotiations with no funding, and without a thought as to the effect on patients.

I have contacted several practices, looked at accounts and met MPs and it is shameful that patients will suffer at the hands of a formula that simply doesn't capture the particular workload and patient needs in such practices. I have therefore this week written an open letter to Simon Stevens, Chief Executive of NHS England, asking for an urgent meeting demanding that this unacceptable situation is addressed.

And the government doesn't actually have to dig deep into its pockets to sort this – it paid five times the value of the total MPIG correction factor for a hospital winter crisis that didn't even happen. And to add insult to injury NHS England plans to strip another £235m PMS moneys out of GP budgets, money which should be used to support all practices to provide stretched essential services, rather than siphoning it off for new initiatives. And government must recognise that starving general practices of cash, is starving services for patients. And it's patients who suffer.

We must then stem the relentless, unresourced work shifted into GP consulting rooms that overloads our ability to care. It's indefensible to have a funding system that pays for every contact and procedure in other parts of the NHS, while taking advantage of the capitated GP contract by piling open-ended work onto practices to simply absorb without any new resources or capacity.

This is unfair to patients who are subject to a pass the parcel experience that ends up in the GP surgery when the music stops. CCGs and commissioning bodies in the devolved nations must use their commissioning levers to make sure that when work is transferred out of hospital into general practice, that resources shift too, provided that GPs are willing and competent to provide that care.

And as for CCGs, we must restate that these are membership organisations. CCG boards must support member practices, who in turn should exercise their rights to hold their board to account. Yet initial findings from our CCG survey revealed that only one in eight GPs feels confident to challenge CCG decisions, whilst two-thirds feel their workload had increased. CCGs are not having it easy, but I urge them to park NHS England's blue-sky five year plans for just a moment, and instead engage and involve all GPs, support them, and help them with their workload and not unwittingly add to it.

Conveyor belt medicine

We then need time to care. The 10-minute consultation as a standard is an anachronism that should be consigned to the dustbin of history. Ten minutes is an insensitive insult to the needs of so many of our patients - those with long term, complex or mental health problems.

GPs are forced into providing conveyor belt medicine at breakneck speed up to 60 times in a day. Add to this the sheer volume of phone calls, visits, repeat prescriptions, results, reports and hospital correspondence and we have an unmanageable, exhausting and unsustainable workload that puts safety and quality at risk, and is short-changing our patients daily.

We also need the physical space to care. With no national dedicated funding for GP premises in over a decade, we're trying to provide 21st-century general practice from buildings belonging to a past era. Many practices don't have the rooms for GPs to consult in, areas for patients to wait or staff to work, nor space to provide more services or train future GPs.

So while CQC passes judgement on individual practices with inadequate premises, the elephant in the room is about actually providing the funds to make GP estate nationally fit for current and future needs, and this will be a key plank of GPC's campaigning agenda this year.

But ultimately we need people to provide care, with 40 million more patient contacts per year than five years ago. The immediate priority must surely be to retain the current workforce, and stem the tide of early retirement, and GPs migrating overseas. As a start let's resurrect the retainer scheme, and also remove the crazy hurdles that prevent many doctors from returning to general practice.

And it's only by making the job manageable, rewarding and in suitable premises that you stand a chance of improving recruitment. GP practices also badly need more staff - the nurses, healthcare assistants, receptionists and admin to deal with our escalating patient volumes. And we need expanded primary care teams built around the practice, with community nurses supporting GP's in caring for our rapidly growing older population. This can all start now if the government commits to resources.

Politicians must also open their eyes to see that the crisis in the NHS isn't only about four hour casualty waits, but also where 90 per cent of patient contacts occur daily - in general practice. So while £500m was given to ease the pressures in accident and emergency, it's a kick in the teeth for general practice to receive £50m not to ease any crisis or pressure, but actually to provide even more over seven days.

The Challenge Fund could have been used as its name suggests, to address the real challenge of GPs struggling to cope in providing essential services for the needs of patients daily. And the opposition also appears blind to current pressures, and is failing to learn from the past, in resurrecting a discredited 48 hour access target, that will force GPs into offering perverse appointment systems that distort clinical priorities.

Patients deserve better than this political gimmickry.

Emergency department visits 'myth'

And we must also dispel the myths that demean us. Firstly GPs have not opted out of anything. UK general practice serves the population 24/7 365 days a year, as it did before the 2004 contract, after 2004 and will continue to do so in the future. A patient in the UK needing a GP at 3am can and will be able to see a GP. What has rightly changed, is that the GP visiting you at three in the morning won't be the same GP who saw you at 3pm the day before.

And it's absolutely right to have put an end to GPs working throughout the day, night and weekends which was wholly unsafe for patients.

And while we're fed the line that inadequate out of hours care is driving swathes of patients to casualty, the evidence shows the exact opposite. The Commonwealth Fund compared a range of out of hours systems across Europe, USA, Canada and Australasia, and showed that the UK had the fewest number of patients attending casualty due to lack of access to out of hours services.

But if you really want to improve things, then start with the first point of contact a patient makes out of hours which is a phone call to NHS 111. It's a disgrace that patients have to endure a litany of questions from a computer algorithm about what they don't suffer with, rather than what they do, with GPs receiving two pages of meaningless negative findings rather than why the patient actually sought help.

Sort this out first, rather than diverting blame on other parts of the system. Patients should speak to a clinician at times of urgent medical need, not a lay person guided by electronic robotic questions that have no grasp of their complex, multiple or mental health issues.

And let's also put to bed once and for all the lie that GP opening hours are in any way related to A&E attendances. A fallacy quashed by a King's Fund analysis, which also showed that simply creating seven-day walk-in centres just increases demand and doesn't reduce A&E pressures. There are 340 million consultations in general practice annually compared to 21 million in A&E.

The truth is that GP practices manage demand on A&E, not the other way round. And if you destabilise general practice, it would only take us to see 6 per cent fewer patients to double the numbers attending casualty if they went there instead.

Your GP cares

Therefore we need to stand tall with confidence and pride, and not let attacks which are heavy on spite and light on evidence undermine our self worth. We must fight for our rightful recognition, for fair resources and valuing the greatness of UK general practice. And to remove obstacles that prevent GPs from doing their best for patients.

And this is why we've launched our campaign telling the public and patients that 'Your GP cares'. Cares about the fact that your care is being undermined, compromised, and devalued. And this campaign is not a one-hit wonder, but will be a sustained programme of activity.

We've just launched an e-petition to government, and with a range of activities and publicity planned in Westminster to influence all parties in the run-up to the 2015 UK general election. We're providing practices with the tools and materials to involve your patients, and I'd like to remind politicians that 90 per cent of the UK population will see their GP in the coming year.

But we also need an honest dialogue about how to use finite scant resources. It's irresponsible in a climate of austerity to stoke up demand, raise expectations when there's a requirement to save £30bn.

And the public must be told of trade-offs and that there are choices to be made, moral choices. Do you want GPs to spend more time providing personalised care to older frail patients in greatest need with multiple morbidity, or do you want GPs to spend time instead in their surgeries on Sunday afternoon waiting for healthier adults to walk in on the basis of convenience?

You can't have it both ways from a skeleton GP workforce that isn't even coping with current demands. And nowhere in the developed world, where they spend much more than us on health, can they afford the luxury of a state funded routine GP service open 8-8 seven days a week.

And patients need be our partners in managing demand, through responsible use of GP services, as well as empowering them with appropriate self-care and management.

And I'm prepared to lead this debate with GPC launching a public consultation this autumn asking these precise, difficult but honest questions which politicians choose to ignore for electoral reasons.

GP practices 'a bargain'

And when money's tight, what does any business do? It invests in the most cost-effective tier to release cost efficiencies, and in the NHS that is undoubtedly general practice. GP practices are a bargain at the price - we receive just over £70 per patient annually – to provide unlimited consultations, home visits, phone calls, health advice, repeat prescriptions and so on for a whole year.

Contrast this with a typical tariff payment in England of about £150 for a patient to simply walk through the door of an outpatient clinic once.

Yet the direction of NHS spend is totally opposite. While huge tranches of care have moved.

out of hospitals in the past two decades, it's shameful that the number of GPs as a proportion of doctors in England has decreased from 34% to now 26% and the proportion of NHS spend on general practice has dwindled from 10 per cent a decade ago to less than eight.

So after years of devaluing our worth, the crux of my argument to government since I took office, is for politicians to grasp that general practice is the solution, not the problem. That increasing the proportion of NHS spend into general practice by just an initial 2.5 per cent, will translate to a one third increase in our resources and which could transform our ability to provide care that patients need, and reap huge cost efficiencies in a cash-strapped NHS.

And if Treasury is mistakenly paranoid about this being about GP pay, allow me to negotiate for resources to be directly used for more GPs, premises, nurses, staff and services, since the overwhelming priority for GPs is to have a manageable workload and tools and space to do their job of caring for patients. And resurrect the pride of being a GP that drew you, me and 46,000 others into our esteemed profession.

So in conclusion, I'm asking government to decide whether it wants a sustainable future NHS. And if so, the question is not whether it can afford to support, invest in and develop general practice? The real question is can it afford not to?

ANNEX B TO
GLOS LMC NEWSLETTER
DATED MAY 2014

JOB VACANCIES

Hartpury are seeking an additional match-day Doctor to provide alternative cover on match days for their existing doctor and who might be able to visit during the week to monitor ongoing pathology, and particularly concussion. Their Physiotherapy Manager, Tom Cresswell, would welcome contact from anyone interested.

www.hartpury.ac.uk
w. 01452 702345
m. 07824555821
e. tom.cresswell@hartpury.ac.uk
t. @TommyCrez

GP: St Lukes Medical Practice, Stroud

Vacancy for a salaried GP with view to partnership:

- starting in summer this year
- premises owned by St. Luke's Trust
- around 4100 patients
- GMS
- integrating holistic medicine in an NHS setting
- SystmOne computer package
- on site therapists

This is a rare opportunity to become part of a practice striving to offer integrated and holistic care to our patients with an experienced team of therapists.

With the wish of the two partners to resign, the practice is going through a time of transition and development: various initiatives are in progress:

- The formation of a new company to work alongside the GP partnership
- Expansion of private medical provision
- Introduction of care packages for specific conditions
- Rental of consulting space to complementary practitioners
- Most welcome would be applicants willing to take an active role in developing the practice in the NHS.

For more information about the practice please go to www.stlukesmedicalcentre.org

If you would like to discuss the practice or arrange an informal visit please contact

Adam Beard, Practice Manager
Telephone 01453 756737
Email adam.beard@glos.nhs.uk

For a full list of job vacancies please go to our website