



JANUARY 2015 NEWSLETTER

Our website: <http://www.gloslmc.com>

Twitter: @GlosLMC

Dr. Phil Fielding - LMC Chairman
phillip.fielding@glos.nhs.uk

Mike Forster - LMC Lay Secretary
mike@gloslmc.com

Shelina Jetha - LMC Manager
shelina@gloslmc.com

Sue O'Sullivan - Administration
sue@gloslmc.com

Tel: 01452 310706

Fax: 01452 386503

When an irresistible force meets an immovable object the result is an inconceivable disturbance. On the one hand we have rising, and seemingly limitless, demands on GPs while on the other are constraints (indeed reductions) in GP funding and resources. So what is to be done? Nationally the problem is recognised but there is always a need for hard facts when making political decisions. We therefore hope that lots of GPs will somehow find the time to use the [audit tool](#) advertised below. Likewise, can practice managers please respond to the [survey on reducing bureaucracy?](#) Locally we will be hosting a free afternoon conference on **Tuesday 19th May** (location still to be fixed, lunch provided) at which practice representatives can learn more about what existing solutions have been tried elsewhere and be able to discuss what changes might be made in order to survive into an uncertain future. We hope to see many of you then.

MANAGING WORKLOAD

The BMA has published a [definitive guidance](#) on what work not to accept in General Practice, and how to decline it gracefully, giving useful template letters. Briefly, because there are so many people seeking help then it is only right to concentrate effort on the care that you are funded to provide. Of course, patients have to be kept on side with any changes, and the CCG must be prepared to commission these services appropriately, and new ways of working may ease the pressures also. All these aspects are discussed. Further to that the GPC has the following message for all practices:

As you will be aware from Chaand's newsletter, NHS England has commissioned two pieces of work from the Primary Care Foundation, working with NHS Alliance, to look at ways in which practice workload might be reduced. The GPC is supportive of this initiative, which ties in closely with our recent publication *Quality First: Managing Workload to Deliver Safe Patient Care*.

The Primary Care Foundation has developed an [audit tool](#) to collect information on shaping demand to reduce avoidable appointments. Notwithstanding that GPs are already overloaded with paperwork, please could as many GPs as possible take a little time to engage in this work, as we are confident it will help to demonstrate the excessive pressures facing general practice. The results will also be an important lever to achieve system and commissioning changes to reduce inappropriate demand and workload.

If three or more members of a practice complete this audit, the Primary Care Foundation will prepare a report for the practice, comparing results.

Practice managers are also invited to respond to the [survey on reducing bureaucracy](#). You can find out more about both the audit tool and survey here: www.primarycarefoundation.co.uk/audit-tool.html

NEW GP WORKFORCE ACTION PLAN

NHS England, Health Education England, the Royal College of General Practitioners and the BMA GP committee are working together to ensure that we have a skilled, trained and motivated workforce in general practice.

All four organisations have jointly developed a new GP workforce action plan '[Building the Workforce – the New Deal for General Practice](#)' which sets out a range of initiatives to expand the general practice workforce including:

- Improving recruitment into general practice.
- Retaining doctors within general practice.
- Supporting those who wish to return to general practice.
- Developing the role of other primary care staff such as nurses and pharmacists.

£10million is being invested to kick start the initiatives in the joint plan, which will complement work that is already underway to strengthen the general practice workforce. More information on the plan is available on the NHS England website: <http://www.england.nhs.uk/commissioning/primary-care-comm/gp-action-plan/>

RETIRED QUALITY AND OUTCOMES FRAMEWORK (QOF) INDICATORS SECOND GPC STATEMENT, JANUARY 2015

Following concerns highlighted by practices and LMCs relating to the request from the Health and Social Care Information Centre (HSCIC) to extract data related to retired QOF indicators the GPC Executive Team has taken up the profession's legitimate concerns with NHS England and NHS Employers. We have received an apology from NHS England for the error which resulted in the HSCIC statement that "it is a requirement for general practices to ensure they continue to provide the services linked to these indicators". All parties have agreed that this is incorrect and not in accordance with the agreement negotiated between GPC and NHS Employers.

As a result of our intervention, HSCIC have replaced the statement with "Practices continue to undertake the work and code activity related to retired indicators as clinically appropriate. This data extraction will help inform commissioners and provide statistical information but is not intended for performance management purposes". The HSCIC documents have been republished. www.hscic.gov.uk/retiredQOF

The GPC is also writing to the CQC to alert them to this issue and to seek assurance that it will not use redundant QOF indicators to judge the performance of practices as the level of coding will now be so variable.

We hope that these amendments and republication will resolve the earlier concerns. In the event that you continue to experience issues please contact your LMC (practices) or the GPC Secretariat (LMCs) (info.gpc@bma.org.uk).

WORKFORCE MINIMUM DATA SET

Following the recently issued GPC position statement on the Workforce Minimum Data Set, the GPC has heard further concerns from practices and LMCs about the data collection, particularly around workload and the sharing of personal staff data.

GPC has therefore contacted the Department of Health (which directed the Health and Social Care Information Centre (HSCIC) to undertake this collection) to take up these concerns, and will be meeting urgently with both organisations to discuss the actions being taken to address the issues raised. They are also contacting the Information Commissioner's Office (ICO) to help clarify the legal position for practices in respect of the Data Protection Act (DPA).

In the meantime the GPC advises practices to await further guidance before proceeding with the preparation of the data, and GPC will issue further information as soon as possible.

CO-COMMISSIONING

Gloucestershire CCG has applied to NHS England for the most extensive powers they are prepared to delegate. This will require agreement by democratic vote by the CCG's constituent practices, and the LMC will be running the vote. Details of the vote are awaited; while we would never attempt to induce you to vote one way or another, it

seems to us that what the CCG is seeking would keep funding and power local, which is where it is needed.

THE CARE CERTIFICATE

From March the Care Certificate will replace the National Minimum Training Standards (NMTS) and the Common Induction Standards (CIS) and will provide the framework for these within Health and Social Care respectively. Health Care Assistants, Assistant Practitioners, Care Support Workers and those giving support to clinical roles in the NHS where there is any direct contact with patients are collectively referred to by the Reference (see the end of the paragraph) as Healthcare Support Workers (HCSWs). Those giving direct care in residential and nursing homes and hospices, home care workers and domiciliary care staff are referred to collectively as Adult Social Care Workers (ASCWs). The Care Certificate is a key component of the total induction which an employer must provide, both legally and in order to meet the essential standards set out by the Care Quality Commission. Most notably the training and education of HCSW/ASCWs must meet outcomes 12 and 14, and those responsible for its delivery must meet outcomes 24 and 25. It is up to the individual employer to decide whether the Care Certificate is appropriate. However, to be awarded the Care Certificate the person must meet all of the outcomes and assessment requirements in the Reference. The bottom line is that practices will be responsible for ensuring their staff are adequately trained and certified.

See: <http://hee.nhs.uk/wp-content/blogs.dir/321/files/2014/04/Framework-Technical-for-website-April-2014.pdf>

HANDLING HAIR DRUG TESTS ORDERED BY THE FAMILY COURT

There has been a substantial rise in the number of hair drug tests being ordered by the courts in family law cases. Hair drug testing is an evidential process whereby a small sample of hair is collected and analysed to detect and monitor a patient's drug history. The sample collection process is painless and takes just two minutes. The test results provide information in one, two or three monthly increments, proving abstinence or indicating low / medium / high usage. The most common trigger for a hair drug test is when it is ordered by the courts during a parental custody case, where drug allegations have been made by one or both parties. The courts will often order a hair test to demonstrate a three-month proof of abstinence as a condition of contact with the child. Occasionally, hair drug testing is required for employment purposes.

A sample of hair is taken from the crown of a person's head, using sterile scissors provided in the hair collection pack. About 50 to 75 strands of hair are necessary, which is about the width of a thin pencil, or perhaps the tip of a shoe lace. There are typically in excess of 100,000 strands of hair on the head of the average person, so this should not make any cosmetic difference, unless the individual's hair is very short. In the event that a person does not have sufficient head hair, under-arm hair or body hair can be selected instead. The hair sample is then placed in the pre-paid Royal Mail pack provided, along with a chain of custody consent form and sent out with the Practice's mail.

GP practices may be asked to collect the sample and to sign the appropriate forms to verify the individual's identity. Collection of the sample and verification of the identity of the patient do not fall within the NHS contract. Of course it is important to ensure that the hair presented for analysis has come from the right head, but practices:

- Should feel free to refuse the work.
- Should not feel limited to charging only a nominal fee. They should charge at whatever appropriate charge-out rate their member of staff is worth.

NHS ENGLAND REORGANISATION

BGSW and Thames Valley Area Teams will merge on 1st April to form the South Central Sub-region. The new medical director and RO for our new sub-regional team will be Dr Geoff Payne, currently the MD/RO of Thames Valley area team. Dr Liz Mearns will be taking over as MD/RO of Wessex Sub-region. Geoff will act as shadow MD from February 16th.

SCAMS

As previously highlighted you run a significant risk if you agree to advertise your practice in a 'directory of services'. Often it is a scam, and a careful reading of the small print can reveal the risk of a hefty bill. Many of those running the scams are based overseas so complaining to Trading Standards won't help much. The best advice is to avoid being gulled into signing up in the first place but if, unfortunately, you have signed up then report the scam to the embassy of the relevant country and don't pay a penny until ordered to do so by a British court of law (which order they are unlikely to make). The GPC's latest guidance [is on our website](#). We have also heard of an approach by the 'Children's Safety Campaign' where they allege that months ago a practice representative agreed to give them £189 as sponsorship. It is always £189. It is a scam also.

DEATH IN A NURSING HOME OF A PATIENT SUBJECT TO A DOLS ORDER

A recent High Court judgement has implications for GPs. The coroner must be informed of the death of someone subject to Deprivation of Liberty Safeguarding Order even if the death is expected and natural. We are grateful to Wessex LMC for the following concise guidance:

"Deprivation of Liberty Safeguarding (DOLS)

Following recent communication with the local Coroners concerning DOLS, please find below summary points of the helpful replies received:-

- The Coroners and Justice Act 2009 requires an Inquest to be held when someone dies in a state of detention.
- The Supreme Court has ruled recently that patients subject to a DOLS Order are effectively detained for these purposes. It is this judgement that has caused the confusion and we are not expecting national clarification in the near future.
- The clear advice must be that all GPs, including those who work Out of Hours and who attend a death where a DOLS order is in place, should report this to the Coroner, even if the death is from natural causes.
- If an OOHs GP confirms death and it seems very likely that the patient's own GP is able to issue a death certificate then the body can be removed and the Coroner contacted by the certifying GP. However, if the OOHs GP is uncertain that the patient's GP will be in a position to issue a death certificate, or if there are concerns relating to the death, then this should be reported to the Police using the standard sudden death protocol."

The full guidance from NHS England is available at :

<https://www.easterncheshireccg.nhs.uk/GP%20information.pdf>

SESSIONAL GPs NEWS

The BMA's newsletter for sessional GPs is at <http://bma-mail.org.uk/t/JVX-34W3R-5E2WPBWGC6/cr.aspx>

JOB OPPORTUNITIES

A list of recent job opportunity notifications is at [Annex A](#). A full list of unexpired job adverts is at <http://www.gloslmc.com/blog-job-vacancies.asp>. *For those wishing to advertise with us, please could you include a closing date so that we will know when to remove the advertisement from our current list? Likewise, once the vacancy is filled, please let us know.*

MISCELLANEOUS ADVERTISEMENTS

When we put an advertisement into [Annex B](#) it is on the strict understanding that the LMC is not recommending the service offered, or otherwise. It is included because practices and GPs may prove interested in it and must make their own judgement.

MAX'S MUSINGS

I sometimes watch the BBC's 'Countryfile' programme and was recently enchanted to discover that Dr Finlay (or someone very like him) is still practising in the wilds of the western isles and travelling along narrow, sheep-infested, stone-walled lanes in the depths of winter to make home visits and to drink an amiable cup of tea. The GP there is really valued by his community, and feels like it. Who needs to go to Australia?

In my neck of the woods we are gearing up for a CQC inspection. I really feel for my practice manager who has taken to eating more doughnuts than I do and who winces imperceptibly whenever any more paper is deposited on her desk. I understand from those who have been through the mill that not all inspectors share the vast majority of their DNA with Rotweiler attack dogs; indeed, some are quite pleasant. I hope that ours will be of the latter sort but in an effort to secure a good outcome I have taken up hypnosis as a hobby. All patients coming within range of my fob watch now leave me convinced that my practice is the best they have ever attended. I am beginning to believe it myself!

And finally:

In an office: "WOULD THE PERSON WHO TOOK THE STEPLADDER YESTERDAY PLEASE BRING IT BACK OR FURTHER STEPS WILL BE TAKEN."



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

JOB VACANCIES

Rowcroft Medical Centre
Stroud
Glos
GL5 3BE
www.rowcroftmc.nhs.uk



Rowcroft Medical Centre seeks enthusiastic Doctors to join this friendly forward thinking Practice.

- 12,000 patients, 5 GP Partners, three Salaried GPs and a Retained GP
- GMS Training Practice, high QOF achievement, recent successful CQC inspection
- System1 - EPS
- Excellent Primary Health Care Team
- Purpose built Partner owned premises in semi-rural location with attached Pharmacy
- Excellent local schools-transport links

Specialist interest desirable and personal development encouraged

A number of positions (Partners/Salaried) are available for which hours and contract options are flexible and negotiable.

Informal visits and expressions of interest welcome or apply with CV

Please contact Practice Manager Janice Anderson or Dr Jim Holmes on 01453 764471

Or by email: Janice.Anderson@glos.nhs.uk Jim.Holmes@glos.nhs.uk

Cam & Uley Family Practice

Part-time Receptionist

Cam & Uley Family Practice is looking to appoint a part time Receptionist to join the friendly team, working approximately 20-25 hours per week, plus holiday cover.

Ideally, you will have experience working in the health service, and experience of working with the public. You will be an adaptable team player with ability to work under pressure. A flexible approach to working is essential.

For further details, please contact:
Mrs B Herring, 01453 860459

Applications with CV to UleyAdministrator@glos.nhs.uk - closing date 13 February 2015

GP PARTNERSHIP OPPORTUNITY

Partners in Health, Gloucester

Due to a forthcoming planned Partner retirement, we are looking for an enthusiastic additional partner (up to 8 sessions) to join our well regarded, high quality, forward-thinking GMS Practice later in the year - June 2015. We are focussed on adapting to the significant changes within the NHS to provide the best patient care, whilst maintaining income and controlling workload.

The Practice offers:

- A democratic partnership
- Two surgeries (purpose built and partnership owned)
- Currently 7 partners, a salaried GP and retainer GP
- A List size of 13,800 patients
- EMIS Web clinical system
- Nurse-led clinics, chronic disease management and triage
- No out-of-hours duties required
- High QOF Achievement
- Range of Enhanced Services

For more information, check out our website:

www.partnersinhealthgloucester.nhs.uk

Closing date 31 March 2015; to register your interest, request more information or to arrange an informal visit, please contact the Practice Manager:

Mrs Julie Rudd

153a Stroud Road, Gloucester, GL1 5JJ

01452 385555 or e mail: Julierudd@nhs.net

GP sought - Redfern Health Centre, Salcombe, Devon

Details: – We require a dynamic full-time replacement partner (job share considered) for our friendly 3 partner practice from May 2015.

Situated in beautiful South Devon, we have excellent premises and facilities and provide a high quality service from our experienced team.

High achievers in QOF and recent CQC assessment. EMIS Web clinical system. Training links with medical school.

Forward thinking GP required to meet the challenges ahead with us.

Contact: Please email your CV with covering letter to sue.sharp@nhs.net or send to Mrs Sue Sharp, Practice Manager, Redfern Health Centre, Shadycombe Road, Salcombe, Devon, TQ8 8DJ.

Please telephone Sue Sharp on 01548 842284 if you would like more information.

Closing date: 31.1.15

ST CATHERINE'S SURGERY

5 Session GP Partner

Enthusiastic, friendly and forward thinking Practice in central Cheltenham seeks GP to replace a retired Partner. The Post is part-time 5 sessions a week. (Full-Time 8 sessions a week).

- GMS Practice with 4 Partners including Practice Manager Partner (2.4 WTE) & 4 Salaried GPs (2.6 WTE)
- Highly Skilled Nursing Team (1 Advanced Nurse Practitioner, 4 Nurse Practitioners – All Prescribers, 2 Assistant Practitioner and 2 Health Care Assistant)
- Nurse Practitioner Assessment and Treatment
- Dynamic Administration Team providing close support for LTC, Housebound and Safeguarded patients.
- List Size 9,800 over 2 sites
- Superb purpose built facilities
- Paperlite
- High QOF achievement
- Training Practice (both GP and Nurses)

No OOH but optional evenings/early mornings

We are looking for this post to commence in March 2015.

Please apply with CV and covering letter explaining what you feel you could offer us:

Richard Bull
Managing Partner
St Catherine's Surgery
St Paul's Medical Centre
Cheltenham
GL50 4DP

01242 215068

richard.bull@glos.nhs.uk

For more information please feel free to browse the surgery website on www.stcatherines-surgery.co.uk

Closing date
2nd February 2015

Royal Forest of Dean
Gloucestershire



PARTNERSHIP or SALARIED GP VACANCY

For 5 or 6 sessions (WTE 8).

We are flexible and would be happy to consider applications

for a fixed-term salaried position, possibly with a view to partnership.

Ideally applicants should have an interest in gynaecology and female sexual health and be able to provide a full range of contraceptive services but this should not exclude other applicants and we would naturally value other special interests.

Forest Health Care is a friendly and enthusiastic GMS dispensing practice, situated in a beautiful rural part of West Gloucestershire, between the Wye Valley and the Severn Estuary. The counties of Herefordshire and Monmouthshire border our catchment area and there is easy access to the M4, M5 and M50. The practice has a strong team-working ethos.

The practice offers:

- A democratic supportive partnership
- Branch surgery
- Currently 3.5 WTE partners
- A list size of 7,800 of which 2,300 are dispensing
- Fully computerised using Vision software
- Nurse-led clinics and chronic disease management
- No out-of-hours duties required (option available)
- High QOF Achievement
- Range of Enhanced Services

For more information, check out our website: www.foresthealthcentre.nhs.uk

*To register your interest, request more information or to arrange an informal visit,
please contact the Practice Manager:*

Mrs Sally Charlton sally.charlton@glos.nhs.uk
Forest Health Care, The Health Centre,
Dockham Road, Cinderford, Gloucestershire. GL14 2AN
01594 820820

Closure Date: 30th April 2015

HADWEN MEDICAL PRACTICE GLOUCESTER

GP PARTNER / SALARIED GP 6-8 sessions

Would you like to join our friendly, successful and high earning Practice?

Pharmacy
Training
Innovators
Friendly CCG CPD Dynamic
Entrepreneurial Cohesive Flexibility
Excellent
HighEarning
Enthusiastic
Learning
EarlyAdopters

Applicants are sought for GP Partnership or Salaried GP position with a nominal start date of

1 June 2015. However, finding the appropriate skills, enthusiasm and fit for our team is important to us and we would be willing to wait for the right person. **We would therefore welcome applications from anyone in their final year of training.**

We are a training practice with 8 partners and 4 salaried doctors, and pride ourselves on excellent monthly in-house CPD meetings. We offer a supportive, well-managed working environment and a happy and functional practice team. We are also in the final development stages of a new build project that will help us to meet the future clinical needs of our patient population.

The Practice is situated in a growing city with excellent transport links, 6 local grammar schools, sporting and recreational facilities and beautiful countryside nearby.

Please see our website www.hadwenmedicalpractice.co.uk for fuller details or contact our Practice Manager, Ian.Robertson1@glos.nhs.uk, for further information or to arrange an informal visit.

To apply for the position please forward your CV and covering letter by email to the Practice Manager.

Closing date: 2 March 2015. Interview date: 16 March 2015

Come and find out more at the OPEN EVENING at our Glevum Way surgery from 7.30-8.30pm on 23 February 2015. Please come and meet the Partners, and find out about the exciting plans we have for the future and why you should be a part of

PRACTICE BUSINESS MANAGER

An innovative and dynamic leader required to join a 7 partner practice working from two purpose built premises in Gloucester.

You need to have sound management experience at a senior level with a proven track record. You need to be IT literate, financially astute, have excellent organisational skills and be comfortable managing change.

NHS experience is desirable but not essential.

This is a full time post

Salary £36,000 - £42,000 per annum dependant on experience

Please submit a covering letter of application, together with your CV to:

Julie Rudd

Practice Manager

Pavilion & St James Family Doctors, 153a Stroud Road, Gloucester GL1 5JJ

Email: julierudd@nhs.net

Closing date: 25.2.15

Interview date: 10.3.15

Job Description and Person Specification available on request

For further information about the practice go to: www.partnersinhealthgloucester.nhs.uk

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SUNDRY ADVERTISEMENTS

THINGS TO THINK ABOUT WHEN PLANNING NEW BUILDS OR UPGRADES TO PREMISES

The construction or refurbishment of a GP partnership premises will give rise to the opportunity to claim valuable tax relief in the form of Capital Allowances. Allowances are available for the systems and fit-out within the building. With often complex heating/cooling, and lighting systems; plus consulting rooms and support staff offices fitted to high standards, GP premises particularly benefit from these reliefs.

Capital Allowances have traditionally been treated as post-project tax compliance undertaken by accountants with the help of a specialist surveyor. The recession has moved the need for tax savings upstream and allowances are now often considered at the planning stage and their value factored into financial projections. Banks see these tax savings as a financial safety net to provide support to a funding proposal.

Typically in a new construction around 35% of the build cost of a surgery building is likely to become tax-relieved. In refurbishments this can rise to 50-75% of budget as most of the expenditure is on internal re-fit.

Allowances are written down over time - but the first year benefit is boosted by the current £500,000 Annual Investment Allowance, together with any Enhanced Capital Allowances for energy or water saving equipment.

David Rees has been responsible for claims for allowances on over 60 GP surgery projects totalling almost £75,000,000 in value, and resulting in claims for Capital Allowances of over £20,000,000.

He provides an indicative view and guidance on a proposed scheme at no cost, and where appointed his fees are performance-based.

Contact details:

E: davidrees@davidrees.co

T: 07736 900172