JULY 2018 NEWSLETTER

LOCAL MEDICAL COMMITTEE
LMC
GLOUCESTERSHIRE

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The BMA represents all doctors and held its Annual Representatives Meeting (ARM) this month. One motion (Number 39), was a conglomerate motion from several areas. It was put down by the Agenda Committee to be proposed by the Gloucestershire Division of the BMA. Part of the motion suggested consideration of co-payments, by which was meant patients topping up the difference between cheaper, NHS-funded treatments and other more expensive treatments that the NHS was not prepared to pay for. Gloucestershire Division had not mentioned that in their original motion proposal. Anyway, the idea was deemed divisive and a 'tax on sickness' so the motion was roundly and predictably defeated on a 78%:22% vote. There has also been some misunderstanding in the Media in which the LMC has been accused of wishing to charge patients £5 to visit their GP. For the avoidance of doubt, that is not the view of this LMC.

General Practice Forward View (GPFV)

If you are confused and uncertain about what the GPFV is meant to be doing, and if you have a couple of minutes to spare, then have a look at:
https://www.youtube.com/watch?time_continue=165&v=bMDTp23vy3c
Very colourful and very positive, it is also very encouraging that NHS England officially recognises the importance of general practice to the NHS.

Hearing loss – NICE guidelines

The recently published NICE guidelines on hearing loss recommends that practices should attempt to irrigate earwax before referring patients to secondary care. NICE is responsible for clinical guidance but the CCG is responsible for commissioning. NICE cannot impose an obligation on practices. The GPC is clear that earwax irrigation does not lie within the GMS contract. We are in discussion with the CCG about an enhanced service for a county-wide microsuction service.

Subject Access Requests (SARs) put by solicitors

Can a solicitor use a SAR without saying what it is for, merely stating that the client (the patient) has consented that the solicitor, working for the client, can make that request? Frankly, the question is important but not easy to answer. There could be an argument that Recital 63 of the GDPR can properly be simplified to read: "A data subject should have the right of access to personal data which have been collected concerning him or her, and to exercise that right easily and at reasonable intervals, ***in order to be aware of, and verify, the lawfulness of the processing***". Thus the sole, limited purpose of subject access rights under GDPR, as stated in the text of GDPR, is to be aware of data held, and verify the lawfulness of its processing.
Unfortunately, Section 1 of Chapter 3 of the Data Protection Act 2018, which implements GDPR into UK law, does not have those caveats and that is what the solicitors will rely on in defence of their making an SAR.

As a further complication, the GDPR does have Article 9(2)(f) which exists expressly for when "processing is necessary for the establishment, exercise or defence of legal claims or whenever courts are acting in their judicial capacity". In other words, GDPR has a distinct, separate and standalone route for access to records for that precise purpose (which is not an SAR). In addition, GDPR defers to other union member's laws where they overlap, and UK has the AMRA.
It is too early to give definitive guidance, but everyone is well aware of the costs being faced by practices in responding to SARs, where the opportunities for refusing to comply or for charging are so strictly limited.
This is not an ideal situation and the GPC is working hard to resolve it.

e-RS – paper referrals switch-off update

The 'hard launch' of the switch-off of paper referrals has now been in place for a month. Predictably, some paper referrals have continued to be made but it is now down to a handful a week and these have generally been resolved within a few days. Thank you all for making this transition so painless. Just a note of caution – there are a lot of new 2ww referral forms now available. It would be very helpful to the Acute Trust if these updated forms were used. You can find them on GCare.

Capita

Reminder: if you have filled in all the forms and ticked all the boxes etc that you are obliged to do but have not been paid after a reasonable time then the first escalation is to complain with details to pcse.complaints@nhs.net. If, after a reasonable time for them to spark, you have still not been paid then you can contact the LMC for the next step in the escalation process.

LMC Buying Groups Federation

The LMC Buying Groups Federation offers free membership to practices in Gloucestershire. Membership gives practices access to an extensive range of products and services on which the Buying Group has negotiated discounts with their approved suppliers. A full list of suppliers is available on the Buying Group's website:
https://lmcbuyinggroups.co.uk/suppliers.
The LMC Buying Group has recently added a recruitment page to their website giving all member practices a free, national platform to advertise practice vacancies: https://lmcbuyinggroups.co.uk/job-vacancies/gp-practice/uk. They will also be adding new content to the website over the summer to help practices get the most out of their membership.
If you are already a Buying Group member but didn't re-register your details before the GDPR deadline on 25 May, please complete this form:
https://form.jotformeu.com/73232425890355 to access the new recruitment platform, request quotes from suppliers and receive membership updates including the annual flu vaccine offers.
For further information get in touch with the LMC Buying Group on 0115 979 6910, send them an email to info@lmcbuyinggroups.co.uk or Live Chat via their website.

Over-the-counter medicines

The GPC guidance on OTC medicines issued in May this year) can be downloaded from here. It lists treatments for 35 minor condition and two items of limited clinical effectiveness that should not be routinely prescribed in primary care. However, there are exceptions. In particular, long-term repeat prescribing is excluded. Also of note is that the NHS England commissioning guidance does not alter the contractual obligations for GPs – they remain obliged to prescribe what they believe their patients require, and CCGs are not able to introduce local prescribing bans, not that we would expect such a move in this County.

Collaborative arrangements

As yet there is no up-to-date guidance on the vexed question of collaborative arrangements but we know the GPC is working on it. More news when we have some.

New national data opt-out

NHS Digital has announced the introduction of a new national data opt-out and conversion of Type 2 objections, enabling patients to make a choice about whether their data can be used for research and planning purposes. The Type 2 objection means that a patient's confidential information should not be shared for purposes beyond their individual care. NHS Digital has written to practices to explain that they will automatically be converting patients' existing Type 2 objections to the new optout from 25 May 2018. Every patient aged 13 or over with a Type 2 objection recorded will receive a personal letter after 29 May, explaining the change, and a handout explaining the national data optout. Patients will not have to take any action and this will not affect the way that their information is used. Practices will not be able to see the national data opt-out in the patient's electronic record as they will be held on the NHS Spine and will not be updated in GP systems. The Type 2 objection codes will still be available in GP systems after 25 May 2018 but must not be used from the 1 October 2018 as NHS Digital will no longer continue to process and convert them.

Some patients may also have a Type 1 objection registered on their electronic record, which should continue to be respected. The Type 1 objection prevents the sharing of a patient's personal confidential information held by the GP practice for purposes beyond the patient's individual care. It remains the responsibility of the practice to ensure these are applied where relevant, except for General Practice Extraction Service (GPES) collections where the Type 1 objection will be applied automatically unless instructed to the contrary by Direction. NHS Digital will be sending practices a pack of patient communication materials to help explain the changes and have developed a checklist of actions that practices might want to take, available here.

CQC inspections – how to improve your grading

There is a lengthy report on the CQC website about 10 named GP practices that moved from 'Inadequate' to 'Good' or even 'Outstanding'. To achieve this improvement they all relied on:

- Strong leadership from a practice manager with the time and skills to lead the practice team.
- Addressing staffing and training issues such as poor recruitment or training practices.
- Making sure every member of the practice team understood their own and others roles and responsibilities.
- Involving the whole team in running the practice.
- Involving patients and the local community.
- Using external support to help improvement.

If you need some practical tips then you might take a look at it.

Words of comfort *(From Dr Harry Yoxall in Somerset back in 2002)*

How accurate is your decision-making? Taken as a whole, how often are you right about things like decisions to treat, refer, or investigate? 50%? 80%? Let us say that you are Dr Perfect. Despite overwork, nights on call, dysmenorrhoea, domestic strife and burnout you clock up a regular 90% accuracy.

Let us also say, for convenience, that you make 200 significant patient decisions a week, 50 weeks a year – the exact numbers don't matter, but as few consultations contain only one decision this isn't far off. This means that you will make 10,000 decisions a year, of which 1000 are going to be wrong.

Of course, most decisions are not that critical – probably only 10% really matter. That means you make 100 important wrong decisions annually. Now, a single wrong decision is not usually a disaster. But in how many cases do you make two wrong decisions? Using our 10% rule, 10 out of the 100 patients above will have a second wrong serious decision – and this is the patient who will die or suffer serious harm: one, each year, if you are the perfect doctor.

Error is therefore inescapable. It is not always due to incompetence, system faults, or working patterns – sometimes it just happens. We cannot provide a perfect service. Negligence, on the other hand, is a legal term defined as "failure of duty of care". The council may be negligent if the pavement is uneven and somebody trips, a GP is negligent

if he or she gives penicillin to someone who is allergic to it (Yes, I have – and I suspect a lot of you have as well) but there should be no moral overtones to the word. If by your, or your practice's, omission or commission someone comes to harm, then you may have to pay compensation. This is why we pay our defence organisation subscriptions. The fact that we are doctors dealing with individual lives rather than architects dealing with buildings or lawyers with transactions makes no difference to the legal process.
However, the natural emotional reaction of a caring doctor is to assume that it is his or her fault. You are to blame, and must carry the burden of emotional liability for the catastrophe. Well, perhaps you did roll over and go back to sleep when the worried patient with crushing central chest pain rang for help, but I doubt it. Nearly always the doctor has done their best but either missed or forgotten something, been confused or misled, or just made a correct decision on the facts available that later turned out to be wrong.
Hindsight is a very distorted view, so stop blaming yourself for something that usually could not have been prevented. Use critical event analysis to correct system faults but do not try to design systems to avoid the unavoidable random event, because it won't work.
And remember, you didn't make the patient ill in the first place – even if the problem arises from treatment you have given.
Finally, try to separate professional problems from your private life. You are not less of a person because you got something wrong. Your family will still love you just the same. Unless you have teenagers, of course, in which case you may have to get your affection from the dog.

And a gleam of hope

The Acute Trust is planning to make the issuance of discharge summaries automatic and almost immediate via Docman in the autumn. Something to look forward to.

OOHs letters to practices

An example has been sent to us of an OOHs letter which went into extreme detail on what was not the problem with the patient thus almost concealing the nugget that said what was the problem. We raised this to Care UK who have very helpfully said that if practices are receiving such unhelpfully phrased letters then they can raise the matter directly to Care UK's Application Support Specialist James.Devereaux-Quille@careuk.com. In the meantime he is seeing what can be done to sort the matter out.

Feedback from negotiations with the CCG – histology reports delays

To minimise delays when requesting an histology report on an excision practices should mention why there is a need for expediting the report e.g. 'possible malignancy'. If the GP is fairly sure that the mole etc is malignant then excision is inappropriate at primary care level. The CCG recommends that such cases should be referred to secondary care straight away.

Job opportunities

A full list of current job adverts is at http://www.gloslmc.com/blog-job-vacancies.asp and links to them are also at Annex A for ease of reference.

Sexually Transmitted Infections testing in Primary Care

A usefully informative couple of pages on this subject are at Annex B. In outline:

- The Specialist Sexual Health Service has been redeveloped to focus on patients with complex genito-urinatory medicine (GUM) or contraceptive needs and those who might be more vulnerable to poor sexual health (including those under the age of 25).
- The Specialist Service runs a number of district clinics. These are all bookable appointments (not walk in) and access to them and all access to the Specialist Service is via the central telephone booking line (0300 421 6500).
- The Service now operates a telephone triage system. This helps ensure that patients are booked into routine or emergency appointments; or signposted to alternative points of care, based on need.

- The Service also provides postal self-testing for asymptomatic patients who contact the Service directly or on-line for STI testing. This does not apply to under-16s for child protection reasons.
- If anyone presents in Primary Care with an STI concern or a risk factor (such as unprotected sex) you should always engage the patient and test while with them. A missed opportunity can be costly for the individual and the wider health of the public.

Max's Musings

Football mania is upon us. Not only that, the air conditioning in my consulting room is clearly in need of an overhaul as the heat, pollen count, essences of unwashed humanity and perishing rubber tubes are almost overpowering. It is comforting to know that the heatwave warnings are coming out so soon after the event and I am told the local hosepipe ban committee has been sitting in nightly session – far too hot to consider the matter during working hours.

At least the shortage of money that forced us to put down concrete instead of tarmac in the practice car park is now paying off. It would take hellish amounts of heat to melt concrete. I tried leaving the window open instead yesterday and before I knew it a brindled (and one might almost say unbridled) cat slipped in and escaped with my ham sandwich. I feel that my biorhythms are at a low ebb.

Never mind. Oscar Wilde once jibed that, 'Summer has set in with its customary severity.' *Plus ça change*, eh?

And, finally, seen in 'Peterborough' some years ago:

> Pupils at a Camberwell school were asked to write not more than fifty words about the harmful effects of oil on sea life. One eleven-year-old wrote: "When my mum opened a tin of sardines last night it was full of oil and all the sardines were dead."

So sad on many levels!

This newsletter was prepared by Mike Forster and the staff of Glos LMC

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ANNEX A TO
GLOS LMC NEWSLETTER
DATED 29th JUNE 2018

JOB VACANCIES

The full list of current vacancies is at: http://www.gloslmc.com/blog-job-vacancies.asp.

GLOUCESTERSHIRE			**Date posted**	**Closing Date**
Kingsway (New) Health Centre	Gloucester	Looking for GPs	30 Jan 18	Open
GP Retainer Scheme	Gloucestershire	GPs – short-term work for those who need it	28 Feb 18	Open
Aspen Medical Practice	Gloucester	General Practitioner Opportunities	14 Mar 18	Open
Partners in Health	Gloucester	Looking for 2 GPs	01 May 18	Open
Marybrook Medical Centre	Berkeley	Nurse Team Leader & Senior Practice Nurse Prescriber	09 May 18	Open
Hilary Cottage Surgery	Fairford	Salaried GP	19 Jun 18	Open
Newnham & Westbury Surgery	Forest of dean	Salaried GP with view to partnership	25 Jun 18	17 Aug 18
Mythe Medical Practice	Tewkesbury	GP Partner	25 Jun 18	Open
Phoenix Healthcare Group	Tetbury	Advanced Nurse Prescriber: Phoenix Healthcare Group	26 Jun 18	11 July 18
Dockham Road Surgery	Cinderford	GP Partner	26 Jun 18	Open
ELSEWHERE				
Barn Close Surgery	Broadway, North Cotswolds	Salaried GP	27 Mar 18	Open

REMINDER: *If you are advertising with us and fill the vacancy please let us know so we can take the advert down*

Forest of Dean, Gloucestershire

GP Partner Required

Drs Roberts and Sandys announce an exciting opportunity to join the Dockham Road Surgery Partnership. We have a growing list of 6,400 patients and are looking for an eight session replacement for our departing partner.

As part of our continued growth, we will be moving to a new, purpose-built medical centre in Autumn 2019 with a lease that is fully supported by the Gloucestershire CCG.

Our patient base consists of local families who support each other and value traditional medical care. We perform highly at QOF and Enhanced Services and have a wonderful team of medical practitioners working with us in the partnership.

No OOHs or extended hours commitments are required, but the opportunity to work with our Improved Access locality is available.

The post commences in November 2018, but we are willing to wait for the right person.

For more details, please telephone our Practice Manager, Su Suehr, on 01594 820010. To apply, please send a CV and covering letter by email to su.suehr@nhs.net **or by post to: Dockham Road Surgery, Cinderford, Gloucestershire, GL14 2AN**

Hilary Cottage Surgery
Fairford, Gloucestershire
4-6 Session GP Vacancy

We are a friendly and supportive practice looking for a salaried doctor to join our team from August 2018. We would be happy to appoint a newly qualified or more experienced GP and offer support, mentorship and clinical supervision to any new employee. We offer flexibility with hours and sessions, and a competitive salary.

- 4 GP Partners, 3 Salaried GPs, Advanced Paramedic Practitioner and trainees
- Well organised and dedicated primary healthcare team
- TPP SystmOne
- High QOF achiever and Good CQC rating in all areas
- List size 7500
- Semi-rural dispensing practice

Full details with an application pack is available on our website www.fairfordsurgery.co.uk

To discuss further details, arrange an informal visit or express interest, please contact Practice Manager Diane Piatek on 01285 713367 or dianepiatek@nhs.net

Salaried GP with a view to Partnership
Newnham and Westbury Surgery

Friendly, motivated, patient-centred GMS practice, looking for a salaried GP to join our team from the beginning of November 2018 for 6 sessions per week (possibility to be flexible for the right candidate).

- 2 GP Partners
- Rural dispensing practice
- EMIS Web
- 3500 patients
- High standards of care (CQC/QOF)
- Nurse led chronic disease management
- Clinical and Visiting Pharmacist Sessions ongoing
- Loyal staff with low turnover, stable practice population
- Located on fringe of Forest of Dean with good transport link via the A48 to access Chepstow as well as Gloucester

We continue to believe that the business model of small practice, dedicated staff, continuity of care maximises both professional and financial reward.

Interested applicants should send a covering letter and C.V. by email/post to Mr Gerry Barclay, Practice Manager, Newnham and Westbury Surgery, High Street, Newnham GL14 1BE. We welcome informal visits and telephone contacts. E-mail: gerry.barclay@nhs.net or tel 01594 516241

Closing Date for applications: 17 Aug 2018

Phoenix Healthcare Group are looking for an **Advanced Nurse Prescriber** to join their innovative practice working with nursing / care homes within their area. The post is for 37.5 hours per week and the salary is £31,696 - £41,787 (negotiable depending on experience)

Full details of the job description can be obtained from emma.vynne@nhs.net or via post to Emma Vynne, Phoenix Health Group, 41-43 Long Street, Tetbury, Gloucestershire GL98 8AA

Applications should be with covering letter and CV to the same address

Closing date Wednesday 11th July

GP PARTNER REQUIRED FOR *CQC Rated*
"OUTSTANDING"
PRACTICE IN TEWKESBURY, GLOUCESTERSHIRE
www.mythemedical.co.uk

We are excited to be able to offer a fantastic opportunity to join our 'outstanding' and dynamic partnership 6-8 sessions – no buy-in required

- **Our GPs are focussed on providing quality continuity of care**
- **We have a Nurse Practitioner and Paramedics managing daily acute problems and home visits**
- **Our Practice Nurses manage all our chronic disease patients**
- **We have a Practice Pharmacist who reduces the prescribing workload**
- **Our Admin Team is trained and skilled in Correspondence Management greatly reducing the number of letters and discharge summaries which we receive on a day to day basis**
- **Our GPs are encouraged to engage in extended roles**
- **We have a partner on the CCG Board keeping us up to date with innovation**
- **We are a teaching Practice for Registrars, 3rd, 4th and 5th Year Medical Students with two GP Trainers and three Student Mentors**
- **We work from purpose built new premises which we occupied in 2017**
- **We offer a supportive environment facilitating a culture of learning**
- **We have weekly MDT Meetings**

Patient List : 12,800
GPs : Six Partners / Two Salaried GPs
Nurses : One Nurse Practitioner / Four Practice Nurses / Two HCAs
Practice Manager / Clinical Manager / IT Manager / Reception Manager
Practice System : TPP SystmOne and Ardens Templates

Enquiries and Applications (with CV) to Bridget Derrett, Practice Manager, Mythe Medical Practice, 1st Floor, The Devereux Centre, Barton Road, Tewkesbury, Glos. GL20 5GJ.
Telephone : 01684 214375 email : bridget.derrett@nhs.net
or Dr. Simon Fearn on 01684 293278 to discuss

ANNEX B TO
GLOS LMC NEWSLETTER
DATED 29th JUNE 2018

SEXUALLY TRANSMITTED INFECTION TESTING IN PRIMARY CARE

The Specialist Sexual Health Service

During 2017 the Specialist Sexual Health Service underwent redevelopment to focus the Service on patients with complex GUM or contraceptive needs; and those who might be more vulnerable to poor sexual health (including those under the age of 25).

All access to the Specialist Service (including district clinics) is via the central telephone booking line (0300 421 6500).

The Service now operates a telephone triage system. This helps ensure that patients are booked into routine or emergency appointments; or signposted to alternative points of care, based on need.

The Service also provides postal self-testing for asymptomatic patients who contact the Service for STI testing.

If anyone presents in Primary Care with an STI concern or a risk factor (such as unprotected sex) you should always engage the patient and test while with them. A missed opportunity can be costly for the individual and the wider health of the public.

District Clinics

The Specialist Service runs a number of district clinics. These are all bookable appointments (not walk in) and access is via the central telephone booking line (0300 421 6500).

District	**Clinic location**	**Frequency**
Cheltenham	The Milsom Centre, Milsom Street	Three times a week
Cotswold	Quern Suite, Cirencester Hospital	Weekly
Forest	Coleford Health Centre	Weekly
Gloucester	Hope House, Gloucester Royal Hospital site	Daily weekdays
Stroud	Stroud (Beeches Green)	Weekly
Tewkesbury	Tewkesbury Hospital	Weekly
Colleges	Hartpury College	Weekly
	Royal Agricultural University	Weekly

For up-to-date opening times, please visit the Hope House website www.hopehouse.nhs.uk

What should I do if someone presents for STI testing?

When a patient presents with an STI concern or has identified a risk factor (such as unprotected sex), the opportunity should always be taken to test while they are in front of the practitioner. Delaying the test can lead to poor outcomes for the individual and the health of the public in cases where they are positive.

BASHH and RCGP guidance on STI testing in primary care can be found here.

What should I do if a patient presents with a STI positive result?

If the patient has been diagnosed as positive for a STI from the postal self-testing service they will always be invited into the Specialist Sexual Health Service for treatment. If this is unacceptable to the patient, they may opt to seek treatment from their GP. This happens very rarely. However, if a patient presents in Primary Care with a STI positive result, the patient should be treated following local treatment guidelines. In these circumstances the

Specialist Service will always endeavour to contact the GP Practice to confirm the result and offer support if required.

If a patient has self selected to order a dual test (Chlamydia and Gonorrhoea) via postal self-testing and has received a positive result, the practice should offer the patient a full STI screen and additional swab sites (where appropriate).

Partner notification

Where GPs are managing a patient who is positive for an STI (the Service will initiate partner notification for patients they are managing), they are encouraged to initiate partner notification (PN). This involves having a conversation with the patient to explain the importance of partner notification and (if acceptable to the patient) provide the patient with a letter they can provide to contacts.

Guidance on PN in Primary Care, including a sample letter for patients to provide to contacts, produced by the British Association for Sexual Health and HIV (BASHH) and the Royal College of General Practitioners (RCGP) can be found at Appendix 1 of 'Sexually Transmitted Infections in Primary Care', which can be found here.

For more complex cases or where support is needed, consent should be obtained from the patient and PN can be referred to the Specialist Sexual Health Service via 0300 421 6500.