

FEBRUARY 2016

LOCAL MEDICAL COMMITTEE

LMC
GLOUCESTERSHIRE

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We have had confirmation from the GPC that the increased remuneration in the 2016/17 contract is designed to recognise and compensate for the CQC fees and the increase in indemnity insurance premiums, but this is not the end of the matter. It is up to all practices to urge their patients, who are the voting public, to recognise the seriousness of the situation and make their opinions heard. We have in the meantime met three of the County's MPs to press locally the need for change.

"STOP PRESS" THE FUTURE OF GLOUCESTERSHIRE

As this goes to press we have learned from 'Gloucestershire Punchline' that there is a move afoot for Oxfordshire County Council to be abolished in favour of up to four local unitary authorities and as part of this plan that Cotswold District Council (currently part of Gloucestershire) should merge with West Oxfordshire to form a West Oxfordshire (Cotswold) Unitary Authority. This may not happen; if it does happen then it will take some years to achieve. The impact of such changes, particularly on the NHS and General Practice, is unknown and therefore of concern. We believe that the contiguity of local authority, health, social care and constabulary boundaries should be maintained, reinforcing success; but we shall see.

'URGENT PRESCRIPTION FOR GENERAL PRACTICE'

All practices will have received a pack of materials from the BMA advertising to patients the problems that GP practices now face. Every little wave washes a bit more sand off; please use these materials. In particular, if your practice has not yet considered the contents of the 'Quality First' pamphlet included in the pack and also available [on line](#) then please do so. The public need to be stirred to make their voice heard by politicians.

CONTRACT CHANGES 2016/17

The contract changes for 2016/17 are far fewer than in previous years, and in keeping with two key resolutions passed at the Special Conference in January; to minimise the disruption of annual contract changes to practices and that the reimbursement of GP expenses must be properly funded. This agreement provides for increased core resources and reimbursement of expenses to an extent not achieved in recent years, and should help support practice financial pressures. The headline agreed changes are:

- A £220m investment of new funding in the contract – more than double that last year – and seven times greater than in 2014/15
- Recognition of GP expenses, which for the first time has taken account of individual components that include rises in Care Quality Commission (CQC) fees, indemnity costs, national insurance contributions, superannuation and increased utility and other charges
- An intended 1% net pay uplift
- A 28% increase in vaccination and immunisation fees from £7.64 to £9.80

- Ending of the imposed dementia enhanced service, therefore reducing the workload and bureaucracy of this flawed scheme, and with resources going into global sum
- No new clinical workload requirements and no changes to QOF indicators or thresholds
- A commitment from NHS England to explore a national strategy to manage demand through self-care and appropriate signposting of patients to services
- A commitment to explore ending QOF and the Avoiding Unplanned Admissions enhanced service in 2017/18

Full details are available on the [GPC homepage](#).

PRACTICE FUNDING

Practices can feel reassured that the CCG will be filling in the vast proportion of the annual practice report and sending it out to practices to complete once the 2015/16 QOF results are known. It is intended to give practices a clear overview of where they might be earning more if they wish to, and where perhaps the payments they have received do not match the work that they have done, allowing queries to be raised. We believe it will be helpful for practices.

We would never advise practices to take on work unless it is clinically beneficial for patients and, when the full amount of work involved is considered, it is likely to be profitable for the practice. However, you should note that there is considerably more money being made available to general practice by this CCG than by many others. The opportunities to earn more are there, but the CCG is bound by NHS funding regulations, which require more work for more money. Of course the real answer would be for the government to fund the GMS contract properly, but that is another issue which is being addressed nationally.

PARTNERSHIPS

Every now and again one hears of a change in partnership where a new partnership deed is either not created or created but not executed (signed). The legal validity of an unsigned deed is questionable. It is highly likely (subject to any Court ruling) that the partnership would be a 'partnership at will' which carries grave risks for all concerned. If you are in a partnership and have not yet got a partnership deed signed by all the partners then we would most strongly urge you to get one sorted out now, while all is harmonious between you.

CQC PREPARATION

One of the things CQC may pick up on is your record of interview notes in the staff records of new employees. The Manager's Toolbox written by John Mitchell (Big Time Press) contains the following list of questions that you may wish to use:

1. Why are you interested in this job?
2. What do you dislike about this Practice?
3. Tell me about yourself.
4. What is your greatest achievement?
5. Why did that give you satisfaction?
6. What will you bring to this job?
7. When do you break the rules?
8. What are your weaknesses?
9. How do you deal with difficult colleagues/patients?
10. Why do you want to leave your present job?
11. What kind of people do you dislike working with?
12. Where do you want to be in five years' time?
13. When you [eventually] leave this Practice, which I expect you to do, where will you go and why?

ALCOHOL AND PREGNANCY

The BMA Board of Science has published a report on [Alcohol and pregnancy: Preventing and managing foetal alcohol spectrum disorders](#).

FRAUD ALERT

A Somerset practice recently had their phone lines hacked via the answer phone. The hackers ran up a £4,000 bill by ringing premium and international numbers through another number for which the practice are liable for £1,800 according to the phone company. To avoid a similar fate you should ensure that any answer phone at the practice has a PIN code and that you change the default code given with the phone to something less easy to guess. Of course, many of you will have done so already...

PRIVATE MENINGITIS B VACCINATIONS

We recently forwarded to practice managers advice from NHS England that private vaccinations for meningitis B would require private purchase of vaccines from GSK. They have now said that GSK hold barely any stock for private vaccinations. Private patients may therefore have to wait patiently until stock becomes available.

NEW FIREARMS LICENSING SYSTEM

A safer system for firearms licensing is being introduced in April to improve information sharing between GPs and police and to reduce the risk that a medically unfit person may have a firearm or shotgun certificate. Full details are not yet available.

At present, the police usually only contact an individual's GP before the issue of the certificate if the applicant has declared a relevant medical condition. After the certificate is granted there is no reminder system to inform the GP that the patient they are seeing is a gun owner. From 1 April 2016:

- Police will ask every firearm applicant's GP if the patient suffers from specific health issues, such as depression or dementia.
- GPs will be asked to place a firearm reminder code on the patient's record. This means the GP will know the person is a gun owner, and they can inform the police licensing department if the patient's health deteriorates after the gun licence is issued.
- New guidance will be published to help GPs and police operate the new system.
- Responsibility for deciding if a person is suitable to hold a firearm certificate remains with the police.

The new system was developed after the BMA raised concerns about weaknesses in the current process with the Home Office. It has been developed by the BMA, RCGP and the police, in conjunction with shooting associations and the Information Commissioners Office.

Naturally there are some obvious concerns about all this, not least that it looks like more work without extra resources. The GPC has been requested to clarify:

1. That the Police must obtain written, informed consent from the applicant before requesting the information.
2. That information requested will be specific, relevant and not excessive.
3. That GPs will be entitled to charge a reasonable fee for providing the information (in particular if it is a request from the Police Occupational Health department, concerning one of their own Police Officers).
4. The precise definition of "detection and prevention of crime" (in particular what a "serious" crime is) so that the Police can only claim exemption from the fee regime in very limited circumstances under the Crime and Disorder Act.

We will let you know when we hear further on this.

BUYING GROUP UPDATE

The number of practices in this county who are taking advantage of the savings offered by the Federation of LMC Buying Groups has risen in 2015. Sixty eight of our practices are now involved, to a greater or lesser extent. Interestingly there are now only 20 LMCs in the whole of England and Wales which are not signed up to the Federation. The bargaining power of this organisation is now considerable. A list of the currently recommended suppliers is on [our website](#). Are you making use of these savings?

PCS CHANGES

Primary Care Support in England (PCSE) is undergoing transformation (with the contract now being delivered by Capita). You should already have received information

about the proposed changes to the processing of medical records, so this Newsletter item is a 'long-stop'.

Current system	Future system
<p>At present when a patient leaves the practice list the Exeter system sends the practice a notification.</p> <p>The practice checks the records and places the Lloyd George envelope into a blue collection bag.</p> <p>A local courier then takes this to the local PCSE office. If it is a transfer within the local system it is then sent out again by the local courier, or else it is sent to the local office in the new area, (or into long-term storage).</p> <p>The next PCSE office then sends it out to the new practice.</p> <p>This system is inherently slow, and has problems with security and governance issues. There is also no way of identifying where notes are in their journey.</p> <p>Part of the aim of the proposed change is to improve the efficiency, make governance more robust and introduce a standard secure process.</p>	<p>In the future you will receive information via Exeter and a Medical Record Exchange (MRE) sheet with the patient's name and a bar code. These will be delivered by the new courier as part of their regular run, operated by a nationwide operator – City Sprint.</p> <p>You take out the notes from your filing system and process in the normal way; place it in a secure bag (supplies will/have been provided) and stick on the barcode.</p> <p>This is then picked up by the Courier and taken directly to the new practice, or into long-term storage if that is its destination.</p> <p>Because the bag is sealed it is not opened until it reaches its final destination and therefore security is improved, and the barcoding means patient confidentiality is assured.</p> <p>The courier scans the bar code. This proves you have handed over the record. You will not have to do anything else.</p>

You do not need to use the PCSE web portal to undertake medical records movement. The web portal will be introduced gradually:

- As a mechanism for ordering medical supplies.
- To enable you to see the list of requests coming your way, if you wish.
- To enable you to track notes that you are expecting.

The proposed system has been tested in practices and does not generate more work; it is just processing in a slightly different way. It will provide greater safety and should significantly improve the time it takes for notes to be transferred from one practice to another.

The proposed timetable for introducing the new service:

- Under Stages 0 and 1 the website should have already been launched this month and the trial run with dummy records completed.
- March will see the final stages of the project:
 - Stage 2 – (08 Mar–22 Mar) – Live pilot of records movement and supplies with Portal. To evidence that the service can operate in a contained 'live' environment and that the supplies service is operational.
 - Stage 3 – (23 Mar–04 Apr) – National deployment of full solution. Controlled roll out of the full national solution (including across SBS and Serco sites)

Each stage will be monitored and you can feedback any issues to PCSE.enquiries@nhs.net.

SESSIONAL GPs NEWSLETTER

The latest newsletter from the GPC's Sessional GPs sub-committee can be found [here](#). In particular, note that there are elections coming up and nominations have to be in by **4th March**.

THE CAMERON FUND

Dr Andrew Rodgett is the current member of the Cameron Fund Council for the South West. It is a three year post and he is willing to continue for another term. The Cameron Fund is asking if any other registered member of the Cameron Fund wishes to stand. If so, the procedure you should follow is:

- Submit your nomination. Nominations should comprise a letter signed by the nominee indicating a willingness to stand for election. The letter should arrive at the registered office of the Cameron Fund (BMA House, Tavistock Square, London, WC1H 9JP) by **no later than Friday 15th April**.
- Ballot papers, if needed, will be sent out the following week for return no later than 16th May.
- The results of the election will be announced at the LMC Conference (19/20th May).

BMA SPONSORED COURSES IN BUSINESS MANAGEMENT

The BMA is running full-day courses to introduce GP practices to key issues in management. They aim to help you keep up to date with employment legislation, to understand the essentials of people management and to enable you to get the best out of your team in a good working environment. The courses will also help you to build confidence and avoid legal challenges when dealing with difficult employment situations. Taking place in **London, Leeds** and **Birmingham** throughout the year, the courses are suitable for GP partners and practice managers, with reduced registration fees for BMA members.

- **Introduction to employment law and contracts** offers the perfect opportunity to get to grips with the fundamentals of practical employment law quickly. It will provide you with guidance on contracts of employment, including variations and termination of the contract.
- **Managing absence, performance and conduct issues** is designed to provide GPs and managers with the skills and confidence required to deal effectively with employee absence, performance and conduct while maintaining a positive and productive working environment.
- **Managing difficult people and situations** will provide you with an insightful and practical guide on how to manage yourself and the difficult people and situations you encounter in your practice. It will provide you with tips and techniques to enable you to develop the confidence to be proactive and not reactive when challenged by people and circumstances.

To find out more visit the BMA [webpage](#). Additional dates and locations may be added, subject to demand – you can let the BMA know your preferences at confunit@bma.org.uk

For further information and for any queries, please contact BMA conferences on 020 7383 6819 or by email at confunit@bma.org.uk

VAT ADVICE FOR GPs WORKING FOR CCGs

The GPDF has obtained advice from a VAT specialist at the firm of Greenbank Alan LLP. The advice is on [our website](#).

In its covering letter Greenback Alan's specialist states the following:

- The VAT liability in the notes was agreed with Mr. M Barlow of HM Revenue and Customs, NHS team and can now be issued to GPs. If any of the GPs have any questions, they should discuss these with their present advisors.
- I would stress that GPs should now check whether or not they are required to register for VAT. Any belated VAT registration could be subject to a penalty. However, Mr. Barlow stated that he would deal with this issue and intervene if any penalties are levied. I would suggest that any belated VAT registration applications are submitted within the next few months.
- If, however, after receiving the guidance notes a GP does not check their VAT position and are subsequently subject to an HMRC inspection, penalties will automatically be applied and Mr. Barlow may not be able to assist.
- Finally, if VAT is due to HMRC, I do not foresee any problems in a GP requesting time to pay pending payment of the VAT from the CCG.

N.B. This guidance is disseminated on the basis that practices and doctors should obtain professional advice; the GPC, GPDF, the BMA and the LMC are unable to give individual taxation advice

7-DAY WORKING – THE RUMPUS CONTINUES

Responding to reports of leaked emails from NHS England suggesting that seven-day NHS might not cut deaths, Mark Porter, BMA chair of council, said:

'The BMA has repeatedly called on the government to outline its plans for seven-day services including how it will fund and staff them. The government in recent months has cynically tried to portray doctors' contracts as a roadblock to a seven-day NHS, when they already work around the clock, seven days a week, and do so under the existing contract. A number of chief executives have confirmed that the introduction of more seven-day services in their hospitals has not required a change in contracts. This leaked document makes clear that more seven-day services will require not only thousands of extra doctors, nurses and support staff but an additional investment in both the NHS and community care. Its findings also show no proven link between weekend mortality rates and consultant presence, and suggests that other investment is more necessary. It also echoes the BMA's concerns around the government's recruitment target for GPs, at a time when one in three GPs are considering retiring in the next five years, and hundreds of GP trainee posts were left vacant this year. If the government is to continue with its plans for extra seven-day services, it owes it to patients to convincingly explain how it will finance and staff it.'

RETIREMENT

We say farewell to:

- Dr Ruth Parsons, retiring from the Gloucester City Health Centre and from medical practice at the end of March.
- Dr Roy Sharma, retiring from the Lydney Health Centre at the end of March.

FORTHCOMING EVENTS

Our website now includes an active page on [forthcoming events](#). Note that the LMC is prepared to advertise third party events, but is not to be seen as endorsing or particularly recommending them; it is up to the reader to make such use of the information as he or she judges best.

The latest additions are:

- GP Forum all-day update courses:
 - [27 Apr](#) - Neurology
 - [7 Jul](#) - ENT
- ACAS (See their [full programme](#) of events in the South West)
 - 9 March [Employment Law Update](#) Cheltenham
 - 15 March [Human Resource Management for Beginners](#) Gloucester
 - 13 April [Managing Discipline & Grievance](#) Gloucester
 - 26 April [Managing Holidays & Holiday Pay](#) Cheltenham

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> and links to them are also at Annex A for ease of reference.

MAX'S MUSINGS

There is so much going on at the moment. The referendum on UK Membership of the EU, for instance, fills me with foreboding. Is the fate of our nation really to be decided by people who may not even know what 'referendum' means? Do they comprehend the intense complexity and unknowable complications involved in either outcome? Frankly speaking, do I? I hope that someone even better informed and more erudite than me will find the time (which I have not) to produce a pros and cons sheet to help me decide

which way to vote. The greater probability is that we shall have to endure more than three months' of repetitive wrangling over baseless prejudices and spurious statistics. I have now bought a pack of Tarot cards and have decided that this may be the best way to make a decision.

And if it works for that, what about medical diagnosis? Interesting thought, but no; it would never fit into a 10 minute slot.

And finally, a headline:

"Kids Make Nutritious Snacks" [Do they taste like chicken?]



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

The logo for Gloucestershire GP Safe House is enclosed in a green rectangular border. It features the LMC Gloucestershire logo (LOCAL MEDICAL COMMITTEE LMC GLOUCESTERSHIRE) in the top left. To the right, the word 'Gloucestershire' is written in a blue serif font. Below this, 'GP SAFE HOUSE' is written in a green sans-serif font, with a green line underneath. A small illustration of a house with a garden is on the left. Below the main text, it says 'Online support for professional challenges' in a smaller font. At the bottom, the website address 'www.gpsafehouseglos.co.uk' is written in a green sans-serif font.

JOB VACANCIES

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

Quick links to all extant job advertisements on our website are tabulated below:

Practice Link	Location	Vacancy	Date posted	Closing Date
Lechlade Medical Centre	Lechlade	Long-term locum or salaried GP	24 Feb 16	Open
Stroud Valleys Family Practice	Stroud	Practice Nurse	24 Feb 16	Open
Rowcroft Medical Centre	Stroud	Partner or salaried GP	11 Feb 16	Open
Pensilva Health Centre	Bodmin	GP	10 Feb 16	30 Apr 16
Frampton on Severn	Glos	Full time partner	2 Feb 16	Open
Agency advert	Gloucester area	Partner GP	1 Feb 16	Open
Church Street Practice	Tewkesbury	Salaried GP or Partner GP	20 Jan 16	Open
'Symphony'	South Somerset	GPs (plural)	20 Jan 16	Open
GP Retainer Scheme	Gloucestershire	GPs (plural)	13 Jan 16	Open
Royal Crescent Surgery	Cheltenham	Salaried GP with view to partnership (Full or Part Time)	4 Jan 16	Open
Saltash Health Centre	Devon	GP Partner or Salaried GP	17 Dec 15	Open
Partners in Health	Gloucester	GP Partner or Salaried GP	2 Dec 15	Open
Cam and Uley Family Practice	Gloucestershire (GL11 5NN)	Band 5 Practice Nurse	27 Nov 15	Open
St John's House Medical Centre	Worcester	2 x GP partners	18 Nov 15	Open
Agency advert	Gloucester	Salaried GP	28 Oct 15	Open
Agency advert	Cheltenham	Salaried GP	7 Oct 15	Open
Overton Park Surgery	Cheltenham	Temporary or Locum GP	14 Oct 15	Open

This month's advertisements (which may have artwork that cannot be displayed on our website) follow:

**FRAMPTON SURGERY:
full time partner required**



Due to retirement, we are seeking a **full time partner**, initially salaried, for 8 sessions/week. This is an exciting opportunity to join a friendly, long-established and well regarded family practice which covers a mainly rural area stretching from the River Severn villages (Saul, Epney, Arlingham) to Eastington and the edge of Quedgeley. We have one surgery which is just five minutes from Junction 13 of the M5, with easy access to local towns, the Severn and the canal with its 268 berth marina. Frampton is an ideal place for family living, with thriving sports clubs - tennis, sailing, cricket and football.

More details about our practice:

- Rural, dispensing for 90% of patients
- Low turnover of patients and staff
- Currently 3 partners and one salaried GP
- SystemOne clinical IT system
- No OOH duties
- Approx 5000 patients
- Practice-owned building, purpose built (1994) with spacious consulting rooms and a large car park
- High QOF achievers and participation in the majority of enhanced services
- The practice team includes 2 practice nurses, 1 HCA and a very supportive reception/dispensing team.
- The whole team gets together for coffee every morning and there are weekly clinical meetings
- Friends & Family feedback shows 99% of patients 'extremely likely' to recommend us

The proposed starting date for this post is August 2016. We welcome informal visits, so please get in touch if you would like further information or to arrange a time to meet us for coffee.

To request further information please contact Jane White (practice manager) on 01452 740213 or email jane.white25@nhs.net

Applications should include a cv and covering letter via email or by post to:

Mrs J. White, The Surgery, Whitminster Lane, Frampton on Severn, Gloucester GL2 7HU

Partner GP, Gloucester

Background –

Friendly and supportive Training practice at the forefront of change, progressive general practice, growing list size, superb reputation, expanding and dynamic team of Partners that encourage personal clinical skills. CQC ‘good’.

Salary – High-earning Partnership

Location – Gloucester area

The surgery –

- Working for a large partner-led practice with diverse specialist interests
- GP Training surgery
- Large patient list size
- Purpose-built surgery in semi-urban area; varied interesting workload
- High QOF achieving
- Excellent reputation and CQC report ‘good’
- Most enhanced services offered by the practice
- Genuinely friendly and supportive

Your role –

- To be an empathetic, caring GP who would enjoy working as part of a professional team
- Partnership
- 4 – 8 sessions
- Face-to-face consultations, paperwork, average number of home visits

The benefits –

- Working for a surgery which pilots’ local initiatives
- Encouraged to have outside interests and to progress yourself
- 6 weeks’ annual leave
- 1 week study leave
- NHS pension

If you would like to be considered for this post, please attach your latest CV. Or, you can talk to us in confidence about this opportunity on 0113 350 1308 or email monty@giantrecruitment.com. Please provide a contact number.

We are looking to fill the post as soon as possible although the practice is happy to wait for the right GP & notice period.

Lechlade Medical Centre - Long Term Locum/Salaried GP

Required 2 to 3 days per week to complement existing partners. Flexible working arrangements. Small, friendly, high-achieving and well organised practice.

Contact Justin Clark, Practice Manager for further details; Phone 01367-254245 Email justin.clark@nhs.net

GP opportunity – Pensilva Health Centre

We are looking for a committed GP to join our team at Pensilva Health Centre. We are situated on the eastern fringe of Bodmin Moor, a great place for rural living but also easily accessible from the coast and the cities of Plymouth and Truro. This is an excellent opportunity to shape the future of the practice and take on outside interests, or to focus on the clinical care of patients. The current partners, salaried doctor and staff have invested a lot of energy to create a dynamic and forward thinking environment, but also somewhere that is enjoyable and professionally rewarding to work in. We are prepared to wait for the right candidate, whether seeking partnership or salaried employment.

More information about the practice is available on www.pensilvahealthcentre.co.uk

If you wish to discuss further or apply please contact Catherine Pickstone, Practice Manager 01579 362249 or email catherine.pickstone@nhs.net

Closing 30th April 2016

**PRACTICE NURSE VACANCY
STROUD VALLEYS FAMILY PRACTICE**

A new role in General Practice for 2016?

Are you are a self-motivated and enthusiastic nurse with an interest in chronic disease management? Can you work independently and as part of a team? We are a small, hardworking and friendly practice which prides itself on providing high quality care with a very patient centred approach. Our practice is based in the heart of the community in Stroud.

We are looking for a nurse with confidence, enthusiasm and strong basic skills who can cheerfully adapt to change and take on new challenges. We are happy to consider applications from nurses from any background - your flexibility and willingness to learn are more important than specific GP experience. We will also welcome applications from current practice nurses wanting to develop their chronic disease management skills.

Hours: 20-25 per week; Salary to be agreed according to experience

For Job Description and Person Specification please contact Hilary French or Annette Brown at Stroud Valleys Family Practice 01453 764696.

Visit our website to see more about us:
www.stroudvalleysfamilypractice.nhs.uk