

MARCH 2016 NEWSLETTER

LOCAL MEDICAL COMMITTEE

LMC
GLOUCESTERSHIRE

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If General Practice is going to come to an end within the NHS then the aim must be for it to fail in Gloucestershire last of all. (Naturally we hope it won't come to that.) We very much welcome the CCG's scheme to market the county as a super place in which to live and work. (After all, it's true.) Of course nowadays social media has good coverage of, and more appeal for a different cohort than formal advertisements in respected journals; we understand that the CCG knows this and will be putting effort into spreading the same message there too. On a personal note, if you hear of any GP, practice nurse or other staff living outside the county who might like to come into Gloucestershire (even if it is not into your own practice) then do please encourage them. We stand together or we shall sink together.

PUBLICATION OF GP NET EARNINGS - REMINDER

From 1 April 2015 it has been a contractual requirement for practices to publish on their practice website by the end of the financial year (i.e. 31 March 2016) the mean earnings for all GPs in their practice relating to the previous financial year (i.e. 2014/15). Alongside the mean earnings figure, practices will also need to publish the relevant number of full and part time GPs included in the calculation.

You should read the GPC guidance at <http://www.bma.org.uk/support-at-work/gp-practices/publication-of-gp-net-earnings> which is intended as a quick guide for practices on this requirement, outlining how the figure should be calculated and the only income which should be included.

Full details on the publication of earnings requirements can be found within the [2015/16 GMS guidance](#) at pages 10 to 16.

WHAT TO DO AS YOU PLAN TO RETIRE

If you are planning on retiring fully you will need to come off the Medical Performers List (MPL) and relinquish your GMC licence to practice. If you intend to continue to work (e.g. as a locum) then you will need to complete a change of status form available from NHS-SBS (SBS-I.ContractsSW@nhs.net) who manage the MPL. Retirement often also includes a change in email/phone contacts and these would also need to be updated with NHS England South (South Central) as these are the main means of communication between NHS England and the practitioner. When planning to retire in either way please therefore let the Appraisal Lead, Dr Sue Frankland, know via england.southcentralmed@nhs.net

QOF

The new and revised QOF indicator updates are at <http://www.pcc-cic.org.uk/external?url=http://www.hscic.gov.uk/catalogue/PUB20090>

GLOUCESTERSHIRE LMC JOINS FACEBOOK

We have set up two points of contact on Facebook. The first is an open page called '[Gloucestershire LMC](#)'; please 'like' it. As it is a public page we would encourage users to be mindful of GMC social media rules when posting.

Note that it also advertises our second, 'secret', Facebook page which we have set up which can only be joined by invitation. This page is not publicly visible. It is intended to increase communication amongst the primary care community. We would encourage all GPs and practice managers to join and use it if you wish to start a discussion. Reasonable use of the page to post locum requirements and similar matters is acceptable.

To request membership of this page please contact the LMC office giving your preferred email address. Once you have access please feel free to add any local GPs from your friend list on Facebook. They will then be checked and confirmed by the LMC executive team before being given access.

ACCESSIBLE INFORMATION STANDARD

You will have noticed that the 2012 Health and Social Care Act imposes a legal duty on practices to make information available to those who have difficulty seeing or reading in a form they can better read or understand.

'Sightline' (<http://insight-glos.org.uk/>) advice as to communication with visually impaired patients is:

- Simple communications are best done by voice – either face to face or over the phone – e.g. to agree an appointment.
- This can be backed up by one of a number of ways:
 - A large print letter (at least 16pt font size but some patients may wish to specify the font size they can read).
 - Emails, for three reasons:
 - The recipient can adjust the size and colour of the text to whatever they can read easily.
 - If they have text to voice software they can listen to it and repeat it.
 - It is cheap for the sender.
 - Braille. However, the incidence of people needing Braille communications is very low. Within the county they send out over 2000 communications to visually impaired people each month of whom only 6 require it in Braille. If your practice has to send out something in Braille then Sightline provide a conversion service for a fee of £5 per braille sheet. They recommend that the letter you send should be all 'left justified', be presented as a single block of text and include a phone number for the patient to get back to you about it if necessary.

We are told that GPC guidance on this is 'imminent' and will forward a link to it when we can.

DISCHARGE SUMMARIES

For many years there have been problems with discharge summaries. We gather that the CCG is now formally addressing this. You can help their **Discharge Case Study Review Programme** by submitting to GLCCG.ASH@nhs.net cases where you have identified any issues (or good practice) with discharges or clarity of diagnosis for review, giving:

- The patient's NHS number.
- The date of discharge.
- A brief summary of the discharge issue.

The review panel discusses the cases and identifies actions for improvement. A report, which is shared with the submitting GP and relevant GHNHSFT consultant, is prepared on each case. The point of contact for this work in the CCG is gill.bridgland@nhs.net .

REVALIDATION: GUIDANCE FOR GPs IN ENGLAND

The RCGP has approved a new [Guide to Supporting Information for Appraisal and Revalidation \(March 2016\)](#) that aims to reduce inconsistencies in interpretation and

simplify and streamline the recommendations. It is designed to ensure that any areas where there has been a lack of clarity are better understood. The guide confirms that:

- All time spent on learning activities associated with demonstrating the impact of learning on patient care, or other aspects of practice, can be credited as continuing professional development (CPD).
- Quality over quantity - GPs should provide a few high quality examples that demonstrate how they keep up to date, review what they do, and reflect on their feedback, across the whole of their scope of work over the five year cycle.
- Only incidents that reach the GMC level of harm need to be recorded as Significant Events in the portfolio. Reflection on all such Significant Events is a GMC requirement and must be included whenever they occur.
- GPs only need to do a formal GMC compliant colleague survey once in the revalidation cycle (like all doctors).
- There are many forms of quality improvement activity and they are all acceptable to demonstrate how you review the quality of what you do, and evaluate changes that you make. There is no requirement for GPs to do a formal two cycle clinical audit once in the five year cycle.

The RCGP recognises that GPs need to be supported by their College in resisting inappropriate additional bureaucracy and is working with key stakeholders such as the BMA GP Committee, GMC and Responsible Officer networks to look at reducing the regulatory burden.

There is an introduction to the new guide on the [RCGP website](#).

THE CLINICIAN ORDERING A TEST IS RESPONSIBLE FOR FOLLOWING IT UP

Good news. NHS England has developed a set of '[Standards for the Communication of Patient Diagnostic Test Results when they are discharged from Hospital](#)'. The standards describe acceptable safe practice around how diagnostic test results should be communicated between secondary, primary and social care and also with patients. The intention is to ensure that hospitals take responsibility for their own tests, and this is specified in the first key principle, which states:

'the clinician who orders the test is responsible for reviewing, acting and communicating the result and actions taken to the General Practitioner and patient even if the patient has been discharged'.

There was a hiccup. Standard 5 originally stated: '*Where a consultant delegates responsibility for any tasks around the communication of diagnostic test results to general practitioners, they should ensure clinicians given the task understand and fulfil that responsibility*'. (This might have implied delegation by the hospital to the GP rather than to a hospital colleague, though that was never the intention.) LMCs loudly objected to this ambiguity. NHS England has since amended the statement to read:

'Where a consultant delegates responsibility to another team member for any tasks around the communication of diagnostic test results to general practitioners, they should ensure that person understands and fulfils the responsibility'.

The second stated principle that '***every test result received by a GP practice for a patient should be reviewed and where necessary acted on by a responsible clinician even if this clinician did not order the test***' is not a new obligation. Please note that 'acted on' in many cases will mean ensuring the responsible secondary care clinician who ordered the test has taken, or will take, the appropriate action, in cases where patient care will be affected. If safe systems are in place to enforce the first principle, even this action should rarely be required.

See also the BMA's guidance on their [website](#).

GPC will be proposing that this principle is written into local service specifications with Trusts, as well as ending any unnecessary copying of hospital initiated test results to practices.

'REGROUP' PROJECT – A SURVEY

The ReGROUP project (University of Exeter Medical School/University of Bristol) aims to help the NHS to better understand the reasons behind the loss of both experienced GPs and those taking a career break. This is important. In April a short workforce survey will be sent by post and by email to all GPs in the South West. The survey is supported by NHS England and completion is welcome by post or online. Please watch out for it. Full details are on our [website](#) including the link to take the survey on line.

PRACTICE NURSE REVALIDATION

You probably know that revalidation for practice nurses and midwives is being introduced from April. Those affected will be contacted by the Nursing and Midwifery Council (NMC) by email about the process. All Practice Nurses in your practice will need to ensure they are prepared for this new process, which builds upon their existing requirements to confirm their fitness to practice.

The [NMC website](#) gives plenty of guidance about it.

THE QUEEN'S NURSING INSTITUTE

The QNI was established in 1887 to train District Nurses, but from the 1970s the remit of the charity broadened to provide a wide range of support to all community nurses, including General Practice Nurses. The title of Queen's Nurse (QN) was reintroduced by the charity in 2006 and General Practice Nurses are eligible to apply for the QN title. As the focus of care delivery moves to primary care, and disease prevention and treatment in the community, it is envisaged that more and more nurses will move from secondary care to the diversity of community settings. In order for them to make this transition effectively, the QNI is dedicated to providing knowledge resources and other forms of support. The QNI is currently in the process of publishing a new online resource, ['Transition to General Practice Nursing'](#) which will serve as an introduction to the main themes of working in this setting. The resource is based on already published resources for District Nurses and those entering School Nursing.

CROSS-BORDER TREATMENT OF MENTAL HEALTH STAFF WITH MENTAL HEALTH PROBLEMS

Normally mental health staff that have mental health problems themselves would be treated in another part of the Together Trust area to avoid coming into contact with work colleagues while keeping costs internal. However if that is geographically very inconvenient then application for the funding of cross-border treatment can be made to the Complex Care Team (Team Manager is Gail Peters) at Wotton Lawn Hospital, Gloucester GL1 3WL (Tel@: 01452 894500)

MINOR AILMENTS SCHEME – PHARMACIES

In Gloucestershire, the CCG have now extended the Minor Ailments Scheme across the whole county. The services available are listed on the CCG Live website at:

https://ccglive.glos.nhs.uk/intranet/index.php?option=com_k2&view=item&layout=item&id=1089&Itemid=1017 (scroll down to the section below URMS)

Any pharmacy will be able to treat these conditions. All pharmacies can treat these conditions at cost to the patient but those who are signed up to the commissioned service will be able to deliver this as an NHS service.

GPC SESSIONAL GP'S NEWSLETTER

The March edition of the sessional GPC's e-newsletter is available [here](#). The chair's message focuses on the NHS England's proposal to introduce [maximum indicative locum rate](#) for locum doctors' pay. Other blogs highlight the value of sessional GPs [getting involved](#) with their Local Medical Committees, and provide guidance on [managing clinical risk](#) for locum GPs, and [diagnosing scarlet fever](#). The newsletter also provides a useful update on the [GP campaign](#) – *Urgent Prescription for General Practice*, and personal accounts of why one medical student is [considering a career in general practice](#) and another on coming through the other side of a [GMC investigation](#).

(Note that his last item would be of interest to any GP – not just sessional GPs.)

SALARIED AND SESSIONAL GPs – REGISTER TO VOTE!

In these difficult times for General Practice it is important to make sure that all voices are heard at a national level. The GPC Sessional GPs subcommittee represents Salaried and Locum GPs in national negotiations and ensures that their voice is an integral part of the discussion regarding the future of our profession.

The Sessional GPs subcommittee is holding elections in April, in which all salaried and locum GPs are eligible to vote (whether BMA members or not). You will need to make the BMA aware of your existence by emailing membership@bma.org.uk before the 4th of April. Practice managers, please highlight this information to any salaried or locum doctors working for your practice.

Our LMC executive officer, Dr Jethro Hubbard, is standing in the upcoming election for the south-west region and can be contacted [via the LMC website](#) should you have any questions. Details of the other candidates have not yet been released to us.

SUSTAINABILITY AND TRANSFORMATION PLANS (STPs)

Gloucestershire is one of the 44 announced 'footprint areas' in England each responsible for proposing its own local STP. Only five other 'footprint areas' in England (of which three are also in the South West Region) have only one CCG; the others have many more. (Two have as many as 12!) In forming their footprints, local areas took the following factors into account:

- Geography (including patient flow, travels links and how people use services).
- Scale (the ability to generate solutions which would deliver sustainable, transformed health and care which is clinically and financially sound).
- Fit with footprints of existing change programmes and relationships.
- The financial sustainability of organisations in an area.
- Leadership capacity and capability to support change.

We are fortunate that Gloucestershire already fits those requirements.

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.

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

Break out the Bollinger! I have found another partner. It has taken two years of assiduous effort and some clever negotiation about premises but the partnership deed is signed and sealed. (Very important, that!) She is young as GPs go and full of the boundless enthusiasm and stamina I must have had in my youth but somehow find it hard to summon up nowadays. Perhaps mental stamina is in inverse proportion to girth? She starts with effect from 4th April (Easter holidays for the children having rather got in the way) and I must confess I can hardly wait.

I can now concentrate more fully and with an easier mind on the sabbatical which I have long planned to take towards the end of the year. Talking of which, you may not be getting regular updates from me in September – November. Sorry about that, but Australia is a very long way off and my intention is to switch off entirely from following the NHS news. I risk getting a rude shock on my return but I am sure Sally will keep the boat afloat in my absence.

And finally,
(courtesy of 'Pulse' magazine) a quote from '[Copperfield](#)' which bears thinking about:

"... what GPs are really, really good at is diagnosing and managing normality."



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

The logo for Gloucestershire GP Safe House. It features a green border. At the top left, it says "LOCAL MEDICAL COMMITTEE" above the "LMC" logo, with "GLOUCESTERSHIRE" below it. To the right, "Gloucestershire" is written in a blue serif font. Below the LMC logo is a small illustration of a house with a garden. To the right of the house, "GP SAFE HOUSE" is written in a green, stylized font. Below that, the text "Online support for professional challenges" is written in a smaller, italicized font. At the bottom, the website address "www.gpsafehouseglos.co.uk" is underlined.

Gloucestershire
GP SAFE HOUSE
*Online support for
professional challenges*
www.gpsafehouseglos.co.uk

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
Cotswold Medical Practice	Bourton-on-the-Water & Northleach	Partner or Salaried GP	30 Mar 16	30 Apr 16
Cotswold Medical Practice	Bourton-on-the-Water & Northleach	Practice Nurse Team Leader	30 Mar 16	30 Apr 16
Partners in Health	Gloucester	Practice Business Manager	17 Mar 16	15 Apr 16
Heavitree	Exeter	GP Partner	16 Mar 16	8 Apr 16
Martock	Somerset	Salaried or GP Partner	15 Mar 16	12 Apr 16
Pensilva Health Centre	Bodmin	GP	Updated 15 Mar 16	31 May 16
Tewkesbury	Gloucestershire	Choice+ rota	9 Mar 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
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
GP Retainer Scheme	Gloucestershire	GPs (plural)	13 Jan 16	Open
Brockworth	Gloucester	Partner or salaried GP	5 Jan 16	Open
Partners in Health	Gloucester	GP Partner or Salaried GP	2 Dec 15	Open
St John's House Medical Centre	Worcester	2 x GP partners	18 Nov 15	Open

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

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

TEWKESBURY CHOICE PLUS

now up and running!

Now offering Rota slots :

Mondays 14.00 – 20.00

Tuesdays 14.30 – 18.30

Thursdays 16.00 – 20.00

Fridays 13.00 – 17.00

Saturdays 09.00 – 13.00

**ALL ROTAS BASED AT MYTHE MEDICAL PRACTICE, JESMOND
HOUSE,
CHANCE STREET, TEWKESBURY, GL20 5RF**

**Please contact GDoc to arrange registration to the RotaCloud to
book sessions**

www.gdoc.org.uk or jess.sciberras@nhs.net

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 £38,000 - £45,000 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: 15.4.16

Provisional Interview date: 30.4.16

Job Description and Person Specification available on request

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

Cotswold Medical Practice
Bourton-on-the-Water and Northleach Surgeries

Partnership or Salaried GP Opportunity

We are a friendly, high achieving training Practice looking for a new GP to join our team. We work across two sites in the beautiful Cotswold countryside, covering the towns of Bourton-on-the-Water and Northleach and dozens of villages of varying sizes. Our list is increasing rapidly due to new housing developments in the North Cotswolds.

- 4 to 6 sessions per week, partnership preferred but salaried considered
- Dispensing practice caring for 10,500 patients in 2 new purpose built premises
- Committed to training, development and research
- Great team of GPs, staff and nurses
- Paper light EMISweb system
- High QOF achievement, high enhanced service participation
- Start August 2016

Further details on our website www.cotswoldmedicalpractice.nhs.uk

Apply in writing with CV to Julia Tambini, Managing Partner, Cotswold Medical Practice, Westwoods Surgery, Bassett Road, Northleach GL54 3QJ
juliatambini@nhs.net

Closing date **30th April 2016**. Interviews in the afternoon of 19th May

For further information or an informal visit please contact Julia Tambini or Paul Rogers on 01451-860310

PRACTICE NURSE TEAM LEADER

Up to 37.5 hours per week

£31,072 - £40,964 per annum pro rata

Cotswold Medical Practice - Bourton-on-the-Water and Northleach Surgeries

We are a friendly, high achieving Training Practice looking for a new Practice Nurse Team Leader to join us. We work across two surgeries in the beautiful Cotswold countryside. You will be leading a team of 6 nurses, 3 HCAs and a phlebotomist and your time will be split between clinical patient contact and management.

You will have proven staff management experience and experience of Chronic Disease management in primary care. You will have at least 2 years' experience as a Practice Nurse and hold at least one post graduate diploma. You should be fully trained in childhood immunisations, travel health, wound management and cervical cytology.

For informal visit, further details and application pack please contact 01451-860310 or email Juliatambini@nhs.net

Closing date: **30th April 2016**. Interviews will be held on the afternoon of Tues 10th May

www.cotswoldmedicalpractice.nhs.uk

