

SEPTEMBER 2016

LOCAL MEDICAL COMMITTEE
LMC
GLOUCESTERSHIRE

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It is the season of mists – and we gather from A&E colleagues that a degree of mistiness attaches to some GP referrals to them. Ideally such referrals should be legible (!), give a swift summary of the patient's usual condition and the way it has now changed and, if possible, an indication of the help required from secondary care. By the same token please note that the clarity we expect from secondary care is, or should now be, part of their contract and the LMC would like to hear of any cases where this is not taking place.

Relationships between secondary and primary care

The GPC has provided helpful [template letters for GP practices](#) to push back on instances where hospitals breach new requirements in their standard contract.

To recap, following lobbying by GPC, NHS England have added the following requirements to the hospital standard contract effective from 1st April 2016:

1. Local access policies. Hospitals may not adopt blanket policies under which patients who do not attend an outpatient clinic appointment are automatically discharged back to their GP for re-referral. Hospitals must publish local access policies and demonstrate evidence of having taken account of GP feedback when considering service development and redesign.
2. Discharge summaries. Hospitals are required to send discharge summaries by direct electronic or email transmission for inpatient, day case or A&E care within 24 hours, with local standards being set for discharge summaries from other settings. Discharge summaries from inpatient or day case care must also use the [Academy of Medical Colleges endorsed clinical headings](#), so GPs can find key information in the summary more easily. Commissioners are also required to provide all reasonable assistance to providers in implementing electronic submission.
3. Clinic letters. Hospitals are to communicate clearly and promptly with GPs following outpatient clinic attendance, where there is information which the GP needs quickly in order to manage a patient's care (certainly no later than 14 days after the appointment). For 2017/18, the intention is to strengthen this by requiring electronic transmission of clinic letters within 24 hours.
4. Onward referral of patients. Unless a CCG requests otherwise, for a non-urgent condition directly related to the complaint or condition which caused the original referral, onward referral to and treatment by another professional within the same provider is permitted, and there is no need to refer back to the GP. Re-referral for GP approval is only required for onward referral of non-urgent, unrelated conditions.
5. Medication on discharge. Providers are to supply patients with medication following discharge from inpatient or day case care. Medication must be supplied for the period established in local practice or protocols, but must be for a minimum of seven days (unless a shorter period is clinically necessary).
6. Results and treatments. Hospitals are to organise the different steps in a care pathway promptly and to communicate clearly with patients and GPs. This

specifically includes a requirement for hospitals to notify patients of the results of clinical investigations and treatments in an appropriate and cost-effective manner, for example, telephoning the patient.

It is estimated that 15 million GP appointments, staff time and expense is wasted each year due to these inappropriate demands and workload shift onto GP practices. At the specific request of the GPC, NHS England and NHS Improvement have written a reminder letter to all hospital providers to ensure adherence to these new requirements. The new template letters are designed to empower practices to demand that hospitals honour these contract changes, in order to relieve some of the daily bureaucratic burdens on GP practices.

Besides sending template letters to both the Hospital Trust and the CCG it will help us at the LMC to keep up the pressure if can you let us have a monthly summary of what you have sent to them. No particular format!

Primary Care Services England (PCSE (aka Capita))

The multifarious problems with the current PCSE services are well known and appreciated at all levels in the NHS. Changing the situation, getting rid of backlogs and sorting out mal-administration, lack of planning and insufficient training will all take time. Please bear with it for a while. These issues are being dealt with at the highest level, but we are always being asked for concrete, if anonymised, examples. Do keep them coming.

As a case in point the FP69 patient list cleansing will take effect at the end of September. The CCG has managed to get two extensions for the date and the list in the county has been reduced from some 6000 to, we gather, about 600.

'Safe working in general practice'

This BMA paper can be downloaded from [here](#). It sponsors the idea of a quantified safe working pattern for GPs, with practices supported by GP-led 'hubs' which would have to be properly funded, modelled to suit local needs, open when practices are, and linked to practices with common (or at least interoperable) IT systems. The hubs would employ other clinicians besides GPs but, even so, we suspect that manning them will be a challenge.

E-prescribing

Where a practice is so close to the pharmacy that the patient is likely to walk into the pharmacy before the pharmacy has had a chance to download the e-prescription it would help the pharmacist and, more directly, the patient, if the practice could issue the patient with a printed 'token' of the prescription. The pharmacy can then scan the barcode and download the prescription quickly. Further to that, e-prescriptions are most helpful in cases of repeat prescribing; we commend them to you.

Court of Protection

You may have heard that the Court of Protection has moved from a centralised arrangement to using non-specialised regional judges. There have been reports of one or two unusual instances, including a GP being 'ordered' to examine a patient without a fee; this was because it was assumed that the GP Practice was an NHS Body, whereas the nearest it can be is an NHS Body for the purpose of the GMS/PMS Contract. If you hear of any unusual or inappropriate requests for GPs, please could you let the LMC know? The more detail, obviously preserving confidentiality, the better.

Appraisal portfolio uploads

GPs should discuss with their appraiser the advantages and disadvantages of having their entire appraisal portfolio uplifted to a central repository. If the GP wishes to have only the summary uploaded that is entirely proper, although the GP is then responsible for keeping the full portfolio safely in case the RO should have cause to ask for it at revalidation time

Medical records – openness

Just a reminder: whatever you write in patients' medical records may possibly be seen by them. Comments should not be of such a nature as might offend the patient.

Workforce

The HSCIC published [experimental primary care workforce figures](#) using the WMDS data in April this year. Whilst the figures have been arrived at using two different data sets, the former GP practice workforce census and the new WMDS, and therefore do not reflect a truly accurate picture, there were 657 fewer full time equivalent GPs in England in 2015 compared with 2014. Although the HSCIC had to estimate data for around 12% of practices who had not completed the data return, the figures further highlight the importance of accurate data. GPC made this clear in its press release following the [publication of the figures](#). Completing the returns gives extra work in the short term but long term should improve workload; the GPC is negotiating that only absolutely essential data items are requested in future and that the extra work involved should be suitably rewarded. Note that individuals have no right to object under the DPA as this data collection is authorized by statute, practices should inform their staff about the data collection and the way information about them will be used. This is to ensure practices comply with the fair processing principle of the DPA. The [HSCIC website](#) provides a template for fair processing notices, which is available for practices to use. The GPC advises that inclusion of the National Insurance Number is for the best as it helps to improve data accuracy and all data is anonymised before analysis.

Forthcoming events

ACAS Training highlights in Gloucestershire over the next few months:

- 20 October [Contracts of Employment - How to get it right](#) Stonehouse
- 27 October [Performance Management & Appraisals](#) Cheltenham
- 4 November [Employment Law Update](#) Cirencester
- 23 November [Conducting Investigations](#) Gloucester
- 1 December [Managing Holidays](#) Gloucester
- 15 December [Essential Skills for Line Managers](#) Gloucester

Alcohol advice

The latest advice (25 Aug 16) from the UK Chief Medical Officer for men **and women** on drinking alcohol is:

- To keep health risks from alcohol to a low level it is safest not to drink more than 14 units a week on a regular basis.
- If you regularly drink as much as 14 units per week, it is best to spread your drinking evenly over 3 or more days. If you have one or two heavy drinking episodes a week, you increase your risks of death from long term illness and from accidents and injuries.
- The risk of developing a range of health problems (including cancers of the mouth, throat and breast) increases the more you drink on a regular basis.
- If you wish to cut down the amount you drink, a good way to help achieve this is to have several drink-free days each week.

Gender incongruence

A number of queries have been raised with GPC regarding the management of patients who present at their general practice with gender identity problems, including questions relating to patient records and confidentiality and, in particular, regarding prescribing and monitoring responsibilities in relation to the gender reassignment process. In response, GPC have produced new guidance, which:

- Explains what should be provided in primary care.
- Signposts to further sources of guidance.
- Highlights some of the underpinning ethical and legal considerations.

A copy of the guidance can be found on the [BMA website](#).

Federation of LMCs Buying Groups

More and more practices are realising that they can make significant savings on many of the items they need to buy regularly. Many little savings make a difference. You can find out more [here](#). If you find that you are already using a particular provider

LMC BUYING GROUPS FEDERATION
“Saving practices time and money”

authorised by the Federation but have not entered into a contract with them via the Federation, don't worry. You are still entitled to claim the Federation discount; please do so.

Your Lay Secretary is now on holiday – rather a long one

Please note that from 26th September 2016 to 5th December 2016 Mike Forster will be on an extended holiday in the Antipodes. In his absence our Office Manager, Mrs Shelina Jetha, will be holding the fort. Emails sent to Mike will be accessed by her and responded to by her.

GPC Sessional GPs newsletter

This is now available on the [BMA website](#).

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

I was at a university reunion the other day. Besides proving, yet again, that too much port has an adverse effect on the mental faculties, both at the time and also on the following morning, it was a useful opportunity to see how we had all fared in the intervening years. Hair was thinner and definitely not its original colour. Many waists were no longer lissom – mine included. Several had expensive complexions. One looked like death warmed up. One was on his third wife and looked remarkably chipper for it.

The highlight of the weekend was to get back into an 'eight' with all the original crew and do a 'paddle' up the river. The intention had been to take it steady but as we neared the boathouse there were huge cries of encouragement from the bank which galvanised us to 'smite the sounding furrows' with a will and row as if we meant it. The sweat poured. The blood raced. The breath ran horribly short. Luckily, no one suffered a coronary but my wife told me afterwards that our ladies had feared exactly that. A great day indeed. It was lucky that the present-day undergraduates lifted the boat out of the water for us. By then we could hardly stand, let alone lift anything heavier than a pint glass.

These reunions happen every 10 years or so which is the College's opportunity to seek further and larger financial contributions, if only by legacy. I wonder how many of us will have so contributed by 2025?

And finally,

Spotted in a safari park: "ELEPHANTS, PLEASE STAY IN YOUR CAR"



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



JOB VACANCIES

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

GLOUCESTERSHIRE			Date posted	Closing Date
Walnut Tree Practice	Dursley	GP Partner or salaried	22 Sep 16	7 Oct 16
Corinthian Surgery	Cheltenham	Practice Nurse	14 Sep 16	21 Oct 16
Gloucester City Health Centre	Gloucester	Salaried GP leading to partnership	31 Aug 16	Open
Coleford Health Centre	Forest of Dean	Salaried GP/partnership	31 Aug 16	Open
White House Surgery	Moreton-in-Marsh	Salaried GP	25 Aug 16	Open
Dockham Road Surgery	Cinderford, Forest of Dean	Partner or Salaried GP	26 Aug 16	Open
Forest Health Care	Cinderford	Salaried or Partner GP	11 Aug 16	Open
Partners in Health	Gloucester	Partner/Salaried GP	20 Jul 16	Open
Phoenix Surgery	Cirencester	Part-time Partner	19 Jul 16	Open
Church Street Practice	Tewkesbury	Locum GPs	19 Apr 16	Open
Tewkesbury	Gloucestershire	Choice+ rota	9 Mar 16	Open
Rowcroft Medical Centre	Stroud	Partner or salaried GP	11 Feb 16	Open
GP Retainer Scheme	Gloucestershire	GPs (plural)	13 Jan 16	Open
Brockworth	Gloucester	Partner or salaried GP	5 Jan 16	Open
ELSEWHERE				
Clarence Park Surgery	Weston Super Mare	GP Trainer & Salaried GP	22 Sep 16	10 Oct 16
Portishead Med Group	N Somerset	Sabbatical locum	31 Aug 16	Open
Close Farm Surgery	S Glos	Maternity cover	24 Aug 16	7 Oct 16
Hadwen Medical Practice	Gloucester	Partner or salaried GP	20 Sep 16	10 Oct 16

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

Practice Nurse
Corinthian Surgery
St Paul's Medical Centre
20 hrs over 5 days Monday - Friday
Salary according to experience

An opportunity has arisen for a well-motivated and enthusiastic Practice nurse to join the nursing team in our friendly surgery.

The role will include a mixture of Treatment Room, the management of Chronic Disease, and Minor Illness Clinics. Chronic disease and Minor Illness qualifications are desirable but not essential.

Applicants will need to be proactive in the development of nurse competencies to meet practice needs.

Please call 01242 215423 for an application pack

Closing date for applications Friday 21st October 2016

Gloucester City Health Centre
Salaried GP with a view to partnership

Due to planned retirement we are looking for an enthusiastic GP(s) to join our small friendly team.

We are a long-established Inner City Practice with a culturally and ethnically diverse population.

We would be happy to appoint either an experienced or a newly qualified GP and can offer flexibility with hours and sessions. We are looking to fill up to 9 sessions with either a full time or 2 part-time Doctors.

- 3 Partners, 2 Salaried GPs, 2 Practice Nurses and 2 HCAs
- 7800 patients
- Good CQC rating in all areas
- Plans to improve/develop premises
- INPS Vision Clinical System
- GMS Practice
- Excellent supportive team
- Participation in a range of Enhanced Services

Informal enquiries and visits welcome, please contact either Eileen Wilkinson, Practice Manager, Gloucester City Health Centre, The Park, Gloucester. GL1 1XR. Telephone 01452 891110 or email: eileen.wilkinson@nhs.net

Or if you would like to speak to one of the partners please email Dr Simon Loader:
simon.loader@nhs.net

To apply send your CV and a covering letter to the Practice Manager

**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 3 January 2017. 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 are a training practice with 9 partners and 5 salaried doctors, and offer a supportive, well-managed working environment and a happy and functional practice team.

Please see our website www.hadwenmedicalpractice.co.uk for fuller details or contact our Management Partner, at Ian.Robertson1@nhs.net, 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 Management Partner.

Closing date: 5 October 2016. Interview date: Evening of 10 October 2016



PARTNERSHIP OPPORTUNITY

Walnut Tree practice, situated on the edge of the Cotswolds mid-way between Gloucester and Bristol, is a friendly forward thinking practice with strong team working ethic. We are seeking to appoint a GP Partner, although would consider a Salaried GP. Opportunity arisen due to Partner retiring. We believe in prioritising work/life balance. Although we are well organised with high rates of remuneration, we priories good and happy working environment in this quiet practice.

- 6 sessions per week (5 clinical + 1 admin)
- 3 GP Partners, 1 Salaried GP, 1 Nurse Practitioner,
- Excellent nursing team and administrative support
- Low staff turnover
- GMS Practice with 4750 patients
- Excellent QOF
- Advanced Training Practice
- Emis Web Clinical System
- 2015 CQC Good Rating with Outstanding in Patient Responsiveness
- Patient Arts in Health Projects take place at surgery i.e. art, music, poetry
- Purpose built surgery having won several awards for its design
- April 2017 start date
- Salary/ Partnership package negotiable
- 6 Month Sabbaticals every 4 years
- 8 Weeks Annual Leave/Study Leave

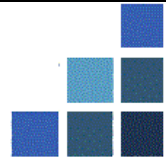
We are ideally looking for an enthusiastic, committed Partner or Salaried GP to join us in providing high quality care to our patients. Applications are invited in writing with full CV and covering letter (FAO: Wendy Hunter – Practice Manager). For more information or to arrange an informal visit, contact Mrs Wendy Hunter, Practice Manager or Dr Simon Opher MBE

Walnut Tree Practice, May Lane Surgery, 27 May Lane, Dursley, Gloucestershire GL11 4JN
Tel 01453 540555 Email wendy.hunter10@nhs.net Or simon.opher@nhs.net

Closing date for applications: Friday 7th October 2016
Interviews to be held during week commencing 24th October 2016



**The Locality Health Centre CIC
&
Clarence Park Surgery
Weston-super-Mare**



**“Outstanding” and “Good” CQC rated practices seeking:
Entrepreneurial GP Trainer 6- 8 sessions a week
And
A Salaried GP 6-8 sessions a week
NHS pension + MDU Costs**

The Locality Health Centre, Weston-Super-Mare, is a thriving social enterprise improving access to high quality medical services and reducing health inequalities. We are now collaborating with Clarence Park Surgery to work more closely together to deliver a better and more accessible quality service across both practices. The practices have a shared belief in continuity of care and putting the patient at the centre of what we do.

Join our team where your clinical skills will be highly valued, your views and experience on how to provide the best, most effective care will shape the service and your treatment of patients will make a real difference. There will be opportunities to work across both sites with a real breadth of patients.

As a Social Enterprise there are no Partner GP's or shareholders, all money from the NHS is re-invested in the service. We are looking to extend this model to Clarence Park Surgery over time.

This post is central to those changes as we have created a clinically led practice for the 21st Century, with Principal GP's, Specialist Nursing team, prescribing pharmacist and a supportive admin. We are building on the excellent team approach creating a smarter service. The administrative, financial and staffing functions are managed by the social enterprise. The LHC is integral to a dynamic Healthy Living Centre which provides a range of additional health and wellbeing services to support the local community and patients.

- Combined list size of 10,000
- EMIS Web
- Strong and effective nursing team
- Prescribing Pharmacist
- Supportive and efficient admin team
- Active links with outside agencies

We are looking for a GP who will be committed to co-creating an innovative approach alongside a lively and supportive clinical and non-clinical team.

Weston-super-Mare is 40 minutes from Bristol and Taunton, with stunning countryside on its doorstep.

For further information and an informal discussion, please contact:

Shirley Smith (Practice Manager)
shirley.smith@gp-L81670.nhs.uk
www.localityhealthcentre.org.uk

01934 427513
Shirley.smith17@nhs.net