

**OCTOBER
2016**

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EDITORIAL

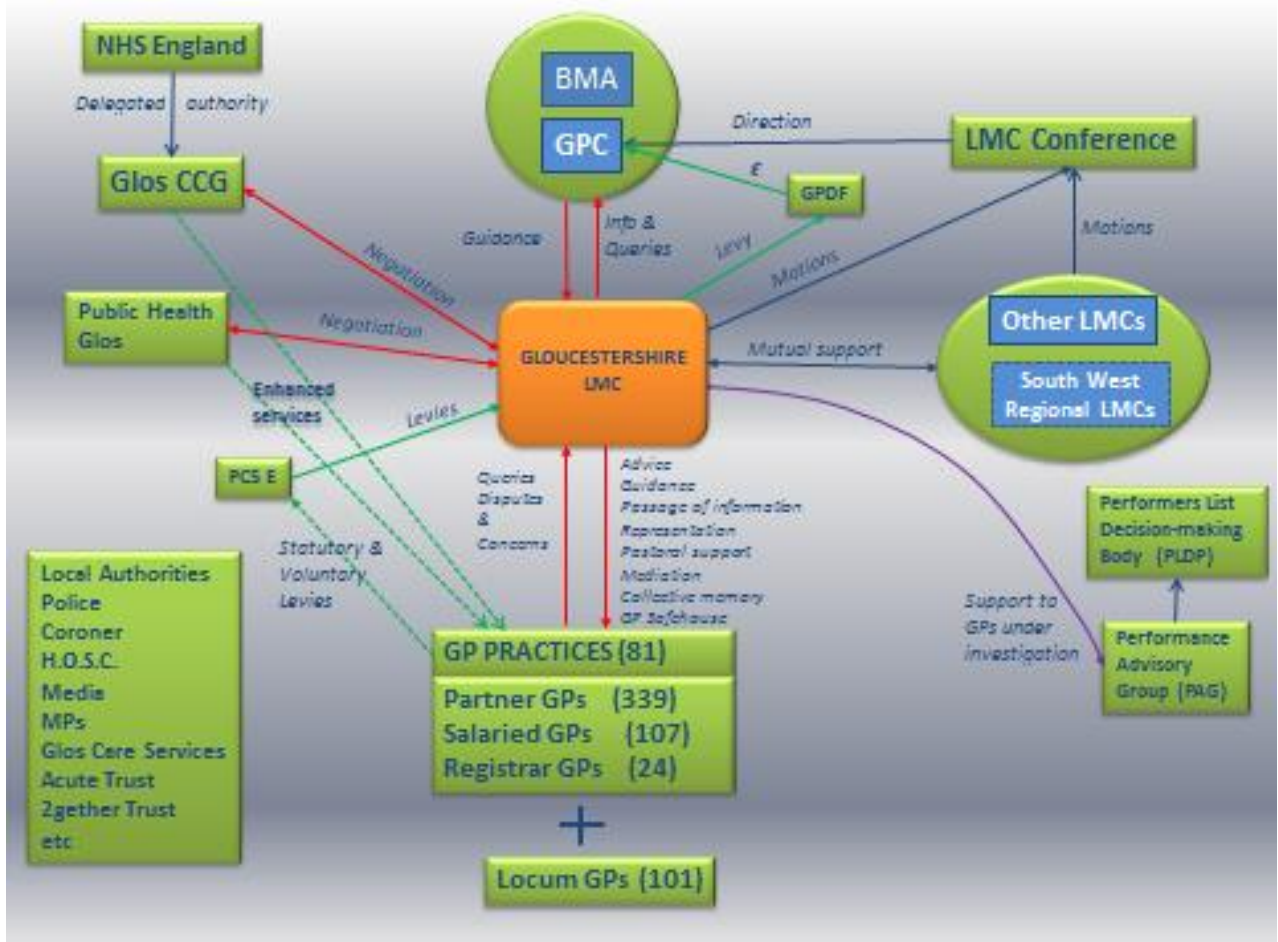
The role of the LMC has evolved with the demands placed on general practice following decades of seemingly ceaseless NHS re-organisations. Many issues we highlighted some 10 years ago are now being played out; the looming shortage of GPs and the transfer of work from secondary to primary care. We have also seen some of our support services move to private sector organisations, initially locally to the southwest and now to the north of the country with primary care support services (PCSE). With today's technology if there are issues we should be able to engage with the provider quite easily and quickly but as we have discovered it's only as good as the service provider! With the changing landscape we thought it would be helpful to remind practices of the key role of the LMC.

The LMC relationships and its role

We often get asked 'what is the LMC and what do they do?' The LMC represents over 600 GPs in Gloucestershire; providing information, advice and mediation services, to a diverse GP community consisting of partners, salaried GPs, part-timers and also Sessional GPs. As demonstrated by the diagram below, we have a multi-dimensional relationship with numerous stakeholders and organisations. We have the main LMC meeting every other month when we invite key NHS players from various organisations such as the acute trust and CCG. We also have monthly executive and negotiators meetings with Gloucestershire CCG and so if you have issues or concerns in your practice, we could raise them with our NHS colleagues on your behalf.

The LMC members are your constituents representatives and can further feedback any of your concerns which we also discuss and raise at regional and national meetings. Every month your constituent representative emails you the LMC Newsletter and we would recommend you get to know them and engage with them about any issues and/or concerns you may have regarding your practice. To find out who your representative is follow this link: <http://www.gloslmc.com/full-committee.asp>

Diagram: LMC relationships



Note: numbers of practices and GP's are estimated and from various sources, as off 10th Oct 16 but can fluctuate.

Gluten free prescriptions

The LMC after several discussions with the CCG are still concerned regarding the policy to stop all gluten free prescriptions. We have concerns regarding legal terms and conditions and breach of the GP contract. The LMC are continuing to explore other options with the CCG.

Primary Care Support England (PCSE)

We are aware of the difficulties that practices are facing in respect of primary care support services (PCSE). We have locally continued to engage with the CCG and also escalated issues to the BMA. Many of you have been completing the proforma that has been collated and sent to the BMA on a weekly basis during the month of October to get an accurate national picture against which we can measure achievement in Primary Care support. This will allow us to engage more effectively to help deliver improvement both nationally and locally. The CCG too have been escalating their concerns to NHS England on these matters. We will keep you informed and will also want to hear from practices that still face difficulties with PCSE performance.

NHS England announces major boost for general practice

This month NHS England set out the latest measures it claims to implement to help general practice cope with increasing demands as part of the General Practice Forward View. In January 2017 it aims to improve access to mental health support for GPs and give GPs who have previously been on the GMC Register and on the NHS England National Performers List (NPL) the opportunity to return to General Practice after a career break, raising a family or time spent working abroad. It also supported the safe introduction of overseas GPs who have qualified outside the UK and have no previous NHS experience. For further information refer to: [Induction and Refresher scheme \(I&R\)](#).

Over the next few months NHS England will work with stakeholders to develop a national framework so that suitably qualified and experienced doctors can be added to the Medical Performers List without the need to complete the I&R process.

They say to make it easier for doctors to return to practice and cutting down the time involved, the process will be made more flexible. They claim that they will also provide additional funding to increase the frequency of assessments under the I&R scheme from quarterly to bi-monthly. This will mean that doctors won't have to wait as long to sit next for assessments. These improvements focus on key areas such as firstly increased financial support from November 2016 that will:

- Increase the monthly bursary for doctors on the I&R scheme from £2,300 to £3,500. This will be available to new or existing doctors on the scheme.
- Provide a time limited financial top up to the bursary of £1,250 to assist with the costs of indemnity whilst on the scheme (available until 31 October 2018).
- Provide a time limited reimbursement (worth £464) to doctors on the scheme for the costs of GMC membership and DBS fees (available until 31 October 2018)
- Remove assessment fees for first time applicants (worth up to £1,000).

Secondly, increased practical support means a new national support team for the scheme, based in Liverpool. The team will provide each I&R doctor with a dedicated account manager and contact point to support them through the entire process. The team will also provide support including:

- Assistance and advice with completing forms and paperwork
- Assistance with arranging occupational health assessments
- Advice on arranging indemnity
- Co-ordinating assessments and placements on behalf of doctors

The other announcement focusses on helping GPs who may be suffering from mental ill-health including stress and burnout. **The Hurley Clinic Partnership, who currently provide the NHS Practitioner Health Programme, has been appointed to run a free, confidential service for any GP or trainee registered on the National Performers List or looking to return to clinical practice.** The service will launch in January 2017.

It will be available in 13 areas across the country, the **NHS GP Health Service** will be accessible via a confidential national self-referral phone line, website and app, enabling GPs and GP trainees to seek information about the services available, access self-help tools, and access clinical support.

Workload from Secondary to primary care

Avon LMC carried out a survey over a month, documenting all the secondary care work being dumped on GPs. You can access the full survey results here:

<https://www.bma.org.uk/advice/employment/gp-practices/quality-first/assess-and-negotiate-your-workload/avon-lmc-workload-survey>

Avon LMC found the study indicated a number of things as follows:

- A very significant amount of doctor time is being used up by the on-going problem of un-resourced work being shifted back into General Practice from Secondary Care.
- A very significant amount of money is being paid to secondary care for work that is actually funded through tariff costs but is being carried out on their behalf in the community.
- The figures are likely to be an underestimate of the total problem. Many practices admitted that in the four week window they came across many other examples of work-shift but were simply too busy to send them to the LMC.

Avon LMC figures indicate the following:

- 72% of Practices responded
- 3,267 examples were received within a 4 week period
- GPs had completed approximately £48,025 worth of un-resourced work, this works out to an annual cost to Primary Care of £624,325

Adastra – special notes/safety information

There are concerns regarding patient special notes and safety information on SCR being transferred from ADASTRA. The CCG didn't think this was possible without GP/OOHs approval and have confirmed that those special notes that have been read coded with an approved national read code will be transferred to SCR if there has been authorisation from that individual patient. Regarding 'safety notes'; as it stands at the moment these will cease to exist when Adastra ceases.

Nasal Flu immunisations

As many of us know the uptake of nasal flu immunisations has not been good in some practices. However, some schools will allow practice teams to immunise the children at the school and so practices may want to consider this as an option to improve uptake.

National minimum wage rates

To avoid any doubt, the new national minimum wage rates for pay periods starting on or after 1 Oct 2016 will be:

- £6.95 per hour (21-24yrs old)
- £5.55 per hour (10-20yrs old)
- £4 per hour (16-17yrs old)
- £3.40 per hour (apprentices under 19 and all in first year of apprenticeships)

National Living wage for workers aged 25 and above remains unchanged at £7.20 per hour until April 2017.

Buying Group

Now that the buying group has launched their new website they have also informed us of two new suppliers:

- AKM Music - Royalty Free Music (thanks to LMC colleagues in Cornwall and Devon for the suggestion!)
- GP Online – Vacancy Advertising and Medeconomics/MIMS Subscriptions

For further information please follow this link to their website:

www.lmcbuyinggroups.co.uk

Forthcoming events

ACAS Training highlights in Gloucestershire over the next few months:

- 4 November [Employment Law Update](#) Cirencester
- 23 November [Conducting Investigations](#) Gloucester
- 1 December [Managing Holidays](#) Gloucester
- 15 December [Essential Skills for Line Managers](#) Gloucester

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

Max has gone off into the sunset for a short while to Australia. I am sure he will scrutinise the healthcare system over there and come back very refreshed to know we have one of the best healthcare systems in the world – I think, so I get told! From cradle to grave – the problem is, we are living far too long! So you may wonder what's provided in Australia? Medicare has been the Government's universal health insurance scheme since 1984. It provides free treatment in a public hospital and free or subsidised treatment for some optometrist services, some dental care services, some psychology services, and treatment by doctors. It's partially funded by an income tax surcharge and pays a benefit

to the user for various healthcare costs e.g. doctors' and specialists' consultation fees; tests and examinations; eye tests and most surgical procedures. However, most Australians top up with private health insurance too. But Aboriginal traditional healers have a place alongside modern medicine too! In the Anangu Pitjintjatjara Yangkunjatjara (APY) lands in northern South Australia the Elders who are working as healers are called Ngangkari, a Pitjantjatjar a word that literally means 'traditional healer'. Their status is equal with doctors. There is strong evidence to suggest that spirituality helps Aboriginal people to cope, be strong, resilient and determined, and to come to terms with life's problems. They work alongside doctors and medical staff in community clinics and hospitals, and often visit Adelaide to attend to Aboriginal hospital patients and deal with everything from childhood illnesses, pain relief, and pain management to restoring the spirit balance within the body and treating loss of spirit. But Australia is yet to catch up with the world. In New Zealand and Canada you can walk into a clinic and choose between seeing a Western doctor or a traditional healer, while Africa and South America have national associations of indigenous healing, recognised and funded by the government. Interesting.....can the NHS learn from this co-existence, especially when many health issues rise up from the ashes of our minds?

And finally,

We want to wish Dr Martin Nicholas well on his retirement and in memory of Dr Bob Rogers who passed away, a former senior Partner at the Royal Well Surgery (Cheltenham).



This newsletter was prepared By Shelina Jetha (on behalf of GlosLMC)

A rectangular box with a green border containing the Gloucestershire LMC logo, the text 'Gloucestershire', 'GP SAFE HOUSE', and 'Online support for professional challenges'. At the bottom is the website address 'www.gpsafehouseglos.co.uk'. The logo includes a small illustration of a house.

JOB VACANCIES

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

GLOUCESTERSHIRE			Date posted	Closing Date
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
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
GP Retainer Scheme	Gloucestershire	GPs (plural)	13 Jan 16	Open
Brockworth	Gloucester	Partner or salaried GP	5 Jan 16	Open
Heathville Surgery	Gloucester	Partner/Salaried GP	5 Oct 16	Open
Heathville Surgery	Gloucester	GP Maternity Locum	5 Oct 16	Open
Rendcomb Surgery	Rendcomb	6-8 Session Salaried GP	11 Oct16	Open
Cam & Uley Family Practice	Cam	Part-Time Receptionist/Administrator	11 Oct 16	28 Oct 16
Hadwen Medical Practice	Gloucester	GP Partner/Salaried GP 6-8 Sessions	13 Oct 16	11 Nov 16
Churchdown Surgery	Gloucester	Advanced Nurse Practitioner/Nurse Manager	20 Oct 16	18 Nov 16
Newent Doctors Surgery	Newent	Newent Doctors Practice, Sabbatical Locum	26 Oct 16	Open
Lydney Health Centre	Forest of Dean	6-8 sessions GP. Option of Partnership, salaried	20 Oct 16	16 Nov 16
Forest Health Care	Long Term Locum	Forest Health Care: Long Term Locum Needed	27 Oct 16	28 Nov 16
ELSEWHERE				
Portishead Med Group	N Somerset	Sabbatical locum	31 Aug 16	Open
Roseland Peninsula	Cornwall	Salaried GP	25 Oct 16	Open
The Vauxhall Practice	Chepstow	6-8 Session GP	01 Nov 16	25 Nov 16
Pensilva Health Centre	Liskeard Cornwall	GP Partner	02 Nov 16	Open

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