

**MAY
2017**

LOCAL MEDICAL COMMITTEE
LMC
GLOUCESTERSHIRE

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Compensation costs have a discount rate applied to them to take account of the claimant's expected investment return from the award. Until 27th February this year the rate was 2.5%. The rate was then reduced to Minus 0.75%. The likely result of this (unless national negotiations can alleviate it) could be a very significant increase in our already high indemnity fees. This threat to general practice is well-recognised by the GPC who are working hard to find a solution. Don't panic yet.

'Last Man Standing' guidance

The BMA have published guidance on 'Last Partner Standing' (please follow this [link](#)) and on 'Handing back your GMS/PMS contract' (please follow this [link](#)). Both documents are available on this [page](#), towards the end of the page. You can also find it on our website [here](#). We all hope and trust that our practices will never need to read such guidance, but it is good to know that it is there.

IR35

You will probably be aware of the concerns GPs have over the way SWAST has required all GPs working for them to have established Private Services Companies or not work for OOHs at all. Since SWAST's contract for OOHs in Gloucestershire only runs for a few more weeks they are trying to find a way to work it out without overstepping HMRC's new interpretation of the IR35 rules.

Remember that IR35 applies also to practices that employ locum GPs. For a practice to adhere to the new rules and consider IR35, HMRC have introduced an on-line tool called the "Employment Status Service" (ESS) which you would need to use to test if an engagement would fall within the IR35 rules. See link here:

<https://www.tax.service.gov.uk/check-employment-status-for-tax/setup>

The BMA has also issued an updated guidance addressing inappropriate threats of referral to the GMC. (See Annex A to this newsletter).

Patients dying when subject to Deprivation of Liberty Safeguards (DoLS)

We circulated this information at the beginning of April, but for the sake of record: from the 3rd of April 2017, it is no longer necessary to refer the cases of all patients to the coroner who die while subject to an authorisation under DoLS.

Before that date, patients who died subject to DoLS were regarded as dying while in state detention, triggering an automatic requirement for an inquest. From Monday 3rd April the Coroners and Justice Act 2009 has been amended so that coroners are no longer under a duty to investigate a death solely because the individual was subject to the DoLS at the time. These deaths will only require reporting to the coroner if the cause of death was unknown, or where the cause of death was violent or unnatural.

All deaths while subject to a DoLS authorisation that occurred prior to the 3rd of April must still be reported to the Coroner.

Impact of BREXIT on non-UK patients

Practices may receive requests from EU citizens who are applying for formal residency status even though they may have lived and worked in the UK for decades. The UK has kept no record of EU citizens who have settled here. The amendment in the recent Brexit bill to secure their status was dropped and many will now feel significantly insecure as a result. These patients may be the long-standing spouses of British citizens, with children/grandchildren here looking to secure their status even though they do not have to apply for a residency card under the current regulations that run until March 2019.

If they do apply the Home Office requires them to complete an 85-page document and to supply evidence from several sources going back many years: employment, council tax, bank, HMRC etc. They need to obtain evidence from multiple sources and so GPs are likely to be asked. It is a risky business for them to apply as some 30% of applications are being declined, often for technical reasons concerning the evidence presented, even for those who have lived here for decades. There are some kafka-esque features for applicants.

The Brexit select committee has noted the burdensome and excessive amount of evidence required and the process may eventually be simplified.

An additional problem is that any EU resident who is viewed as having been 'self-sufficient' for any period i.e. students, stay at home parents, redundancy, not currently employed or retired may fall foul of a little-known EU requirement dating from 2004 to obtain Comprehensive Sickness Insurance (CSI) even though such a product does not really exist in the UK to cover primary care attendances, A+E attendance etc. Failure to have evidence of taking this out (even for periods many years ago) has led to problems for some applying for residency and evidence of having been registered with a GP in the past may be important to obtain. (The NHS effectively takes the place of CSI for UK citizens) Technically an EU resident who is 'self-sufficient' who travels from the UK is committing an offence on their return into the UK without this CSI cover.

Requests may also be made from a UK citizen who has lived abroad either inside or outside the EEA though remained registered at a GP practice with property in the UK. Rights to ongoing free NHS care are not automatic.

It is a bit of a mess. With any luck the situation will be regularised early during Brexit negotiations and thus remove the need for requests to GPs for evidence. In the meantime, GPs should be sympathetic as many of these families are under a cloud of fear and insecurity until the situation is clearer. However, practices should stick to providing a very simple statement of fact re registration dates and/or consultation dates etc, as per patient preference, for which they may charge. Practices cannot go so far as to confirm residency unless they have personal knowledge of the patient's address.

Public health enhanced services 2017-18

The service specifications for the 2017-18 public health enhanced services was emailed out to practices by NHS England on 27th April. The LMC has copies should anyone have missed them. Note particularly that 4 year olds are now part of the schools' vaccination programme so GPs will not be involved. If you do vaccinate any school age children not in at-risk groups, then you are doing so for no fee.

GP Retention Scheme

NHS England is continuing to invest in encouraging GPs who would otherwise leave the profession to stay in clinical general practice. The GP Retention Scheme was launched on the 1st April and replaces the Retained Doctors Scheme 2016 and delivers several improvements.

The GP Retention Scheme is a package of financial and educational support to help doctors, who might otherwise leave the profession, remain in clinical general practice. The scheme supports both the retained GP and the practice employing them by offering financial support in recognition of the fact that this role is different to a 'regular' part-time, salaried GP post, offering greater flexibility and educational support. The practice still receives a payment of £76.92 per session that the retained GP works, the annual expenses

supplement for the retained GP remains at between £1000 and £4000 to go towards the cost of indemnity cover, professional expenses and continuing professional development (CPD) needs. However, the following changes have been made:

- Further clarity on who can apply to the scheme.
- Further clarity around what additional work can be undertaken while on the scheme.
- Further clarity around extended absence and scheme extensions – for example when extensions are applicable and when payments should cease.
- The introduction of a job plan to accompany the scheme to ensure that the retained GP post delivers its aims including provision for CPD.
- Clear guidance around the management/approval of the retained GPs on to the scheme
- Introduction of a peer review process for unsuccessful applications.
- A revised application form that reflects the changes made to the scheme.

Doctors accepted on to the GP Retention Scheme can remain in clinical practice for a maximum of four clinical sessions (16 hours 40 minutes) per week - 208 sessions per year, which includes protected time for continuing professional development and with educational support. Retained GPs may be on the scheme for a maximum of five years with an annual review each year to ensure that the GP remains in need of the scheme and that the practice is meeting its obligations.

You can read more about the GP Retention Scheme on the NHS England website (link <https://www.england.nhs.uk/gp/gpfv/workforce/retained-doctors/>)

GMC Guidance – Confidentiality

You can download the latest version of the GMC guidance on Confidentiality here:

http://www.gmc-uk.org/Confidentiality2017.pdf_69037815.pdf

and that page also allows you to browse more easily into the various sections to get an answer to your questions. A quick glance at the '[what's changed' leaflet](#) may help but the definitive version is the Guide. The change that most people are focusing on is the duty to reveal to DVLA that your patient is continuing to drive despite your advice against it.

Financial help for doctors ("[Help me, I'm a Doctor](#)")

The Cameron Fund has been working with NHS England and four other Medical Charities to launch a new 'Portal' site to highlight the financial support available for doctors and their dependants, and to assist them in finding out which of the charities may be able to offer the help they need and signpost them to those charities. In 2016 the five charities supported doctors, and their dependent families, with charitable grants and loans totalling over £1.3 million.

Doctors all too often experience loneliness and isolation, even though working in an extremely busy, stressful workplace. Dedicating their time to helping others, while putting their own needs to one side, doctors can often find it difficult to admit to anyone that they have a problem. They are often concerned that to do so will impact upon their Fitness to Practice.

The Portal offers an effective way to attract those who are in distress and have a real need for financial help and money advice. There has been a lack of knowledge about the differences between each of the charities and how they operate. By completing a very simple, five-item questionnaire on the Portal, the result will highlight which of the charities may be able to offer financial help.

ACAS help and advice for employers and employees

ACAS run day-long events on such subjects as

- 4/7 [Essential Skills for Line Managers](#)
- 11/7 [Having Difficult Conversations](#)
- 21/7 [Employment Law Update](#)
- 28/7 [Managing Discipline & Grievance](#)
- 29/8 [Contracts of Employment- How to get it right](#)
- 26/9 [Managing an Ageing Workforce](#)

Appraisal confusion?

An appraisal newsletter mentioned that appraisal months were being re-allocated. To confirm – this message was for GPs in Thames Valley ONLY. GPs in Gloucestershire were reallocated to different months, to spread the load, in 2014 and you have not had any change to the allocation of your appraisal months for 2017/18 nor are there any plans to make any changes.

Job opportunities

A list of recent job opportunity notifications is at **Annex B**. 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 B for ease of reference.

Max's Musings

Going into Purdah again. No actual policies or meaningful negotiations until after the Tories have (as they no doubt hope) gained an overwhelming majority in the Commons. It gives us all a chance to sit back and enjoy a few weeks of peace in which no new initiatives come down from NHS England. For myself, I have painted a yellow spot on the 'mute' button of every remote control in the house so that I can find it quickly whenever a party political broadcaster starts slanging off opposing politicians, their promises and their previous performance. Negative canvassing is so destructive and disheartening. I would much rather hear candidates say what they have done and will do for us.

And finally, a potentially macabre headline:

"Local High School Dropouts Cut in Half"



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



BMA STATEMENT: IR35 UPDATE

"We are aware that there continues to be concern about the application of IR35 and interpretation of locum employment status, including some employers applying a blanket approach to all locums that they engage, without assessing individuals' contracting arrangements.

In a letter to the BMA, NHS Improvement has confirmed that it has not advised employers to adopt a blanket policy to IR35 regulations or locum employment status and that the tax and employment status of each locum doctor should be assessed on their individual circumstances. If blanket policies are being applied and an individual believes that IR35 is being applied to them incorrectly, individuals should direct the engaging organisation to the [BMA's statement](#) on this issue and if assistance is required [contact the BMA](#) for further support. The BMA can provide guidance on employment status and support related to contractual arrangements.

We are also aware that some employers have made mention of locums breaching their GMC duty of care if they cancel shifts at short notice. The [GMC position](#), in line with [good medical practice](#), is that individuals should work their contractual notice. This will need to be determined on an individual basis.

We are also aware of an instance where an employer had informed locums that the GMC had asked to be notified about any locum who cancelled locum shifts with less than two weeks' notice. Following intervention by the BMA, the trust has confirmed that this is not the case and the trust will be clarifying this with the doctors affected.

Detailed guidance on the changes to [intermediaries' legislation](#) and [locum employment status](#) can be found on the BMA website."

JOB VACANCIES

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

GLOUCESTERSHIRE			Date posted	Closing Date
Brockworth	Gloucester	Partner or salaried GP	5 Jan 16	Open
Tewkesbury Choice Plus	Gloucestershire	Choice+ rota	9 Mar 16	Open
Partners in Health	Gloucester	Partner/Salaried GP	20 Jul 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
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
Newent Doctors Surgery	Newent	Newent Doctors Practice, Sabbatical Locum	26 Oct 16	Open
GP Retainer Scheme	Gloucestershire	GPs (plural)	22 Nov 16	Open
Church Street Practice	Tewkesbury	Maternity Locum required	13 Dec 16	Open
London Medical Practice	Gloucester	1 / 2 Salaried GPs 8-10 sessions per week	11 Jan 17	Open
Royal Crescent Surgery	Cheltenham	GP Partner (Part-Time)	11 Jan 17	Open
Church Street Medical	Tewkesbury	Salaried GP	15 Feb 17	Open
Springbank Surgery	West Cheltenham	Salaried GP	15 Feb 17	Open
Cam & Uley Family Practice	Uley	Full or part time Salaried/Partner GP	15 Mar 17	Open
Glos MSKCAT Service	Gloucester	GPwSI	28 Apr 17	12 May 17
ELSEWHERE				
Roseland Peninsula	Cornwall	Salaried GP	25 Oct 16	Open
Pensilva Health Centre	Liskeard Cornwall	GP Partner	02 Nov 16	Open
Burnham & Berrow Medical Centre	Somerset	GP Partner or Salaried GP	21 Dec 16	Open
Vine Surgery	Street Somerset	6-8 session Partner or Associate GP	05 Apr 17	05 May 17
Frome Medical Practice	Frome Somerset	Salaried GP	19 Apr 17	14 May 17
Frome Medical Practice	Frome Somerset	Nurse Practitioner	19 Apr 17	14 May 17
Burnham & Berrow Medical Centre	Somerset	Paramedic	26 Apr 17	02 May 17
Burnham & Berrow Medical Centre	Somerset	GP Partner or Salaried GP 4-8 sessions per week	26 Apr 17	Open

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



Chipping Campden Surgery Gloucestershire

www.chippingcampdensurgery.co.uk

Salaried GP vacancy

4 sessions per week (Mondays and Fridays 8 30am – 6 30pm)
with option to increase hours with internal locum cover

Share of usual admin tasks and on-call including telephone triage
Extended hours session as part of rota included in package

Situated in the beautiful North Cotswold town of Chipping Campden
Friendly, welcoming, cohesive and proactive GMS team with a sense of humour, who
embrace change.

4,820 list size

Dispensing practice

High achievement of targets

CQC inspected and rated Good

Excellent patient survey results; good reputation locally

Undergraduate teaching

Systemone clinical system

You would be joining one full time partner, two half time partners and an
excellent nursing and administrative team who are committed to providing
outstanding, compassionate clinical care.

Details and application forms/informal visits:

Mrs Amanda Goode

Practice Manager

Chipping Campden Surgery

Back Ends

Chipping Campden

GL55 6AU

01386 848001

Email: Amanda.Goode@nhs.net

Closing Date: 7th May 2017

Avon Local Medical Committee has an exciting opportunity for a nurse with an interest in immunisations, and who wants to become involved in education and training, to deliver high quality immunisation training to nurse teams across Bristol, S.Glos and North Somerset.

This would be a salaried position with work being on an as required flexible basis and the LMC would support you in developing both your training skills and the courses.

Full administrative support will be provided by the LMC.

For further information, please either email jane@almc.co.uk or phone 0117 9702755 and ask for Jane Bennett, Nurse Advisor for an informal discussion

**GP with SPECIALIST INTEREST IN MUSCULOSKELETAL MEDICINE
in Countywide MSKCAT Service**

**Pay Rate: Based on LMC Rate - £83.00p per hour
(Up to x2 Four Hour Sessions per week available)**

This is an exciting opportunity that will build on our existing established Advanced Practitioner services across the county. A truly multi-disciplinary service, the focus will be upon appropriate, safe and effective clinical management of patients with musculoskeletal conditions within Primary Care. There will be an emphasis on working very closely with GP colleagues and building strong links with Secondary Care providers.

The Clinical team consists of GPwSI; Clinical lead; Advanced Practice Physiotherapists; and Advanced Practice Podiatrists. An administration team to support and co-ordinate the service is based at Edward Jenner Court, Brockworth, Gloucester.

The clinicians within MSKCAT will have strong professional links with the Care Services Medical Director and Physiotherapy and Podiatry clinical networks. They work flexibly as part of a triage team across community sites.

Successful candidates will contract with the Trust either as an individual supplying services to the Trust, or via your surgery, whichever you and your surgery prefer. Each contract for services would be agreed for a fixed number of sessions, with appropriate notice agreed to provide you with assurance around financial security.

Expressions of Interest together with CV will be welcome from potential candidates.

For more information about the MSKCAT Service, enquiries should be directed to:-

Louise Bevan, Clinical Lead, MSKCAT Services

Email: Louise.Bevan@glos-care.nhs.uk

Tel: 0300 421 8168

Expressions of interest and CVs should be sent to:

Louise Bevan

Clinical Lead, MSKCAT Service

Edward Jenner Court, Gloucester Business Park, 1010 Pioneer Avenue, Brockworth
GL3 4AW

Closing Date for post: Midnight Friday 12th May