OCTOBER 2017

LOCAL MEDICAL COMMITTEE
LMC
GLOUCESTERSHIRE

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The 100% inspection of all GP practices in England and Wales has now been completed so CQC are now going to do 10% checks for the rest of the year. (From April 2018 the CQC will follow a new inspection regime from April 2018, but we don't yet know what it will be.) What is not clear is how that 10% is to be selected. If your practice is selected you will receive only a fortnight's warning of the inspection. Thus if the CQC has made any observations about your practice at a previous inspection it would make very good sense to address these observations now so that you will be in the clear if they reinspect you this year.

Winter pressures

Eight million pounds will be invested this winter in the GP Winter Indemnity Scheme. (It was £5M last year.) It will be to 'support OOHs and unscheduled care providers to secure additional capacity'. You can read the official announcement at:
https://www.england.nhs.uk/gp/gpfv/investment/indemnity/winter-indemnity/
We have discussed this with the CCG, who will be sending out full details shortly. We would like to stress that while the CCG is prepared to operate in an atmosphere of integrity, trust and cooperation they have made it very clear to us that any practice attempting to get the money without doing the work in the way it was intended will face strict post payment verification.

PCSE Update – Medical records

You will be aware that Phase 4 of the new way of handling hard-copy medical records will go live in this area in January 2018. There will be an 'amnesty' for old records from a week before to a week after the go-live date but after that all records will have to be sent using the new system which will require ordering of individual labels. Thus, it would make sense to send to PCSE (sooner rather than later) any old records that you have been holding back for fear of their being lost.

Batch coding for frailty

Basically, 'please don't'. The electronic frailty index (EFI) on practices' Electronic Patient Record Systems (EPRS) should not be used to automatically set Read codes because clinical judgement is also required to diagnose moderate or severe frailty. NHS England has published guidance on the intended process for converting a risk of frailty identified by the EFI to a coded clinical diagnosis of frailty using clinical judgement. The supporting guidance issued jointly by the BMA and NHS Employers reinforces the importance of using clinical judgement to confirm the diagnosis of moderate frailty in a person so identified by the EFI before entry onto the patient's record and, for those diagnosed with severe frailty, the requirement for a clinical review.

Card payment facilities in practices

Dispensing practices receive a lot of payments. Some may carry out private medicals. A card payment facility may help if patients never carry cheque books or enough cash, and would reduce the administrative burden on the practice. It might even ensure that practices are promptly paid for work done. Permission would have to be sought from the Commissioning Support Unit for a port on the N3 network, but that has been granted elsewhere in previous cases.

Herd immunity from measles achieved in the UK

Well done General Practice for getting 0ver 95% of children vaccinated against measles. A great achievement, as recognised by the World Health Organisation this month.

NHS England survey of waiting times

Note the following from the GPC:

"NHS England has commissioned a survey of each GP surgery in England in order to better understand waiting times in General Practice. The survey will run through October, and will involve every practice in England receiving a telephone call. NHS England has advised the call will last no longer than three to four minutes, and will ask ***when the third next available routine appointment is****.*

We have expressed our deep concerns to NHS England regarding the potentially misleading or poor-quality data this survey may produce, especially given the vast variability in appointment systems from practice to practice, as well as the survey failing to accurately assess emergency appointments, telephone triage and other modes of access. We have also questioned the expenditure on such a survey when General Practice itself is collapsing due to chronic under-funding.

GP Practices are under no obligation to respond to this survey. However, if you wish to do so our advice is as follows:

- *Direct the call to the Practice Manager or another suitable manager. If no such person is immediately available, then take a return contact number and instruct the caller that someone will call them back later*
- *The person giving the data should tell the caller when the third next available routine appointment with a doctor is*
- *Appointments which can be booked into a locality hub are valid for the purposes of this survey, and the third next available routine appointment should be given*
- *If no such routine appointment exists due to the design of your appointment system (eg: Total Triage, On-The-Day, Nurse Triage etc) then inform the caller you are unable to answer the question, and explain the reason for this*

Once again, compliance with this survey is entirely voluntary and practices should only participate if they are willing and able to do so."

GP Earnings and Expenses 2015/16 report

	Amount	**Difference from 2014/15**
Average income in England (all GPs)	£91,800	Decrease of 0.9%
Average income in England – contractor GPs	£104,900	Increase of 1.0%
Average income in England – salaried GPs	£55.900	Decrease of 1.4%

Notes:

1. The figures show pre-tax and from all sources of income.
2. NHS income forms probably no more than 95%, judging by the figures for 2013/14 which are the latest figures available for this.
3. Actual take-home pay in both categories is much less, as we know: indemnity fees increasing, practice profit margins decreasing etc.

Sessional GPs' newsletter

The latest edition of the sessional GPs e-newsletter is available online. There is a message from Dr Zoe Norris about the list closure ballot, information about mental health support for GPs and a blog about different ways of working as a locum. Please find a link to this month's edition of the Sessionals' newsletter, which this month focuses on priorities for the coming year.

Buying Group Federation

The Buying Groups Federation has sent us a message which you might like to scan:

> We have built up our infrastructure to enable us to cope with the growth we've seen in the membership over the years and we are now looking at how we can make our central function as useful and supportive as it can be for member practices.
>
> In many instances suppliers report scope for growth in terms of delivering to general practice at a greater scale. We have discussed with them how practices choose their suppliers and how we could support them to simplify this and make the life of practice managers easier by realising the benefits of being a Buying Group member.

Remember, every practice in Gloucestershire is a Buying Group member and the benefits of using their suppliers can be accessed here.

The Buying Groups Federation also has a 'Buying Group Plus' scheme, which is there to help GP federations (or indeed clusters and localities.) It allows practices working together to help each other save money on their purchasing. The Buying Groups Federation offers a bespoke service whereby their procurement consultant, who has over 30 years' experience, works with a GP federation to help their practices identify the savings that can be made by working with the Buying Group's suppliers. This consultant will start by carrying out a free cost analysis for three practices within the group before presenting his findings to them and the wider federation group. The Buying Groups Federation can then help practices by answering any questions they may have about switching to Buying Group suppliers. This may be a further way for clustering to prove its value; why not send them an email info@lmcbuyinggroups.co.uk?

If you have any suggestions for improving their service the Buying Groups Federation would be glad to have them (same email address).

Form GMS1

The specific GPC guidance about Form GMS1 is under:

> *What are the implications for practices as a result of the contractual changes to identify overseas patients?*
>
> These changes only apply to patients who are registering with your practice who have a non-UK issued EHIC or S1 form or who may be subject to the NHS (Charges to Overseas Visitors) Regulations 2015. These patients will be required to self-declare at the point of registration.
>
> Practices will be provided with a revised GMS1 form to use, as well as a hard copy of a patient leaflet which will explain the rules and entitlements overseas patients have in accessing the NHS in England. Once a practice has manually recorded that the patient holds either a non-UK issued EHIC or a S1 form in the patient's medical record, they will then need to send the form and supplementary questions to NHS Digital (for non-UK issued EHIC cards) or the Overseas Healthcare Team (for S1 forms) via email or post. Details will be provided shortly about how to do this. Although the form will identify other patients from overseas, practices are only required to send the forms for patients with a non-UK issued EHIC or a S1 form.
>
> Under this system, the patient's country of origin will be charged where relevant. Patients themselves will not be charged for general practice services, but as now, may be charged for some secondary care services.
>
> New recurrent investment of £5 million will be added to global sum to support this requirement and the associated administrative workload.
>
> Later in the year GPC will discuss with NHS England how an automated process could be introduced. These discussions will also include development of systems to automatically collect GP appointment data for these patients to better enable the cost recovery from their home countries.

Note:

- There is no requirement to identify overseas patients.
- There is only one GMS1 form which now includes the supplementary questions.
- Only when the supplementary questions are completed does the practice need to do anything additional to what they currently do.
- Only when the supplementary questions have been completed do practices have to send the whole form to the central service.

Referrals

- E-referrals. Discussions about e-referrals are much in the air now. There are concerns, e.g.
    - If a particular specialist or speciality or facility is not listed on the system then an e-referral to them will be impossible even though it may, in the opinion of the GP, be merited.
    - Once e-referrals become the only way that NHS hospitals will be paid, then written referrals may be rejected purely for that reason. This will obviously affect GMS and PMS practices, but in their case the contract will mandate e-referrals. Private practices may not be able to conform; will they then have to ask GMS and PMS practices to make the referral for them?
    - Will this insistence on all referrals being electronic be enforceable?
    - Will it, overall, be good for the patients?

  We shall be attending a series of meetings about this and will give you further information when we can.

- Secondary and primary care relationships.
    - Further to the poster and the short template letter that are on our website, you may like to take the more detailed template letter attached at Annex B into use, which you can also download from our website.
    - London LMCs have produced similar information as a video for use on patient information screens. Please see the link below and scroll to near the bottom of the page, or use the YouTube link to access directly. Practices are free to use this on their own screens; it can be downloaded in various formats so will suit most screens.
        - https://gpsoe.org.uk/gpsoe/#gpsoe-resources
        - https://www.youtube.com/watch?v=9aIml9UqXh0&feature=youtu.be

International GP recruitment

Nationally there is a move to recruit into UK up to 2,000 GPs from abroad over the next three years. The first are expected to arrive early next year. The RCGP website will host a guide to such GPs about what living conditions are like in UK (expected to go live in mid-October). We hope that any UK GPs who went abroad and are now repenting their decision will have a sensibly quick reception. The RCGP's 'GP International Recruitment Office' will be working with the CCG to tell individual practices how they can recruit these incoming GPs.

CCG Commissioning event 28th September 2017

Note that the 'Community Connectors Service' goes live on 1st October – this seems very short notice but with luck you have already been told of it. There are to be five administrative areas of the service in the county, each with its own Single Point of Access for referrals. To find out which one applies to your practice, and to find out more about this new service which encompasses, for instance Village Agent and Social Prescribing, go to the GCare website.

GMS 2017/18 contract amendments FAQs

In case you have not already found them the GPC's list of FAQs is at
https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-england/contract-agreement-england/faqs
As regards frailty, the CCG is confident that the introduction of frailty into the Primary Care Offer will have allowed practices to focus on the issue and thus make compliance with the new elements of the GMS contract easier to achieve. The also tell us that there is sufficient difference between the requirements of the GMS contract and the Primary Care Offer that the latter should not need much amendment.

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

Perhaps the tide is turning? I heard from a colleague the other day that their 3½-year-long wait for a new GP to join them is over. Even more interesting is the fact that the GP came through the CCG's matching scheme. Good to know that we are all working towards the same ends. I am sure that any and all new GPs are more than welcome to hard pressed practices.

I can only assume that I am worth more alive than dead as my darling wife has taken me to a ceilidh dancing beginners' class, ostensibly to improve my fitness and stave off senility. *Mens sana in corpore sano,* and all that. Exhausting for a man of my bulk but doubtless good for me. On the other hand, as I left the room perspiring freely, slightly shaking in the limbs and my heart pounding, I wondered whether she and her accountant had worked out that I was worth more dead than alive and this was, perhaps, a cunning way of achieving the perfect crime? What a way to go, though! At least there are only two sessions a month so I should have recovered by the next time.

And finally,

Another military report: "He has the wisdom of youth and the energy of old age".

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

ANNEX A TO
GLOS LMC NEWSLETTER
DATED OCTOBER 2017

JOB VACANCIES

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

GLOUCESTERSHIRE			Date posted	Closing Date
Tewkesbury Choice Plus	Gloucestershire	Choice+ rota	9 Mar 16	Open
Coleford Health Centre	Forest of Dean	Salaried GP/partnership	31 Aug 16	Open
GP Retainer Scheme	Gloucestershire	GPs (plural)	22 Nov 16	Open
London Medical Practice	Gloucester	Salaried GP (4 sessions per week)	14 Jun 17	Open
Seven Posts Surgery	Cheltenham	Salaried GP	19 Jun 17	Open
Frampton on Severn Surgery	Frampton on Severn	Full Time Partner or Job Share GP	07 Sept 17	Open
Stow Surgery	Stow-on-the-Wold	6-session Partner / Salaried GP	14 Sept 17	01 Nov 17
ELSEWHERE				
Pensilva Health Centre	Liskeard Cornwall	GP Partner	02 Nov 16	Open
Irnam Lodge Surgery	Somerset	Salaried GP	21 Jun 17	Open
Avon LMC	Avon	Nurse	25 Apr 17	Open
Glastonbury Health Centre	Glastonbury	Nurse Practitioner	08 Mar 17	Open
The Locality Health Centre Group	Weston-Super-Mare	Treatment Room Nurse: Medical Coder /Summarisers: IT/Data Administrators	21 Jun 17	Open
Burnham & Berrow Medical Centre	Somerset	GP Partner or Salaried GP	26 Apr 17	Open
Bampton Medical Practice	Bampton, Nr Witney, Oxon	Salaried GP	31 Aug 17	Open
West Walk Surgery	Yate, South Glos	Salaried GP	28 Sept 17	16 Oct 17

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

ANNEX B TO
GLOS LMC NEWSLETTER
DATED OCTOBER 2017

TEMPLATE LETTER TO PATIENTS RE REFERRALS

(which you can download from our website.)

Dear <Patient>

Your case has been referred electronically to Secondary Care for an appointment to see a specialist. We hope that the next thing you receive will be details of an appointment. If, however, there is no appointment available:

- You will probably receive a letter saying that they will be in touch when one becomes available. If you have not heard anything further within a reasonable time (say 2 weeks) you should ring the hospital to find out what is going on.
- You will almost certainly receive one saying that because no appointment is available you should contact us, the practice.
    - If your condition is getting significantly worse as a result of the delay then do come in for a GP appointment. It may be that your case should then be given a higher clinical priority.
    - Otherwise you should contact the hospital to find out what is going on. Unfortunately, that is all that the practice would be able to do on your behalf if you were to contact us, as instructed in the letter. Cutting out the middle-man in this way will give you some control over your own care. It will also help us a lot as the time we would otherwise have spent on the phone to the hospital on your behalf will be better spent in looking after other patients.

In all this please note that it is your specialist's responsibility to:

- Arrange any necessary ***onward referral*** to another speciality themselves, e.g. Physio, for a problem thought to be related to the issue for which you have been referred. You do not have to be referred back to the GP for this.
- Arrange and carry out any ***blood tests or scans*** they recommend.
- Communicate the ***results*** of such tests directly with you, rather than asking you to speak with your GP.
- Provide you with a ***prescription*** to treat any infections picked up as a result of their investigations, rather than directing you to your GP.
- Provide an avenue for you to contact them directly with any ***questions you may have*** with regards to their treatment or investigations, rather than asking you to speak to your GP.
- Provide you with a ***sick note***, if needed, for the whole length of time you have been advised by the specialist to remain off work.
- Not to direct you to your GP if you feel your ***wait for an appointment is too long***, but to respond to your complaint themselves. *(To repeat, if there is a significant worsening of your condition then please do contact us.)*
- Not to discharge you automatically for any ***unintentional missed appointments***, but to offer you another appointment where appropriate

If you have any queries about this then do please get in touch.

Thank you for your co-operation.