FEBRUARY 2018

LOCAL MEDICAL COMMITTEE
LMC
GLOUCESTERSHIRE

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This month's newsletter is a couple of days late so as to include details of the national contract negotiations presented at the GPC Workshop on 31st January. We felt a short delay would be worth it. In fact, the national negotiations are not yet finalised, but what could be revealed is covered below.

Update on national contract negotiations and allied matters

There is only a limited amount of money available to NHS England, which makes fresh negotiation difficult. Overall there will be few contractual changes this year. Specifically:

- No change to QOF in 2018-19 save for a Contractor Population Index (CPI) uplift. Changes may come in 2019-20.
- The 1% cap on pay awards having been lifted the GPC is placing great reliance on a sensible award which is due to be announced in late March.
- The 'fully-funded, state-backed' indemnity scheme is targeted to come in on 1 April 2019 but we can expect an outline description much earlier than that. It will take a long time to agree the details as the issues are complex.
- The GPC will shortly be issuing template letters for taking legal action against Capita to claim unpaid fees etc. Nobody knows how Capita's current troubles will affect their performance of the PCSE contract, but it is clearly worrisome.
- GPC will be issuing guidance about the General Data Protection Regulation in the first half of this month.

Switch-off of GP paper referrals to consultant-led appointments

Electronic referrals have been with us in one form or another for a decade. This is to remind you that across the region hospitals are switching off GP paper (and fax) referrals to consultants. The trigger behind this is that under their new contract from October they will not be paid for these paper referrals. Whether GPs will be contractually obliged to make electronic referrals is still in negotiation at national level. Contractual issues aside, electronic referrals should be quicker and easier for the patient and should reduce the time spent in practices on patient queries. We have been in discussion with the Trust and the CCG and have been assured that the previous problems between TrakCare and the Electronic Referral System (e-RS) have been resolved. (The evidence is that Appointment Slot Issues (ASIs), which in July 2017 had stood at 70% of all referrals, had shrunk in December to 14% and as at mid-January there were only 28 actual cases, mostly two-week waits.) We are involved in the working group addressing this. We will all be looking to build up confidence that the system has reached a reliably steady state, and that fall-back solutions are in place and reliable, before any switch-off occurs. The target date for the switch-off in GHNHSFT will be confirmed later but it will not be before 1st June. There will be lots of advice, training and help available during the transition period. In the meantime, please do not send a paper back-up referral if you have already sent the electronic referral! (It does not help your

hospital colleagues.) Note in passing that other hospitals bordering Gloucestershire will be switching off paper referrals in the first half of this year so if you make paper referrals to them after those hospitals' switch-off dates the referrals will be returned.

No suspension of QOF in England

The Welsh GPC has obtained agreement to suspension of QOF this winter as a recognition of the huge pressure that practices are under. NHS England has refused to do the same, despite being asked nicely.

Registration of Overseas Visitors

In case you missed it, the GPC have announced that there will be a contractual change to the registration process for Overseas Visitors from October. Full details can be found here, but in outline: on registration the patient must be given a supplementary question form, either as part of the GMS1 or separately if you use your own registration forms. But you don't have to follow the patient up if they don't fill it in, nor do you have to check the patient's ID or immigration status. If, however, they do self-declare on the supplementary form then you will have to send various copies to the NHS. This change will not apply to temporary overseas patients for which Form GMS3 remains the one to use.

Removal of mentally disturbed patients from the surgery

With effect from 11th December 2017 Section 136 of the Mental Health Act 1983 has been amended specifically to allow a police constable to go anywhere except a private dwelling (which a GP Surgery is not) to exercise the power to remove a person suffering from a mental disorder to a place of safety. Note that both the need to be in a place to which the public has access and the need for the constable to find (i.e. happen upon) the person have been removed. Net result – if you have a patient suffering from a mental disorder on the premises you can now request police assistance to remove that person to a place of safety. If they say they cannot do so you can quote Section 80 of the Policing and Crime Act 2017 which now permits it.

Impact of GDPR on practices' use of the Buying Group Federation offers

The Buying Group has decided that the legal basis it needs for holding the name and email address of your main practice contact is that of 'Consent' (Article 6(1)(a) of the GDPR). Because of that the Federation have had to delete current logins from their website. Therefore they say:

> *Due to the upcoming changes to data protection in May, we need you to complete this form: https://form.jotformeu.com/73232425890355 to ensure you can continue to access the discounts available through your practice's Buying Group membership. If you only have access to an old internet browser and you have issues with the form loading, contact the Buying Group at info@lmcbuyinggroups.co.uk for a .pdf version of the form.*
> *If you want any further information about the Buying Group then you can call 0115 979 6910, email info@lmcbuyinggroups.co.uk or ask a question via Live Chat on the Buying Group's website: https://www.lmcbuyinggroups.co.uk/.*

A further complication is that the Federation will no longer allow us, the LMC, to tell them when a practice manager changes because the new practice manager must give their consent to the Federation's holding their name and email address. The new practice manager will need to let the Federation know of the change. (Same form.) Please include this point in your standard practice manager handover check-list – 'tell the LMC; tell the Federation.'

2017 GP Retention Scheme

The GPC is currently looking for GPs who have joined the 2017 GP Retention Scheme or the 2016 interim scheme to be involved with some work the GPC has planned to promote the scheme. Initial signs are that the revamped scheme is proving popular, but in order to build on this and help make the scheme available to as many GPs as possible, the GPC is keen to use case studies of GPs who have joined the scheme to help raise awareness. It is likely that this will involve the chosen GPs being involved with a video which covers the reasons why they have joined the scheme as an example to other GPs of how it can be useful.

If you have joined one of the schemes since 2016 and would be willing to share your case, you should **contact Christopher Scott (Workforce & Innovation team) via cscott@bma.org.uk**

Appearing before a coroner's court

Most GPs would far rather provide a report than be summoned to a coroner's court hearing. Remember, though, that an inquest is held to establish the facts around the death. The evidence you can give is being sought to help the coroner establish those facts. As such, coroners' courts should seem less daunting/intimidating. Of course, although it is not concerned with 'blame' or 'fault' it can highlight its findings, and lawyers may well use the evidence from an inquest in any civil case that follows. If you are summoned to the court after providing a report you should:

- Familiarise yourself with the report or statement you provided.
- Speak to the lawyers involved about any other documents you need to read in preparation.
- Inform the solicitors about any mistakes or omissions in your written evidence.
- Practise your points so they are clear and concise.
- Agree with the barrister or solicitor a place to meet on the day.
- Do some information gathering on the opposition's counsel if possible.
- If you are inexperienced at giving oral evidence, practise taking the oath.
- In court, speak as slowly as possible. If you do not understand a question, you should ask the judge to ask the barrister to rephrase it.
- You should always face the judge and also direct all your answers to him or her. In observing the judge, keep an eye on their pen and allow the judge to either finish writing before continuing or to ask you to continue.
- You should always be ready to explain your area of expertise to the court.
- Also, it is important that GPs in this situation contact their MDO for individually tailored advice and assistance.

The MDDUS also has a number of articles that are publicly available and the links are below:
https://www.mddus.com/resources/publications-library/gpst/gpst-issue-06/taking-the-stand
and
https://www.mddus.com/resources/publications-library/insight/spring-2010/coroners-inquests-part-one
and
https://www.mddus.com/resources/publications-library/insight/summer-2010/coroners-inquests-part-two

Generally, doctors would be wise to seek advice from their medical defence organisation. In particular, MDO advice is going to be most effective when it is given before a doctor provides a statement to the coroner.

- Where the doctor has been criticised about care they gave the deceased, or where the coroner is aware of such criticism (but the doctor is not) then this is a strong prompt to seek MDO advice at the earliest opportunity. It follows from that that doctors should feel able to speak to coroners directly to seek such information and, in addition, to ascertain whether there has been criticism.
- It can be very useful to find out if the family of the deceased are to be legally represented. (If they are it strongly suggests that they are not happy with the circumstances of death and it can be an indication that the doctor may need legal representation too.)
- Finally, there may be something about the nature of the death that suggests early liaison with the doctor's MDO is necessary or prudent. This could include circumstances where there is to be a jury inquest, where the deceased had been detained in custody, where they had apparently taken their own life, where they had been under psychiatric care or where the deceased was a child or vulnerable person.

Note that this list is not exhaustive and the important point is for the doctor to speak to their MDO where experienced medico-legal advisers can give further advice and/or assistance.

Information on the MDU's page can be found here: https://www.themdu.com/guidance-and-advice/topics/coroner.

Gentle reminder

GPs - If you are leaving a practice, changing your status, retiring or whatever please could you drop us a line to sue@gloslmc.com with the change and effective date.
Practice managers – if you gain a new partner or salaried GP please let us know, with the GP's email address, and if you could remind GPs to tell us their changes that would be very helpful too.
Believe me, we would not be asking this unless it was necessary. If ever Capita start letting us know practice and status changes we won't need the information from you.

News from the Acute Trust

We have liaison meetings with the Chief Executive and her team on a regular basis. The messages from our latest meeting are:

- The Directory of Services is being validated for all departments. Clinics for the whole of the year have now been entered on the system. If they know that they are unlikely to be able to see a patient for follow-up within a certain time then consultants will not now raise patient expectations by promising an earlier follow-up.
- The Trust was particularly pleased that its improved performance against A&E and diagnostic targets had been personally recognised by the Secretary of State.
- When intending to make a two-week wait referral please could GPs consider whether the patient will be available to take up the appointment. If, for instance, you know the patient is about to go on holiday and is not prepared to forgo the pleasure then please make the referral when the patient returns. For their part the hospital will always aim to allot an appointment for any two-week wait referral within that period.
- The switch-off of paper referrals to consultant-led first appointments is dealt with higher up this Newsletter, but will clearly have a noticeable impact over the next few months.

Fatigue and sleep deprivation - UK

The BMA have published a briefing paper on fatigue and sleep deprivation, which explores the impact of different working patterns on doctors. It highlights the potential impact of sleep deprivation on doctors' health, well-being and performance, as well as their safety and that of their patients. The report is accompanied by some guidance on anticipating and managing fatigue associated with doctors' working patterns.

Earwax irrigation

The current local enhanced service for irrigating ears will cease at the end of March. Self-care will be the watchword, but we are working with the CCG on an enhanced service to provide micro-suction county-wide to those for whom self-care is impossible or inappropriate.

Guidance for GPs on working for an online provider - UK

Guidance has been produced for GPs who are thinking about working for an online provider, whether in the NHS or privately. It covers what an online GP provider does and the main things GPs should consider before engaging with online providers.

PCSE Update

The GPC gave Capita until the end of December 2017 to correct all its failings. Capita have not done so. GPC will now put extra pressure on them by:

- Providing GPs and practices with legal template letters (statutory demands) when they have not received a payment which they should have received.
- Exploring test cases on some of the service lines which could set a precedent.
- Freedom of Information requests to gather evidence to provide information to the pensions ombudsman.
- Input into the National Audit Office review of PCSE.

- Exploring subject access requests regarding specific pensions issues.
- Calling on NHS England to undertake a transparent comprehensive review of policies, procedures, processes and systems used by PCSE to evidence whether the issues are down to poor policies and processes, or down to PCSE not implementing the policies and processes appropriately.
- Calling on NHS England to start working on an alternative plan to deliver functions of PCSE as Capita have now failed to demonstrate the delivery of these functions to a satisfactory level.
- Developing template letters which we will be available for members to send on to PCSE when there is a problem.
- Supporting practices to write to MPs and other political bodies.

See also https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-current-issues/capita-service-failure
We also note a recent considerable dip in Capita's share price following on from a profits warning. The downstream impact on primary care is unknown, but potentially disturbing.

Primary Care Data Extraction in Gloucestershire

Attached at Annex B is an information sheet about the new data extraction system. The LMC supports the initiative in principle, but we are looking into the GDPR implications.

Pension forms

The annual certificate of pensionable profits for 2016-17 (Type 1 Certificate) went live on the NHS pensions website on Tuesday 16 January.

Medical Practitioners Tribunal Service (MPTS) case

You may be aware of the case of a Dr Bawa-Garba who was suspended for a year by MPTS but that the GMC appealed to the High Court to have that increased to erasure from the medical register. The High Court found in favour of the GMC. The case also involved using information from the GP's appraisal portfolio as evidence. This is a deeply worrying turn of events. The BMA's reaction can be seen here. Heavy pressure on doctors can lead to mistakes, which should be learned from rather than hidden. The BMA has just launched an online space here allowing doctors to report their experiences and examples of how the system is preventing them from providing safe care. This is a space for you to share current service pressure if you wish.

GP trainee exception reporting

The changes to the junior doctor contract introduced the process of exception reporting. In many hospitals, this new system of recognising when trainees are working beyond their contracted hours is working, and consultants and other doctors are encouraging their junior colleagues to exception report. Junior doctors, including GP trainees, are able to electronically submit an 'Exception Report' when they have worked beyond their contracted hours. Exception reporting is not meant to be punitive, rather, it is one of several safeguards in the new junior doctor contract aiming to tackle burnout, highlight excess workload and provide the trainee with additional support and either pay for the overtime worked or time off in lieu. More information about this for training practices can be found here.

Sessional GP newsletter

The latest GPC sessional GP subcommittee's monthly newsletter is at https://bma-mail.org.uk/t/JVX-5DXH9-1BJCJOU46E/cr.aspx
It covers:

- Sleep deprivation and fatigue
- E-consulting
- GPC elections
- 'Alternative careers'
- Survey on LMC engagement with sessionals and GP trainees

Job opportunities

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

The time has come to sort my life out. The first step is to reduce my hours in surgery so that I can still enjoy the hours that I do without silently complaining to myself that they are too many and too stressful. It took a bit of negotiating, I can tell you, but I now do not work on Mondays. What a relief! Why is it that the Great British Public slogs on regardless at the weekend and then falls over on the first working day of the week? I gather that in Japan if the workers decide to strike then they do so at the weekend so that weekly production is not halted but the employers lose face through permitting the situation to escalate to strike levels. I am not actually sure that there is much carry-across between the two situations, but it struck me as an interesting coincidence of ideas.

Anyway, my dear wife and I decided (well strictly speaking she decided and I went along with her idea) to take a walk in the countryside on my first Monday off. In my younger days I believe the Marines called it 'yomping'. The mud was glutinous and plentiful. The rain never stopped. The wind blew into our faces. By some meteorological fluke it did so on the way back as well. Ten miles at least. Luckily for my morale, the hot chocolate and cakes were up to scratch when we stopped. I now have to decide whether the stress of carrying my carcase around so far is less than the stress I used to experience on Mondays. Perhaps I should take up a locum job on my Mondays off?

And finally,

> FESTINARE NOCET, NOCET ET CVNCTATIO SAEPE;
> TEMPORE QVAEQUE SVO QVI FACIT, ILLE SAPIT

'To haste hurts; it often hurts and delays. He who does everything in its proper time is wise.' – Ovid

This, written over two thousand years ago, is as true as ever, nor is it an excuse for procrastination!

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

ANNEX A TO
GLOS LMC NEWSLETTER
DATED FEBRUARY 2018

JOB VACANCIES

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

GLOUCESTERSHIRE			Date posted	Closing Date
Partners in Health	Gloucester	Partner/Salaried GP	07 Nov 17	Open
Sixways Clinic	Cheltenham	GP: Salaried or Partner	16 Nov 17	Open
Berkeley Medical Centre	Berkeley, Glos	Part-time GP 3-6 sessions per week	17 Jan 18	Open
Phoenix Health Group	Tetbury, Glos	Salaried GP(s)	09 Jan 18	15 Feb 18
Royal Crescent Surgery	Cheltenham, Glos	Practice Nurse	24 Jan 18	22 Feb 18
Kingsway	Gloucester	GPs for a new surgery	30 Jan 18	1 Oct 18
ELSEWHERE				
Irnam Lodge Surgery	Somerset	Salaried GP	21 Jun 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	10 Jan 18	Open
Chipping Norton Health Centre	Chipping Norton	Maternity Locum: 6 Sessions	23 Jan 18	16 Feb 18
Crest Family Practice	Knowle, Bristol	Salaried GP and Salaried GP Maternity Locum	31 Jan 18	Open
Roseland Surgeries, Truro	Roseland Peninsula, Cornwall	GP Vacancy	31 Jan 18	20 Mar 18

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

Phoenix Health Group – Tetbury

Our recently merged Group with a list size of over 20,000 patients has opportunities for enthusiastic and committed GPs to join our team in Tetbury.

- Up to 7/8 sessions with a mix of permanent and/or temporary (maternity cover) clinics.
- Exact roles and number of sessions are negotiable
- Excellent patient centred care as recognised by 'Good' CQC Inspection.
- Continuity of care with multi-disciplinary working including on site Community Nurses and Frailty Service Community Matrons.
- Everyone is valued via a strong team ethos across our Cirencester and Tetbury sites.
- Daily meetings over coffee to discuss clinical issues and to catch up!
- A training practice supportive of newly qualified GPs.
- Emphasis on continuous training and development across the whole team.
- An innovative and forward looking Group ethic
- Tetbury itself is a beautiful Cotswolds town close to Bristol, Bath, Cheltenham, Gloucester and Swindon.
- An active and supportive PPG
- Consistently high QOF achievement
- On site dispensary and community pharmacy

Please contact Dr Angus McMyn on 01666 502303 for information or to arrange a visit.

Closing date: 15 February 2018

Start date: By June 2018

CHIPPING NORTON HEALTH CENTRE- MATERNITY LOCUM, UP TO 6 SESSIONS

We are looking for a GP Locum for maternity cover to the end of March 2019.

Chipping Norton Health Centre is situated in a brand new purpose built building on the edge of the Cotswolds and is a modern, innovative practice. We provide primary health care to the residents of Chipping Norton and the surrounding rural area, local nursing and residential homes and the community hospital.

We are a training practice with 8 partners, 5 salaried GPs, nurse practitioners, physiotherapy, a clinical pharmacist and Mental Health Nurses. Our highly regarded and skilled primary care team looks after 15000 patients and achieves high QoF each year. We use EMIS web, docman and Lexacom. In house specialties include minor surgery, dermoscopy, a drugs and addiction specialist, LARC fitting, joint injections and acupuncture.

Applications are invited from any interested GP (or current registrar) to cover up to 6 sessions per week. There is also the opportunity to cover extended hours and local hub appointments. Informal visits are always welcome.

To apply please email your CV and a covering letter to our Business Manager, Chris Bean chris.bean3@nhs.net

Recruiting for 2018!!
Kingsway Health Centre, Gloucester
Looking for a new start in a new surgery?

We are looking for dynamic and enthusiastic GPs who share our love and drive for general practice to join a team of diverse experienced and more newly qualified GPs. As an innovative and optimistic teaching and training practice (ST, F2) we offer:

- Mentorship for the newly qualified and phased induction.
- Strong team of Nurse Practitioners
- Specialised admin team for GP support including pharmacists, prescribing assistants and much more
- Support for career development, aspirations and portfolio interests
- Regular clinical meetings
- Expanding occupational health, vasectomy, skin surgery and dermatology services
- Opportunities for flexible working

If you would like to visit us or have an informal chat please contact Wyndham wparry@nhs.net or 01452 782285 for more information

ANNEX B TO
GLOS LMC NEWSLETTER
DATED 31 JAN 18

Primary Care Data Extraction in Gloucestershire

Why change?

- PCCAG and Eclipse has historically used Miquest to extract primary care data for:
    - Clinical audit and data quality (coding support) and;
    - Medicines management support to primary care prescribing.
- NHS Digital has agreed not to continue to support this national Miquest software when the SNOMED coding structure is released in April 2018. Therefore PCCAG will not be able to extract any data post April 2018
- **If we do nothing – PCCAG and Eclipse can no longer function and support primary care**
- Primary care data is a missing gap in understanding the entire patient journey from the initial GP visit through to each node within the health system. It is a gap to developing more focused pathway redesign and improve commissioning of integrated pathway services.

What is the change?

- We propose to develop:
    - a single data extraction facility covering:
        - PCCAG
        - Eclipse/Medicines Management
        - Commissioning purposes - to better understand our population need and behaviour
        - Risk Stratification
    - GP Practices can opt into 1, 2 or all 3 of the options above
    - The PCCAG and Medicines Management element will need completion prior to April 2018 to ensure continuity of audit/data quality/enhanced services function

What does this mean for primary care?

- Reducing number of extractions/requests for data from each GP Practice
- Reducing frequency of communication between CCG teams and GP Practices
- Automate extraction routines instead of manually prepared regular data extraction sets
- Reducing technical resources needed to maintain numerous data extractions
- More focus on data quality - freeing PCCAG time to support primary care in data quality
- Allow visibility of the impact on primary care of any services changes within the pathway

This proposal is being worked up in conjunction between the CCG Information, CCG PCCAG and CSU Data Management Teams
October 2017