AUGUST 2018 NEWSLETTER

LOCAL MEDICAL COMMITTEE
LMC
GLOUCESTERSHIRE

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The summer holiday period is upon us, and your Secretary will be on holiday before the end of the month, so this edition of the LMC Newsletter is coming out a few days earlier than normal. The last few weeks have been a time of great hopes and some disappointments. The England team fell out of the World Cup in Russia to take fourth place. Political changes forced by resignation of 'Leavers' from the Cabinet have moved Jeremy Hunt onwards and upwards. We have yet to hear what long-term effect that will have on Health and Social Care. As before, words have to be compared with deeds.
Should you not have seen it, the new Secretary of State, Matt Hancock, has not agreed to honour the DDRB's recommendation that GPs should receive a 4% uplift on pay and expenses. This is disappointing. At least the agreed uplift (2%) for GPs for this year will be backdated to 1 April 2018, officially to allow partners to pay their staff an uplift of 2%. There is also 'the potential' for 'up to an additional 1%, conditional on 'contract reform', from April 2019'. Clearly, this will be subject to the negotiation of a multi-year agreement.

LMC Secretary

The LMC will shortly be advertising for a new Secretary to take over from Mike Forster when he retires at the end of March 2019. The committee is willing to consider either a medical secretary or another lay secretary. Terms and conditions will be for negotiation. If you are potentially interested then do make contact as above for more information.

Flu Vaccine payments

Practices should check their payments carefully. If a claim has been made using the manufacturer's name only then it has happened in other areas that only the trivalent vaccine is being reimbursed even though the practice ordered and used quadrivalent (which are over £1 per dose dearer).

Mental health and care in the community

The new joint CEO of the 2gether Trust and Gloucestershire Care Services, Mr Paul Rogers, has the task of bringing these two organisations into one by next summer. We will remain in close touch to ensure that the patients receive the best possible care for their conditions.

GP Partnership Review

The review has been tasked to consider, and where appropriate, to make recommendations in the following areas:

1. The challenges currently facing partnerships within the context of general practice and the wider NHS and social care, and how the current model of service delivery meets or exacerbates these.
2. The benefits and shortcomings of the partnership model for patients, the population, partners, salaried GPs, locum GPs, broader practice staff (practice nurses etc.) and the wider NHS.

3. Drawing on 1) and 2), consider how best to reinvigorate the partnership model to equip it to help the transformation of general practice, benefitting patients and staff including GPs.

You can email contributions and suggestions to Dr Nigel Watson and his review team at: GPPartnershipReview@dh.gsi.gov.uk
For regular progress updates, Nigel will be blogging at key points throughout the review – please see https://www.wessexlmcs.com/gppartnershipreview

The Potentially Avoidable Appointment Audit

exploring how general practice might be, rather than the way it is now

A simple tool for reviewing workload within the practice and exploring how things might be managed differently in the future. So far, nearly 500 practices have received reports and a new, fully automated web-based tool is now available at no cost to all practices across England. All practices can register for the audit by going to https://pcfaudit.co.uk/login
Four reasons to get involved:

1. It's a really simple tool for practices to use to look at how the current workload picked up by GPs could be done in other ways – whether that is by other members of the team, or outside the practice.
2. It helps you look at the differences in the way your clinicians see their work – showing variation within your team and letting you compare yourselves with others across the Country – as soon as you complete the audit you can immediately download a report.
3. Auditing your appointments not only offers a way of tackling mounting pressure in the practice, it also fulfils your requirements for GP appraisal and audit as part of revalidation.
4. And its free for any GP Practice in England to use – the costs of developing and running this audit have been funded in full from the General Practice Forward View, NHS England.

FAQs are at:
https://www.primarycarefoundation.co.uk/images/FAQs_Audit_of_Appointments.pdf

Anonymisation

Please remember that if you send letters to the LMC Office then all patient data should be anonymised.

LMC Membership

We welcome as the new member for Tewkesbury Dr Penny Baker and, ex officio, Dr Jo Bayley in her capacity as chief executive of GDoc Ltd.

SARs and the GDPR

The BMA has formally requested from the Information Commissioner some scenarios or benchmarking to help practices judge whether an SAR is 'manifestly unfounded' or 'excessive'. To help the Commissioner, the BMA has pointed out that providing a copy of the patient's medical record can typically involve a member of staff photocopying a patient's record, which can often extend to over a hundred pages, and that a GP then has to review this to look for and remove third party information. It is a task that can take hours to complete and takes away from time available for direct patient care. We will let you know what comes of this.

GMS and PMS regulations amendments

Following agreement in the last round of negotiations, the amendments to the GMS and PMS regulations in England have now been agreed and laid before Parliament. These have been released on gov.uk but will not come into force until 1 October 2018.
One of the main changes is to the section around removing a patient who is violent; these changes have been made following BMA concerns that some practices were left vulnerable when patients with a recent history of violence registered with a new practice without the practice being aware of the situation. Such patients should instead be provided general

medical services by a specially commissioned service. Some key changes to resolve this situation were reached.
Where a patient has a violent patient flag on their record, it is reasonable grounds for a practice to refuse to register that patient (using paragraph 21 of part 2 of the Regulations 'refusal of applications for inclusion in the list'). This is an agreement around interpretation of the regulations and so can be implemented immediately.
The new addition to the Regulations, that if a practice does register someone with a violent patient flag on their record, they may remove them immediately by giving notice to the Board will come into effect in October. The GPC hopes that CCGs will recognise the change coming in October and so may provide some scope for this too to be implemented right away.

Seeking GPs from outside the EU

Any practice that is thinking of engaging a GP from outside the European Economic Area must first obtain a 'Tier 2 Visa Sponsorship licence'. There are currently 400+ non-EEA nationals currently undergoing GP training in England. If they fail to find a sponsor then they may have to go back to their own country, which would be a shame. If you already hold a Tier 2 sponsorship licence and wish to sponsor a non-EEA GP then please contact colin.lee4@nhs.net within a week as their HEE training ends at the end of July. If you do not have a licence but wish to apply for one you can find how to do it at https://www.gov.uk/apply-sponsor-licence.

Digital-first primary care: implications for general practice payments

The paper at https://www.engage.england.nhs.uk/survey/digital-first-primary-care/ invites opinions about modifications to the Carr-Hill arrangements for paying practices. The main aspects are: the rurality index, the London adjustment and payments for out-of-area patients. It is a hefty document. The questions posed are listed at Annex B.

NHS Property Services

GPC England are aware that this issue is causing practices significant stress, and would like to reassure practices that GPC will stand with you in circumstances where, despite there being no legal basis to do so, NHS PS seek to enforce these charges. So if NHS PS take action to enforce charges against you please let the BMA know immediately by emailing gpcpremises@bma.org.uk.
Further guidance and updates are available on the BMA website, please follow this link.

Sessional GP's newsletter

The July addition of the sessional GP newsletter includes an update from Zoe Norris on the partnership review and a blog from Mary McCarthy, UEMO representative about general practice in Europe. Read the newsletter here.

Job opportunities

A full list of current 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

We actually had some rain the other day. My partner, who has not worn a jacket, let alone a raincoat, for weeks came in soaked to the skin and laughing at his predicament. I actually had to unfurl my umbrella – not a thing I do lightly. I get the strong feeling that the plants in my garden are laughing also.

I try hard not to worry about international politics. From the United States comes a president who seems unwilling to think before speaking. In Russia the President thinks before acting – a consummate politician. Both control nuclear weapons. Both have strong electoral support but growing opposition. And then in the middle we are in a muddle over Europe. I think I will throw my intellectual bedclothes over my head and hope that they all go away soon.

On a brighter note, my first batch of blackberry wine has started, and I look forward to picking juicier berries to start the next lot soon. Last year's vintage drives away most fears, I find.

And, finally, another headline seen in 'Peterborough'

'Pensioners wed: fifty-year-old friendship ends at the altar.'

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

ANNEX A TO
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JOB VACANCIES

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

GLOUCESTERSHIRE			**Date posted**	**Closing Date**
Kingsway (New) Health Centre	Gloucester	Looking for GPs	30 Jan 18	Open
GP Retainer Scheme	Gloucestershire	GPs – short-term work for those who need it	28 Feb 18	Open
Partners in Health	Gloucester	Looking for 2 GPs	01 May 18	Open
Marybrook Medical Centre	Berkeley	Nurse Team Leader & Senior Practice Nurse Prescriber	09 May 18	Open
Hilary Cottage Surgery	Fairford	GP required 4-6 sessions	19 Jun 18	Open
Mythe Medical Practice	Tewkesbury	GP Partner	25 Jun 18	Open
Newnham Westbury Surgery	Newnham	Salaried GP with a view to Partnership	25 Jun 18	17 Aug 18
Phoenix Healthcare Group	Tetbury	Advanced Nurse Prescriber: Phoenix Healthcare Group	26 Jun 18	25 July 18
Dockham Road Surgery	Cinderford	GP Partner Required	26 Jun 18	Open
St Peter's Road Surgery	Cirencester	GP Locum: Maternity Cover	03 Jul 18	Open
Aspen Medical Practice	Gloucester	General Practitioner Opportunities	11 Jul 18	Open
ELSEWHERE				
Barn Close Surgery	Broadway, North Cotswolds	Salaried GP	27 Mar 18	Open
Thorneloe Lodge Surgery	Worcester	Salaried GP 6-8 sessions	25 Jul 18	Open

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

Forest of Dean, Gloucestershire

Fancy a Change? Awesome GP Partner Required

Richard and Ingalill are looking to recruit a new partner to replace our relocating partner. We are already an excellent, traditional General Practice, with a great team including a well-supported salaried Doctor and Emergency Care Practitioner. We also have an exciting building project on the horizon. We are looking for someone to join us to help us continue to be excellent.

We are ideally looking for 8 sessions/week, but if you think the beautiful Forest is for you and have different ideas, then do feel free to get in touch. Many of our team (including our partners) have young families and we value work-life balance and have a flexible approach to working. It doesn't take as long to get here from Cheltenham or Bristol as you might think and is a highly rewarding place to practice medicine. Plus you might see a wild boar or two and get snowed out in the winter.

The post commences in November 2018, but we are willing to wait for the right person. Think outside the box – give us a ring!

For more details, please telephone our Practice Manager, Su Suehr, on 01594 820010. To apply, please send a CV and covering letter to su.suehr@nhs.net or by post to Dockham Road Surgery, Cinderford, Gloucestershire, GL14 2AN.

ANNEX B TO
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DIGITAL-FIRST PRIMARY CARE AND ITS IMPLICATIONS FOR GENERAL PRACTICE PAYMENTS

'Digital-first primary care' is the term used to refer to delivery models through which a patient can receive the advice and treatment they need from their home or place of work via online symptom checking and remote consultation. (A face-to-face consultation remains an option, if required.) The current GP payment system did not take account of these technologies since they did not exist when the system was set up.

If you want to give your opinions on the proposals you have until 31st August to do so. The questions are below. The supporting paper can be seen at:
https://www.engage.england.nhs.uk/survey/digital-first-primary-care/user_uploads/digital-first-access-to-gp-care-engagement-v2.pdf

Question 1: Do you agree that the following principles should underpin any changes to how NHS England contracts and pays for general practice?

- As much healthcare as possible continues to be provided in the community through high quality primary care, with England's system of list-based general practice at its core.
- We encourage online access to general practice and other innovation which, where beneficial, becomes available to as many patients as possible and as quickly as feasible.
- Funding arrangements should continue to reflect what is best for patients and their care as a whole – through equitable payment for the work involved for practices. Any changes would redistribute available funding to general practice, not remove it.
- Patient choice should be protected, including being able to register as out-of-area.

Question 2: Do you agree that the rurality index should be calculated differently by taking into account only in-area patients, and why? If not, what is your alternative proposal on rurality adjustment for GP practice populations?

Question 3: Do you agree that the London adjustment should only be paid for London resident patients, not based on the location of the practice headquarters, and why? If not, what is your specific alternative proposal on London adjustment for general practice populations?

Question 4:

- Do you agree that practices should receive a lower payment for out-of-area patients and by how much? If not, what is your alternative proposal?
- Should practices be able to opt-in to deliver home visiting services for out-of-area patients and therefore continue to receive full funding? Could they be required to offer or arrange home visits for out-of-area patients?

Question 5:

- When you think about digital-first models of general practice, what do you consider the potential benefits and disbenefits to be for:
  - i. Patients, including considerations around equality and inequality?
  - ii. GPs, their staff and practices?
  - iii. Do your answers to i.) and ii.) differ depending on whether the digital-first practice is local, or if it is serving patients across a wide geography?

- What wider potential is there to make savings and efficiencies from the adoption of digital-first primary care? How could this be reflected in the way we distribute funding to general practice?
- What additional costs do you consider arise in the provision of digital-first primary care services? How could this be reflected in the way we distribute funding to general practice?
- Should the payment for newly registered patients be reconsidered, and if so, how do you think it could best be adjusted?
- Are there any other ways in which you feel the funding model for general practice can best be adjusted to support the widest possible take up of proven digital delivery mechanisms?

Question 6: Do you agree that we should mandate the reporting of activity and costs of digital provision in general practice as a contractual requirement? If not, are there better ways of understanding the costs of delivering digital services?