

# APRIL 2016 NEWSLETTER

LOCAL MEDICAL COMMITTEE

**LMC**  
GLOUCESTERSHIRE

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This month saw the publication by the GPC of its suggestions to 'go some way to address the crisis facing general practice'. It is entitled "*Responsive, safe and sustainable: our urgent prescription for general practice.*" You can download a copy of it from [here](#). It forms a very comprehensive package, calling for action nationally and locally, both in the short and also the long term. In brief, the GPC named 6 main areas to be addressed:

- **Fair and sustainable funding and resources** to reach a minimum of 11% of NHS spend to cover the work of general practice and to resolve the funding deficit of around £2.5bn.
- **Reducing workload to ensure delivery of safe and high quality care** with a national standard for a maximum number of patients that GPs, nurses and other primary care professionals can reasonably deal with within a working day and greater clarity about what work is appropriate to be delivered by practices.
- **An expanded workforce**, both within and around the practice.
- **Reducing the regulatory burden of the Care Quality Commission (CQC)** to prevent time and resource being taken away from service provision.
- **Reducing bureaucracy and duplication** to empower professionals and to give more time to meet the needs of patients.
- **Empowering patients** to give them confidence to manage their care and to free up GPs' time for those who need it most.
- **Infrastructure and technology to deliver practice and system resilience** to ensure practices are able to deliver the services needed.

On 21<sup>st</sup> April NHS England announced what looked like a significant increase in funding for General Practice in their '[General Practice Forward View](#)'. As always, the devil will lie in the detail. We forwarded the official response from Dr Chaand Nagpaul, Chairman of the GPC, to all practice-based GPs and practice managers. We will now be working with the CCG to ensure that any extra money allocated to them over the next 4 years is spent to best effect within the county.

## **'Five Year Forward' implementation - Point #9 – Easy return to practice**

The first of the 10 point plan initiatives to get under way, a new national Induction and Refresher Scheme (I&R scheme) was launched in April 2015. The national scheme is coordinated by HEE (Health Education England). The scheme now provides a quick route back to a career, recognising existing skill-sets:

- Has one point of access, through the [GP NRO website](#), which provides online information regarding the scheme and speeds up the process for applicants. Key stakeholders direct queries to that website.
- Has clear pathways for all candidates, including a new portfolio route (launched in April 2016) for UK trained GPs who have worked overseas for up to five years.

- Has central funding, allowing candidates to receive a bursary and reimbursement for assessment expenses.

### **Revalidation – Colleague & Patient Surveys**

Reminder: the minimum GMC requirement is one survey each in a 5 year cycle; however, the GMC would expect a practitioner to repeat a survey within the same cycle if the feedback was particularly poor for some reason (to show that they have acted on the feedback and improved the responses). It is also just possible that a GP might have to repeat a survey if there were such a significant change to the scope of a doctor's work that the old survey became obsolete. (This won't apply to many GPs.) The appraiser and the GP should join in a professional conversation/decision on any possible need to repeat a survey and they should seek advice if necessary from the Appraisal Lead.

### **Revalidation – RCGP Guidance for GPs**

The RCGP has approved a new [Guide to Supporting Information for Appraisal and Revalidation \(March 2016\)](#) that aims to reduce inconsistencies in interpretation and simplify and streamline the recommendations.

It is designed to ensure that any areas where there has been a lack of clarity are better understood. The guide confirms that:

- All time spent on learning activities associated with demonstrating the impact of learning on patient care, or other aspects of practice, can be credited as continuing professional development (CPD)
- Quality over quantity - GPs should provide a few high quality examples that demonstrate how they keep up to date, review what they do, and reflect on their feedback, across the whole of their scope of work over the five year cycle.
- Only incidents that reach the GMC level of harm need to be recorded as Significant Events in the portfolio. Reflection on all such Significant Events is a GMC requirement and must be included whenever they occur.
- GPs only need to do a formal GMC compliant colleague survey once in the revalidation cycle (like all doctors). (See above)
- There are many forms of quality improvement activity and they are all acceptable to demonstrate how you review the quality of what you do, and evaluate changes that you make. There is no requirement for GPs to do a formal two cycle clinical audit once in the five year cycle.

The RCGP recognises that GPs need to be supported by their College in resisting inappropriate additional bureaucracy and is working with key stakeholders such as the BMA GPs Committee, GMC and responsible officer networks to look at reducing the regulatory burden.

### **NHS Property Services – new template lease**

The GPC says that the new template lease is all but agreed and should be issued sometime in May. Our guidance remains that until all the loose ends are tied up and leases signed practices should set aside the money they will need to pay to NHS Property Services but are to rely on the agreement reached locally with NHS Property Services that no money will be paid until it is certain how much is to be paid.

### **Ear syringing**

We have agreed with the CCG that the provision of ear wax treatment across the county is patchy and that a proper treatment pathway is required. They will be looking at finding a solution over the summer but in the meantime practices should be aware that ear syringing is not a contractual responsibility; but they can continue to provide it if they wish.

### **DBS checks**

Now that SBS are no longer acting as an umbrella body for organising DBS checks you may wish to know that two reasonably local LMCs provide the service: [Avon LMC](#) and [Wessex LMCs](#).

## **Emails and Information Governance (IG)**

There have been several examples recently of emails being sent in error to addressees, giving patient identifiable information, including quite sensitive clinical information, which they were not entitled to have. If you should ever receive such an email please notify the IT and IG leads for the organisation sending the email out.

## **Follow-up appointments review group**

You will be glad to know that the whole business of follow-up appointments is to be reviewed in order to streamline the process, minimise unnecessary appointments, and minimise the involvement of GPs. More on this anon.

## **Patient access to bloods**

Patients can, if they wish, now access their bloods online, via [www.patientview.org](http://www.patientview.org). Some patients may indeed wish to do so but the significant benefit of the system is that peripheral hospitals can gain access, in the patient's presence, to this information so they do not need to log into the patient's GP records, but can instead log in via [www.patientview.org](http://www.patientview.org).

## **CAPITA – the Primary Care Support England (PCSE) contractor**

Practices will increasingly come into contact with PCSE as CAPITA 'streamlines' NHS services (the movement of patient records (see below) is a case in point). In order to make the transfer of services easier regional and local managers are now employed by Capita. Those you need to know about are:

- Regional Liaison Manager for Wiltshire and Gloucestershire: Joanna Berkeley ([joanna.berkeley@capita.co.uk](mailto:joanna.berkeley@capita.co.uk)). She has two roles:
  - To deliver the PCSE services that have a local face to face element:
    - Face to face checks of identity and document verification that are a part of the Performer's List process.
    - Organisation and administration of appeals that are part of the pharmacy Market Entry process.
  - To help practices adapt to new ways of accessing PCSE services.
- The South West Regional Liaison Manager: Tammy Jones. Her role is to link to local and regional statutory bodies (e.g. the LMC and the CCG) rather than practices as an ongoing point of contact. She will provide briefings on forthcoming changes; take feedback on the performance of services locally, make sure that any local problems are understood, and ensure that appropriate actions are taken.

However if you have a complaint feel free to send details to [PCSE.complaints@nhs.net](mailto:PCSE.complaints@nhs.net) also as the more complaints they get the clearer it will be that they are failing to achieve their key performance indicators (KPIs).

## **CAPITA – Movement of Patient Records - security**

CAPITA say that they will confirm when each practice will start using the tracked labels. In the meantime practices can use the service provided to them using the record bags supplied. No labels are required until the system goes live nationally. Practices should not be concerned about security or further repercussions as this is the only solution being offered to them. In the interim, if you are feeling paranoid practices can keep a simple spreadsheet listing the details of the records being handed over to City Sprint. CitySprint say they use DBS certified drivers for their SecureData service, so there is an element of protection there too. All drivers should carry ID and practices are strongly encouraged only to hand over record bags once that ID has been checked. For more information and to order additional shipping bags, access the [PCSE portal](#). It has to be said that CAPITA have seriously misjudged the complexities of the change management they are undertaking, hence the chaotic and shambolic state of affairs. They have employed more drivers to clear the backlog. The solution with bar codes is delayed due to the need to learn the lessons from the pilot and ensure they do not make things worse.

## **CAPITA – failure of supplies – venepuncture equipment and others**

The change-over to CAPITA of the NHS Supplies contract has been chaotic nationally and is a matter for deep concern. Issues have included: information governance regarding notes; significant clinical incidents regarding failure to be supplied with adequate stocks of needles prescription pads et cetera; considerable extra work and hassle for practice managers/Practices; disruption of the normal workflow for practices; poor communication and conflicting advice provided to practices; difficulty contacting the contact centre with unacceptable delays. We need to see a significant improvement very quickly!

Locally we have raised these concerns regionally and locally with CAPITA. We are also in discussion with the CCG about the possible risks to patient care. The CCG has confirmed that until normal supplies from CAPITA resume then these consumables can be ordered from another supplier and the invoices will be reimbursed by the CCG.

## **Grant or renewal of firearms certificates – GP involvement**

The GPC is still in discussions with the Police but their current guidance on fees etc is [here](#). The main reasons behind their advice are that:

- This work is not contracted by the NHS, so if the practice decides not to accept it they should return the form immediately to the police.
- If you do respond then if the police will not pay then the patient should, but chasing the patient for a fee takes more time and effort. If you do raise a concern (at first without payment) it is likely that the police will request a specific report (which they will pay for) so perhaps your fee in that case should include the work of raising the concern initially.

### **BMA revised guidance on fees**

The response to the Police's letter indicating whether there are any concerns and that a code on the patient's medical record has been added, is not part of a GP's contract. It is therefore up to the GP to assess how best to proceed, taking on board the following factors and guidance:

1. The work involved in responding to the letter is minimal and therefore can be undertaken easily without delay and without a fee.
2. The work involved in responding to the letter requires time and resources from the practice that necessitate a fee to be charged to the patient (the Police should not be charged). We would advise GPs to seek confirmation from the patient that they are in agreement to pay a fee before undertaking the work so not to cause additional confusion or delay. If there is a delay owing to this and you are unable to respond to the letter within the 21 days, please notify the police of this.
3. No one in the practice is available (e.g. on holiday or off sick) to complete the work within 21 days. Please notify the police without delay.
4. The practice does not have the capacity to undertake the work within the 21 days. Please notify the police without delay.
5. That the GP has a conscientious objection to gun ownership and no other GP in the practice is available or able to undertake the work. Please notify the police without delay.

## **Calling Prison Doctors**

Dr Alex Bunn ([alexbunn@btinternet.com](mailto:alexbunn@btinternet.com) / Tel: 0780 313 0203) is the new BMA representative for prison GPs and is very keen to connect up with, resource and advocate for her constituents, who are working in high risk environments but are often very unsupported. If you are one of those GPs please contact her. You do not need to be a BMA member to benefit from this network.

## **Contact details**

Occupational Health for GPs: [www.workingwell2gether.nhs.uk](http://www.workingwell2gether.nhs.uk) 01452 894000  
Translation and communication support services: The CCG has a contract with Prestige Network ([sales@prestigenetwork.com](mailto:sales@prestigenetwork.com)) 01635 866 888

## **Cross border mental health treatment for mental health workers**

The 2gether Trust policy states:

“6.5 Out of Area treatment. Where an employee is widely known within the Trust it may be more appropriate to arrange for treatment to take place in a

neighbouring organisation. Referral to an appropriate mental health service provider should be arranged. In cases of financial hardship payment of travel costs should be considered. Liaison with the Mental Health Commissioner is necessary regarding any planned out of area treatments”

### **New Medical Director at GDoc Ltd – Dr Jo Bayley**

Jo Bayley spent 8 years as an A&E and ITU trainee, before seeing the light and training in general practice at Saintbridge Surgery in 2005. While at Saintbridge, she led the Gloucester GP Consortium in its successful tender to run Gloucester Health Access Centre and remains the Consortium’s chief executive. Jo represented Gloucester on the LMC for seven years and was the vice-chair of the Professional Executive Committee of Gloucestershire PCT. She has an interest in medico-legal issues, having worked for law firms before studying medicine, and has an MA in medical law and ethics.

Having been a partner at Saintbridge and Rosebank, she became the medical director of Gloucestershire Care Services before joining the NHS Leadership Academy’s Fast-Track Executive Programme, which included study at the Harvard Kennedy School of Public Health and Institute of Health Improvement. She is now the CQC’s National Medical Advisor on Urgent Care and advises NHS England on the New Care Models programme.

### **Leg Ulcers**

We have confirmation from the CCG that until the new service is rolled out in any particular area the GPs providing the service in that area will continue to be paid for the work at the existing rates. Thereafter, of course, the new service will take over. Those needing transport to reach the service can use the transport provided by Arriva.

### **UK Company Law – Persons with Significant Control (PSCs)**

This does not apply to the usual partnerships but it does apply to most Limited Liability Partnerships (LLPs) and incorporated companies. From 6 April 2016 they will be required to set up and maintain a new register, the ("PSC register"). This will form part of a company's statutory books. These changes have been introduced by the Small Business, Enterprise and Employment Act 2015, which amends existing statutes and will come into effect in stages. Note that GMS and PMS Regulations do not recognise LLPs as an entity capable of holding GMS or PMS contracts; the law will need to change before they do. If you really need to you can [Read more](#) here.

### **Sessional GPs elections to GPC**

Voting is now open for elections to the BMA sessional GPs subcommittee. The ballot closes at 5pm on Friday 6 May. If you are a sessional GP and have not received information on how to vote, but would like to do so, please contact [elections@bma.org.uk](mailto:elections@bma.org.uk) .

### **GPC Sessional GPs Newsletter**

Please see a link to the latest Sessional GPs e-newsletter <http://bma-mail.org.uk/t/JVX-46095-1BJCJOU46E/cr.aspx>

### **Forthcoming events**

ACAS Training highlights in Gloucestershire over the next few months:

- 10 May [Employment Law Update](#) Gloucester
- 9 June [Conducting Investigations](#) Cheltenham
- 29 June [Contracts of Employment - How to Get it Right](#) Gloucester

### **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**

I enjoy watching world leaders jockeying for a stronger and more dominant attitude than the person they are meeting. They go to great lengths, sometimes subtly, literally to get the upper hand. It is all done with smiles and cordiality but you can detect the

hidden purpose. But this customary procedure has to be put aside when they meet the Queen; they have to bow, even if it is something of an 'off-hand nod', before they are even allowed to shake hands.

I also watch and listen with interest to the spat between our Junior Doctors and the Secretary of State for Health. Who will get the upper hand? When an irresistible force meets an immovable object the result is said to be an inconceivable disturbance. Does the preservation of a major plank of an election manifesto justify taking a risk with the manning of the service? The Prime Minister stands behind his Secretary of State but will the clap on the shoulder turn to a boot up the posterior at some point? Ultimately who is the arbiter? In a democracy it has to be the people. They have, under our current electoral system, voted into power a party that wishes to make the NHS fully operational 7-days a week. But would the public vote for this specifically? How important is the policy to us?

Realistically, the NHS can only provide what its resources (people, money, premises and equipment) make possible. It will be interesting to see what damage this conflict causes and who the casualties will be in the short and long terms.

And finally, a message on a leaflet at an Educational Fair:

"IF YOU CANNOT READ, THIS LEAFLET WILL TELL YOU HOW TO SIGN UP FOR LESSONS."



**This newsletter was prepared  
by Mike Forster, LMC Lay  
Secretary & the LMC Office**

A rectangular box with a green border containing the following information:

- LOCAL MEDICAL COMMITTEE
- LMC**  
GLOUCESTERSHIRE
- Gloucestershire
- GP SAFE HOUSE**
- Online support for  
professional challenges*
- [www.gpsafehouseglos.co.uk](http://www.gpsafehouseglos.co.uk)

The logo features a stylized green house icon with a tree and a path leading to it.

## **JOB VACANCIES**

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

Quick links to all extant job advertisements on our website are tabulated below:

<b>Practice Link</b>	<b>Location</b>	<b>Vacancy</b>	<b>Date posted</b>	<b>Closing Date</b>
<a href="#">Wiltshire Health &amp; Care</a>	Wiltshire	GP Clinical Director	28 Apr 16	8 May 16
<a href="#">Stroud Valleys Family Practice</a>	Stroud	Salaried GP	26 Apr 16	Open
<a href="#">Church Street Practice</a>	Tewkesbury	Locum GPs	19 Apr 16	Open
<a href="#">HQ ARRC</a>	Innsworth, Gloucester	Locum GPs	19 Apr 16	Open until 4 Jul 16
<a href="#">Dockham Road Surgery</a>	Cinderford, Forest of Dean	Partner or Salaried GP	19 Apr 16	Open
<a href="#">Leckhampton Surgery</a>	Cheltenham	GP Partner	18 Apr 16	Open
<a href="#">Bampton Medical Practice</a>	Oxfordshire	Practice Manager	11 Apr 16	6 May 16
<a href="#">St Johns House Med Centre</a>	Worcester	2 x GP Partners	Updated 7 Apr 16	Open
<a href="#">Pensilva Health Centre</a>	Bodmin	GP	Updated 15 Mar 16	31 May 16
<a href="#">Tewkesbury</a>	Gloucestershire	Choice+ rota	9 Mar 16	Open
<a href="#">Rowcroft Medical Centre</a>	Stroud	Partner or salaried GP	11 Feb 16	Open
<a href="#">Frampton on Severn</a>	Glos	Full time partner	2 Feb 16	Open
<a href="#">Agency advert</a>	Gloucester area	Partner GP	1 Feb 16	Open
<a href="#">Church Street Practice</a>	Tewkesbury	Salaried GP or Partner GP	20 Jan 16	Open
<a href="#">GP Retainer Scheme</a>	Gloucestershire	GPs (plural)	13 Jan 16	Open
<a href="#">Brockworth</a>	Gloucester	Partner or salaried GP	5 Jan 16	Open
<a href="#">Partners in Health</a>	Gloucester	GP Partner or Salaried GP	2 Dec 15	Open

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

This month's advertisements (which may have artwork that cannot be displayed on our website) follow:

### **The Leckhampton Surgery: 6-8 sessions Partnership Opportunity**

We are seeking a cheerful and enthusiastic new colleague to join our effective team of 9 partners, to replace our retiring senior partner.



### **Living in Cheltenham**

Living in Cheltenham brings many benefits to enjoy. Recently judged by the *Sunday Times* as one of the best places to live in the UK, Cheltenham is beautifully situated on the edge of the Cotswolds and is well-known for its regency architecture and wealth of cultural events, including the Jazz Festival, Literary Festival, Science Festival and of course, the horse racing! There are excellent schools, both state and private, and good road and rail communications to London, Oxford, Bristol, the Midlands and Wales. Attractive and affordable homes can be found both in the town and in surrounding villages.

### **Joining our practice**

We are a successful training practice, highly regarded locally by peers and patients alike, with a strong emphasis on first-class up-to-date care and a reputation for excellent service delivered by the whole team.

- Growing list, currently 12,840
- EMIS web – intention to migrate to SystmOne
- Excellent QOF achievement
- Specialist Nurse-led long term condition clinics exemplar in RCGP
- Diverse and highly qualified Practice Nurse team
- High patient satisfaction
- Daily visiting community nurses
- On-site practice pharmacist (we are not a dispensing practice)
- Attractive converted premises in a pleasant suburb.

### **Our ethos and work style**

We are a happy and cohesive partnership with a culture of learning, high standards and mutual support. Our team is non-hierarchical, resulting in shared decision-making. We support each other and provide learning opportunities through, for example:

- Open plan working area above the consulting rooms to facilitate discussion and communication
- Daily team coffee break
- Nurse Buddy system, lunch and learn, and half day sessions for practice learning
- Opportunity to pursue clinical interests in the surgery or elsewhere
- Administration sessions
- 3 weeks additional sabbatical leave every 5 years.

As a result, we are a happy team in which colleagues feel valued and staff turnover is low.

### **What we'd like our successful candidate to bring to the practice**

- Clinical excellence and commitment to learning
- Interest in developing partnership skills within a supportive team
- Natural disposition toward team working to fit in with our strong team ethos
- A "can-do" attitude
- Flexibility, creativity and forward thinking

We welcome informal visits and enquiries. **Applications are encouraged before 20<sup>th</sup> May 2016.** Interviews will take place week commencing 6<sup>th</sup> June 2016 or thereafter. Please contact Sue Careswell, Practice Manager on 01242 539080 or email: [sue.careswell@nhs.net](mailto:sue.careswell@nhs.net)  
Please apply in writing, including a CV, as above.

**Preferred start date October 2016, flexible by mutual agreement.**

## Partner or salaried GP; 4/6 sessions per week



We are looking to employ an enthusiastic and committed doctor to join our 3 partner practice, based on the edge of the Forest of Dean, in the picturesque town of Cinderford.

We are a young and vibrant practice, with a focus on traditional family values and patient centred care. The plan would be to start as soon as possible, but we are willing to wait for the right candidate.

- GMS practice 6000+ patients
- High QoF and Enhanced Service achievements
- Nursing team of 2 nurses and 2HCAs with 'in-house' District nursing team.
- Excellent and friendly support staff
- SystemOne Clinical System
- Competitive salary and flexibility of working hours to suit the right candidate

Please note that this position falls under the requirements of enhanced CRB (DBS) declarations and is exempt from the Rehabilitation of Offenders Act (1974). Successful applicants will need to provide evidence of the right to work in the United Kingdom and original copies of certificates relied upon to secure the post.

Applications please by CV with covering letter to: Mrs Rae Child, Practice Manager, Dockham Road Surgery, Dockham Road, Cinderford, GL14 2AN.

Telephone 01594 820010 E-mail [Rae.Child@glos.nhs.uk](mailto:Rae.Child@glos.nhs.uk)

Informal Enquires most welcome by phone or email.

## **Locum GPs required for Imjin Barracks – Innsworth, Gloucester**



We currently have a vacancy for locum GPs interested in practising at Imjin Barracks at Innsworth, Gloucester until the 4th of July 2016.

As an MOD doctor, your roles will include running Primary Healthcare (PHC) clinics and carrying out Occupational Health (OH) assessments.

MOD experience is an advantage, but not always essential.

The pay rate for an MOD GP is £63/hour. For specific assignments where a GP is taking on a specialist role such as Aviation or Diving Medicine then £66/hour is provided. When applying for an MOD assignment you are able to request expenses if you are travelling over an hour to the base.

Run through of a typical working day:

Appointments start approximately 08:15

Team coffee + catch up in general between 10:00-10:30

More appointments: 10:30-12:00

Lunch: 12:30-13:30

Appointments: 13:30-16:00

Catch-up time & admin until approx. 16:30

Applications welcome to: Jeffrey Tang, Clinical Recruitment Resourcer

Med-Co (Europe) Ltd, Canolfan Gorseinon Centre, Millers Drive, Gorseinon, Swansea, SA4 4QN [Jeffrey@med-co.com](mailto:Jeffrey@med-co.com) Tel: 01792 224224 Fax: 01792 224225

Visit our website: [www.med-co.com](http://www.med-co.com)

## Seeking locums - Tewkesbury

We are looking to increase our pool of locums.

Morning surgeries start at 8.30am. A morning session will consist of a 14-appointment surgery (with a 60 minute coffee break mid-way through the session), two telephone conversations and administrative time for any referrals and investigations arising from patients seen.

An afternoon session will consist of a 16-appointment surgery, two telephone conversations and administrative time for any referrals and investigations arising from patients seen.

We have a nurse consultant and three skilled nurse practitioners that are very competent and run daily triage clinics and deal with most acute illnesses. We do not run a telephone triage service at the practice. There are also multiple 'same day triage' appointments with all doctors which are released on the day should a patient require an urgent appointment with a doctor.

A morning session can include up to two home visits. An all-day session can include up to two home visits a day and time will be made available for this. Within the coffee break provided you will be required to sign some repeat prescriptions. If you feel unhappy with signing any repeat prescriptions for controlled drugs etc. please hand them back to the reception team and they will assign them to another GP.

If you are interested please contact our Assistant Manager, Alison Sharkey via e-mail [alisonsharkey@nhs.net](mailto:alisonsharkey@nhs.net) or telephone 01684 853381.



## STROUD VALLEYS FAMILY PRACTICE

Beeches Green Health Centre, Stroud GL5 4BH

We are a friendly, family oriented & traditional general practice which maintains high standards of up to date patient care. We are looking for a similarly minded and enthusiastic new colleague to join our close knit team of 3 partners & 1 salaried GP, to work a minimum of 4 sessions a week. Sessions are negotiable.



- Central Stroud practice on the edge of the beautiful Cotswolds
- 4,800 patients
- TPP System 1 & electronic prescribing
- Friendly, high achieving, training practice (ST2, 3 and yr 4 & 5 medical students)
- 100% positive friends and family rating
- "Outstanding" in caring for our patients in recent CQC inspection
- Excellent QOF attainment, participation in many enhanced services
- Advanced contraception service onsite, minor ops and joint injections
- Regular team meetings including daily informal coffee meetings between doctors
- Opportunities to pursue portfolio GP careers encouraged

The position will involve face to face & phone consultations, home visits and paperwork.

We would very much welcome informal visits and would be delighted to show you round the practice. Please feel free to contact Annette Brown [annette.brown3@nhs.net](mailto:annette.brown3@nhs.net) or Hilary French [hilaryfrench@nhs.net](mailto:hilaryfrench@nhs.net) with any enquiries – you can also ring them at the surgery on **01453 764696**.

## Wiltshire Health Care

### GP Clinical Director

Wiltshire Health & Care is a new partnership formed by Great Western Hospitals NHS Foundation Trust, Royal United Hospitals NHS Foundation Trust, Salisbury Hospital NHS Foundation Trust. We have been awarded the contract to provide Adult Community Services for Wiltshire from 1 July 2016.

We are currently recruiting a GP Clinical Director for the partnership. Details are at:

[http://www.jobs.nhs.uk/xi/vacancy/55c85e2cce5b9bf08a080994b9b7dd07/?vac\\_ref=914156873](http://www.jobs.nhs.uk/xi/vacancy/55c85e2cce5b9bf08a080994b9b7dd07/?vac_ref=914156873)

**The closing date for applications is 8/05/16.**

**Interviews will take place on Wednesday 25th May 2016.**