

**NOVEMBER  
2016**

LOCAL MEDICAL COMMITTEE  
**LMC**  
GLOUCESTERSHIRE

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### **EDITORIAL**

We are very keen to support general practice staff to stay well and healthy and we have gained a better understanding of occupational health services provided by 2gether Trust for General practice, based at the Orchard centre at GRH. They can help with:

- Self-Referrals
- Management Referrals
- Counselling Services
- Ill-Health Retirement
- Exposure incident management
- Management of outbreak of infectious disease

For further information please refer to their website at: [working well](#) and you can also email: [workingwell@nhs.net](mailto:workingwell@nhs.net)

### **Gluten free prescriptions**

This had been a challenging issue for us all, which the LMC fully understands. We are very aware of the current unacceptable financial pressure that the NHS is under and the resultant increased pressure that this places on the CCG and GPs. Prescribing decisions will always ultimately remain for the prescriber and the patient, with NHS England determining both the price and nature of what can be prescribed. If your practice decide to take on the route suggested by the CCG a crucial point is that patients must be advised that Gluten Free products are no longer on the formulary. The CCG are offering an 'advice and support service' to assist/support a GP in their decision making processes regarding prescribing. If patients wish to push the matter further we would strongly advise that they are referred to the CCG as laid out in your information packs that the CCG have put together. This is just one of many policy changes that the CCG are planning and we plan to engage with the CCG as closely as possible through our Negotiators meeting and will keep you informed. Please as usual refer any particular issues to the LMC office.

### **Sick notes**

We are very pleased to inform practices that concerns we raised with the Acute Trust about them asking GPs to provide sick notes, if the patient required more

than 2 weeks. They wrote to their consultants, SAS doctors and juniors advising that if it was their professional view that a patient needed significant time off work they should issue a sick note to cover this period. Clearly if early review and reassessment is necessary then this should be made clear to GP colleagues.

### **Transfer of secondary care to primary care – BMA letter templates**

There are many helpful templates on the [BMA website template letters](#) which could be directly entered onto your practice clinical systems and on the Glos LMC website amongst several template letters we also have one called [secondary care transfer template letter](#) - particularly useful to practices in instances where hospitals breach new requirements in their standard NHS contract.

### **Firearms**

There have been further developments regarding gun licensing, further advice will be forthcoming within the next few weeks which will hopefully be more satisfactory than the very recent developments would suggest.

### **Primary Care Support England (PCSE)**

A big thank you to those of you who sent us your concerns, which we collated and shared with the BMA during the month of October. The full report can be accessed [here](#) under the October 2016 tab. You may have also seen various media coverage on the matter and was also being raised at the Commons. Overall, the issues were around failure of collection of records; urgent request not actioned within 3 weeks; new patient registrations not processed; receiving incorrect records; not receiving medical supplies; can't even contact customer services via email or telephone.....and so forth!

### **Adastra – special notes/safety information**

We were informed that the information provided on Adastra notes/safety information in the October newsletter by the CCG was not correct.

Southwest Ambulance Service Trust (SWAST) who is in-charge of this have now provided the correct advice as follows:

- *Special notes* – such as information on unplanned admissions, palliative care notes etc. will now be accessed via the Enhanced Summary Care Record. For those who use Adastra this means it is very important to check the Summary Care Record (SCR) to ensure this information is accessed. Previously there was a pop up in Adastra to alert the clinician of special notes this will not happen. **Please remember to check the SCR on all patients.**
- *Safety notes* – safety information which cannot be put on the GP practice systems can be still put on Adastra. Previous notes, of which many were out of date, are now being transferred to SWAST Adastra.

Also worth noting that NHS Digital have had a name change from 'Enhanced Summary Care Record' to 'Summary Care Record with Additional Information' abbreviated to SCRAI.

If new safety information is required to be added this will be still possible. Please email this information to [oo.h.glosspn@nhs.netaccount](mailto:oo.h.glosspn@nhs.netaccount) and if you have a query with regard to this please contact [Julie.french@swast.nhs.uk](mailto:Julie.french@swast.nhs.uk) or [Jeevan.kulkarni@swast.nhs.uk](mailto:Jeevan.kulkarni@swast.nhs.uk)

## **How does GMS and PMS compare**

GPC has just published new guidance on how the GMS contract and PMS agreement compares, to help practices make an informed decision about which is most suitable for them. It can be accessed [here](#) and the key sections are listed below:

- Core services
- Attendance outside the practice premises
- Out of hours
- Additional services
- Sub-contracting of work
- Grounds for termination
- Provision of information
- Compliance with quality standards
- Clinical governance
- Staff and conditions for employment/engagement

## **GP services during the Christmas and New Year period - guidance for practices**

We are aware that NHS England has recently circulated a letter to commissioners for practices about guidance for the Christmas and New Year period. We would like to take this opportunity to draw your attention to the guidance on the [BMA website](#) about this, to ensure that patients are adequately provided for over this period.

## **Winter indemnity scheme**

NHS England has launched its [winter indemnity scheme](#) for GPs 2016-17 which will run until 31 March 2017 with all of the main medical defence unions. It will cover the costs of professional indemnity for any additional OOH (out-of-hours)/unscheduled work undertaken by GPs this winter. It will be fully funded by NHS England, and will be in addition to your usual indemnity arrangements.

We would encourage any GPs wishing to undertake additional OOH/unscheduled-care sessions to speak to your MDO (medical defence organisation) to check whether extra cover is required and to arrange it if so. Information on how to access the scheme is provided via the following MDO websites:

- [Medical Protection](#)
- [Medical Defence Union](#)

It is designed to meet the costs of indemnifying additional OOH/unscheduled-care work only and is only for sessions where GPs would otherwise have been responsible for providing their own indemnity arrangements, and not where the OOH/unscheduled-care work provider already provides indemnity. NHS England will only fund indemnity costs of up to six additional sessions per week during the scheme period.

It is very important that if you are planning to undertake additional hours or unscheduled care sessions that you speak to your MDO as soon as possible.

### **Sustainability and Transformation Plans (STPs)**

STPs footprints are not statutory bodies, but collective discussion forums which aim to bring together health and care leaders to support the delivery of improved health and care based on the needs of local populations. They do not replace existing local bodies, or change local accountabilities.

The BMA feel STPs offer an opportunity to develop health policies more suited to local need, creating a long term strategic plan for NHS services locally. However, it still has a number of serious concerns such as:

- *Engagement* – this is the biggest priority. For the plans to have a chance at being successful it's crucial that there is cross branch of practice engagement for the earliest possible stage. The BMA have emphasised several times to NHS England how important it is for LMCs to have a seat on STP boards and NHS England sent messages to STP leads explaining how important this is. They have also collected information by surveying all LMCs to find out how many LMCs have actually been included – and shared with NHS England where STP leads have not been responsive or have been actively dismissing LMC involvement.
- *Funding* – The concern that the priority for STPs is reaching financial balance rather than using the opportunity to develop the best model for patients. It is essential that greater integration does not make the health funding crisis worse and greater coordination of policy across footprints does not result in health funding being diverted to plug depleted social care budgets. Some plans so far show that a number of footprints are focusing on hospital reconfigurations, yet there is little evidence that these either save money or improve quality.
- *Transparency* - The BMA have repeatedly been calling for STPs to be made public. There is no excuse for them to be formed behind closed doors and this is made clear to NHS England privately and publicly by the BMA. Although, NHS England is reluctant to share plans until boards of all organisations have agreed on them, there is no reason why CCGs can't share summaries of the plans or to be speaking with people locally. The BMA feel we should be pushing for this as much as possible.
- *Accountability*- STPs are not statutory bodies and as such have no official accountability structure. There are no national guidelines for STP governance structures and, unlike CCGs; there is no onus on STPs to consult on changes. The accelerated timetable for STPs to be signed off increases the risk that important decisions are made without a clear governance structure in place. It is also possible that STPs will complicate local decision making, particularly if the STP footprint does not match existing health and social care commissioning boundaries. STPs could result in decisions being made at different levels, making it unclear where ultimate accountability lies.

Locally, we are ensuring STP is a regular agenda item when we are engaging with the CCG and we will inform practices as we get informed and things evolve. Details on the Gloucestershire STP can be found [here](#).

## **Forty treatments that bring little or no benefit to patients**

The Academy of Medical Royal colleges in October launched its 'Choosing Wisely campaign', with a list of forty treatments and procedures that are of little or no benefit to patients. At the heart of the Choosing Wisely initiative is a call to both doctors and patients to have a fully informed conversation about the risks and benefits of treatments and procedures. The full list, which was drawn up by experts from eleven medical specialties as well as patient groups, can be [viewed here](#).

## **Medical students and views about general practice**

The full report '[By choice - not by chance](#)' looks at students experiences during medical school and shines the spotlight on the need to tackle long held views about general practice which is often perceived as a less valued career. The report put forward a number of recommendations for consideration, including:

- An urgent review of the current funding systems, processes and guidance for distributing money for undergraduate teaching to ensure equity and quality of learning for students to mirror modern and future health care delivery.
- The need to develop and promote awareness and understanding of general practice to pupils in primary and secondary schools through outreach and greater interaction between school/college pupils and staff.
- Improving access to the quality of work experience in general practice for prospective medical students, in line with work experience opportunities more readily available in secondary care
- The General Medical Council (GMC) to work with all medical schools to revise their undergraduate curricula to ensure they develop to reflect the patient journey through different healthcare settings
- Greater collaboration to raise the academic profile and future vision of general practice and tackle the tensions which surround general practice.

## **Patient on line toolkits for general practice (GP online services)**

The Patient Online programme has released a new toolkit to support [GP Practices toolkit](#) to help to promote online services to patients such as ordering of repeat prescriptions, booking of appointments and viewing of medical records. These materials have been tested with patients across the country and now say "GP online services" instead of "Patient Online", as a survey revealed patients related to this better. For any queries on this item contact: [england.patient-online@nhs.net](mailto:england.patient-online@nhs.net)

## **Forthcoming events**

- 1 December [Managing Holidays](#) Gloucester
- 15 December [Essential Skills for Line Managers](#) Gloucester
- 25<sup>th</sup> January 17 - For doctors new to general practice in the UK the BMA have organised a one day seminar. Details can be found at: [BMA seminar - doctors new to UK practice](#)

## **GPC Sessional GPs newsletter**

This is now available on the [BMA website](#).

## 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

While Max has been in Australia here are some events in pictures to sum up November 2016 – make what you will!



*President elect Trump of USA*



*Super moon 14<sup>th</sup> Nov, Beijing*

**And finally,** Dr Finlay Robinson who had retired from Stoke Road surgery sadly recently passed away, our thoughts are with his family.



**This newsletter was prepared  
By Shelina Jetha  
(on behalf of GlosLMC)**

LOCAL MEDICAL COMMITTEE  
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GLOUCESTERSHIRE

Gloucestershire

**GP SAFE HOUSE**

*Online support for  
professional challenges*

[www.gpsafefhouseglos.co.uk](http://www.gpsafefhouseglos.co.uk)

**ANNEX A TO  
GLOS LMC NEWSLETTER  
DATED NOVEMBER 2016**

**JOB VACANCIES**

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

<b>GLOUCESTERSHIRE</b>			<b>Date posted</b>	<b>Closing Date</b>
<a href="#">Gloucester City Health Centre</a>	Gloucester	Salaried GP leading to partnership	31 Aug 16	Open
<a href="#">Coleford Health Centre</a>	Forest of Dean	Salaried GP/partnership	31 Aug 16	Open
<a href="#">White House Surgery</a>	Moreton-in-Marsh	Salaried GP	25 Aug 16	Open
<a href="#">Dockham Road Surgery</a>	Cinderford, Forest of Dean	Partner or Salaried GP	26 Aug 16	Open
<a href="#">Partners in Health</a>	Gloucester	Partner/Salaried GP	20 Jul 16	Open
<a href="#">Phoenix Surgery</a>	Cirencester	Part-time Partner	19 Jul 16	Open
<a href="#">Church Street Practice</a>	Tewkesbury	Locum GPs	19 Apr 16	Open
<a href="#">Tewkesbury</a>	Gloucestershire	Choice+ rota	9 Mar 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="#">Heathville Surgery</a>	Gloucester	Partner/Salaried GP	5 Oct 16	Open
<a href="#">Heathville Surgery</a>	Gloucester	GP Maternity Locum	5 Oct 16	Open
<a href="#">Newent Doctors Surgery</a>	Newent	Newent Doctors Practice, Sabbatical Locum	26 Oct 16	Open
<a href="#">Forest Health Care</a>	Forest of Dean	Forest Health Care: Long Term Locum Needed	27 Oct 16	28 Nov 16
<a href="#">Portland Practice</a>	Cheltenham	Part Time Partner	09 Nov 16	Open
<a href="#">Hucclecote Surgery</a>	Gloucester	Salaried GP or Partner	10 Nov 16	12 Dec 16
<a href="#">The Church Street Group</a>	Tewkesbury	Salaried GP	17 Nov 16	14 Dec 16
<b>ELSEWHERE</b>				
<a href="#">Portishead Med Group</a>	N Somerset	Sabbatical locum	31 Aug 16	Open
<a href="#">Roseland Peninsula</a>	Cornwall	Salaried GP	25 Oct 16	Open
<a href="#">The Vauxhall Practice</a>	Chepstow	6-8 Session GP	01 Nov 16	25 Nov 16
<a href="#">Pensilva Health Centre</a>	Liskeard Cornwall	GP Partner	02 Nov 16	Open
<a href="#">Portishead Med Group</a>	N Somerset	Salaried GP	08 Nov 16	25 Nov 16
<a href="#">Martock &amp; S Petherton</a>	Somerset	Salaried GP or Partner	08 Nov 16	28 Nov 16

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