



LOCAL MEDICAL COMMITTEE

LMC
GLOUCESTERSHIRE

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General Practice has survived another year! Despite all the pressures that practices continue to face GPs and their staff provide care that even the CQC occasionally admits is Outstanding. The news stories are always mentioning the shortage of doctors, the lack of funding and the pressure that the NHS is under in general. There is no doubt that the climate of opinion is changing, and not before time. However, the country is still pulling out of recession and is faced with the imponderable changes that Brexit will bring. We can expect no magic wands to be waved, not even at this festive and pantomime-ridden season. So, 'Well done, all!' We wish you a calm and peaceful Christmas-tide and that you may come back to the surgery with batteries recharged and with hope for the future. We will continue to work with all parties to improve matters.

Firearms and shotgun certification process

The issue of GP involvement in shotgun and firearm certification is tortuous and difficult. The police have no funding to pay for an initial letter from the GP. In many cases the certificate is issued before the GP has a chance to respond to the request, so the patient is unlikely to be willing to pay for the letter. The BMA guidance on the subject has been replaced. The latest BMA guidance can be found [here](#). That said, you should be aware that discussions at national level are still continuing and even clearer guidance is expected, soon, we hope.

In summary:

- GPs must engage in the process of firearms licensing when requested to do so. Failure to do so could place them at professional risk. In terms of their contractual obligations, GPs must cooperate with and facilitate statutory functions relating to the process.
- The contract also sets out that a reasonable fee may be demanded for the services provided as part of that process. The demand for a reasonable fee may form a condition, which if not fulfilled, means the GP can refuse to engage further in the firearms certification process. (Unless otherwise advised in due course by the BMA the invoice should go to the requesting organisation: i.e. the police.)
- A GP may have a genuine conscientious objection, in which case and subject to GMC guidance they should refer the patient appropriately.

You can find copies of the guidance and the associated FAQs on the [LMC website](#).

Private or NHS?

If a patient seeks private treatment he or she does not relinquish any rights to NHS treatment and can therefore move between NHS and private treatment at will. However, the private consultant has a professional obligation to organise all treatment and investigation for any single episode of care. As it is a private episode of care, any treatment or intervention will attract a cost. Consultants should not seek to mix a single private episode of care with NHS-funded treatment in order to reduce costs to the patient. There is nothing to prevent a patient seeking NHS treatment at any stage in the process, but this would be deemed to be a separate episode of care.

The general principles are:

- A clinician who feels that a test is warranted organises it and takes responsibility for acting on its result, and does not devolve that to another. If the GP agrees the test is warranted and is happy to act on it then they can do so; if they do not then they need to ask the specialist to arrange the test.
- A specialist in private practice ought not to use GP NHS access to tests in order to circumvent charges for those investigations carried out whilst the patient remains in the private sector for clinical care. If there is an issue around affordability then all care should transfer into the NHS.

So if the patient is uninsured and cannot afford to pay for anything other than the initial consultation then the patient (and only the patient) has the right to request ongoing investigation on the NHS. However if this occurs the subsequent specialist follow up must be on the NHS and not back in the private rooms.

Patients presenting with possible dental problems

The number of patients seeking dental advice from GPs is increasing. The BMA has issued guidance at:

<https://www.bma.org.uk/advice/employment/gp-practices/quality-first/manage-inappropriate-workload/patients-presenting-with-possible-dental-problems>

GPs should also be aware of the following legal and contractual obligations:

- Before refusing to treat a patient asking for emergency dental treatment, a GP must ascertain that the condition requires only dental treatment. Primary care teams must put themselves in a position to judge the nature of the patient's condition by undertaking reasonable enquiries and where appropriate a clinical assessment.
- Having established an apparent dental problem, GPs or practice teams should signpost to a dentist or local emergency service or if they feel necessary refer a patient for any further assessment and treatment, to secondary care.
- Everyone in the practice team must do their best to ensure the patient doesn't need the attention of a GP when signposting.
- If the patient has no usual dentist, or there is no response from the usual dentist, the patient should contact the local NHS 111 (England), NHS 24 (Scotland), NHS Direct or local dental helplines (Wales) or the Health and Social Care Board (Northern Ireland).
- Patients presenting with signs of spreading infection or systemic involvement of a dental infection should be referred immediately to secondary care for appropriate surgical management. Signs and symptoms of this may include, diffuse or severe facial swelling, trismus, dysphagia, fever or malaise.

N.B If a patient asks a GP to supply an NHS prescription the GP must refuse unless they are sure they are able to accept sole responsibility for that prescribing decision

Prescribing

All GPs should encourage patients to buy things over the counter when appropriate but, where a patient with a health need (as defined by you with your knowledge of the patient, their condition, and the item in question) requests an FP10, you are obliged to offer such a prescription.

Government scraps deprivation of liberty safeguards (DOLS) inquest duty

Local coroners will soon no longer need to conduct a formal inquest for every person who dies while under a DOLS authorisation following an amendment to the law. This amendment to the Policing and Crime Bill amends the meaning of state detention in section 48 of the Coroners and Justice Act 2009. This means that for those individuals subject to a DOL who die of natural causes and the death was expected, an inquest will no longer be required. However, if there is any suspicion whatever around a death then the coroner must be informed. This is welcome news for the health and care sector as it will save distress to the bereaved in the vast majority of cases. The amendment is expected to come into force early in 2017.

Cameron Fund Christmas appeal

The Cameron Fund is the only charity that specifically supports General Practitioners. The LMC makes an annual grant to the Cameron Fund but individual GPs can contribute also, and such individual contributions are tax deductible. The charity certainly does good, for instance in helping GPs' return to work. Bank transfers should be made to CAF Bank, Sort Code 40 52 40, Account No. 00015215. Cheques can be sent to the Cameron Fund, BMA House, Tavistock Square, London WC1H 9JP.

List management

Please note the BMA's guidance on list management (at this [link](#)). This provides practices with guidance on list management such as information on formal list closure and informal temporary suspension of patient registration. We are aware that NHS England have sent out guidance on temporary suspension of patient registration to commissioners, some of the information in this guidance contradicts the BMA's guidance and we would like to assure practices that we believe our guidance is within the regulations.

Violent patient removal

The GPC tells us that NHS England is developing a common national policy and, it is to be hoped, clear guidance on what provisions there are for patients who are known to be violent but who are either not yet registered with the practice or where the violence has been perpetrated outside the practice. In some parts of the country the current policy potentially does not comply with parliamentary regulations and is delivered through incompetent processes.

The GPC are insisting that:

- The new scheme must conform to the regulations.
- It must not place any additional burdens on practices. This means that those administering the scheme must accept a telephone call to remove a patient and also that a pro forma is not required.
- A police number must not be required to trigger the process. The practice must report the incident to the police, in line with the regulations. GPC would encourage practices to obtain a police incident number as soon as possible, but there will be some exceptional circumstances where this is not always possible

It is obvious that those administering the scheme cannot follow different processes in different parts of the country and require a national policy. Unfortunately, due to the internal processes of NHS England, this may take some time to achieve, which is disappointing.

Please tell the LMC of any instances where the regulations are not being followed and where this causes difficulty. This may help to speed things up in NHS England's processes.

Primary Care Access Fund

We understand that the CG will shortly be sending all practices a quick questionnaire about Choice Plus – how it has gone and how it could be improved. We encourage you to return it with your comments and suggestions.

Farewells

Dr Siva and Mrs Siva from the Quedgeley Medical Practice.

Max's Musings

Petty officialdom is rife world-wide, I am sure. Our practice suffers from it but my experience of trying to journey home from Australia topped all. I had just less than 6 months validity left on my passport. The immediate planned journey was from Singapore to Kuala Lumpur (KL) and thence to UK. In KL I would have had to change terminals. To do so one has to go over to the land side through immigration and then go back in again at the other terminal. It might take 15 minutes. However, the risk was that some pettifogging official would prevent me from transferring and insist that I go straight back to Singapore, thus missing my intended flight. I did wonder, having heard that corruption is rife out there, whether I might bribe my way past such an official, but the idea of being locked up as well as being declared *persona non grata* was just too much. So I booked onto different flights out of Singapore and made it back successfully, if poorer.

By the way, should you ever go to Melbourne and fancy a trip down memory lane then visit the park where they have dozens of mature English Elms – a magnificent sight which, sadly, we can no longer enjoy here. I fully support Australia's rigorous bio-security rules.

In the red centre of Australia grows a plant of which the Aboriginal peoples used to chew the leaves to reduce appetite and induce a slightly euphoric state. I was much taken by the idea of both end-results but sadly the plant would not flourish in our damp climate. I shall have to fall back on claret.

And finally:

Q. Why is Brexit not like Christmas Day?

A. No Brussels.



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



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Gloucestershire

GP SAFE HOUSE

Online support for
professional challenges

www.gpsafefhouseglos.co.uk

JOB VACANCIES

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

GLOUCESTERSHIRE			Date posted	Closing Date
Gloucester City Health Centre	Gloucester	Salaried GP leading to partnership	31 Aug 16	Open
Coleford Health Centre	Forest of Dean	Salaried GP/partnership	31 Aug 16	Open
White House Surgery	Moreton-in-Marsh	Salaried GP	25 Aug 16	Open
Dockham Road Surgery	Cinderford, Forest of Dean	Partner or Salaried GP	26 Aug 16	Open
Partners in Health	Gloucester	Partner/Salaried GP	20 Jul 16	Open
Tewkesbury	Gloucestershire	Choice+ rota	9 Mar 16	Open
GP Retainer Scheme	Gloucestershire	GPs (plural)	22 Nov 16	Open
Brockworth	Gloucester	Partner or salaried GP	5 Jan 16	Open
Newent Doctors Surgery	Newent	Newent Doctors Practice, Sabbatical Locum	26 Oct 16	Open
Portland Practice	Cheltenham	Part Time Partner	09 Nov 16	Open
St Catherine' Surgery	Cheltenham	GP – Salaried/Partner	22 Nov 16	31 Dec 16
Regent Street Surgery	Stonehouse	Partner/Salaried GP 4.5 sessions	07 Dec 16	12 Feb 16
Church Street Practice	Tewkesbury	Maternity Locum required	13 Dec 16	Open
Hadwen Medical Practice	Gloucester	Salaried GP – flexible sessions	20 Dec 16	Open
ELSEWHERE				
Roseland Peninsula	Cornwall	Salaried GP	25 Oct 16	Open
Pensilva Health Centre	Liskeard Cornwall	GP Partner	02 Nov 16	Open
Portishead Med Group	N Somerset	Salaried GP	21 Dec 16	Open
Burnham & Berrow Medical Centre	Somerset	GP Partner or Salaried GP	21 Dec 16	Open

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

HADWEN MEDICAL PRACTICE GLOUCESTER

Salaried GP – Flexible Weekly Sessions

Would you like to join our friendly, successful and innovative Practice?

Pharmacy

Training

Innovators

Friendly CCG CPD Dynamic

Entrepreneurial Cohesive Flexibility

**Excellent
High Earning**

Enthusiastic

Learning

Early Adopters

We recognise that the traditional salaried work pattern does not give the flexibility of job role that is increasingly needed by GPs today. We therefore are offering work contracts to up to two GPs who wish to have the flexibility of working as a locum with the benefits and security that working for a large Practice brings. This could include a set number of sessions to be worked over the course of a year, term-time, school holiday, evening and weekend working only, or any combination of these working patterns.

We are a training practice with 8 partners and 5 salaried doctors, and pride ourselves on excellent monthly in-house CPD meetings, and have recently had an extremely positive CQC inspection report. We offer a supportive, well-managed working environment and a happy and functional practice team. We are also about to commence a major redevelopment of our Glevum surgery that will help us to meet the future clinical needs of our patient population.

The Practice is situated in a growing city with excellent transport links, 6 local grammar schools, sporting and recreational facilities and beautiful countryside nearby.

If one of our flexible working pattern job roles is of interest to you, please see our website www.hadwenmedicalpractice.co.uk for fuller details of the Practice, or contact our Management Partner, Ian Robertson, at Ian.Robertson1@nhs.uk for further information or to arrange an informal visit.