

FEBRUARY 2017

LOCAL MEDICAL COMMITTEE
LMC
GLOUCESTERSHIRE

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The pressures continue to build on General Practice. The recently announced changes to the contract for 2017/18 are welcome, of course, but are not a full solution. No one pretends that that they are. Meanwhile, many people at every level are trying to encourage more trainees to go into general practice and at least to consider becoming partners more favourably. This does not suit everyone's ambitions nowadays so alternative paths may have to be followed. The thing is, we are sufficiently stable in Gloucestershire that we don't have to leap into radical decisions. There is time to consider carefully and not be panicked into something we may regret later.

PCSE electronic submissions – annual certificate of pensionable profits

If you are getting 'mailbox is full' messages returned when you try to submit these certificates (deadline 28 Feb) then keep copies of the messages to prove that you did try to comply in time and the fault lies at their end. Keep trying to put them through; they are important.

2017/18 Contract - QOF

Just to confirm the following figures as part of the 2017/18 contract agreement:

- Global sum per weighted patient is set to rise from £80.59 to £85.35 in 17/18. This is a 5.9% increase.
- The average practice list size (CPI) rose from 7460 as at 1 January 2016 to 7732 at 1 January 2017.
- The value of a QOF point will increase by £6.02 (3.6%) from £165.18 in 2016/17 to £171.20 in 2017/18

Mental health support for GPs and GP trainees - 'NHS GP Health Service'

For those needing to find out more about the mental health support planned for GPs and GP trainees who wish to remain in or return to clinical practice after a period of ill-health the link is [here](#). The Hurley Clinic Partnership is the provider of this service, which launched on 30 January 2017. GPs and GP trainees considering accessing the NHS GP Health service are encouraged to access the new website: <http://gphealth.nhs.uk/>

GP burnout – a survey

Aneez Esmail, a professor of general practice in Manchester, is researching burnout in GPs. Exceptionally, as the subject is of intense interest to us all, we are enclosing an information sheet about the survey at Annex A. The link to the survey is: <https://apps.mhs.manchester.ac.uk/surveys//TakeSurvey.aspx?SurveyID=mbrxgmp3>

Partnership agreements

We very much worry on your behalf that not all practices have up to date partnership agreements, and that possibly you do not have one at all. As we have said before, the absence of an agreement creates a 'partnership at will', which can be dissolved at any time and is open to misinterpretation, confusion and legal expenses out of all proportion to the cost of creating a signed agreement in the first place. It really does make financial sense for all parties to have a proper agreement covering all aspects of the partnership, including how the partners would deal with such issues as the 'last man standing'. Legal advice should be sought from solicitors that are specialists in the field of medical partnership agreements – the requirements of a medical partnership go further than most partnerships.

Insurance company forms and fees

An example has been shown to us of a lengthy form which an insurance company is asking GPs to fill in for a set fee of £30. This is not an agreed fee by GPC. The usual rules apply: if it is work outside your contract then you are entitled to charge a reasonable fee to cover the work involved. As usual it is best to let them know what fee you will demand in advance and get their agreement before doing the work. In the same vein, you should look at the latest GPC guidance at:

<https://www.bma.org.uk/advice/employment/gp-practices/service-provision/access-to-medical-reports-for-insurance-purposes>.

This confirms that agreement has been reached with the Association of British Insurers that the use of SARS is inappropriate – they are now using the [Access to Medical Reports Act 1988](#) process. Note that electronic consent is acceptable (for details follow this [link](#).) Guidance on setting fees for insurance reports is [here](#).

National Hospital Contract

You can see the technical guidance document for the national hospital contract at:

<https://www.england.nhs.uk/wp-content/uploads/2016/04/2-nhs-contract-tech-guid-1617.pdf>

and the BMA guidance about it at:

<https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-current-issues/nhs-england-standard-hospital-contract-guidance>

We are reminding you of these in case you have any concrete examples which you have not yet brought to our attention where the hospital has not followed the new contract and, in particular, is delegating work to GP practices that should not be so delegated. There is to be a meeting on 27th March about it, so any 'ammunition' would be gratefully received, not only buy us but also by the CCG.

Notional rent reimbursements and running GP Hubs

Notional rent can only be abated for two reasons:

1. Because of capital investments by the NHS. The abatement rules are covered by paragraph 48 of the Premises Cost Directions. There is abatement of the notional rent payment where capital has contributed to the cost of building or refurbishment work and the capital was not borrowed or otherwise provided by the contractor. So this would include historic improvement grants, local authority grant sections, 106 or CIL payments and grants provided under section 75 of the NHS act 2006. The timescales for this depends on the amount:
 - a. 100,000 – five years,
 - b. 100,000-250,000 – 10 years,
 - c. above 250,000 – 15 years.
 - d. The situation for the Estates and Technology Transformation Fund (ETTF) funding at 100% has not yet been clarified.
2. Alternative use by others. There is clearly a spectrum of services provided to patients: for example, services to patients registered with the primary medical service contractor, which have been commissioned by the local authority, CCG, or NHS England, such as core and enhanced services. Provision of those services to

the registered list by community staff and other attached staff and GP registrars should not be abated. At the other end of the spectrum are private providers providing private sessions; this will be abated.

The directions were written to avoid double payment where practices would rent out space and also receive the full reimbursement. It is certainly entirely appropriate to charge someone using your surgery an element to cover the service charges that are not otherwise reimbursed by the NHS but clearly if you also charge a rent then the notional rent will be abated.

We are now moving into an area where there is an increased complexity of service delivery and partnership working across the health and well-being sectors. The GPC is seeking a national policy to provide clear rules from the outset. Practices must not be exposed to risk. The consequence of not reaching a national policy would be to limit the use of practice premises for anything other than primary medical services, and that is unacceptable.

Earwax removal

You will be aware that the commissioning of a proper service for removing earwax has been a long-standing issue between this LMC and successive NHS bodies. At our latest negotiating meeting we were assured by the CCG that commissioning action would be taken shortly. We look forward to it.

LMC Vacancies

We have vacancies in two areas:

- South Cotswold. That is, all the practices in Cirencester together with the Rendcomb Surgery and the Lechlade, Fairford and Tetbury practices.
- Gloucester City East: Comprising the Hucclecote, Brockworth and Saintbridge Surgeries and the Hadwen Medical Practice

Would anyone from the relevant practices who wants to stand for election to the LMC please contact the office.

GPC Regional election – Gloucestershire and Avon

Last minute reminder: the election pack, including the nomination form and details on eligibility, is available on the BMA website:

<https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-elections>.

Nomination forms and statements in support of candidature should be returned to Jonathan Longley at elections@bma.org.uk no later than **5pm** on **Monday 6 March 2017**.

GPC Sessional GPs newsletter

Amongst other important issues, the latest GPC sessional newsletter includes updates on changes to funding for indemnity arising from changes in the 2017/18 GP contract, and progress on pensions issues following a further meeting with NHS England and Capita.

<http://bma-mail.org.uk/t/JVX-4RN48-1BJCJOU46E/cr.aspx>

Job opportunities

A list of recent job opportunity notifications is at **Annex B**. 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 B for ease of reference.

Max's Musings

February is a short month. Even so, too many of us run out of money before we run out of month. What's worse, February is usually plagued by dismal weather. I managed to get outside a couple of times to encourage the gardener but since I rarely get home in daylight until high summer he has been left largely to his own devices. At least he doesn't 'create a desert and call it peace' (Tacitus: "*solitudinem faciunt, pacem appellant*"). Come to think of it, if I am given a knighthood (small chance!) I might take that as my motto, with crossed scalpels proper on a ground gules, or something, for an escutcheon.

At long last March is upon us, bringing better weather I hope, with more daylight and an end in sight to the QOF paperwork for the current year. As a reward for her hard work we partners have promised our practice manager a pamper weekend at a spa resort. Perhaps she will lose some of her harassed look? Meanwhile she keeps going on a diet of strong black coffee and doughnuts. I almost envy her – my GP (a strict woman with no finer feelings whatsoever) has forbidden me to eat doughnuts. And lots of other things as well. It puts me in mind of Dunbar, a character in 'Catch-22', who believes that boredom may not make you live longer but it makes your remaining time on Earth seem longer. So back to work – no time for boredom there.

And finally, a headline:

'Something Went Wrong in Jet Crash, Expert Says'



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

A rectangular logo with a green border. In the top left corner, it says 'LOCAL MEDICAL COMMITTEE' above 'LMC' and 'GLOUCESTERSHIRE' below. To the right of this is the word 'Gloucestershire' in a blue serif font. Below the LMC logo is a small illustration of a house with a garden. To the right of the house illustration, the text 'GP SAFE HOUSE' is written in a green, stylized font. Below this, in a smaller italicized font, it says 'Online support for professional challenges'. At the bottom of the logo, the website address 'www.gpsafehouseglos.co.uk' is written in a blue font.

A pilot study examining burnout in general practices

Dear general practitioner,

You are being invited to take part in a research study. Before you decide whether you wish to take part or not, it is important for you to understand why this research is being done and what it will involve. Please take time to read the following information carefully and a member of the research team will try to answer any questions you may have.

What is the purpose of this research study?

General practitioners (GPs) are the main point of contact for patients in primary care. Evidence suggests that more than one third of GPs at some point in their lives feel emotionally exhausted, have difficulties in showing empathy and undervalue their achievements (this is called ‘burnout’). Burnout is not a clinical diagnosis but has been linked with less job satisfaction, job turnover and early retirement.

Although recent studies suggest that burnout is largely a consequence of workplace problems, we do not know how to prevent burnout in GPs. This study two main aims:

- to understand the experience of GPs about burnout and its links with the safety culture of general practices
- to explore what research methods we can use to understand and subsequently prevent burnout in GPs

By “participating” we mean taking part in a research study. Examples include completing a questionnaire or participating in an interview as part of a research study. We hope to use the findings to help researchers find better ways to prevent burnout.

Why have I been invited?

We are inviting GPs in this study. To take part you should be working in a general practice around Greater Manchester and be physically and mentally able to complete a number of questionnaires and potentially take part in an interview.

Do I have to take part?

No. It is completely up to you to decide whether or not you would like to take part. You may withdraw from the study at any time and without giving any reasons by contacting the researcher. This will have no impact on the care or services you receive.

What would I be asked to do if I took part?

If you are interested in taking part or would like more information about the study, please contact the researcher. If you do decide to take part, you will be given this information sheet to keep and asked to sign a consent form. You will be asked to complete a number of questionnaires which take approximately 20 minutes. The questionnaires include questions about your personal experiences of feelings of burnout, low mood and safety culture within your practice. You will be given the option to receive the questionnaires in a paper or online format. If you prefer a paper format version, you will be given a pre-paid envelope to post the questionnaires back to us.

Within 2 weeks after we receive the completed questionnaires, you will be contacted again by the research team to explore whether you would be interested in taking part in a brief interview. The interview will be arranged at a time that is convenient for you and you will be offered a choice of times. We will phone you to arrange to visit you in your practice or meet at a place that you choose or conduct the interview by phone. We will talk about your views and experiences of completing the questionnaires and we will seek your thoughts about ways to improve the practice climate to prevent burnout.

We will record the interview with a voice recorder and can last between 20 minutes. Only members of the research team will have access to this information. Additionally, when we write about the results of the research, all personal details will be removed so that no-one will know who you are. No real names will be used.

Will my taking part in this study be kept confidential?

All information gathered will be handled in confidence. All data will be anonymised and stored separately from your contact details. All participant names and other identifying information mentioned in the interview will be changed. Once the audio recording is transcribed it will be erased. No information that can identify you personally will be published.

The only other time someone might need to look at the study information is during an audit or monitoring visit. This is when people from the University of Manchester, NHS Trust or regulatory authorities review all the data to make sure the study is being carried out as planned. If you agree, they will include your identifiable data when doing the checks (they will see it belongs to you). Anyone that does look at the data will have a duty to keep it confidential.

What are the possible risks of taking part?

There are no identified risks of taking part in this study. However, your participation may take you away from your normal commitments for a time. We will make efforts to ensure the time you commit to this study is minimised without compromising the research quality.

What are the possible benefits of taking part in this study?

There are no direct benefits for participants taking part in this study, but we hope to use the information we gather from this study to improve the involvement of people in health services research.

You will receive a £20 as a thank you for giving up your time to take part in the study.

What will happen when this research study stops?

At the end of the study, we will analyse the information gathered from all the participants. You will receive a summary of the results of this study by email if you wish. No personal information will be presented in the results. The results are likely to be published in an academic journal. All data will be stored anonymously by the University, for a minimum period of ten years. This data may need to be looked at by auditors during this time. After this period, it will be confidentially destroyed.

What if there is a problem?

If you have a concern about any aspect of this study, you should ask to speak to the researcher who will do their best to answer your questions. If they are unable to resolve your concern or if you wish to make a complaint regarding the study, please contact a University Research Practice and Governance Co-ordinator on 0161 275 7583 or 0161 275 8093 or by email to research-governance@manchester.ac.uk

Who is organising and funding this research?

This research is funded by the National Institute for Health Research School for Primary Care Research (NIHR SPCR). This study is being conducted within the Centre for Primary Care at the University of Manchester.

Further information and contact details

If you have any further questions or would like additional information, please contact:

Ms Annette Barber on 0161 275 7600 or via e-mail: annette.barber@manchester.ac.uk

Dr Maria Panagioti on 0161 306 0665 or via email: maria.panagioti@manchester.ac.uk

Many thanks for your help and for taking the time to read this information sheet.

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 Choice Plus | 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 |
| Church Street Practice | Tewkesbury | Maternity Locum required | 13 Dec 16 | Open |
| London Medical Practice | Gloucester | 1 / 2 Salaried GPs 8-10 sessions per week | 11 Jan 17 | Open |
| Royal Crescent Surgery | Cheltenham | GP Partner (Part-Time) | 11 Jan 17 | Open |
| Hucclecote Surgery | Gloucester | Salaried GP or Partner | 25 Jan 17 | 10 Mar 17 |
| Drybrook Surgery | Forest of Dean | Salaried GP 2-4 Sessions | 25 Jan 17 | 01 Mar 17 |
| Crescent Bakery Surgery | Cheltenham | Salaried GP 4 Sessions | 15 Feb 17 | 01 Mar 17 |
| Church Street Medical | Tewkesbury | Salaried GP | 15 Feb 17 | Open |
| Springbank Surgery | West Cheltenham | Salaried GP | 15 Feb 17 | 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 |
| Weston-super-Mare | Somerset | Clinical Lead GP and GPs | 30 Jan 17 | Clinical Lead 27 Feb 17 |
| Mount Pleasant Practice | Chepstow | Salaried GP | 13 Feb 17 | 06 Mar 17 |

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