

# JULY 2017 NEWSLETTER

LOCAL MEDICAL COMMITTEE

**LMC**  
GLOUCESTERSHIRE

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Have you ever been invited to walk a tightrope? Worrying, isn't it? Well, nationally we have now started our walk to the other side. To abandon the analogy, we live in uncertain times. 'Spend to save' has long been impossible. Every public service is receiving inadequate resources. Terrorism and unrest are rising at home while internationally our relationship with other nations has still to be settled, and in relatively short order. Political stability is questionable. People, if not actually worried sick, are still turning up to our surgeries in numbers we can barely handle. However, we cannot solve the ills of the world; let's concentrate, as usual, on our patients.

## **IR35**

NHS Improvement had previously issued guidance to NHS and Foundation Trusts recommending that all individuals providing services through an intermediary should fall within IR35 and therefore, all locum, agency and bank staff would be subjected to PAYE. The BMA [wrote](#) to NHS Improvement to seek clarification on this advice and we welcome that NHS Improvement has now published [further guidance](#) confirming that assessment of whether or not IR35 applies to an individual must be carried out on a case by case basis rather than by a broad classification of roles. Further information is available on the [BMA website](#).

## **Subject Access Requests**

Note that the General Data Protection Regulation (GDPR) was re-launched to take effect on **25 May 2018**. You should update your procedures and plan how you will handle requests to take account of the new rules:

- You will have to provide a copy of the information free of charge. The removal of the £10 subject access fee is a significant change from the existing rules under the DPA.
- You will then have a month to comply, rather than the current 40 days.
- You can refuse a request that is manifestly unfounded or excessive. If you refuse a request, you must tell the individual why and tell them that they have the right to complain to the supervisory authority and to a judicial remedy. You must do this without undue delay and at the latest, within one month.
- You will be able to charge a 'reasonable fee' when a request is manifestly unfounded or excessive, particularly if it is repetitive. You may also charge a reasonable fee to comply with requests for further copies of the same information. This does not mean that you can charge for all subsequent access requests. The fee must be based on the administrative cost of providing the information.

If your organisation handles many access requests, consider the logistical implications of having to deal with requests more quickly. You could consider whether it is feasible or desirable to develop systems that allow individuals to access their information easily online. This would carry implications on third party information in the medical record.

## Release of patient medical records to the Police

The BMA professional fees committee has received new legal advice regarding medical note requests received from the police, which are detailed below.

There is clear guidance regarding the obligations that GPs have with respect to copying and/or release of the GP record. For your reference, these circumstances are:

- *If the police do not have a court order or warrant they may request voluntary disclosure of a patient's health records under section 29 of the Data Protection Act 1998.*
- *However, while health professionals have the power to disclose the records to the police where section 29 applies, there is no obligation to do so.*
- *In such cases health professionals remain bound by the long-established common law duty of confidentiality and may only disclose information where the patient has given consent, or there is an overriding public interest. They may also be required to defend their decision to disclose before the GMC which is a statutory tribunal.*
- *Disclosures in the public interest based on common law are made where disclosure is essential to prevent a serious threat to public health, national security, the life of the individual or a third party, or to prevent or detect serious crime. This includes crimes such as murder, manslaughter, rape, treason, kidnapping and abuse of children or other vulnerable people. Serious harm to the security of the state or to public order and serious fraud will also fall into this category.*

Your practice is entitled to a fee for producing the notes for the police. There is no set fee for producing these notes, as they are not considered a subject access request that you may receive from a patient. Therefore the practice is able to, and should, set its own fee for this work. When completing the attached proforma (**Annex B to this newsletter**) you must enter the fee you choose to charge.

We recommend that you obtain each of the following:

1. Written patient consent to release of their records OR written confirmation as to the nature of the serious crime allegedly committed by the patient and an explanation as to why the patient's records, or other information requested, are considered necessary for the specific purpose the police are pursuing. You will require one of these in order to fulfil your responsibilities as the Caldicott Guardian.
2. Confirmation in writing that the fee of £< > will be paid within 28 days of the police receiving the record. This fee is due to the disproportionate effort placed on an already overburdened GP practice to provide these notes which recognises the need to support the police in their investigation of a crime, where appropriate to do so.
3. Written confirmation from a senior police officer – ranked Superintendent or above – that he or she considers that the crime being investigated is a serious crime in line with the examples provided above.

Once you have received all of these at the practice, and have checked the appropriateness of release of the records, you should respond to the police authority as soon as possible.

It is essential that the police agree in writing to pay the fee, otherwise you will not be able to claim for the service. If the police authority do not agree to pay then the GP can decide whether he or she would like to provide the service free of charge, or not at all.

Alternatively, should it be appropriate for the police to view the record (based on their answer to requirement 1 above), then there is the option for them to view the record in the practice in the presence of a practice staff member. No fee is then chargeable.

Please note that if the police authorities have a court order or warrant for disclosure of the records, you may be required to comply with the request even where a fee has not been paid or agreed. This will depend on a number of factors, including the terms of the court order or warrant.

GPs should, in all cases where there is no patient consent, consider whether the benefits to an individual or to society of disclosing the records outweigh both the public and the patient's interest in keeping the information confidential before agreeing to disclose the records.

General information on release of patient records is at:

<https://www.bma.org.uk/advice/employment/fees/medical-records>

## **Capita (PCSE) – a note from the BMA**

GPC is aware that practices have been experiencing issues with primary care support services in England, commissioned by NHS England and provided by Capita. The issues have been ongoing for some time and we are aware of cases where practices or individual doctors have suffered losses due to the failing of these services. Practices and individuals that have suffered losses as a result of these issues should be compensated - please follow this link for guidance on taking up a claim.

<https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-current-issues/capita-service-failure>

## **CareCERT**

NHS Digital has been commissioned by the Department of Health to develop a Care Computer Emergency Response Team (CareCERT). CareCERT will offer advice and guidance to support health and social care organisations to respond effectively and safely to cyber security threats. This is because:

- There is a rising risk of cyber threat across all sectors.
- Delivering a central service will provide coordination in dealing with the cyber threat.
- NHS Digital is a cyber security centre of excellence, and health and social care organisations will benefit from the latest technological knowledge and world class guidance developed by experts.

So what does that mean for practices? You should consider having one or two people with different e-mail accounts to become registered with CareCERT to receive e-mails. You can sign up to receive bulletins and alerts by sending an e-mail to [carecert@nhsdigital.nhs.uk](mailto:carecert@nhsdigital.nhs.uk) with this text in the subject box:

**"Sign me up to the security threat bulletin and emergency updates".**

Then type an explanatory note in the message box. You do not have to have an NHS mail address to receive them.

## **Great GPs**

Do you know of an inspirational GP leader - especially some unsung hero (or heroine) – One who does great work locally with little recognition? Here's a chance to get such a GP known: <https://www.surveymonkey.co.uk/r/power-50-2017>

## **Reporting deaths to Coroners**

The following email addresses are secure, when sent from an @nhs.net account:

.gsi.gov.uk  
.gcsx.gov.uk  
.gse.gov.uk  
.scn.gov.uk  
.pnn.police.uk  
.mod.uk  
.cjsm.net

However, one can legitimately send an encrypted email to users of non-accredited or non-secure email services using an encryption feature, which attaches a digital signature.

Relevant guidance from [NHS Digital](#).

## **Ear irrigation service**

We are very close to agreeing with the CCG an interim enhanced service for ear irrigation. Assuming that it is agreed, it will backdate to 1 July 2017. Please therefore take particular care to code ear irrigation treatments correctly from that date. We do not yet know whether it will be a block contract or an item of service contract. Best to be prepared for the latter.

## **Focus on funding from the GPFV - England**

GPC have recently updated their [GPFV funding and support guide](#) and their [GPFV hub page](#) to reflect changes to some of the 2017 timelines for implementation. It is vital that this

funding which has been promised to us reaches the practices which need it and the LMC is working closely with the CCG to ensure that it does.

### **Virtual MCP/Alliance agreement guidance – England**

GPC has published further guidance on virtual MCPs and Alliance agreements. This covers some key legal factors that practices should carefully consider if they are thinking of entering such an arrangement. This guidance can be found on the [BMA website](#). The guidance notes provide a summary of the main elements pertaining to the MCP contract and GPC's key concerns and will be joined by more detailed guidance on each of the proposed contractual models as further information is released.

### **Locum GP and salaried GP handbooks**

Updated versions of the [locum GP handbook](#) and [salaried GP handbook](#) have been published.

The locum GP handbook provides advice and guidance on all aspects of locum work, including on starting out as a locum, setting up as a business and establishing a contract for services with a provider. The handbook also provides advice to practices on recruiting locums.

The BMA salaried GPs handbook is a resource for salaried GPs and GP employers. It explains the legal entitlements of salaried GPs as employees, helps to ensure that salaried GPs are aware of their statutory and contractual rights, and outlines the effect of the various provisions of the model salaried GP contract. It includes sections on maternity leave and redundancy, and information on many other areas such as salary, hours of work, sick leave and employment protection.

### **Sessional GP matters**

Please see below a link to this month's Sessional GPs newsletter,

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

which in this edition, amongst other issues, focuses on the results of the Sessional GPs survey, and updates on recent progress achieved with Capita on pension issues.

[https://www.bma.org.uk/connecting-doctors/the\\_practice/b/weblog/posts/capita-and-the-nhs-pension-fiasco-what-is-going-on-part-3](https://www.bma.org.uk/connecting-doctors/the_practice/b/weblog/posts/capita-and-the-nhs-pension-fiasco-what-is-going-on-part-3)

### **A warning**

Remember that the influenza and pneumococcal vaccination DES contains an explicit requirement that practices operate a call and recall system for at-risk patients. The childhood immunisations and imms and vacs additional services regulations do not contain such an explicit requirement, though this is clearly highly advisable as there is an obligation therein to offer vaccination whenever appropriate and to take steps to maximise uptake.

The reason for this message is that recently in Birmingham a child with sickle disease, who had not been vaccinated against pneumococcal disease, died of pneumococcal septicaemia and the GP practice came in for very strong criticism from the coroner

### **Reporting of complaints**

The BMA has now received clarification on whether practices are legally obliged to meet the current KO41b requirements. We are aware that many practices will already have submitted the KO41b return, but having taken legal advice our position is that those that have not yet done so (or have not submitted the information requested in full) are under no legal obligation to complete and submit this return. For these practices, the default obligation is compliance with the [2009 complaints regulations](#)

However, we are aware that NHS Digital has asked the Department of Health to publish a new legal Direction that would provide the necessary legal obligation to complete the KO41b return. We are unable to say when this might happen, but it may be that the lack of a legal obligation to complete the KO41b return does not last that long. We will let you know when the new Direction is published.

Regardless of this we have called on NHS Digital to halt any further requests being made of practices who may not have met the initial KO41b return deadline, or who may not have provided the information requested in full.

In the meantime, if you experience problems following your submission please do let us know so that GPC can take up the issues directly with NHS Digital.

## Valete

We say farewell to Dr Peter Jacob (St Peter's Road Surgery, Cirencester) who retires on 30<sup>th</sup> June

## 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

'Grenfell'. The name always used to be associated in my mind with Joyce and her gently humorous take-off of mothers' and teachers' relationships with their unruly children. No longer. A tower block of flats burning out of control is terrible to behold and ghastly to think about. An accident waiting to happen, some say, and all the worse for that. The enquiry will surely ferret out the causes, but it is highly likely that the refurbishment of the block, while done with the best of intentions, was planned without adequate thought and carried out with inadequate oversight – probably through financial pressures. The NHS too is under financial pressure. It is hard to look beyond the immediate problems when planning for the longer term but we must always try to do so.

In which connection, our practice is working on two main fronts: using other clinicians to deal with all the cases they legitimately can, and encouraging intelligent young people to consider our profession more favourably. Money is not the answer, although it is an important factor. More telling should be the moral worth of curing illness, working as a team, and not having to work so hard that life is unbearable. Having some laughter along the way cannot hurt either.

We have found some personable retirees of both sexes who have kindly agreed to sit in the waiting room and talk with patients. The aim is to raise their spirits and also to point out to them that they may well get all the treatment their condition requires from the practice nurse or our recently employed pharmacist. Over time I hope this will relieve pressure on the GPs. My intent is to bring down the daily face-to-face contacts to 25. In parallel we are opening our doors more to budding clinicians of all sorts, bearing in mind the need for confidentiality, so they can see for themselves that life in the practice is improving.

It better had!

And finally,

seen in a London Department Store: "BARGAIN BASEMENT, 2nd Floor."



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

LOCAL MEDICAL COMMITTEE  
**LMC**  
GLOUCESTERSHIRE

Gloucestershire

**GP SAFE HOUSE**

Online support for  
professional challenges

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

**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="#">Tewkesbury Choice Plus</a>	Gloucestershire	Choice+ rota	9 Mar 16	Open
<a href="#">Partners in Health</a>	Gloucester	Partner/Salaried GP	20 Jul 16	Open
<a href="#">Dockham Road Surgery</a>	Cinderford, Forest of Dean	Partner or Salaried GP	26 Aug 16	Open
<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="#">Newent Doctors Surgery</a>	Newent	Newent Doctors Practice, Sabbatical Locum	26 Oct 16	Open
<a href="#">GP Retainer Scheme</a>	Gloucestershire	GPs (plural)	22 Nov 16	Open
<a href="#">Church Street Practice</a>	Tewkesbury	Maternity Locum required	13 Dec 16	Open
<a href="#">Royal Crescent Surgery</a>	Cheltenham	GP Partner (Part-Time)	11 Jan 17	Open
<a href="#">Church Street Medical</a>	Tewkesbury	Salaried GP	15 Feb 17	Open
<a href="#">Springbank Surgery</a>	West Cheltenham	Salaried GP	15 Feb 17	Open
<a href="#">Bartongate Surgery</a>	Gloucester	GP Partner	28 Apr 17	Open
<a href="#">Regent Street Surgery</a>	Stonehouse	4.5 sessions for a Partner, salaried GP	23 May 17	Open
<a href="#">Mann Cottage Surgery</a>	Moreton in Marsh	Salaried GP	07 June 17	Open
<a href="#">London Medical Practice</a>	Gloucester	Salaried GP (4 sessions per week)	14 Jun 17	Open
<a href="#">Seven Posts Surgery</a>	Cheltenham	Salaried GP	19 Jun 17	Open
<a href="#">Hadwen Medical Practice</a>	Gloucester	Maternity cover/locum GP	19 Jun 17	31 Jul 17
<a href="#">Churchdown Surgery</a>	Gloucester	Part-time Partner	20 Jun 17	31 Jul 17
<a href="#">Newent Family Practice</a>	Gloucestershire	Salaried GP – 7 Sessions	28 Jun 17	21 Jul 17
<a href="#">Hucclecote Surgery</a>	Gloucester	Salaried GP	27 Jun 17	22 Jul 17
<b>ELSEWHERE</b>				
<a href="#">Pensilva Health Centre</a>	Liskeard Cornwall	GP Partner	02 Nov 16	Open
<a href="#">Burnham &amp; Berrow Medical Centre</a>	Somerset	GP Partner or Salaried GP 4-8 sessions per week	26 Apr 17	Open
<a href="#">St Thomas Medical Group</a>	Devon	GP or Locum GP	8 Jun 17	16 Jul 17
<a href="#">Burnham &amp; Berrow Medical Centre</a>	Devon	Primary Care Practitioner (Paramedic)	8 Jun 17	30 Jun 17
<a href="#">Irnham Lodge Surgery</a>	Somerset	Salaried GP	21 Jun 17	Open
<a href="#">The Locality Health Centre Group</a>	Weston-Super-Mare	Treatment Room Nurse: Medical Coder/Summarisers: IT/Data Administrators	21 Jun 17	Open

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

## Bartongate Surgery

6-8 session Partnership/Salaried GP Opportunity September 2017

We are seeking an enthusiastic and motivated Partner to join our 5 Partner Practice, due to the retirement of the Senior Partner at the end of August 2017.

### Joining our Practice

We are highly regarded by peers and patients alike, an inner city Practice with a diverse multi-cultural population, a strong emphasis on up-to-date care, and a reputation for excellent care delivered by the whole team.

- PMS
- 8,500 patient list size
- Emis Web
- High QoF achievement & 'Good' CQC rating
- Diverse and highly qualified Practice Nurse Team
- Training Medical Students
- Excellent modern premises
- Friendly democratic working environment

A happy, cohesive and well organised Partnership with teamwork our ethos and we share decision making and support to each other. This is further reflected in our workforce resulting in an environment where colleagues feel valued.

With New Ways of working a prominent feature, we are actively working within a cluster of four inner city general practices to build new services for our local community, employing a community pharmacist and CPN through collective working within our cluster.

### What can you bring to us?

- Clinical excellence and commitment to learning
- Business skills, or an ability to grow into a Partnership taking some responsibilities
- Flexibility
- Ability to manage change and work with change
- Vision and forward thinking

### Would you like to visit us?

An informal visit or any enquiries are welcome. Please contact Mrs Jan Newman, Practice Manager on 01452 422944 or email [jan.newman@nhs.net](mailto:jan.newman@nhs.net)

### Please apply in writing, enclosing a CV, to:

Mrs Jan Newman  
Practice Manager  
Bartongate Surgery, 115 Barton Street, Gloucester  
GL1 4HR

Seven Posts Surgery, Cheltenham, Gloucestershire- Salaried GP with a view to possible Partnership

Come and join us in glorious Regency Cheltenham – home of many diverse festivals from horse-racing to jazz, from literature to science, and not forgetting food and drink!

We are a high-achieving, forward-looking, semi-rural practice currently based in Prestbury and Bishop's Cleeve, at the northern edge of Cheltenham, but with a new purpose built surgery being developed in Bishop's Cleeve (building to commence within 6 months). Our list size is growing steadily and is currently approximately 10,200. We are looking to expand our medical team with a salaried GP for 6-7 sessions per week to join our current work force of 6 partners and 2 salaried GPs, supported by excellent nursing and administrations teams. Future partnership would be considered if desired.

-QOF 2016/17 99.7%

-CQC 2016/17 – Good in all areas

-highly skilled nurse led chronic disease management

-high scoring in patient satisfaction surveys and 'friends and family' test

-protected learning/training sessions every 2 months

-fortnightly clinical meetings for medical staff

-involved with NHS approved research

-attached community pharmacist

This is an exciting opportunity to join us at this time of change in planning health care for the future. We will offer a sessional rate of £9000 for the right candidate.

Please write with your CV and covering letter to:

Harry Curzon, Practice Manager, Seven Post Surgery, 326a Prestbury Road, Cheltenham, Glos. GL52 3DD

[harrycurzon@nhs.net](mailto:harrycurzon@nhs.net)

Tel 01242 244103

Informal enquiries via Practice Manager, visits by arrangement only please.

<https://www.youtube.com/watch?v=hV3w2xRgcRo>

## **MANN COTTAGE SURGERY**

Four Shires Medical Centre, Stow Road, Moreton in Marsh, Gloucestershire. GL56 0DS

### **SALARIED GP VACANCY**

4-5 Session's per week, can be flexible.

We share a recent (2014) purpose built surgery with another practice, situated in the North Cotswold market town of Moreton in Marsh, within easy reach of Cheltenham and Oxford but still enjoying a lovely rural setting.

Mann Cottage Surgery comprises of two partners and one salaried GP, and due to our increasing list size we are looking to add another salaried GP to our team.

Some flexibility to provide internal cover for annual leave where possible would be ideal.

The role will include some community hospital work. The 22 bed hospital is located on the same site and has a wide range of facilities inc. MIU, X-Ray and Outpatients.

- Dispensing Practice
- 4100 list size
- Training Practice
- High QOF Achieving
- GMS
- CQC Rated Good
- Research Practice
- System One clinical system

If you are interested in joining a forward thinking, enthusiastic, patient centred practice and enjoy working with a close, friendly and supportive team which includes practice nurses, HCA and non-clinical staff please send CV and covering letter to or for more details/informal visits

Miss Jill Roper

01608 650764

Email : [jill.roper@nhs.net](mailto:jill.roper@nhs.net)

Practice Manager

Dr H Furn Davies & Ptrs

Mann Cottage Surgery

**HADWEN MEDICAL PRACTICE  
GLOUCESTER**

**Salaried/Locum GP – Maternity Cover up to 6 Sessions per Week  
Would you like to join our friendly, successful and supportive Practice?**

**Pharmacy**

**Training**

**Innovators**

**Friendly CCG CPD Dynamic**

**Entrepreneurial Cohesive Flexibility**

**Excellent  
HighEarning**

**Enthusiastic**

**Learning**

**EarlyAdopters**

Applicants are sought for a Salaried GP position at Hadwen Medical Practice for a 6-9 months fixed term maternity cover contract with a nominal start date of 1st September 2017. We will also consider the locum model of employment if applicants prefer this type of flexibility.

We are a training practice with 8 partners and 5 salaried doctors, and pride ourselves on excellent monthly in-house CPD meetings. We offer a supportive, well-managed working environment and a happy and functional practice team and have received an extremely positive CQC inspection. We have also have recently commenced 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.

Please contact our Management Partner, Ian Robertson, at [Ian.Robertson1@nhs.net](mailto:Ian.Robertson1@nhs.net) for further information or to arrange an informal visit.

To apply for the position please forward your CV and covering letter by email to the Management Partner.

**Closing date: 31st July 2017**

## **Churchdown Surgery: Vacancy for a part-time Partner due to Retirement**

We are a successful training and research practice with a reputation for excellent care.

- Friendly, democratic practice team with emphasis on staff development and good life-work balance
- Dedicated to continuity of care, all GP appointments 15 minutes
- Construction of new premises underway, expected completion Spring 2018
- Growing list size currently 13,800 patients. 9 partners
- and 2 salaried GPs, 2 ANPs
- Excellent QOF achievement & 'Good' CQC rating
- Training hub for student nurses, specialist paramedics, medical undergraduates and GP trainees
- Pharmacist Practitioner
- Active cluster working

### **We'd like our new colleague to bring to the practice: -**

- Collaborative working skills to fit in with our strong team ethos
- Enthusiasm for change and vision for further development of our team
- An interest in developing partnership skills in a supportive environment

Churchdown is a large village situated between Cheltenham and Gloucester. Excellent schools, borders the beautiful Cotswolds.

We welcome informal visits and enquiries. Closing date 31<sup>st</sup> July 2017.

Interviews: 11<sup>th</sup> / 12<sup>th</sup> August 2017.

Applications to Mrs Trudy Morris – Practice Manager.

Telephone: 01452 716870. Email: [trudy.morris1@nhs.net](mailto:trudy.morris1@nhs.net)

GP Vacancy June 2017

**Exciting opportunity –Salaried GP, Hucclecote Surgery, Gloucester**

4 sessions starting as soon as possible (but we will be very happy to wait for the right candidate).

Fantastic opportunity has arisen in a well organised, stable and innovative practice based on the outskirts of Gloucester City.

We are looking for a Salaried GP for 4 sessions per week, ideally full-days on a Wednesday & Thursday but we will be willing to negotiate for the right person.

We are a high achieving and forward thinking four partner GMS training practice with a patient list size of 9,000.

We work from our own purpose built premises in the heart of our community. We pride ourselves on providing first class high quality patient centred care.

We are looking for an enthusiastic, dynamic and passionate GP to complete our existing team. Whether you are new to general practice or an experienced hand, we would be delighted to provide you with any further details you require and we welcome informal visits:

- Excellent financial package and working environment;
- GP training practice with 2 GP trainers;
- Learning culture with protected learning time – personal development and clinical interests encouraged and supported;
- Highly skilled nurse led chronic disease management;
- Excellent administration and management teams;
- High QOF achievement.
- Range of enhanced services.

**Closing date is 22 July 2017.**

Interviews to be held during the week of 31st July 2017.

Please contact Emma Jones (Practice Manager) for further details or to arrange an informal visit on 01452 621824 or [emma.jones77@nhs.net](mailto:emma.jones77@nhs.net)

Alternatively to apply, please submit an up-to- date curriculum vitae with a covering letter for Emma's attention to Hucclecote Surgery, 5a Brookfield Road, Hucclecote, Gloucester GL3 3HB.

Hucclecote Surgery is an equal opportunities employer.

\*\*\*\**Pro forma letter for practices*\*\*\*\*

Dear xxxxxxxx

**Re: Request for copy of record**

We understand that your department has requested a copy of the GP record for *{name of patient}* for the purposes of investigating or preventing a crime, or apprehending or prosecuting an offender.

There is clear guidance regarding the obligations that GPs have with respect to copying and/or release of the GP record. For your reference, these circumstances are:

- The police may request voluntary disclosure of a patient's health records under section 29 of the Data Protection Act 1998.
- However, while health professionals have the power to disclose the records to the police where section 29 applies, there is no obligation to do so.
- In such cases health professionals remain bound by the long-established common law duty of confidentiality and may only disclose information where the patient has given consent, or there is an overriding public interest. They may also be required to defend their decision to disclose before the GMC which is a statutory tribunal.
- Disclosures in the public interest based on common law are made where disclosure is essential to prevent a serious threat to public health, national security, the life of the individual or a third party, or to prevent or detect serious crime. This includes crimes such as murder, manslaughter, rape, treason, kidnapping and abuse of children or other vulnerable people. Serious harm to the security of the state or to public order and serious fraud will also fall into this category.

Therefore, in order to proceed with your request, you will need to provide the practice with each of the following:

1. Written patient consent to release of their records OR written confirmation as to the nature of the serious crime of the type listed above allegedly committed by the patient and an explanation as to why the patient's records, or other information requested, are considered necessary for the specific purpose you are pursuing. We will require one of these in order to fulfil our responsibilities as the Caldicott Guardian.
2. Confirmation in writing that the fee of £xx will be paid within 28 days of the police receiving the record. This fee is due to the disproportionate effort placed on an already overburdened GP practice to provide these notes which recognises the need to support the police in their investigation of a crime, where appropriate to do so. The fee covers the administrative costs associated with processing such requests, including the removal of third party data where necessary or appropriate, in circumstances where such costs are not recoverable from any other source.
3. Written confirmation from a senior police officer – ranked Superintendent or above – that he or she considers that the crime being investigated is a serious crime in line with the examples provided above.

Once the practice is in receipt of each of these, and a decision has been made that it is appropriate to release the records requested, a copy will be provided to you as soon as

possible. If, upon receipt of the further information requested at requirement 1 above, the practice is not able to satisfy itself that it is appropriate to release the records, we will write to you to advise you of this decision and no fee will be chargeable in those circumstances.

Alternatively, should it be appropriate for the police to view the record (based on the answer to requirement 1 above), then there is the option for them to view the record in the practice in the presence of a practice staff member. In this situation a fee is not chargeable.

GPs will, in all cases where there is no patient consent, consider whether the benefits to an individual or to society of disclosing the records outweigh both the public and the patient's interest in keeping the information confidential and whether they will be able to defend any decision to disclose medical records before the GMC before agreeing to disclose the records.

Yours faithfully,

Dr xxxxxxxxxxxx