

NOVEMBER 2017

LOCAL MEDICAL COMMITTEE
LMC
GLOUCESTERSHIRE

Our website: <http://www.gloslmc.com>

Dr. Phil Fielding - LMC Chairman
phillip.fielding@nhs.net

Shelina Jetha - LMC Manager
shelina@gloslmc.com

Twitter: @GlosLMC

Mike Forster - LMC Lay Secretary
mike@gloslmc.com

Sue O'Sullivan - Administration
sue@gloslmc.com

Tel: 01452 310706

Fax: 01452 386503

We welcome the commitment of the Government to providing a state-backed indemnity scheme for general practice. It is a positive sign to the profession that primary care is too important to fail. Now we just need the detail.

Indemnity arrangements

The Government has announced its intention to introduce a state-backed indemnity scheme for general practice in England. Jeremy Hunt has publicly stated that the scheme will apply to partners, salaried and locum GPs; the [guidance sheet](#) also says it will apply to all clinicians working in general practice. Hard negotiations will mean that the scheme will certainly take a year and more to come into effect, but 'NHS England has already committed to provide additional funding to GP practices to cover the estimated annual indemnity inflation for 2016/17 and 2017/18'. In the meantime, it is essential to read the small print in any offer from your defence organisation. Remember, GPs are professionally obliged to maintain full indemnity cover for the risks involved, including run-off cover, until such time as the new system is put in place. If, as is likely, the new scheme does not include run-off cover GPs will then have to buy that cover separately.

The GPC have sent out the following (note the highlighted text):

... following the DH announcement of a state backed indemnity scheme, MDU advised that its membership benefits for GPs working under an NHS England contract who renew/join after 1st Nov will change to '[Transitional Benefits](#)' intended to provide the indemnity until a state-backed scheme is introduced.

The Department of Health has directly addressed this offer by [amending its indemnity factsheet](#):

'DH Addendum - 17 October 2017

On 12 October 2017, the Secretary of State for Health announced his intention, subject to the examination of relevant issues, to develop a state-backed scheme for general practice indemnity in England.

*Following that announcement, the Department of Health notes the Medical Defence Union's (MDU's) intention to change their indemnity offer to GPs to **claims-paid** coverage, and thus reduce the cost of their cover, from 1 November 2017.*

***Claims-paid coverage is an alternative form of indemnity which requires policy holders to obtain run-off cover at the end of any period of coverage, since it only covers claims which are reported and settled during the period of the cover.** This means that claims made and settled in the period up to the introduction of a state backed scheme while the policy remains in force should be honoured. Claims made after the cover has expired, or made before the expiry of the cover but not yet settled, will not be honoured, unless run-off cover is purchased at the end of the period.*

This reduction in coverage will apply to any GP taking up the MDU's offer of membership at the reduced subscription cost (whether as a renewal or new membership taken out from 1 November 2017) or with any other organisation that offers indemnity for clinical negligence on a claims-paid basis.

The Government does not currently plan to include this run-off cover in a state-backed scheme. GPs with claims-paid or claims-made indemnity policies would therefore be required to purchase such cover separately themselves at the point they move to a state-backed scheme.

Any GP purchasing an indemnity product on a reduced cover basis should make themselves fully aware of the terms under which it is being offered, taking into consideration how they will cover themselves after the period of cover has expired and the cost of run-off cover.

GPs should also continue to ensure they have appropriate cover in line with the GMC professional regulatory requirements to enable them to practise.'

For ease of reference the current views/positions of the MDOs are available below:

[Medical Defence Union](#)

[Medical Protection Society](#) – and [its comment on the MDU offer](#)

There is a clearly written FAQ list on the subject of indemnity at:

https://www.bma.org.uk/connecting-doctors/the_practice/b/weblog/posts/indemnity-your-questions-answered

Guidance to patients being referred

In addition to the template letter to patients on our website (published last month) the NHS has now agreed with the BMA a [two page leaflet](#) which you may wish to use.

LMC liaison with the Gloucestershire Hospitals NHS Foundation Trust

We recently had a very useful initial meeting with the Acute Trust's Chief Executive.

- Referrals.
 - The Trust is now informing patients that they should contact the hospital, not their GP practice, if they have not received an appointment. This reinforces what practices will be telling patients.
 - The backlog in assigning first appointments after new referrals has now been cleared so new referrals are being entered into the system in real time. The 'pending list' system still applies to follow-up outpatient appointments, but the Trust is working hard to bring those up to date as well.
 - E-referrals. Work continues between us on how to introduce paperless referrals in such a way that it is beneficial for the patient, the practice and the hospital.
- Communications.
 - The Trust will be publishing a single point of contact for GPs to contact the Trust. Initially this will be an email address. This is being done on the understanding that the email address will be used sparingly and not for routine enquiries. The eventual intention is to establish both patient and GP help-lines.
 - Conversely, the hospital needs one direct line at each practice that does not go through the practice switchboard. This could be the line that was installed previously to support the Primary Care Offer.
 - Feedback. Ideally the results of a referral should come back to the GP that initiated it, but that does not always happen. The Trust will look into its distribution list system to see how best to improve it.

Sexual orientation monitoring

For the avoidance of doubt, there is currently no contractual requirement on GPs to ask or record the sexual orientation of their patients. The sexual orientation monitoring information standard published on 5th October provides the categories for recording it if the patient wishes it. It does not mandate data collection!

PCSE problems

Thanks to all who responded with the problems they are still encountering with PCSE. These have been passed on. As we hear of improvements in the system we will let you know. In particular, with reference to the performers list:

- Capita only process the list. They are not allowed to remove a doctor unless he or she is dead.
- If Capita are processing/reviewing any individual e.g. if they are changing status, then they are removed from the online version of the performers list. However, they will continue to be on the "master" version. They will therefore be allowed to continue to perform.
- Once their status had been updated there appears to be a delay in Capita's updating the online version, which is still a problem.

So, if you cannot see yourself on the online version contact your RO. He will confirm that you are on the performers list, but you should get that confirmation in writing.

RCGP appraisal and revalidation survey

The RCGP's last appraisal and revalidation survey was [in 2015](#). Since then the RCGP has produced a number of resources and worked closely with stakeholders across the UK, including the BMA, to reduce the burden of regulation and increase the value of appraisal and revalidation for GPs. The RCGP has now launched its new revalidation survey for 2017 aimed at establishing how GPs now feel about appraisal and revalidation, and what the College can do to support them in the future. It is hoping to hear from as many GPs as possible to find out how much progress has been made and what it could be doing better. The 2017 survey can be accessed [here](#) if you wish to help them.

PREVENT and the annual practice declaration

The PREVENT initiative is about safeguarding people and communities from the threat of terrorism. The annual return for practices has a question in it relating to PREVENT. Completing the annual return is a contractual obligation, as is having due regard to all relevant guidance. However, the wording of the question is unfit for purpose and misleading as it suggests that attending a three-yearly training course for all GPs is mandated, which it is **not**, and the guidance referred to in the question evidently does not say that either. As always, it is for practices to determine the training needs of their staff and ensure they are appropriately trained for their roles. GPs' training needs are dealt with through their annual appraisals and PDPs. The GPC is asking NHS England to alter the wording.

Patient Group Directions (PGDs) and Patient Specific Directions (PSDs)

The up to date short guidance on the use of these directions is [here](#). The GPC's full guidance is [here](#).

Transgender prescribing

We understand that some practices may have been encouraged to prescribe medication for gender incongruence before the patient has even been seen at the appropriate clinic. To be clear:

- The long-established GMC guidance is that GPs are not to prescribe outside of their expertise.
- It may be that an enhanced service for shared care may come in due course but it has not yet done so.
- The recently issued GMC guidance, which is often shown to GPs by patients, is quite at variance with long established principals. Prescribing should be resisted unless the prescriber is fully confident.

If practices have had any problems, especially with interactions with the specialist clinic please contact the Office.

e-Referrals System (eRS)

Some may regard eRS with a degree of suspicion. To help dispel that fear there is an end-to-end video of how the patient, the GP and the consultant can interact using eRS to avoid inappropriate referrals and to make the eventual validated referral easier to make. You can see this at: <https://www.youtube.com/watch?v=AVtzoWDKMY>

The enhanced Advice and Guidance module in the system means that a quasi-email conversation between GP and consultant allows for a better-targeted referral. The system also allows contact with a named consultant or specialty for advice and guidance.

Adrenaline injectors in schools

The Department of Health's guidance on the use of adrenaline auto-injectors in schools is [here](#). Allergy action plan forms drafted under that guidance can be downloaded from [here](#). In the small print at the bottom it states that:

“This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a ‘spare’ back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017.”

We have been told that neither the RCGP nor the BMA were made aware of this and similar forms until they had been published, so they are a fait accompli. At least it says ‘healthcare professional’ rather than ‘GP’.

Tax evasion

Tax avoidance is legal; tax evasion is not. The occasionally fine line between them is defined by ‘the thickness of a prison wall’ (*Dennis Healy*)

Note that Corporations [which for this purpose includes partnerships] can now be prosecuted under the Criminal Finances Act 2017 if they fail to prevent staff from criminally facilitating tax evasion. This Act introduced, from 24th October 2017, two new criminal offences – one applying to the evasion of UK taxes and one applying to the evasion of foreign taxes. These offences hold corporations and partnerships criminally liable when they fail to prevent their employees, agents, or others who provide services on their behalf from criminally facilitating tax evasion. This is a significant change from the previously existing law under which they could only be found liable for criminally facilitating tax evasion if the most senior members of the organisation were aware of the facilitation. HMRC wishes to see that there has been put in place in organisations:

1. Risk assessment procedures.
2. Proportionality (of the procedures).
3. Senior management's commitment to not being involved in evasion.
4. Due diligence procedures, effectively acted upon.
5. Communication and training within the organisation.
6. Monitoring and review functions.

Whoever lands up with the above control burdens of this legislation will also have to make themselves aware of the rules – [the Facility of Tax Evasion \(Guidance About Prevention\) Regulations 2017](#) – which came into force on 30 September 2017.

While GP practices must be a fairly low risk compared with other professions, the rules still apply.

Writing Opportunities

Pulse magazine is commissioning the following CPD business/finance features and would be really interested in hearing from GPs with experience and expertise on these areas that they can share:

1. How to merge with another practice successfully.
2. Models for improving patients' access to care.

Each CPD article is around 2,000 words in total, including extra information such as case studies. The fee offered is £250 for the full piece.

They also have other writing opportunities, such as explainers/Q&As, dilemmas and case histories as well as opinions and debates. For further details contact:

carolineprice@cogora.com

BMA Sessional Newsletter

The October sessional GP newsletter has been published. It includes a blog from Zoe Norris about the Secretary of State's indemnity announcement, the latest update on Capita and NHS pensions and key questions to ask when working in extended access hubs. You can find it [here](#).

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.

Keeping your LMC up to date! *(Practice managers please take note)*

We can cope, just, with not being told that a GP has left your practice. (When we send them a link to the Newsletter at the end of the month it bounces back.) However, newly arrived GPs in your practice are unknown to us. The only information we need is their first name and surname, sex, status (e.g. partner, salaried or locum etc), the practice name and their email address. We really would be most grateful if you could help us in this. Perhaps you could ask every new GP to take responsibility by contacting us direct with the information. To help in this there is a template letter at **Annex B** which you would be welcome to use.

Max's Musings

We had an interesting discussion over coffee at our recent partners meeting. I was munching a hobnob and reflecting through crumbs that usually the rule is, "You are not here to enjoy yourself." I have frequently said that very same thing to a junior doctor (not the same one every time!) when he or she has griped about the job not being very enjoyable. Anyway, hobnobs and hobnobbing with my colleagues both vastly improve my morale and actually at such times the job doesn't seem too bad, after all.

I ventured into the Web on my return to the consulting room and discovered that one of the key principles of warfare is the maintenance of morale, which, it assured me, stems from 'inspired leadership, a shared sense of purpose and values, well-being, perceptions of worth and group cohesion.' Well naturally I consider my leadership to be thoroughly inspirational (my 360-degree survey largely confirms that!). If you look through the other aspects, any GP in a decent practice could well put a tick against each one. It must be this high morale that enables us all to overcome the trials that beset us.

By the way, I must remember to praise my practice manager more often. He may then get rid of the brass plate (screwed to his desk, but just visible in front of the piles of paper) which declares that, 'The floggings will continue until morale improves.'

And finally,

Another military report: "Works well when under constant supervision and cornered like a rat in a trap".



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



JOB VACANCIES

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

GLOUCESTERSHIRE			Date posted	Closing Date
Tewkesbury Choice Plus	Gloucestershire	Choice+ rota	9 Mar 16	Open
Coleford Health Centre	Forest of Dean	Salaried GP/partnership	31 Aug 16	Open
GP Retainer Scheme	Gloucestershire	GPs (plural)	22 Nov 16	Open
London Medical Practice	Gloucester	Salaried GP (4 sessions per week)	14 Jun 17	Open
Seven Posts Surgery	Cheltenham	Salaried GP	19 Jun 17	Open
Frampton on Severn Surgery	Frampton on Severn	Full Time Partner or Job Share GP	07 Sept 17	Open
Stow Surgery	Stow-on-the-Wold	6-session Partner / Salaried GP	14 Sept 17	01 Nov 17
Marybrook Medical Centre	Berkeley, Glos	Full or part-time, Salaried or Partner flexible 3-8 sessions per week	25 Oct 17	Open
Staunton & Corse Surgery	Staunton & Corse, Glos	Practice Manager Vacancy	25 Oct 17	13 Nov 17
Chipping Campden Surgery	North Cotswolds	Salaried GP	30 Oct 17	30 Nov 17
ELSEWHERE				
Pensilva Health Centre	Liskeard Cornwall	GP Partner	02 Nov 16	Open
Irnham Lodge Surgery	Somerset	Salaried GP	21 Jun 17	Open
Glastonbury Health Centre	Glastonbury	Nurse Practitioner	08 Mar 17	Open
The Locality Health Centre Group	Weston-Super-Mare	Treatment Room Nurse: Medical Coder /Summarisers: IT/Data Administrators	21 Jun 17	Open
Burnham & Berrow Medical Centre	Somerset	GP Partner or Salaried GP	11 Oct 17	Open
Bampton Medical Practice	Bampton, Nr Witney, Oxon	Salaried GP	31 Aug 17	Open

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



Chipping Campden Surgery Gloucestershire

www.chippingcampdensurgery.co.uk

Salaried GP vacancy

2 - 4 sessions per week
with option to increase hours with internal locum cover

Share of usual admin tasks and on-call including telephone triage

Situated in the beautiful North Cotswold town of Chipping Campden
Friendly, welcoming, cohesive and proactive GMS team with a sense of humour, who
embrace change.

4,980 list size

Dispensing practice

High achievement of targets

CQC inspected and rated Good

Excellent patient survey results; good reputation locally

Undergraduate teaching

Systmone clinical system

You would be joining one full time partner, two half time partners and an
excellent nursing and administrative team who are committed to providing
outstanding, compassionate clinical care.

Details and application forms/informal visits:

Mrs Amanda Goode

Practice Manager

Chipping Campden Surgery

Back Ends

Chipping Campden

GL55 6AU

01386 848001

Email: Amanda.Goode@nhs.net

Closing Date: 30 11 17

To the newly arrived GP

THE GLOUCESTERSHIRE LOCAL MEDICAL COMMITTEE WELCOMES YOU!

This Local Medical Committee (LMC) is the statutorily-appointed body that represents all GPs (whether partner, salaried or locum) in the county. It is funded by practice levies and exists to protect, help and support GPs and their practices in all matters legal, contractual, financial, ethical and indeed almost anything other than clinical. Our website (<http://www.gloslmc.com/>) has much information which you may need to access.

We are also the link to the General Practitioners' Committee (GPC) of the British Medical Association (BMA). The LMC is made up of GPs from across the county. We send out a monthly newsletter over the name of your representative so that you will be in no doubt who to contact with a problem. (Of course, I hope you will never have one!)

It also helps if you can copy the LMC Office in to correspondence as we have the time and resources to find the answer to your problem that perhaps your busy representative may lack.

However, to help you we need to know that you are there!

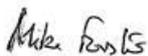
Please send us an email to sue@gloslmc.com with the following information:

- Your first name and surname.
- Your sex. (Forgive us, some first names do not obviously indicate the sex of their owner.)
- Your status (partner, salaried, locum, retained, returner, trainee).
- Your practice.
- Most importantly, your email address.

That will get you onto our distribution list after which we will send you our monthly newsletters. We will also send you a unique password to access the closed area of our GP Safe House website (<http://www.gpsafefouseglos.co.uk/>) which is a very useful help in time of trouble.

I wish you a fulfilling and happy time practising in this County and would stress that if you ever have need of help the LMC stands ready to provide it.

Yours sincerely



M J D FORSTER
Lay Secretary
Gloucestershire LMC
mike@gloslmc.com
01452 320706
07866 977359