

DECEMBER 2017

LOCAL MEDICAL COMMITTEE

LMC
GLOUCESTERSHIRE

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It is proverbially a long worm that has no turning, and in the Chancellor of the Exchequer's latest budget there has been a wriggle, if not an actual turn, in that extra funding is being allocated into the NHS. Some say it is not enough; true, but it is a good start. How much of it will go to General Practice? We must wait and see. Locally the LMC will be looking at practice workload and how the GP Forward View will be helping people on the ground.

Keeping your head while all about you are losing theirs

The BMA have launched a campaign to highlight the importance of looking after yourself while working under winter pressures.

Phase One of the campaign is called, '[Give the gift of 5 minutes](#)' and runs through to the end of December. Phase Two - 'Take 5' will then run until the end of January. More information, including two month's free access to the mindfulness app 'Headspace', as well as links to the [BMA's counselling and doctor advisor service](#), are available on the [BMA's wellbeing pages](#).

To support the campaign, the BMA is also running a twitter competition, calling for members to post photos of how they look after their well-being, using the hashtag #thegiftof5 and @thebma. The winners will receive a hamper for their practice or hospital team - there are 10 hamper giveaways each week. [You can see some of the entries submitted so far](#).

Please do help spread the word by making sure a poster is up in an appropriate space in your practice, re-tweeting the BMA and taking part in the social media competition. If you would like to request a poster, please email campaigns@bma.org.uk (please ignore the auto-response).

Communication with CQC

Because CQC do not send emails to practices very often and because the automatic forwarding from @glos.nhs.uk addresses to @nhs.net addresses was only for a limited time there is a risk that CQC are still sending messages to your 'registered manager' but he or she is not receiving them. To amend contact details the practice should email either yogiraj.ragoo@cqc.org.uk or Madeleine.Symons@cqc.org.uk

PGDs

Public Health England has published the following [PGD templates](#) on their website:

- [Hep A](#), which supports the provision of hepatitis A vaccine to individuals considered at high risk of exposure to hepatitis A or post exposure to hepatitis A virus.
- [Hep A/B vaccine](#), which supports the provision of Hep A/B vaccine to individuals over one year of age requiring pre-exposure immunisation against hepatitis A and B virus.
- [Hep A/B vaccine \(Temp\)](#) PGD, which has been issued for use during the global shortage of hepatitis vaccine affecting UK supply. It supports the administration of Hep A/B vaccine to individuals requiring pre-exposure or post-exposure immunisation

against hepatitis A or B virus in accordance with PHE temporary dose sparing advice, to preserve and prioritise monovalent hepatitis vaccine stock for those with the greatest ability to benefit and highest immediate need.

These PGD templates require organisational authorisation in line with HMR2012 before they are legally valid PGDs. It is advised that PHE PGD templates are organisationally authorised in accordance with local procedures before sharing with providers.

These, along with all the other immunisation PGD templates, are available on the [PHE website](#), and a link has also been added to the GPC's [PGD guidance page](#).

Claire Wand Fund

The Claire Wand Fund is a charitable fund that makes grants to General Practitioners to fund further education and for the provision of scholarships, including travelling scholarships. The fund welcomes applications twice a year, at least three weeks prior to the April and October trustee meetings. Please note that the next meeting of the Trustees is on **24 April 2018**. An application form can be downloaded from www.clairewandfund.org.uk

Capita

The GPC has delivered NHS England a very clear deadline to resolve all the pending issues with Capita's performance - the end of December 2017. The GPC are seeking legal advice on what alternative options are open if the issues are not resolved by that deadline.

Lobbying for GPs to be added to the Shortage Occupation List

From the GPC:

GP recruitment issues are now so severe that NHS England is preparing to recruit 2000-3000 GPs from the EU and other non-European Economic Area (EEA) countries through its [International GP Recruitment Programme](#). Alongside other key stakeholders, including NHS England, Health Education England, the Royal College of GPs and the General Medical Council, the GPC will be lobbying the government to commission the MAC (Migration Advisory Committee) to review its SOL (Shortage Occupation List). This would give the BMA and others a new opportunity to submit evidence in favour of adding GPs to the list.

Employers who wish to recruit an individual from outside the EEA for a vacancy on the shortage occupation list, i.e. occupations where there are not enough resident workers to fill vacancies, may issue a [Tier 2](#) certificate of sponsorship (CoS) without the need to demonstrate that a time-consuming resident labour market test (RLMT) has been carried out. However, some newly qualified UK trained IMG GPs have recently contacted the BMA GPC notifying us of rejected visa applications because the Home Office has not deemed that the requirements of the RLMT have been met.

One UK trained IMG GP has started a petition seeking to compel Parliament to consider adding GPs to the SOL - <https://petition.parliament.uk/petitions/200523>. GPs / LMCs are welcome to disseminate this link amongst their colleagues, peers and friends and recommend that they add their signature to the petition. The GPC can reference this petition when talking with other stakeholder organisations and when the opportunity to submit formal evidence to the MAC arises. We will also continue sharing examples of the difficulties practices and UK trained IMG GPs face with the International GP Recruitment Programme Advisory Board.

If practices have further examples of UK trained IMG GPs struggling to get sponsored or having their Tier 2 visa application rejected, please send them to Christopher Scott and Alex Ottley, Workforce and Innovation Team, via gpc.etw.team@bma.org.uk.

General Data Protection Regulations (GDPR)

GDPR comes into force on 25th May 2018. The BMA intends shortly to issue guidance that will provide a clear and consistent message for all GPs. There are some concepts that are unavoidable, such as accessing and obtaining records for free, but it may be possible to influence the way they are implemented in general practice.

Flu vaccinations by District Nurses

Gloucestershire Care Services have been commissioned to ensure that District Nurses tell practices which eligible patients are on their housebound caseload and will therefore be

given flu vaccinations by them. Has your practice received a list of such patients from your local district nurse(s)?

Backlog in leg ulcer clinics

To confirm, if you are treating the leg ulcer(s) of a patient who is on the waiting list to be treated at the leg ulcer clinic then you will be paid for doing so.

Data Control in SystmOne

For those practices using SystmOne, be aware that the Joint GP IT Committee has released the following statement:

As Representatives of the British Medical Association and the Royal College of GPs we have been working closely with NHS England, NHS Digital, TPP and their user group to address our concerns regarding the ability of GP data controllers using SystmOne to comply with the DPA.

We are now at a point where the BMA and RCGP believe that new functionality developed by TPP, when finalised and fully implemented, will allow GP Data Controllers to meet their obligations under the DPA. We expect these tools to be available to all GPs using SystmOne by the end of February 2018.

This new functionality is currently being piloted and we are continuing to monitor progress. We continue to keep the ICO informed and involved as necessary and they remain supportive of the actions and plans to date.

Note particularly that the ICO has signed off the words in the last sentence; it would now be very difficult for the ICO ever to find against a GP that uses the new tools when they are available.

Extension of the seasonal flu programme to include social care workers

NHS England has announced that for the 2017/18 flu season, the delivery of flu immunisation will be extended to include social care workers that offer direct patient care. The [influenza vaccine PGD template](#) has been amended to include the vaccination of health and social care staff, employed by a registered residential care/nursing home or registered domiciliary care provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza, meaning those patients/clients in a clinical risk group (see [Appendix A](#) to the PGD template) or aged 65 years and over.

In order to ensure continuity of service, note that the previous version (v04.00) is not being formally withdrawn and may still be used this season (until 31 March 2018). However, this new version of the PGD will be needed to vaccinate health and social care staff in line with the NHS commissioned service when it is commenced.

The Enhanced Service has now been published on the NHS England website:

<https://www.england.nhs.uk/publication/seasonal-influenza-vaccination-programme-for-care-and-nursing-home-workers-201718/>

It is effective as of 1 November 2017, so can be backdated from then.

Care workers can also access the flu vaccine via their community pharmacy, further information is available on the [NHS England website](#).

The GPC's [vaccinations and immunisations page](#) has been updated with links to the PGD and enhanced service.

Junior Doctors new contract

The GPC recently published additional guidance on the BMA website to support GP Trainees and GP Practices with understanding the new 2016 junior doctor contract, which can be found here:

<https://www.bma.org.uk/advice/employment/gp-practices/gps-and-staff/guidance-for-gp-practices-on-the-2016-junior-doctors-contract>

In addition to previous guidance, there is now an example work template that incorporates OOH working, a practice FAQ and a document comparing the new 2016 contract with the previous 2002 one. This may help both practices and trainees to understand and introduce the new contract and all of its safeguards correctly, to the benefit of both parties.

Job opportunities

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.

Working at Scale

At Annex B is a table showing the various potential working at scale structures and the contractual implications for employers and employees. It is extracted from "[Salaried GPs working under new models of care](#)"

Max's Musings

My old mother always told me to react to trouble by counting my blessings (with the huge but unstated implication that I should be counting her first). When I remember that she seemed to me to be the cause of so many of my troubles at that time (refusing me extra biscuits, insisting on washing behind, and in, my ears and numberless other motherly approaches to life) I found her advice rather circular and incomprehensible. Things have straightened out a bit now that I am older (my grandson would say 'very old'). I do count my blessings frequently as troubles never seem very far away.

- At least I am still alive – when you consider the alternative that is a blessing.
- The BMJ, bless it, has just published an article saying that coffee is in many mysterious ways good for you – justifying my belief that coffee is God's wonderful gift to the profession. I must have more of this prophylaxis.
- If I have to walk home in the rain I can then drape myself over the Aga to dry out.
- I am not so rich and powerful (and old) as a recently deposed African president so I doubt people will be out to get me or rejoice quite so loudly when I retire, as retire I must someday.
- But not yet. I am at the head of a magnificent team of clinicians and administrators who provide an exemplary service to our thousands of patients, many of whom are as old as I am but far less fit. That's a blessing too.

So, all in all, I think my morale will keep going for a while longer.

Thanks, Mum!

And finally,

A medical secretary typed, "She has a cute vagina" which the consultant had hastily to correct to, "She has acute angina".



**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
Marybrook Medical Centre	Berkeley, Glos	Full or part-time, Salaried or Partner flexible 3-8 sessions per week	25 Oct 17	Open
Partners in Health	Gloucester	Partner/Salaried GP	07 Nov 17	Open
Corinthian Surgery	Cheltenham	Maternity Locum	09 Nov 17	31 Dec 17
Romney House Surgery	Tetbury	Practice Manager	20 Nov 17	10 Dec 17
Sixways Clinic	Cheltenham	GP: Salaried or Partner	16 Nov 17	Open
ELSEWHERE				
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
Hartland Surgery	North Devon	GP Partner	09 Nov 17	12 Jan 18
Vine Surgery	Street, Somerset	GPs sought	23 Nov 17	22 Dec 17
West Walk Surgery	Yate, South Glos	Salaried GP	23 Nov 17	01 Jan 18
West Hoe Surgery	Plymouth, Devon	GP Partner/Salaried GP	29 Nov 17	15 Jan 18

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

COLLABORATIVE STRUCTURES AND CONTRACTUAL IMPLICATIONS

Structure	Employer's contract status	Pension status	Model contract status for salaried GP
Super partnership	Can hold GMS/PMS and APMS	Eligible for NHS Pension Scheme if holding GMS/PMS/APMS	Contractually bound to offer terms no less favourable if on GMS or PMS contract. Recommended if APMS
Company limited by shares	Can hold GMS/PMS/APMS in its own right. Member practices retain individual contracts	Eligible for NHS Pension Scheme if holding GMS/PMS/APMS	Contractually bound to offer terms no less favourable if on GMS or PMS contract. Recommended if APMS
Company limited by guarantee	Only APMS contract in its own right Individual practices retain contracts	Eligible for NHS Pension Scheme as an independent provider if holding APMS contract	If employed by the Company limited by guarantee, then model contract recommended. If employed by individual practice which holds GMS/PMS contract, then bound to offer model contract.
Limited liability partnership (LLP)	Only APMS contract in its own right Individual practices retain contracts	Eligible for NHS Pension Scheme as an independent provider if holding APMS contract	If employed by the LLP then model contract recommended. If employed by individual practice which holds GMS/PMS contract, then bound to offer model contract.
Community Interest Company (CIC)	Can hold GMS/PMS/APMS in its own right.	Eligible for NHS Pension Scheme as an independent provider if holding APMS contract	Contractually bound to offer terms no less favourable if on GMS or PMS contract. Recommended if APMS