

MAY 2016 NEWSLETTER

LOCAL MEDICAL COMMITTEE

LMC
GLOUCESTERSHIRE

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We've said it before and will say it again: significant reinforcements are unlikely to arrive and demand is unlikely to decrease. At Rorkes' Drift the defenders reduced their boundary to reflect their ability to defend it, and were successful. At Isandhlwana the defenders did so too late and were massacred. Without wishing to labour the point, we would strongly urge practices to think carefully about what un-resourced work they do outside their contract, and act accordingly.

One good thing is that the plight of general practice is now formally recognised nationally and locally. Reorganisation and new ways of working can bring benefits, but what is really needed is adequate funding within the contract. The GPC is pushing for that nationally. We will be doing all we can locally to ensure that a fair share of any additional funding is directed into general practice as quickly as possible.

LMC Conference 19/20 May

There was a degree of scepticism forcefully expressed at the LMC Conference. The GP Forward View was criticised as promising 'jam tomorrow' when what was really needed was 'bread today'. The combined pressures of a crushing workload and a shrinking workforce meant that general practice was still in crisis. Industrial action had helped junior doctors bring the Secretary of State to the negotiating table. LMCs charged the GPC to investigate what might legally be done; the motion was carried in all its parts. The actual wording of the motion is important and is reproduced here:

That conference does not accept the 'General Practice Forward View' is an adequate response to the GPC's statement of need within the BMA's 'Urgent Prescription for General Practice', and considering this to be sufficient grounds for a trade dispute, unless the government agrees to accept the Urgent Prescription within 3 months of this conference, the GPC should ask the BMA to:

(i) ballot the profession on their willingness to sign undated resignations

(ii) ballot the profession on their willingness to take industrial action

(iii) ballot the profession as to what forms of industrial action they are prepared to take

(iv) produce a report to practices on the options for taking industrial action that doesn't breach their contracts

For those who were not glued to the live video feed here are some other highlights:

- The format of the Conference was different, with few formal motions and much general but directed debate. Since Conference dictates policy to the GPC it is not clear how this new system will sufficiently define policy.
- Funding.
 - Over and over again speakers stressed the need for greater core funding and a simplification of the payment structures. Many problems and

- challenges in general practice can be traced to this continued underfunding.
- Some fancied a contract based on activity, but this was not strongly supported.
 - The idea of indicative rates for locum GPs was roundly rejected.
- Workload.
 - One proposal was that, as with truck drivers and aircraft pilots, there should be a defined safe level of workload beyond which a GP would not be contractually obliged to go. Allusion was made to a United States paper which declared that 20 patients a day was a reasonable maximum for any GP. Australian doctors were limited to 25 a day and this figure was said to largely apply in the EU.
 - While agreeing that demand for access had to be controlled there was no mood to introduce charging.
 - The right to close practice lists unilaterally on grounds of safety was discussed.
 - Workforce.
 - Gloomily, no one thought the numbers of GPs would increase in the next decade, or not unless the terms and conditions improved markedly and training numbers were to pick up hugely.
 - Thus other avenues to keep practices open would be needed. GPs should concentrate on doing what they do best, and delegate everything else, refusing all work that was not contractually required or otherwise adequately funded. This would require major changes of attitude both in practices and in the minds of patients.
 - Professionalism. Through custom, practice and general benevolence GP practices were absorbing much work that they should not. GPs need the courage to say 'NO'.
 - Professionalism was not recognised by pettifogging CQC inspections.
 - Rising indemnity charges were preventing GPs from engaging with OOHs.
 - GMC investigations were so long and stressful that there was a high death rate among those GPs under investigation. (Ninety six since 2014, of whom 28 were suicides.)
 - Appraisals were no longer formative but didactic.
 - Other issues raised:
 - The mountains of avoidable paperwork.
 - The new firearms / shotgun certification process.
 - Potential lack of confidentiality in appraisals.
 - The need for business management training.
 - The impact of vexatious litigation.
 - The inclusion on CQC visits of inexperienced staff.
 - Limited Liability Partnerships should be allowed to hold GMS contracts.
 - Local GP training preferred over centralised training.
 - GPC and General Practice Defence Fund (GPDF) Reform. The findings of Dr Hamish Meldrum's team's report were largely supported. There was particularly strong support for the establishment of a GPC (England) so that the Celtic nations would not have to get involved with discussions of an England-only nature. Despite the significant costs of hosting a dinner for LMC representatives at these conferences opinion was divided pretty equally over whether to continue funding the dinner or to deploy the funds for other purposes, particularly locally.

Erratum

Dr Jo Bayley has been appointed Clinical Lead & Business Manager at GDoc Ltd not, as reported last month, the Medical Director. We apologise for any confusion or embarrassment caused.

DBS Checks - Correction and addition

Unfortunately Wessex LMCs say they can only do DBS checks for their own practices. Avon LMC is recommended by the Federation of LMC Buying Groups as a Registered Umbrella Body and can act for you. In addition we have been told by one practice manager that [UCheck](#) provides a very quick service with a minimum of fuss.

Private prescriptions

GPC was recently asked whether GPs can issue private prescription forms at the same time as FP10s, in circumstances where this is a cheaper option for the patient than paying the NHS prescription charge. The clear legal advice is that in cases of treatment under the primary care contract, GPs may not issue private prescriptions alongside and as an alternative to FP10s. To do so would not only be a breach of obligation but also would be conduct calculated to deprive the NHS of a small amount of money and thus also wrongful.

Targeted Investment in Recruiting Returning Doctors Scheme

The Targeted Investment in Recruiting Returning Doctors Scheme is a pilot which tests the offer of support and resources in a small number of GP practices which can evidence that they have historically encountered difficulty in recruiting GPs. The scheme offers relocation allowances and education bursaries to GPs who choose to move to those practices, and recruitment and marketing support for practices to promote their posts. NHS England's local teams will engage directly with, and invite, local practices to apply. Practices must be able to demonstrate that despite frequent attempts they have been unable to recruit and have held vacant GP posts for a minimum of 12 months. The scheme is part of NHS England's commitment, set out in its General Practice Forward View, to recruit more doctors and target those areas where there are the most severe shortages. You can read more about the scheme on the NHS England website: <https://www.england.nhs.uk/commissioning/primary-care-comm/gp-action-plan/returning-doctors/>

Firearms certification procedure

The LMC Conference decided that this was a 'dogs breakfast'. Under the current scheme there are two good options provided by [the BMA](#).

- Option 1 applies if the work is so minimal that you think you can do it without a fee, but make sure you tell the police that this is the only reason you are doing it without a fee.
- Option 4 is to send the police letter back really promptly with the message that due to pressure of work you are unable to comply.

There is another option also, and that is (if it is applicable) to respond in terms of the letter at Annex A (drafted by and copied with the permission of Devon LMC).

Just be grateful that it is only being proposed in Scotland that all airguns be certificated.

Calling all GP trainees and those in their first 5 years of practice

The GPC wants your help in shaping the future of the profession. If you are interested in taking part in a workshop at national level please follow [this link](#).

Forthcoming events

ACAS Training highlights in Gloucestershire over the next few months:

- 9 June [Conducting Investigations](#) Cheltenham
- 29 June [Contracts of Employment - How to Get It Right](#) Gloucester
- 5 July [Managing Discipline & Grievance](#) Cheltenham
- 14 July [Human Resource Management for Beginners](#) Cheltenham
- 5 August [Managing Absence at Work](#) Gloucester
- 9 August [Equality, Diversity and Discrimination: The Essentials](#) Gloucester
- 10 August [Essential Skills for Line Managers](#) Cheltenham

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 A for ease of reference.

Max's Musings

I am contemplating the EU Referendum, which is coming up all too quickly. I have a vote and a civic duty to cast it, but I wish I could cast that vote on the basis of acknowledged fact rather than gut feelings. The frenetic assertions of those in favour of staying in and those of leaving the EU bamboozle me. Does the Government and big business want us to stay in for the good of the economy in general or their own benefit in particular? Would any net savings made by leaving the EU really be re-assigned to the NHS? And even if they were would it make much difference to the overall picture? The NHS is beset by inefficiencies, lack of co-ordination, too much demand, impossibly high targets and a shortage of resources to meet that demand and those targets. But that is another, continuing story.

As to the EU Referendum, there are many tangled issues which allow for strong arguments on both sides. If I must rely on gut feelings then I am still pulled in both directions. On the one hand, having gone to the trouble of digging a tunnel under the English Channel to allow free passage of rabid foxes and red wine into our country, it would be a shame to 'pull up the drawbridge'. On the other hand the expanding EU boundary makes the whole organisation indescribably complex and slow-moving. Can it really be in our national interest to have such a sea-anchor astern when we are trying to get somewhere in the world? And if the nation votes to leave will it split the Union? I really don't know and my crystal ball's view of the future is cloudy.

I hope you have a clearer view on how to vote and will actually find the time during your busy surgeries on the 23rd June to exercise that right. I certainly shall do so, but I shall await the results with some foreboding, whichever way it should go.

And finally, a positive message:

'Everyone brings joy to this surgery (some when they arrive – some when they leave).'



**This newsletter was prepared
by Mike Forster, LMC Lay
Secretary & the LMC Office**



LOCAL MEDICAL COMMITTEE
LMC
GLOUCESTERSHIRE

Gloucestershire

GP SAFE HOUSE

*Online support for
professional challenges*

www.gpsafehouseglos.co.uk

FORM LETTER THAT CAN BE SENT IN RESPONSE TO A REQUEST FROM THE
POLICE RE FIREARMS CERTIFICATION

Firearms & Explosives Licensing Unit
Operations Department
Police Headquarters
XXXX
XXX
XX

Dear XXXXX,

Re: _____

Thank you for your request for a medical report on the above patient.

You have asked me if I have any concerns regarding the issuing of a firearms licence to this individual, and you therefore seek my professional opinion rather than a simple report of the medical facts.

It is widely accepted that the major clinical issue giving rise to the improper use of firearms is the presence of a personality disorder. To give a professional opinion on such a diagnosis one would need to conduct a specific examination for personality disorder and have special expertise. Such expertise would, at a minimum, require approval under section 12 of the Mental Health Act 1983 (as amended 2007).

I regret to inform you that I am not approved under s.12 MHA, nor have I conducted an examination appropriate for the diagnosis of personality disorder in this person. I am therefore not qualified to offer the expert professional opinion you seek and would suggest that you approach an appropriately qualified psychiatrist who may be able to help you in this regard.

Yours faithfully,

JOB VACANCIES

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

GLOUCESTERSHIRE			Date posted	Closing Date
Drybrook Surgery	Forest of Dean	Partner or Salaried GP	23 May 16	16 Jul 16
Forest Health Care	Cinderford	Salaried or Partner GP	23 May 16	Open
Lechlade Medical Centre	Lechlade	Long-term Locum or Salaried GP	6 May 16	Open
Stroud Valleys Family Practice	Stroud	Salaried GP	26 Apr 16	Open
Church Street Practice	Tewkesbury	Locum GPs	19 Apr 16	Open
HQ ARRC	Innsworth, Gloucester	Locum GPs	19 Apr 16	Open until 4 Jul 16
Dockham Road Surgery	Cinderford, Forest of Dean	Partner or Salaried GP	19 Apr 16	Open
Leckhampton Surgery	Cheltenham	GP Partner	18 Apr 16	Open
Tewkesbury	Gloucestershire	Choice+ rota	9 Mar 16	Open
Rowcroft Medical Centre	Stroud	Partner or salaried GP	11 Feb 16	Open
Frampton on Severn	Glos	Full time partner	2 Feb 16	Open
Church Street Practice	Tewkesbury	Salaried GP or Partner GP	20 Jan 16	Open
GP Retainer Scheme	Gloucestershire	GPs (plural)	13 Jan 16	Open
Brockworth	Gloucester	Partner or salaried GP	5 Jan 16	Open
ELSEWHERE				
Martock & South Petherton	Somerset	Salaried GP or Partner	23 May 16	30 Jun 16
Windrush Med Practice	Witney	Partner/salaried GP	10 May 16	3 Jun 16
Stoke sub Hamdon	Yeovil	GP	9 May 16	30 Jun 16
Kineton & Tysoe Surgeries	South Warwickshire	Salaried GP	4 May 16	1 Aug 16
Wiltshire Health & Care	Wiltshire	GP Clinical Director	28 Apr 16	8 May 16
Bampton Medical Practice	Oxfordshire	Practice Manager	11 Apr 16	6 May 16
St Johns House Med Centre	Worcester	2 x GP Partners	Updated 7 Apr 16	Open

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

Lechlade Medical Centre - Long Term Locum/Salaried GP

Required 2 to 3 days per week to complement existing partners. Flexible working arrangements. Small, friendly, high-achieving and well organised practice.

Contact Justin Clark, Practice Manager for further details; Phone 01367-254245 Email justin.clark@nhs.net

**Berkeley Place Surgery, Cheltenham, Gloucestershire
Part-Time Partner/Salaried Doctor**

Come and work in beautiful Cheltenham, voted to be the best place in UK to raise a family!

Due to planned retirement, we are looking to fill 5/6 clinical sessions. We would happily consider the vacancy filled as a salaried GP or a partner. The vacancy will commence on 1st October 2016 but we will wait for the right candidate. An earlier start date for part of the post is also a possibility.

We are a four partner central town practice with three salaried GPs. We are a friendly, democratic, dynamic and well respected practice. We also have exciting plans in place to develop the Practice, including new premises and closer working with other local surgeries. We would welcome both an experienced GP or a newly/recently qualified GP and provide mentorship and support:

- Approximately 7700 patients
- SystemOne
- No Extended Hours
- GMS Practice
- Daily GP coffee meetings
- Outside posts held by partners - LMC Cheltenham representative, Cheltenham College School Medical Officer and GP training

Informal visits and enquiries are encouraged. Please telephone 01242 539920 or visit www.berkeleyplacesurgery.nhs.uk for further information.

Applications with CV and covering letter to the Practice Manager: rob.noel@nhs.net

Closing date: **11th June 2016.**



Royal Forest of
Dean
Gloucestershire



PARTNERSHIP or SALARIED GP VACANCY

For 4 to 8 sessions (WTE 8).

We are flexible and would be happy to consider all applications, ideally for partnership, although a salaried position would also be considered.

FOREST HEALTH CARE is a friendly and enthusiastic GMS dispensing practice with a strong team-working ethos. We are situated in a beautiful rural part of West Gloucestershire, between the Wye Valley and the Severn Estuary. The counties of Herefordshire and Monmouthshire border our catchment area, with easy access to the M4, M5 and M50. Outstanding scope for hiking, biking and river sports. Great location for quality family life with access to excellent schools.

The practice offers:

- A democratic supportive partnership, currently 4.25 WTE partners;
- Town centre location and a branch surgery in a nearby village;
- Training practice with a list size of 7,800 of which 2,300 are dispensing;
- Nurse-led clinics and chronic disease management;
- No out-of-hours duties required (option available);
- High QOF Achievement and a wide range of Enhanced Services;
- Daily coffee together, along with regular social events.

Why Gloucestershire?

Find out: <https://jobs.bmj.com/minisites/beapinglos/>

Why Forest Health Care?

Check out our website: www.foresthealthcentre.nhs.uk

To find out more or arrange an informal visit, contact the Practice Manager:

Mrs Sally Charlton sally.charlton@nhs.net
Forest Health Care, The Health Centre,
Dockham Road, Cinderford, Gloucestershire. GL14 2AN
01594 820820

Drybrook Surgery, Forest of Dean

Replacement Partner/Salaried GP
6-8 sessions with flexibility



"A Jewel of NHS Care", "Aneurin Bevan would rejoice"
(patient quotes from NHS Choices)

Come and join our friendly, low stress environment in the beautiful Forest of Dean. We are looking to replace our retiring Senior Partner. We meet daily for coffee and would welcome an informal visit.

Highly regarded locally by our peers with an excellent patient satisfaction survey, (see comments on NHS Choices website), the area offers affordable housing and easy access to fantastic schools including some of the top grammar schools.

Other features: -

- Stable 3 partner practice, (2.75 FTE)
- Personalised lists
- Practice list size of approximately 4500
- Part dispensing
- Above average earnings
- Emis Web
- Excellent administration and Nursing Teams
- Currently no extended or OOH commitment
- Job sharers considered
- Prepared to wait for the right candidate

For further information please contact: -
Kevin Willis (Practice Manager) on 01594 542709
kevinwillis@nhs.net

Application with letter and CV by 15th July

The Vale of The Red Horse Health Care Centres are looking to recruit a Salaried GP

The Vale of The Red Horse Health Care Centres (also known as Kineton and Tysoe Surgeries) are based in beautiful rural South Warwickshire, near to Leamington and Stratford. We are an Emis Web Practice, set over 2 sites with approximately 4800 patients. We are a patient focused surgery offering traditional medicine in a forward thinking practice.

We have 2 GP Partners and three Salaried GPs and we are looking for a fourth Salaried GP to complete the team with a start date in August 2016

We are a training practice and have 2 fulltime GP registrars.

We have 4 nurses who undertake the majority of chronic disease management.

The role involves working 6 sessions per week plus offering annual leave and sickness cover. We are paper light and IT savvy Practice with well-established Dispensary and Administration teams to provide our GP's with the support required in General Practice.

We also offer a competitive salary at £10K per session with NHS Pension and a happy working environment. 30 days annual leave entitlement and Pro Rata BH entitlement plus NHS pension.

Posts are subject to suitable references and a Disclosure and Barring service check.

If you are interested in the role but would like to discuss in more detail before applying please contact Lesley Source or Ben Evans on 01926 640471

The Windrush Medical Practice,
Witney, Oxfordshire
(Edge of the Cotswolds and 13 miles from Oxford City)

Full/ part-time Partner or Salaried GP

Excellent opportunity for doctors wishing to practice high quality family medicine with continuity of care.



- Expanding practice currently 14,500 patients, 10 GPs. (17% dispensing)
- GP owned purpose built health centre opened March 2012
- Training practice with two trainers and undergraduate teaching
- Supportive MDT with nurse prescribers and minor illness clinic
- 99%+ QOF achievement
- Adjacent community hospital, minor injuries unit, radiology and physiotherapy
- Endoscopy, ultrasound, echocardiography on site
- NIHR supported research practice.
- No out of hours commitment
- Part of an active federation with PMCF pilot GP access hub and home visiting service

We welcome enquires or informal discussions: Please contact Morag Keen, Practice Manager on 01993 894444 or email morag.keen@nhs.net

Closing Date 3rd June 2016

For further information including practice profile and how to apply, please go to <http://www.windrushmedicalpractice.co.uk/vacancies>

FROME VALLEY MEDICAL CENTRE



Frome Valley Medical Centre, Frampton Cotterell, BS36 2DE

Partner/Salaried GP required 4-8 sessions per week, very flexible in terms of days and timings of sessions

The best of town and country living! The Practice is located in a semi-rural area on the outskirts of Bristol, easily accessible from Bristol and Bath, as well as the Cotswolds. We are based in a modern, pleasant building with good car parking facilities for both staff and patients.

We are an award-winning and supportive GP Practice, with 14,500 patients. The Practice provides a high standard of patient care, which has been rewarded with an Outstanding CQC rating.

Frome Valley Medical Centre is a training practice and the GPs are supported by a multidisciplinary team that includes Nurse Practitioners, a Practice Pharmacist and a highly skilled administrative team, as well as by regular clinical meetings and the time to interact with each other on a daily basis. We also have a mentorship scheme in place for associates/newly qualified GPs and offer a flexible approach to sessions worked.

For further information or to express an interest in this position please contact Vicky Elliott (on either Vicky.elliott@gp-L81014.nhs.uk or 01454 772153). You can also look on our website at www.fromevalley.nhs.uk for further details.

Informal visits welcome.

Closing date: 26th June 16