

**APRIL  
2017**

LOCAL MEDICAL COMMITTEE  
**LMC**  
GLOUCESTERSHIRE

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For those of you looking at the heading of this newsletter and wondering whether you have somehow lost a month of your life, the answer is that we are now being prospective instead of retrospective. The news is the same but because you will mostly be reading it at the beginning of the month following that of its publication it seems appropriate to label the newsletter with the month in which it is being read rather than the month in which it was created. Let's try it, anyway.

### **GPC Regional Elections**

Our LMC Vice-Chairman, Dr Tom Yerburgh, and Dr Chris Morton, our member for North Cotswolds, are standing as candidates to represent Avon and Gloucestershire at the GPC for the next three years. When the voting papers reach you please make the effort to vote.

### **Changes to the Statement of Fitness for Work form**

Over the coming weeks, you may notice that the Statement of Fitness for Work, or Med 3, forms look a little different when you print them. Changes have been applied to the advisory notes section on the right-hand side to improve the clarity of the advice given, to inform recipients about the extraction of anonymised fit note data, to provide details about Fit for Work and to remove the patient 'Declaration' field. Both new and old versions are valid until the IT suppliers' full rollout is complete. These changes were agreed between the DWP and GP representatives at the DWP GP Forum on the [Work, health and disability: improving lives](#) green paper.

### **Indemnity payment – briefing note**

As part of the 2017/18 GP contract agreement, it was agreed that £30m would be paid to practices to cover 2016/17 rises in indemnity insurance costs for all doctors delivering GMS work. This amount has been based on average rises in costs using figures received from surveyed GPs and medical indemnity organisations. This will be paid to practices on a per patient basis, set out under the Statement of Financial Entitlements (SFE), and will not be weighted as a result of the Carr-Hill formula. **This funding is intended to cover the average rise in indemnity cover costs.**

Practices will receive a payment of **51.6p per patient** based on their registered list as at December 2016. **This funding was due to be paid to practices in March 2017. Some payments have now already been made.**

These payments will be made to practices on the condition that, where principal and salaried GPs are paying for part or all of their indemnity costs, the practice will reimburse to them, from the payment received, an appropriate proportion of the amount which the GP has paid for their cover. The reimbursement amount should be based on the proportion of GMS services which the GP is providing for the practice. It is recognised that every

practice will have its own arrangements in place. In some practices, GPs are responsible for paying the entirety of their own indemnity costs. In some, part or all of the indemnity costs for GPs at the practice are paid for by the practice/reimbursed by the practice. Therefore, each practice will need to allocate to its GPs payments that are equitable and proportional based on their circumstances.

The conditions above will be set out in the revised SFE which will be in place from 1 April 2017. A similar funding arrangement has been confirmed for 2018. Locum GPs will need to ensure that, as with all other business expenses, their charges reflect their costs, which should include indemnity insurance costs. After 2018/19 it is up for negotiation.

### **QRISK2 shortcomings**

GPC has repeatedly raised with NHS England the issue of reimbursement for practices for the additional workload placed upon them over the past year because of errors by external organisations contracted by NHS England. One of these incidents is that of errors in the QRISK2 tool provided by TPP, which has resulted in miscalculations in patients' cardiovascular risk scores. Since the error was discovered and resolved, GP practices have been carrying out any follow up needed with patients affected. NHS England has now agreed a financial settlement with TPP and this will be used to reimburse practices for the associated workload they have had to undertake. A new enhanced service has been agreed which will allow GP practices to submit a claim through the Calculating Quality Reporting Service (CQRS). £6.50 is available per assessed patient, regardless of the way they are assessed. On average, a practice using SystemOne will have up to 100 affected patients to review and can therefore, on average, expect to claim up to £650, which will be made in arrears. NHS England regional teams are currently being informed of this agreement and will shortly be writing out to all practices.

### **LMC Finances**

For 6 years now we have maintained the LMC levy unchanged. We have been able to do this by a combination of careful management and by gradually eating into a surplus that had been built up over years to too high a level. The amount to be retained now needs to be levelled out at approximately a quarter's income to mitigate the risk of an interruption to our regular quarterly income payments. We have been able to set aside a sum to support clinical training within the county, particularly to assist with practice nurse training, and we have been increasing the variety of work that we do to support practices. If there is any other service you feel the LMC should be providing then, as always, you have only to suggest it. Lastly, to attract and keep senior GPs to the committee we must ensure that the LMC rate is largely competitive. With effect from 1<sup>st</sup> April 2017 therefore:

- The LMC Rate will be £86 an hour, without superannuation.
- The levy will be set at approximately 44.6 pence per registered patient.

### **Keeping your LMC up to date**

Practice Managers: if you have a change of GP manning, or email addresses, please let us know. Nobody else does.

### **GP Forward View**

The BMA website has been updated with a specific section for the GP Forward View. They have pulled everything into one hub page and any updates/new information/guidance specific to the GP Forward View will be linked through this central page.

<https://www.bma.org.uk/advice/employment/gp-practices/general-practice-forward-view>

### **QOF GPES data collections**

We have already forwarded the detailed GPC briefing to practice managers. There will be a delay in timing of the extracts for enhanced services, due to when the Easter Bank Holiday falls this year. The delay, and the rules around giving practices time to review and validate data collections, could delay the enhanced service payments for some practices. NHS E are trying to minimise the impact that this has on practice cash flow, so are looking to time payment runs to ensure those with the highest value are done first. The exception

is the Avoiding Unplanned Admissions DES as the work to validate this has always taken some time and it is likely this will get paid later.

### **Sending children with loose bowels home**

Although WHO defines diarrhoea as 3 loose movements in 24 hours, a child can be sent home after one loose bowel movement if, and only if, it is unusual for that child. The school should confirm with the parent(s) what is 'normal' for that child. If they want a letter from the GP then that is outside the GMS contract and is chargeable. A template letter to that effect is now available on our [website](#).

### **NHS England's Winter Indemnity scheme**

NHS England's Winter Indemnity Scheme has been extended and will now run until Sunday 30<sup>th</sup> April 2017. GPC representatives had previously called on NHS England to extend the 31<sup>st</sup> March deadline to cover the Easter period. Further details are available below:

<https://www.england.nhs.uk/2017/03/gp-support-ideminity-costs/>

<https://www.england.nhs.uk/gp/gpfpv/investment/indemnity/winter-indemnity/>

### **PCSE – CAPITA shortcomings**

We have received the following from the GPC:

GPC are aware of the ongoing issues that practices and GPs are experiencing with PCSE. I am sorry that this has been causing so much distress and inconvenience, and we have been meeting regularly with Capita and NHS England to feed back on the issues and continue to amount pressure to have these issues resolved. Although we have made some progress, the service still has unacceptable failings that is causing many issues for doctors and practices. We continue to apply pressure both to PCSE and to NHSE to get all service lines to an acceptable level and hope significant improvements will be felt by doctors locally soon. After much negotiating we have recently secured agreement from NHSE to pay each practice £250 as an acknowledgment of the issues that the failings of this service has caused.

### **'While you are here...' A webinar with Professor Susan Jebb - 26th April 1500pm**

Susan Jebb recently gave a very energising talk on the power and effectiveness of the brief intervention and onward referral for those who are overweight. The slides for this can be found [here](#). As a result of the positive evaluation from the event NHS England will be hosting Professor Jebb on Wednesday 26th April 2017 to discuss the findings of her latest research, with a Q&A session as part of this. You can register your interest for the webinar here - [book now!](#)

### **IR35 – how to pay your locums**

If you have not already reacted, please read the details at **Annex A**.

### **TPP SystmOne**

This post applies to those practices using SystmOne, particularly those who have, or have had, switched on the sharing of patient records (functionality known as eDSM). If it has been switched on then all users of the system nationwide can access a patient record if they add the patient's name, date of birth and other demographic details to the system and record the patient's consent. The BMA, RCGP, NHS England and NHS Digital have all expressed concerns that this consent requirement can be overridden, and therefore the system could allow unauthorised access from sites or individuals not related to providing direct care to the patient. This would be in breach of the first and seventh principles of the Data Protection Act (DPA). The GPC has published [very full guidance \(5 pages\)](#) on this subject. In brief, **practices cannot do nothing**. They can:

- Reduce risk by ensuring a robust system is in place that enables patients to be fully informed about the TPP SystmOne (TSO) data sharing model with sharing remaining on, or

- Abolish future risk by turning sharing off, whilst still informing patients of past risk, and with the intention of turning it back on at some point in the future.

Sadly, no one knows when TSO will be fully compliant with the DPA but that is the intention and the situation changes rapidly. Practices should keep up to date with changes.

### **Practice burglaries**

Be aware that those seeking drugs may attempt to break into your dispensary after hours. It happened to one practice in March but fortunately their new door and other security arrangements withstood the assault – just a broken window where the thieves broke in and then a broken glass door when they had to break out again!

### **District Nursing**

NHS Improvement has launched new draft guidance on safe, sustainable and productive staffing in district nursing services and is asking for comments on it before the official resource goes live later this year. If you are involved in district nursing services and would like to contribute to the production of this guidance, please check out the details on this webpage: <https://improvement.nhs.uk/resources/safe-staffing-district-nursing-services/>.

### **Gloucestershire GP Safe House website**

You may be interested in knowing that our Safe House website has shown a modest increase in visits over the last 6 months, which indicates a healthy usage of the site for read-only information. It is worth emphasising that the Safe House site is not just for when there's a crisis – the materials are designed to help GPs with 'normal' professional struggles and to help them avoid the crises in the first place.

### **The Cameron Fund**

On the 7th May 2017 a Dr Gwyn Roberts will be running the Great Wales Half Marathon in aid of The Cameron Fund as thanks for the support the Fund gave him and his family. If anyone would like to sponsor him the link is below:

<https://www.cafonline.org/pages/PreviewDonate.aspx?type=Web&beneficiarycampaignid=6227>

### **GPC Sessional GPs newsletter**

The latest GPC sessional newsletter can be found at: <http://bma-mail.org.uk/t/JVX-4TA86-1BJCJOU46E/cr.aspx>

### **Survey of Sessional GPs**

The BMA [survey of sessional GPs](#) is now live. The survey is open to all locum, salaried, out of hours, prison GP, CCG role GP, portfolio GP locum and salaried GPs, including GP partners who do locum work. It doesn't matter if you are a BMA member or not, or where you live in the UK.

It is so important that the GPC have clear data to understand the needs and wishes of sessional GPs and to gather information about workload and pressures, so that they can ensure that the discussions they have with the Government and the Department of Health about sessional GP issues truly reflect what you want.

If you have not already done so, and can spare 15 minutes of your time, please take the survey of sessional GPs [here](#). You can read more about the survey, the key areas which it covers, and its aims, on our webpages [here](#).

Feel free to tell your colleagues about it – the more responses the GPC get to this survey the louder your voice will be heard. This is an important opportunity.

### **Welcomes**

We welcome Dr Mark Draper as a new partner in the White House Surgery (starting 6<sup>th</sup> April).

## Job opportunities

A list of recent job opportunity notifications is at **Annex B**. A full list of unexpired job adverts is at <http://www.gloslmc.com/blog-job-vacancies.asp> and links to them are also at Annex B for ease of reference.

## Max's Musings

I am tired of being asked my opinion without being given the opportunity of free-text responses. We have referendums (I gather from the Spectator that I must not use the word 'referenda'). We have surveys – lots of those. I am now waiting for the long-overdue plebiscite in Scotland to confirm the questionable popularity of the current Celtic fringe government's policies. Thank the Lord I will not have to vote in that one. But in all of these we have boxes with predefined answers to tick. There is no room for self-expression or nuanced views, printable or otherwise. I wish sometimes that I could give vent to what I really feel about their issues. All the same, if it is worth their asking the questions then surely it must be worth my while to answer them, must it not? I never had SAS training to enable me to maintain a complete silence when asked something. Mind you, keeping silent is not one of my characteristics. Never has been.

So now the UK (still a UK) has cast the die by serving Article 50 notice on the rest of the European Union. Now we wait to see which face of the multi-faceted, yet-to-be-designed and very important die lands uppermost. Hold onto your hats!

And finally, at the funeral service:

Undertaker: 'How old was your husband?'  
Widow: '98 - two years older than me'  
Undertaker: 'So you're 96,'  
Widow: 'Yes. Hardly worth going home, is it?'



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



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Gloucestershire

**GP SAFE HOUSE**

*Online support for professional challenges*

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

## **IR35**

It is important that all GP practices are aware of changes to IR35 rules that take effect on 6 April. They relate to paying workers who provide services via intermediaries (for example, although not restricted to, workers' limited companies).

### **What is IR35?**

IR35 is an anti-tax-avoidance measure introduced by the Government in April 2000. It is also known as the 'intermediaries legislation'. Its purpose is to prevent workers from avoiding paying employee income tax and NICs (national insurance contributions) by supplying their services through an intermediary (usually a 'personal service company') and paying themselves dividends rather than as employees. The rules apply across the UK.

### **How does it affect locums and practices?**

N.B. IR35 only applies where locums (or other individuals) are engaged via an intermediary. IR35 does not apply to genuine self-employed locums providing their services directly to practices.

The IR35 rules have, to date, required the intermediary to establish the nature of the relationship between the locum and the practice. Where an employment contract would have existed between the locum and the practice in the absence of the intermediary, the intermediary has had an obligation to pay the locum as if an employee net of tax and NIC.

IR35 changes will affect 'public sector bodies' – including general medical services and personal medical services practices and NHS trusts – who engage locums to provide services via an intermediary. Non-public sector bodies such as APMS (alternative provider medical services) providers or commercial providers that provide some out-of-hours services are not affected by the changes.

### **What is changing on 6 April?**

Under the new rules, the responsibility for determining whether IR35 is applicable is shifting from the intermediary to the public-sector body (or recruitment agency, if it uses one to engage the locum). This means that public-sector bodies – including GMS and PMS practices – and agencies will now be responsible for deducting tax and NIC from any payments made to the intermediary supplying a locum, where they deem IR35 applies. This will require additional administration by the practice for processing PAYE as well as bearing the cost of employer NICs. If practices do not deduct tax and NICs from a locum who should have been considered to be within IR35 rules, HMRC may request that the practice pays back any taxes and NICs due as well as penalties. These taxes could be clawed back on payments as far back as 6 April 2017 when the new rules will have taken effect.

### **How can a practice decide whether IR35 applies to a locum?**

All locums providing services via an intermediary need to be considered on a case-by-case basis – this does not mean that such locums need to automatically be paid net of tax and NICs. In the first instance, read the BMA's [general guidance on IR35](#) and [employment status](#). HMRC has also published useful [guidance on IR35](#), and launched a new [employment status tool](#) for practices to determine whether any current or prospective locums would fall within the new IR35 rules. HMRC has stated that it will stand by the result its online tool produces, unless it is based on inaccurate information. A set of [FAQs on IR35 for locums](#) has also been written by BMA sessional GP committee member Matt Mayer. If you are a BMA member, the BMA can provide initial support for IR35 queries, as well as general support for members with employment issues. To speak to a BMA adviser about IR35 please call 0300 123 1233 or email [support@bma.org.uk](mailto:support@bma.org.uk) All practices should take note of these changes and look at BMA and HMRC guidance so that they pay locums in the correct manner in keeping with IR35 rules.

**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="#">Brockworth</a>	Gloucester	Partner or salaried GP	5 Jan 16	Open
<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="#">London Medical Practice</a>	Gloucester	1 / 2 Salaried GPs 8-10 sessions per week	11 Jan 17	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="#">Phoenix &amp; Tetbury Group</a>	Cotswold	Salaried GP/Partner	08 Mar 17	30 Mar 17
<a href="#">Cam &amp; Uley Family Practice</a>	Uley	Full or part time Salaried/Partner GP	15 Mar 17	Open
<a href="#">Hadwen Medical Practice</a>	Gloucester	Maternity cover GP from 1 Aug	29 Mar 17	26 May 17
<b>ELSEWHERE</b>				
<a href="#">Roseland Peninsula</a>	Cornwall	Salaried GP	25 Oct 16	Open
<a href="#">Pensilva Health Centre</a>	Liskeard Cornwall	GP Partner	02 Nov 16	Open
<a href="#">Portishead Med Group</a>	N Somerset	Salaried GP	21 Dec 16	Open
<a href="#">Burnham &amp; Berrow Medical Centre</a>	Somerset	GP Partner or Salaried GP	21 Dec 16	Open
<a href="#">Burnham &amp; Berrow Medical Centre</a>	Somerset	Experienced Practice Nurses & Treatment Room Nurse	08 Mar 17	18 Mar 17
<a href="#">Somerset Primary Healthcare Ltd</a>	Somerset	Project Manager	08 Mar 17	17 Mar 17
<a href="#">West Walk Surgery, Yate</a>	S. Gloucestershire	Salaried GP with optional Undergraduate Teaching role	14 Mar 17	17 Apr 17
<a href="#">Air Balloon Surgery</a>	Bristol	Salaried GP with view to Partnership	21 Mar 17	24 Apr 17

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