

# APRIL 2018 NEWSLETTER

LOCAL MEDICAL COMMITTEE

**LMC**  
GLOUCESTERSHIRE

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

Dr Tom Yerburgh – LMC Chairman  
[tom.yerburgh1@nhs.net](mailto:tom.yerburgh1@nhs.net)

Shelina Jetha - LMC Manager  
[shelina@gloslmc.com](mailto:shelina@gloslmc.com)

**Twitter:** @GlosLMC

Mike Forster - LMC Lay Secretary  
[mike@gloslmc.com](mailto:mike@gloslmc.com)

Sue O'Sullivan - Administration  
[sue@gloslmc.com](mailto:sue@gloslmc.com)

**Tel: 01452 310706**

**Fax: 01452 386503**

In the wake of the Dr Bawa-Garba case LMC representatives at the UK LMC Conference voted overwhelmingly that they had lost confidence in the GMC as a regulator of general practice. Hers was one of 23 similar appeals by GMC against decisions of the Medical Practitioners Tribunal Service in the last year as a result of which seven doctors were struck off. The motion also directed the GPC 'to advise GPs to disengage from written reflection in both appraisal and revalidation until adequate safeguards are in place'. The full fall-out from this case has still to be considered, but changes in the system will be likely. In the meantime, and although this advice has not yet been issued, we would urge all GPs to think very carefully about what they commit to writing for their appraisals. Reflection is good; written self-confession, perhaps leading to conviction, is not.

## **2018/19 GPC Update**

2018/19 GMS Contract changes. The details have already been circulated but, in brief, the additional new funding to general practice nationally is £256M:

- Global Sum rises from £85.35 to **£87.92** per head of weighted patient population.
- £60M will be used nationally to cover the average indemnity increases over the last two years and will be paid to practices who should ensure that salaried GPs receive their share of the funding.
- Statement of Financial Entitlements for Vaccs and Imms:
  - Item of service fees rise from £9.80 to **£10.06**
  - There are also some clinical amendments which you need to take note of.
- Parental leave payments
  - First week: rises from £1,131.74 to **£1,143.06**
  - Subsequent weeks: rises from £1,734.18 to **£1,751.52**
- Upper amount for sickness payments also rises from £1,734.18 to **£1,751.52**
- QOF points value rises from £171.20 to **£179.26**
- There are changes to the violent patient scheme – a flag in their record is good reason not to accept their registration, or to remove them having discovered that a previous practice had set that flag. The patient will then be put onto the 'Special Allocation Scheme' or left unregistered if they prefer that.
- There are changes agreed, and further major review to follow, of the Premises Cost Directions. Details to follow.

e-RS and the switch-off of paper referrals. There will not be a contractual obligation on GP practices to make electronic referrals. However, for the good of patients and the harmonious working of the health system the GPC supports their use. They have obtained agreement from NHS England that the implementation must be supportive, not punitive, and that practices that need help to implement it must be helped.

(Locally:

- The 'soft' switch-off of **GP paper referrals to a first consultant-led outpatient appointment** will take place on 3<sup>rd</sup> April 2018. At this stage no referrals will be returned for resubmission on e-RS. However practices will be encouraged to move over to e-RS referrals.
- (Note that 'paper' in this case includes e-mailed and faxed referrals.)
- There will be weekly updates sent to practices after soft launch.
- The intention, if all goes well, is to go to a 'hard' switch-off on 4<sup>th</sup> June 2018 but if the LMC feels that there should be a slip in that date we can insist on it. Do let us know in good time if you are having problems. The decision will be made in mid-May.
- Meanwhile there is a programme of weekly information releases and there is training and help available if you ask for it.)

#### HepB vaccination.

- NHS England have agreed to ensure that responsibility lies with the renal service, not general practice, to provide HepB vaccination to renal patients.
- Medical students will, once the details have been agreed, be given HepB vaccination via the medical school. If GPs are asked to do it there will be funding for it.

#### Next steps – hopefully to be introduced for 2019.

- The detail of the state-backed indemnity scheme is being worked out.
- Fundamental review of practice premises.
- Wholesale review of QOF.
- Re-invigoration of the partnership model.
- Other workforce initiatives.

NHS e-Referral Service (e-RS)

# Paper switch off

at Gloucestershire Hospitals NHS Foundation Trust

**4 JUNE** Paper referrals **switch off**

## Why Wait?

- Improved Patient Choice - Increased control, Reduced anxiety
- Reduction in process times leading to decreased waiting times for patients
- Fewer patient queries
- Safety - Audit trail for referrals
- Flexibility - referral process can be adapted to suit working conditions

### Exceptions

Paper switch off will apply to GP referrals to consultant led acute outpatient services. It therefore does not apply to non-consultant led services such as community services.

The only exceptions to paper Switch Off for GP referrals to consultant-led services so far identified will be:

- ▶ Patient with no NHS Number
- ▶ Same day appointments

For all your training needs or further information on e-RS Paper Switch Off please click here or go to CCG live

▶ If you have any questions please contact: [gkn-tr.paperswitchoff@nhs.net](mailto:gkn-tr.paperswitchoff@nhs.net)

Gloucestershire Hospitals NHS Foundation Trust Gloucestershire Clinical Commissioning Group Gloucestershire Local Medical Committee

(If the link to the training site doesn't work the URL is <https://ccglive.glos.nhs.uk/intranet/index.php/ccg-strategy/e-referral-paper-switch-off> )

## Pre-Registration Pharmacy Placements

Congratulations to those practices that supported applications for pre-reg pharmacy placements. This county got 7 of the 10 available slots. The Local Pharmaceutical Committee is particularly grateful. The agreed pairings are:

Aspen Medical Centre	Gloucestershire Hospitals NHS Foundation Trust
Churchdown Surgery	Spa Pharmacy
Springbank Surgery	Cheltenham Pharmacy, Springbank Way
Hadwen Medical Practice	Glevum Pharmacy
Church Street Medical Practice	Northway Chemist
St Catherines Surgery, St Pauls	Badham Pharmacy
Cam & Uley Family Practice	Mid-Counties Co-op

## Primary Care Offer

The Primary Care Offer for 2018-19 is due out any day now. While considering it you might like to know that we think the CCG does work with practices, not against them. The clawback for work not done under the 2014-15 and 2015-16 PCOs had been assessed at £47K but once the practices had had a chance to talk things over with the CCG that figure has reduced to £7K. Obviously the LMC does not endorse claiming money for work not done but we are keen to see that practices are treated fairly.

## Responsibility for prescribing between Primary and Secondary/Tertiary Care

The headline is that this NHS England document (<https://www.england.nhs.uk/wp-content/uploads/2018/03/responsibility-prescribing-between-primary-secondary-care.pdf>) gives:

- Confirmation that GPs do not have to do anything which is not in their contract.
- Recognition of the importance of LMCs in reaching local agreements.
- Recognition that GPs can decline shared care work.
- An obligation on secondary/tertiary care to prescribe in those situations where GPs have declined to take on responsibility for ongoing prescribing.
- Recognition that commissioners need to determine the resources and capacity needed before shared care prescribing can take place.

Important quotes from the paper are:

- 'When decisions are made to transfer clinical and prescribing responsibility for a patient between care settings, it is of the utmost importance that the GP feels clinically competent to prescribe the necessary medicines. It is therefore essential that a transfer involving medicines with which GPs would not normally be familiar should not take place without full local agreement.'
- 'If the GP considers him or herself unable to take on this responsibility, then this should be discussed between the relevant parties so that additional information or support can be made available, or alternative arrangements made.'
- 'GPs would only be obliged to provide treatment consistent with current contract requirements.'
- 'The use of the Electronic Prescription Service by hospitals should be encouraged to allow the efficient provision of prescriptions from secondary care where this is required.'
- 'Commissioners have a role in ensuring that they commission services which cover the prescribing needs of their population and make the best use of available resources; particularly in the case of medicines suitable for shared care. In doing so, commissioners should identify, and take into account, operational and resource requirements of all hospitals and general practice so that patient care remains safe and effective.'

- 'Legal responsibility for prescribing lies with the doctor or health professional who signs the prescription and it is the responsibility of the individual prescriber to prescribe within their own level of competence.'
- 'When a specialist considers a patient's condition to be stable or predictable, they may seek the agreement of the GP concerned (and the patient) to share their care.'
- 'The provision of shared care prescribing guidelines does not necessarily mean that the GP has to agree to and accept clinical and legal responsibility for prescribing; they should only do so if they feel clinically confident in managing that condition.'
- 'Referral to the GP should only take place once the GP has agreed to this in each individual case, and the hospital or specialist will continue to provide prescriptions until a successful transfer of responsibilities. The GP should confirm the agreement and acceptance of the shared care prescribing arrangement and that supply arrangements have been finalised. The secondary/tertiary provider must supply an adequate amount of the medication to cover the transition period.'
- 'Patients should never be used as a conduit for informing the GP that prescribing is to be transferred.'
- 'People who are being treated on the advice of the secondary care team, but are no longer being seen in that setting, may still need review should problems arise. The appropriate level of care and/or advice should be available from the secondary care team in a timely manner without necessarily requiring a new referral.'
- 'If ongoing monitoring and prescribing are part of the shared care agreement, then the resources and capacity to ensure consistent delivery need to be determined before any shared care prescribing is implemented.'

## GDPR

The BMA's interim guidance on the subject of [how GDPR will affect practices](#) has been published. It is daunting, so here are the highlights:

- 'Personal data' means data that can alone or in combination with other information identify a living person. (GDPR does not apply to dead people.) 'Confidential health data' is a term used by the BMA to encompass the 'special category' health data defined by GDPR and also data which are subject to the Common Law duty of confidentiality.
- All practices are data controllers for the data they hold about their patients. The IT provider processes the personal data of patients but only as a data processor - the practice remains the data controller. Check the contract with the IT provider that they are promising adequate data security. Make sure that all staff with access to personal data have confidentiality clauses in their contracts.
- The provision of direct care is legally well covered by Article 6(1)(e), Article 6(1)(c) and Article 9(2)(h) of the GDPR and also covers the sharing of data for the provision of direct care.
- Release of personal confidential data to an insurance company, solicitor, employer or any other third party legally requires explicit consent from the patient. Such consent must be 'freely given, specific, informed and an unambiguous indication of the data subject's agreement'. If you as the data controller reasonably believe that this is the case then you don't have to interview your patient to double check. Pre-ticked boxes are forbidden but consent can be given by a data subject ticking an unticked box on line.
- Generally, data subjects can object to their data being processed in certain circumstances but it is likely that practices will be able to demonstrate 'compelling legitimate grounds' for continued processing for the safe provision of direct care etc.
- Practices must, in the interests of fairness, legality and transparency, provide patients with a practice privacy notice (PPN). The PPN must be prominently displayed on the noticeboard and website. The PPN should be kept up to date and prominent. New patients could be given a leaflet. [The PPN must contain:](#)
  - Contact details of the practice as data controller;
  - Contact details for the data protection officer;

- The purposes for processing the data and the legal basis for processing the data
  - Practices can state that processing is for direct patient care and quote Articles 6(1)(e) and 9(2)(h) as set out above;
  - Other legal bases when processing for reasons other than direct care might, in England, include a direction under the Health and Social Care Act 2012 – PPNs should therefore also state that where disclosures are a legal requirement the lawful basis and special category condition for processing are: ‘...for compliance with a legal obligation...’ (Article 6(1)(c)) and Article 9(2)(h) ‘...management of health or social care systems...’;
  - For medical research the lawful basis and special category condition are Article 6(1) (e) ‘...for the performance of a task carried out in the public interest...’ and Article 9(2)(j) ‘...research purposes...’;
- Information about with whom data are shared
- Any rights of objection which are available;
- That patients have the right to access their medical record and to have inaccurate data corrected.
- Retention periods – practices can state that GP records are retained until death;
- The right to lodge a complaint with the Information Commissioner’s Office (ICO).
- An explanation of the disclosures other than for direct care which the practice has to make (e.g. clinical audit and medical research.)
- You have to be able to demonstrate compliance. Three ways:
  - Keep an ‘information register’ of the data flows:
    - Name and contact details of the data controller;
    - What personal data are processed (categories of data are sufficient, e.g. health data);
    - Who the data subjects are (i.e. patients);
    - The data which flows from the practice in identifiable form and the purposes for processing;
    - With whom the data are shared and the legal basis for the flow of data (as above the legal bases will be Article 6(1)(c), Article 6(1)(e) and Article 9(2)(h) and, for medical research, Article 9(2)(j); the legal basis may also be explicit consent (Article 6(1)(a)) where appropriate, for example, when sharing with insurance companies or solicitors);
    - The data sharing agreements the practice has signed up to;
    - A general description of the security measures, for example, data are encrypted when they are transferred between NHS organisations.
  - Policies and procedures for handling subject access requests, managing data breaches, managing requests for information from third parties (for example, insurance companies), staff training, managing infrastructure failures and remote access to data for mobile working.
  - Data protection impact assessments (DPIAs). A DPIA is mandatory when practices engage in new data sharing arrangements likely to result in high risk to data subjects’ rights or where new technologies are being used. This assessment must be carried out by the practice. Detailed information on DPIAs can be found on the ICO website: [www.ico.org.uk](http://www.ico.org.uk).

You must designate, but do not necessarily have to employ, a Data Protection Officer (DPO). The LMC is discussing with the CCG and others how practices can be provided with the central services of a DPO. The latest advice we have had is:

- That the revised IT directions for CCGs will require them to commission DPO support from their IT provider (this could be internal or from a Support Unit). If practices then choose to use this DPO resource they are likely to have to pay for it.
- In addition, the ICO has agreed that a partner can hold the position of the DPO for a practice (which would seem to be more conflicted, but the ICO has formally agreed to this).

The GPC has developed templates for use by practices and these will be sent out as soon as we receive them.

### **Adjuvanted trivalent vs non-adjuvanted quadrivalent in over 65s**

Summary of evidence for information can be found at following link:

<https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2018/01/advice-gps-cgs-influenza-accination-adults.pdf>

Based on the existing evidence, and in the context of the UK programme, PHE analysis strongly supports the preferential use of adjuvanted trivalent vaccine in older people. Based on current list prices for adjuvanted and standard vaccines, such a programme is likely to be highly cost effective. Although quadrivalent vaccine offers the potential to provide broader direct protection against influenza B, the existence of a successful childhood programme using quadrivalent LAIV is likely to offer indirect protection by reducing transmission. On top of the childhood programme, the benefits of QIV in older people are limited. The priority groups where QIV should still be considered are therefore adult at-risk groups, including pregnant women. Although formal analysis of the benefit of QIV in healthcare workers has not been conducted, this group are also likely to derive some benefit in those years when the circulating influenza B strain is not well matched to the B strain in TIV.

### **Occupational Health services for GPs**

We had heard that in order for a GP to access the new occupational health service provided by Heales Medical it would be necessary for the practice first to register with Heales. We queried this and their response is:

- It is not essential for an employee's practice to be registered with Heales Medical provided that the employee is an individual on the National Performers List.
- That said, registration for a practice is free of charge and allows access to an on-line portal which provides extensive information on the Occupational Health services provided by Heales together with a tariff of charges.
- Heales Medical understands that sometimes a GP would like to self-refer and not have the practice informed of their personal circumstances. In such a case the GP should contact Abigail Turner, their contract manager, direct on 0944 842 1755 or on 07494 957 770.

We did suggest that we might be able to get all practices registered with Heales in one batch but they say that because of data protection concerns each practice would need to register individually, but the process is not overly complicated:

1. An individual from the practice, ideally a senior partner or someone who is approved to authorise payment, needs to read through the information page and accept our terms and conditions; both can be accessed via the following link: <https://www.heales.com/tl/gpdent>.
2. At the bottom of the information page is a tab to click entitled "Register your Practice". All that is necessary to register is the practice's unique reference code.
3. A primary user needs to be assigned; this could be the practice manager or whomever would be responsible for making any referrals to Heales.

### **Violent patients**

Nationally there have been reported examples of PCSE not informing local NHSE/CCG teams of patients who have been removed from practice lists under S.13.11.1 due to violence or aggression. There is then a risk that potentially violent patients may register with practices not set up to care for them. To avoid this risk practices should inform the CCG as well as PCSE when they request removal of a patient due to threats of violence.

### **NHS Gloucestershire Hack Day**

NHS Hack Days are a weekend event where anyone interested in health and care technology can come together to work in small teams on projects to improve NHS IT. NHS Hack Day events generally start with projects being suggested at the beginning of the first day, then teams form and get to work, then present their work to the rest of the community at the end of the second day.

NHSHDx is an evolution of the NHS Hack Day series, and is designed to explore more focused themes and domains, such as health and care technology in Gloucestershire. NHSHDx Gloucester is the first event in this series and is being hosted at Sandford Education Centre in Cheltenham, on Thursday 3rd May.

The event will be a chance for Gloucestershire NHS Healthcare professionals to get together and talk about how technology is used in the NHS, as well as the challenges and opportunities it presents.

Attendees will spend time in small groups thinking about and working on small projects for the benefit of the NHS in Gloucestershire, for professional development and for fun, and will get to show back their ideas at the end of the day.

For more information and to book your free ticket, visit <https://nhshackday.com/x>

### **The Cameron Fund – extract from an address at the LMC Conference**

"I am glad to report that the Fund – [The GP Fund, Your Fund](#) – is in robust health. The Fund's objects are the relief of poverty and the prevention of hardship and distress among registered and formerly registered general medical practitioners and their dependents. The majority of new applications now come from GPs in the early and middle years of their careers; some of these cases are of an extremely complex nature. The Cameron Fund's charitable activities assist GPs to return to their work. Council members are conscious of their duty to use charitable funds responsibly.

New applications for assistance were received from 198 individuals. The Council authorised grants and loans, including Money Advice, to the value of over £220,000.

The Fund launched the [Joint Medical Charities Portal, "Help Me, I'm A Doctor"](#) which provides a single access point for medical practitioners and their dependents seeking financial support.

We have further plans for the next year:

- Following suggestions from both the NHS GP Health Service and the BMA Sessional GPs' Sub-Committee, we will develop an advice pack for newly-qualified GPs to encourage robust financial planning. The pack will cover areas such as insurance, tax planning and budgeting.
- We are aware that our Register of Members lacks several GPs who are active in the profession. I will invite them to join the membership.
- We will create associate membership, primarily for non-medical LMC staff, but available to anyone who wishes to support the work of the Fund."

### **Sessional GP newsletter**

The latest GPC Sessional Doctors Newsletter is at

<https://bma-mail.org.uk/t/JVX-5IP3O-1BJCJOU46E/cr.aspx>

### **The BMA's quarterly newsletter for trainees**

Here is the link for the quarterly GP trainee newsletter. <https://bma-mail.org.uk/t/JVX-5I1RL-1BJCJOU46E/cr.aspx>. Note that the GP Trainee subcommittee has produced guidance on how [GP trainees and LMCs can work together effectively](#).

### **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.

### **Gloucestershire LMC and the GDPR**

The LMC remains committed to keeping personal data secure and to use it only in ways that are legal, fair and transparent. With this in view please note the personal privacy notice at Annex B.

### **Max's Musings**

I cannot remember another year in which the snow has come not once but three times to disrupt our society. Mind you, my memory is not what it was.

I have always considered it my civic duty to clear the snow from the pavement outside our house. Early in the morning, before going to the surgery, I get out there with a shovel (not a spade – a spade is rounded whereas a shovel is flat). People then find it much

easier to walk on 'my' pavement without slipping, especially as in other places the snow becomes compacted and very slippery and icy at times. I like to think that I am helping my colleagues in A&E with another aspect of winter pressures. If only all citizens did the same! Not only would the number of falls reduce but the general health of the population should improve – it is jolly hard work!

Nevertheless, I welcome the snow for its beauty, for the silence that descends on the world and for the pleasure it gives to so many kids when schools are cancelled. It also gives me a chance to catch up on paperwork when patients don't turn up in quite such numbers as usual.

So, on balance, I think we have had enough snow for now. The clocks sprang forward last week-end and Spring has barely sprung, but perhaps the summer will be a scorcher?

And finally, a sad tale:

Corned beef was sent to a school canteen.

Teachers sniffed it and did not like it.

The Canteen Manager sniffed it, but pronounced it good;

The School's Medical Officer also sniffed it and thought it good.

The Health and Safety Inspector then sniffed it and declared it good, but he then ordered it to be destroyed as too many people had sniffed it.



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

The logo for Gloucestershire LMC and GP Safe House. It features the Gloucestershire LMC logo (LOCAL MEDICAL COMMITTEE LMC GLOUCESTERSHIRE) in the top left. To the right is the word 'Gloucestershire' in a blue serif font. Below this is a green graphic of a house with a garden, and the text 'GP SAFE HOUSE' in a green sans-serif font. Underneath that is the tagline 'Online support for professional challenges' in a smaller, italicized font. At the bottom is the website address 'www.gpsafehouseglos.co.uk' in a blue sans-serif font.

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="#">Berkeley Medical Centre</a>	Berkeley, Glos	Part-time GP 3-6 sessions per week	17 Jan 18	Open
<a href="#">Berkeley Place Surgery</a>	Cheltenham	Part-Time Salaried Doctor	21 Feb 18	31 Mar 18
<a href="#">Gloucester Health Access Centre &amp; Matson Lane Surgery</a>	Gloucester	GPs sought	22 Feb 18	31 Mar 18
<a href="#">GP Retainer Scheme</a>	Gloucestershire	GPs – short-term work for those who need it	28 Feb 18	Open
<a href="#">Aspen Medical Practice</a>	Gloucester	General Practitioner Opportunities	14 Mar 18	Open
<a href="#">Underwood Practice</a>	Cheltenham	GP Partner	21 Mar 18	1 May 18
<a href="#">Rendcomb Surgery</a>	Nr Cirencester	Salaried GP, view to partnership	27 Mar 18	Open
<b>ELSEWHERE</b>				
<a href="#">Burnham &amp; Berrow Medical Centre</a>	Somerset	GP Partner or Salaried GP	10 Jan 18	Open
<a href="#">Crest Family Practice</a>	Knowle, Bristol	Salaried GP and Salaried GP Maternity Locum	31 Jan 18	Open
<a href="#">Saltash Health Centre</a>	Saltash, Cornwall	Salaried GP	14 Feb 18	29 Mar 18
<a href="#">Burnham &amp; Berrow Medical Centre</a>	Somerset	Long-term conditions Nurse	14 March 18	04 Apr 18
<a href="#">Frome Medical Practice</a>	Somerset	Salaried GP	19 Apr 18	12 Apr 18
<a href="#">Frome Medical Practice</a>	Somerset	Locum GP	19 Apr 18	Open
<a href="#">Broadway</a>	North Cotswolds	Salaried GP	27 Mar 18	12 May 18

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

## **General Practitioner Opportunities Aspen Medical Practice: Gloucester**

### **ASPEN MEDICAL PRACTICE**

Aspen Medical Practice will be created in April 2018 from the merger of 4 Practices in Gloucester and will have a registered patient list size of circa 30,000.

This will be a forward-thinking, innovative, teaching GMS Practice based in a superb modern purpose-built building.

We believe that Primary Care has a bright future as long as it remains led by GPs. Our aim is to develop ways of working that are fit for the future and restore sanity and control for the workforce. We are looking for:

### **General Practitioners**

We have considerable flexibility to offer opportunities to applicants who share our vision of the future. Our operating model will develop the potential of Allied Health Professionals (AHPs) and Clinical Navigation to ensure that GP workloads remain manageable and appropriate.

Aspen Medical Practice will have a significant portfolio of non-GMS clinical work, which also offers exciting opportunities for career development and diversity of workload.

If you would like to visit us, or arrange for an informal discussion around our vision of the future, please contact Mrs Beverley Lewis via email on [beverley.lewis4@nhs.net](mailto:beverley.lewis4@nhs.net) . We are happy to consider newly-qualified GPs.

## **GP Partner October 2018 – Underwood Surgery Cheltenham**

We are seeking a GP Partner to join our 4-Partner Practice, due to the relocation of a Partner at the end of September 2018.

6-8 session partnership GP starting October 2018

**Closing Date 1/5/2018**

### **Joining our Practice**

We received one of the highest patient satisfaction results in Gloucestershire in 2018 so we know our patients appreciate us. We have very low turnover of staff and very rarely have GP vacancies, so this is a rare opportunity to join a well-functioning practice.

Our main surgery is located in a pleasant part of Cheltenham close to the town centre. We also have a small branch surgery open term-time only at the Park Campus of the University of Gloucestershire. We therefore have a mixture of young and elderly retired patients with less workload in the holiday periods.

- PMS
- 11,000 patient list size
- SystemOne
- High QOF achievement
- Highly qualified and experienced Practice Nurse Team
- Training Registrars.
- Modern premises with large car park.
- Friendly, pleasant working environment in a pleasant part of Cheltenham.

We have CQC Inspection completed and rated Good

### **Would you like to visit us?**

An informal visit or any enquiries are welcome. Please contact Mr Fred Whalley, Practice Manager on 01242 580644 or email [fred.whalley@nhs.net](mailto:fred.whalley@nhs.net)

Please apply in writing, enclosing a CV, to:

Fred Whalley  
Practice Manager  
Underwood Surgery  
139 St George's Road  
Cheltenham  
GL50 3EQ

**DR I R DAVIS  
DR C F  
HENDERSON  
DR N L WILSON**



The Surgery  
Rendcomb  
Cirencester  
GL7 7EY

Tel : 01285 831257

Fax: 01285 831679

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

## **RENDCOMB SURGERY**



### **6-7 Session Salaried GP, with a view to Partnership**

Rendcomb Surgery are looking to recruit a salaried GP, with view to a Partnership, for 6-7 sessions per week

- List size 4,200 and growing
- 6-7 sessions per week
- Salaried post, with a view to Partnership
- Emis Web Clinical System
- Maximum QoF achievers and wide range of Enhanced Services
- Rural, Small & Friendly with appreciative patients who rate us highly on access and the quality of their care
- Dispensing
- Active Locality Commissioning Cluster
- Excellent administration team with low staff turnover
- Morning break, with fresh coffee and occasional cake!

Why Gloucestershire?

Find out at:

<https://jobs.bmj.com/minisites/beagpinglos/>

Why Rendcomb?

Take a look at our website:

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

We are looking for an enthusiastic, committed GP to join our small and friendly, high achieving practice providing high quality care for our patients. For more information about the post, or to arrange a visit, please contact as set out below.

Applications to include a covering letter and CV to: Kate Jacques, Practice Manager, Rendcomb Surgery, Rendcomb, Cirencester, GL7 7EY

Email: [kate.jacques@nhs.net](mailto:kate.jacques@nhs.net)

Telephone: 01285 831257



## **BROADWAY in the COTSWOLDS**

### Salaried GP

An opportunity to join our cohesive, friendly practice working from our own premises in the beautiful High Street of the stunning Cotswold village of Broadway. Also, on the horizon is the exciting prospect of a new purpose built medical facility within the next 2 years.

We are looking for a salaried GP for 6-8 sessions per week. Starting 1<sup>st</sup> June 2018

We pride ourselves in modern, high quality care with good continuity and traditional values.

- Rural, dispensing practice
- List size approximately 7,500 patients
- High QoF achievements and patient satisfaction
- Teaching practice
- No extended hours or out-of-hours commitment
- EMIS Web, Docman and Frontdesk systems
- CQC inspection rating Good
- Website [www.barnclose.co.uk](http://www.barnclose.co.uk)

Informal visits welcome, for further information or to arrange a visit please email or phone 01386 853651

Mrs. Jean Taylor, Practice Manager  
Barn Close Surgery, 38-40 High Street, Broadway, Worcestershire WR12 7DT  
Email [jean.taylor13@nhs.net](mailto:jean.taylor13@nhs.net)

or

Dr Neil Townshend  
Email [neiltownshend@nhs.net](mailto:neiltownshend@nhs.net)

or

Dr Emma Billings  
Email [emmabillings@nhs.net](mailto:emmabillings@nhs.net)



## **DATA PRIVACY NOTICE**

Gloucestershire Local Medical Committee provides advice and support to GPs and practice managers in the county. We hold names, email addresses, sometimes telephone numbers and, occasionally, other personal data in order to do this. We also maintain contact with other organisations for mutual support and advice.

The legal basis (under the EU's General Data Protection Regulation, to be enacted by the 2018 Data Protection Bill now going through Parliament) under which we hold this personal data is the shared legitimate interest of all parties that this communication should continue to be given and received.

The normal system has been that practice managers will let us have the email addresses of GPs when they join the practice as we have no access to the NHS Global Address List. We intend this arrangement to continue, subject to the restrictions below.

- If we wish to do any data processing beyond what is necessary to provide you with information or support we will seek your specific consent. In particular we will not share your personal data with anyone without asking your permission first.
- You can ask for a copy of the personal data we hold on you, which you can have within 30 days.
- You have the right to 'be forgotten' but if you ask us to delete your contact details you will no longer receive any communications or benefits from us.
- If your email address or other item of personal data that you know we hold should change, or if we have it wrong in the first place, please let us know so that we can correct it.
- If you leave medical practice in the county, give up work in the county or simply move away we should be grateful if you would tell us of your intention so that we can remove your personal data from our records – we have no wish to keep them longer than we must.

We hold your data electronically, password protected, on a secure off-site server. The Office is locked whenever it is not occupied. Regular and frequent backups are maintained securely.