

**DECEMBER
2018**

LOCAL MEDICAL COMMITTEE
LMC
GLOUCESTERSHIRE

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

Dr Tom Yerburgh – LMC Chairman
tom.yerburgh1@nhs.net

Shelina Jetha - LMC Manager
shelina@gloslmc.com

Twitter: @GlosLMC

Mike Forster - LMC Lay Secretary
mike@gloslmc.com

Sue O'Sullivan - Administration
sue@gloslmc.com

Tel: 01452 310706

Fax: 01452 386503

For years practices have suffered reductions in funding in real terms; any slight increases in actual funding always bringing increased paperwork with them. The DDRB recognised this by recommending a 4% increase in the GMS Global Sum, but this was not implemented in full by the Government. (So much for independent review.) At the LMC Conference (England) last week the theme was that it 'is about time' to put this and other things right. The main issue addressed was the future of partnerships, which all (including the Secretary of State) say are the bedrock of the NHS. Dr Nigel Watson's report on the future of partnerships is due to go to ministers before Christmas and will be published early in the New Year. His recommendations will have to focus on the practical, reasonable and affordable rather than the ideal. Anything more would be quietly shelved by Government. It will be a delicate balance to strike. If you want more on the Conference see the link at <https://www.bma.org.uk/events/2018/november/lmc-conference-england-2018>

There was also considerable concern at the leaked, and highly-unacceptable, suggestion by NHS England that there should be top-slicing of the global sum/baseline payment to pay for the 'state-funded' indemnity scheme.

LMC Secretary

We are pleased to announce that Dr Penelope West has agreed to take on the role of LMC Medical Secretary from 1st April 2019. Dr West has been a GP for 24 years and in addition has a law degree so she will be well-placed to carry on from Mike Forster.

EU's Falsified Medicines Directive (FMD)

Counterfeit, high-priced medicines are a threat to public health worldwide. You may have heard that the FMD (Directive 2011/62/EU) was published on 1 July 2011 in the Official Journal of the European Union and will be rolled out from 8th February 2019. The European Commission itself estimates that only 0.005% of prescribed drugs are counterfeit. The FMD is therefore something of a sledgehammer to crack a minute nut, albeit potentially serious for any patient affected. FMD will introduce tougher rules to ensure that medicines are safe and that the trade in medicines is rigorously controlled.

Under the FMD all prescription medicines for sale will have to carry a unique and randomised serial number encoded in a 2D-barcode, and a visible anti-tampering device. At each stage of the supply chain, the product will be inspected to ensure it has not been tampered with, has not previously been dispensed and that the packaging remains intact. On supplying the medicine to the patient, the unique identifier must be 'decommissioned' via a scan from the FMD system, to prevent any duplication of a legitimate identifier for use on a falsified medicine. The trouble is that if the patient does not collect the medicine within 10 days the FMD will require it to be destroyed. This could be hugely wasteful. This is being looked at nationally.

All practices (dispensing and non-dispensing) will need to have the infrastructure and processes in place to decommission medicines, including for prescription and administration of vaccines. Clearly it will be up to the designers of the clinical systems to ensure that the

functionality is provided but it will be for the CCG, via the CSU, to ensure that practice IT hardware is up to the task. Practices are advised not to take any precipitate purchasing action which they may regret later. Inevitably there will be workload implications, particularly for dispensing practices.

You can read more about it in [the BMA's focus document](#)

Cremation forms and funeral directors

There is no statutory obligation to complete a cremation form and no set statutory fee. It is up to the GP to charge what is appropriate and this will cover both time and travel costs. The GP does not have to see the body after death to complete the part 4 cremation forms. All the doctor must do is to write legibly in the boxes on the form. It is then up to the medical referee of the particular crematorium to decide whether to accept the form or not. The referee can legally refuse to accept a form that is illegible but cannot refuse to accept a form just because they don't like the (legible) written content. They have to decide whether the information on the forms is sufficient for the body to be cremated. It is their decision alone. Any consequence arising from their refusing to accept a form (delay, anguish for the family, extra fees etc). is theirs alone. If they refuse to accept a form then it will have to be replaced by another that is acceptable to them, i.e. one written after the body has been seen.

If the body is out of area then simply contact the medical referee of the relevant crematorium, explain the situation and suggest you complete the forms indicating in the relevant boxes why you were unable to see the body after death. Explain to them that this is legally allowable and that there is no legal reason why they should not accept this.

Equally, if a funeral director outside your area is unwilling to move the body to a funeral director's parlour near your practice then you can tell them that if they are not going to be reasonable and move the body closer to the practice (they all have facilities and/or arrangements to be able to do this) then you will not be able to complete the certificate and will have to advise the relatives as to where the fault lies for the funeral being delayed.

Consent form for the disclosure of medical records to solicitors

The BMA and Law Society have updated the joint template consent form for the disclosure of medical records to solicitors (for use in England and Wales). The template has undergone a refresh so that it reflects the General Data Protection Regulation. The aim of the template is to help improve the process of seeking consent and to ensure that patients are well informed about these disclosures. You can access the template form [here](#) and it is also available within the BMA's [guidance on access to health records](#), and as part of the [ethics A-Z](#) – under C.

Vaccines for the 2019/20 seasonal flu vaccination programme

The formal letter (NHS England gateway reference 08529 dated 20 Nov 18) announcing which vaccines you can order is coming out to practices; you may already have received it. Note that there is a move from vaccines cultured on eggs (suffixed 'e') to those cultured on mammalian cells (suffixed 'c'). These new vaccines are expected to be licensed by NHS England in time for them to be ordered, but it has not yet happened. In outline:

- 18-64 year olds.
 - Quadrivalent inactivated vaccine (QIVe)- already licensed.
 - QIVc when licensed,both being better than TIVe for this group.
- 65s and over.
 - Adjuvanted trivalent inactivated vaccine (aTIV), already licensed.
 - Cell-grown quadrivalent vaccine (QIVc), once licensed, probably before Christmas.
 - High-dose trivalent vaccine (TIV-HD), once licensed, again expected in December.
- Children. Public Health England will continue to procure and supply vaccines for all children aged 6 months to 17 years.

Practices should begin ordering currently licensed vaccines; ordering of these licensed vaccines should not be unnecessarily delayed. For the new, currently unlicensed vaccines, please wait for confirmation from NHS England that they are eligible for reimbursement before ordering.

Vacuum dressings

We note that GP practices are increasingly being asked to take on the changing of vacuum dressings. This is not properly the role of general practice. We understand that the CCG is looking into this and we will hold them to finding a solution.

Diploma in Advanced Primary Care Management

There are still some places left for February 2019 intake for the NAPC's Diploma in Advanced Primary Care Management. Some bursaries are available, as much as 50% off.

The diploma is designed for practice and business managers who are becoming responsible for running primary care at scale, for example, as a 'primary care home' or other primary care network. For more information please click [here](#).

Quote from the National Association of Primary Care:

'Primary care home' is an approach to strengthening and redesigning primary care. Developed by the NAPC, the model brings together a range of health and social care professionals to work together to provide enhanced personalised and preventative care for their local community. Staff come together as a complete care community (drawn from GP surgeries, community, mental health and acute trusts, social care and the voluntary sector) to focus on local population needs and provide care closer to patients' homes. Primary care home shares some of the features of the multispecialty community provider (MCP); its focus is on a smaller population enabling primary care transformation to happen at a fast pace, either on its own or as a foundation for larger models.

Winter indemnity scheme

The winter indemnity scheme (WIS) will run again from 1 October 2018 to 31 March 2019. Matt Mayer, GPC England's policy lead on workload, has written [a blog](#) which will guide you through the WIS, and explain how to access it.

GP Safe House Gloucestershire Website

For reasons outside our control our www.gpsafehouseglos.co.uk website has suffered technical faults. These have now been put right, with huge apologies from the hosting company. The problems arose from a change of hosting platform.

Royal College of General Practitioners Research and Surveillance Centre (RCGP RSC)

The RCGP RSC, is an active research and surveillance unit and sentinel network, that has been involved in national surveillance of flu and other infectious diseases for over 50 years. You can find more information about their work and principal outputs here:

<http://www.rcgp.org.uk/rsc>.

The Network, growing from under 100 practices to over 400 practices, has recently received funding by NHS England to double the size of the practice network and create a workload observatory. Practices within this network have been receiving feedback on data quality and have been receiving individual support from a dedicated team of practice liaison officers. Practices also have the opportunity to be actively involved in funded research studies and can determine the level of their involvement. Currently practices in the network benefit from:

- Continuous feedback on coding and access to an individual interactive dashboard. The feedback has the additional benefit of demonstrating a commitment to constant quality improvement during CQC visits
- The opportunity to participate in funded research without the hassle of signing additional paperwork. RCGP RSC advertises new research opportunities in their monthly newsletter
- A free Research Ready Advanced accreditation. The standard cost is £50 for a practice to Advanced-accredit for each year you are an RCGP RSC member

- A team of Practice Liaison Officers who actively support the network and train practices as needed

We are seeking further information and will publish it when available.

Flu vaccination of all practice staff

We have been asked to remind practices that figures for flu vaccination of all practice staff should be entered in IMMFORM. At the least please put in a consolidated figure at the end of the season.

Job opportunities

A full list of current 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.

Healthy aging

During Healthy Aging Month (September) we picked up a list of tips aimed at helping retired people stay healthier and live longer. This would have the concurrent benefit of reducing the number of calls on the NHS (not that it is expressed that way). It is reproduced at Annex B should you wish to use it.

Max's Musings

Heavens! It's nearly Christmas again. Did you know that Father Christmas has an official address? (Santa's Grotto, Reindeerland, XM4 5HQ should you feel the urge to send him a request.) But the last posting date is 8th December. I have always preferred to float a letter on tissue paper up the chimney; after all, that is the route he takes into the house and it has always connected with him, provided one's nearest and dearest has a chance to check the spelling over one's shoulder. Santa is, of course, an American import but we have clearly made him our own.

Over the years we have also as a nation absorbed many German Yuletide customs. The Christmas tree and candle arches are now joined by the Christmas Market. Somehow, having experienced the genuine article in its home country, these *Weinachtsmärkte* are not quite the same but we went down *en famille* to our local version. We sampled many obscure and entertaining alcoholic drinks. We looked at many potential stocking fillers. The chocolates had to be tried as well. Several times. So did the doughnuts and gingerbread men. There were roasted chestnuts but, sadly, no genuine *Glühwein*. However, we did find a very passable mulled cider. Several times. I cannot now recall whether it was a different provider each time or just that we kept coming back to the same one. All these huts look so similar, don't they?

One of the German habits that has not made it across the Channel (yet) is that of celebrating the arrival of the Christ-child the evening before, thus leaving Christmas Day itself free for gargantuan meals and festivity, often at restaurants – after all, who wants to spend a feast day cooking? Likewise, and understandably, the lighting of real candles on the tree (magical for children though that is) is frowned on by the Christmas Elf of Safety.

I am leafing through 'Good Medical Practice' to see what implications there might be for hanging up sprigs of mistletoe in the surgery. It might lift our receptionists' morale (if not their morals) considerably, depending on whom they can corner.

And, finally,

Many years ago, about this time of year, a letter addressed to 'Degenerate Bawd' in London was correctly interpreted and delivered by the Post Office to the Central Electricity Generating Board.



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

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GP SAFE HOUSE

Online support for professional challenges

www.gpsafehouseglos.co.uk

JOB VACANCIES

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

GLOUCESTERSHIRE			Date posted	Closing Date
GP Retainer Scheme	Gloucestershire	GPs – short-term work for those who need it	28 Feb 18	Open
Partners in Health	Gloucester	Looking for 2 GPs	01 May 18	Open
Upper Thames Medical Practice	Cirencester & Lechlade	GPs sought	07 Aug 18	Open
Kingsway Health Centre	Gloucester	GPs sought	09 Oct 18	Open
Crescent Bakery Surgery	Cheltenham	Salaried GP Post	17 Oct 18	Open
Marybrook Medical Centre	Berkeley	Salaried GP	24 Oct 18	Open
Minchinhampton	Near Stroud	GP Partner	12 Nov 18	Open
Bartongate Surgery	Gloucester	Salaried GP	20 Nov 18	Open
Working with the Forces	Across Gloucestershire	GPs Full or Part timer	20 Nov 18	Open
Matson Lane Surgery	Gloucester	Lead GP	26 Nov 18	Open
Gloucester City Health Inequalities Fellowship	Gloucester	GPs	27 Nov 18	6 Jan 19
Aspen Medical Practice	Gloucester	Salaried GP 6 to 8 sessions per week: with view to partnership	28 Nov 18	Open
ELSEWHERE				
Barn Close Surgery	Broadway, North Cotswolds	Salaried GP	27 Mar 18	Open
Thorneloe Lodge Surgery	Worcester	Salaried GP 6-8 sessions	25 Jul 18	Open
Health Assessment Advisory Service	South West Area	Medical Practitioners: Centre for Health & Disabilities Assessments	05 Oct 18	31 Dec 18
Harbourside Family Practice	Portishead N Somerset	Salaried GP 4-6 Sessions pw	14 Nov 18	2 Dec 18
Harbourside Family Practice	Portishead N Somerset	Locum GP to cover Maternity leave until April 2020	14 Nov 18	16 Dec 18

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

Minchinhampton Surgery



GP PARTNERSHIP Cotswolds

Due to retirement of a long serving partner there is an opportunity to join a thriving friendly practice in Minchinhampton, near Stroud. We are a popular surgery with above average income in a beautiful Cotswold market town, on the edge of National Trust Common Land.

- Commencing June 2019
- 5-8 sessions a week
- 6 weeks annual leave plus study leave
- CQC rated Outstanding on consecutive occasions
- 7650 patients
- Currently 6 partners, full practice nurse team
- 100% QOF achievement
- Excellent postgraduate network with local practices
- Training & Medical students
- Research Practice

For more information, to arrange an informal visit or to apply with CV please contact Wendy Gordon, Practice Manager, The Surgery, Minchinhampton, Gloucestershire GL6 9JF

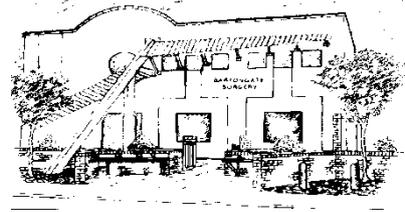
email: wendy.gordon2@nhs.net or Senior Partner
susie.weir@nhs.net

Tel: 01453 883793

Bartongate Surgery

6 session Partnership Opportunity / Salaried GP – May 2019

We are seeking an enthusiastic and committed Partner or salaried GP to join our 3 Partner Practice.



Joining our Practice

We are highly regarded by peers and patients alike, an inner-city Practice with a diverse multi-cultural population, a strong emphasis on up-to-date care, and a reputation for excellent service delivered by the whole team.

- PMS
- 9,000 patient list size
- EMIS Web
- High QoF achievement
- Diverse and highly qualified Practice Nurse Team
- Training Medical Students
- Excellent modern premises
- Friendly democratic working environment

We are a happy and cohesive Partnership, well organised, with a CQC Inspection completed and passed. Teamwork is our ethos and we share decision making and support to each other. This is further reflected in our workforce resulting in an environment where colleagues feel valued.

What can you bring to us?

- Clinical excellence and commitment to learning
- Business skills, or an ability to grow into a Partnership taking some responsibilities
- Be part of an excellent team
- Flexibility
- A 'can-do' attitude
- Manage change and work with change
- Vision and forward thinking

Would you like to visit us?

An informal visit or any enquiries are welcome. Please contact Mrs Jan Newman, Practice Manager on 01452 422944 or email jan.newman@nhs.net

Please apply in writing, enclosing a CV, to:

Mrs Jan Newman
Practice Manager
Bartongate Surgery
115 Barton Street
Gloucester
GL1 4HR

VACANCY FOR LEAD GP AT MATSON LANE SURGERY, GLOUCESTER

Have you forgotten why you became a GP? Is enjoying work a distant memory?

Stop the slog and start enjoying general practice again. Working for GHAC/ML offers the best of both worlds: flexibility but with all the benefits of employment. Whether you are at the start of your career, juggling work and family life, or disillusioned with the grind of conventional general practice, we can offer a working environment that suits you.

We are delighted to have been awarded a new ten-year contract (starting in May 2018) to run our services in central Gloucester. The contract gives us the opportunity to innovate and develop the services and, as a result, we are looking for a **Lead GP, for our practice in Matson Lane, Gloucester**; and to also work at our main surgery **GHAC – Gloucester Health Access Centre on Eastgate Street**. The successful candidate will have the opportunity to build and develop the service, working with the practice management team and our senior GP, Dr Emma Crutchlow. No experience of this type of leadership role is required, as training and mentoring will be given, and we encourage applications from GPs interested in developing their management skills.

Matson Lane surgery is open for 32 hours per week, during the following hours:

Monday	0900-1700
Tuesday	1200-1600
Wednesday	1000-1800
Thursday	1200-1600
Friday	1000 -1800

We are looking for a GP able to work the majority of these hours, but can be flexible as to the exact working pattern. We pride ourselves on offering the best possible work-life balance in an enjoyable, supportive environment, and on supporting GPs to accommodate their other roles, whether professional interests, hobbies or family responsibilities. For GPs seeking to work more than 32 hours a week, we can offer sessions at our other practice in Eastgate Street.

We also offer:

Competitive salary (dependent on experience)

15-minute appointments

Great team – fun, friendly, informal, modern

Support for developing professional interests

For further details or an informal visit please contact Ann Rebello on 01452 336290 or

ann.rebello@nhs.net

Looking for something a little different? Have you considered working on a military base?

We are looking for GPs who are looking for something a little different – a more relaxed atmosphere, more time with patients, a different patient profile. Become part of their multidisciplinary team, alongside Army, RAF and RN personnel.

Full and part-time, fixed-term assignments available across Gloucestershire and beyond.

£63 per hour, weekly pay and access to online CPD through [Bluestream Academy](#).

For more information, please contact Michelle@med-co.com.

Gloucester City Health Inequalities Fellowship

Innovative, interesting, and challenging new GP roles in 2019

Are you a motivated GP who wants to continue their education, combining clinical experience with academic learning?

Do you have an interest in understanding inequality in health and healthcare for inner city patients, and the public health implications of deprivation?

Would you like tailored support and mentoring to settle into a new primary care setting?

There are four of these ground breaking, innovative, flexible and integrated one-year fellowship posts available.

Core elements

Clinical sessions – four per week working in core General Practice as a salaried GP, employed directly by one of our fellowship practices.

Health Inequalities session – one paid session a week to focus on local health inequalities, which includes an initial two to three month induction/shadowing period, followed by project development tailored to the learning needs of the Fellow, and health needs of the population.

Academic study – One day a week undertaking the Postgraduate Certificate in Public Health at the University of the West of England (UWE) to develop expertise in the wider determinants of inequality in health and healthcare. Fully funded course fees and travel for the 22 week programme (attendance required during term time only).

Project Work and Mentoring – Following the initial induction period, participants will use their Health Inequalities session to work on a project of their choosing agreed with their practice. This may be allied to the UWE Public Health certificate, and could include mentoring or placement time with Gloucestershire County Council Public Health team. There will be opportunity to link with local peers, and wider networks nationally.

Fellows will be supported by a local mentor based in the employing practice, and will also have access to an independent mentor for support, and to discuss and reflect upon challenges during the year.

Further information can be found at tinyurl.com/y9w3reyy

For an informal discussion please contact Zaheera Nanabawa on 0300 421 1433 or via email at Zaheera.nanabawa@nhs.net

Open to early career or experienced GPs. Commencing January 2019

Closing date for applications is **6th January 2019**

KEEP FIT AND ENJOY YOUR RETIREMENT

Your golden years can be precisely that: golden.

Time is yours to do what you want instead of sweating it out from nine to five, and there are plenty of activities to keep you busy. Taking long walks on the beach, playing with the grandkids and enjoying epic meals at your favourite restaurant are all on life's menu, so you should be making the most of these years.

Poor health, however, could keep all of that fun out of reach. The truth is, you're at higher risk of weight gain, cardiovascular disease and dementia than ever before, though there are measures you can take to stay fit and get the most out of your retirement.

Hang out with friends

This is one of the most important things you can do to stay fit physically and mentally, according to an article in the Boston Globe that states how relationships are [particularly important](#) in your golden years. That's more than enough reason to invite someone over for a cup of tea or a game of cards, though it'll also be fun just to keep up on current events.

Get your brain buzzing

This is absolutely vital if you want to keep that wit razor sharp, and as easy to do as picking up a book and reading. If that's not your cup of tea, how about adding some [crossword puzzles or Sudoku](#) into your weekly routine? Both will help you build neural connections as well as retain a quick short-term memory and keen concentration.

Improve your diet

First off, reduce the amount of calories you consume, as your metabolism has slowed down over the years. However, you do need to broaden the amount of [nutrients](#) you get, which means adding more fruits, vegetables, legumes, nuts and seeds to your diet while cooking with less fat, salt and sugar. Lucky for you, [healthy meals](#) aren't hard to find.

Move your body

Without exercise, you risk weight gain, heart disease and diabetes, but there's no reason to be too negative, as staying in top form is just a matter of finding exercise you enjoy and can do regularly. Jogging, swimming and cycling are excellent forms of cardio, and you should aim for about [five 30-minute sessions](#) a week with strength, balance and flexibility training thrown in as well.

Take up a hobby

Hobbies help [relieve stress](#), partly by putting you into a state of "flow," which is a deep connection between your mind and body generated while playing the piano, knitting or working the pottery wheel. It's also a wonderful way to challenge yourself and capture some of the energy and excitement you had when you were younger.

Be mindful

This means doing things in the present with your full concentration devoted to the task at hand. Hobbies are one way to do that, as is meditation. It serves as yet another way to find relief from stress while also [reducing the intensity](#) of chronic pain by more than 50 percent, and you don't have to be an expert to gain those benefits.

Go outside

Nature keeps you healthy, in a variety of ways. First off, it encourages physical activity that counts toward your weekly cardio routine. Secondly, you'll get a boost of energy from the fresh air and sunshine. Thirdly, being among the grass and trees wards off depression. There's a fourth, fifth and sixth reason, too, [if you're interested](#).

Hit the road

You've wanted to do this for a long time, and now you have an excuse: [travel is healthy](#). One of the main reasons is quite simple, as exploring the world keeps you happy and active. You'll also gain benefits in the forms of improved cognitive power and mental health from broadening your perspectives and learning more about cultures near and far.

You've got a roadmap for enjoying the years ahead. Keep yourself mentally and physically well, and you'll make the most of this exciting new chapter of your life.