

# February 2019

LOCAL MEDICAL COMMITTEE

# LMC

GLOUCESTERSHIRE

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The NHS has hit the New Year running. The year 2019 may be looked back on as a major turning point for the NHS in general and Primary Care in particular. NHS England published its 10-year Long Term Plan, and Dr Nigel Watson's study into the future of GP partnerships has produced its final report. The general flavour of both is: that GP practices are essential to the present and future working of the NHS; that they are best provided through partnerships; and that the costs and risks of partnership need to be reduced if enough GPs are to be encouraged to take on partnerships in future. Looking at both papers it is reassuring to see that much of what the CCG has been putting in place over the last 2 years is reflected there, so Gloucestershire is well-placed to take advantage of its share of the extra funding promised by the Government. Linked to all this, the new contract arrangements for General Practice have been announced. When evolving new organisations and patterns of work it will be important to promote an atmosphere of friendly relationships, good communication and the ability to welcome constructive criticism. In these, particularly, the voice of the LMC will be crucial.

### **GMS Contract Changes**

The [changes just announced](#) are considerable and detailed – too detailed to be covered adequately here. GPC roadshows, as already advertised, will further explain what the changes are. We too will be putting together our guidance for practices, once we have digested it all.

### **Falsified Medicines Directive (FMD)**

You will remember our December Newsletter mentioned the FMD, which is meant to be coming into force on 9<sup>th</sup> February this year. The GPC is very urgently negotiating as necessary to ensure that the burden placed on practices will be minimal. Their interim advice is to await proper implementation instructions before doing anything. Nor has the CCG been given any central direction yet. Hold your nerve and don't buy anything. More detailed information is at Annex A. Practices are advised to contact their system suppliers and await their confirmation as to timescales and process; the GPC is waiting for further details from NHS England and these will be communicated as soon as they are available.

### **Flu vaccines for 2019/2020**

As already circulated by email, the definitive list of flu vaccines for this coming season can be seen [here](#). Please note that Public Health England will continue to procure and supply all LAIV and injected flu vaccines for those **aged under 18 years**. These vaccines are to be ordered through Immform: [portal.immform.dh.gov.uk/](http://portal.immform.dh.gov.uk/)

Seqirus plan to have a '**soft close**' on ordering of **adjuvanted trivalent influenza vaccines** (aTIV/Fluad recommended for patients aged over 65 years) **at the end of February**. They are allocating delivery slots and the current 'week available' (as of 22.01.19) is the 23.09.2019. Seqirus have confirmed that the aTIV vaccines will be delivered with staked needles.

## **Flu vaccination for pregnant women**

Proportionately the risk of dying from flu is far greater for pregnant women than for other cohorts. The LMC and LPC are equally concerned that the uptake of vaccination is still too low in this group. From our side, please do everything you can to liaise with your local midwives to ensure that this group are all protected. It should not matter who gives the vaccination, but whoever is best placed to do it should do it while they have the woman in front of them.

## **Tier 2 Sponsorship**

We had been under the impression that NHS England would only reimburse the application fee for those practices that were successful in applying for Tier 2 Sponsorship. I am glad to report that this was a misinterpretation. NHS England will reimburse all practice applications, successful or otherwise. They are trying to promote more practices becoming Tier 2 sponsors, via the regional teams. On an allied note, NHS England are currently also engaged with GP trainees at ST3 level who require visa sponsorship to remain in the UK to practice as a GP, offering a "practice matching" service for these GPs for their area of choice.

## **Human Resources (HR) advice**

The HR legislation is a financial minefield. If you are in any doubt on how to proceed in any particular case it would probably cost you less in the long run to seek professional expert advice before taking any ill-considered action. We can provide you pointers if necessary.

## **Cyber attacks**

Practices doubtless have excellent firewalls and other protection for the computing equipment they regularly use. One possible weakness to the practice system as a whole is if there are spare items of equipment which are brought into use without checking that the protections are mounted on them too. Be aware of the risk.

## **BMA practices support service**

The BMA has launched its GP practice support services campaign, aimed at GP partners and practice managers.

This campaign is aimed at demonstrating the value of the BMA's practice support offering. It is a one-stop-shop for practices to access a range of support services, which include HR support, BMA Law, financial and insurance services, GPC/policy guidance and advice, and their Learning & Development courses.

As long as a practice has at least one GP partner who is a BMA member, the practice manager can access any of these services on their behalf. Practice managers or GP Partners can call 0300 123 1233 or email [support@bma.org.uk](mailto:support@bma.org.uk) to discuss their workplace needs.

If you think this would be of interest to your network, please visit:

[www.bma.org.uk/practicesupport](http://www.bma.org.uk/practicesupport).

Here is the link to the launch email that recently went out to GP partners who are BMA members: <https://bma-mail.org.uk/t/JVX-62ZMC-1BJCJOU46E/cr.aspx>

The BMA assures us that they are not trying to duplicate what the LMCs offer their constituents, but merely wish to make it easier for GPs and practice managers to find any national support that the BMA can offer.

## **NHS Pensions**

One of our GPs tells us that NHS Pensions in the end agreed to do "Scheme Pays" for the delayed 2016/17 Annual Allowance figures. The GP simply asked them to do so, because they had been responsible for the delay, and quoting the date of the letter they had sent that GP informing the GP of the Annual Allowance liability (which was after the usual last payment date). They now say: "Your Scheme Pays election notice was received after HRMC's Scheme Pays deadline, however we have carefully considered your application and have decided to accept your election and pay your Annual Allowance charge on a voluntary Scheme Pays basis on this occasion". Although the GP still has to pay interest to HRMC for late payment, it is a much better outcome.

If you are in the same position you may wish to ask NHSP to do the same for you.

## PCSE procedures

As earnest of their good intentions the Engagement Manager in the GP Team for the South West, Tracey Bird, came to the LMC. She had several key points to put across:

- PCSE Website has two sides to it. The public unrestricted access part of the PCSE website (<https://pcse.england.nhs.uk/>) should be the first point of contact. It is designed in sections to help you to access guidance which will take you quickly to the help or forms you need. The critical thing is that you should not at that stage Login, as this will only display your private practice related information, as this is a locked-down, secure part of the site.
- How to contact PCSE. Where possible, communicate with the PCSE using the online forms, here is the link for ease of access: <https://pcse.england.nhs.uk/contact-us/> Alternatively, please call the Customer Support Centre (CSC) Phone: 0333 014 2884.
- The Online Contact Us Form. Completing the online form helps to ensure that your query is dealt with by the correct team and assists with providing an accurate audit trail. Lack of an audit trail can cause problems and loss of time. If paper must be sent, then please keep copies in case of the post going astray and ensure that the information is clearly labelled. Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN
- Pension Payments. When sending money for pensions contributions please use BACS to provide an audit trail. Above all, please do not send cheques unless accompanied by adequate details about who it is for. When making a BACS/online banking pension payment, please enter the reference in the following format:

Practice code – year ending – GP’s full name

For example: L84640-YEND2018-Dr John Smith

PCSE’s customer support centre can provide NHS England’s bank details over the phone.

- Forthcoming changes - The Performer List. The performers list will be undergoing changes in 2019. See: <https://pcse.england.nhs.uk/about/what-s-changing/national-performers-lists-changes/>

When the Performer List process is transformed it will help to modernise the steps, as the practice will receive a notification of any Performer List change requests within their practice. PCSE will share more information on this nearer the time. The PCSE website gives current information. (From an LMC viewpoint we would hope that this notification would trigger the practice manager to tell us of any significant change e.g. GPs arriving, GPs leaving, salaried GPs becoming partners, etc).

For individual GPs: When making changes to your Performers List record it is very important that you put in the Subject Heading, as appropriate:

- ‘NPL1’ – for first arriving on the performers list
- ‘NPL3’ – for changes in status, location etc.
- ‘NPL2’ – for when you move to another NHS England area.

This then sends your form directly to the correct office for recording the change and is then sent on to the Payments and Pensions office for action. Here is the guidance link for ease of access:

<https://pcse.england.nhs.uk/services/performers-lists/>

- Outstanding Medical Records (OSMR), <https://pcse.england.nhs.uk/news/2018/january/outstanding-medical-records-faqs/> PCSE are trying to get all medical records traced and they have sent practices notifications/ reports to practices based on the last known OSMR location. PCSE plan to conclude this project by the summer of this year. If you have any OSMRs lurking in a cupboard somewhere (e.g. because they were delivered to you in error) then get on to PCSE at their ‘Contact Us’: Phone: 0333 014 2884.

For those medical records which you need then the stop-gap is a GP2GP transfer of the electronic record, with the Lloyd George folder to follow in due course.

For Urgent Medical Records PCSE have provided the latest guidance:

<https://pcse.england.nhs.uk/services/gp-records/urgent-medical-record-request/>

Confidential patient information

<https://pcse.england.nhs.uk/news/2018/october/important-update-from-nhs-england-redirecting-confidential-patient-information/>

- **PCSE Help.** If you need to raise a query, then please first use the 'Help' tab (<https://pcse.england.nhs.uk/help/>) to access the FAQs before taking it further. The answer may well be there. If that draws a blank then use the 'Contact Us' page (<https://pcse.england.nhs.uk/contact-us/>). Be aware that the first question you will be asked will be, 'Have you tried our FAQ page?'. PCSE will log your query and you should receive a CAS number that should be quoted in all future correspondence.

PCSE would really appreciate it if the Contact Us process could be followed to help PCSE to assist you with your query. We (the LMC) are working closely with the PCSE Engagement Manager, so if all else fails do let us know, together with the evidence of the steps that you have taken prior to contacting us, and we will work with her to get things moving.

## Data Security and Protection Toolkit

The CCG has already mentioned this, but it is repeated here in case you missed it.

If your practice still needs to register on the Data Security and Protection Toolkit (DSPT), please log in or register [here](http://www.dsptoolkit.nhs.uk) ([www.dsptoolkit.nhs.uk](http://www.dsptoolkit.nhs.uk)). You will need your practice organisation code and email address.

All organisations which have access to NHS patient information must provide assurance that they are practising good information governance and use the DSPT to evidence this through the publication of annual assessments. **DSPT submission deadline is 31 March 2019**, so practices need to start working through the toolkit as soon as possible.

If you would like help with the new DSPT, you can register for a training webinar at: [www.dsptoolkit.nhs.uk/News/40](http://www.dsptoolkit.nhs.uk/News/40). We have been advised that there are Q&As at the end of the webinars. The forthcoming dates are:

Wednesday 16 January 2019 (12.30-13.30) Dial in Details

<https://hscic.webex.com/hscic/j.php?MTID=m145d48c0b8052e7870b8a7833d8fbd0d>

Thursday 14 February 2019 (12.30-13.30) Dial In Details

<https://hscic.webex.com/hscic/j.php?MTID=mf4cecebb0a6f35cf784aa98ea793d0d7>

You can also find presentation slides from a GP webex and a recording of latest webinar Data Security and Protection Toolkit Introductory guide at [www.dsptoolkit.nhs.uk/News/10](http://www.dsptoolkit.nhs.uk/News/10)

Additional help is available on <https://www.dsptoolkit.nhs.uk/Help>. Requests for support can be made by email to [exeter.helpdesk@nhs.net](mailto:exeter.helpdesk@nhs.net) or telephone 0300 3034034.

The Care Provider Alliance has also produced specific Care Provider Guidance and Templates on their website (<https://www.careprovideralliance.org.uk/information-governance.html>) to complement the Toolkit. This resource contains a good overview of the Toolkit and other useful information.

## Buying Group update

Since the Group launched its recruitment platform in June, it has advertised 123 GP practice vacancies. These pages have been viewed over 3,000 times. If you are recruiting (clinical and non-clinical roles) then why not submit a vacancy to the Buying Group? Just log in to the website and upload your advert onto their [recruitment](#) page. It's free. Why not, indeed!

## 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 B for ease of reference.

## Max's Musings

Well, I have seen some pretty strange things in my life, and the organisations I have worked in and for have not always been as efficient and as effective as they might be. Nationally we have aircraft carriers without aircraft. We are developing electric cars but don't seem to have planned the necessary electricity supplies. We have invented drones but have not worked out how to stop them closing an airport for days. We have multiple roundabouts (as in Swindon) that prevent tourists from going near the place. But these are as nothing compared with the confusion over Brexit, which takes my breath away and my heart goes pitter-patter. Cue the woman in green with the defibrillator.

I have no doubt that, whatever our political and chattering classes may devise in the way of a future for this country, we in General Practice will be largely unaffected, if far from serene. My patients will still need treatments, some of which will be affordable and available. Some patients will continue to complain. A few will continue to praise me and my hard-working team. Some will, I hope, recover.

Change is inevitable but it is not always easy to agree on the right path.

And finally:

Two groups, appropriately enough by gender, were asked to decide whether "computer" should logically be a masculine or feminine noun.

The men's group decided that computers were definitely feminine because:

1. No one but their creator understands their internal logic;
2. The native language they use to communicate with other computers is incomprehensible to everyone else;
3. Even the smallest mistakes are stored in long-term memory for possible later retrieval; and
4. As soon as you make a commitment to one, you find yourself spending half your salary on accessories for it.

The women's group, however, concluded that computers should be masculine because:

1. In order to get their attention, you have to turn them on;
2. They have a lot of data but they are still clueless;
3. They are supposed to help you solve problems, but half the time they ARE the problem; and
4. As soon as you commit to one, you realize that if you'd only waited just a little longer, you could have had a better model.



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



Gloucestershire  
LMC  
GLOUCESTERSHIRE  
GP SAFE HOUSE  
Online support for  
professional challenges  
[www.gpsafehouseglos.co.uk](http://www.gpsafehouseglos.co.uk)

## **Falsified Medicines Directive** **January 2019 update**

### **Background**

The EU Falsified Medicines Directive (2011/62/EU) (FMD) was adopted in 2011 and introduced new harmonised measures to ensure that medicines in the European Union (EU) are safe and that trade in medicines is properly controlled.

Member States have until 9 February 2019 to implement the final part of the Directive, the 'safety features' (Delegated Regulation (EU) 2016/161). Under Article 23 all GP practices and dispensing doctors are identified as healthcare institutions and will have to comply with the Directive. It is for the member state to implement and enforce the Directive. GPC has produced a ['Focus on'](#) document to assist GP practices.

### **Key messaging**

Although the go live date is imminent, the key message is there is no need to panic. The UK will still be a member of the EU on 9 February. Therefore, the Directive will be implemented regardless. If no deal is secured, then the UK will leave the EU on 29 March and the Directive will not constrain us. Plans are being laid before Parliament related to a no deal scenario, but obviously some uncertainty remains, particularly as there are some statutory instruments which need to be laid.

### **EU readiness**

GPs may be concerned that the UK is behind the curve. In fact we are relatively well-placed. Italy has a dispensation to implement at a slower pace (because they have a similar system in operation already). Spain is showing red on the dashboard for implementation; however, they plan to upload all their pharmacies in the next two weeks. They could run into problems if they have IT glitches. In France, there is a dispute between the government and pharmacies, so nobody is currently registered. Norway is 95% there. The UK has a plan for moving towards full implantation. Pilot sites using the EU repository had some issues with a slow system, but that has been resolved.

### **UK readiness**

Implementation is the responsibility of the Department of Health and Social Care and the Medicines and Healthcare products Regulatory Authority. They are taking a pragmatic view. Manufacturers are producing the tamperproof and bar-coded products. There are regular meetings with the NHS supply chain, and there remains the dual challenge of making sure that the supply chain is operational following our exit from the EU as well as the introduction of FMD. On 9 February products coming from manufacturers should be FMD compliant. There will still be old stock available, so it will take some time before the new packaging percolates through the supply chain. So going forward from February/March we will have products produced before 9 February that will not be able to be decommissioned, even if practices have the equipment and then there will be products that have the unique identifiers which can be decommissioned if practices have the appropriate scanning equipment. Medication will still be able to be issued, but it won't be decommissioned on the EU system.

### **Legislation**

All statutory instruments are at risk because parliamentary time is being used to try and secure a deal for our exit from the EU. NHS England has stated that system suppliers will be ready

shortly, but there will be a slower implementation phase. We are expecting, and are pushing, for a full statement from NHS England.

### **Secure Med UK**

Secure Med is the UK medicines verification organisation. End users will have to register. GP practices are not required to pay any licence fees. GPs could register now, but will need to identify their software supplier, and for that to be possible, system suppliers and NHS Digital will have to act. Practices are not being encouraged to purchase their systems, although there are some on the market. Some dispensing practices and GP practices have registered so far, but the majority will wait until they know what the offering is from NHS digital and their software suppliers. The BMA position has been that the equipment and costs must be provided. We are expecting a statement from NHS England shortly. GP system suppliers will be introducing functionality, but there will be a long lead-in time. There are likely to be early adopters who will test the system in March 2019. End users can register via the Secure Med website. The early adopters will test the real life experience of the workload, workflow and technical difficulties utilising the system.

### **Communication**

There are regular newsletters, and full details can be available on the Gov.UK website. [www.gov.uk/guidance/implementing-the-falsified-medicines-directive-safety-features](http://www.gov.uk/guidance/implementing-the-falsified-medicines-directive-safety-features)

### **Enforcement**

GPC expects regulators to take a pragmatic approach and a gradual introduction, however it appears that almost everyone in Europe will not be compliant on day one. UK regulators are responsible for taking any action. No legal action could be taken without enforcement notices being applied, and at present it appears unlikely that anybody will be served such a notice, however this may change.

## **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="#">GP Retainer Scheme</a>	Gloucestershire	GPs – short-term work for those who need it	28 Feb 18	Open
<a href="#">Partners in Health</a>	Gloucester	Looking for 2 GPs	01 May 18	Open
<a href="#">Upper Thames Medical Practice</a>	Cirencester & Lechlade	GPs sought	07 Aug 18	Open
<a href="#">Kingsway Health Centre</a>	Gloucester	GPs sought	09 Oct 18	Open
<a href="#">Crescent Bakery Surgery</a>	Cheltenham	Salaried GP Post	17 Oct 18	Open
<a href="#">Marybrook Medical Centre</a>	Berkeley	Salaried GP	24 Oct 18	Open
<a href="#">Bartongate Surgery</a>	Gloucester	Salaried GP	20 Nov 18	Open
<a href="#">Working with the Forces</a>	Across Gloucestershire	GPs Full or Part timer	20 Nov 18	Open
<a href="#">Matson Lane Surgery</a>	Gloucester	Lead GP	26 Nov 18	Open
<a href="#">Aspen Medical Practice</a>	Gloucester	Salaried GP 6 to 8 sessions per week: with view to partnership	28 Nov 18	Open
<a href="#">Newnham &amp; Westbury Surgery</a>	Newnham Gloucestershire	Salaried GP with view to Partnership longer term	04 Dec 18	Open
<a href="#">Corinthian Surgery</a>	Cheltenham	Salaried GP	10 Dec 18	Open
<a href="#">Drybrook Surgery</a>	Drybrook, Forest of Dean	Practice Nurse	22 Jan 19	18 Feb 19
<a href="#">Hadwen Medical Practice</a>	Gloucester	2 Salaried GPs; one for 12 months' maternity cover	29 Jan 19	22 Feb 19
<b>ELSEWHERE</b>				
<a href="#">Thorneloe Lodge Surgery</a>	Worcester	Salaried GP 6-8 sessions	25 Jul 18	Open
<a href="#">Harbourside Family Practice</a>	Portishead, Somerset	Salaried GP 4-6 Sessions per week	09 Jan 19	03 Feb 19
<a href="#">Crest Family Practice</a>	Knowle, Bristol	GP Salaried Position 4-8 sessions per week & GP Salaried Position: Maternity Cover	16 Jan 19	Open

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

**STOW SURGERY**  
**Stow on the Wold, Gloucestershire**



**6-session Salaried GP**

We are looking for a GP to join our friendly, well established team in the heart of the Cotswolds surrounded by an Area of Outstanding Natural Beauty and excellent schools.

We have a list size of 5,500 patients, are high QOF achievers and an established training and dispensing practice.

We are in the enviable position of having new premises built which will be available for occupation in Spring 2019.

We are looking for a caring, compassionate doctor with traditional family medicine values who is interested in practicing evidence based medicine, supporting reflective practice and learning for everyone.

Please contact Sophie Williams, Practice Manager on 01451 833480 or email [sophie.williams@nhs.net](mailto:sophie.williams@nhs.net)

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

**Closing date: 18 January 2019**

**Practice Nurse**

Following the retirement of our longstanding Practice Nurse, we are currently looking for an enthusiastic and motivated replacement for 18 to 28 hours per week with some flexibility to cover holidays. The successful applicant will share our belief in high quality, personal, patient-centred medicine.

The post will include routine treatment room duties and chronic disease management as well as some organisational responsibilities.

Salary and Annual leave is dependent on previous experience.

Applications to be made via NHSjobs Job Reference **J180-A-19-271205**

For further details contact: Thoko Owino – Practice Manager

[thoko.owino@nhs.net](mailto:thoko.owino@nhs.net)

Tel: 01594 543229

Drybrook Surgery, Drybrook Road, Drybrook, Glos, GL17 9JE

Closing date for applications is **18<sup>th</sup> February 2019**.

All candidates selected for interview will be contacted by **Friday 22<sup>nd</sup> February**.



**HADWEN MEDICAL PRACTICE  
GLOUCESTER**

**Salaried GP –Up to 6 Sessions per Week**

**Salaried/Locum GP – Maternity Cover up to 6 Sessions per Week**

**Would you like to join our friendly, successful and supportive Practice?**

**Pharmacy**

**Training**

**Innovators**

**Friendly CCG CPD Dynamic**

**Entrepreneurial Cohesive Flexibility**

**Excellent  
High Earning**

**Enthusiastic**

**Learning**

**Early Adopters**

Applicants are sought for a Salaried GP position at Hadwen Medical Practice with a nominal start date of 1<sup>st</sup> May 2019 and for a 12 months fixed term maternity cover contract with a nominal start date of 1st June 2019. For the fixed term maternity cover we will consider the locum model of employment if applicants prefer this type of flexibility.

We are a training practice with 8 partners and 5 salaried doctors, and pride ourselves on excellent monthly in-house CPD meetings. We offer a supportive, well-managed working environment and a happy and functional practice team and have received an extremely positive CQC inspection. We have also recently completed a major redevelopment of our Glevum surgery that will help us to meet the future clinical needs of our patient population.

The Practice is situated in a growing city with excellent transport links, 6 local grammar schools, sporting and recreational facilities and beautiful countryside nearby.

Please contact our Management Partner, Ian Robertson, at [Ian.Robertson1@nhs.net](mailto:Ian.Robertson1@nhs.net) for further information or to arrange an informal visit.

To apply for the position please forward your CV and covering letter by email to the Management Partner.

**Closing date: 22 February 2019**