

# March 2019 NEWSLETTER

LOCAL MEDICAL COMMITTEE

**LMC**  
GLOUCESTERSHIRE

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The 'B' word has been banned by the editorial team, so what follows will ignore pachyderms on the premises, except to say that the CCG has sent out useful information in 'What's New', the most important messages being to keep in touch with your suppliers and that nobody at any level should be stockpiling/hoarding supplies of any sort.

The LMC is changing significantly over the next few months. Not only is Mike Forster retiring but also Sue O'Sullivan will retire at the end of May. She has worked for 28 years with the LMC. No doubt the new team, when assembled and 'bedded in' will serve you well too. Bear with us.

## **New GMS contact changes**

The GPC gave a local roadshow in Bristol on 28<sup>th</sup> February. Information about the changes is coming from various sources. The main thing to grasp is that practices need to band themselves into geographically-based Primary Care Networks of between 30,000 and 50,000 patients. The timescale for doing this is very tight. By 29<sup>th</sup> March a template network agreement and Network contract will be issued jointly by NHS England and GPC England. Practices then have until 15<sup>th</sup> May to submit their registration information to the CCG. The CCG has to confirm network coverage by 31<sup>st</sup> May and the network contract goes live on 1<sup>st</sup> July. If you have any questions or face any difficulties in complying with this timetable then the LMC stands ready to help you.

## **GP Contract Funding**

Please see below table with updated GP contract funding figures for 2019/20 following the contract agreement a few weeks ago.

<b>Figure</b>	<b>2018/19</b>	<b>2019/20</b>
Value of QOF point	£179.26	£187.74
Global Sum price per weighted patient	£ 88.96	£ 89.88
Out of Hours adjustment	4.87%	4.82%

Participation payment	£105m total
Annual payment per weighted patient*	£1.761

\*This figure will be paid in instalments direct to practices, upon signing up the PCN DES. These figures have been agreed between NHS England and GPC England – the [BMA GP contract webpage](#) will be updated shortly with these figures. These figures include the recycling of MPIG and Seniority into global sum, and therefore the figures represent greater than the 1.4% contract uplift noted in the contract agreement document.

In addition to the above, a one-off payment to cover indemnity inflation arising in 2018/19 is planned for March 2019 – this figure is still being calculated and information will be provided soon.

The above figures are in addition to the other financial agreements, for example uplift S7a V&I programmes, all funding via the network, and the delivery of the state-backed indemnity

scheme, and do not include payments for any uplift in employer pensions contributions which will be funded separately.

### **Changes to QOF in 2019/20**

Twenty-eight indicators, worth 175 points in total, will be retired from April 2019. For details see Annex A (pages 60 to 63) of the full agreement at this link:

<https://www.bma.org.uk/-/media/files/pdfs/collective%20voice/committees/gpc/gpc%20england/investment-and-evolution-five-year-framework.pdf?la=en>

These retired points will be taken up by:

- Fifteen new indicators, totalling 101 points (see pages 63 to 65 of the same document).
- The new Quality Improvement domain consisting of 'end of life care' and 'prescribing safely' modules, each worth 37 points, which are detailed at Annex B of the full agreement (page 67 onwards).

### **Indemnity costs and provision**

The MDOs are in the later stages of pricing their post-April product. GPs should remain members of one of the MDOs to ensure they have cover for GMC, criminal/coroners cases, private reports/HGV medicals etc. There will be a competitive market for this cover after April and this is likely to influence pricing decisions. In the meantime, all indications suggest the market rate for this cover is likely to be broadly in the £800 - £1,200 range. Renewals falling due before April 1st are likely to be in line with current costs.

For GPs working in community hospitals the intention behind the agreement with NHS England is that all roles will be covered by state indemnity. There will be two sorts of state indemnity: the Clinical Negligence Scheme for Trusts (CNST – currently and loosely referred to as Crown Indemnity) and the Clinical Negligence Scheme for GPs (CNSGP). Both of these are or will be administered by NHS Resolution (NHSR). People working in these settings will need to be aware of which arm of NHS Resolution will be providing their cover, but GPC has been assured that there will be no gaps between CNST and CNSGP. However, the detail of whether the GP is to be covered by CNST or the new CNSGP is not yet settled.

Currently GPs working in community hospitals, A&E and urgent care centres may be doing so under a number of arrangements, the most common being either direct employment by the trust of the GP or a sub-contracting arrangement from the Trust to a practice or other provider (with whom the GP may be a partner or salaried). It appears that to date both of these arrangements have generally seen GPs being indemnified through their own MDO, although not in all circumstances. In general, where the engagement is direct along the lines of an employment/locum basis then these arrangements would ordinarily need to be covered under CNST. This may represent a change for some trusts who may not have been offering this to date.

All trainees will be covered for clinical negligence under the CNSGP scheme. DHSC has assured the GPC that no doctor will be out of pocket as a result of the introduction of the scheme. There is a patchwork of arrangements in operation by different deaneries with some buying block products for their trainees.

The NHSR webpage on CNSGP has gone live and includes advice on scope:

<https://resolution.nhs.uk/services/claims-management/clinical-claims/clinical-negligence-scheme-for-general-practice/>

There is also an email address for queries of all types including scope:

[CNSGP@resolution.nhs.uk](mailto:CNSGP@resolution.nhs.uk)

### **Reimbursement of CQC fees**

A recent Freedom of Information request to NHSE received a response that 3,553 practices in England had received reimbursement of their CQC fees in 2017/18. Given that there are 7,148 practices in England (NHS Digital 1<sup>st</sup> July 2018) this represents 49.7% of practices. Have you claimed for your reimbursement? If you don't know how to then talk to the CCG.

### **Voluntarily leaving the GMC**

The regulations covering voluntary relinquishing of GMC membership are cumbersome. At present the easiest way to lose your membership is to fail to pay the fee; you are then struck off. (Be warned!) The rules are set up by statute and require Parliament to amend

them. However, the GMC continues to push for parliamentary time to make the necessary legislative changes so that the process for doctors wishing to voluntarily relinquish their GMC registration can become a more straightforward and less bureaucratic process. Note that if you wish to relinquish your licence voluntarily you will incur an administration fee.

### **Further news about the Falsified Medicines Directive**

As part of the government's preparations to leave the EU, all eventualities are being considered, including leaving without an agreement. In a 'no-deal' scenario, we expect the UK would not have access to the EU central data hub, and therefore stakeholders would be unable to upload, verify and decommission the unique identifier on packs of medicines in the UK. In that case, it is unlikely that the Directive would come into effect in its current form.

Therefore, the legal obligation related to this would be removed for practices in the UK supply chain. Packs containing the FMD safety features would still be accepted in the UK, provided that they are in line with other UK packaging requirements.

Nevertheless, the government has been clear that it wants to retain a close working partnership with the EU to ensure patients have access to a safe medicine supply. This means that the MHRA regulations will need to be modified to achieve this.

### **'Next Generation GP'**

Recently qualified GPs and GP trainees are invited to apply for a series of 5 inspiring (and free) monthly talks and workshops with local and national NHS leaders. (Dinner included.) Apply [here](#)

### **Clinical entrepreneur training programme**

Applications will open in March for the new intake for the Clinical Entrepreneur Programme. Applications open on 4<sup>th</sup> March and close on 29<sup>th</sup> March. The application form can be accessed via the link below during this time:

<https://www.england.nhs.uk/ourwork/innovation/clinical-entrepreneur/>

If you would like more information about the application process and the programme, why not join the webinar on 8<sup>th</sup> March, 2019 12:00 PM?

Topic: NHS Clinical Entrepreneur Programme - Prospective Applicant Webinar

(Please register in advance for this webinar:

<https://zoom.us/webinar/register/bb6f0cdc1d80b4b68c34be5db4a05ad8>)

### **Death Certification – the Medical Examiner (ME)**

From April 2019 a new medical examiner-led system will begin to be rolled out within hospitals in England and Wales. The non-statutory system will introduce a new level of scrutiny whereby all deaths will be subject to either a medical examiner's scrutiny or a coroner's investigation. For GPs, the current arrangements for certifying death will continue for at least 2 years until the ME system is set up and fully functioning within secondary care. The ME system housed in the Trust will then look to expand its remit into the community. GPs are therefore not precluded from applying for an ME role for a Trust; experience working within primary care will no doubt be welcome for when the system moves into the community. All Medical examiners must be fully registered for at least five years as a medical practitioner, hold a licence to practice and have received special training in the role. [The Royal College of Pathologists](#) as lead college has developed the compulsory online training and is in the process of drafting standards to support the revalidation process.

### **Communication with District Nurses**

The new DN Contact Hubs (now all in place) were established to avoid any patient safety governance issues caused by failed communication between GPs and DNs. This was a recommendation following a review by the Adult Safeguarding Board. Note that communication to district nurses does not always have to be through the Hub.

- Initial communication about a patient that needs to be put on the DN caseload should go through the Hub.
- The Hub provides a reliable back-up means of communication between the GP and the DN for patients currently on the caseload.
- However, for those patients on the DN caseload we would hope the GP could feel free to phone the DN direct.

- Depending on the urgency of the case the local Hub can be contacted by email, with a request for confirmation of receipt, or by phone.
- It would help the Hub to assign the right DN if the GP could give guidance on the urgency of the case, both as to time and the reasons for the referral.

### **Practice nurse support**

You will recall that the practice nurse facilitator programme has been stopped. We have spoken with the CCG and they assure us that the funding is not being reduced but is being used to fund GDoc to: provide training and mentoring for new practice nurses; facilitate practice nurse meetings and maintain a database of available practice nurses and their skill sets. The aim is to be able to 'parachute' staff into a practice where that support is needed.

### **Flu vaccine ordering for 2019/20 season**

Practices should place their orders as soon as possible (given the issues we had this season), to avoid any delay in delivery of vaccines and to ensure you have supplies of the recommended vaccines in September, ready for the start of the season for all your eligible population. We have been assured that there will be no phased delivery for next season and a practice can choose to have their order delivered in one batch at the start of the season or split into two deliveries, depending on available fridge space. Most pharmaceutical companies offer a sale or return service on a percentage of their order, so there is scope to return unused vaccine to the supplier.

Vaccines recommended are as follows:

- The standard egg cultured **quadrivalent inactivated vaccine (QIVe)** will continue to be recommended for 18 to 64-year olds in clinical at-risk groups and other eligible groups, including frontline health and social care workers.
- The **adjuvanted trivalent inactivated vaccine (aTIV)** will continue to be recommended for individuals aged 65 years and over.
- In addition, the **cell grown quadrivalent vaccine (QIVc), Flucelvax® Tetra**, is now licensed for use in the UK for patients aged nine years and upwards and is suitable for those aged 9 to 64 years in clinical at-risk groups, frontline health and social care workers and for individuals aged 65 years and over.

Note that all children's vaccines will be centrally procured, as in previous seasons, and can be ordered from ImmForm.

### **BMA Regional Council Conference and Branch of Practice Meetings – 13<sup>th</sup> March Taunton**

From the BMA:

"Following a piece of work in recent years to review what members want from the BMA and local trials in the south west aimed at engaging with doctors closer to home, a programme of improved regionalisation and localisation is now rolling out. The regionalisation part of this here is an increased presence and sense of identity for the South West Regional Council, which will shortly be re-branded as **BMA South West**. We have been trying to get ahead of the game by organising a one-day conference in Taunton on 13 March 2019 to incorporate our next regional council meeting, parallel branch of practice meetings and an afternoon workshop focusing on the ideas doctors have for improving the interface between doctors in primary and secondary care."

Point of contact is their Regional Coordinator, Abigail Moore ([abigail.moore@bma.org.uk](mailto:abigail.moore@bma.org.uk))

### **Cervical screening – national awareness campaign**

On 5 March 2019 Public Health England will launch a new national campaign to help increase participation in the National Cervical Screening Programme. Cervical screening is estimated to save 5,000 lives a year and yet coverage is at a 20-year low. Further information and resources visit [the PHE Campaign Resource Centre](#). If successful it is estimated that this will result on average in some 1 to 3 additional applications for cervical screening a month per practice.

### **Minor Surgery Skills Course 28<sup>th</sup> June - Newcastle**

This course is a one-day, hands-on practical cadaveric workshop for General Practitioners, GP Trainees and Practice Nurses. It is designed to build confidence and consolidate the skills of clinical specialists who regularly perform minor surgery.

Course includes: anatomy and physiology of wound healing; skin pathophysiology; essential skin surgery; common skin lesions, sebaceous cysts and lipomas; cryotherapy/local anaesthesia; peri/postoperative wound care; curettage, cautery and diathermy; ingrown toenail and joint injections,

With practical workshops on porcine tissue:

- Local anaesthetic technique
- Suturing technique
- Removal of sebaceous cysts
- Removal of lipomas
- Wound Dressings

Course places are limited to 12. If you are interested we can send you the full details.

### **Gabapentin and Pregabalin to be reclassified as Controlled Drugs**

From 00:01 on 1 April 2019, gabapentin and pregabalin will be reclassified as Schedule 3 controlled drugs. Full details were emailed to practice managers on 13 February. This is an alert to those who have not yet been informed of the change. When prescribing for Schedule 3 controlled drugs note particularly that:

- The dose must be clearly defined ('as directed' is not acceptable.)
- DHSC strongly recommends that the maximum quantity should not exceed 30 days' supply.
- Emergency supply is not permitted.
- There must be a valid controlled drug prescription to obtain supplies from a pharmacy.
- From 1 April 2019, it will not be possible to supply pregabalin and gabapentin through repeat dispensing, e.g. paper FP10 RD form or electronic repeat dispensing (eRD). This means prescribers must not issue repeatable prescriptions. (This is distinct from issuing a repeat prescription, to be requested and issued by the practice, with a wet signature attached.) Suppliers of EPS systems will update their systems by 31 March 2019 to support the change to the classification of gabapentin and pregabalin. Although system suppliers will make these changes prior to 1 April 2019, gabapentin and pregabalin prescriptions should not be treated as Schedule 3 controlled drugs until 1 April 2019.

You should now:

- Ensure your practice team is aware of the change.
- Stop repeat dispensing for gabapentin and pregabalin as early as possible before 1 April 2019 and put transition arrangements in place for patients.
- Inform all patients currently taking pregabalin and gabapentin about the impact this change will have on their prescriptions. Ask them to ensure they request any prescriptions in plenty of time, to help the NHS to manage the transition process.

It is not helpful or appropriate for anyone to stockpile these medicines.

### **Firearms, again**

Note that the BMA's guidance has changed slightly

(see: <https://www.bma.org.uk/advice/employment/ethics/ethics-a-to-z/firearms>)

Changes are in the areas of: flagging and conscientious objecting.

### **Latest from the Buying Group**

All LMC Buying Group member practices can get a Freedom 400 or B10 Recovery Oxygen cylinder with a mask and tubing for only £89 plus VAT. This price will be available until 31 March. We can honour this price if a practice completes a quote request form on the Baywater page on the Buying Group website before the end date: <https://bit.ly/2srYxbD>



EXCLUSIVE OFFER ON RECOVERY OXYGEN

Get either cylinder with Mask & Tubing for annual rental cost of £89 plus VAT

baywater HEALTHCARE

If a practice is tied to a different provider at a higher cost, we are happy to honour this price for them for the life of their contract with Baywater.

However they must complete a quote request form including a reminder services form: <https://form.jotformeu.com/80594496492370> to ensure they can get the above price.

## Job opportunities

The LMC Office is shortly to undergo a considerable change in personnel. First to leave will be Mike Forster. Sue O'Sullivan retires after 28 years with the LMC at the end of May. Shelina Jetha has resigned with effect from no later than 30<sup>th</sup> June. Consequently, the advertisement for Sue's place is at Annex B.

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

It has been a pleasure to share my thoughts with you all over the years but the ink in my fountain pen is getting almost as crusty as I am so, with some regret on my part and probably with some relief on yours, this will be the last instalment.

As Voltaire wrote, "*Il faut cultiver notre jardin*" which I can interpret in a number of ways, not all literal. I intend to devote much of my (now) free time to the noble art of attending to noble wines. I might even occasionally see how Jones is getting on in the garden.

Good luck in all you do.



And finally

Seen in a restaurant a few weeks ago:

'VALENTINES DINNER: this February book a table for you and your loved one to celebrate the day with a lover's dinner. 10% discount for tables of 3 or more'. [Mmm?]



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

LOCAL MEDICAL COMMITTEE  
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**Gloucestershire**



**GP SAFE HOUSE**  
*Online support for  
professional challenges*

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

**FLU VACCINES GUIDANCE 2019/20**

Product	Suitable for use in:		Licensing status	Recommended by NHS England	NHS Cost per Dose *
	Clinical at-risk adults under 65 years	Adults aged 65 and over			
Standard trivalent vaccines (TIVe)	NO	NO	Licensed	NO	N/A
Standard egg-grown quadrivalent vaccines (QIVe)	YES	NO	Licensed	YES	Available at £8.00 and £9.94
Adjuvanted trivalent vaccines (aTIV)	NO	YES	Licensed for those aged 65 years and over	YES	£9.79
Cell-grown Quadrivalent vaccines (QIVc)	YES	YES	Licensed aged 9 years and over	YES	£9.94
High-dose trivalent vaccines (TIV-HD)	NO	YES	Licensed for those aged 65 years and over	NO	£20.00

\*Prices and suppliers of the vaccines can be found here:  
<https://bnf.nice.org.uk/medicinal-forms/influenza-vaccine.html>



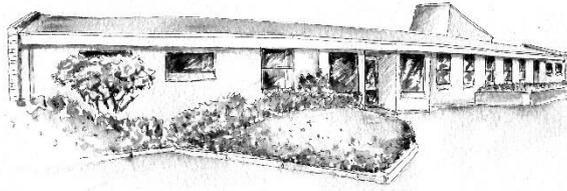
## **JOB VACANCIES**

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="#">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="#">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="#">Lydney Health Centre</a>	Forest of Dean	GP: 4-6 sessions available	04 Feb 19	Open
<a href="#">Newent Doctors Practice</a>	Newent	Maternity Locum 6 sessions/week for 6 months	20 Feb 19	29 Jul 19
<b>ELSEWHERE</b>				
<a href="#">Thorneloe Lodge Surgery</a>	Worcester	Salaried GP 6-8 sessions	25 Jul 18	Open
<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

## The Lydney Practice



**Fantastic opportunity to join the Forest's friendliest Practice**

- **6 doctor Practice within Lydney Health Centre in the picturesque Forest of Dean – famed for its beautiful scenery, outdoor activities and easy commuting links to Bristol, Cardiff and Gloucester.**
- **4-8 sessions available – option of Partnership, salaried or salaried leading to Partnership.**
- **Happy, sociable, hardworking and mutually supportive team.**
  - Dispensing practice
  - No property buy-in required
  - Growing patient list of 7,300
  - Full-time post comprises 7 clinical sessions and 1 admin session
  - 7 weeks annual leave and 1 week study (pro-rata)
  - Designated appraisal preparation/protected learning
  - Good CQC ratings with high patient satisfaction scores
  - Excellent QOF achievement

**We are willing to wait for the right candidate and we encourage applications from GP Registrars currently in their final years of training.**

Please send your CV and covering letter to: Paul Morgan, Practice Manager, Lydney Practice, Lydney Health Centre, Lydney, Gloucestershire GL15 5NQ (telephone 01594 842167, email paul.morgan12@nhs.net).