

Derby and Derbyshire LMC and Derby and Derbyshire LMC Services

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General Practice Transformation Action Group (GPTAG)

As a Local Delivery Group, supported by HEEM, it is required for GPTAG to establish a communication channel between GP practices and GPTAG.

Please email samantha.yates@derbyshirelmc.nhs.uk if you wish us to discuss any of your key workforce and organisation risks and challenges. We in return will share with you, in the LMC Newsletter, any useful information and the impact of our key actions.

Actions agreed from last GPTAG held on 19 August 2015:

- National Minimum Dataset report to be reviewed and key areas regarding workforce to be reviewed at the next GPTAG
- Bury GP Federation to be contacted regarding their implementation of shared records and how this works in regards to indemnity
- Feedback from the General Practitioner Committee (GPC) to be discussed in October or December meeting, depending on outcome of their discussions on indemnity/crown indemnity for GPs and GP provider organisations
- To raise LBR funding with HEEM, for nurses working in GP practices and the challenges they face
- Invite Clare Sutherland to speak at the next GPTAG about Advanced Clinical Practitioners (ACP)
- To compile a letter on behalf of GPTAG to address the need for back fill and how the political requirement to transform the workforce needs to be backed up with appropriate back fill for services
- Need to capture the benefit of completing mandatory training as a basis for backfill financial consideration
- GP Provider Groups and the LMC to develop a communication process from GPTAG to GP Practices
- LEAN Erewash GP practice project findings to be fed back to GPTAG

Reminder: Workforce Minimum Data Set Collection (wMDS)

This is a kind reminder for practices to complete their Workforce Minimum Data Set in time for the November 2015 deadline.

This is a legal obligation and practices are required by law to provide this data. GPC negotiated with Department of Health so that the initial May deadline was for clinical staff only. The deadline for non-clinical staff is November 2015.

The intention was to help with workload, though we recognise the situation is still far from ideal and we're pushing through the GPC for NHS England to make further concessions, including funding for practices to complete this work. We can confirm that the submission window for the autumn collection opened on **Thursday 1 October 2015 and will close at 12pm (noon) Wednesday 11 November 2015**. This collection will capture the practices' workforce as at 30 September 2015 and any absences and vacancies between 1 April 2015 and 30 September 2015. Details can be found on the HSCIC website here. Please direct any queries to enquiries@hscic.gov.uk

Your LMC Recognises the Need to Demonstrate IMPACT!

Your LMC attended **43** meetings throughout September, that's over **90** hours of ensuring that the voice of General Practice is heard.

What can the LMC do for you?

Scenario

A GP practice is inundated with requests from patients for services that sit outside the GP's contractual obligations, third party organisations (which include but are not limited to solicitor and insurance firms), CCGs and other external organisations. The GP practice is sometimes unsure:

- If they should be carrying out these requests
- Which services fall within their contractual obligation
- Which services are classed as private
- What services they can charge for

If in doubt, contact the LMC!

What can the LMC do?

In this scenario, we can help the practice ensure that they are managing their workload to deliver safe patient care.

We can:

- Undertake research to determine if the request made sits within or outside the GP's contractual obligations and provide guidance to that effect
- Undertake research to determine the legality of the request
- If the request sits outside the GP's contractual obligation, we can advise the practice on the most appropriate response and/or signpost the practice to approved national templates which they can use to refuse this work, e.g. Template letter to CCG regarding inappropriate workload transfer
- Advice practices on what services they can charge for and how to ensure they receive payment for these services
- Advice practices on the appropriate use of Subject Access Requests (SARs)
- Advice practices on the implications of having a reciprocal agreement with another practice to carry out a service they cannot offer their patient, e.g. private immunisations
- If guidance on the subject is unclear, we can clarify and obtain a position statement from the General Practitioners Committee (GPC) on the appropriate course of action
- Keep pressing GPC, the sole national negotiating body on the issue to influence national changes

Problems are nipped in the bud when Derby and Derbyshire LMC is involved and given a seat at the table and as a result, few problems emanate from Derby City and Derbyshire County. This is a very significant tribute to the professionalism, knowledge and long experience of LMC colleagues.

If you have examples from the past or presently have any issues that you would like us to cover or share in subsequent editions, please send an email to nwando.umeh@derbyshirelmc.nhs.uk. Names of individuals and practices will under no circumstance be mentioned. We also welcome feedback on how we can continuously offer you a reliable and responsive service.

Keep us informed, as without practices flagging up issues we are often unaware of them and therefore unable to influence change.

Dr Grenville Update: NHS Standard Contract

Many practices have expressed concerns about being asked to sign the NHS Standard Contract in relation to services being offered to them by their CCG, particularly the Basket of Services (North Derbyshire, Hardwick and Erewash) and the Locally Commissioned Service Framework (South Derbyshire).

CCG have been told, in no uncertain terms, by NHS England that they have a legal obligation to use the NHS Standard Contract for anything that is not an extension of a GMS or a PMS contract. The LMC and the GPC dispute this but the matter has not yet come to court. The CCG are uncomfortable with using the Standard Contract but they feel that they have no option.

The problem is that the Standard Contract was written specifically for CCGs to contract with Community and Secondary Care Trusts. It contains many clauses that are simply not relevant to Primary Care. The LMC believes that these clauses are simply unenforceable and that therefore signing up to them does not commit the practice to anything. On this basis we have reluctantly advised practices to sign the Standard Contract as the alternative would have been that the CCGs would have withdrawn funding from practices.

The LMC locally and the GPC nationally will continue their efforts to persuade NHS England and CCG that the use of the NHS Standard Contract is wholly inappropriate for contracting General Practice Services.

Your LMC, GPC and Your Voice

Highlighting the need for General Practitioners and Practice Managers to consider workloads

Our constituent, Dr Michael Wong of Ivy Grove Surgery in Ripley, has distilled all of the [guidance](#) that has been sent by GPC and LMCs regarding [control of practice workload](#). The LMC discussed the document at the LMC meeting held in September, and was very impressed. The LMC therefore commends it to practices.

Where practices recognise that there is a need and opportunity for new work to be undertaken in the community, they should seriously consider using the GP Provider organisations for delivering a route for a care pathway to be provided to patients who need it.

Practices, as member organisations, will need to ensure that their CCG give due consideration to the commissioning of such services.



LMC Mission

Statement

“To represent and support general practice, to ensure that GPs are properly valued, and their skills properly utilised; and that, while serving the public, they are able to uphold appropriate standards of practice, and enjoy a standard of living commensurate with their profession, commitment and training.”

Overseas visitors and registration requirements

"GPC is aware of concerns about the lack of clear advice from NHS England about the obligations of practices with regard to registration and we are taking urgent steps to ensure NHS England produces clear and definitive guidance to resolve this uncertainty. We have been consulted on guidance which we have insisted should be published as soon as possible. In the interim we remind practices that people applying for registration cannot be turned down for reasons relating to the applicant's race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition. Practices should not refuse registration on the grounds that a patient is unable to produce evidence of identity or immigration status or proof of address; there is no contractual duty to seek such evidence. Anyone who is in England is entitled to receive NHS primary medical services at a GP practice."

Negotiations - England

Annual contract negotiations with NHS Employers has started 21 September 2015.

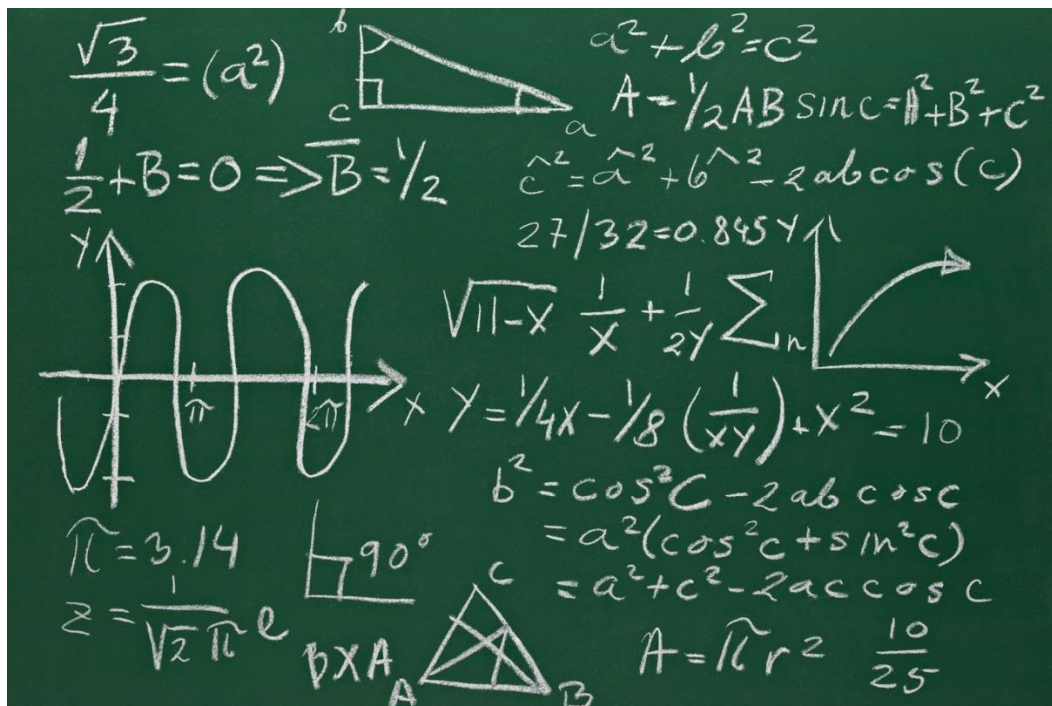


GPC stakeholder events - England

During August and September 2015 the GPC Executive hosted a series of stakeholder roundtable events at BMA House to discuss the future of general practice with a range of leading experts, including Simon Stevens and other senior staff from NHS England, members of the Department of Health, the chief executives of the Kings Fund and Nuffield Trust, Professor Martin Roland who authored the recent Primary Care Workforce Commission report, and a number of LMC colleagues. The meetings were held in the evening, over dinner, and were a chance for informal discussion in a non-political environment. We had a chance to present our survey findings to participants and to outline our ideas for the future.

Carr-Hill formula review - England

NHS England work on reviewing the Carr-Hill formula is ongoing. The GPC is involved through representation on the steering and technical committee.



Maternity and sickness reimbursement policy - England

The GPC executive team has spent considerable time this summer reviewing NHS England's draft policy for maternity and sickness reimbursement. This only operationalises what is in the Statement of Financial Entitlements (SFE), though it also makes clear the 26 week limit for maternity reimbursement (rather than the 20 weeks mentioned in contract guidance earlier this year). Unfortunately, despite making detailed comments on several drafts of the document we have had to write to NHS England to let them know that the policy document still needs work to improve clarity. While we work on a new version of the policy document we have asked again that NHS England makes it clear to local teams that the maternity reimbursement period is 26 weeks. We are aware this situation is frustrating for some doctors and LMCs who need clarity on the reimbursement arrangements.

Seniority and global sum changes - England

For this year only, changes will be made to the Statement of Financial Entitlements (SFE) mid-year, on 1 October, to implement the agreed annual transfer of funding from seniority payments to core funding. The seniority pay scales will be adjusted and the global sum amount will increase accordingly. A new “Focus On” document explaining these changes in detail has been prepared and will be published once we are able to share the new pay scale details.

From your BMA GPs committee chair

Help for GPs in need



Dear Colleague,

The pressures of general practice are greater than ever, which can lead to illnesses and breakdowns resulting in financial difficulties for some GPs and their families. I am pleased to be able to use this newsletter to remind everyone of the Cameron Fund and the services it provides. It is 'the GP's own charity' and the only medical benevolent fund that solely supports GPs and their dependents.

I am proud that it was founded by a legendary predecessor of mine – Sir James Cameron, past BMA GPs committee chair (then called General Medical Services Committee) in 1970 with the following objectives:

- The relief of poverty and the prevention of hardship and distress in qualifying practitioners
- The education and advancement in life of the children and dependents of qualifying practitioners.

Typically the fund helps those whose careers have been interrupted by illness, accident or mental health problems, including substance abuse or practice disputes.

Not infrequently individual situations are complicated by the outcomes of local performance procedures or restrictive conditions imposed by the General Medical Council. Often these barriers can make it all but impossible for a doctor to continue to practise, leading to prolonged periods out of clinical practice, making a return even more challenging.

The fund also provides, in some circumstances, help for GP trainees. Although not able to help every trainee experiencing financial difficulty, the fund seeks to support individuals predicted to complete their training satisfactorily, for example by a programme director, but prevented from doing so by illness, accident or other personal circumstance.

Assistance at hand

The trustees of the fund are all experienced GPs, elected on a regional basis. The fund has always greatly valued its close links with the BMA. However, it is independent of the association and therefore welcomes applications from GPs, whether BMA members or not.

Following an assessment of eligibility, the fund may provide a range of assistance from financial advice and support towards living expenses, grants, help with professional subscriptions, assistance with the cost of maintaining professional skills while a GP is not working, through to guaranteed loans during periods of remedial training.

Whenever possible the fund aims to help GPs maintain or re-establish their careers. Sadly, however, this is not always possible and the fund may then pay for career coaching to enable an individual to transfer to an alternative career when possible. The fund relies on donations, half of which are primarily from local medical committees and individuals.

Particularly in the current environment, the fund is keen to spread the word that it exists and to encourage those who may become aware of GP colleagues in difficulty to alert them to the fund.

If you or a colleague are in need, want to find out more, or even provide a donation, please [email](#) the Cameron Fund, [visit its website](#) or call (020) 7388 0796.

NICE antibiotic prescribing guidance

Last week NICE (National Institute for Health and Care Excellence) published new [guidance on antimicrobial stewardship](#). It covers the effective use of antimicrobials (including antibiotics), aiming to change prescribing practice to help slow the emergence of antimicrobial resistance and ensure that antimicrobials remain an effective treatment for infection.

It is unfortunate that the worthy aims of this guidance were overshadowed and distracted by yet again negative media coverage on GP prescribing behaviour. This followed remarks at a press conference from Professor Mark Baker, director of the NICE Centre for Clinical Practice, to the effect that GPs who persistently prescribed inappropriately could face sanctions including referral to the GMC.

GPC, with Royal College of GPs representatives, subsequently had an urgent meeting with NICE, and this resulted in NICE issuing a [clarification](#) press statement explaining that the intention of the guidance is to support, not admonish, GPs and is separate and distinct from the professional standards and responsibilities of the GMC.

GP recruitment figures show no signs of a recovery

Latest figures released by the GP National Recruitment Office worryingly show no signs of an upturn in GP recruitment. For the 2015 GP recruitment round, 632 places are unfilled meaning that around one in five GP trainee places are unfilled. In the North East almost half of GP trainee posts are vacant, with over one in four empty in the East Midlands and around a third unfilled in Wessex, the West Midlands and the North West.

In our [BMA press release](#), I stated that these figures 'lay bare the huge scale of the crisis facing GP services', and on this basis the Government's pledge for 5,000 extra GPs during this Parliament will be undeliverable. These statistics add further unarguable evidence to our continued call on ministers to provide a sustained, long-term programme of investment in general practice that gives GP services the ability to cope with rising patient demand and makes it an attractive career option for all medical graduates. This story featured heavily in the media being picked up by BBC news, Good Morning Britain and [the Daily Mail](#). The BMA also used it to generate a number of regional letters highlighting the issue locally from myself, GPC deputy chair Richard Vautrey and GPC members Peter Holden, George Rae, David Wrigley and John Canning.

Protecting the health of GPs

Plans for a [national occupational health service](#) for GPs suffering from burnout and stress were outlined by NHS England chief executive Simon Stevens last week.

The new service is scheduled to start on 1 April 2016 – part of a £5m initiative to improve the health of NHS staff.

It will provide specialist support and build on a number of existing, successful programmes highlighted in the announcement: the Practitioner Health Programme in London; House Concern, a specialist service in the North; the Somerset Clinician Support Service; and MedNet – a service provided by South London and Maudsley NHS Foundation Trust.

This announcement follows intense lobbying by the BMA for more than two years, including a joint letter I wrote with BMA occupational health committee chair Paul Nicholson to the Department of Health in [January 2014](#), and a subsequent letter to Simon Stevens last November.

At a time when general practice is under unprecedented pressure, which is affecting the physical and emotional health of GPs, we have cautiously welcomed this as a positive first step, but we would need to see further details and specification for the service – [read about the BMA response](#).

We need a comprehensive service – not just for burnt-out doctors

These proposals, however, do not go far enough. GPs should be offered a comprehensive service – not just one for stressed or burnt-out GPs – but for all GPs, with the full range of occupational health support that is afforded to other doctors in the NHS.

We will continue to lobby for this, given it is just as important to prevent ill health as it is to treat it, and services that meet the unique needs for the provision of GPs, who may at times have concerns about seeing other local GP colleagues.

GP staff must be included

The proposal makes no specific mention of staff working in GP practices – and we will argue that they deserve the same access to occupational health services as other NHS workers. Our staff work in extremely pressurised environments, like us trying to cope with demand well beyond their capacity. There is strong evidence that access to high-quality occupational health services keeps staff at work, and mitigates the high costs that can result from sickness absences. Ultimately, in the NHS good occupational health services can have a direct positive impact on patient care.

The GPC will continue to engage with NHS England as more detail unfolds, and continue to lobby for specialist-led occupational health services for all GPs and practice staff.

Improving access is not about increasing opening hours

Last week I spoke in a panel discussion at NHS England's Health and Care Innovation Expo on 'Improving access to general practice'.

I made the point that access is not about simplistically extending opening hours, but about patients being able to receive appropriate care and services at the right time. For an older housebound patient, access could be about receiving a district nurse in a timely fashion, or a GP to visit them when they may have a chest infection – the latter being undermined if GPs are diverted into sitting in surgeries superfluous to need, open for seven days.

Access is also about practices having adequate non-clinical staff, for example, to handle increased volumes of phone calls and footfall in reception – a neglected area of investment by Government. And in the current environment of inadequate capacity, access must be about reducing avoidable demands on GPs so that we have more time and appointments for patients who need to see us. This involves reducing bureaucracy, and ending unresourced and inappropriate workload shift from other parts of the system.

Influencing policy makers

Over the past two weeks, I have had the pleasure of hosting a series of GPC stakeholder roundtable events held at BMA House in London to discuss with a range of leading health partners the future of general practice, and in particular the new models of care.

Guests included Simon Stevens and other senior officials from NHS England, members of the Department of Health, chief executive of the King's Fund Professor Chris Ham, chief executive of the Nuffield Trust Nigel Edwards, Professor Martin Roland who authored the recent Workforce Commission on Primary Care, and also representation from Health Education England.

We were also grateful for the presence of a number of LMC colleagues, which highlighted the unique role of the GPC/LMC infrastructure as being the representative voice and perspective of grassroots GPs that the NHS depends on – and without whose engagement, change will not be deliverable. These meetings will feed into the GPC statement on the future of general practice to be published in the autumn.

It was good to note that so many GPC members – around one third listed – featured in the [Pulse top 50 list](#) of most influential GPs, endorsing the important role of the GPC as the leading voice of GPs in the UK.

As always, you can keep in touch with the latest news at www.bma.org.uk/gpc.

With best wishes,

Chaand Nagpaul
BMA GPs committee chair

Info.gpc@bma.org.uk

Flu vaccination resources 2015/16 – England

Patient information leaflets for the annual flu vaccination programme are now available. In addition to a general leaflet, tailored versions targeting pregnant women, parents of eligible children and people with learning disabilities are available. Hard copies can be ordered through the DH Orderline or by phoning 0300 123 1002 and quoting the reference numbers on the back pages. The Winter Marketing Campaign 2015/16 also incorporates flu vaccination, and materials for this will be made available in late September.



Flu immunisation for patients with BMI over 40 - England

Following the issue raised with LMCs asking whether practices should or should not immunise those with BMI over 40 as per the JCVI recommendations, GPC contacted NHS England for clarification. It has confirmed that there will be no changes to the current enhanced service to include the morbidly obese as a stand-alone cohort, as the recommendation for this cohort came in after the funding had been secured for 2015-16.

The wording in the service specification addresses this (page 24, footnote 33 of the specification):

33 JCVI have advised that morbidly obese people (defined as BMI>40) could also benefit from a seasonal influenza vaccination. Many of this patient group will be eligible for vaccination under another risk category due to other health complications that obesity places on them. However, funding has not been agreed to cover this cohort as part of this ES. Practices are able to use clinical judgement to vaccinate patients in this group, but vaccinations for morbidly obese patients with no other risk factor are not eligible for payment under this ES. The inclusion of this cohort in subsequent years is under consideration.

In addition NHS England confirmed that the morbidly obese are not included in the pharmacists additional service so they should not be directed to pharmacists unless recommending a private vaccination.

The GPC's advice to practices is that there is no obligation to vaccinate patients with BMI over 40 and that no pressure can be applied to practices as this is not about clinical risk, but due to a funding decision by NHS England.

Your LMC is looking to negotiate with CCGs to have a LES for this to be added, using the JCVI advice as rationale. In addition, if practices find themselves with flu vaccinations left over due to pharmacists' activity, the obese (of any BMI) might be an appropriate population to use them up on.



Disability Living Allowance claimants

The DWP is writing to all Disability Living Allowance (DLA) claimants aged 16 to 64 on 8 April 2013, to tell them that their DLA is ending. This includes people on lifetime or long term DLA awards. The letter gives information to help people decide whether to claim a Personal Independence Payment (PIP). People will be asked to contact DWP with their decision. If people do not take any action their DLA will stop. The first letters were sent out in July to a small number of people within a limited number of postcodes in the North-West and the Midlands. Volumes and areas will gradually increase, until all eligible DLA claimants have been contacted by September 2017. If someone decides to claim PIP then their DLA will remain in payment, providing they comply with the process, for example attending an assessment if asked to do so. DLA will continue to be paid until they have received a decision on PIP entitlement.

The DWP has pointed out that GPs may be asked to provide further medical evidence in the normal way for DLA claimants who decide to claim PIP and may receive enquiries from patients currently on DLA who have received a letter or heard that DLA is ending. If the patient has not received a letter yet, they don't need to do anything. Their DLA will continue to be paid as normal. If they have received a letter, then they need to contact DWP with their decision about claiming PIP.

Subset Extract for Dementia Prevalence

Practices have received a series of communications from the Health and Social Care Information Centre (HSCIC) on a forthcoming GP extract entitled '**Quality and Outcomes Framework (QOF) Subset Extract for Dementia Prevalence 15/16**' (also known as SoS Dementia). The HSCIC confirmed that practices were required to participate in this extract through the Calculating Quality Reporting Service (CQRS) by 31 August, and that they are legally required to comply under Section 259(5) of the Health and Social Care Act (HSCA).

To clarify, this extract is unrelated to QOF, despite being labelled a QOF subset. It was given this name because the data closely matches a subset of QOF indicators. GPC has asked the HSCIC to use different terminology in future to avoid any confusion.

The HSCIC has confirmed that 617 practices are yet to enable this collection through CQRS, and they have written to these practices to request they accept the extract by the end of **Thursday 29 September 2015**.

GPC recommends that practices comply with this request, which is a legal requirement under the HSCA. The Joint GPC & RCGP IT Committee (JGPITC) was consulted on this extract, as confirmed in the HSCIC's communications. The Committee accepted the legal basis of this collection through the HSCA, and that the extract had been approved by both the General Practice Extraction Service (GPES) Independent Advisory Group (IAG) and the Standardisation Committee for Care Information (SCCI).

The collection is of non-identifiable, aggregated data specifying the number of people at each practice with a diagnosis of dementia, broken down by age and gender, as well as the number of the practice's total registered population. This is non-identifiable data and therefore not subject to the fair processing provisions of the Data Protection Act. There is therefore no requirement to inform patients. Further information is provided within the [Data Provision Notice](#) sent to practices.

The 2015/16 collection follows a similar collection from practices in 2014/15, published on the [HSCIC's website](#). The HSCIC intends to publish 2015/16 data on its website from October.



Sessional GP's

Sessional GPs e-newsletter

The sessional GPs e-newsletter is available on the [BMA website](#).

The main items this month are news on the national occupational health service for GPs suffering from stress and burnout, and an update on what the GPC is doing to change the unfair rules on death in service benefits for locum GPs. It also features news and information aimed at supporting sessional GPs as well as blogs from sessional GPs, including one this month from sessional GPs subcommittee member Mary Anne Burrow on doing out-of-hours work.

The e-newsletter has been sent out to all the sessional GPs on the BMA's membership database, but to ensure that it gets to as many sessional GPs as possible we would encourage you to distribute the link as widely as you can. Using the new format it is also possible to easily highlight different sections of the newsletter via social media if you use Twitter, etc.

Locums Available

The [website](#) enables available locums to advertise their services. Please [contact the office](#) for further details if you wish to advertise your availability.

Disclaimer

If a GP practice enters into an agreement with a GP Locum that is advertising services on this website the GP practice is solely responsible for carrying out the pre-engagement in primary care checklist. For further details read the [GP Locum Induction Guidance](#).

If a GP practice enters into an agreement with any other type of locum services or employment, advertised on this website, it is solely the responsibility of the GP practice to ensure all the appropriate pre-engagement and pre-employment checks are carried out to meet all the required statutory responsibilities.

This web page is for advertising locum services only. Derby and Derbyshire LMC do not get involved with any employment or locum service engagements matters. Derby and Derbyshire LMC are entirely independent of this, and all matters should be solely discussed between the locum and the GP practice. Derby and Derbyshire LMC do not get involved or indeed endorse any of the locum services advertised on this website.

Please note that personal information is available for the public to read. This is not a secure domain.

Practice Nurse

East Midlands General Practice Nurse Training Programme – BOOK NOW

Subsidised training for new practice nurses

The 8th cohort of the East Midlands BSc in General Practice Nursing Programme is due to start in January 2016 with the theoretical content being delivered on site at De Montfort University. Nominations for places on this cohort are currently being invited.

Since the start of the programme in October 2012, over 120 new general practice nurses have been recruited to the programme across the East Midlands. Successful completion of the programme means that these nurses are equipped with the knowledge and skills they require to quickly and effectively contribute to the general practice team. Evidence of training, supervision and competence will ensure that standards and targets can be met with regards to CQC requirements and QOF. The programme also provides vital support to existing nurses who are expected to support new nurses and pass on their valuable experience.

Don't miss out on securing a place for nurses who are new into general practice nursing within the last year or so! The cost to the practice is £500 – the rest of the fees will be paid for by Health Education East Midlands. The cost covers basic training in all aspects of general practice nursing and also includes cervical screening training, immunisation and vaccination, sexual health and contraception, wound care and basic management of long term conditions. The deadline for applications for the next cohort is the 4th December 2015.

For further information please complete the nomination form and return to gillian.beardmore@nhs.net or call 07860 757 408 to discuss informally.

[Nomination Form](#)

Helpful Resources:

[Developing You and Your Career](#)

[Equipping Nurses for General Practice](#)



NMC Revalidation Process

To support the NMC revalidation process, Health Education East Midlands (HEEM), is supporting the engagement of NMC registrants (irrespective of their employer) and has commissioned a series of free workshops, to be delivered in county based settings at venues convenient to the local workforce. HEEM are particularly keen to ensure the engagement of General Practice Nurses.

The workshops are open to all current registrants on the NMC register, irrespective of employer, who work in the East Midlands.

Revalidation Workshops

These workshops are open to all registered nurses and midwives who are working in the East Midlands. The three hour training workshops are taking place between November and May 2016 at venues across the region and, on each date, will cover the following topics:

- 9.30am: Revalidation: Reflective practice skills - three hours
- 1.30pm: Role of confirmer and validator (registrant peer reviewer) – three hours

Attendance at the workshops is free of charge and will count as 'participatory learning' within your revalidation portfolio. You can attend a half day on one day and another half day on a separate day (to fit around working patterns) if you wish. Dates and venues can be found [here](#).

Please be assured that each county will receive an equal level of support. We have worked with partners across the East Midlands in primary and secondary care and the private, voluntary and independent sectors, aiming for an equitable distribution. There are however, at this stage, some gaps. Further dates are in the process of being booked and we will add these to our website as soon as they become available.

Book now: There are 16 places on each half day workshop; bookable on a first-come first served basis. The electronic bookings process is open for dates in November and December now. The January to May dates will be released for booking in October. We anticipate that there will be high demand so urge you to register as soon as possible via [this link](#).

Please feel free to forward this information onto nursing and midwifery colleagues in your organisation. Revalidation is a process that all nurses and midwives will need to engage with to demonstrate that they practise safely and effectively throughout their career. It is about promoting good practise and is not an assessment of a nurse or midwife's fitness to practise. Participation is on an ongoing basis and nurses and midwives will need to revalidate every three years, at the point of their renewal of registration and this will replace the current requirements. More about [NMC Revalidation](#).

If you have any queries in connection with these events, please get in touch with caroleappleby@nhs.net.

Nwando's "On closer inspection" ...

CQC Hot Topics

Issue 15 - October 2015

For feedback email nwando.umeh@derbyshirelmc.nhs.uk

Welcome to the 15th issue of Nwando's "On closer inspection"

Happy Birthday to Nwando's "On closer inspection".... CQC Hot Topics - One year old! To date, 15 Editions have been published. We recognise how busy practices are with an exponential rising workload and therefore took the liberty to source hot topics on CQC and produce an easy to read document with direct links to important information. The aim is to prepare you for inspections and keep you updated with relevant information. We hope you have found them useful and as always we value your feedback.

Prof Nigel Sparrow's Myth Busters

Since our last issue, 3 more subjects have been added to Nigel Sparrows' myth busters where he clears up some common myths about CQC's inspections of GPs and out of hours services. The most recent are:

- [GP locums](#)
- [The role of a registered manager](#)
- [Portable appliance testing and calibrating medical equipment](#)

We strongly urge you to go through all the myth busters on [here](#) as they provide national guidance on 52 subjects to date.

FREE CQC SEMINARS - SAVE THE DATE

Derby and Derbyshire LMC is taking care of you! We are pleased to announce 4 upcoming Seminars on varied CQC subjects. Further details will be communicated to practices in due course, including venues.

Friday 27 Nov 2015 - 09:00 - 12:00 - Derby City Locality
15:00 - 18:00 - Ilkeston Locality

Friday 4 Dec 2015 - 09:00 - 12:00 - Chesterfield Locality
15:00 - 18:00 - High Peak Locality

To book your places, please send an email to Corinne.allen@derbyshirelmc.nhs.uk indicating the date and time of preference. Spaces are limited...first come, first serve.

The CQC Duty of candour came into effect for all GP practices on 1 April 2015

This is covered by Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which sets out all of the Fundamental Standards. It aims to ensure that providers are open and honest with people when something goes wrong with their care and treatment.

When a service is meeting the duty of candour patients should expect:

- A culture within the service that is open and honest at all levels.
- To be told in a timely manner when certain safety incidents have happened.
- To receive a written and truthful account of the incident and an explanation about any enquiries and investigations that the service will make.
- To receive an apology in writing.

Reasonable support if they were directly affected by the incident.

If the service fails to do any of these things, **CQC can take immediate legal action against that provider.** It is recommended that practices read the [mythbuster on the Duty of candour](#).

CQC and LMC Liaison Meetings

At a recent liaison meeting with Derby and Derbyshire LMC and the CQC, some key points were discussed and the feedback we've been receiving from practices were raised with CQC.

We continually strive to ensure that practices are not anxious about the inspection process or giving negative feedback to CQC which might prejudice CQC's judgement. Where practices have had a poor experience or feel that the demands are too onerous and going beyond what is described in the handbook, please let us know.

GP Practices can challenge factual inaccuracies and the CQC inspection processes.

Feedback can also be given directly through CQC inspection managers, head of inspection or the regional advisors with a copy sent to CQC's generic inbox, enquiries@cqc.org.uk.

Derby and Derbyshire LMC is the practices' critical friend and reliable partner. We are able to ensure feedback is channelled to the appropriate people, to ensure that CQC are consistent in their inspection process and improvements can be made where problems are identified.

UPDATES

Paracetamol Dosing following Meningitis B Vaccination

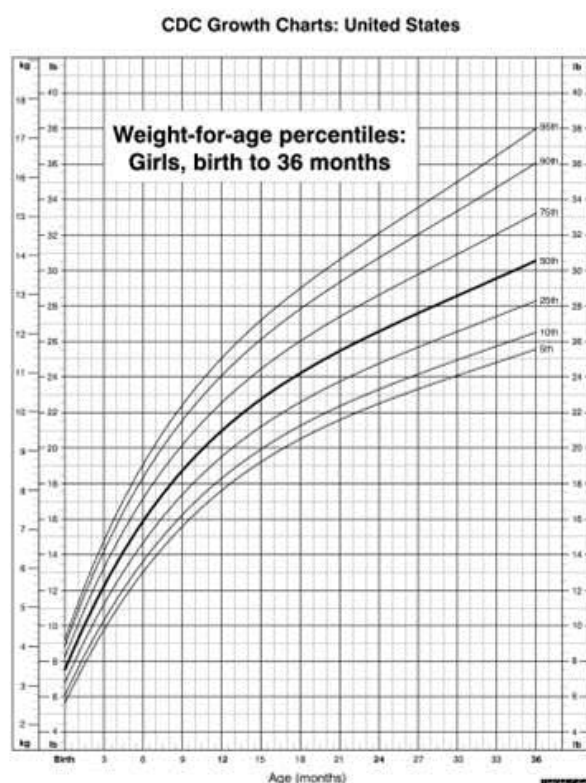
A practice has brought to our attention the problem of paracetamol dosing of very small babies following their Meningitis B Vaccinations. We reproduce below the national guidance for these babies, with thanks to our colleagues at Medicines Management for researching this.

Preterm infants born at less than 32 weeks gestation and currently weighing less than 4kg – see action to be taken if the patient is in the excluded section

And then in the exclusion section it states:

“Preterm infants born less than 32 weeks gestation and currently weighing less than 4kg are recommended three prophylactic doses of paracetamol post MenB vaccination but should have paracetamol prescribed for them with a dose appropriate to the infant’s weight at the time of vaccination, in accordance with the oral dose recommendation for their age in the cBNF.”

The question of very small weights for babies born at greater than 32 weeks is to be raised nationally but we can only suggest following the above guidance for all babies weighing less than 4kg.



Updated guidelines on malaria prevention in UK travellers

The Advisory Committee on Malaria Prevention (ACMP), an expert advisory committee of Public Health England (PHE) has updated its guidelines on malaria prevention for medical professionals and other travel medicine advisors based in the UK. The key changes are:

- updated guidance on the use of insect repellent and sun protection
- clarification on the use of hydroxychloroquine
- updated guidance on the use of anticoagulants with antimalarials
- updated guidance on the use of doxycycline in epilepsy
- changes to the country recommendations for Vietnam and Malaysian Borneo, and clarifications on the recommendations for India
- clarification of advice for travellers moving through areas where different antimalarials are recommended

Undertaking a stringent individual risk assessment

Recommendations for antimalarials should be appropriate for the destination and tailored to the individual, taking into account possible risks and benefits to the traveller. As part of an individual stringent risk assessment, it is essential that a full clinical history is obtained, detailing current medication, significant health problems and any known drug allergies. A suggested risk assessment template is included with the guidelines.

ACMP position on the use of mefloquine

Falciparum malaria is a common, preventable and life-threatening infection. Mefloquine is an extremely effective antimalarial and is currently recommended as one of a number of antimalarials for travellers to high risk areas following an individual risk assessment. During the ACMP meeting in June, the committee reviewed current evidence on the use of mefloquine (proprietary name Lariam), including data provided by the manufacturer Roche, and recommendations on the use of mefloquine for malaria prevention made by other countries. The ACMP concluded that all the currently available evidence had been examined and, on the basis of this, determined that there should be no changes to existing ACMP recommendations regarding mefloquine.

Details on the use of mefloquine in travellers, including contraindications and drug interactions are detailed in section 4.2.4 of the revised guidelines, which is available on the [PHE website](#).





A Guide to Employing Apprentices in General Practice

What is an Apprenticeship?

Apprentices are 16 years or over (there is no upper age limit) and describes someone who is employed and studying for a work related qualification under a recognised apprenticeship framework. There are a number of different apprenticeship frameworks and job roles where an Apprentice could be very useful to General Practice. These include health care support workers, therapy assistants, business administrators, receptionists, clinical coders and care records summarisers.

There are several levels of qualifications related to occupational competency. Level 2 is an intermediate qualification and level 3 is an advanced apprenticeship. There are also higher level apprenticeships within health care and management at levels 4 and 5.

Each industrial sector has its own sector skills council. The one for health is Skills for Health and they set the occupational standards for the awarding bodies. There are usually one or more awarding bodies that examine and assess apprenticeship frameworks.

What are the benefits of employing an Apprentice?

- Attract new talent to join your business, particularly young people who are often very technologically savvy
- “Grow your own” - Aid recruitment and retention by investing in staff and their training and development
- Benefit from free government funded training for your apprentice, 16-18 year olds receive subsidies; there may be a small charge for 19 years and over. This is normally paid through the training provider
- Follow a nationally recognised qualification that meets industry standards and that are approved by the sector skills council

Are there any grants available to help employ an Apprentice?

Funding for the training is available from the Skills Funding Agency through an approved training provider. The amount of funding you receive is determined by the apprentice's age. Apprentices aged 16-18 are fully funded. Apprentices aged 19+ are co-funded meaning the employer is expected to pay the 50% towards the training.

The Apprenticeship Grant for Employers 16-24 (AGE 16-24) is available for new apprenticeship starts up to December 31 2015. You may get a £1,500 apprenticeship grant if you have less than 50 employees and your apprentice is aged 16 to 24 years old. You can claim support for up to 5 apprentices but you must not have previously recruited an apprentice in the last 12 months. There are other conditions that apply, please see the AGE factsheet at direct.gov

There is also an additional £1,000 funding available from Derby City Council for Derby and Derbyshire employers employing a Derby resident and who have not employed an apprentice for 12 months, other criteria also apply. See links for more information.

What is the minimum wage?

All Apprentices must be employed for a minimum of 30 hours per week.

This current rate for apprentices aged 16 to 18 and those aged 19 or over who are in their first year of training £3.30 p/hr from 1 October 2015 (£122 per week). These rates apply to time working, plus time spent training that is part of the Apprenticeship.

Apprentices over the age of 19 who have completed one year of their Apprenticeship are entitled to receive the National Minimum Wage applicable to their age. Employers are free to pay above the minimum wage and many do so. As with any employee, pay should reflect experience and skills as they progress.

Terms and conditions

Apprentices have equal working rights to all other workers including breaks, maximum weekly hours, time between shifts. Please note that there are special rules about the working conditions for under 18s. Apprentices are also entitled to 1.5 days annual leave per paid month, plus bank holidays.

How do I find an Apprentice?

The best option is to search for a training provider as they will be able to support you through the recruitment and selection process and have detailed knowledge of the latest government policies. You can search for a training provider using the national Apprenticeship search function in the links section below.

There are many providers that recruit and train Apprentices in partnership with employers. These are just a few that have previously worked with NHS employers and GP practices.

Access Training	0115 958 7257
Prostart	0844 815 0804
Acorn	0845 643 6476
Chesterfield College	0845 850 1055
Derby College	0800 028 0289
East Midlands Chamber	01246 212902

ATA model of employment

The National Skills Academy for Health runs The Apprenticeship Training Agency (ATA). This supports employers by directly employing and managing apprentices and places the apprentice with a host employer. The ATA coordinates training through approved training providers any employer can choose to use the services of the ATA. It also has the added benefit of if an employer cannot continue to commit to a wage for their Apprentice; the ATA will find an alternative employer to continue their Apprenticeship.

Links to useful information

Search for a training provider

<http://www.findatrainingorganisation.ns.apprenticeships.org.uk>

Derby City Council Apprenticeship Grant

<http://www.d2n2skills.co.uk/files/uploads/1425574721.pdf>

Direct.gov for links to further information on apprentices

<https://www.gov.uk/take-on-an-apprentice/overview>

Government grant for small businesses

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/431424/AGE_Training_organisation_fact_sheet_v19_May_2015.pdf

Minimum wage rates

<https://www.gov.uk/national-minimum-wage-rates>

NHS Employing Young People Guide

<http://www.nhsemployers.org/your-workforce/recruit/employer-led-recruitment/recruiting-young-people-lp/employers-guide-to-recruiting-young-people>

NHS Employing Young People Myths

<http://www.nhsemployers.org/your-workforce/recruit/employer-led-recruitment/recruiting-young-people-lp/myths-around-employing-young-people>

ATA model of employment

<http://www.nsahealth.org.uk/ata>

Case Study – Sharon Burgess, Salisbury Medical Practice



We were a 6000 patient practice when we took on 2 apprentice receptionist/ administrators, three years ago. Following a recent merger, we are now a 21,000 patient practice. The Apprentices were taken on as full time staff on a one year temporary contract studying Business Administration and were offered a bolt on phlebotomy course. Following this success, we have retained and progressed 4 apprentices - they are now all permanent staff members.

One has now started a degree and is our communications lead administrator two have progressed onto a level 3 Diploma in Business Administration and are both receptionists and part time medical secretaries. The fourth apprentice switched from administration and completed a level 3 diploma in Clinical Healthcare Support. We have just started 2 new Business Administration level 2 apprentices and 2 new Clinical Healthcare Support level 2 apprentices. We also have an existing member of staff who has started a diploma in Clinical Healthcare Support – level 3 apprenticeship. We now have a diverse workforce which everyone enjoys and the team can see the benefits that have been created from Apprentices and continuing development of staff.

What did we gain?

- People who were keen to learn in a non-academic environment
- Energy, a sense of fun, enthusiasm
- People who challenged why we did things - a fresh pair of eyes
- Flexibility, willingness to try, unconstrained about job roles
- Cost effective staff cover
- Excellent IT and technology skills
- Staff development
- A different way of recruiting new staff

The challenges in recruiting an Apprentice

- Staff engagement - some of our permanent staff and partners were very reluctant at the start, especially the clinical team
- Empowering staff to train
- Skills gaps in the apprentices
 - Answering the telephone
 - Confidence
 - Working a 5 day week and being accountable for what you have done
- Resilience when mistakes are made and that you can't always do everything a patient asks
- Being part of a team

Things to consider

- Start small and grow slowly
- Identify a key mentor and partner to help you
- Pay - young people don't mind the pay, they appreciate the opportunity: older people are more likely to have commitments so may struggle
- Training - give good training it reflects on you when they move
- Retention - you can't keep everyone on. We act as a gatekeeper to other health employers so help them with their CV and interview technique

Just as with any member of staff, if they are not right for your organisation you can ask them to leave



Focus on Apprenticeships in General Practice

There is a real appetite to increase the numbers of Apprentices in General Practice. These young people are a real asset to the business and are a great source of support to colleagues and patients alike.

In just four months between April and July 2015, 18 practices in Derbyshire advertised an Apprenticeship vacancy. There are also many more Apprentices already employed across our County.

With the increasing demand on GP surgeries and the challenge of recruiting the right skill mix for your workforce, Apprentices could offer an opportunity to “grow your own”. Further expansion of the clinical workforce might help move work out from the nursing team to HCAs in a managed way using career pathways for HCAs and the development of different grades of HCAs. For example:

- Level 2: phlebotomy, urine samples, blood pressures, health checks, room stocking, flu
- Level 3: dressings, ECGs, vitamin B12 vaccinations, smoke stop, counter weight, minor ops support
- Development of assistant practitioners & therapy assistants

Non-clinical apprenticeship opportunities could help with the management of growth in patient numbers to increase medical secretaries, receptionists and administrators. Also the development of new roles such as communication lead, arts and therapy co-ordinator, integrated team lead, older persons lead, IT lead etc.

PCDC have written a [guide to employing apprentices in General Practice](#) which is available to help practices wishing to have more information. This includes advice on wages, training providers and current grants available. It also includes a case study about how Apprentices have benefitted Salisbury Medical Practice in Wiltshire.

If you have any good news stories about your Apprentices, feel free to share with us office@derbyshirelmc.nhs.uk



East Midlands Leadership Academy Personal Coaching

The Primary Care Development Centre is working in conjunction with the East Midlands Leadership Academy (EMLA) to offer **FREE** coaching and mentoring training to members of general practice across Nottinghamshire and Derbyshire. Currently PCDC are able to offer 3 different types of training:

1. Personal Coaching
2. Coaching and Mentoring CPD Programme – 2015/16
3. Coaching and Mentoring Supervision – updates

Personal coaching is delivered on a 1:1 basis and is aimed at developing and expanding your skill set, with particular emphasis on developing self-awareness, resilience and an understanding of the teams in which you work. Coaching can offer insights into our own strengths and areas for development and creates a space to think differently and more creatively in order to realise our potential.

*To be able to access the EMLA training for **FREE** you must have registered with the PCDC. You will only ever need to do this once and this will cover you for any EMLA training being offered through the PCDC. If you have yet to register with us, please complete the attached '**Expression of Interest**' form and return it to us at info@pcdc.org.uk. Once the PCDC have reviewed your form they will send you a confirmation email, it is at this point you can then apply for any of the EMLA training and the PCDC will fund any EMLA courses or coaching.*

Coaching and Mentoring CPD Programme 2015/16

The East Midlands Leadership Academy is excited to announce its first sessions in the Coaching CPD Series for 2015/16. They are partnering with global leaders in the coaching world to increase your skills and inspire you in your coaching practices. The 2 current sessions on offer are:

Coaching and Mentoring CPD - Emotional Intelligence in Coaching [Link](#)

Date: 8 October 2015

Time: 09:00 – 16:30

Venue: MediCity Nottingham, D6 Building West, Thane Road, Nottingham, NG90 6BH

Please note: spaces on these workshops are limited, so please book early to secure your place

Coaching and Mentoring Supervision

The East Midlands Leadership Academy is offering coaching and mentoring supervision sessions, **ONLY** for delegates who have already accessed coaching and mentoring training. These supervision sessions provide on-going development and support to exiting coaches and mentors.

The following sessions have been arranged:

- 4 November 2015, 09:00 to 12:00 in Kegworth – [Booking and further information](#)
- 4 November 2015, 13:00 to 16:00 in Kegworth – [Booking and further information](#)
- 21 January 2016, 09:00 to 12:00 in Loughborough – [Booking and further information](#)
- 21 January 2016, 13:00 to 16:00 in Loughborough – [Booking and further information](#)
- 10 March 2016, 09:00 to 12:00 in Lincoln – [Booking and further information](#)
- 10 March 2016, 13:00 to 16:00 in Lincoln – [Booking and further information](#)

Please note: spaces on these workshops are limited, so please book early to secure your place.

If you know of any primary care colleagues that might be interested in accessing this training please feel free to forward or share this information with them.

We hope that this training is useful to you.

Should you require any further information please contact the PCDC Headquarters on 0115 979 6911 or by email at info@pcdc.org.uk

‘Collaboration in Practice Symposium’.

A **FREE** event is being offered to Practice and Business Managers by the East Midlands Leadership Academy (EMLA).

Overview:

This practical day will help leaders at all levels to support their teams, colleagues, workforce by encouraging positive deviance, empowerment to embrace change and the permission to think differently and creatively in the development of joined up care pathways and services.

This event will provide workshops and interaction that share current best practice, demystify policy direction and provide tools that will offer practical solutions to help shape the future of collaborative health and social care services.

For further information and to express your interest in attending the event please click on this link - <http://www.pcdc.org.uk/event/2015-10-09-gp-pm-collaboration-in-practice-symposium/>

East Midlands Leadership Academy: Emerging Leaders

[The Emerging Leaders programme](#) is an inspiring and creative development opportunity; it is highly experiential and will challenge your thinking, current views and approaches. It has achieved great success and gained international recognition as leading the way in developing Emerging Leaders.

The programme will take you on a developmental journey in which you will discover more about yourself- your skills, abilities, beliefs and limitations. By understanding yourself you can start to work out ways in which you can translate these skills, abilities and beliefs into experience, competence and behaviours that will stand you in good stead for both enhancing your current performance and also deciding future career ambitions.

The programme is designed to develop leaders who are aware of the changing strategic context of the NHS, able to cope with uncertainty and able and willing to step outside your comfort zone- this is a key skill required of the Emerging leader of today and tomorrow- developing resilience and an ability to support others in times of change is essential.

The intention is that through participating in the programme you will have the time and space to think about these challenges, to consider your own ideas, to share them and listen to those of others. Valuing, respecting and utilising the difference that individuals bring to the programme is also an important leadership skill: one that underpins the whole of the development journey upon which you are about to embark. It is also that difference that creates innovation and creativity in turn helping to reshape and reform your contribution at work and within the NHS as a whole.

Deadline for applications is 9 October 2015. Click [here](#) for further details and how to apply.

Other organisations up and coming events

Mock Employment Tribunal

20 October 2015, Nottingham

[Booking and further information](#)

Quality and Measurement for improvement – Workshop for Trainees

27 October 2015, Education Centre, Royal Derby Hospital

[Booking and further information](#)

Prevent Training

PREVENT seeks to safeguard individuals who might be vulnerable to being radicalised through the internet, groups or individuals so that they are not at risk of being drawn into extremist and/or terrorist-related activities

14 October 2015	Chesterfield	13:30 – 15:00
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24 November 2015	Derby	13:30 – 15:00
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[Booking and further information](#)

Care Certificate Assessor Programme

Empowering health and social care support staff to implement the Care Certificate two day workshop 05 November 2015 and 26 November 2015. [Further details](#)

Free Study Day for GPs, GP Registrars and Practice Staff

Introducing the new RCGP/NIHR Patient Safety Toolkit for General Practice

27 November 2015, 9.00 am – 4.30 pm

Yew Lodge Hotel and Conference Centre, Kegworth, Derbyshire, DE74 2DF
(near J24 of the M1)

This Study Day, which is free to attend, will focus on introducing GPs and practice staff to the Patient Safety Toolkit now hosted on the RCGP website (link below).

The speakers will explain how the toolkit can support your practice and will focus in more detail on some of the tools available.

These tools include safe systems, safety culture, communication, patient reported problems, diagnostic safety and prescribing safety.

Speakers include:

- **Professor Tony Avery**, Dean of the School of Medicine at the University of Nottingham and RCGP Clinical Lead for Patient Safety
- **Professor Stephen Campbell**, Professor of Primary Care Research in the Centre for Primary Care of the Institute of Population Health and Principal Investigator of the NIHR Greater Manchester Primary Care Patient Safety Translational Research Centre
- **Professor Umesh Kadam**, GP and Professor in Health Services Research & Clinical Epidemiology at the University of Keele.

The identification and reduction of harm is a major priority for the NHS. Although widespread attention is given to patient safety in secondary care, there is also a need for additional focus on safety in primary care and it is becoming increasingly important for practices to become aware of the issues involved. The Patient Safety Toolkit has been designed to help all staff within a practice create a more patient safety aware environment.

The Toolkit is now available at the RCGP website: <http://www.rcgp.org.uk/clinical-and-research/toolkits/patient-safety.aspx>

Please book online at the RCGP website to attend the Study Day:
<http://www.rcgp.org.uk/professional-development/central-and-east-england/vale-of-trent-faculty/introducing-the-patient-safety-toolkit-for-general-practice.aspx>

This study day is part of the RCGP CIRC programme and is supported by the NIHR and the RCGP.

PCDC up and coming courses

[Up and Coming Courses](#)

GP Refresher

Safeguarding & Emergencies Update

05 October 2015, Derby

Cardiology Update

06 October 2015, Nottingham

Obstetrics & Gynaecology Update

07 October 2015, Nottingham

Hot Topics Update

08 October 2015, Nottingham

Psychiatry Update

09 October 2015, Derby

GP - Learn Over Lunch

Portfolio Careers (North Derbyshire)

06 October 2015, Chesterfield

Writing Reports (North Notts)

13 October 2015, Mansfield

Portfolio Careers

21 October 2015, Nottingham

GP Performance and Discipline (Derby)

22 October 2015, Derby

Raising Concerns (North Derbyshire)

28 October 2015, Chesterfield

Smoking Cessation

07 October 2015, Nottingham

14 October 2015, Derby

Practice Nurse

Medicine Management

14 October 2015, Nottingham

Depression

21 October 2015, Mansfield

Minor Injury and Illness – Module 2 – Fully Booked

28 October 2015, Nottingham

SDCCG Practices Only

Ear Syringing Refresher

06 October 2015, Derby

20 October 2015, Derby

Routine Ring Pessary Replacement & Management

AM - 07 October 2015, Derby

PM - 07 October 2015, Derby

AM - 27 October 2015, Derby

Spirometry Refresher

08 October 2015, Derby

Ambulatory Blood Pressure Monitoring

09 October 2015, Derby

Suture Removal and Infection Control

15 October 2015, Derby

23 October 2015, Derby

Wound Care Refresher

30 October 2015, Derby

Coaching & Mentoring CPD

Emotional Intelligence in Coaching

08 October 2015, Derby

First5 GP Group

Educational Meeting – Urology

14 October 2015, Nottingham

Operational Leadership Series

Balancing the Books

15 October 2015, Loughborough

PM & GP

Support Transformation – Nottingham

30 October 2015, Nottingham

For more information

or to book onto a course,

contact PCDC directly on

0115 979 6911

or

Info@pcdc.org.uk

or

visit their [website](#)



Health Education East Midlands

GP Fellowship Newsletter August 2015

CCG Count

NENE—2
Rushcliffe—3
Notts City—4
South Lincolnshire—1
South West Lincolnshire—1
ELRCCG—2

We have 7 starting between September and May, we will update the numbers accordingly, when they start.

There are also 3 Fellows working in Trusts:
United Lincolnshire Hospitals—1
Kingsmill General Hospital—1
Chesterfield Royal Hospital—1



Advertising

We will be advertising again and targeting 'Out of Sync' trainees in the East Midlands.
An advert will be placed in the BMJ in October to advertise any vacant Fellowship posts for this year.
We also hope to start advertising at the end of the year for new starters in August 2016.

Projects

There are a variety of projects ranging from Medical Education to Palliative Care.
One Project is looking at developing and implementing resilience, wellbeing and mindfulness. The aim is to create training and workshops contributing to the development and implementation of the new GP-S service in Nottinghamshire. This is one of the projects that we have agreed to fund for 2 years.

Practice Proforma

We will be sending out a Practice Proforma to all local delivery groups, for Practices wanting to be involved to complete. This will help potential fellows identify which Practices are most suitable for them.

Our Contact Details

Please email Angela or Becki at: heem.gp-programmes@nhs.net

FAQs

How flexible is the programme?

Currently we are able to offer quite a lot of flexibility in terms of split between practice and project parts of the week. However for full time applicants we are recommending that they work in practice for a minimum of 4 sessions. Less than this means it is difficult to consolidate what they have learned in their training in order to make an effective transition into independent practice.

Is the funding just for the 2015/16 financial year?

Almost everyone has only had funding confirmed for one year, as there is no separate funding stream for Fellowships as yet and the opportunity has arisen out of slippage from GP under-recruitment. However one or two specific projects have been advised we will ensure budget is available to support them for a second year. This decision is made on a case by case basis, with the hope that some of this year's fellows will be offered the opportunity of extending their fellowship to two years.

What are we funding?

HEEM supplies the basic salary plus "on costs" for up to 6 sessions at £5,600 per session, and pays the academic fees for the fellow. We do not pay their defence subscriptions. Employing practices can pay at whatever salary level they feel is appropriate, and negotiate around such issues as defence subscriptions, CPD support etc. If as part of their project work it would be helpful for fellows to attend conferences, teaching events etc., their project supervising organisation should consider supporting them. Any mandatory training for their project work must be supplied free of charge by the project supervising organisation.



Confidential mentoring and signposting service for GPs based in Nottinghamshire and Derbyshire

GP-S is a service run for GPs by GPs.

We offer mentoring, peer support, resilience training, careers advice, signposting and well-being resources.

You may find mentoring particularly helpful if you are at a crossroads in your career or have suffered a setback in your ambitions and are having to consider new options for the future. Or you may simply want to explore ways of further fulfilling your potential. The programme enables you to talk to your Mentor in complete confidence about professional or career issues. Your Mentor will be an experienced and trained individual.

You can take up to four sessions over six months to support your personal development.

All our mentors are GPs trained in the Egan Mentoring Method with ongoing training and supervision to ensure quality assurance.

Please note that we're here to help but this is not an emergency service so if you feel that you need to talk to someone more urgently please consider contacting BMA Counselling Services on:

08459 200 169



"Our greatest glory is not in never falling, but in rising every time we fall."
(Confucius)

GP-S is here to help you get to where you want to be.

- ✓ Achieve your aspirations
- ✓ Improve motivation
- ✓ Manage transitions positively
- ✓ Enhance leadership skills
- ✓ Build your resilience
- ✓ Strengthen team working
- ✓ Build confidence
- ✓ Improve your work life balance
- ✓ Enjoy your work again

For further information or advice contact us on:

Tel: 0115 979 6917

Email: contact@gp-s.org

Visit: www.gp-s.org

In conjunction with:



Vacancies

Full job advert details including contact and closing date is available on the [job opportunities](#)

Your LMC provides free job advertising for all levy paying practices.

To advertise on the website and within the monthly LMC newsletter, job advert details must be submitted to office@derbyshirelmc.nhs.uk by 17:00 on day 25 of each month (or the nearest working day before day 25).

To advertise on the LMC website only, job adverts can be submitted at any time.

Derby and Derbyshire LMC also provide advertising for non-levy paying practices and practices outside of the City and County area at a competitive rate.

Job vacancy page on the website is regularly updated; please ensure that you regularly refresh the page to ensure the most recent adverts are available to view.

GP

GP Partner

4 – 6 sessions per week
Heartwood Medical Practice, Derby

GP (x2)

Up to 12 sessions available
Willington Surgery, Derbyshire

GP Partner/ Salaried GP

8 – 9 sessions per week
Ilkeston Health Centre, Ilkeston

Salaried/ Fixed Profit Share Partner

6 – 7 sessions per week
Overseal Surgery, Swadlincote

Salaried GP

Full or part time
Ashfield House Surgery, Annesley Woodhouse

GP Locum

GP Locum Maternity Cover

3 days a week
Riverdale Surgery, Belper

Sessional Doctors

Bases throughout Derby City and Derbyshire County

Practice Nurse

Practice Nurse/ Advanced Nurse Practitioner

Peak and Dales Medical Partnership
Bakewell Medical Centre and Tideswell Surgery

Practice Nurse

The Calow and Brimington Practice,
Chesterfield

Administration Staff

No Adverts

LMC Support Services

The LMC Support Services offers fee paying consultancy services to include [recruitment campaigns for Practices Managers, delivered by Lisa Saultana](#), advertising and we can sign post GPs and Practice Managers to John Krafts HR Consultancy.



Information Hub

Further guidance and information can be found on the [LMC Newsletter page](#)

General guidance is available by clicking on the A-Z sections below. This guidance is not a substitute for independent legal and financial professional advice and GPs and Practice Managers considering any changes in their circumstances are strongly advised to seek such advice before entering into any commitment.

If you do not find the topic you are looking for, please look under other key words e.g. information on vaccinations can also be found under immunisation (not everyone intuitively searches under the same word!)

The guidance is periodically updated so please ensure you read the latest guidance available.

Please contact [Nwando Umeh](#), Business and Liaison Officer if you require further information on the latest guidance or you require guidance that is not currently available.

Updated PGD and PSD guidance England only

The GPC's guidance on **Patient Group Directions (PGD) and Patient Specific Directions (PSD)** in General Practice has been updated to clarify the rules regarding private PGDs.

The guidance is available on the [Drugs and Prescribing page](#) on the BMA website.

Communications in health care improvement - a toolkit

This [toolkit](#) is for health care professionals working in improvement who want to understand and use communications to better plan, implement and spread their work.

[Dispensing List Validation and Dispensing Services Quality Scheme \(DSQS\) update](#)

[General Medical Services Statement of Financial Entitlements Consolidation Directions July 2015](#)

[Focus on Subject Access Requests for insurance purposes – August 2015 \(updated further to July 2015 guidance\)](#)

[Controlled drugs: licences, fees and returns](#)

[Dispensing GP Practices in Derbyshire and Nottinghamshire](#)

[GPC Guidance Document 2015](#)

[LMC Survey Summary Report](#)

[Focus on Phasing out Seniority Payments – October 2015](#)

[Workload – Managing Workload to Deliver Safe Patient Care](#)

[Template – Response Letter to request for GP to Chase](#)

“The Information hub is a continually updated library of information, guidance and resources”

Information Hub



LMC Representatives

Your LMC Representative Team:

DDLMC Position	Name	Email	Constituency/ Locality
Chairman	Dr Peter Williams	peterwilliams@nhs.net	North Dales, North Derbyshire
Secretary	Dr John Grenville	john.Grenville@DerbyshireLMC.nhs.uk	Derby City and Derbyshire County
Treasurer	Dr Peter Holden	pjpholden@dsl.pipex.com	North Dales, North Derbyshire
Deputy Secretary	Dr Kath Markus	kath.markus@nhs.net	Chesterfield
Deputy Secretary	Dr Sean King	seanfred@talk21.com	Derby City and Derbyshire County
Executive Officers	Dr Jenny North	jenny.north@tiscali.co.uk	Amber Valley and South Derbyshire
	Dr John Ashcroft	jsashcroft@gmail.com	Dales, South Derbyshire Erewash
	Dr Mark Wood	markhwood@btinternet.com	Amber Valley and South Derbyshire Dales, South Derbyshire
Members	Dr Pauline Love	pauline.love@nhs.net	North Dales, North Derbyshire
	Dr Gregory Crowley	imagine@breatheconnect.com	Amber Valley and South Derbyshire Dales, South Derbyshire
	Dr Denise Glover	nick.deniseglover1@btinternet.com	North Derbyshire
	Dr Gail Walton	gail.Walton@nhs.net	Erewash
	Dr Brian Hands	bghands@gmail.com	Southern Derbyshire
	Dr Vineeta Rajeev	vineeta.rajeev@nhs.net	Southern Derbyshire
	Dr Murali Gembali	murali.gembali@btinternet.com	Southern Derbyshire
	Dr Ruth Dils	ruthdils@nhs.net	Chesterfield, North Derbyshire
	Dr Andrew Jordon	andy.jordan@nhs.net	Erewash
	Dr Heather Kinsella	heather.kinsella@nhs.net	Amber Valley and South Derbyshire Dales, South Derbyshire
	Dr Peter Short	p.short@nhs.net	High Peak, North Derbyshire
	Dr James Betteridge	jkbetteridge@doctors.org.uk	Southern Derbyshire
	Dr Peter Enoch	pjenoch@btinternet.com	Honorary Member
	Dr Jane Perry	jane.perry5@nhs.net	Southern Derbyshire
Members Trainee			

Please note that LMC Representatives can be contacted for all Derby City and Derbyshire County queries.

For more information on [LMC Representatives](#). If you are interested in becoming a representative, or would like to attend a LMC meeting as an observer contact office@derbyshirelmc.nhs.uk

Local Medical Committee, a Definition

A local medical committee is a statutory body in the UK. LMCs are recognised by successive NHS Acts as the professional organisation representing individual GPs and GP practices as a whole to the Primary Care Organisation.

Our Mission Statement

To represent and support general practice, to ensure that GPs are properly valued, and their skills properly utilised; and that, while serving the public, they are able to uphold appropriate standards of practice, and enjoy a standard of living commensurate with their profession, commitment and training.

Striving to demonstrate an impact!

Your LMC provides advice for individual GPs with specific problems, partnerships and business matters and advises and supports Practice Managers with their general queries.

Your LMC strives to support all GPs and their Practice Manager. It aims to ensure that GPs and their workforce are properly valued and their skills are properly utilised.

Your LMC supports levy paying GP Practices.

Position of Influence

Derby and Derbyshire LMC has a major role to play in the provision of primary care and offers a unique position of influence within the NHS.

With over 100 years of corporate intelligence and memory.

We are very experienced in a wide range of GP practice issues. If in doubt, contact us.

Striving to Demonstrate an Impact!

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Derby and Derbyshire LMC strives to support all GPs and their Practice Manager. It aims to ensure that GPs and their workforce are properly valued and their skills are properly utilised.

The LMC Office Contact Details:

Dr John Grenville,
LMC Secretary

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Dr Kath Markus
LMC Deputy Secretary (Job Share)

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Dr Sean King
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