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LMC Email update 6th May 2018

Date sent: Monday 7 May 2018

I hope you have all had a break over the Bank Holiday and the winter pressures have eased slightly although many report that the winter pressures are experience all the year round by most practices.

This was going to be a shorter email than normal but once I started, I found there were lots of things I wanted to include so once again sorry for the length of the email.

There are many great things happening in our area and I hope this email will cover some and be of interest to you.

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3. **Next generation GPs** - the future leaders of the profession - we are fortunate in Wessex to have a number of future stars in the making. The LMC is trying to provide help and support to these future leaders.
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1. Breast screening programme

You will have seen the news last week when it was reported that about 450,000 women had not been invited for their breast screening due to a problem with the IT. This error went back to 2009 and resulted in women not being invited to their final breast screening appointment.

There will be an independent review into the facts, chaired both by the Chair of the Macmillan Cancer Trust and of the Chair of the Royal Marsden Hospital, and this will be expected to report in six months.

NHS England will be sending the attached letter to GPs to help you advise any patients that may be concerned. Any patients who have been affected by this incident will receive a letter by the end of May.

Normally when adverse events such as this occur, the Media immediately advise all patients to contact their GP even when the problem is not related to general practice and there is little that we can do. I am please to report that this time the advice has been clear and a telephone helpline has been widely advertised and patients were told not to go to their GP.

Having said that I am sure you will have seen patients who are concerned because as GPs we are seen by our patients as the most crucial person that they have a relationship and strong bond with within the NHS.

This is one of the many reasons that the GP and the registered list based system is critical to the cost effective delivery of NHS services.

2. Pensions

Pensions are a complex are and one which all GPs need to seek specialist help at certain times in their career.

There is currently a very unfair system related to the annualisation of NHS pension contributions.

Previous pension reforms meant that the % you paid in employees contribution to your pension increased in stages depending on your earnings.

The current position is that if you work for 1 month during a year, they calculate your contribution not on your 1 month's earnings but by multiplying your earnings for that month by 12 and then base the pension contributions on this.

I sometimes read that GPs do not think the BMA does anything for them, well this is one small example, where they are doing something for those affected. The BMA is seeking legal advice to challenge this system of annulisation.

The BMA believe that the process is currently unfair for certain GPs that do not work all year.

Please read the BMA's guidance for more information - [click here](#) .

Once the BMA have received our legal opinion we will inform you of how this will be taken this forward.

3. New measures to reduce risks of valproate in pregnancy

I am sure your practice is aware of the the problems with Sodium Valporate and pregnancy.

The Medicines and Healthcare products Regulatory Agency (MHRA) has changed the licence for valproate medicines (Epilim, Depakote and generic brands), in that they are contraindicated and must no longer be prescribed to women or girls of childbearing potential unless they are on the pregnancy prevention programme (PPP).

The UK's Chief Medical Officers will be issuing instructions and educational materials to support the implementation of the PPP, which will be sent to GPs in the coming weeks.

See attached a letter from the MHRA to the GPC, a letter sent to practices, and access a link to their press release [here](#) .

I would strongly advise practices to run a report identifying all women of childbearing age, who are being prescribed Valporate and identify the women who are at risk.

3. Next Generation GP

If anyone doubts the future role of general practice within the NHS they should have attended the recent series of events supported by HEE Wessex and Wessex LMCs which facilitated meeting for GPs in training and within their first 7 years post completion of their training. These meetings were the brainchild of a London based GP trainee who is currently a GP Fellow working with NHS England.

I have had the privilege of attending the majority of these meetings.

The purpose was to bring together the future GPs leaders from within this cohort. The future leaders of the profession will come from groups like this and my observation would be that the future will be positive and one built on many of the strength of current general practice.

This group included GPs who had become partners in local practices, others who were working as salaried GPs but would be looking to partnerships in the future.

The LMC has secured funding from NHS England to employ 3 GPs Fellows who will be working for the LMC for 2 days a week for a period of 12 months with the intention to educate, develop and offer opportunities in terms of leadership and support for the profession. Initially the 3 posts will be appointed from the local Next generation GP group.

The application process is underway and the interviews will be held shortly.

4. GP Supporters programme

The LMC has now recruited 10 experienced GPs who are willing and able to help practices who are in difficult, may have found it difficult to recruit new GPs and need some help with the clinical workload and also some help and advice from an experience GP with knowledge of how general practice works.

This is not a cheap way to get a locum but can help to turn struggling practices around. many CCGs have indicated that practices can use their resilience money for this service.

For more information [click here](#) .

5. GP Education and WGPET

The LMC will be shortly employing a part time GP educator for 2 years using a grant from the Wessex GP Education Trust with the aim of sustaining some of the existing educational events and also developing a greater range of topics and methods of receiving education - watch this space for updates.

6. NHS Property Services and template lease

Premises in general and leases specifically are one of the comments reasons that practices approach the LMC for advice. This has increased over the last couple of years because of the unjustifiable level of cost that has been applied to many surgeries for 'service charges' where there seems to be little service but much charge.

Since the release of the new NHSPS template lease in 2016, the BMA – alongside BMA Law – have been working to address the key residual issues that have prevented many GP tenants from signing up to the lease.

As you will no doubt be aware, these issues primarily concerned the lack of clarity over, and indeed the level of, service charges. The BMA are looking to resolve these issues through a number of avenues, and while the issues with the current charges are ongoing, the GPC have made good progress with the template lease particularly with reaching agreement in principal to a cap for non-reimbursable costs for practices.

In relation to current charges, the BMA's position has not changed. These increases are being levied with seemingly no reference to the contractual arrangements (or lack thereof) that are in place, or the sums historically paid. This issue is further complicated as practices are often not provided with an itemised list of charges, or when they are, there are often errors or incorrect charges included. In respect of current charges, practices should only make payments to both the extent that they are both satisfied as to the legal basis upon which they are payable and their accuracy.

7. Updated prescribing guidance

Workload is one of the major factors that is impacting practices and a significant contributory factor to this has been the shifting of work from hospitals to general practice.

Following work undertaken by the GPC, the RCGP and NHS England there has been guidance provided to hospitals as well as changes to the NHS Standard Contract that all hospitals are required to comply with that includes:

- | **Results of investigations** requested by hospital clinicians should be communicated by the hospital directly to patients.
- | Hospitals should directly liaise with patients should they **miss an outpatient appointment** rather than ask GPs to re-refer.
- | Hospitals should make direct **internal referrals** to another department or clinician for a related medical problem rather than send the patient back to the GP for a new referral.
- | **Fit Notes**, Hospitals to issue these covering the full period until the date by which it is anticipated that the patient will have recovered.
- | Hospitals **must not transfer management** under shared care unless with prior agreement with the GP.
- | **Hospital clinic letters** to be received by the GP within 7 days from 1 April 2018.
- | Issuing **medication** following outpatient attendance at least sufficient to meet the patient's immediate clinical needs until their GP receives the relevant clinic letter and can prescribe accordingly.

The GPC prescribing policy group has updated the [Prescribing guidance](#), to include a link to the [template letters](#) relating to the new requirements on hospitals to reduce inappropriate bureaucratic workload shift, in the Q&A section '**Can my GP refuse to give me a prescription that my consultant asked them to provide?**' (page 9).

The prescribing guidance is available on the newly updated [prescribing pages](#) on the BMA website.

8. Updated guidance on reflection

Following the Hadiza Bawa-Garba case many doctors feel they are no longer able to reflect honestly and openly.

The LMC conference earlier this year called for GPs to disengage from written reflections until adequate safeguards are in place. As a result, the BMA has been lobbying the GMC and other bodies on this and called for legal protection to be provided to reflections in all education and training documents, such as e-portfolios and all annual appraisals and training forms.

The GPC have updated their [own guidance](#) in response to the LMC conference motion to make it clear how doctors should limit their reflective practice. The GPC will also be contributing to GMC guidance on reflection to be published this summer to highlight what changes need to be made for the profession to regain confidence in this process.

Updated [GMC guidance](#) for doctors on appraisals and revalidation was also published yesterday.

9. NICE guidance on treating Lyme disease

Where I work in the New Forest not only is Lyme's Disease quite common but the local population is also aware of Tic bites and Lyme's disease.

The National Institute for Health and Care Excellence (NICE) has produced new guidelines for GPs on diagnosing and managing Lyme disease.

The guidance includes symptoms to look out for, tests to help confirm a diagnosis and what treatments to use. Access the new guidance [here](#).

10. The interface between Primary and Secondary Care

I recently saw a video produced by two trainees from the Vale of Trent RCGP Faculty where they were discussing the primary secondary care interface. It is well worth watching and only lasts about 6 minutes [click here](#) to view.

11. PBSGL

What is PBSGL I hear you ask? It stands for Problem Based Small Group Learning.

PBSGL is an innovative approach to Continuing Professional Development for General Practitioners.

It originated in Canada and since 2005 it has grown rapidly in Scotland and England.

Over 25% of all GPs in Canada and Scotland are now in a group.

If you want to learn more about PBSGL - [click here](#).

They have proved to be hugely popular both in terms of their educational contents but also as a way of GPs meeting outside practice time and enhancing a strong social network.

12. A 3 minute neurological examination

Do you remember as a medical student when you were taught to examine the nervous system - it seemed to take ages.

Well if you would like to see how to conduct a neurological examination in under 3 minutes - [click here](#).

14. Appraisals and education

The LMC will occasionally receive questions about how many hours of education GPs need to record per year or what exactly constitutes education?

You cannot read the BMJ every week for an hour and then claim at the end of the year you have achieved 50 credits and therefore achieve the requirements for your annual appraisal.

You can use a variety of learning methods of which reading is one.

The LMC recently organised a safeguarding conference on Jersey, it was great to meet and talk to the local GPs and hear that despite working in a system that is quite different from the NHS, that many of their challenges are the same as those faced by GPs working within the NHS.

I had a number of comments from the Jersey GPs about my email update, all positive thankfully, they found them useful, a bit long but structured in such a way that they could be read and saved for reference.

One thing that few realised was that you could use these emails for your CPD. They all contain practice management information and often share clinical information.

The easiest way for doing this is to create a 'Learning Diary' using Fourteen Fish, this is completely free and easy to set up - [click here](#) for more information.

Once you have set this up your forward this email to learning@mylmc.co.uk - it will then appear in your learning diary, you then edit this and add come comments, reflection etc and indicate the areas of practice this covers and indicate the time taken to read and reflect. This will then be added to the number of hours education you have undertaken during the year.

15. RCGP Council Election

For those who are members of the RCGP you will have recently received voting papers for the RCGP Council elections. As an LMC we work closely with the Wessex Faculty of the RCGP and strongly believe the profession is stronger and benefits from the LMC and Faculty working together and that same is true nationally when the RCGP and GPC work together.

There are 5 members of the Wessex Faculty standing for election and they are:

- | Susi Caesar
- | Johnny Lyon-Maris
- | Karen O'Reilly
- | David Paynton
- | Tim Whelan

It would be great to have more Wessex GPs on the Council of the RCGP and therefore I would encourage you to vote for these excellent candidates. I will leave the order of preference to you they are listed here in alphabetical order.

Best wishes

Nigel

Dr Nigel Watson

Chief Executive

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Attached file: [18.05.02 - GP letter.pdf](#)

Attached file: [CEM_CMO_2018_001 Valproate.pdf](#)

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We represent GPs and practices across the counties of Dorset, Hampshire & the Isle of Wight, Wiltshire, BaNES and Swindon whilst also providing services to the Islands of Jersey and Guernsey.

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