

Practice In Touch

A newsletter from

lincolnshire *lmc*

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GP CONTRACT CHANGES 2021/22

by Dr Kieran Sharrock | LMC MD

[Supporting General Practice 2021/22 letter](#) was issued by NHSEI and BMA on 21st January 2021. This letter sets out proposed changes to the GP contract. Most of these changes had previously been agreed, but due to Covid-19 pandemic many of the changes have been reduced or postponed.

The letter and discussions confirm that these agreed changes are still open to amendment to allow improved Covid-19 capacity.

Topic	Update
Additional Roles Reimbursement Scheme (ARRS)	<ul style="list-style-type: none">Will increase from maximum £430m in 2020/21 to maximum £746m in 2021/22Will include extra roles: paramedics, advanced practitioners, and mental health practitioners
ARRS Mental Health Practitioners	<ul style="list-style-type: none">New funding model for Mental Health Practitioners to be employed by PCNs and mental health trusts with cost shared 50/50, and to be deployed within the PCN
PCN DES Specifications	<ul style="list-style-type: none">Current PCN specifications to deliver Extended Access, Structured Medication Reviews (SMR), and Enhanced Health in Care Homes (EHCH), social prescribing, and early cancer diagnosis continuesNew specifications due to be introduced in April 21 delayed, but unsure when these will be introduced: Cardiovascular Disease Diagnosis and Prevention, Tackling Neighbourhood Inequalities, Anticipatory Care, and Personalised Care.
PCN DES Investment and Impact (IIF)	<ul style="list-style-type: none">IIF funding to increase to £150mIIF indicators for 2020/21 will continue for 2021/22: seasonal flu uptake, learning disability health checks, social prescribing referrals, and medicines safetyNew IIF indicators which had been for introduction in April 21 will now be delayed: supporting improved access to general practice, reducing carbon footprint, and shared savings with altered pathways
PCN DES Access Scheme	<ul style="list-style-type: none">Existing access schemes, Extended Hours and Improved Access, were due to merge in April 2021, and be provided by PCNs, this has now been delayed to April 2022If PCNs, practices, and CCGs want to introduce this change sooner, this can be done with local agreement
QOF	<ul style="list-style-type: none">Will remain largely unchanged for 2021/22Childhood Immunisations DES will be replaced by a Vaccs and Imms domain in QOFQI modules not completed in 2020/21 will be rolled over to 2021/22: Learning Disabilities and Supporting Early Cancer DiagnosisNew funding for extra Mental Health indicators to increase mental health physical health checks
Terms and conditions of practice staff	<ul style="list-style-type: none">There will be a data collection to understand practice staff terms and conditions of employment, to focus upon gender pay gaps

Continued Overleaf...

GP CONTRACT CHANGES 2021/22

Continued...

Core digital	<ul style="list-style-type: none">• Definition of what practices must provide for digital access<ul style="list-style-type: none">⇒ Practices to offer and use online consultations that can be used by patients, carers and by practice staff on a patient's behalf, to gather submitted structured information and to support triage, enabling the practice to allocate patients to the right service for their needs⇒ The ability to hold a video consultation between patients, carers and clinicians⇒ Two-way secure written communication between patients, carers and practices⇒ An up to date accessible online presence, such as a website, that, amongst other key information, links to online consultation system and other online services prominently⇒ Signposting to a validated symptom checker and self-care health information (e.g. nhs.uk) via the practice's online presence and other communications⇒ Shared record access, including patients being able to add to their record⇒ Request and management of prescriptions online⇒ Online appointment booking
Cervical screening	To move from being an additional service to being an essential service
Electronic Repeat Dispensing (eRD)	Requirement for patient consent removed under pandemic regulations to become permanent

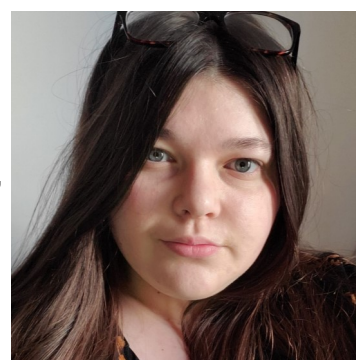
WELCOME: LMC Has a New Staff Member!

by: Rosa Wyldeman & Laura Dexter | Lincolnshire LMC

We are excited to introduce our new Administrative Assistant, Laura Dexter, to you all and would like you to join us in welcoming Laura to the LMC team!

Laura will be supporting the LMC team by managing calendars & arranging meetings, maintaining contacts & mailing lists, updating webpages & job vacancies, helping with LMC events lots of other things.

"I am thoroughly enjoying every aspect of this job so far. Everyone I have had the pleasure of speaking to has been very kind and welcoming, Thank you!"



I grew up in Skegness and moved to Lincoln to study for a BA in architecture. Throughout university I worked in telesales and as an administrative assistant, I loved working in the office environment. After university I worked on the NHS COVID-19 campaign. I now have my dream job at Lincolnshire LMC and I am looking forward to getting to know everyone and extending my knowledge.

Hobbies & Interests: I am a very creative individual; spending a lot of time doing anything creative. I mainly produce digital illustrations and work on 3D character creation, however more recently I have been spending time honing my D.I.Y skills!

Most of the rest of my time is spent looking after three guinea-pigs that my partner and I adopted last year: Monty, Milo and Mortimer; they are very high maintenance, (more than you would think), but definitely worth it!"



take-30

AND LET'S TALK

Not quite 100% but can't quite put your finger on what is wrong? In need of a break but not able to switch off?

You don't need to wait until you feel overwhelmed; talking things through can help to let off steam and release that build-up of pressure.

It may feel small and insignificant at first but locking your feelings away can lead to feelings of being overwhelmed and out of control.

DON'T JUST STRUGGLE ON

CONTACT US: 01522 576659

EMAIL: info@lincslmc.co.uk

**HAVE A FRIENDLY CONFIDENTIAL
CONVERSATION WITH A TRAINED MENTOR**

More info at www.lincslmc.co.uk

Open to receive enquiries between 10am and 4pm Mon-Fri

This is not an emergency service

Prescribing at the Request of a Specialist

by: Dr Kieran Sharrock | LMC MD

In February 2018 we produced [guidance](#) regarding when GPs should and should not prescribe at the request of a specialist. We continue to receive many queries regarding this matter, so here is a summary of the guidance.

- When a clinician signs a prescription it is they who take responsibility for the medication, side effects, and adverse events that occur whether or not this medication is prescribed on specialist advice
- Clinicians should only prescribe when they have “adequate knowledge of a patient’s health and are satisfied that the drugs or treatment serve the patient’s needs” ([GMC Prescribing and Managing Medicines](#))
- NHSE has clarified that GPs have “authority to refuse a request to prescribe and monitoring responsibilities... due to uncertainty about... a providers expertise”. Thus GPs can decline specialists requests to prescribe if the GP is unsure of the specialists qualifications, or the specialist is working for an organisation which the GP cannot guarantee appropriate clinical governance, or follow up arrangements, exist
 - ⇒ If a specialist is working for a private organisation, without an NHS contract, it may be difficult for a GP to be reassured about the clinical governance of this organisation
- GPs should not have a “blanket policy” for prescribing at specialist request, and should consider each case individually
- Shared Care Agreements (SCAs) exist to enable GPs to prescribe for, and monitor, patients on behalf of specialists. SCAs are used as part of commissioned enhanced services that fund general practices to prescribe and monitor patients on certain drugs. These enhanced services are an NHS commissioned service, and thus do not apply to patients being treated privately unless agreed by the commissioner (the CCG). Thus if a private organisation requests “shared care” practices should decline unless this arrangement has been agreed by the CCG

If you need to decline to prescribe medications from an NHS provider because you are either; not signed up for the enhanced service, or you do not feel clinically able to prescribe, then you should decline this using the NHS response form.

If you need to decline to prescribe for a non-NHS provider, then there is a template letter available for you to do this on the [LMC website](#).

CAUSE OF DEATH WHILST IN HOSPITAL

By Dr Kieran Sharrock | LMC MD

When patients die in hospital the Cause of Death (Cod) is usually not included on the electronic discharge document (eDD), as the CoD may not be known at the time of eDD completion.

GPs may want to know the CoD for their own learning, to support family members, and to put on the patients electronic and paper medical record.

We have agreed with ULHT that practices can contact the bereavement office to get this information by emailing bereavementservices@ulh.nhs.uk.

New Children's Continence Service Delivered by Children's & Young People's Nurse (CYPN) Service

by Dr Kieran Sharrock | LMC MD

The Children and Young People's Nurse (CYPN) service cover the whole of Lincolnshire. They provide support to children who are in year 1 at school and up to the age of 19 years (SEND 25).

CYPN services cover:

- Continence
 - ⇒ Three tier service as described below
- Healthy weight and nutrition.
 - ⇒ My Healthy Choices, a programme developed for the family to aid the child to lose weight.
 - ⇒ Initial growth review where concerns child may be underweight and liaise with the GP where more support from specialist services is required.
- Complex health need
 - ⇒ mainly supporting children who have an EHCP, or where they have a medical condition and school attendance has been affected, so a health care plan is developed to support the child and school.
- Safeguarding
 - ⇒ Child Protection (CP), Child In Need (CIN) and Team Around the Child (TAC) only where the CYPN service is also providing care within other service areas listed here.
- Educational packages to schools on awareness of anaphylaxis and asthma (they are not for the parent/child, unless they attend the school session).

Continence Service

The new Children's Continence Service provides services to children across Lincolnshire (with a Lincolnshire GP). They see children with day time wetting from age 3 ½ to 19 years, Nocturnal enuresis from age 5 to 19 years, and constipation and soiling from 0 to 19 years.

Children aged 0 to year 1 in school are under the care of the health visitors who are a tier one service. They are able to offer the same baseline support for constipation and day time wetting, especially around developing toileting skills. If tier one staff assesses a need for tier 2 they will then conduct that referral.

Tier one services:

- Day time wetting. Support with assessment and basic interventions. This also includes toileting skills development support programmes
- Bowel, soiling and/or constipation. Support with initial assessment and basic interventions around diet, fluids and activity. This includes where the soiling may be related to a behavioural or developmental condition.
- Nocturnal enuresis. Full initial assessment, basic interventions and are able to prescribe and provide enuresis alarms.

Continued Overleaf...

New Children's Continence Service Delivered by Children's & Young People's Nurse (CYPN) Service (Continued)

Tier two services:

- Bladder. Comprehensive assessments for day time wetting and nocturnal enuresis. They will offer a range of assessments including bladder scanning and urinalysis. They will develop health care plans for individual children. They will prescribe medication as required through the prescribing request forms developed by LCC and a GP. The specialist nurses will monitor and review the children with prescribed medication.
- Bowel. Comprehensive bowel assessments including a diagnosis of constipation. They will prescribe medication as required through the prescribing request forms developed by LCC and a GP. The specialist nurses will monitor and review the children with prescribed medication.
- Education will be delivered to parents on bladder and bowel health.
- Educational packages to all children's health team staff, schools and other professionals as required.

Tier three services:

- Symptoms not improved by Tier 1 or 2 continence care
- Red flags – recurring urinary tract infection, haematuria, kidney reflux, renal damage, abdominal straining or poor urinary stream, polydipsia, polyuria, family history of urinary tract anomaly, persisting chronic idiopathic constipation, delay in passing meconium, soiling, rectal bleeding, possible surgical problem identified
- Complex medical conditions for example neurological disorder, unexplained developmental delay, significant emotional problems (consider referral to CAMHS).

All referrals should be submitted by this referral form, which can be viewed on the [LMC Website](#). This form will soon be available in SystmOne, EMIS, and Ardens.

These are sent to the single point of access BS_HealthServices@lincolnshire.gov.uk, you can also call 01522 843000.

Parents can complete a self-referral but for tier one service only. Tier two must be via the GP or other health professional.

Eating Disorders - Responsibility to monitor Physical Health

by Dr Kieran Sharrock | LMC MD

Patients with severe mental illness (SMI) have higher risk of physical illnesses, and it is expected that general practices will perform regular physical welfare checks for patients with SMI, this is partially funded through QOF.

Patients with eating disorders have a much more complex set of physical complications. Monitoring the physical welfare of patients with eating disorders is a specialist subject which general practices are not qualified to perform, and are also not funded to do.

Following the death of a patient with anorexia nervosa, the Cambridgeshire coroner advised that [specialist services should be commissioned](#) to carry out both psychological and physical care of patients with eating disorders. The LMC is working with Lincolnshire CCG to ensure that this happens. In the meantime practices should decline to carry out this monitoring as it is outside the scope of general practice training and competency.

IMPACT

lincs



Mentoring & Coaching Can Benefit You And Your Organisation In Many Ways

"You're the expert at what you do, be the best you can be, this service enables you to do exactly that. I would not be where I am today nor able to deal with the challenges I have faced had it not been for this service."

"An excellent and timely service which helped me to keep working at a point when I felt I could cope any longer. A year later I am still a fully functional partner in my practice."

Help to make improvements to your work life balance

- Allow you to manage transitions positively
- Create a positive focus on achieving your aspirations
 - Improve your motivation
- Develop & enhance your leadership skills
 - Improve your resilience
 - Build your confidence

Our trained mentors can support you to make positive steps forward in your career and personal life. Mentoring sessions can take place at a time & place to suit you.

This service is available free of charge for Lincolnshire GPs, Nurses & Practice Managers

"This has been a really fantastic service to access and is something that I think should be available to all GPs."

"A really useful resource focussed on YOU and YOUR needs, give it a go, you have nothing to lose and everything to gain."

Tel: 01522 576659

Email: info@lincslmc.co.uk

Visit: www.lincslmc.co.uk/impactlincs

111 First– How to give feedback

by Dr Kieran Sharrock | LMC MD

Since April 2020 all practices have had to free up one appointment per day for every 3000 patients for 111 and CCAS to book remotely. Covid-19 legislation increased this to one appointment per 500 patients, but locally this has been relaxed as appointments were not being utilised.

NHS 111-First is the expansion of 111's role in booking patients into A&E and urgent treatment centre appointments. Patients are advised not to attend urgent care settings without first contacting 111 to be assessed and advised of the best way to manage their problem.

One of the dispositions for these calls is for 111 to book a call-back from their GP practice. To facilitate this, practices have created 111-bookable slots, and these should be "[spread throughout the day](#)".

Practices have fed back to the LMC that these slots have been used both appropriately and inappropriately. The NHS 111 First team would welcome feedback so that they can refine the service. If you wish to provide feedback then please either email the LMC, or you can email the 111 First team directly at Feedback111.Lincolnshire@nhs.net.

Prescribing Matters: Medication errors and opiate prescribing

by Dr Lucy Dodington-Boyes | LMC GP Fellow

The LMC is regularly involved in representing and supporting doctors who have been identified as having "performance" issues. The LMC has identified a number of themes which recur and this feature will highlight these, so that our members can avoid these pitfalls.

A recent article presented in the BMJ details a case of an elderly man with dementia who died following Tramadol overdose (BMJ, 2020). The patient had amassed a large quantity of unused prescription drugs at home after receiving 100 capsules of Tramadol every month over an extended period. The coroner in this case highlighted the importance of monitoring repeat prescriptions adequately, checking compliance and adherence. This is particularly important in high risk patient groups such as the elderly and those with a history of dependence or mental health problems.

The most common type of prescription error found in

the 2012 PRACTICE study was "incomplete information" where no strength or route was specified on the prescription and where an "unnecessary drug" was prescribed. Failure to request drug monitoring has also been highlighted as a patient safety risk.

Medication and prescribing errors in general practice are common, around 1 in 20 GP prescriptions will have an error (NHS, 2012) (Avery T, 2012). Medication errors are an obvious patient safety concern and they create more work for GPs and practice managers. There continue to be instances where inaccurate or inappropriate prescriptions have led to harm to patients and distress for the prescriber involved. To avoid these occurrences, this "prescribing matters" will give advice on how to avoid these errors.

To read the whole article go to the [LMC Website](#)

Following the Lincolnshire Training Hub's launch of the ShinyMind app at the recent Lincolnshire General Practice Nursing and HCA Conference, they are now delighted to share the details of this exciting app with you.

"The ShinyMind app is a uniquely interactive tool that improves wellbeing, resilience and teamwork. It's proven to help reduce the stress and anxiety of everyday life, leaving people feel happier and more productive. The app's foundation is built on a blend of science and research carried out by leadership psychotherapists into what makes your people feel better, their teams work better and ultimately sees organisations perform better."

Lincolnshire Training Hub is now making this very highly recommended app available to ALL General Practice staff across Lincolnshire. We have signed up for an initial 500 licenses and can purchase more if needed.

We would strongly encourage you to sign up for the app and share this information with all your teams – we hope that this wellbeing app will benefit as many people working in General Practice across Lincolnshire as possible."

To sign up, please complete the brief form at the link below:

https://docs.google.com/forms/d/e/1FAIpQLScILJBp3UyDhKk5WePFPFs1TwqbQuuOT4Y5ACPCTtsyROF9HA/viewform?usp=sf_link

For further information please contact: Ruth Pollock, Lincolnshire Training Hub: ruth.pollock@nhs.net

PROPOSED SIMPLIFIED CQC RATINGS FOR GP PRACTICES

by Kate Pilton | LMC COO

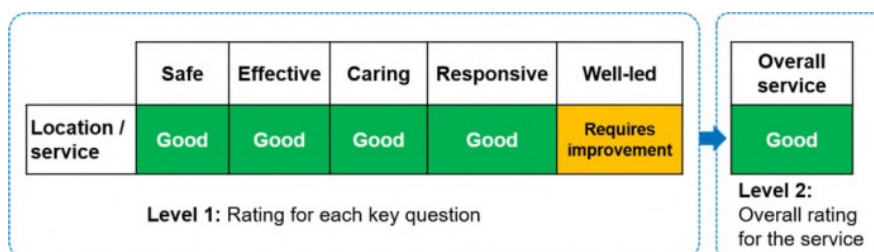
In 2021, CQC plan to introduce simplified ratings for GP practices. CQC propose to stop providing ratings for individual population groups because:

- There is little variation in ratings for the different population groups, as they are usually influenced by evidence and judgements about the quality of care that affects all the people using a GP practice.
- Their current approach to rating GP practices is too complex
- Providing care to specific population groups is often influenced by wider local health systems

CQC plan to introduce simplified ratings for GP practices at two levels:

Level 1: A rating for each key question for the location/service. This will be based on relevant evidence of how GP practices personalise people's care and provide care for different groups of people.

Level 2: An overall rating for the service. This will be an aggregated rating informed by our findings at level 1.



CANCARD

by Dr Lucy Dodington-Boyes | LMC GP Fellow

Some concerns have been raised by practices regarding the 'Cancard' [website](#) and its proposed 'GP endorsed' ID card. Applications are said to have been opened from 1st November 2020.

The Cancard for medicinal cannabis is being offered to patients who meet the following criteria:

- Have a diagnosis (confirmed by their GP) that is currently being prescribed for privately
- Have tried two types of prescription medication or have discussed and discounted these options based on side effect profile or dependence concerns
- Are unable to afford a private prescription
- Are required to be in possession of a small amount of cannabis to manage their symptoms.
- Are at risk of criminalization

Cancard is a holographic photo ID card advertised for people who may qualify for a legal private prescription of a cannabis-based product who are unable to afford one, so are self-sourcing cannabis. The Cancard is reportedly designed to be a 'flag' to police during a stop and search that a person is using self-sourced cannabis medicinally. According to the [website](#), the police have been briefed on the card. Application for the card is accessed through the website where applicants can check eligibility, upload photographs and instructions are given to contact the GP surgery for a copy of the summary care record.

The RCGP and BMA explained in a statement that they support the use of 'cannabis-based products for medicinal use in humans' under supervision of specialist clinicians or prescription of MHRA authorised licenced products by doctors who have the necessary clinical experience and competences. They also support the call for further research into the safety and potential indications for use of these medical products.

However the RCGP and BMA do not support the use of the Cancard, nor the suggestion that UK registered GPs sign a declaration confirming a diagnosis in order for the card to be issued.

The Cancard website states that the card has been designed in collaboration with GPs but neither the RCGP nor BMA have been formally consulted or given endorsement. The RCGP and BMA do not believe it is justifiable to encourage the purchase of unregulated unlicensed cannabis products from unregulated or illegal dealers.

If a patient meets the criteria for an NHS prescription for an MHRA authorised drug then this may be issued where appropriate. Those patients on low incomes or with medical conditions qualifying for prescription charge exemption will be exempt from prescription charge in line with current regulations.

Read the RCGP clinical advice [here](#)

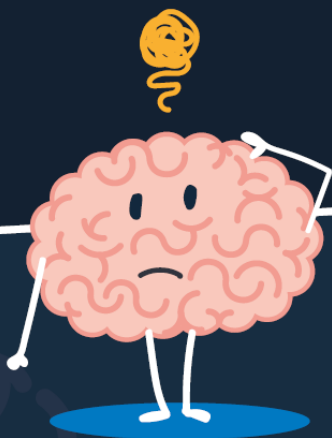
Read the BMA guidance [here](#)

Further LMC guidance on cannabis-based products can be found [here](#)

Flippin' Pain™
brings you...

Pain Science for DUMMIES Non - Pain Specialists

- Please note that this event is designed for health professionals -



Join us for a fun, FREE and informative journey through the complexities of pain science. Our speakers and panel of expert guests will share insights, answer questions & encourage you to consider whether you might need to 'flip' the way you think about, talk about, & treat persistent pain.



Stephanie Preston,
Person living with
persistent pain



Dr Richard Makin,
Pain Consultant



Dr Lizzie Doherr,
Pain Psychologist



Prof Cormac Ryan,
Pain Scientist



Jackie Walumbe,
Physiotherapist



Ruth Barber,
Person living with
persistent pain

When

Wednesday 3rd February, 5.00-6.30pm

Where

Virtual event hosted on Microsoft Teams

Sign Up

Book your place at
flippinpain.co.uk/event/pain-science

Pain
Do you
get it?



LMC Events Available :

- **Becoming a Partner:** We are half way through this series of educational events. The remaining sessions will be covering:
 - ⇒ Leadership, The Partner as a Leader, 7pm, Thursday 4th February
 - ⇒ General practice contracts and avoiding common pitfalls, 7pm, Thursday 18th February

These events are aimed at clinical & non-clinical people who are interested in becoming a Partner and for Partners new in post.

If you are interested in joining both or either of these sessions and have not already booked, please email Info@lincsImc.co.uk to book a place and receive joining instructions.

- **Lincolnshire LMC Virtual Networking & Recruitment Event: Thursday 4th March 2021 | 7pm**
 - ⇒ This event aims to put practices with GP vacancies in contact with people who are looking for GP posts to fill.
 - ⇒ The evening will start with an introduction from the LMC.
 - ⇒ During this event we will go through short pre-recorded clips showing practice information and candidate information during which time you will be able to use virtual break-out facilities to chat in more depth or use private chat facilities to arrange an interview at a later date.

If you would like more information or would like to book a place [CLICK HERE](#)
- **Handling Complaints: [BOOKINGS OPEN!](#)**

This event is open to anyone working in General Practice who handles complaints. Taking place on Wednesday 21st April 15:00-17:00hrs

The session will include a presentation, interactive exercise and Q&A session.

Training Available Now:

Lincolnshire LMC also have a range of courses now taking bookings. Most courses remain virtual however some face to face training has been introduced due to clinical needs.

Courses include:

- Travel Health Updates
- Chaperone Training
- Phlebotomy Training Introductory and Updates available
- COPD Updates
- Asthma Updates
- HCA Skills Training
- Contraception Update Training, both Progestogen Only and Combined Hormonal
- Introductory Immunisation Training - Courses available for both registered HCPs and for Experienced HCAs

We also have a number of courses in the pipeline which will be added to the LMC website in due course.

Go to the [Lincolnshire LMC Website](#) to view the details of all LMC Training & Events and to book.

Have you wanted to do research but not had the time?

By Dr Kieran Sharrock | LMC MD

Here may be the solution, you want to do research but do not have time, then why not supervise a medical student from Lincoln Medical School to carry out a research project?

Lincoln Medical School students undertake a research project in the first term of their third year. The first cohort will be doing their research projects from September 2021.

What will the projects look like and what do supervisors have to do?

- Projects must be **hypothesis-driven**, but beyond that a broad range of project styles are possible (e.g. systematic review, clinical data analysis, qualitative). Two or more students can work on the same project provided they are addressing distinct questions and they analyse data and write up independently.
- Projects requiring NHS ethics approval or access to patient data are unlikely to be approved in the required timeframe so should be avoided.
- Supervisors (or named co-supervisors) are expected to:
 - ⇒ provide or arrange suitable day-to-day supervision and ensure that necessary ethical and/or regulatory approvals and data access arrangements are in place.
 - ⇒ be available to meet with students in mid-Jun 21, Sep/Oct 21 and early Jan 22.
 - ⇒ provide feedback on draft versions of the dissertation (once only per section)
- A co-supervisor will be assigned where supervisors do not have a University appointment.
- Data collection runs from the first week of the University of Nottingham's Autumn term (this year it was 21st Sep) until the first week in December. During this time students should have an average of four days per week free from other commitments to carry out their research.
- Supervisors do not mark the dissertation (or the poster that students present) but will be asked to suggest names of two potential markers with knowledge of the field.

If you have a subject that you think may make an interesting project then please contact Dr Tim Green at Lincoln Medical School to discuss this further tgreen@lincoln.ac.uk



Vacancies in Lincolnshire General Practice

All practice vacancies can be viewed on the [LMC website](#)

The Welby Group

Nurse Practitioner/ANP/ECP

Email: Jodie.knight@nhs.net

Welby Group

Salaried GP Vacancy

Email: jodie.knight@nhs.net

Littlebury Medical Centre

Practice Manager

Email: simonwalsh2@nhs.net

Beachfield Medical Centre

Practice Business Manager

T: 01775 765754 | E: j.babu@nhs.net

South Lincoln Healthcare

PCN Occupational Therapist

[NHS Jobs](#) Ref: B0281-21-7056 |

South Lincoln Healthcare

PCN Clinical Pharmacist

[NHS Jobs](#) Ref: B0281-21-3216

The Glebe Practice

Salaried GP or Partnership

Tel: 01522 706901 | Email: smaddison@nhs.net

The Glebe Practice

Chronic Disease Practice Nurse

Tel: 01522 706901 | Email: smaddison@nhs.net

If your practice has a vacancy that you would like the LMC to advertise, please email info@lincslmc.co.uk.

Please include all the details of the vacancy, a closing date where possible, and relevant contacts. You can also include a picture or practice logo to make your advert stand out.

Vacancies will be advertised on the [LMC Website](#) and in future LMC Newsletters.



Are you interested in helping with the recruitment of future medical students?

If the answer is yes, the Lincoln Medical School is looking for clinicians from a range of disciplines who can assist with the recruitment of future medical students to the programmes available through the School.

Examples of activities you could contribute to including:

- Participating in recruitment events such as open days/offer holder days or taster days (initially virtual with a return to face to face when permitted)
- Contributing to school and college events
- Contributing to widening participation and access to medicine activities and events
- Helping develop virtual material to raise awareness of the delivery of medical education and medical issues in Lincolnshire
- Training to become an interviewer of medical applicants

Lincoln Medical School

Universities of Nottingham and Lincoln



If you would like to register your interest for any of the above activities please contact Laura Bennett on labennett@lincoln.ac.uk

We are particularly interested in expressions of interest from members of the black community to support our continuing ambitions of diverse medical education community.



BISHOP
GROSSETESTE
UNIVERSITY



The PGCert (Post Graduate Certificate General Practice Nursing) and MSc Primary and Community Care courses are for Health Care professionals who wish to expand their knowledge and skills to support effective care delivery and management; So whether you intend to establish a career in General Practice, or are new to the area of General Practice, you will establish a baseline competency in areas such as Cytology, Immunisations and Vaccinations, Long Term Condition Management and much more through theoretical and practice learning.

Likewise, the MSc Primary and Community Care course is suitable for those currently working in a primary care and/or community care setting. This course is a flexible, learner centred and practice focused programme which aims to meet your personal, professional and practice development needs.

For more information please visit:

**www.bishopg.ac.uk/pgcertgpna or
www.bishopg.ac.uk/courses/mscprimcomcare**

The course on offer fits around my career perfectly, although I am a trained nurse and already working within general practice it will be fantastic for both career and my employer to gain this qualification."

Sarah | PG Cert General, Practice Nursing

Falsified Medicines Directive Update

by Kate Pilton | LMC COO

The 'safety features' elements of the EU Falsified Medicines Directive (FMD, 2011/62/EU) and Delegated Regulation (2016/161) ceased to have effect in Great Britain from 31st December 2020. This

means that dispensing doctors will no longer be required by law to verify and decommission unique identifiers on prescription medicine packs.

Digital DS1500 service

by Kate Pilton | LMC COO

If you need to complete a DS1500 form, you can do it online at ds1500.dwp.ncrs.nhs.uk. This significantly reduces the time it takes for a patient to claim benefits. To access the online service, sign-in to the

NHS Spine portal using your Smartcard. When you complete the form, you can download a copy of the DS1500 for your records. You can also print off the fee claim form, if eligible.

External CPD Opportunities:

Emma Peacock; Primary Healthcare Relationship Manager, Spire Hull and East Riding Hospital:

"Part of my remit is to provide education sessions for GP's / Nursing / MSK staff and I have been delivering this safely over Zoom. This programme is extensive and has been developed closely working with GP's/ nursing staff to ensure the content is relevant and current.

Here's some useful information:

- Cost: All online CPD is free of charge and there is no limit to the number you can sign up to
- CPD points: A certificate is issued for delegates to claim CPD points. I issue in time value so can be converted to the equivalent points value
- We are currently updating our Health Professional web page which can be located here: <https://www.spirehealthcare.com/spire-hull-and-east-riding-hospital/healthcare-professionals/> However, please feel free to [contact me](#) if you have any questions.

The full programme is listed below, along with the registration link. To register click the link and you will receive the joining details":

Date	Topic	Specialty	Start
Wednesday 3rd February	Management of Palpitations and Cardiac Arrhythmias	Cardiology	18.30
Wednesday 10th February	Paediatric Young Knee Pain and Problems	Orthopaedics	18:30
Wednesday 17th February,	Valvular Heart Disease	Cardiology	18:30
Wednesday 24th February	Assessment of the foot and ankle-an Orthopaedic/Rheumatology combined perspective	Orthopaedics / Rheumatology	18:30
Wednesday 3rd March	Hip Examination	Orthopaedics	18:30
Wednesday 10th March,	Bunions / Hammer Toe	Orthopaedics	18:30
Wednesday 17th March,	Dermatology In Images	Dermatology	18:30
Wednesday 7th April,	LFT's	Gastroenterology	18:30
Wednesday 21st April,	Achilles Tendon update	Orthopaedics	18:30
Tuesday 27th April	Colonoscopy: Red Flags & When to refer	Gastroenterology	18:30
Wednesday 5th May	Dermatoscopy: Step by Step Tutorial	Dermatology	18:30

Useful Links:

- ♦ [Latest LMC Buying Group Update](#)
- ♦ [Lincoln Medical Society](#)
- ♦ [Sessional GPs e-newsletter](#)
- ♦ [Lincolnshire Training Hub](#)
- ♦ [E-Learning for Health \(e-LfH\) Programmes](#)
- ♦ [NB Medical Education](#)
- ♦ [GP Weekly Bulletin \(England\)](#)
- ♦ [GP Trainee Newsletter](#)
- ♦ [Practice Manager Association News](#)
- ♦ [Primary Care CPD Training Ltd](#)
- ♦ [GP Forum CPD Opportunities](#)



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