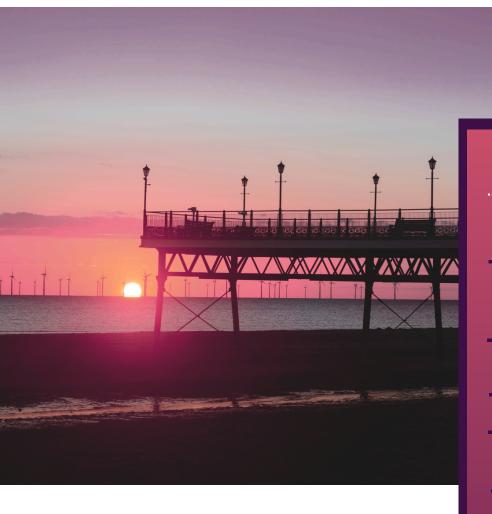


PRACTICE IN TOUCH

JULY NEWSLETTER

ISSUE 52 • JULY 2024



LINCOLNSHIRE LMC NEWSLETTER

BY LINCOLNSHIRE LMC SECRETARIAT

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LINCOLNSHIRE LMC NEWSLETTER

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COLLECTIVE ACTION

JOIN OUR WEBINAR!

Join your Lincolnshire LMC Collective action webinar where we will:

- Discuss the actions and what they mean.
- Discuss how you could implement them.
- Discuss the communications you may want to share with your staff and patients.
- Discuss how we can support you during the collective action.

Join us on Tuesday 6th August at 1:00PM by booking your place using the button below.

BOOK NOW!

In the interim, start to discuss the possible actions with your staff and share the resources in the link below with them and your patients and on your social media and websites.

Everyone in our practices needs to understand to support one another.

Crucially, patients need to know and they need to know why general practice has been forced to take action to protect the future of general practice and the future health of patients.



LMC WEBINAR: ON - YOUR GUIDE

As you will be aware, the BMA ballot for GP collective action closed on Monday 29th July.

Successive governments and NHSE have disinvested in and laid blame squarely on the doorstep of general practice while simultaneously increasing our workload, bureaucracy and building a narrative to make our patients blame us for the national NHS pressures.

These government and NHSE actions are grossly unfair, not reflective of the dedication and tireless work each and every member of general practice staff undertakes, and it must end.

It must end for the wellbeing of general practice and for the wellbeing of our patients now and in the future.

If the ballot result is the profession votes "YES", GPC England will be asking practices to begin actions.



You may have seen the list of actions as below:

- 1. Limit daily patient contacts per clinician to the UEMO recommended safe maximum of 25.
- 2. Stop engaging with the e-Referral Advice & Guidance pathway.
- 3. Stop supporting the system at the expense of your business and staff.
- 4. Stop rationing referrals, investigations, and admissions.
- 5. Switch off GPConnect functionality to permit the entry of coding into the GP clinical record by third-party providers.
- 6. Withdraw permission for data sharing agreements which exclusively use data for secondary purposes (i.e. not direct care).
- 7. Freeze sign-up to any new data sharing agreements or local system data sharing platforms.
- 8. Switch off Medicines Optimisation Software embedded by the local ICB for the purposes of system financial savings and/or rationing, rather than the clinical benefit of your patients.
- 9. Practices should defer signing declarations of completion for "better digital telephony" and "simpler online requests" until further GPC England guidance.



CLICK HERE for BMA Campaign resources

REQUESTS FOR MONITORING IN GENERAL PRACTICE

Practices contact us regularly reporting that they have been asked to monitor certain patients who have one of a group of conditions that has been diagnosed and at least initially monitored by secondary care.

When secondary care requests a GP practice to continue monitoring and the practice declines due to not being commissioned to monitor that condition, there can be challenges as secondary care feel that these cases can be monitored in general practice rather than secondary care. Examples of some such conditions include:

- MGUS (Monoclonal gammopathy of undetermined significance) monitoring
- PSA monitoring
- Eating disorder physical health and blood monitoring
- Gender dysphoria blood monitoring and prescribing

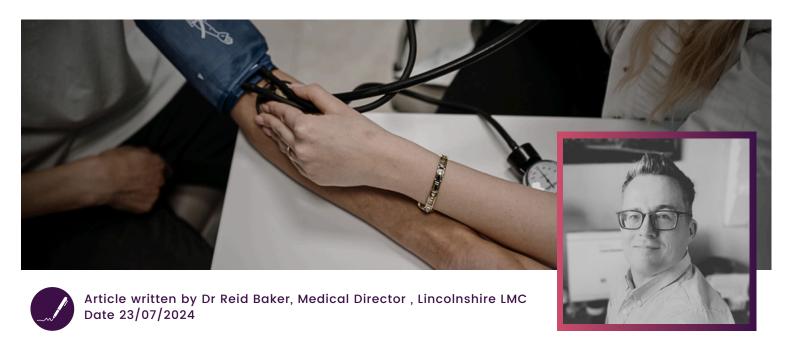
Monitoring of such conditions is not core GMS general practice work and at a time of great pressure on our capacity and resources, practices should not be expected to undertake non-commissioned work.

Workload such as these, which are not core GMS work, need a commissioned pathway or to remain monitored in secondary care so patients receive the appropriate monitoring by the most appropriate service.

As part of Lincolnshire LMCs ongoing interface work with the ICB and trusts, we continue to emphasise that any non-core workload being asked of general practice must be commissioned.

If you do not feel able to agree to monitoring such conditions and have explained that you are not commissioned to undertake this work and at present the patient will need to remain under that speciality, yet you still receive requests to do so, please inform us at the LMC.

A list of services (not exhaustive) that are not core work and you are not funded to provide unless you have signed up to an enhanced service can be found in the link enclosed to the <u>BMA website</u>.



BLUE BADGE REQUESTS



Practices have contacted us advising that they are receiving more requests for information or GP reports for blue badge applications.

Lincolnshire County Council website does not specifically say a GP report is required, but patients may interpret this as being what they need. https://www.lincolnshire.gov.uk/disability/blue-badge-scheme/2

We have contacted LCC who advised that:

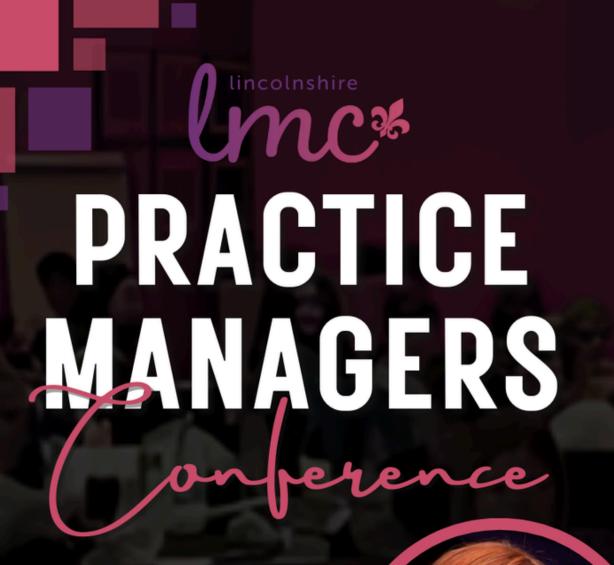
- 1. Lincolnshire has had an increase in individuals applying for a blue badge.
- 2. Medical conditions, symptoms and effects of these differ per individual, so it is important that to ensure that we assess the applicant fully and accurately we have up to date medical records, which can normally be provided within a patient's summary. As you will be aware this is available to patients free of change from the practice, or they can access this themselves should they have opted to be enrolled on accessing their records online/NHS app. It is important that we receive this detail to identify the severity of their condition and whether this would be an enduring condition (3 years or longer), as this is specified by the Department for Transport.
- 3. On some occasions an individual may not have a full patient summary available to them, and
 this could be for a number or reasons such as relocating, no regular doctors visits, a quick
 progressive illness etc, and so in these circumstances a Doctor may decide to draw up a letter to
 support the individuals blue badge application should records not be available.
- 4. They suggest a to applicants that a patient summary is the best document, as this will cover diagnosis, medication, reviews etc, however in the circumstances this is not readily available, then we would accept a GP's letter.



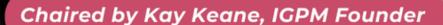
- 5. We find that most Doctors surgeries will support the applicant by printing off a patient summary for them to send as evidence of their medical condition and we are aware that at many surgeries this is completed by the receptionist.
- 6. They acknowledge that GPs may choose to charge the patient a fee for any report they create above and beyond a patient summary.



Article written by Dr Reid Baker, Medical Director , Lincolnshire LMC Date 23/07/2024



Essential updates, hot topics and practical workshops to make the most of your valuable time.



Date: 12th & 13th September 2024

🕘 Time: 9:30AM - 16:00



Belton woods hotel,



GPCE'S VISION FOR GENERAL PRACTICE

General practice is collapsing. This is <u>our vision</u> to rebuild it with safety, stability and hope.

General practice is collapsing.

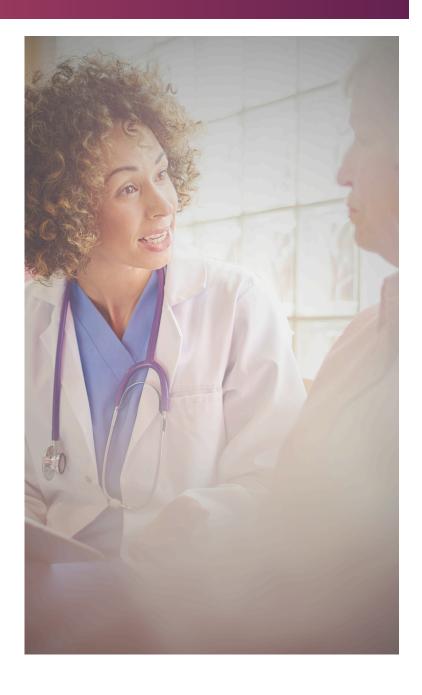
See why **HERE**

Across England, practices are working at an unprecedented level of activity with daily appointments running at almost 1.5 million. Despite this, the value of funding into the national contract is at a nadir with GP practices receiving 7p in every NHS pound. At an individual patient level, the average core contract payment equates to £107.57 per annum, around 30p per patient per day. It's no wonder practices are closing – they're no longer financially viable.

General practice, the most efficient and productive part of the NHS, is being driven to collapse.

Safety, Stability, Hope: A Vision to Rebuild General Practice in England details the essential changes that need to happen to achieve a sustainable general practice. To save general practice.





We focus on safety first, but also on stability and hope, and urge the government to work with the GP committee England to transform general practice for the benefit of improved long-term public health.

We publish a more substantive, informed document to underpin our headline asks over the next week, which we hope can be taken and shaped into policies that will make a difference to those practices on the brink of closure, to those GPs facing unemployment and those patients in need of our care.



Article written by Nick Turner, Practice Support Officer, Lincolnshire LMC Date written: 23/07/2024

ARE YOU MAKING THE MOST OF YOUR BUYING GROUP MEMBERSHIP?

When was the last time you reviewed how much your practice is spending on the products and services you regularly buy?

The cost of living crisis is really starting to bite and even GP practices will be looking for ways to reduce running costs.

This is where your free membership to the LMC Buying Group can really come in handy as it offers practices access to discounts on a wide range of products and services. They can help you save money on the following areas:

The Buying Group suppliers won't just offer you a great price one week and then ramp up the price the next so you can be assured that if you order from their suppliers, you'll get a great price every time you shop meaning you don't have to 'shop around' to find the best deal every month anymore.

If you're not sure whether you're a member and/or have access to the Buying Group website (this is where you can view the pricing/discounts and get quotes) then contact the Buying Group team on 0115 979 6910 or info@lmcbuyinggroups.co.uk. They can also help you with any questions you might have about your membership or the suppliers.



PHARMACY FIRST PROMOTIONAL RESOURCES

The NHS Midlands team have created a toolkit for summer promotion of Pharmacy First.

To all parents who live or are on holiday in Lincolnshire



Visit your Pharmacy First!

Getting a GP appointment is not always necessary, try your pharmacy first for these conditions, especially when away from home.

All Lincolnshire community based pharmacies offer the Pharmacy First service, find one using the website below.

For more info on community pharmacy services visit www.lincolnshirepharmacies.co.uk



Pharmacies can now offer clinical appointments with medication available if required for four clinical conditions particularly relevant to children:

- Ear ache (children aged 1-17)
- Sore throat (over 5s)
- Infected insect bites (over 1s)
- Impetigo (over 1s)



Further resources at this link: <u>NHS England — Midlands</u>

<u>» Pharmacy first resources</u>.

NEW MEDICAL CERTIFICATES OF CAUSE OF DEATH (MCCDS)

Department of Health and Social Care (DHSC) has started delivery of the new Medical Certificates of Cause of Death (MCCDs). Many MCCDs have been distributed and deliveries to practices are on track to be completed by the end of July. The new MCCD must be used for all deaths from 9 September 2024, but cannot be used before this. If you have not receive the new forms, check you are on DHSC's distribution list. Please contact mccd@dhsc.gov.uk with any queries.



UPDATE ON HIV, CARDIOVASCULAR RISK AND STATIN USE

Summary

People living with HIV (PLWH) are at higher risk of atherosclerotic cardiovascular disease. Q-risk 3 does not adjust for HIV. A recent study has shown that there is a significant reduction of major adverse cardiovascular events in participants assigned to a statin.

Recommendations

All 40 yr + PLWH offered a statin.

Patients with a Q-risk 5%+ should be prioritised

Atorvastain 20mg first choice at present

If unable to tolerate to try other alternative lipid lowering agent

Action

In HIV clinic we are discussing CVD, Q-Risk and statin use with all patients 40 years+

We will communicate the Q-risk score and request consideration from yourselves regarding statin prescription and monitoring in all PLWH 40yrs + with a Q-risk 5%+. We will ask the PLWH who wish to consider a statin to approach you to discuss this further.

Full document:

BHIVA-rapid-guidance-on-the-use-of-statins.pdf

LINCOLNSHIRE GENERAL PRACTICE APPOINTMENT INFOGRAPHICS





284K

hwlincs healthwatch

Source of data: NHS Digital

were offered within 24

266K

lincolnshire mc*

Using the information provided by NHS digital we have created infographics detailing how many appointments were made each month by Lincolnshire General Practices, how many were face-to-face and how many were within 24 hours of contact.

appointments

11% more appointments than in June 2023

These can be shared via your practice's social media. All of our general practice infographics can be found here: https://www.lincslmc.co.uk/infographics

In addition to the Appointments infographics, we also create useful infographics with information to help your patients care for themselves at home and inform patients of key services.



Do you have an idea for a useful infographic?

If you would like us to create an infographic that will be helpful for Lincolnshire general practices to share with their patients, please email us at info@lincslmc.co.uk



Infographic created by Laura Harrison Data published by NHS digital: 25/07/2024





Take - 30 Service

Don't lock your feeling away, call or email the Take-30 service to arrange a confidential conversation, we are here to listen.



Mentoring & Coaching

Available free of charge for all Lincolnshire General Practice Staff



USEFUL LINKS

Training resources:

- Lincolnshire Training Hub
- E-Learning for Health (e-LfH)
- NB Medical Education
- GP Forum CPD Opportunities

Wellbeing Resources:

- 10 Top Tips Wellbeing Poster
- LMC Wellbeing page

Networking:

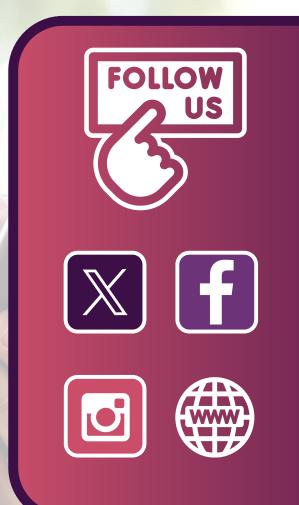
Lincoln Medical Society

Newsletters:

- NHS people promise bulletins
- Sessional GPs e-newsletter
- GP Weekly Bulletin (England)
- GP Trainee Newsletter
- Practice Manager Association News

Buying Group:

• Latest LMC Buying Group Update



VACANCIES IN LINCOLNSHIRE GENERAL PRACTICE



VIEW ALL VACANCIES HERE

EMAIL US YOUR JOB LISTINGS



Nurse Prescriber MAT COVER | Welby Group – New Coningsby Surgery

NEW CONINGSBY SURGERY

SALARY

Dependant on experience.

CLOSING DATE 10 August 2024



Dispenser | Welby Group – Welby Practice Bottesford

WELBY PRACTICE BOTTESFORD, HARLAXTON & WALTHAM

SALARY

£11.44 per hour

CLOSING DATE

22 August 2024



Practice Manager | Glenside Country Practice

GLENSIDE COUNTRY PRACTICE GRANTHAM, LINCOLNSHIRE

SALARY

Competitive

CLOSING DATE

23 August 2024



Practice Manager | Glenside Country Practice

GLENSIDE COUNTRY PRACTICE GRANTHAM, LINCOLNSHIRE

SALARY

Competitive

CLOSING DATE

23 August 2024



Practice Nurse or HCA | Glenside Country Practice

GLENSIDE COUNTRY PRACTICE GRANTHAM, LINCOLNSHIRE

SALARY

Competitive

CLOSING DATE

23 August 2024



Adv. Nurse Practitioner | Boston Primary Care Network

BOSTON PRIMARY CARE NETWORK BOSTON

SALARY

£55,000 a year

CLOSING DATE

4 August 2024



PCN Business Manager | Boston Primary Care Network

BOSTON PRIMARY CARE NETWORK BOSTON

£53,000 a year

CLOSING DATE

31 July 2024



Salaried GP | Woodland Medical Practice

WOODLAND MEDICAL PRACTICE

SALARY

Competitve

CLOSING DATE

16 August 2024



Occupational Therapist | East Lindsey Primary Care Network

EAST LINDSEY PRIMARY CARE NETWORK WOODHALL SPA, NEW CONINGSBY, HORNCASTLE

SALARY

Depending on experience

CLOSING DATE 8 August 2024



Clinical Pharmacist | East Lindsey Primary Care Network

EAST LINDSEY PRIMARY CARE NETWORK WOODHALL SPA, NEW CONINGSBY, HORNCASTLE

SALARY

Depending on experience

CLOSING DATE

9 August 2024



Occupational Therapy Care Coordinator | East Lindsey Primary Care Network

EAST LINDSEY PRIMARY CARE NETWORK WOODHALL SPA

SALARY

Depending on experience

CLOSING DATE

8 August 2024



Adv. Nurse Practitioner | Wragby Surgery

WRAGBY SURGERY WRAGBY, MARKET RASEN

SALARY

Competitive, based on previous experience and skills

CLOSING DATE

16 September 2024

LINCS LMC VACANCIES PAGE IS CURRENTLY UPDATED WEEKLY