



LINCOLNSHIRE LMC NEWSLETTER

BY LINCOLNSHIRE LMC SECRETARIAT

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PERFORMANCE MATTERS: APPRAISAL CONFIDENTIALITY

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 regular feature will highlight these, so that our members can avoid these pitfalls.

Recently there was an update to the appraisal tool Fourteen Fish which read:

"Disclosing your information

We may pass on your personal information if we have a legal obligation to do so, including exchanging information with government departments for legal reasons."

This echoed concerns following the suspension of Dr Hadiza Bawa-Garba:

"the manslaughter conviction had been based partly on evidence from her own self-appraisal, including - controversially - reflective notes containing details of the incident..."

As such, useful advice regarding the content of your appraisal reflections would be that an appraisal portfolio should not contain patient-identifiable information nor anything that would be personally or commercially sensitive for the GP.

Appraisers have been advised to describe to a GP at appraisal that confidentiality is qualified and relative, not absolute, such that information that might put patients, the doctor's or colleagues at risk or bring the reputation of the profession into disrepute will have to be shared appropriately. This would preferably be with the consent of the GP, but do be aware that Duty of Care outweighs confidentiality in the same way that the confidentiality of a consultation must sometimes be breached.

Identifiable information in your appraisal record may not require the full name or initials of the person for the case to still be identified so it would be sensible to only record very general entries and to discuss them in your appraisal in more detail if required.

For the vast majority of appraisals, it is a positive experience, but this guidance may help avoid difficult situations related to the information you record.



Article by Reid Baker, Medical Director, Lincolnshire LMC.

GP CONTRACT 2025/26 DOCUMENTS PUBLISHED

Following the [letter](#) NHS England sent to general practice on 27 February outlining the contract arrangements for 2025/26, new and updated specifications and guidance have been published for contractors today. The documents have been added to the [GP contract hub page](#).

Changes to the GP Contract in 2025/26

This section features a letter from Dr. Amanda Doyle, National Director for Primary Care and Community Services, outlining the arrangements and updates for the 2025/26 GP contract. NHS England

- [Changes to the GP Contract in 2025/26](#)

Network contract directed enhanced service (DES)

Provides detailed information about the 2025/26 Network Contract DES, which encompasses additional services that GP practices can opt into, enhancing the scope of primary care services offered.

- [2025/26 Network Contract Directed Enhanced Service \(DES\)](#).

Quality and Outcomes Framework (QOF) Guidance for 2025/26

Offers guidance on the QOF for the 2025/26 period, detailing performance measures and indicators that influence practice funding based on the quality of care provided.

- [Quality and Outcomes Framework \(QOF\) Guidance for 2025/26](#)

Weight management enhanced service 2025/26

Contains the service specification for the Weight Management Enhanced Service for 2025/26, supporting practices in delivering weight management interventions to patients.

- [Weight management enhanced service 2025/26](#)

General Practice Requests for Advice & Guidance Enhanced Service 2025/26

Provides the service specification for handling requests for advice and guidance within general practice, aiming to improve patient care coordination and communication between healthcare professionals.

- [Enhanced Service Specification – General Practice Requests for Advice and Guidance 2025/26](#)

Local enhanced service commissioning

This [guidance document](#) sets out how integrated care boards can commission local enhanced services through primary medical care contracts.



Article by Reid Baker, Medical Director, Lincolnshire LMC.

We are receiving a number of enquiries from practices regarding offering private services. The article below seeks to explain the contractual limitations practices face when seeking to offer private services.

- Private practice is significantly restricted in terms of NHS registered patients for GMS (general medical services) and PMS (personal medical services) contractors. Part 5, Regulation 24 of the National Health Service (General Medical Services Contracts) Regulations 2015 (which are replicated in any PMS contract), sets out the basic exclusion in charging NHS patients for care. It states:
 - the contractor must not, either itself or through any other person, demand or accept from any of its patients a fee or other remuneration for its own benefit or for the benefit of another person in respect of the provision of any treatment whether under the contract or otherwise, or a prescription or repeatable prescription for any drug, medicine or appliance.
- There are some very limited circumstances where a fee may be charged for services to an NHS registered patient, which are set out in Regulation 25. These relate to travel vaccinations and travel packs.
- Neither GMS or PMS contracts stop contractors accepting private patients for care, but they cannot simultaneously be NHS registered patients with the practice holding the GMS or PMS contract under which they are cared for.
- New contractual regulations introduced in October 2019, restrict GP practices from offering or advertising – during NHS working time and on NHS funded property – private services to anyone (whether a registered patient or not), if those services fall within the scope of primary medical services.
- This means that if a practice provides an NHS commissioned service, they cannot then charge for (or host) that same service during hours where they provide those NHS services and on their practice premises.
- This does not affect a practice's ability to charge non-registered patients for services that are not part of primary medical services (ie not NHS commissioned services) or to charge their own patients for travel vaccinations.
- Practices must be aware that using NHS funded premises to offer private services could result in rent being abated.

An example is available to view on the [LMC website](#).

Article by Kate Pilton, Chief Operating Officer, Lincolnshire LMC.



COMMUNICATION REGARDING GP REGISTRATION AND NHS SCREENING

A [health system communication and Q&A](#) (login required) was cascaded about incomplete GP registrations meaning some patients may have missed some NHS screening invitations. This identified 5,261 people across 2,253 GP practices who are, or were, eligible for screening – an average of around 2 patients per practice.

Affected individuals have been added to the relevant screening IT systems and measures are in place to prevent future occurrences. NHS England has written directly to affected people to explain how to access screening. Practices do not need to do any proactive patient communication other than supporting with reactive queries and offering timely cervical screening catch up.

The communication asks GPs to check that ‘in flight’ and rejected registrations are resolved in GP Links [Information about why a GP registration may be rejected is available here](#). A rejected registration can be found in the GP Links workflow. Where resubmission is required, practices should obtain the additional information or edit the registration on the clinical system and resubmit through GP Links. If no patients are listed for resolution in GP Links, no further action is required. A step-by-step guide on how to do this will be available [here](#) shortly. [Information about why a GP registration may be rejected is available here](#).

For further details, visit Primary Care Support England’s guidance on [registration rejections](#).

REMINDER: GP CONTRACT WEBINARS 2025

There is still time to join the GPC England Officer team to hear them discuss the detail of what has changed in the GP Contract and funding for 2025/26. After the presentation there will be time for questions and answers.

- Wednesday 23 April 19:00–21:00 Register [here](#)
- Thursday 24 April 12:30– 14:30 Register [here](#)

Read more about the contract changes and webinars here: [GP contract 2025/26 changes](#).

LINCOLNSHIRE INTERFACE WORK

Over the past month, I've had the chance to meet with many of you at PCN meetings, which has been incredibly helpful in getting a clearer picture of the current challenges you're facing.

Thank you for welcoming the LMC into those conversations – we really value the opportunity to attend and look forward to continuing to do so over the coming months.

This month, several interface-related issues have come to light, but two stand out: the increasing delays in the medical examiner process, and the ongoing issue of 111 services directing patients to general practice when hospital care would be more appropriate. Both highlight areas where systems aren't working as well together as they should be – and where that has a knock-on effect for both patients and practices.

The delays in the medical examiner process are causing real bottlenecks and making things more difficult for everyone involved. At the same time, the way some 111 calls are being handled is creating confusion and putting additional, often avoidable pressure on primary care teams. These are exactly the sorts of system-level inefficiencies that we need to challenge and improve.

By continuing to gather and report on these issues, we're beginning to spot patterns – and that insight is key. It puts us in a stronger position to have meaningful conversations with secondary care colleagues and other system partners, so we can work together on practical, lasting solutions.

Thank you to everyone who's raised concerns and helped move these discussions forward. Your input is so important. Please do keep feeding issues back to us – it's only through your real-world experiences that we can continue to push for the changes that matter. You can reach me at jane.down4@nhs.net.

Article by Jane Down, Interface Officer, Lincolnshire LMC.

SPECIAL MEETINGS: PRIMARY/ SECONDARY CARE INTERFACE

We will be welcoming colleagues from a variety of primary and secondary care organisations to discuss interface challenges in a safe and friendly environment. The aim is to strengthen relationships and build communication networks in order to make day to day interface easier for everyone with the ultimate aim of reducing unnecessary workload and improving patient experiences.

Meeting dates:

Wednesday 30th April at 7:00pm – 9:30pm, Lincoln

Wednesday 18th June at 7:00pm – 9:30pm, Grantham

Wednesday 24th September at 7:00pm – 9:30pm, Boston

PRESCRIBING TESTOSTERONE

There has been an increased focus on testosterone and its contribution to women's health. General practice colleagues are sometimes asked to prescribe testosterone for women by patients themselves or from secondary care colleagues. Many colleagues do not feel competent to prescribe testosterone and are also aware, as per the [British Menopause Society](#), that it should not be prescribed based solely on low levels on testing.

When approached by patients requesting testosterone, we advise colleagues to refer them to an appropriate service to assess any symptoms and treatment required unless you feel competent or have additional specialist training to help support these patients.

If a specialist requests you prescribe testosterone and you do not feel competent to prescribe, in keeping with GMC Good Medical Practice, you should not prescribe. We have been informed of examples where colleagues have been asked to prescribe testosterone by specialists while a patient is awaiting their first OPA and has not been yet assessed by the specialist. In such circumstances, it would not be advised to prescribe.

If the request for prescribing has an unclear rationale or does not seem appropriate for your patient, we would suggest you seek clarification from the specialist colleague and highlight the above advice and BMS, GMC and [NICE guidance](#).

Should you experience ongoing pressure to prescribe in such circumstances, please do let us know at the LMC.

Article by Dr Reid Baker, Medical Director, Lincolnshire LMC.

LINCOLNSHIRE LMC DEVELOPMENT CENTRE

Upcoming training...

30 APRIL 2025, 14:00 - 16:00

An Introduction to Medical Terminology – 30/04/2025

This thorough and informative session has been designed to help delegates understand the various elements of medical terminology. The aim is to increase learners' vocabulary and their understanding of medical terminology, as well as increasing their confidence in its usage.

[MORE INFO](#)

SPECIAL MEETING: Primary/ Secondary Care Interface (Lincoln area)

Strengthening relationships and working through challenges.

We welcome colleagues from a variety of primary and secondary care organisations to put faces to names and discuss interface challenges in a safe and friendly environment. The aim is to strengthen relationships and build communication networks in order to make day to day interface easier for everyone with the aim of reducing unnecessary workload and improving patient experiences.

[MORE INFO](#)

1 MAY 2025, 12:00 - 14:00

Practice Management Development Series: Self Management

This thorough and informative session has been designed to help delegates manage themselves more effectively in high-performing and pressured environments.

[MORE INFO](#)

PHARMACY CONTRACEPTIVE SERVICE

Information for General Practices in Lincolnshire

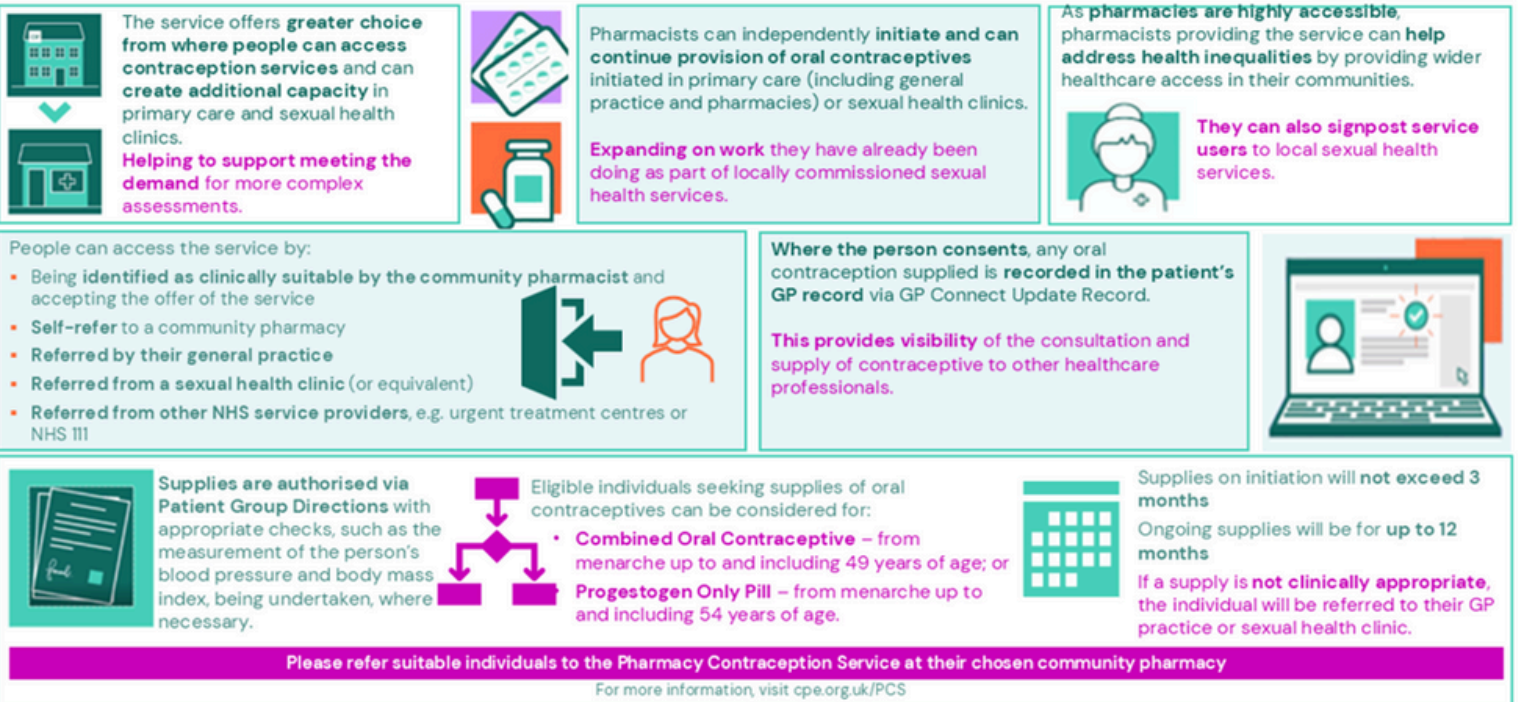
Did you know that many community pharmacies now offer the Pharmacy Contraception Service, which allows for initiation and resupply of progesterone only and combined oral contraceptive pills?

The infographic below and [downloadable here as a pdf](#), provides a summary for general practices of how your local pharmacy can help you manage demand for services, freeing up capacity with no cost to yourselves.

Pharmacy Contraception Service: What GPs and Sexual health clinics need to know



The Pharmacy Contraception Service can help reduce pressure on GP practices and sexual health clinics



CPL have designed some posters/leaflets and business cards, which have a QR code linking to the information overleaf...



Continued...

Contraception Service

Find your nearest pharmacy offering the contraception service [here](#).

Getting the contraceptive pill is free, with or without a prescription. You may be able to get the contraceptive pill from a pharmacy if you need to:

- *start the contraceptive pill for the first time*
- *take the contraceptive pill again after a break from using it*

If you already have a prescription for the contraceptive pill, you can use the prescription as usual. Or you can get the pill from a pharmacy without a prescription if you prefer.

What to expect when getting the contraceptive pill without a prescription

You'll speak with a pharmacist in private. They'll ask about your health and may check your height, weight and blood pressure.

The pharmacist will let you know how to take the pill, and discuss possible side effects. They can refer you to a GP or sexual health clinic if needed.

If the pharmacist gives you the contraceptive pill they will tell your GP, but only if you give permission for them to do so. This information will not be shared with anyone else.

The pharmacist may offer you the:

- [combined pill](#)
- [progestogen-only pill](#)

If you are interested in working with your local pharmacies to support patients with their contraception needs contact them today. Our Services Lead, Stuart Hellon, would be happy to assist with this, he works Tuesday and Wednesday, 11.5 hours per week and can be contacted at stuart.hellon@pharmacylincolnshire.org.

We are producing some hard copy materials to promote the service which we will be distributing on a first come, first served basis. This includes an [A4 poster](#) and some [double-sided business cards](#) with the service information link on them. If you would like some of these, please email us at info@pharmacylincolnshire.org with 'Contraception Promotional Resources' in the email title, giving us your address and a contact name and telephone number and we will arrange for some resources to be sent to you.

We look forward to working with you supporting patients with their contraception needs.

Dr Tracey Latham-Green, BA (hons), MBA, PhD, Chief Officer, Community Pharmacy Lincolnshire. Tracey.Latham-Green@pharmacylincolnshire.org

URGENT REFERRALS TO OPHTHALMOLOGY

Our colleagues in ophthalmology wanted to highlight the best way to refer in URGENT (<24 hour) cases after a case that ideally would have been seen the same day was referred to the ophthalmology RTS system (triage system for consultants to grade referrals electronically) as “URGENT”.

That system is not constantly checked for new referrals and so the referral was not picked up for a couple of days.

For cases where you feel the patient needs to be seen urgently within 24 hours, the advice is to:

1. Call eye clinic directly to speak to the on-call team.
2. If the above is not successful, to call ophthalmology secretaries to assist in urgent (<24hour) review.

USEFUL LINKS AND EXTERNAL EVENTS

Useful Lincs:

- Lincolnshire Training Hub: <https://www.lincolnshiretraininghub.nhs.uk/>
- Latest people group bulletin: [NHS-People-Promise-update-bulletin-March-2025.pdf](#)
- GP Forum: <https://www.gpforum.com/>
- The Cameron Fund: <https://www.cameronfund.org.uk/>
- Lincs LMC Wellbeing Pages: <https://www.lincslmc.co.uk/wellbeing-and-support/>

External Events (free):

- Weightmans Health Check events summarising headline cases & legal developments. To book go to: <https://www.weightmans.com/media-centre/events/health-check-events/>
- GP Finance Update. 1st May 2025 at 10:00am go to: <https://duncantoplis.co.uk/event/gp-finance-update/>
- Asthma Management: A paradigm shift. 22nd May 2025 at 12:30pm – contact n.goodfellow@chiesi.com to book.

NMC PRINCIPLES FOR ADVANCED PRACTICE

There have been two new developments this year for advanced practice and change of dates:

- 1.NMC principles for advanced practice and
- 2.Extension of e-portfolio route

The NMC has unveiled its principles for advanced practice, which for the first time sets out the regulator's expectations to support nurses and midwives working at an advanced level. Council approved the principles for advanced practice at its meeting on 26th March and will publish the principles in English and Welsh during May.

To read the full article, go to: <https://www.lincslmc.co.uk/nmc-principles-for-advanced-practice/>

Article by Louise Lee, Lincolnshire ANP and Lincolnshire LMC nurse representative.

THE TONY BLAIR INSTITUTE FOR GLOBAL CHANGE

Former Prime Minister of Great Britain and Northern Ireland Tony Blair founded TBI on the belief that a country's success and ability to enact transformational change is dependent on the effectiveness of its leadership and governance.

TBI works with political leaders around the world advising on strategy, policy and delivery with technology as an enabler of all three.

Key Focus:

The document proposes the creation of a National Data Trust (NDT) to streamline and maximise the use of the UK's vast but fragmented health-data assets. The NDT aims to improve research, enhance patient care, and boost economic growth while ensuring public trust and robust data governance.

To read the full article, go to: <https://www.lincslmc.co.uk/the-tony-blair-institute-for-global-change/>

Article by: Nick Turner, Practice Support Officer, Lincolnshire LMC



Mentoring & Coaching

Available free of charge for all Lincolnshire General Practice Staff



MENTORING & COACHING CAN BENEFIT YOU AND YOUR ORGANISATION IN MANY WAYS:



- 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

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www.lincslmc.co.uk/wellbeing

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



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.



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?... Take-30 and let's talk!



It may feel small and insignificant at first, but locking your feelings away can lead to them growing negative until your whole outlook on life changes, leaving you feeling overwhelmed and out of control. Talking is such a simple thing but it has the power to change perspective.

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www.lincslmc.co.uk/wellbeing



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