

# General Practice In Touch

A newsletter from Lincolnshire LMC Ltd

For GPs, Practice Managers & Staff

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## Primary Care Development Centre

As many GPs and Practice Managers will already know, Lincolnshire LMC was fortunate to have secured funds through the non-recurrent funding bids offered by NHSE earlier in the year. The LMC bids were in the endeavour of securing resources to support general practice and its development.

The Primary Care Development Centre will operate as a virtual portal for the provision of training for all of all general practice staff and GPs. The LMC will source and quality assure the training and offer it in a number of localities, with the opportunity to book courses online. This is not to dictate in any way training a practice must have, but to provide resource into general practice by securing good quality approved training at reasonable and subsidised rates.

In support of Nurse Revalidation the LMC will through the primary care development centre resource and run events for practice nurses (see events page) with support from NHSE sub Region Chief Nurse and CCG Chief Nurses. Additionally, training will be offered to support both the nurse and the practice in the delivery of services. The LMC has already been approached by NHSE Public Health to facilitate the delivery of countywide immunisation training previously supported by the Control of Infection teams of NHSE PH.

In addition to training, the primary care development centre will provide a transformational think tank as we work towards federations, neighbourhood teams and the different roles that might be developed to deliver this change in service delivery.

GP recruitment and attracting GPs into Lincolnshire remains an issue and thus, through the primary care development centre, the LMC will deliver a project on marketing Lincolnshire. To support and maintain the GPs of Lincolnshire and recognising the pressures that all practices are currently working under, the LMC is hopeful that it will be able to develop a GP mentorship programme in conjunction with NHSE and HEEM.

In working towards neighbourhoods teams, and reflecting on the 5 year forward view; Simon Stevens' blueprint for the NHS, the LMC has also secured funds to facilitate practices discussions regarding the development of practice based federations; which in an ideal world will mirror the neighbourhood teams. It is hoped that this resource will provide practices with headspace for these preliminary discussions as it is clear from all political commentators that federations are the way forward in order for general practice to sustain and protect themselves and hopefully develop and deliver the future.

For the first time the LMC will be offering a GP conference (see events page). This will be a one day event Chaired by Dr Phil Hammond, GP, comic and broadcaster, with speakers such as Niall Dickson (GMC), Professor Alistair Burns (Dementia Zsar) and Consultant colleagues in the areas of Dermatology, Gynaecology. If the event is a success it is hoped that this will be provided on an annual basis. There will be an official launch of the Primary Care Development Centre, but in the meantime do not hesitate to contact the LMC office if you wish to discuss any of these aspects.

## Mental Health Services Update

The LMC regularly meets with Lincolnshire Partnership Foundation Trust (LPFT) who provide mental health services to Lincolnshire patients, to discuss issues which have been brought to our attention by general practices. We also meet with South West CCG who are the lead commissioner for mental health services in Lincolnshire.

Following our recent meetings, there are a number of matters which we have discussed which we should update for you.

### Dementia in nursing and residential homes

Dementia is still a national and local priority. CCGs and LPFT will continue to support practices in identifying patients with dementia. Increasing dementia diagnosis has created concerns amongst GPs as there are resource implications following diagnosis.

One of the main concerns raised has been that patients in nursing and residential homes who suffer with dementia may not be able to stay in the home if they have a formal diagnosis of dementia. We have, however, been informed that in recent social care changes, homes do not have to have formal "dementia registration". Homes are now expected to amend their "statement of purpose", and to have "the skills and competencies" to care for patients in their care, whether this is dementia or any other condition.

### Tests for Memory clinic

Some GPs have received requests from memory clinic to carry out blood tests and ECGs for patients who have already been seen in the clinic.

It is good practice to carry out screening tests prior to referring patients to memory clinic, and NICE guidance lists; FBC, U&E, TFT, Bone profile, B12, folate, and diabetes screen. NICE does not recommend performing an ECG, though practically this may be beneficial as anti-dementia drugs are contra-indicated in LBBB.

Memory clinics should, however, arrange any further tests which they deem necessary, such as; further blood tests, ECG, or imaging. This is not the responsibility of the GP.

### Step 2 Change

Step 2 Change is new IAPT provider in Lincolnshire. Step 2 Change is provided by LPFT and can be accessed by patients by self-referral, or by GP practices via the SPA. Early reports from practices and patients have been very positive; that the new service is more efficient, and that patients are receiving treatment in a much more timely fashion. However, please let us know at the LMC if this is not the case in your area.

### CAMHS

CAMHS is the service provided by LPFT which causes most correspondence with the LMC. Unfortunately these correspondences are rarely complimentary. The main complaint from practices is that CAMHS have declined to assess a patient because the patient "does not match the referral criteria".

Having discussed this with the commissioner for CAMHS, we have been assured that CAMHS are now commissioned to be an assessment service, so all referrals should be accepted, and the patient assessed. This will include behavioural concerns.

### Mental Health SPA

Until recently if a clinician contacted the Mental Health SPA to discuss a patient in crisis, the SPA would take the details and pass these onto the crisis team. This was not always satisfactory, as it left the GP or nurse uncertain what action would be taken. The LMC are happy to inform you that this has now changed, if you need to speak to a crisis worker, there is now always one available to speak to via the SPA.

### Any other business

Please continue to send the LMC any issues which you may have, with any service which you access, which we can try to address on your behalf.

## Performance Matters

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.

### Commonly missed diagnoses

We all know that we make mistakes, and we learn from these mistakes. We also know that we are likely to miss certain diagnoses. The Practitioner Performance Team is, thankfully, realistic about this, and supports GPs who miss uncommon diagnoses. However, when doctors miss common diagnoses they are less supportive.

Defence organisations report that the most likely conditions for GPs to miss are, in adults; cancers, and myocardial infarction; and in children; meningitis, and new onset diabetes.

These adult conditions are relatively common, and if missed have significant consequences for the patient. Thus, most GPs are aware that these conditions should always be considered when consulting unwell patients. Despite this, these conditions are frequently missed. This raises the question "how can we change this?"

### Improving cancer diagnosis

We miss cancer diagnoses when patients present with symptoms which do not fall into the commonly recognised pattern. To improve cancer diagnosis, the RCGP recommends that practices should audit regularly their cancer diagnoses. By identifying when cancers were not identified early, we can learn what we are missing, and identify ways to prevent this in the future.

### Managing new onset chest pain

Patients with chest pain generally fall into three types; those with typical cardiac chest pain, those with pain which is clearly not cardiac, and those where the diagnosis is equivocal. NICE has produced some easy to follow guidelines for "Chest Pain of Recent Onset". This guideline has a useful tool to help identify those patients with equivocal symptoms who should be considered as having cardiac pain. We would recommend that this guidance can be used to create practice protocols, which, if followed, should help prevent missed diagnosis of MI. This guideline can be found at <http://www.nice.org.uk/guidance/cg95> .

The childhood conditions, meningitis and new onset diabetes, are less common, but have similarly high impact if missed.

### Meningitis

All doctors fear the day that a child presents with meningitis, though if the presentation is obvious most GPs will not miss the diagnosis. The cases of meningitis which are missed are usually in children who have a non-specific febrile illness. Meningitis Research Foundation recommends that all febrile children who do not have an obvious cause for fever should be seen and examined by a clinician, so that meningitis can be ruled out. They recommend that the minimum examination should include;

- Presence and absence of rash
- Temperature
- Respiratory rate
- Pulse
- Capillary refill
- Blood pressure
- Urinalysis

If the cause for fever is not identified, the child should be referred for further investigation.

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## Performance Matters

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### New onset diabetes

The incidence of Type 1 diabetes in children is increasing, with an estimated prevalence of 1 in 430-530. With the increasing incidence, there are an increasing number of children under the age of 4 presenting with Type 1 diabetes.

New onset diabetes can be easy to identify if the child presents with weight loss, thirst and polyuria. Many cases, however, do not present in this way. These children do not present with the typical symptoms. Younger children with Type 1 diabetes present with non-specific symptoms, such as lethargy and irritability. Acute illnesses, such as viral infections, can precipitate the presentation of type 1 diabetes. It is important, therefore, to exclude diabetes in children who present as more unwell than would be expected.

The Practitioner Performance Teams are clinically led, and thus when diagnoses are missed, the outcome is usually for the doctor being investigated to be encouraged to undergo further training and education. However, to avoid this occurring, we would recommend that doctors and practices regularly update themselves on these easily missed

## NHS Psychosexual Therapy

Some practices may not be aware that RELATE offer NHS psychosexual therapy. The referral form may be downloaded from the LMC website.

## Changes to Lipid Profile Reporting

Some practices have queried why lipid results are now being reported differently.

In July 2014, NICE produced guidelines on Lipid Modification, and in this guidance the reporting of total cholesterol/HDL ratio is no longer recommended. Instead, the guidance states;

- Measure both total and high-density lipoprotein (HDL) cholesterol to achieve the best estimate of CVD risk
- Before starting lipid modification therapy for the primary prevention of CVD, take at least 1 lipid sample to measure a full lipid profile. This should include measurement of total cholesterol, HDL cholesterol, non-HDL cholesterol and triglyceride concentrations
- Measure total cholesterol, HDL cholesterol and non-HDL cholesterol in all people who have been started on high-intensity statin treatment at 3 months of treatment and aim for a greater than 40% reduction in non-HDL cholesterol.

Thus, since July 2014, the local laboratories have been reporting just total cholesterol, HDL, non-HDL, and triglycerides.

## Collaborative GP Networks

The GPC have recently issued guidance GP networks. The guidance provides information about the different legal structures that can be used by GP networks, including an overview of the pros and cons of each structure.

The attached guidance can also be downloaded via the following link:

<http://bma.org.uk/practical-support-at-work/gp-practices/gp-networks>

GPC is in the process of putting together a step-by-step guide for practices considering forming a network, which it hopes to launch very soon.

## Final Seniority Factor 2011/12 and GP Earnings by Deprivation Score

The Health and Social Care Information Centre has issued two reports this week. The final seniority factors for 2011/12 for England and Wales have been published, with the figures of £92,034 for England and £84,199 for Wales. Also published is *“GP Earnings by Deprivation Score England 2011-12 and 2012-13”*.

Both publications and their annexes can be found on the Technical Steering Committee page at <http://www.hscic.gov.uk/workforce/gpfinance>

## Publication of Mean GP Net Earnings

From April 2015 it will be a contractual requirement for GMS practices to publish on their practice websites by 31 March 2016 the mean net earnings of the partners, salaried GPs and any locum who has worked in the practice for over six months.

- This includes income from NHS England, CCGs and local authorities for the provision of GP services that relate to the contract or which have been nationally determined.
- All earnings to be reported are pre-tax, National Insurance and employee pension contributions.
- For contractors the figures are net of practice expenses incurred
- Income and costs related to premises will not be included in this figure

Alongside the mean figure, practices will be required to publish the number of full and part time GPs in the practice.

The information must be published on practice websites before the end of the financial year following the financial year to which that information relates. Practices must also make available the information in hard copy on request – recognising that not all patients will be able to access the website.

NHS England will publish guidance for GPs and their accountants on how mean net earnings should be calculated.

Practices, or their accountants, will have to generate the report themselves.

NHS England has acknowledged that it can be difficult to disaggregate income and expenditure lines precisely and will recommend that practices should work within the reporting guidelines as far as is reasonably practicable.

The LMC will send out further guidance on this matter as soon as it becomes available.

## Lease Update Issued By GPC

### In Conjunction With BMA Law & NHS Property Services

GPC is aware that some practices are being sent correspondence from their respective landlords which either contain 'Heads of Terms' (in the case of NHS Property Services – 'NHSPS') or otherwise purport to identify 'A Summary of Current Occupation' to be signed off by the practice.

Having asked BMA Law to consider these documents, the GPC are urging all practices to take proper and full advice from either a lawyer or surveyor before agreeing or signing any such documents. The main, although not exclusive, underlying reasons for this are that practices:

- I. Being asked to counter sign a 'Summary of Current Occupation', may forfeit some significant and automatically applicable statutory rights to remain in the premises under the Landlord & Tenant Act 1954;
- II. Should ensure that any Heads of Terms are not legally binding and are 'subject to contract'; and
- III. Should ensure that any Heads of Terms adequately protect their interests (e.g. break clauses, rent reviews being tied into rent reimbursement under the Premises Cost Directions etc.)

In addition to the above, please be aware that neither GPC nor the wider BMA have endorsed any standard lease. However, NHS PS have shown a significant desire to engage with the BMA and agree a sensible and mutually acceptable standard approach in respect of GPs in NHS PS properties.

As a consequence GPC, with the assistance of lawyers from BMA Law, have had (and are continuing to have) extremely constructive meetings with senior members of the NHS PS team in order to draw up a standard form of lease.

At the point at which a standard lease and approach has been agreed with NHS PS, we will issue an affirmative statement to all LMCs which can be filtered through to all practices. It is expected that this statement will be made shortly.

## Lockhart's Article - Assignment of Leases

The partners in a GP practice with leasehold premises who are the partners holding the lease, i.e. named on the lease and, in the case of registered land, the registered proprietors shown on the title register at Land Registry, must, subject as below, seek Landlord's (the freeholder) consent to a transfer/an assignment of the lease if they wish to be removed, i.e. upon say a retirement or sale. The leaseholder must pay all of the Landlord's costs in the grant of consent.

The terms of the lease must be consulted for the exact requirements for the grant of Landlord's consent. Generally, consent is not to be unreasonably withheld by the Landlord, but the lease will set out a number of conditions that must be fulfilled. The Landlord is under certain statutory duties to act reasonably in the giving of consent.

A modern GP surgery lease should contain an exception to the above in the case of there being not less than 2 remaining GPs holding the lease following the assignment/transfer. Generally, in such leases it is not necessary to seek Landlord's consent. Notice following transfer must be given to the Landlord.

Therefore, if there are 3 GP partners holding a modern surgery lease containing the usual assignment clause as above, then there can be a transfer/assignment of the lease from 3 to 2 without Landlord's consent.

There are many GP surgery leases which do not contain these provisions and accord with the assignment requirements in standard commercial leases where Landlord's consent must be obtained for any transfer/assignment.

The writer Stephen Carter is an Associate Solicitor at Lockharts Solicitors and can be contacted directly at [sac@lockharts.co.uk](mailto:sac@lockharts.co.uk).

## Forthcoming Events

### Safeguarding – Signs of Safety

A number of multi-agency Signs Of Safety (SOS) briefings have been organised by LCC to help build up partnership agencies knowledge and skills of SOS and how the methodology works.

Please see below 2 days for multi-agency briefings. These briefings are ideal for middle managers and operational staff and will be ideal for those managing TAC and making referrals into Social Care. Each event has space for about 60 people, so there are only 120 spaces up for grabs. If you would like to book onto one of these events please e-mail [Shannon.Bennett@lincolnshire.gov.uk](mailto:Shannon.Bennett@lincolnshire.gov.uk) and she will organise the booking for you.

You can book on events on the following date:

**9am – 4pm 15<sup>th</sup> April at The Showroom in Lincoln**

**9am – 4 pm 16<sup>th</sup> April at The Showroom in Lincoln**

### Preparing for Nurse Revalidation Supported by NHS England and CCG Chief Nurses

The events are being addressed by the NHS England Sub Region Chief Nurse Manjit Derby on the Intended system and process in play within the region.

This event will also support other aspects of Nurse revalidation to do with CPD, Clinical supervision and Nurse Forums.

**Tuesday 28<sup>th</sup> April**

**Lunch at 1pm , Start 2pm – 5pm, The Epic Centre, Lincolnshire Showground**

**Wednesday 29<sup>th</sup> April**

**Lunch at 1pm, Start 2pm – 5pm, The Carre Arms. Sleaford**

To book this event please contact [sharon.cook@lpft.nhs.uk](mailto:sharon.cook@lpft.nhs.uk)

### Lincolnshire LMC GP Conference

A one day event Chaired by Dr Phil Hammond, GP, comic and broadcaster, with speakers such as Niall Dickson (GMC), Professor Alistair Burns (Dementia Zsar) and Consultant colleagues in the areas of Dermatology, Gynaecology.

**Thursday 11th June 2015**

**Belton Woods Hotel, Grantham**

Booking details to follow

## Forthcoming Events



# Lincolnshire Practice Managers Development Group

## 7<sup>th</sup> Annual Lincolnshire Practice Manager's Conference

Back by popular demand:

Dr Phil Hammond: GP, Entertainer and Health Service Writer  
Date: 8<sup>th</sup> and 9<sup>th</sup> October 2015

**Venue Change : Urban Hotel, Grantham  
(Previously known as the Ramada)**

### Contact Us



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