



The Humberside Group of Local Medical Committees Ltd

Newsletter: 24 February 2016

The LMC Newsletter is a round-up of interesting news and information for GPs and Practice Managers in Hull, East Yorkshire, North Lincolnshire and North East Lincolnshire. You can read from top to bottom or alternatively, use the contents section to jump to items of interest. Items marked with a * and in orange on the content list are highlighted either because of their importance or because they contain information you may not yet have seen elsewhere.

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ANNUAL LMC SURVEY

The LMC is seeking feedback from you

Here at the LMC we've been busily working away to ensure that we effectively represent general practice and to provide practical advice and support to you. We would now like to hear from you – both GPs and Practice Managers – about what you think of us.

We know that your time is precious so we've kept our [survey](#) short – no more than 5 minutes to complete.

If you think we're doing something well, we'd love to hear about it. Equally, if there are things that need improvement, please take the time to tell us. We will think about and do our best to respond to any issues you raise.

Thanks in advance for your time and we look forward to hearing what you have to tell us.

<https://www.surveymonkey.co.uk/r/7YQXXLG>

TRAINING, EVENTS & OPPORTUNITIES

LMC Locality Based Workshops: Working at Scale Locally

Venues and dates specific to each CCG area (half day)

The LMC has been running a series of events under the banner General Practice: Facing the Future.

The final part of the programme will be a locality based workshop for practices within each CCG area. Run by an experienced facilitator, each workshop will tackle the question: what do we want to do locally in terms of collaboration, integration and new ways of working?

The aim will be to ensure that practices who want to work together have time and space to consider their goals and explore what steps they want to take next.

These are not information giving workshops – they are an opportunity for you to talk, think and plan in a structured way with the help of a facilitator.

The dates of the locality-based workshops are:

East Riding of Yorkshire

Tickton Grange – Wednesday 16 March, 9.30-12.30

Hull

KC Stadium – Wednesday 16 March, 1.30-4.30

North East Lincolnshire

Humber Royal – Tuesday 8 March, 9.30-12.30

North Lincolnshire

Ropewalk – Tuesday 15 March, 1.30-4.30

[Click here](#) to reserve your free place at any of the above events. (You should choose the one most local to you as the aim is to think about if/how you want to work with others in your locality.)

Releasing capacity in general practice roadshows

GPC is co-hosting a series of GP workshops with NHS England, looking at ways to reduce unnecessary workload and increase capacity in general practice.

These are taking place at venues across England. Due to high demand, NHS England recently added additional dates. At the time of writing, the LMC believes that there are still places available at the Leeds event taking place on 23 March.

You can view all the dates/venues and also register online on the [NHS England website](#).

Please email england.gpaccess@nhs.net for further information and to register for your free place. Places are limited and these workshops are expected to fill up fast.

As part of the event there will be a series of table top presentations with delegates encouraged to move round to discuss and share ideas and experience. There will also be the opportunity for delegates to learn about specific innovations through a number of speakers who will describe what they have done to address workload pressures within their teams.

If you/your practice has any effective strategies/approaches for managing workload that you are willing to share, please email the LMC Secretariat at humberSide.lmcgroup@nhs.net. We will then pass your contact details on to the organisers and they will ring you to find out more.

GP Contract Roadshow - 7pm, Wednesday 9 March

The GPC annual contract roadshow is taking place in Leeds on the above date. The speaker will be Richard Vautrey, who will provide information and updates on aspects of the negotiated contract changes for 2016/17.

The event will take place at the Village Hotel and Leisure Club, 186 Otley Road, Headingley, Leeds, LS16 5PR on Wednesday 09 March 7pm to 9pm and will be open to all GPs and practice managers working in the Yorkshire & Humber region. Registration is from 6.30pm and tea and coffee will be available.

Bookings will be taken on a first come first served basis. As with any venue, capacity is limited so it is essential that your place is booked to ensure you do not miss this opportunity.

YORLMC is providing the booking service for this event - to book a place please email info@yorlmc.co.uk or phone 01423 879922.

Asthma Update

The Humber Royal Hotel, Grimsby, 22nd March 2016 – 9.30am to 4.30pm

This one day course is for all health professionals working with people who have asthma. It will give up to date information and is suitable for anyone who is currently in clinical practice and managing people with Asthma and who have previously had formal Education/Training on asthma and wish to update and consolidate their knowledge. It is delivered by expert practising clinicians.

The learning outcomes will be:

- Gain an overview of the latest Asthma Guidelines
- Probability of asthma
- Diagnosis of asthma
- Treatment options
- Practical workshop of inhaler devices
- Case studies- Paediatric and adult

Rotherham Respiratory works in Partnership with the NHS in supplying **fully funded** accredited education & training for Health Care Professionals working within Yorkshire & The Humber region.

[Find information about all courses here and request your place at this event here.](#)

Palliative Medicine Masterclass

Centre4, 17a Wootton Road, Grimsby, DN33 1HE
16 March 2016, 12.00pm– 2.00pm—Lunch provided

Staging Of Cancer And How It Affects Treatment

This masterclass will be an overview about how the main cancers are staged, what the different stages mean and how this influences prognosis and treatment.

Facilitated by: Dr Jason Boland— Senior Lecturer And Honorary Consultant In Palliative Medicine, Hull York Medical School, University Of Hull, and Care Plus Group and St Andrew’s Hospice, North East Lincolnshire, UK

This event is open to doctors and health care professionals band 5 and above with an interest in palliative care, working within North East Lincolnshire.

To book a place please contact : m.newson@nhs.net or Tel 01472 250623

NHS England Yorkshire & The Humber Serious Incident Learning Event

Tuesday 21st June 2016, Hudson Room, West Offices, Station Rise, York YO1 6GA

The NHSE Nursing Directorate in Yorkshire and Humber are coordinating a Serious Incident learning event in York on the 21st June 2016. Feedback from workshops and networks has suggested that partners and organisations would appreciate opportunities to discuss and share learning from serious incidents. Although this event is primarily to share themes and learning in a systematic and professional way, there is also the opportunity to network and share best practice with other colleagues. There will be presentations from partner agencies during the event.

The team is keen to encourage primary care colleagues to attend.

If you think that a member of your practice would like to attend this event, please email the Nursing and Quality team on: england.nyh-nandqtemplatereturns@nhs.net by 27th February. You will then be added to the distribution list for the event.

CPD Event: New NICE guidelines for Type 2 Diabetes – demystifying through Case-Based Discussions

The Village Hotel Hull, Henry Boot Way, HU4 7DY

Thursday 3 March 2016, 6.30pm – 8.30pm

The speaker for the event will be Dr Kamrudeen Mohammed, Consultant in Diabetes & Endocrinology at Hull Royal Infirmary. The evening will be focused on Primary Care – Assessment, Management and Referral.

Participants are invited to send questions and anonymised cases in advance of the meeting.

To reserve your place and to submit questions/case studies to Dr Mohammed, please contact Ellie Holmes

E: ellieholmes@wpem.co.uk

T: 07899753784

Note: This event is free to attend but participants should note that it is sponsored by several pharmaceutical companies.

Clinical Leadership and Management Course for the General Practitioner, Keele University

Tuesday 14th & Wednesday 15th June 2016

Keele University is running a two-day leadership course. The aim is to support GP career development and to enable GPs to become effective leaders, maintaining and improving high quality care for their patients. This is a paid course costing between £515 and £605 for the two days.

Here is some feedback from the 2015 Clinical Leadership and Management Course:

"Overall an excellent programme covering topics that I have never covered before. Very stimulating course, good balance of theory and practical application."

"Well organised with content relevant to day to day practice. A good primer for GPs like me in the management role."

"Speakers were engaging and knowledgeable. The sessions were very interactive with adequate rest breaks and opportunities for networking. The meals and refreshments were good"

"An excellent course. Thank you."

"I have found you inspiring and interesting. I came to the course feeling pretty battered and I have gone home feeling reinvigorated - not something that I had expected to happen. The opportunity to network with all sorts of different GPs and learn from their experiences was also very valuable."

For further information and/or any questions please contact:

Dr Wynne Thomas m.j.w.thomas@keele.ac.uk or the team at health.cml@keele.ac.uk

Website: www.keele.ac.uk/cml

Immunisation Training 2016 – 2 Day programme

This 2 day training is provided free of charge to all nurses and healthcare assistants new to immunisation in primary care. The dates for 2016 are:

18 and 19 February	University of Hull
5 and 6 May	York
8 and 9 September	University of Hull
8 and 9 December	York

Places are allocated on a first come first served basis and are limited.

To book a place, please visit: <http://shop.hull.ac.uk/>

CLINICAL ISSUES

Zika guidance for primary care

Zika virus guidance for primary care has now been published on the [Public Health England website](#), as well as on the [BMA website](#).

This is joint guidance between PHE, the BMA and RCGP and gives information and advice for practices when approached by patients who have travelled, or may be planning to travel to affected countries, and focuses on risks for pregnant women.

Further information about the Zika virus and countries affected is available on the [PHE website](#).

Men B immunisation programme

Following the recent media coverage about the death of a young girl from invasive meningococcal disease caused by Men B, many practices have had queries from parents about availability of Men B immunisation.

The LMC has received the following guidance from Dr Philip Kirby, screening and immunisation lead for North Yorkshire & the Humber. This information has been taken from Public Health England publications and the GOV.UK website.

What is the national policy for Men B immunisation?

The Men B immunisation programme started on 1 September 2015 for babies aged 2 months, i.e. babies born on or after 1 July 2015. There was a limited catch-up programme for babies born on or after 1 May 2015. The routine schedule is for immunisation to be given at 2 and 4 months with the primaries, with a booster at 12 months.

Delivery of the Men B immunisation programme in our locality is in line with national policy.

Can I vaccinate children born before 1 May 2015 if parents request it?

No. The national stock of Bexsero[®] should only be used to vaccinate children who are eligible for NHS vaccination.

Can I vaccinate children born on or after 1 May 2015 who have not yet been vaccinated?

Yes. All children in the eligible cohort (i.e. born on or after 1 May 2015) remain eligible for Men B immunisation until the age of two years. When Bexsero[®] has not been given as part of a primary course, give two doses at least two months apart. Those children who have received one dose before their first birthday only require one more dose. Please see the [MenB PGD](#) for more information.

If parents ask to pay for Men B immunisation for their children, what should I tell them?

GPs should not charge their own patients (i.e. those registered at their practice) a private fee for the vaccine.

Parents seeking the vaccine privately should be made aware that they will be liable for the full costs of the vaccine and any additional administration charges that the private provider may apply. We understand that GSK has supply constraints on the Bexsero vaccine for the private market. Practices must not use centrally-procured stock for the national programme to vaccinate private patients or any patients outside the eligible cohort (other than those at high risk as defined in the green book).

Varicella immunisation of household contacts of the immune suppressed

The LMC has been asked by Rolf Meigh, Consultant Medical Microbiologist with a special interest in Virology, to circulate the information below to all GPs in our areas.

To support safe provision of care for patients undergoing chemotherapy, GPs are asked to consider guidance in relation to Varicella immunisation as set out in the [Green Book, Chapter 34](#):

(p 428) "Varicella vaccine ... is recommended for healthy susceptible contacts of immunocompromised patients where continuing close contact is unavoidable (e.g. siblings of a leukaemic child, or a child whose parent is undergoing chemotherapy)"

PRACTICE MANAGEMENT

New referral system of medical suitability of gun owners

A safer system for firearms licensing is being introduced in April to improve information sharing between GPs and police and to reduce the risk that a medically unfit person may have a firearm or shotgun certificate. At present, the police usually only contact an individual's GP before the issue of the certificate if the applicant has declared a relevant medical condition. After the certificate is granted there is no reminder system to inform the GP that the patient they are seeing is a gun owner.

From 1 April 2016:

- **Police will ask every firearm applicant's GP if the patient suffers from specific health issues, such as depression or dementia.**
- **GPs will be asked to place a firearm reminder code on the patient's record.** This means the GP will know the person is a gun owner, and they can inform the police licensing department if the patient's health deteriorates after the gun licence is issued.
- **New guidance will be published to help GPs and police operate the new system.** Responsibility for deciding if a person is suitable to hold a firearm certificate remains with the police.

The new system was developed after the BMA raised concerns about weaknesses in the current process with the Home Office. It has been developed by the BMA, RCGP and the police, in conjunction with shooting associations and the Information Commissioners Office.

Update on Medical Records Movement (PCSE)

As you will be aware, Primary Care Support (PCS) in England is undergoing transformation (with the contract now being delivered by Capita). The process is complex but LMCs and the GPC are doing everything we can to aid the smooth implementation of the process so that it has a neutral impact or (ideally) offers a better service to practices.

If practices are aware of any problems relating to the roll out of the new system for Medical Records Movement, please advise the LMC as soon as possible so that they can be escalated through the correct channels and dealt with as promptly as possible.

The LMC is aware of some degree of confusion regarding the new system. We hope that the information below will provide clarification:

At present when a patient leaves your list you get a notification from the Exeter system and you check the records and place the Lloyd George envelope into your collection bag (the blue bag). A local courier then takes this to the local PCSE office. If it is a transfer within the local system it is then sent out again by the local courier, or else it is sent to the local office in the new area, (or into long-term storage). The next PCSE office then sends it out to the new practice. This system is inherently slow, and has problems with security and governance issues. There is also no way of identifying where notes are in their journey.

Part of the aim of the proposed change is to improve the efficiency, make governance more robust and introduce a standard secure process.

In the future you will receive information via Exeter and a sheet with the patient name and a bar code. These will be delivered by the new courier as part of their regular run, operated by a nationwide operator- City Sprint. You take out the notes from your filing system and process in the normal way; place it in a secure bag (supplies will/have been provided) and stick on the barcode. This is then picked up by the Courier and taken directly to the new practice or into long-term storage if that is its destination. Because the bag is sealed it is not opened until it reaches its final destination and therefore security is improved, and the barcoding means patient confidentiality is assured. The courier scans the bar code. This proves you have handed over the record. You will not have to do anything else.

There has been some confusion about logging onto a web portal. You do not need to use a web portal to undertake medical records movement. The web portal will be introduced gradually as a mechanism of ordering medical supplies, and it will also give additional functionality, so that you will be able to see the list of requests coming your way if you wish, and it also enables you to track notes that you are expecting, much in the same way as you would do for your own parcel deliveries at home. **There is however no requirement to use a portal for the notes transfers.** The proposed system has been tested in practices and does not generate more work, it is just processing in a slightly different way. However, it does provide greater safety and will significantly improve the time it takes for notes to be transferred from one practice to another.

Practices should have received details of these changes and taken part in the national trial of notes movement, which is being used to test the system. This trial involved moving dummy records through the system so that PCSE can consider any problems that arose and highlight anything that needs to change. The LMC is already aware that some medical records may be too large to fit into the bag provided and the GPC is discussing this with PCSE to resolve this issue.

The timetable for the transition of services is as follows:

Stage 0 - Website launch (8 Feb): Launch of a new PCSE website and ability for users to register for log-in details- practices do not need to log on to use the medical record movement – this is optional. It will be needed later for ordering supplies.

Stage 1 - National Simulation of records movement (08 – 19 Feb): To evidence that PCSE can safely deliver all types of records movement across the City Sprint network using 7831 'dummy' records.

Stage 2 – Live pilot of records movement and supplies with Portal (08 Mar – 22 Mar): To evidence that the service can operate in a contained 'live' environment and that the supplies service is operational.

Stage 3 – National deployment of full solution (23 Mar – 04 Apr): Controlled roll out of the full national solution (including across SBS and Serco sites)

LMC Advice Sheet: The National Living Wage and GP Practices

In April the Government's new National Living Wage will become law.

If your practice employs people who are over 25 and not in the first year of an apprenticeship, you will be legally required to pay them at least £7.20 per hour.

The Government is committed to increasing this every year. It is expected to rise to around £9 per hour by 2020.

The LMC has received some enquiries about the detail of the requirements and has produced an Advice Sheet which can be accessed [here](#). It covers:

- Getting Ready
- Penalties for failure to comply
- What's the difference between The National Minimum Wage, The National Living Wage and The Living Wage?
- Treatment of Benefits in Kind
- What if we already pay all our staff more than £7.20 per hour?

YorMed Ambulance Service – East Riding of Yorkshire

Practice Managers in the East Riding of Yorkshire will already be aware of the forthcoming pilot with YorMed Ambulance Service, commencing on 7 March 2016 for a 6 month period.

In summary, the service:

- Should be used for GP Green 4 calls
- Should be used for conveying non-emergency patients to an acute setting
- Will not provide a paramedic on the ambulance
- Is available Mon-Fri, 10am to 8pm
- Can be contacted on 01904 819018

Practices will be required to provide a range of information when they call an ambulance via this service including:

- Patient name
- NHS number
- Date of birth
- Patient's GP practice
- Pick up address
- Drop off address
- Any infection control issues
- Patient mobility
- Patient handling equipment

The LMC would be interested to hear from practices about the experience of using the service.

GUIDANCE & RESOURCES

VAT Position of GPs working for CCGs

The GPDF has been asked to seek advice on the VAT position of GPs working for CCGs. This has been drafted by a VAT specialist at Greenback Alan LLP, a copy of that guidance can be accessed on the [LMC website](#).

In his covering letter, Greenback Alan's specialist highlights the following points:

- The VAT liability in the notes was agreed with Mr. M Barlow of HM Revenue and Customs, NHS team and can now be issued to GPs. If GPs have any questions, they should discuss these with their present advisors.
- GPs should now check whether or not they are required to register for VAT. Any belated VAT registration could be subject to a penalty. However, Mr. Barlow stated that he would deal with this issue and intervene if any penalties are levied. Any belated VAT registration applications should be submitted within the next few months.
- If, after receiving the guidance notes, a GP does not check their VAT position and is subsequently subject to an HMRC inspection, penalties will automatically be applied and Mr. Barlow may not be able to assist.
- Finally, if VAT is due to HMRC, a GP should be able to request time to pay pending payment of the VAT from the CCG.

The LMC does not offer legal or financial advice and the BMA, GPC and GPDF are unable to give individual taxation advice. The LMC strongly advises that practices and doctors should obtain professional advice.

Female Genital Mutilation – Resources for Healthcare Workers

GPs, practice managers and practice nurses will be aware of the duty that came into force on 31 October 2015 to report to the police any cases of female genital mutilation (FGM) in girls under 18 that they come across in their work.

A range of resources have now been produced to support healthcare professionals to carry out this duty. They include:

- guidance on what healthcare professionals should do if they think a child has had or is at risk of FGM
- a poster explaining what the duty means for healthcare professionals
- a training package to introduce the duty to healthcare professionals
- a leaflet explaining the duty to patients

There is also a helpful flowchart showing the process to be followed.

All the resources can be accessed [here](#).

Support for GP practices to enable online access to detailed coded information in GP records

During 2014/15 virtually all practices enabled their systems for online booking of appointments, online ordering of repeat prescriptions and online access to summary information within patient records (allergies, medications, adverse reactions).

The GMS contract and PMS agreements 2015/16 require GP practices to offer online access to detailed information from the GP record i.e. information held in coded form, where requested by the patient and where GPSoc approved systems are available, by 31 March 2016.

If you have already enabled this service, there is no further action to take. If you are

yet to activate it, it may be sensible to do so as soon as possible so that you can take advantage of the support available and avoid the very busy period at the end of March.

There are guidance and advice materials available, as well as locally based Patient Online implementation leads and clinicians who can help.

Enabling online access to detailed coded information at organisational level will not mean that any of your patients automatically have access to their records. You will still be able to decide on an individual basis if and when they would benefit from such access.

There are a number of resources available to help you activate online services for patients.

Interactive Support and Resources Guide can be found on NHS England website:

<http://www.england.nhs.uk/patient-online/>

The RCGP supporting guidance is available on the RCGP website:

<http://elearning.rcgp.org.uk/patientonline>

If you are an EMIS or TPP practice, you can already enable the functionality at the practice level. This will not give automatic access to patients. You will then need to give access to GP records to individual patients as they request it. This process is in place to ensure the patient and practice safety.

The local Patient Online Implementation Lead is Kay Renwick, 07768 535904, kay.renwick@nhs.net

Queries can also be directed to the Patient Online team at England.patient-online@nhs.net

Antimicrobial resistance - e-learning package

As part of the five year antimicrobial resistance strategy, Health Education England has produced an e-learning package to help healthcare staff understand the threats posed by antimicrobial resistance:

<http://www.e-lfh.org.uk/programmes/antimicrobial-resistance/> (select the open access session)

The updated Health & Social Care Act Code of Practice now contains 'Antimicrobial stewardship' (AMS), defined as '*an organisational or healthcare-system-wide approach to promoting and monitoring judicious use of antimicrobials to preserve their future effectiveness*' and recommends:

3.6 Providers should ensure that all prescribers receive induction and training in prudent antimicrobial use and are familiar with the antimicrobial resistance and stewardship competencies.

The NICE AMS systems and processes guideline also recommends:

1.1.10 Consider using the following antimicrobial stewardship interventions:

- education-based programmes for health and social care practitioners, (for example, academic detailing, clinical education or educational outreach).

CONSULTATIONS

NHS England GP Engagement Survey

South East CSU is supporting NHS England with the development of the outline business case for an improved system of urgent and emergency services. They are conducting a survey and are keen to gain GP views.

The current Directory of Services used by all NHS 111 providers and many ambulance trusts holds details of the Urgent and Emergency health services across the country. This is intended to support the onward signposting and referral of patients to the right service at the right time.

The survey hopes to identify what the benefits may be of an improved repository of information with quick access to accurate information and how this would affect the patient experience.

[Take part in the survey here.](#)

Providing access to primary care for new migrants - short survey

Sheffield CCG is funding research with the University of Sheffield to find out how primary care health professionals and community organisations provide services for new migrant populations.

If you provide primary care to migrants new to the UK (arrived in the past 5 years), the University is keen to hear from you.

The survey can be accessed [here](#). It takes 5 minutes to complete.

GENERAL NEWS

GP contract 2016/17 - England

At the last GPC meeting on 18 February 2016, the committee voted to accept limited changes to the GP contract in 2016/17. The LMC is advised that this in no way detracts from the GPC's mandate from the recent Special Conference to hold the government to account with an ultimatum to deliver a rescue package for general practice.

The contract changes for 2016/17 are far fewer than in previous years, and in keeping with two key resolutions passed at the special conference in January:

- to minimise the disruption of annual contract changes to practices
- that the reimbursement of GP expenses must be properly funded

The agreement provides for increased core resources and reimbursement of expenses to an extent not achieved in recent years, and should help support practice financial pressures. The headline agreed changes are:

- A £220m investment of new funding in the contract – more than double that last year – and seven times greater than in 2014/15

- Recognition of GP expenses, which for the first time has taken account of individual components that include rises in Care Quality Commission (CQC) fees, indemnity costs, national insurance contributions, superannuation and increased utility and other charges
- An intended 1% net pay uplift
- A 28% increase in vaccination and immunisation fees from £7.64 to £9.80
- Ending of the imposed dementia enhanced service, therefore reducing the workload and bureaucracy of this flawed scheme, and with resources going into global sum
- No new clinical workload requirements and no changes to QOF indicators or thresholds
- A commitment from NHS England to explore a national strategy to manage demand through self-care and appropriate signposting of patients to services
- A commitment to explore ending QOF and the Avoiding Unplanned Admissions enhanced service in 2017/18

[Read the Summary of the changes](#)

[Read the open letter to all GPs in England from Dr Chaand Nagpaul, Chair of the General Practitioners' Committee](#)

[Read the GP Contract Agreement FAQs](#)

New BMA Campaign: Urgent Prescription for General Practice

The first phase of a new BMA campaign, Urgent Prescription for General Practice, was launched earlier this month, in direct response to calls at the 2015 annual representative meeting for a campaign to highlight the pressures on general practice.

The campaign aims to send concurrent local and national messages to the Government, to press for urgent action to stabilise general practice and provide the basis for a sustainable service for patients in the future.

You can read more about the campaign on the [BMA website](#) where you can also download a range of resources including:

Spread the word

- [Contact your local newspaper \(PDF\)](#)
- [How to lobby your MP \(PDF\)](#)
- [Download a digital poster for your practice screens \(JPG\)](#)

Support and guidance

- [Setting up a GP network \(PDF\)](#)
- [Guiding principles for GP networks \(PDF\)](#)
- [Basic legal structure for GP networks \(PDF\)](#)
- [Quality first - managing workload \(PDF\)](#)

You can also read the BMA's own vision for the future: [Responsive, safe and sustainable - a vision for the future of general practice \(PDF\)](#)

Under Pressure – New Report by the Health Foundation

Every three years, the US-based Commonwealth Fund coordinates a survey of general practitioners (GPs) and primary care physicians across 11 countries.

The Health Foundation has produced a new report, Under Pressure, which summarises the survey findings which included several UK-specific questions.

The report centres on three topics of particular interest:

- GP satisfaction
- Care coordination
- Use of electronic medical records.

The survey provides insight into how GPs perceive their working lives and practices at a time when health services across the UK are seeking to develop more services in primary care. [This fascinating report can be read in full here.](#)

Key findings included:

- Four in five UK GPs report problems for patients caused by poor coordination of care
- The UK is a leader in the use of electronic medical records with 98% of GPs in the UK routinely using an EMR in their daily practice. However, the UK lags behind a lot of other countries when it comes to practices offering patients the option to email a medical question or concern, at just under four in ten (38%).
- Since 2012 there has been a collapse in the number of GPs who think that the system of general practice doesn't require change: in 2012, 46% of UK GPs surveyed felt the system worked well and only minor changes were needed, by 2015 this had fallen to 22% – the biggest decline of any of the countries surveyed.
- 67% of GPs in the UK report they are either 'very satisfied' or 'satisfied' with practising medicine, compared to an average of 79% of primary care doctors in the other 10 countries featured in the survey.
- Only 26% of UK GPs are 'satisfied' or 'very satisfied' with the amount of time they spend with patients, compared to an average of 59% across the other countries featured in the survey.
- Nearly 30% of UK respondents plan to leave general practice within five years. The survey results indicate a clear correlation between stress and a desire to leave general practice



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The LMC is now tweeting. Follow us for news and updates.