

*Dear Colleagues*

**Wessex LMCs News Update From The Team. . .**

**Wessex LMCs Intro. . .**



*Wessex Local Medical Committees Ltd  
Dr Laura Edwards and Dr Andy Purbrick  
Joint Chief Executives*

Change presents both challenge and opportunity. We have had quite a lot of changes at the LMC over the last couple of years and there is no doubt that the evolution of Integrated Care Systems and potential changes to the GP contract will necessitate more change for us all.

The retirement of our acting CEO, Gareth Bryant, signals another change for us at the LMC but it has also provided an opportunity for us to look differently at the leadership of the organisation moving forward.

We are proud and excited to be taking on the joint CEO role at Wessex LMCs. We are stepping into big shoes and realise that with it comes a huge amount of responsibility. We feel that as joint CEOs we can be more representative of all our GPs in Wessex as well as managing an organisation and workload that has grown significantly beyond that which can be delivered by a single part time CEO.

It is salutary to think that 25 years ago the Hampshire LMC Secretary used to do his work on the kitchen table in his half-day off. The foundations for Wessex LMC were laid by Dr Bob Button and built on by Dr Nigel Watson.

We have subsequently been joined by Dorset, Wiltshire, BaNES, Swindon and the Channel Islands, becoming Wessex LMCs

Our Secretariat, comprising the elected Chairman and Vice-Chairman of each LMC, employs the Chief Executive, and through them, the Chandler's Ford office team, a directorate, and an administrative team. This team supports each LMC separately, but the pooling of resources and expertise allows a greater economy of scale. We currently represent 445 practices and approximately 3400 GPs.

Gareth Bryant has left the LMC well equipped to meet the many challenges that lie ahead for general practice. We thank him for everything that he has done for the LMC and wish him a long, happy and healthy

retirement.

Our core aim will always be to listen to you and represent you at a local and national level. Your voice must be heard especially as we move from CCG membership organisations to the brave new world of Integrated Care systems. We are a trusted voice, bringing constructive challenge and immense corporate knowledge of the NHS and General Practice to the ICSs as they develop.

We look forward to working with our fantastic team to continue to support you and your practices.

Dr Andy Purbrick and Dr Laura Edwards

### **A little about your CEOs:**

#### Dr Laura Edwards

Laura qualified from Oxford University in 2005 and undertook GP training in Winchester. She has worked as a salaried GP and currently as a retainer GP at Hedge End Medical Centre. She has additionally worked in strategic Public Health and as a commissioner for West Hampshire CCG and has served on RCGP and BMA national committees. She has been with the LMC as a Medical Director for 8 years. Her husband is a Consultant Anaesthetist and she has two young children.

#### Dr Andy Purbrick

Andy qualified from St Bartholomew's Medical school in 1996 and undertook GP training in Dorset. He worked as a locum and then salaried GP before becoming a Partner at the Hadleigh Practice in 2002. He reduced his Partnership commitment to part time in 2017 to take on the Medical Director role at Wessex LMCs. He currently works 4 sessions in the Practice and 6 sessions for the LMC. He is also a GP trainer and BMA GPC representative for Dorset and Wiltshire. His wife is a Consultant Diabetologist and he has two teenage children.

## **Rebuild General Practice Campaign - We need your support**

**General Practice is in crisis. Patient safety is at risk.**



GPs from across Great Britain are calling for support to rebuild General Practice as new polling shows that nearly 9 in 10 GPs fear patients aren't always safe at their surgeries, and 7 out of 10 GPs see this risk increasing over time.

The Rebuild General Practice campaign was created with GPs for GPs. We are counting on your support to amplify the campaign messages to help us to raise the alarm and ultimately secure a better working environment for both GPs and patients.

Much of the promotion of the Rebuild GP campaign is taking place via social media – look out for #RebuildGP and follow [@RebuildGP](#) and [@WessexLMCs](#) for campaign messages.

Visit the Wessex LMCs [dedicated campaign page](#), where there is an array of downloadable content including:

- Social Media Banners
- Social Media Fact Cards
- Twitter Templates

- Email Signature Templates
- Template letter to send to your local MP

Practices are encouraged to use this content to share within their networks, publicise to patients, and meet with their local MP.

## NHS e-Referral Service: Ability to upload HTML files is being withdrawn

The ability to upload HTML files into NHS e-Referral Service (e-RS) is being withdrawn from early June due to potential security risks.

Advice on how to save unsupported files such as HTML to different formats to allow them to be uploaded into e-RS can be found on the [NHS Digital website](#).

The change is part of our continued work to ensure e-RS adheres to the most robust cyber security rules. If you have any queries or need an support, please get in touch by emailing [enquiries.ers@nhs.net](mailto:enquiries.ers@nhs.net).

## NHS e-Referral Service: Updated guidance on Internet Explorer

If you still use Internet Explorer, you will not be able to access e-RS from 15 June 2022.

NHS Digital are providing [guidance](#) to local IT leaders and support teams to ensure necessary software upgrades and installations are scheduled in advance of this deadline so e-RS users are not impacted as a result of Internet Explorer no longer being supported by Microsoft.

Contact your local IT team first for support but if you require further help from the e-RS team, please email [enquiries.ers@nhs.net](mailto:enquiries.ers@nhs.net).

## Electronic transfers of suspended patient health records

From early May, you will electronically receive the 'suspended' health records of patients who are moving to your practice but are not currently registered with another practice.

These 'suspended records' provide information held before the patient left their previous practice and will arrive via the GP2GP system. Practices do not have to do anything. You will also continue to receive traditional record-keeping 'Lloyd George' envelopes from Primary Care Support England (PCSE).

The new electronic transfer does not affect the procedure for patients leaving your practice's list who have not registered at another practice. **You will still need to print their electronic records in line with usual practice.** You can find out more about these changes on [FutureNHS](#). You will need to register if you don't have an account.

## Overseas vaccinations recording service now open to children aged 5 and above

Children aged 5 and above with an NHS number who have had 1 or more COVID-19 vaccinations outside of England can now have them recorded in the National Immunisation Management System (NIMS).

Appointments can be booked on the [National Booking Service](#) to show evidence of their vaccinations.

## Move to improve contact details for patients

NHS England are contacting patients to ask them to update their NHS account using the NHS App or NHS login if their email addresses are missing or incorrect, or if their email or phone number do not match those recently used in other NHS services.

**Patients are being sent texts or emails as part of a pilot to improve contact details held in the Personal Demographics Service (PDS).** In the long term this could make it easier, quicker and more cost efficient to contact patients.

## IPC Guidance

[NHSE](#) have issued a letter and updated IPC manual following UKHSA's recently published revised [UK IPC Guidance](#). This takes into account UKHSA's latest assessment of the scientific evidence, but also the feedback from local providers on the ongoing impact on capacity that IPC measures are having. This revised guidance contains important changes in relation to the isolation of COVID-19 positive inpatients and their contacts.

These changes to the UK IPC Guidance signal a further step in the transition back to pre-pandemic IPC measures.

However, the guidance does confirm that **universal masking** with face coverings or surgical masks (Type II or IIR) to prevent the transmission of SARS-CoV-2 and other respiratory infectious agents in health and care settings, as a source control measure, **should continue to be applied for all staff, patients and visitors.**

The guidance also details, for primary care in particular

### 6.3.2 Primary care and outpatient settings

*Where patient treatment or appointment cannot be deferred, **patients with symptoms of respiratory infection should be triaged to a segregated waiting and assessment area with physical distancing at 2 metres.** This may be achieved by:*

- creating separate waiting and reception areas or use of physical barriers. Patients should be instructed to stay in these areas and not visit public areas such as cafes. Signage should be used as appropriate*
- staggering clinic times for patients with and without respiratory symptoms, ensuring disinfection of communal areas between clinics*

### 6.4 Safe management of care equipment and the care environment

It is recommended that you take a look at the full detail, however in brief it states:

*In outpatient departments and **primary care settings** the extent of decontamination between patients will depend on the duration of the consultation or assessment, the patient's presenting symptoms and any visible environmental contamination.*

Section **6.5 details PPE guidance** including, gloves, aprons, gowns, eye & face protection, surgical face masks and RPE/FFP3. **We would strongly recommend taking a look at this section in full.**

**NHSE say that in-line with the flexibility afforded within the Guidance, UKHSA support returning to pre-pandemic physical distancing in all areas, including in emergency departments, ambulances and patient transport, as well as all primary care, inpatient and outpatient settings, and returning to pre-pandemic cleaning protocols outside of COVID-19 areas, with enhanced cleaning only required in** [www.wessexlmcs.com](http://www.wessexlmcs.com)

**areas where patients with suspected or known infection are being managed.**

This transition to pre-pandemic IPC measures is further supported by the publication of an [IPC Manual for England](#). Providers should make plans to assure themselves that they have implemented the standard IPC measures outlined in the Manual as soon as possible.

All providers should follow the new [COVID-19 testing arrangements](#) introduced from 1 April which outline implementation of UKHSA's advice on NHS patient and staff testing, including agreed protocols for the use of PCR and LFD tests.

## Ukraine crisis updates

### Ukraine resources

A number of new resources are available for health care professionals caring for patients arriving from Ukraine. University Hospital Southampton have produced a [medicines resource that will be particularly useful for pharmacists who need to identify alternative medicines](#) available in the UK. It contains links to a range of related resources.

[Contact details for Medicines Information centres](#) are also available at the Specialist Pharmacy Service website.

As a reminder, [the UK Health Security Agency \(UKHSA\) has produced advice for primary care professionals](#) and Doctors of the World have [translated a number of their resources for patients into Ukrainian and Russian](#).

## Covid-19 updates

### Referring patients for COVID-19 antibody and antiviral treatments

NHS England have recently [written to GP practices](#) to explain changes to the COVID-19 treatments pathway and their role in helping patients to access treatment. Patients eligible for community COVID-19 antibody and antiviral treatments are advised to test using lateral flow tests. Most patients who test positive, and have reported the result via gov.uk or 119, should be contacted by a COVID Medicines Delivery Unit (CMDU) about treatment.

However, if a patient is not contacted by a CMDU within 24 hours of registering their positive test result, they have been advised to contact their GP practice, 111, or specialist clinician, so that they can make an urgent referral. GP practices can refer these patients to CMDUs via eRS (or the locally agreed alternative if applicable). GPs do not need to prescribe COVID treatments under this policy, but practices should refer potentially eligible patients to the CMDU. Further detail on how to refer a patient to CMDU is outlined in the [recent letter](#).

### Additional funding for clinical leadership within the COVID-19 vaccination programme

From April - June 2022, there will be funding available for an additional 0.25WTE Clinical Director time in recognition of the continued need for additional clinical leadership where PCN Groupings are still actively providing COVID Vaccinations. This funding is contingent on at least one core network practice actively participating in the COVID-19 vaccination programme.

Where it is agreed with the local commissioner that a PCN Grouping will hibernate, the PCN would only be eligible for the enhancement if additional clinical leadership time were required to support surge planning and/or if they are reactivated.

Where all the practices in the PCN withdraw from the programme post April, they would not be eligible for the [www.wessexlmcs.com](http://www.wessexlmcs.com)

enhancement once the site closed. As now, should the PCN have at least one Core Network Practice signed up for only part of this time period, the calculated funding should be pro-rated per day accordingly. If the PCN ceases to have any Core Network Practice signed up to delivering the ES, this funding should be recouped. The CCG should provide the Region with the calculation of the amount that needs to be recovered.

For qualifying PCNs, this funding is distinct from, and in addition to CD funding agreed as part of the [22/23 contract funding arrangements](#).

### **Spring booster comms toolkit**

Following the rollout of the spring booster programme, NHS England have adapted their [booster comms toolkit](#) to cater for spring boosters. The toolkit includes template text for spring booster invitation letters, emails and text messages that you can use to invite patients. You can also find the revised booster FAQs and a link to the patient information leaflet.

### **Updates to the Long COVID eLearning for healthcare programme now available**

NHS England have worked in partnership with Health Education England eLearning for healthcare (HEE elfh) and Central London Community Healthcare NHS Trust to develop further resources in the Long COVID eLearning programme. To access the eLearning, please visit the [Long COVID programme page](#).

### **New PPE portal**

The Department of Health and Social Care has implemented a replacement PPE Portal platform to better serve eligible providers in accessing COVID-19 related PPE stock, free of charge.

All portal customers have received an invitation to join the new PPE Portal platform, therefore the old PPE Portal platform will be closed on Tuesday 26 April. From this date, all users attempting to log-in to the [closed PPE Portal platform](#) will be automatically re-directed to the [new PPE Portal platform](#), where you can continue ordering free PPE.

If you are an eligible portal customer, please check your inbox to find your invitation from [ppe-portal@dhsc.gov.uk](mailto:ppe-portal@dhsc.gov.uk) and sign up to the new Portal platform as soon as possible. If you have any queries, please contact our customer services team on 0800 876 680, Monday – Friday between 8:00am to 5:00pm.

## **Investment and Impact fund (IIF) respiratory indicators**

The Investment and Impact Fund recommenced in full on 1 April 2022, with four respiratory indicators. These aim to tackle the UK's poor respiratory outcomes, whilst reducing carbon emissions from inhalers (3% of the NHS footprint).

The indicators reward Primary Care Networks for: improving steroid inhaler prescribing and reducing SABA overuse for patients with asthma, reducing the proportion of non-salbutamol Metered Dose Inhalers, and prescribing lower carbon salbutamol inhalers. These indicators should be applied where clinically appropriate, as part of a shared decision-making process with patients.

For more information, please see this [short guide](#), [Quality Improvement toolkit](#) and [the NHSE FutureNHS page](#).



## NHS Cervical Screening Programme – updates

The purchase of Human Papillomavirus (HPV) self-sampling home testing kits is increasing. Results of these private tests will not be acted on by the NHS Cervical Screening Programme (NHS CSP) and cannot be recorded in an individual's NHS screening record. If a private test result is positive, the person should be advised that having HPV does not mean they have or will get cervical cancer.

Individuals who have a private test remain eligible for the NHS CSP. Most HPV infections clear themselves without causing problems. If someone has persistent HPV infection, it will be identified when they accept their next NHS CSP invitation. Cervical cancer usually develops slowly over 10 years, in three stages: infection with HPV; development of abnormal cells if the immune system does not rid the HPV infection; and development of cancer if abnormal cells are not treated.

Testing in the NHS CSP changed in 2019 and now individuals are screened first for high risk-Human Papillomavirus (hr-HPV). [The cervical screening care pathway can be found here](#). This test is more sensitive to high grade [cervical intraepithelial neoplasia](#) (CIN) than the previous test, cytology alone. Screening first for hr-HPV has unlocked new opportunities in the NHS CSP, including HPV self-sampling as an alternative to the traditional clinician taken cervical screening sample. Further information on the HPVValidate study is available in this [screening blog](#).

## Join the Team



### Non – Executive Director

Wessex LMCs are seeking a Non-Executive Director - this is a unique opportunity to support General Practitioners at a crucial time. Meet our CEOs [HERE](#)

The Non-Executive Director is a new role for Wessex LMCs. We are looking for someone to join our Secretariat (which is the Board of Directors of Wessex LMCs) to provide board experience, constructive challenge and support to the Secretariat and LMC Executive team. This will help to ensure that Wessex LMCs continues to meet the needs of our members (GPs and their Practices) in providing expert advice and support

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For more information, please visit our website. [Non-Executive Director – Wessex Local Medical Committees \(wessexlmcs.com\)](https://www.wessexlmcs.com)

## Upcoming Education. . .

### A Practical Approach to Time Management for Busy Clinicians

Wednesday 18 May 2022 13:00 – 14:00

Wessex LMCs Members £25pp

Book Online: <https://www.wessexlmcs.com/events/12698>

With heavy workloads, effective time management is important for clinicians wellbeing and patient safety. This webinar will:

- Explore some tried and tested techniques which can be taken away which will improve our time management.

- Raise awareness of things which are likely to steal our time.
- Remind ourselves of the principles of effective delegation and prioritisation.
- Look at applying the principles above to improve our efficiency when dealing with urgent lab results.

## Team Leader Programme

Great Team Leaders help people grow in General Practice. They willingly share what they know, and look out for learning opportunities for the people they work with, or the people who work for them. It is a crucial role in helping the Practice function safely, efficiently, and sustainably. Join Richard House on this 3-session (10am to 3pm each session) virtual programme of exploration and discovery for existing, new, and aspirational General Practice team leaders

Day 1 - Managing Self: Learn about your Personality Type (MBTI), how to manage stress at work, and learn how to create good work habits.

Day 2 - Managing Others: Learn how to lead others through change, how to have difficult conversations at work, and how to measure improvement.

Day 3 - Managing in the General Practice: Learn how performance is measured, why culture is important, and what's ahead for General Practice in 2022.

This is a 3 day course. You are required to attend all 3 days to be eligible for your certificate of attendance.

### Late Spring Cohort:

Tuesday 10/05/2022

Thursday 26/05/2022

Wednesday 08/06/2022

Fully Funded for Managers working in Hants & IOW, Bath and North East Somerset, Swindon & Wiltshire.  
£750pp for Dorset Managers.

Book Online: <https://www.wessexlmcs.com/events/13504>

### Summer Cohort:

Wednesday 22/06/2022

Thursday 07/07/2022

Thursday 20/07/2022

Fully Funded for Managers working in Hants & IOW, Bath and North East Somerset, Swindon & Wiltshire.  
£750pp for Dorset Managers.

Book Online: <https://www.wessexlmcs.com/events/13498>

## Introduction to Practice Management - 'Virtual' Training

This virtual course will suit recently appointed Practice Managers who are new to the NHS, deputy Practice Managers or those aspiring to be Practice Managers. It will provide information and support to understand the key areas which need to be addressed when managing a busy and successful practice.

This is a 2 Day course (10am to 3pm), please ensure you are able to attend BOTH DATES:



Tuesday 24 May 2022

Thursday 15 June 2022

Fully Funded for all practices in the Wessex area.

Book online: <https://www.wessexlmcs.com/events/13392>

*Regards*

*The LMC Team*

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