

The Sessional GP

April 2025



nasgp

National
Association of
Sessional GPs

GP locums and the
importance of good
communication: key
skills

NASGP in Focus

Immunotherapy for
house dust must
allergy causing
allergic rhinitis

CONTENTS

Editorial

Immunotherapy for house dust
mould allergy causing allergic rhinitis

GP locums and the importance of
good communication

NASGP in Focus



nasgp

National
Association of
Sessional GPs



Dr Richard Fieldhouse,
NASGP Chairman



Editorial

Bombshell news arrived in the weeks before the new financial year when the Prime Minister abolished NHS England. It's unclear what this means for GPs, but we're keeping a close eye on it for now.

Perhaps even more shocking, certainly for our sector, was the revelation that more than four in 10 newly-qualified GPs are missing from GP employment statistics. Some 40.3% of GPs who qualified in 2022 and 2023 did not take up substantive roles in UK general practice after qualifying, analysis of NHS data by Pulse suggests. GPs 'seem to disappear' from the stats between GP Specialty Training Year 3 (GPST3) and substantive posts, journalists wrote.

Data published in January has renewed the problem of NHS's failure to count GP locum numbers accurately. Journalists found that of 6,129 GP registrars in ST3, last seen in 2022 and 2023, just 3,657 were seen in a substantive role by December 2024. This leaves 2,472 GPs unaccounted for in NHS statistics – a shocking 40.3%. Although

results for the 2022-23 year are shocking, analysis revealed that for ST3s last seen in 2020 and 2021, 28% were also missing in action.

To misquote Oscar Wilde, 'To lose one GP, NHS England, may be regarded as a misfortune; to lose 2,472 looks like carelessness.' And that's only our newly qualified colleagues.

What about all the highly experienced ex-partners now supporting practices as GP locums? What about all the burnt out salaried GPs who are holding on in there now as GP locums. The GMC database had up to 17,836 GP locums in 2024 – all in clinical practice – and it's still unclear whether or not they appear in NHS England data.

We're calling for an immediate change to the Additional Roles Reimbursement Scheme to find and fund these missing doctors, and for the scheme to be extended to sessional GPs of all ages with or without substantive experience.

Good luck with your bookings this spring, and let us know what we can do to support your work.

Don't lose out when you are unable to work

with specialist **locum absence insurance**

for NASGP members

- 2 types of policy to fit your needs
- 2 levels of cover to help you budget
- Worldwide protection
- Seamless transfer from your current provider
- Accident & Illness cover
- Stress cover
- Death benefit from £50,000 or more
- Medical Expenses cover

and many more benefits

GP required a hip resurfacing procedure and was unable to work for 6 weeks, with a total payment of

£5,914

GP suffered from COVID 19 with complications resulting in 10 months unable to work and a total payment of

£52,071

The wife of a GP unexpectedly became ill causing the GP to suffer a mental health condition, which resulted in an absence from work of 12 months.

Total amount claimed:

£55,600



Contact us for your free, no obligation quote

E: enquiries@m-i-c.co.uk
T: 0800 163 870

www.m-i-c.co.uk



Immunotherapy for house dust mite allergy causing allergic rhinitis

(Nice, 2025)

NICE has approved the use of a new immunotherapy for treating house dust mite related allergic rhinitis. This guidance was published in March 2025.

What is the treatment?

It is the very snappily named '12 SQ-HDM SLIT'. Its trade name is ACARIZAX.

- 12 SQ stands for 12 µg standardised quantity
- HDM stands for House Dust Mite.
- SLIT stands for sublingual immunotherapy tablets.
- They are tablets given sublingually. They dissolve under the tongue.
- They are taken daily.

It is likely to take 8 to 14 weeks before any clinical effect is seen. The SPC advises that it should be stopped if there is no benefit after a year. NICE doesn't put any specific time limits on its use, or advise on stopping after a certain time if there isn't evidence of efficacy.

It is likely to be used long term.

When can we use it?

It can be used for people aged 12 to 65 who have

- Allergic Rhinitis AND
- House dust mite allergy diagnosed by both clinical history AND skin prick testing or IgE testing AND
- It is persistent despite the use of symptom-relieving medication.

Who should be prescribing this?

What isn't in the headlines and is hidden away in the committee discussion is that this will be initiated mostly in secondary care, or by a clinician with a special interest in allergy. Most GPs will not be initiating this.



The SPC also advises: “The first sublingual lyophilisate should be taken under medical supervision and the patient should be monitored for at least half an hour, to enable discussion and possible treatment of any immediate side effects.”

What is meant by ‘despite the use of symptom relieving medication’?

Again this little useful nugget of information is hidden away in the committee discussion. Here is what the committee discussion advises:

“The committee recognised that the BSACI guideline positioned allergy immunotherapy, if symptoms are mainly because of 1 allergen, after all other treatment options had been considered. The clinical experts stated that this would be the most appropriate positioning. The committee concluded that for people with house dust mite allergic rhinitis, 12 SQ-HDM SLIT would be used in addition to symptom-relieving medicine, after all appropriate symptom-relieving medicine had been tried and symptoms continued”.

They talk about oral or intranasal a being first line treatment.

Intranasal steroids would be the second line for moderate to severe persistent symptoms.

A combination of oral antihistamine and intranasal steroids can be used if symptoms continue.

Further add on treatments can be considered. These include intranasal anticholinergics, intranasal decongestants and leukotriene receptor antagonists depending on symptoms.

It therefore sounds like all the above should have been tried before this be used.

In our area ENT also wants patients to have tried nasal saline rinses for 3 months before we can refer. Other areas may put in similar requirements before patients are referred.

There is a summary of NICE guidance on medications in allergic rhinitis on the CKS website.

Does it work?

It may do... Basically the way the trials were run makes it unclear how effective it will be and how cost-effective it will be in normal practice.

What about asthma related to dust mite allergy?

It hasn't been approved for this because there is more uncertainty around cost-effectiveness and efficacy in allergic asthma than there is for allergic rhinitis.





I am protected by experts who put me first

Moving from training into independent practice involves lots of 'firsts'. That's why it's good to know Medical Protection membership can give me the support I need to practise with confidence.

Membership for newly qualified GPs

- 24/7 advice and access to medicolegal assistance
- discretionary indemnity for patient claims where required
- independent counselling service
- online courses and webinars for CPD and revalidation

Save up to 50% on your
first year's subscription*
when you qualify

medicalprotection.org/nqgp

*Membership rates vary depending on individual circumstances.
Please visit medicalprotection.org/nqgp for more information.



I am a GP | **I am with
Medical Protection**

GP LOCUMS AND THE IMPORTANCE OF GOOD COMMUNICATION

Dr James Thorpe, deputy medical director at Medical Protection, explains why good communication is essential for GP locums

Research and data from Medical Protection's cases shows that perceived poor communication is a key factor fuelling patient dissatisfaction and can be instrumental in patients' decisions to sue their doctor or lodge a complaint.

Just like any profession that involves dealing with the public, working in healthcare can mean working with challenging individuals. We each react differently to challenging interactions with patients – sometimes these reactions are effective; sometimes they are not. It is important that GP locums and practice staff develop communication skills to enable you to consciously choose how you would like to respond to these challenges in order to bring about a more favourable outcome for the practice and patients.

The majority of complaints and claims are not always related to the clinical quality of care a patient has received at the practice, but are triggered by inadequate communication. A relationship breakdown often occurs before the incident that leads to a complaint.

But is the converse true? Is being a good communicator and demonstrating caring associated with less risk of sustaining patient complaints?

The answer is yes – studies have found that positive communication behaviours increase patients' perceptions of competence and decreases their intention to complain or sue.

What might this mean for GP locums? In addition to continuously perfecting your professional skills, try to take time to also perfect your communication and empathy skills. It is the combination of both technical and emotional performance that appears to single out the route to ongoing overall excellence as a healthcare provider, and it is essential in reducing the risk of a complaint or claim.

Patients who are kept informed about their condition or the steps being taken to deal with their issue, and feel involved in the care they receive are more likely to comply with the treatment the GP recommends, and less likely to complain if things go wrong.

We are all unique and so are patients, and as a locum you will come into contact with a wide array of personalities, often only for one consultation.

If you think about a situation where you found a patient challenging, did your emotions in this situation affect how you communicated with the patient? Our emotions naturally influence our behaviour, which then impacts on the outcomes of these difficult interactions. Everyone perceives some interactions as "difficult", and a host of interpersonal and situational factors can contribute to the perception of difficulty.

Researchers and educators have come to understand that it is the relationship or the interaction that contributes to the difficulty. It is easy to identify or label a patient as "difficult". However, research

shows how this labelling of a patient affects not only the emotions of the clinician but also their cognitive processes, leading directly to poorer clinical outcomes for these patients.

Other potential outcomes from difficult interactions include increased investigations and referrals, decreased patient satisfaction and unmet expectations. I am sure we have all seen patients who we knew or suspected were receiving over or under treatment as a result of interactional difficulties with their doctor. Of course, this has implications – for the individual patient, on access to and provision of limited health services, and on medicolegal risk because of the risk of a complaint and/or claim arising from a breakdown in the relationship.





This is why at Medical Protection we believe that there is value in taking time to examine how you can handle such interactions in the most effective way.

Three key skills

- Several skills can be used to ensure you make a good impression with patients, rather than a potentially misconceived view of a rushed, busy GP. When interacting with healthcare workers, most patients note their non-verbal skills more than they report on other aspects. For example, you rarely hear a patient saying, “their clinical skills were excellent”. You are far more likely to hear patients reporting, “she was very kind and understanding” or “he explained the process to me clearly to me”.

Effective communication is not all about what you say, how you say it is very important; try to be aware of body language as well as tone of voice. By maximising verbal and non-verbal skills, you will be able to exert some control over the impression patients create of them. Clinicians who are perceived by patients as to caring, kind and focused on patient needs, can go a significant way to reducing the risk of complaints.

- Empathic skills involve noting cues and overtly responding to them with short empathic statements such as “that sounds difficult” or “you must have been very frightened”. Empathic responses provide the patient with a receipt that you have heard and understood

them, and enhance the impression of someone who is caring and kind. These statements are time-efficient and often result in shorter interactions. Following this with establishing the expectations of the patient will help to demonstrate a patient-centred approach.

- Use active listening skills. Active listening is a skill that can be acquired and developed with practice. It means fully concentrating on what is being said rather than just passively “hearing” the message, and conveying that to the patient using eye contact, smiling, posture. When you listen actively, you can tune in to certain cues, words and emotions in the patient that may indicate distress and other highly charged emotions. Ask open-ended questions, be careful not to interrupt your patients and be conscious of your body language.

Working to improve communication skills will serve to improve difficult patient interactions and in turn offer the opportunity to provide the best quality of care to the best of your ability.

Medical Protection offers a variety of webinars and workshops for clinicians wishing to further enhance their competence in communicating with patients and colleagues.

Members can view webinars and workshops on Prism, our eLearning platform. [▶](#)



How much should you charge for GP locum sessions?

NASGP's Locum Rates Calculator tool uses your unique running costs and GP experience to estimate the right sessional or hourly rate for your work as a GP locum.

As an NASGP member, you have full access to LocumDeck, in which you can create your own practice-specific hourly or sessional rates, excluding tax and pension contributions (which vary considerably depending on personal circumstances).



[Check out our
Locum Rates Calculator tool](#) 

Member focus

We're now a five-star business on Google 

Read our reviews and if you have time please leave us your own.

“

Simply the best. From the software through to support from Richard and his great team (Ali and Jacqui are brilliant) I felt supported and encouraged.

I've found lots of work by simply adding my availability and rates. I wouldn't go anywhere else because NASGP is simply the best in every way.

Dr Andrew Coward

”



Team focus



Meet our User Experience Lead

Michelle Sims

With over 20 years of experience in user experience design and brand strategy, Michelle brings deep expertise in creating a user-centric focus for both B2B and B2C businesses. Most of her experience comes from the hospitality industry, where customer-first is the priority.

Michelle ensures we always put the user at the centre of everything we do. Her passion for data-driven, meaningful user experiences, combined with her empathy, curiosity, and creativity, drives us to continually explore and implement new and satisfying processes for our platform members.

[Meet the team](#) 



Medical
Protection



I am protected around the clock

A dedicated team of medicolegal experts are here to support me with 24/7 advice and access to legal assistance. I can call whenever I need advice and as many times as I like without it affecting my subscription.

Save up to 50% on your
first year's subscription*
when you qualify

medicalprotection.org/nqgp

*Membership rates vary depending on individual circumstances. Please visit medicalprotection.org/nqgp for more information.

I am a GP | **I am with
Medical Protection**

The Medical Protection Society Limited ("MPS") is a company limited by guarantee registered in England with company number 00036142 at Level 19, The Shard, 32 London Bridge Street, London, SE1 9SG. MPS is not an insurance company. All the benefits of membership of MPS are discretionary as set out in the Memorandum and Articles of Association. MPS® and Medical Protection® are registered trademarks.





National Association of Sessional GPs
Amelia House,
Crescent Road,
Worthing,
BN11 1QR

info@nasgp.org.uk
nasgp.org.uk
