



Trust GPs to lead: learning from the response to COVID-19 within general practice

The BMA have released the results of their fifth and [sixth tracker survey](#) which have highlighted the scale of extra work being taken on by GPs during the pandemic, something that is continuing to increase. GPC England has produced a new report, [Trust GPs to lead: learning from the response to COVID-19 within general practice in England](#), which explores how these demands can be managed both in the short and long term.

They have set out five principles that must be addressed as part of learning the lessons of COVID-19 as follows:

- We must capitalise on the greater autonomy provided to general practice during the pandemic and incorporate the positive learning into new ways of working.
- There must be a significant reduction in the level of regulation within the system. The burden of regulation has previously fallen on all practices rather than focusing on appropriate support for the very small number of practices when this is required.
- There must be a significant reduction in the level of bureaucracy and duplication caused by information requests from Government departments, national regulators, commissioners, local providers of health services and many other organisations.
- It is essential to increase the level of digital and technological support for practices including a rapid rollout of appropriate, safe, reliable, robust and secure digital technology and consultation software (including video where appropriate) for practices to use.
- GPs should be empowered as clinical leaders in their communities, strengthening and resourcing the development of primary care networks and giving them the necessary flexibility to use available resources, workforce and partnerships within their area.

The report also sets out a range of solutions that will enable GPs and practices to manage the ongoing demands of responding to COVID-19, and looks at GPs being supported to continue delivering innovative patient-focused local services for both the short and long term.

Read the full BMA statement about the survey and the *Trust GPs to lead* report [here](#)

Learning the lessons from COVID-19

Over 2500 GPs responded to the fifth [BMA tracker survey](#) and the vast majority (85%) reported that the changes that they had made in the way that they were working had been very or somewhat effective at combatting the pandemic. As practices plan for the future, it is vitally important to learn the lessons from this experience over the last few months. Chief among these is that 88% of those responding want to maintain the greater use of remote consultations and 77% want to use video technology to a greater extent for clinical and MDT meetings in the future. However, to do this, practices need the necessary digital infrastructure to be reliable and robust, with over half of GPs highlighting problems with broadband speed, IT hardware and software not being good enough and insufficient training and support being available. It's vital therefore that NHSE/I and CCGs step up their programme of digital upgrades for practices, and increasingly for clinicians working remotely from home. The LMC is encouraging Leeds CCG to do this.

Please see attached the GP specific results from the survey and read a [blog](#) by Krishna Kasaraneni, GPC England Executive team member, with his reflections on the survey results.

Relaxation in regulatory activity, contract management and bureaucracy

Rapid changes to the way consultations are taking place should not be the only legacy of this current crisis. The survey shows that the significant relaxation in regulatory activity, contract management and bureaucracy has also been welcomed. 60% of GPs responding want to reduce the frequency appraisal in the future, 54% want to end or have fewer CQC inspections, and half of respondents want to QOF to remain suspended. Unsurprisingly 82% of GPs want to have less paperwork and bureaucracy to deal with in the future.

As part of the 20/21 GP contract agreement in England, the Government committed to review how it could reduce unnecessary bureaucracy impacting General Practice, and NHSE/I said it would take action to reduce the burden on practices and thereby free up valuable time for patient care. The BMA survey shows what could be possible, how important these reviews will be and how quickly they need to be completed, as despite the challenges they've faced, many GPs have felt more positive about the way they have been able to work over the last few months, with 66% of GPs experiencing a greater sense of team working and 55% feeling less burdened by bureaucracy. This is therefore something that should be built upon, not lost, as practices continue to respond to the challenges of the COVID pandemic.

Overall results

The BMA's fifth COVID tracker survey also shows that the demand from non-COVID patients is increasing, and that there is significant concern around ability to cope with this demand, and with a potential second peak of coronavirus. The [BMA has warned that this is not the time to be complacent around lockdown easing](#), and to reduce the risk of a second peak and avoid the loss of more lives to COVID-19, we are asking the Government to prioritise:

- A widescale and accurate approach to test, trace, isolate, support and follow-up with people with COVID-19 symptoms or those who have come into contact with people with symptoms.
- To take mitigating actions preventing the public and workers from contracting and spreading the virus while carrying out essential duties.
- Supporting the public in adhering to social distancing and infection control measures as restrictions are relaxed.

The survey also found that there are:

- supply issues with facemasks again
- increase in pressure to see patients without adequate protection, especially BAME doctors some positives from current way of working remotely and with less bureaucracy

BAME doctors not being given access to COVID-19 risk assessments

The BMA's [sixth tracker survey](#) also showed that more than a third of BAME doctors in the UK are still not being given access to potentially life-saving COVID-19 risk assessments. The survey also showed revealed that BAME doctors are still less likely to feel fully protected from coronavirus compared to their white colleagues (29% compared to 46%), and far more likely to often feel pressured into treating patients without the proper protective equipment⁴ (7% compared to 2.5%). Read the BMA statement [here](#).

The BMA have updated their [guidance on risk assessments](#) last week to include two new sections for GP practices looking at the implications of risk assessments for practices and the risk assessment tools that are available to practices to use.

In response to a letter to Simon Stevens earlier this month and lobbying on these issues, NHSEI have issued a [letter](#) which sets out that CCGs should commission an occupational health service to support practices with this risk assessment process. This should be made freely available to practices as soon as possible through local OH capacity, or by commissioning more to complement existing OH services via this [Dynamic Purchasing Solution](#), if additional capacity or access outside normal working hours is needed. CCGs are asked to assure that this is happening comprehensively and speedily in their areas.

Need for robust digital systems and sustainable plans to manage GP workload

The BMA [tracker survey](#) has also shown a lack of robust IT systems and digital solutions to help secondary care colleagues complete necessary tasks, leading to work being transferred to general practice without sustainable services in place. At the same time, we are still facing intense resource shortages, with 80% of GPs surveyed saying they need an increased supply of face masks for staff.

Half of those responding to the survey said that they are having to provide care that would normally be delivered by secondary care colleagues and 81% said they have been asked to carry out new investigations and manage ongoing care, which would also usually be done in hospitals, further adding to GPs' growing workload.

Due to reduced numbers of patients attending hospital, practices are being expected to perform blood tests for hospital outpatients, prescribe medication that would normally be given in secondary care, and at times complete tests before making a possible cancer referral, which could lead to delays in treatment. This needs rapid action to deliver long-term solutions to improve the interface between secondary and primary care, and make sure we have the digital infrastructure in place to stop unnecessary prescribing, duplication of workload and extending patient pathways. The NHS must be properly joined up and resourced at all times – not only in preparation for something as serious as COVID-19, but also for when the crisis has subsided

The importance of this was illustrated by a misjudged question at the final No 10 daily press briefing. It is clear that clinicians in general practice, hospital and other services have all been under immense pressure throughout the last few months as we all played our part in responding to the COVID-19 pandemic and it's now vital that we work together to develop improved care pathways that are sustainable and do not place unrealistic expectations on anyone.

The extra work and lack of support, on top of the challenge of the pandemic, is also likely to explain why 31% of doctors surveyed feel as though they are currently suffering from a form of depression, anxiety, stress, burnout, emotional distress, or other mental health condition, and that it's been worse while working during COVID-19.

LTHT routine referrals

Leeds CCG have confirmed that LTHT are working to receive routine referrals across all specialities from 29 June 2020. The [attached guidance](#) sets out the principles and processes for the management of routine referrals by LTHT, as discussed with PCN clinical directors. They have also produced [patient facing information](#), which we practices may also find useful.

However, in line with the responses reflected in the BMA tracker survey, Leeds LMC has raised concerns with Leeds CCG about the shift of work to practices as part of these new processes and the need for this to be properly resourced. We will continue to discuss this with the CCG to ensure we have sustainable arrangements as systems change.

Shielding update

The [Government has announced](#) that from Monday 6 July, the advisory guidance for clinically extremely vulnerable people who are currently shielding from coronavirus, will be eased, and that they will be able to gather in groups of up to 6 people outdoors and form a 'support bubble' with another household. The guidance will be relaxed further in August, should the reduction in viral prevalence continue. In relation to this the Government in England has informed practices that it will [write](#) to those on the shielded list to make them aware of the updated guidance. Read the [Government's guidance on shielding](#) for patients.

The NHS will continue to maintain the Shielded Patient List in order to enable targeted advice and support to those who are most vulnerable should that be required in the future. Practices should therefore continue to add or remove patients from this list as is clinically appropriate. In addition, we are talking to NHSEI about research being done that could refine the identification of those who are most at risk and would benefit from shielding should that necessary.

Indemnity arrangements for NHS Primary Care staff undertaking COVID-19 antibody tests

NHSE/I has now confirmed that where primary care staff undertaking COVID-19 antibody tests are not covered for this activity under their existing indemnity/insurance arrangements, they will be indemnified under the [Clinical Negligence Scheme for Coronavirus \(CNSC\)](#) which was established in accordance with new powers from the Coronavirus Act 2020. NHS Resolution has added an [FAQ](#) which states:

Where you are appropriately trained and competent to undertake this activity, and you are not covered for this activity under your existing indemnity/insurance arrangements, you will be indemnified under the Clinical Negligence Scheme for Coronavirus (CNSC). The CNSC has been established by NHS Resolution to meet liabilities arising from the special healthcare arrangements being put in place in response to the coronavirus outbreak.

Antibody testing undertaken in NHS trusts will be covered under the Clinical Negligence Scheme for Trusts. Further information on the rollout of the antibody testing programme is set out in NHSE/I letter on 25 May 2020.

Read all the FAQs on the Clinical Negligence Scheme for Coronavirus [here](#)

Antibody testing for practice staff

As the CCG mentioned in their briefing earlier this month, a [process for antibody testing is now in place](#) but specific blood tubes are required for this purpose. These have been ordered and should have now arrived in practices. Staff are not obliged to have tests and should not change their use of PPE or social distancing as a result of the test result.

GP Standard Operating Procedure updated

NHSE/I have added two new sections to the [GP Standard Operating Procedure](#) and updated it with some additional information and links for ease of access. The updated sections are on:

1. Outbreak management in the context of COVID-19 – with a recommendation to review business continuity plans.
2. Suspected or diagnosed cancers, including ongoing cancer treatment – information on referral into secondary care.

BMA issues holiday guidance ahead of domestic tourism return

Following the [guidance](#) issued by GPC England about the support practices can continue to offer their patients when travelling on holiday this year in order to support colleagues in tourist areas, the BMA has issued further advice and public health information for the public. This comes just days after pictures of a crowded Bournemouth beach raised concerns over social distancing.

The BMA's public messaging campaign¹ urges people to:

- Don't travel if you're ill, or have any symptoms of COVID-19 (e.g. cough, high temperature, loss of smell or taste)
- Have a plan for self-isolation if you, or anybody in your 'bubble', develops symptoms or are told to do so by the official NHS Test and Trace service. You will likely be required to self-isolate for 14 days.
- If you take medicines prescribed by your doctor, make sure you have enough with you to last for your time away
- Practise good social distancing and hand washing while you are away from home
- Wear a face covering whenever you are mixing with others outside your 'bubble' and cannot social distance, particularly when you are indoors.

To read more about the principles [see PDF here](#)

PPE – face masks and coverings

The government have issued guidance stating that [face masks and coverings should be worn by all hospital staff and visitors](#) and the BMA have been calling for this to be [extended to all healthcare settings](#), including primary care.

It is imperative that we do all we can to prevent the spread of infection, so that patients and visitors can attend practices without fear of contamination - the wearing of masks by staff and face coverings by the public will play a role in enabling this. With the UK chief medical officers reducing the [COVID-19 alert level](#) from four to three today it is all the more important to do this to avoid a return to greater levels of virus circulation. It will also reduce the risk of a whole team within a practice being required to self-isolate should one member contract COVID-19. Read the BMA statement [here](#)

Practices should be aware of current guidance, which includes:

- Public Health England guidance on the [use of Personal Protective Equipment in primary care](#)
- Further Government advice on [working safely in non-hospital settings](#)

The PHE guidance recommends that those working in reception and communal areas who are unable to social distance, should wear a fluid repellent mask. The LMC believe patients should be encouraged to wear face coverings whenever they attend the practice (with practices continuing to triage arrangements to keep face-to-face contact to a minimum) and that staff should continue to be enabled to work remotely whenever possible, to create more space for social distancing. We are pleased that Leeds CCG is supporting practices to put in place screens wherever needed to protect staff and reception areas, reducing the potential for spread of infection.

Following the release of government guidance regarding the wearing of face masks in various public settings (including the circumstances where an individual might be exempt), practices are reporting increases in requests from patients for letters of exemption. The [government guidance on exemptions](#) suggests there is no requirement for evidence for exemption, therefore it should be sufficient for an individual to self-declare this. Practices are not required to provide letters of support for those who fall under the list of exemptions. The responsibility for issuing exemptions is with the transport provider, not GPs – see for example, this information from [First Bus](#) and [Arriva](#). Similarly, practices are under no obligation to provide letters of support for anyone who does not fall under the list of exemptions but considers them to have another reason to be exempted.

Minimising nosocomial infections in the NHS

NHSE/I has sent out a [letter on](#) tackling infections acquired in the NHS, whether it involves staff, visitors or patients. The letter calls on all primary care contractors to take the following actions:

- To prepare for potential staff absence, providers should review their existing business continuity plans and take actions as required and make arrangements to maintain patient access to services.
- Providers should inform their commissioner when delivery of the full contracted service may be compromised by staff absence due to Test and Trace, and work together to put business continuity arrangements in place.
- The provider should update information on patient accessible websites and update the impacted NHS 111 Directory of Services profiles.
- The commissioner will inform the Regional Incident Coordination Centre without delay and work with the provider to implement appropriate business continuity measures.

Note that the flowchart in the appendix on page 8 sets out the actions that providers need to take if there is an incident in general practice. If an incident should happen in general practice, it is important that the necessary funding is available, and the BMA is raising this issue with NHSE/I.

Remote monitoring of patients with confirmed or possible COVID-19

NHSEI have [published guidance](#) setting out principles to support the remote monitoring, using pulse oximetry, of patients with confirmed or possible COVID-19 in the community, focused on primary care. There is now [evidence](#) that patients most at risk of poor outcomes are best identified by oxygen levels. The use of oximetry to monitor and identify 'silent hypoxia' and rapid patient deterioration at home is recommended for this group.

Pensions guidance and update

The BMA has updated its guidance for [GPs about the annual allowance](#), following extensive lobbying, resulting in two important changes that affect the 19/20 and subsequent tax years.

As an emergency measure for 19/20, NHS England and the Welsh Government made a commitment to pay the annual allowance tax charges in full for eligible clinicians in the England and Wales NHS pension schemes. Doctors who were subject to an annual allowance tax charge should use the option of the 'scheme pays' regulations to pay the tax due for 2019/20. From 2020/21 onwards the reduced Tapered Annual Allowance will only affect those with adjusted income of £240,000 and over. Read the full guidance [here](#).

The BMA has also won a court appeal against the Government's controversial changes to pensions rules introduced in April 2019, granting the Secretary of State for Health and Social Care the power to suspend pension payments to a doctors or NHS professionals charged with certain criminal offences, but not yet convicted. Read the BMA statement [here](#)

Sustainable and environmentally friendly general practice report (England)

GPC England has published a [report](#), developed with support from [Greener Practice](#) and Sheffield GPs Dr Aarti Bansal and Dr Mike Tomson, which looks at ways in which GP practices can develop, and can be helped to develop, environmentally responsible practices. One of the more positive consequences of the COVID-19 pandemic has been the dramatic reduction in carbon emissions and this demonstrates what can be achieved with specific actions. The NHS, including general practice, has a significant opportunity to make a difference for the long-term and this report highlights the current carbon footprint of general practice and includes a 10 point plan calling on Government and NHS policy makers to help ensure that the impact of health services on climate change is reversed. We would encourage all practices to use this to review what actions they could do, working with others in their area. You can read a comment piece by Dr Richard Vautrey in GP Online about the report [here](#)

Black Lives Matter - Leeds LMC response

As recent events in America have shocked the world, it has also provided us with an opportunity to reflect on equality and diversity in our workplaces. There has been tremendous support for the issues raised by the Black Lives Matter movement as this cause promotes the notion that not being racist doesn't go far enough. We have to become anti-racist. We have to educate and inform those around us that archaic views and comments will not be tolerated or accepted about our friends and colleagues.

[NHS data](#) shows that 20% of the workforce is from non-white backgrounds and with the terrible toll COVID-19 has had on frontline BAME staff, this group of people need our support more than ever. At the LMC, we show solidarity and support for all our members and their patients regardless of our differences and it is timely when the NHS England and NHS Improvement's (NHSEI) LGBTQ+ Staff Network held an NHS Virtual Pride on Friday 26th June, the day before Global Pride 2020.

It is important however to focus on the current BAME cause and lend our support and backing to this community during this movement. We should reflect and ask what we can do better in daily practice and if our policies need adjusting. Some LMC suggestions are below:

'If you see racism or hear racism, don't let it slide, speak up!'

The LMC has been contacted by practices asking for advice about what action they should take when patients make racist comments. These comments should not be allowed to pass

unchallenged; they need to be told that it is unacceptable, and practices should have a policy on how to address these issues. Practices should take this opportunity to share their policy on addressing racism with their patients.

Recruitment – are the processes fair?

When looking to employ a new team member there are a number of important factors that will influence your decision. These will include their training, qualifications, experience and skills. Those involved in recruitment should understand and take action to address any unconscious bias. Prejudice has no part to play in this process.

Diversity within general practice and the LMC

The LMC would encourage GPs from diverse backgrounds to get involved with the LMC and we welcome GPs from all backgrounds. We are particularly keen to hear from underrepresented groups.

Supporting BAME colleagues

Sadly, we have heard from staff about their own experiences of racism both from patients as well as from other staff members. It is important to take this opportunity to offer support to our colleagues and provide them with a safe environment, free of negative repercussions to share their experiences and the hurt they have endured. At the LMC we are keen to hear from our members and offer support in any capacity that we can. Please email mail@leedsimc.org to get in touch.

Appraisal update

The [GMC has moved forward revalidation dates](#) for those due to revalidate between 1 October 2020 and 16 March 2021, for one year. NHSE/I have also confirmed in the attached letter that whilst appraisals remain on hold, the future of appraisals is still being discussed whilst they await the national decision confirming the date for recommencement of appraisals.

CQC inspections

The LMC has met with local CQC inspectors to discuss the emergency support framework (ESF). They have now provided us with the following update:

Recognising the immense pressure experienced by health and social care providers in March and mindful of our responsibility to avoid risks of transmission, we decided to pause planned routine inspections. Our interim response is our emergency support framework (ESF) and this is what we will continue to follow and evolve during the pandemic. It is not an inspection and does not result in a rating.

Our inspection teams continue to monitor data and feedback. The information we receive helps us to identify services where there may be a need for further support or action. Those services would then be contacted by the inspector to arrange an ESF call.

If you'd like to know more about the process details can be accessed via:

<https://www.cqc.org.uk/guidance-providers/how-we-inspect-regulate/emergency-support-framework-what-expect>

Regulation of physician associates

The GMC has published an update about the regulation of physician associates (PA) and anaesthesia associates (AAs), as new legislation is expected to be introduced in the second half of 2021. Over the next year the GMC will be designing the processes and policies needed to regulate PAs and AAs. Read the full statement on the [GMC website](#)

Enhanced Services

NHS England and NHS Improvement (North East and Yorkshire) have agreed that Q1 and Q2 payments for minor surgery will be paid to practices based on an average of Q4 18/19 and Q1-3

19/20. This decision has been made in advance of national guidance to ensure payments to practices are not interrupted. The CCG are looking to make the following payments for DES schemes:

- Q1 minor surgery payments will be made in July 2020 and Q2 minor surgery payments will be made in October 2020. Both will be based on average activity for Q4 18/19 and Q1-3 19/20.
- Learning disabilities DES has not been suspended therefore practices should continue to offer this service proactively to patients and payments for this service will be based on actual rather than historical/average payments.

The minor surgery DES will be paid this way until the end of September; however, this will be reviewed over the summer or if superseded by further national guidance. If practices are still undertaking minor surgery activity, this information should be recorded and retained by the practice but not submitted pending a potential future reconciliation.

Medical unemployment

The BMA Workforce & Innovation team are trying to get a picture of the impact of the pandemic across the NHS in terms of medical unemployment. Please share by email to mail@leedslmc.org any experiences or knowledge you have about how COVID-19, and the response to it, has had an impact on the GPs employment situation.

General Practice Mentoring PLUS: Hub working delivering mentoring to GPs and other staff working in General Practice

Please see the attached information about the General Practice Mentoring PLUS, the mentoring Hub project developed by YORLMC and Leeds LMC.

Post-Viral Fatigue Management guideline

The guidance set out below has been written in light of the Covid pandemic but has deliberately not referenced Covid given uncertainty over the longterm effects of it and also because post-viral fatigue is a condition which long pre-dates Covid and will post-date it as well. However, there is currently a much higher incidence of post-viral fatigue as a result of Covid infections and therefore GPs are likely to be dealing with more people experiencing fatigue and there has been increasing national and international interest in the potential long-term consequences of Covid infection which may include prolonged fatigue and CFS/ME.

The Leeds CFS/ME service has already had enquiries from GPs looking for help with patients with fatigue but our service is currently only commissioned to provide input if the symptoms have persisted for more than 4-6months after the initial infection (and the service is currently still 'on hold' due to staff being redeployed elsewhere in the trust).

The guide has been written for patients to access and would be appropriate for GPs to direct patients to (as well as giving some good advice that GPs can provide).

It is available publicly from the guidance section of the front page of the BACME website:

<http://www.bacme.info> or from this direct link:

<https://www.bacme.info/sites/bacme.info/files/BACME%20Post%20Viral%20Fatigue%20A%20Guide%20to%20Management%20May2020.pdf>

Please also attached the PDF version of the guideline to this email.

In addition to this guide on fatigue, please see link to rehabilitation guide produced by Lancashire teaching hospital that could be useful for patients who have been hospitalised/on ventilatory support for Covid who need help with rehabilitation.

The online module is available here: <https://covidpatientsupport.lthtr.nhs.uk/>

If you have any further queries please contact: Dr Vikki McKeever vikki.mckeever@nhs.net - Leeds and West Yorkshire CFS/ME service, Yorkshire Fatigue Clinic.

The Cameron Fund, the GPs' own charity

The Cameron Fund is the only medical charity which solely supports NHS General Practitioners. This includes GP trainees, working GPs, retired GPs, as well as dependants of GPs. The Fund helps GPs and their families who are suffering financial hardship, whether through physical or mental ill-health, disability, bereavement or loss of employment.

Financial help is tailored to best support an individual's return to work. As well as grants and loans, the Fund can help with money advice assessments and career coaching for those who may no longer be able to continue to work as a GP.

The Cameron Fund www.cameronfund.org.uk can be contacted on 020 7388 0796 and via info@cameronfund.org.uk

In addition, please see the attached poster which explains the five medical charities which can help doctors. The LMC would encourage people to print it out and put it in their workplace to raise awareness.

GENERAL INFORMATION DISTRIBUTED TO PRACTICES THIS MONTH

Listed below is the information the LMC has sent to Practices recently. If for any reason you would like another copy and/or further information, please contact us.

- LMC Weekly Update
- CCG Briefings re Covid-19
- FW: Reintroduction of cervical screening invitations
- Update: BAME Risk Reduction Framework
- Standard operating procedures

COMINGS AND GOINGS

Dr Gordon Sinclair is retiring at the end of June 2020 from Burton Croft Surgery. The Partners and Staff at the surgery wish him all the best in his retirement and look forward to a celebration once it is safe to do so.

All the staff at Laurel Bank Surgery would like to say a fond farewell to our Senior Partner, Dr Claire Samuel. We will all miss her as an excellent doctor, and a kind and trusted friend. We wish her a long and happy retirement, enjoying her family. We also give a warm welcome to Dr Adele Cutting, salaried GP, into the partnership.

AireValley Surgery would like to introduce Rachel Websdale as their new business Manager who started May 2020.

Welcome Dr Kay Jones who joined Manston Surgery, Crossgates Medical Centre on the 15th June.

Leigh View Medical Practice shall be joined by Dr Sheena Martinisi (nee Ninan) on 13th July 2020 as a salaried GP. We shall be joined by Dr Jessica O'neil on 1st September 2020 as a salaried GP. Dr Deepa Pollard left in May for a new post in Pontefract. Dr Carmen Elliott is going on maternity leave on 25th June. Dr Jenny Bond is going on maternity leave in October.

St Martins welcomes Dr Sam Theaker as GP partner & Camilla Hawkes as Managing Partner.

Dr Stephen Humphris, GP Partner since 1991 is retiring on 2nd July from Meanwood Practice – he's going to be really missed by everyone.

Dr Amy Izon and Dr Pierpaolo Ghirotto are joining us Meanwood Practice as Partners on 2nd July they are currently salaried GPs at the practice and we are all looking forward to having them join us as partners.
Burmantofts Health Centre welcome new GP, Dr Foluke to the practice.

PRACTICE VACANCIES AT.....

An exciting opportunity has arisen for Salaried GP(s) / Partner(s) Or ANP(s) with GP experience. Friendly and successful training practice in Pudsey, West Leeds.

- 2 to 8 sessions per week available
- Purpose built premises, no financial input needed
- Well organised, EMIS Web practice
- High QOF achiever
- CQC rating - Good
- 7,500 patients with high patient satisfaction
- Core hours 8am – 6.30pm.
- No OOH/OOA cover.
- Home visit light
- Excellent nursing and admin team
- Part of the West Leeds Primary Care Network

We are seeking enthusiastic, motivated and forward thinking new members of the team.

Applications with CV and covering letter please to:

Mrs Pauline Shipsey, Practice Manager,
Mulberry Street Medical Practice, Pudsey Health Centre,
18 Mulberry Street, Leeds LS28 7XP
paulineshipsey@nhs.net

Closing Date 30th September 2020

Informal visits welcome www.pudseyhealthcentre.co.uk

Park Edge Practice, Asket Drive, Leeds, LS14 1HX

Locum GP/Salaried GP required for Training Practice in North East Leeds

We are looking for an enthusiastic caring GP, with excellent clinical skills and warmth who is newly qualified or experienced, with a commitment to positively contributing to our provision of high quality patient centred care.

The role:

- 6-8 sessions (3 months fixed term with a view to a salaried/partner position as a future option)
- Salary: £9000 per session
- Pro rata holiday entitlement and study leave
- Dedicated protected paperwork time included in sessions
- Limited clinical correspondence workload due to established practice processes
- Portfolio GP welcome
- Indemnity reimbursement

About us:

- SystemOne practice
- GMS Practice with a list size of 5650 patients in a mixed suburban area
- Modern purpose built premises with ample staff parking

- We have recently been CQC inspected and rated as Good
- High achieving practice for QoF and local Quality Improvement Scheme
- Professional nursing team with a wide skill mix including delivery of long term condition management
- Minor Illness Practitioner
- Weekly clinical team meetings including palliative care, significant events and safeguarding.
- A full complement of reception and admin staff who use care navigation to triage appointment requests to the most appropriate clinician

Attached staff include: Community Midwife, Primary Care Mental Health Workers and newly appointed PCN Pharmacist.

We are currently made up of one Partner and two salaried GPs. We have a close knit, valued practice team which is one of our strongest and most valued assets. We are a high achieving training practice of medical students and doctors in training. We have strong and committed relationships with South East Leeds GP Federation Group as well as our newly formed Primary Care Network. We are ultimately looking for an enthusiastic, forward thinking and motivated GP to join our team.

If you have any questions or wish to arrange an informal visit, please contact Michelle Little, Practice Manager and/or Senior Partner, Dr Sarah Harding on 0113 2954650.

Applications to be made in writing, including an up to date CV to: Michelle Little, Practice Manager - michelle.milnes@nhs.net

Salaried GP / Nurse Practitioner required for 4 sessions per week - Whitehall Surgery, Leeds LS12 5SG.

- Salaried GP / or Nurse Practitioner required for 4 sessions per week, working Thursday & Friday . To join 3 GP partners and 3 salaried GP's. Our clinical team also consists of a highly qualified Nurse Practitioner, 3 Practice Nurses and 2 Health Care Assistants.
- Partnership opportunities for the right candidate.
- Friendly and welcoming team. Good working environment and collaborative staff.
- Pharmacists attached to the practice who work on tasks, repeat medication requests etc.
- 9000 patients in mixed urban/rural setting.
- Modern purpose built premises.
- Routinely high QOF achiever, 100% attained this year.
- Special interests welcome.
- Start date 1st July 2020.
- Closing date for applications 30th May 2020.
- Informal visits and enquiries welcome.
- For further information regarding the practice please see our website, www.gpnhs.net

Applications to be made with CV to Mrs Joanne Woods, Whitehall Surgery, Wortley Beck Health Centre, Ring Road, Lower Wortley, Leeds LS12 5SG. Tel: 0113 3058150.

E mail: joanne.woods@nhs.net

GP to work 8 sessions & Salaried GP to work 4 sessions - Guiseley and Yeadon Medical Practice

Guiseley and Yeadon Medical Practice is situated in West Leeds and serves a patient population of nearly 12000. It offers services out of Yeadon Health Centre and its branch surgery in Guiseley.

We are a forward-thinking practice embracing a team-based model for delivery of patient care and the use of new technologies to support this.

We are looking for an experienced GP to work 8 sessions a week leading our multi- disciplinary team. The job will involve clinical and management sessions reporting to the new partnership.

Guiseley and Yeadon Medical Practice is also looking for a Salaried GP to work 4 sessions a week who is interested in working in a forward-thinking practice embracing a team-based model for delivery of patient care, ensuring the highest standards of care for all and the use of new technologies to support this.

Contact Dr Jo Cummings – 07940 285003

Closing date: 10th July 2020

LMC ViewPoint is published by Leeds Local Medical Committee Limited
Registered Office: 2 Farrar Lane, Leeds, West Yorkshire. LS16 7AA
Tel: 0113 295 1460 email: mail@leedslmc.org website: www.leedslmc.org Twitter: @Leedslmc