LMC ViewPoint

The newsletter of Leeds Local Medical Committee Limited ***July 2020***

Government's response to DDRB report

The Government in England has announced that they have agreed with the DDRB's recommendation of a 2.8% pay uplift. This applies to salaried GPs, GP trainers and GP appraisers, with payments to be backdated to April 2020, but does not include junior doctors or GP contractors in England.

The long-term pay deals for both GPs and junior doctors were agreed before anyone could have predicted the serious impact COVID-19 would have on the NHS, nor the financial pressure it would put practices under, and this must be rectified.

This is the second year of the GP 5 year contract agreement, which not only provides 100% funding for a large workforce expansion to help manage practice workload pressures but also provided for the removal of the significant cost of indemnity last year. For 2020/21, it secures additional funding to cover annual pay increases of 1.8%. This is at a time when RPI is currently at 1.1% and CPI at 0.8%. However this is far from a normal situation and the government made clear in their announcement that this higher pay award was "in recognition for doctors efforts on the frontline during the battle against COVID-19".

It's unacceptable therefore that the government failed to fund the gap to support GP contractors in funding the increases for staff and salaried GPs. GPC England have raised this in an urgent meeting with the Health Minister, Jo Churchill, and made clear that this comes at a time when practices are also feeling the impact of not being reimbursed for additional costs to manage the COVID-19 pandemic. GP practices and their dedicated staff have spent the last few months working incredibly hard in completely overhauling services to guarantee that patients can continue receiving the care they need from their local surgery safely during the pandemic, and for this not to be recognised by the Government will be felt as a serious blow. The applause of politicians for hardworking doctors now rings hollow. The BMA is therefore pushing for this to be addressed and the will be raising this directly with the Secretary of State for Health and Social Care.

Applying the uplift

While the BMA continues to put pressure on DHSC and NHSE/I for more funding, practices are encouraged to provide the full 2.8% uplift for all Salaried GPs, although how any pay uplift is provided to Salaried GPs, as with all practice staff, will be determined by the terms of their employment contract.

The GMS contract regulations, and standard PMS agreement (since 2015), state that practices must employ Salaried GPs *on terms no less favourable than the model contract*. Therefore, all GMS practices, and those PMS practices that have agreed to that wording, must employ Salaried GPs on terms no less favourable than the Salaried GP model contract.

The Salaried GP model contract states '*annual increments on [incremental date] each year and in accordance with the Government's decision on the pay of general practitioners following the recommendation of the Doctors' and Dentists' Review Body'.* Therefore, if

this wording is included in the employment contract, the full 2.8% uplift must be provided. The model contract however may be amended by agreement, so it will depend on the individual agreement between the practice and the Salaried GP. If it includes the clause above then the 2.8% must be provided. If a different annual increment/calculation is included in the contract, or if the contract is silent on this point, then the practice is still encouraged to pass on the full 2.8%. We must not let this pay award be a source of division between GP contractors and salaried GPs but respect one another as professional colleagues.

GPs and their teams have played a vital and essential role on the pandemic frontline and its therefore disingenuous in the extreme for the government not to provide the necessary funding to recognise this.

GP services for 2020/21

NHSE/I published its letter regarding arrangements for practices for the rest of 2020/21 earlier this month. In summary the letter outlines:

- Continued suspension of appraisal and revalidation. We are working with NHSEI and others on a much more proportionate and supportive appraisal process and will provide details about this shortly
- QOF will recommence from 1 July (focussing on flu, prescribing, screening and maintaining registers, as well as modified QI indicators to focus on returning services to patients with cancer or learning disabilities) with income protection for those indicators that have not been prioritised for return, and an expectation that practices will discuss their approach to prioritising clinical care with the CCG. QOF guidance to support this approach will be produced very soon but in summary the points relating to influenza and cervical smear targets will be doubled to 58, the points for quality improvement (74), prescribing indicators (44) and disease registers (81) will remain the same and the other indicators (310) will have income protection. Income related to this element of QOF will be paid based on historic achievement. We would encourage practices to use their professional judgement in their management of patients with long term conditions, to do what they can within their capacity and capability over the coming months, and by doing so demonstrate that, even at times such as this, the delivery of good quality care is not dependent on contractual requirements.
- Practices should return to providing new patient reviews, routine medication reviews, over-75 health checks, clinical reviews of frailty, shingles vaccinations, and PPG arrangements
- The worklist process from CCAS will be maintained at 1 per 500 in order to ensure any local outbreaks and any second wave might be managed without requiring further changes
- Friends and Family tests, and the requirement for consent for ERD remain suspended
- The Investment and Impact Fund will begin in October, but details of exactly what is to be delivered are still being discussed
- DSQS will return from August for dispensing practices
- Encouragement for PCNs to continue with their recruitment (and provides further assurances around liabilities)
- Commissioners are encouraged to reinstate LES in an appropriate and controlled way
- Arrangements for local outbreaks should they occur

- Income protection and further funding implications are outlined, although further discussion on funding is ongoing

Further guidance will be provided in the coming weeks, specifically regarding appraisal, QOF and funding arrangements, following further discussions with NHSE/I.

Face coverings in general practice
Following the Government's announcement that face coverings will be mandatory for people visiting shops in England as from 24 July, Public Health England has now published New recommendations for infection control in primary and community health care providers, which states that:

- Practices should ensure that measures are in place so that all settings are, where practicable, COVID-secure, using social distancing, optimal hand hygiene, frequent surface decontamination, ventilation and other measures where appropriate

- where a setting cannot be delivered as COVID-19 secure, a local assessment may conclude that primary care staff, when not otherwise required to use personal protective equipment, *should wear a face mask*, to prevent the spread of infection from the wearer
- where a COVID-19 secure environment cannot be maintained, patients and members of the public entering primary care premises should be advised to use face coverings in line with government advice

This guidance is in addition to existing national COVID-19 IPC guidance, which advises on appropriate PPE usage in patient facing clinical settings and other measures to reduce transmission risk.

Letter for exemptions
The BMA guidance on *Reducing COVID-19 transmission and PPE* now includes updated advice on face coverings, which confirms that *practices do not have to provide letters of support for those who fall under the list of exemptions*, or to those who do not. Individuals should self-declare if they believe they should be exempt from wearing a face covering. They should not be directed to their GP to ask for evidence to support this. An exemption card has been developed for people who are unable to wear face coverings in shops and other indoor public spaces. West Yorkshire Metro have also developed one for public transport.

Covid additional cost reimbursement
Practices are reminded to submit their Covid reimbursement claims in a timely manner to the CCG. Claims should now be submitted to rachael.moore2@nhs.net.

It is essential that practices receive approval for any significant expenditure before committing, as reimbursement is not guaranteed. The CCG will have its approach audited and claims can only be supported within the following areas:

- Support remote management of patients
- PPE
- Sickness cover (over normal absences)
- Infection Prevention and Control

The cost of installation of perspex screens can also be reimbursed via the claim process accompanied by a paid invoice.

Action to improve vaccine coverage rates across the UK
The BMA has published a report on what actions need to be taken to improve vaccine coverage rates across the UK. The report says that many immunisation programmes have been disrupted because of the pandemic as the NHS focused on responding to immediate health concerns and that it is now imperative that they are re-started and that people are encouraged to be immunised. It also notes that childhood vaccination in particular has plummeted during this time – dropping by around a fifth in total – despite advice that childhood immunisation should continue during COVID-19. Read the BMA press release here.

RCGP guidance on delivering mass vaccinations
The Royal College of GPs has published guidance on delivering mass vaccinations during COVID-19, including guidance on using non-traditional vaccination settings. The guidance is written with the understanding that a number of mass vaccination programmes may need to be delivered during mid-2020 to 2021, while COVID-19 continues to be in general circulation, and addresses approaches to delivering large-scale vaccination programmes in this context. Read more on the RCGP COVID-19 Guidance page

Clinical guidance on maintaining immunisation programmes during COVID-19
Public Health England has published Clinical guidance for healthcare professionals on maintaining immunisation programmes during COVID-19

The advice for general practices, which the LMC support, is that the routine immunisation programme should be maintained. This is in order to protect the individual patient, as well as to avoid outbreaks of vaccine-preventable diseases that could further increase the numbers of patients requiring health services. Non-scheduled vaccinations should still be given, e.g. for control of outbreak of vaccine preventable conditions as well as opportunistically, e.g. missing doses of MMR.

NHS Blood and Transplant needs your support for convalescent plasma donation
The antibody rich plasma of people who have recovered from COVID-19 can be transfused into people who are struggling to develop their own immune response. NHSBT is seeking practice support in two ways:

- GPs and NHS staff had higher infection rates, early access to tests, and a personal commitment, which has made them invaluable and committed potential donors.
    - If you're a GP, practice nurse or NHS employee who has had coronavirus or the symptoms, and live near a donor centre, please offer to donate by calling 0300 123 23 23 – say you work for the NHS and you will be prioritised.

- For practices to help share donation information with patients:

- Add a link to your practice website: "If you've had coronavirus or the symptoms, you can donate plasma for a trial which could save the lives of people who are still ill. Click here to offer to donate.

- Share the attached social media post on Facebook, twitter, and Instagram, with wording that: "The NHS needs people who have recovered from COVID-19 to offer to convalescent plasma, for a trial which could save the lives of people who are still ill. Visit www.nhsbt.nhs.uk "

- Share the www.nhsbt.nhs.uk link with patients who had coronavirus or the symptoms.

Joint guidance for remote intimate clinical assessments
GPC England, NHSE/I, RCGP and a number of other relevant organisations have developed the attached joint guidance setting out the *key principles for intimate clinical assessments undertaken remotely in response to COVID-19*.

The pandemic has accelerated the use of online and video consultations in general practice and the guidance is aimed at clinicians who are consulting remotely and focuses on how to safely manage the receipt, storage and use of intimate images taken by patients for clinical purpose, which must be guided by the principle of the interests of the patient. The approach to video consulting, image sharing, and storage should be the same as it would be for face-to-face interactions.

The principles described in the guidance aim to support patients to access care in a way that meets their needs and to support clinicians to provide care in a way that is in the best interests of their patients, whilst protecting both from the risks associated with remote intimate assessments.

BMJ Learning clinical guidance: COVID-19 in primary care
BMJ Learning has updated their clinical e-learning module on managing COVID-19 in primary care. The module provides practical support to GPs on the following issues:

· When and how to consult remotely and face-to-face during the pandemic
· Key clinical features and complications of COVID-19 in primary care, and how to manage them
· How to prioritise ongoing clinical care in general practice during the pandemic
· The role of GPs in identifying and advising shielded patients
· The importance of working safely in primary care during the pandemic, including appropriate use of PPE, and consideration of the wellbeing of GPs and other practice staff.

New to Partnership Payment Scheme
The New to Partnership Payment Scheme was launched on 1 July and will apply to all new clinical partners from 1 April 2020. The partnership model, which gives GPs based in communities the autonomy to lead and advocate for their patients, is the foundation of general practice, and vital for its survival and sustainability. However, in recent years the number of partners in England has been steadily falling and it was clear to us that action needed to be taken to attract and equip GPs to take on partnership. This scheme, secured through our recent contract negotiations, follows the Partnership Review and shows faith in GPs and the partnership model – backed with additional investment – so that new partners can have the confidence in taking on this important role.

There are still wider issues facing partners – and those considering becoming partners - that need urgent attention, which includes cutting back on bureaucracy and regulation, and empowering GPs as leaders enabled to shape sustainable services with the necessary resources in their area. Recent months have shown practices overhauling systems to ensure patients receive high quality care during the pandemic, and GPs must be trusted to continue this leadership and deliver the best for their patients and communities for the long term.

GP patient survey results
The latest GP patients survey results have been published by Ipsos MORI. The report shows that the public continue to have a positive view of general practice, with the majority (82%) of patients reporting that they had a good overall experience of general practice, and 95% have confidence and trust in the healthcare professional they saw. It is worth noting that the survey was undertaken in January to March this year, and although it relates to the experience of patients prior to the current pandemic, GPs and practice teams have been working harder than ever to provide services to patients in one of the most challenging times the NHS has ever seen in its history, and we should celebrate their remarkable achievements.

It is only with an increase in investment in general practice, including expanding the workforce, that GPs will be empowered to continue to develop and deliver innovative patient-focus services for both the short and long-term future of the health service.
A summary of the results is available in this infographic

RCGP report - General Practice in a Post-COVID World
The Royal College of GPs has published their report *General Practice in a Post-COVID World,* which outlines how GPs will be on the frontline of dealing with the physical and psychological health consequences of the COVID-19 pandemic, and the need for urgent government planning and funding to prepare general practice services for facilitating the recovery of local communities.

It echoes the GPC England report *Trust GPs to lead*: learning from the response to COVID-19 within general practice in England, and supports the call for a reduction in bureaucracy and regulation, and an increase in investment for digital technology to support the new ways of working and by doing so both improve access and work towards a greener way of delivering general practice.

Both GPC England and the RCGP are using their reports and the evidence of the experience of recent months in submissions to the Ministerial Working Group, led by health minister Jo Churchill MP, established as part of the 20/21 contract agreement to reduce the bureaucratic burden on general practice.

Secondary to primary care workload changes
Following concerns raised by the LMC and many practices regarding the number of blood or other diagnostic requests being requested by specialities at LTHT, the following communication was disseminated to all outpatient specialties last Thursday by David Berridge, Deputy Chief Medical Officer, at LTHT, recognising the pressures being placed on primary care due to additional requests from LTHT.

"Dear Colleagues
PLEASE READ AND DISSEMINATE TO ALL OF YOUR JUNIORS AND NURSE PRACTITIONERS
During the COVID period, our teams took a number of actions to reduce unnecessary patient travel to LTHT, which has included asking primary care colleagues to undertake tests on our behalf.

Whilst this is the direction of travel we want to take as we redesign many of our services, we are not quite set up to do this at the pace and scale we are currently seeing, and our primary care colleagues are experiencing significant pressure as a result.

Until we can get the agreed redesigned pathways in place (being driven via Tim Hiles OP transformation programme), can we ask that you undertake the following:
Please can you request future patient tests with the take later function in ICE so GP colleagues are not being asked to do this on your behalf.

If patients require blood tests, please utilise the capacity we have as a Trust at Seacroft and Wharfedale where this is convenient for your patients.

These actions should help to smooth the additional load on our GP colleagues to make it more manageable whilst the new pathways are being developed".

Two-week referral waiting time
We have been informed that LTHT have now cleared all 2ww cancer diagnostics held/within the back-log as a result of Covid. AQP providers have supported LTHT with managing the endoscopy and other aspects of the backlog.

Performance in Leeds and reduction in waiting times compares well when compared with other trusts within the West Yorkshire and Harrogate footprint (summary attached). The cancer treatment backlog is also being worked through at pace by LTHT utilising local independent sector capacity.

Flu programme
The Department of Health and Social Care has announced their plans for this year's flu programme, which has been expanded to potentially include a new cohort of people aged 50 to 64, who will be eligible for free vaccination. The programme will also include households of those on the shielded patient list and for the school programme to be expanded to the first year of secondary schools.

We have been in discussions with NHSE/I about the delivery of the programme, including the operational issues, implications for PPE, vaccine provision and for additional funding to support the programme. Any decision on the delivery of the vaccination to 50- to 64-year-olds will be made later in the year and will depend on vaccine availability following the initial focus on those most at risk. The CMO's next flu letter outlining more details of the programme will be issued next week.

NHS England/Improvement "Third phase of NHS response to COVID-19"
NHSE/I have released their Third phase of NHS response to COVID-19 letter today. It highlights the priorities for the NHS as a whole, including accelerating the return of non-Covid services, in particular cancer services, and Trusts are asked that they should ensure, working with GP practices, that every patient whose planned care has been disrupted by Covid receives clear communication about how they will be looked after, and who to contact in the event that their clinical circumstances change. A modified national contract will be in place giving access to most independent hospital capacity until March 2021 and Trusts should ensure their e-Referral Service is fully open to referrals from primary care.

The restoration of primary and community services is also seen as a priority and they state that "we recognise that capacity is constrained, but will support practices to deliver as comprehensive a service as possible". They encourage a focus on childhood and flu immunisations, cervical screening, building on the enhanced support practices are providing to care homes and reaching out to clinically vulnerable patients and those whose care may have been delayed.

CCGs are told to work with GP practices to expand the range of services to which patients can self-refer, freeing-up clinical time. All GP practices are now expected to offer face to face appointments at their surgeries as well as continuing to use remote triage and video, online and telephone consultation wherever appropriate – whilst also considering those who are unable to access or engage with digital services.

The letter restates the commitment to increase the GP workforce by 6,000 and the extended primary care workforce by 26,000.

Health and care workers to self-isolate on return to UK from high-risk countries
The Department of Health and Social Care has announced that registered health and care professionals travelling to the UK from high-risk countries will be required to self-isolate for 14 days. We have published guidance and advice for doctors planning to travel to or from countries that are considered a COVID-19 risk.

The current list of countries exempt from self-isolation measures is available on GOV.UK. The data for all countries and territories is kept under constant review, and the exemptions list is updated with any changes on a regular basis as and when required to reflect the shifting international health picture. Health and care professionals returning from a country which has a travel corridor to the UK will not be required to self-isolate on return.

PPE portal
Practices are reminded that you can register and place orders for PPE via the PPE portal, which can be delivered within 48 hours, to ensure regular free supplies of PPE in advance of the winter and flu campaign. More information is available on the DHSC PPE portal guidance page and the portal customer service team can be reached on 0800 876 6802 for enquiries or registration support.

Shielding guidance for staff on returning to work
Shielding is coming to an end in England, Northern Ireland and Scotland today, 31 July, and will come to an end on 16 August in Wales, after which those who have been shielding will be able to return to work provided their place of work is 'COVID-19 safe.' Read the BMA guidance on *Making the NHS 'Covid-19 safe' and supporting return to work*, which sets out recommendations on ensuring staff can safely return to work.

Extension of self-isolation period to 10 days
The Department of Health and Social Care has announced that the self-isolation period has been extended to 10 days for those in the community who have COVID-19 symptoms or a positive test result, stating that: 'In symptomatic people COVID-19 is most infectious just before, and for the first few days after symptoms begin. It is very important people with symptoms self-isolate and get a test, which will allow contact tracing. Evidence, although still limited, has strengthened and shows that people with COVID-19 who are mildly ill and are recovering have a low but real possibility of infectiousness between 7 and 9 days after illness onset. We have considered how best to target interventions to reduce risk to the general population and consider that at this point in the epidemic, with widespread and rapid testing available and considering the relaxation of other measures, it is now the correct balance of risk to extend the self-isolation period from 7 to 10 days for those in the community who have symptoms or a positive test result. This will help provide additional protection to others in the community. This is particularly important to protect those who have been shielding and in advance of the autumn and winter when we may see increased community transmission.' Read the full announcement here.

June appointments in general practice statistics published
Yesterday's NHS Digital statistics show that the number of appointments delivered by practices are continuing to rise, reaching the numbers we saw before the pandemic reached the UK. Practices are therefore working incredibly hard not only to deal with the continued impact of COVID-19, but also to provide other routine services as well as they are able to. This means continued use of triage arrangements to keep both patients and staff as safe as possible and using remote consultations where appropriate – both of which have been instrumental in general practice's response to the pandemic.

Matt Hancock, secretary of state for health and social care, talked about the use of remote triage in his speech yesterday about the future of healthcare, and as we have long said, if doctors are given access to the right technology, they will embrace it. However, his suggestion that all appointments going forward will be remote by default must be approached with caution. Dr Richard Vautrey, GPC England chair, has been clear in the media that physical appointments will always be a vital part of general practice, and they continue to be necessary for many patients and the management of specific conditions, and we must not lose sight of that. While GPs will always embrace new ways of working, being able to see patients face-to-face will remain a key aspect of primary care.
His comments were covered by the i, Telegraph, Guardian, Pulse and GP Online, and the print version of the Daily Mail. The BMA's response to Matt Hancock's speech can be found here.

Support for doctors affected by 'discriminatory' pension scheme changes
The Government has opened a consultation on changes to the transitional arrangements to the 2015 schemes after conceding that the protection offered to older members resulted in unlawful age discrimination. Following legal cases brought against the Government, they have conceded that the protection offered to older members when introducing new public sector pension schemes resulted in unlawful age discrimination.

The BMA brought legal cases on behalf of its members which are currently on hold. However, similar protection to older members was offered when the NHS 2015 career average revalued earnings scheme was introduced and as such this is also likely to amount to unlawful age discrimination. It is important to note however that it was the offering of protection to older members rather than the introduction of the new scheme that is unlawful.

To remedy this age discrimination, the Government has released a consultation proposing two options for the period in which the discrimination occurred (1 April 2015 to 31 March 2022). The consultation outlines that the likely solution to rectify this discrimination is to offer affected members the choice of whether they are transitioned to the 2015 scheme or remain in their legacy scheme (1995/2008) for the remedy period. After the remedy period, all scheme members are likely to move to the 2015 scheme, probably in April 2022.

The BMA will be making a considered response to the consultation in due course. The deadline for the consultation is 11 October 2020. In addition, the BMA will continue with its own legal case to ensure members are fully supported. Read the BMA statement
Read the consultation

Government obesity strategy
This week the Government published its strategy to tackle obesity.

The main policies outlined in the strategy include:

- A 9pm watershed on HFSS (food high in fat, sugar or salt) adverts on TV and online (with a short consultation on a total ban online) – to be brought in by end of 2022. Ahead of this, the Government will also hold a new short consultation on whether the ban on online adverts for HFSS, should apply at all times of day.
- Restrictions on multi-buy and location promotions of HFSS in retailers and online. There will also be a ban on these items being placed in prominent locations in stores, such as at checkouts and entrances, and online. In the UK we spend more buying food products on promotion than any other European country and a survey from 2018 shows that around 43% of all food and drink products located in prominent areas were for sugary foods and drinks, compared to just 1% for healthy items.
- Calorie labelling in large out-of-home outlets. New laws will require large restaurants, cafes and takeaways with more than 250 employees to add calorie labels to the food they sell.
- Consultation on front of pack food labelling and calorie labelling of alcohol. The government will launch a consultation to gather views and evidence on our current 'traffic light' labelling system to learn more about how this is being used by consumers and industry, compared to international examples.
- Expansion of weight management services. Weight management services will be expanded so more people get the support they need to lose weight. This will include more self-care apps and online tools for people with obesity-related conditions and accelerating the NHS Diabetes Prevention Programme.

GPC England will be discussing with NHSE/I the potential of QOF indicators for 2021/22 relating to obesity which NICE recently consulted on. Primary care network staff will also have the opportunity to become 'healthy weight coaches' though training delivered by PHE. Separately, GPs will also be encouraged to prescribe exercise and more social activities to help people keep fit, but the details on this are not yet clear.

Alongside the obesity strategy, DHSC launched a 'Better Health' campaign, which announced prescriptions for cycling. We understand this initiative will commence in 2021/22 as limited pilots in a small number of areas with further information to be provided soon. We will continue to keep you updated. Richard Vautrey, GPC England chair, spoke to LBC and BBC Radio 4's Today programme about this on Monday and you can hear the interview here at around 1hr33.

NHS People Plan published
The NHS People Plan was published yesterday. In response BMA council chair Chaand Nagpaul said:
'The NHS People Plan comes at a time when the NHS is possibly in the most precarious state it has ever been - in the midst of a pandemic - which has served as a stark reminder of just how much we depend on the workforce for our NHS to survive and succeed. The People Plan highlights several areas for improvement that the BMA has been calling for – a focus on wellbeing, research and education, equality and diversity and flexible working – and this is encouraging to see. Initiatives such as the appointment of wellbeing guardians, boosting the mental health workforce, tackling violence against staff, and improving occupational health standards will make an important difference to the lives of staff and the development of a more open and inclusive culture. What is important now is delivering

these plans in a timely manner so that these long-overdue aspirations become a reality. The BMA will continue to work with Government to bring about real change for the better in these areas.

We are significantly short of doctors compared with our EU neighbours, and also without equivalent levels of hospital beds and community facilities. This has resulted in doctors being exhausted and pressured to work in an environment lacking adequate infrastructure with almost a third of doctors telling us they are experiencing emotional distress or mental health issues that have become worse during the pandemic. We, therefore, need greater clarity on the scale of plans to expand the workforce to ensure that this goes far enough to address the historic levels of understaffing in the health service. We also need to see more detail on how the Government intends to retain staff.
It is also crucial that the plan factors in the wider demand now being placed on the NHS, and therefore the workforce, with a growing backlog of millions of non-COVID patients who have not received care during the pandemic. Delivering this will require new resources; it is vital that the Government matches these ambitions with a transparent long-term costed funding plan that delivers these long-overdue changes.'

We are concerned that the rhetoric in the NHS Peoples Plan does not match the reality of recent experience for GPs, with respect to the DDRB award, lack of access to occupational health services to support risk assessments and significant delays in releasing the Covid-fund to help practices in their pandemic response. The Government and NHSE/I must do much more to demonstrate their support for the general practice workforce.

Dispensing Services Quality Scheme
NHSE/I have now confirmed that the DSQS will be reinstated from 1 August 2020; dispensing practices wishing to participate in the Scheme this year will need to inform their commissioner. Following further discussions with GPC England, NHSE/I plan to revise the scheme's requirement in relation to patient medication reviews this year.

The scheme currently requires dispensing practices to deliver medication reviews for at least 10% of their dispensing patients. This requirement will be reduced to 7.5% this year in light of the current circumstances. Practices are asked to prioritise patients who they consider to be higher-risk or would benefit most from a review. Practices will also be able to undertake these reviews remotely if they so wish and it is clinically appropriate. The Statement of Financial Entitlements (SFE) will be amended to reflect this. All other requirements of DSQS remain the same. A letter will be sent to dispensing practices soon confirming the position.

Joint statement on performance management processes
A joint statement on performance management processes has been published which sets out a range of NHSEI commitments secured through discussions with GPC England. NHSEI have agreed to implement improvements to the performance management process for NHS GPs and support fair decision making among everyone involved in the handling of performance concerns.

The commitments include further work to increase early resolution and consistency of approach, improved performance management data capture and analysis, and a commitment to ensuring equal treatment of GPs with protected characteristics. Read the full statement >

Delivery of medicines update from Community Pharmacy West Yorkshire
As you may be aware there are changes to the advice and support for shielded patients on the 31st July. One of these changes is that the NHS Pandemic Delivery Support service which funded community pharmacy to ensure that shielded patients could access their medicines and funded pharmacies when a delivery was needed will also end.

Please share key information below with patients regarding pharmacy deliveries.

Shielding Support from August

- As the COVID-19 lockdown eases and people can now go outside more, HM Government's shielding support package will end on Friday 31st July 2020. This will also bring the national pharmacy medicines delivery service to a close.
- This means that from 1st August 2020 community pharmacies will no longer receive any financial support from HM Government to help them to continue delivering medicines to patients' homes, and many will no longer be able to do so.

Advice for Patients

- Some pharmacies may choose to continue to fund a delivery service themselves, but this might be restricted to certain patients. Your local pharmacy will tell you if it is doing this.
- The vast majority of pharmacies will need to stop providing free deliveries on cost grounds though.
- Instead, patients are being advised to:
  - ask a friend or relative to collect their medicines for them;
  - call NHS Volunteer Responders on **0808 196 3646** (8am to 8pm) to arrange support; or
  - contact their pharmacy or their local council to find a local volunteer.

Background

- Prior to the COVID-19 outbreak most community pharmacies were already offering some form of prescription delivery service, but it is important to note that many of these were not free of charge to patients.
- Delivering medicines can create significant cost for pharmacies as it often means hiring delivery drivers and investing in equipment such as suitable vans.
- However, there is no NHS-funded prescription medicines delivery service, so pharmacies have to cover these costs themselves.
- HM Government funding cuts to pharmacies in recent years had meant that some pharmacies simply could not afford to keep providing delivery services for free: some needed to start charging patients for the services or cutting back on the number of patients who were offered free deliveries to prioritise those in most need of help.
- The COVID-19 pandemic has increased pressure, including financially, on many NHS pharmacies and we do not expect that many, if any, will be able to continue to provide free deliveries of medicines to patients' homes.

Advance Care Planning & ReSPECT training sessions for GP Practices.
Covid-19 has highlighted the challenge of Advance Care Planning and also the complexities of what it entails, when and how to have the conversations, and how it is documented and shared with all healthcare professionals involved in patient care.
With ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) now introduced across the whole of Leeds there is a need to consider how this links in to the wider Advance Care Planning.

Leeds palliative care network are providing this free education for all clinicians involved in Advance Care Planning conversations eg GPs, advanced clinical Practitioners.

The programme will comprise three one hour sessions delivered virtually via zoom link covering:

1. Advance Care Planning
2. Having the conversation - key communication skills including via telephone/video
3. ReSPECT

Please click on the link in the flyer to sign up for the course via eventbrite

Yorkshire Evening Post – Key articles

30th June – 'GP appointments fell be 10,000 at lockdown peak'
14th July - 'We miss seeing our patients' continued
15th July - 'GP says more needs to be done to tackle racism in NHS'

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
- New recommendations for primary and community health care providers in England - GOV.UK
- LARC Fitters Forum via zoom
- Easing lockdown measures | mental health and wellbeing | social prescribing

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COMINGS AND GOINGS

Dr Robert Addlestone is retiring at Thornton Medical Centre after 37 years.
The Partners, staff and patients wish him all the best in his retirement - we will all miss him and his singing!

Colton Mill and The Grange Medical Centres - We have the announcement that Dr Kay has had a little Boy and is now on Maternity and Dr Cathy Riley will be working to cover Maternity Locum from August 2020

Dr Jill Gogna will become a partner at Fountain Medical Centre from 1 August -she is currently a Salaried GP

Anita Hampson is retiring as Practice Manager at the end of September. Sarah Jayne Humphries is joining Crossley Street Surgery as the new Practice Manager form 3rd August 2020.

PRACTICE VACANCIES AT…..

Park Edge Practice, Asket Drive, Leeds, LS14 1HX
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 (with a view to a 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:

- SystmOne 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

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

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