



## **CCG Statement re delay in sending out clinical letters**

A team consisting of members from the CCG, GP Confederation, LMC and LTHT are together to refine the process for dealing with the backlog of letters dealing with dated between 01/01/20 and 30/06/20 which the teams in LTHT are going to start working through and actioning.

[Please see the link for the algorithm](#) which the teams will be working through. We anticipate that the majority of actions will be taken by LTHT. The only action which we have anticipated will come to primary care is medication changes. However, these will hopefully be a limited number of cases as for many patients they will have been issued with Treatment Advice Notes (TAN) by the clinician at LTHT.

Teams will start to see letters coming through from this week, which will be marked in the following ways to make it clear to teams whether any action is needed:

**ACTION TAKEN BY LTHT – the following will be added as auto text and then annotated to outline the action that has been taken**

### **Onward referral**

Due to a technical fault, this letter has been identified as one that is likely not to have previously been received by Primary Care. After a clinical review, we have organised onward referral to **“speciality”**.

### **Further investigation**

Due to a technical fault, this letter has been identified as one that is likely not to have previously been received by Primary Care. After a clinical review we have organised the following investigations **“add appropriate investigations”**.

### **Other actions**

Due to a technical fault, this letter has been identified as one that is likely not to have previously been received by Primary Care. After a clinical review we have taken the following action **“add actions taken”**.

**NO ACTION NEEDED BY LTHT - Headers on letters – this will be added to letters once they have been reviewed if no action has been needed by LTHT:**

### **Following an admin review with no actions**

Due to a technical fault, this letter has been identified as one that is likely not to have previously been received by Primary Care. After an admin review, it has identified NO ACTIONS NEED TO BE TAKEN.

### **Following a clinical review with no actions**

Due to a technical fault, this letter has been identified as one that is likely not to have previously been received by Primary Care. After a clinical review, it has identified NO ACTIONS NEED TO BE TAKEN.

## **Following a clinical review where medication changes/review maybe required in Primary Care**

### **ACTION MAY BE REQUIRED**

Due to a technical fault, this letter has been identified as one that is likely not to have previously been received by Primary Care. After a clinical review it has been identified that medication changes may be required.

Please contact the team If you have any queries or concerns on [dit.incidents@nhs.net](mailto:dit.incidents@nhs.net). Please also use this email address to highlight any untoward incidents which have arisen due to the delay in the letter being received so these can all be collated in one place.

### **Message from Victoria Eaton – Director of Public Health for Leeds**

Leeds, like many other parts of England, has seen a steep rise in Covid-19 cases in September. Our local authority neighbours – Bradford, Kirklees and Calderdale – have been listed as areas of higher intervention, and Leeds was added to this list on the 25<sup>th</sup> of September. These measures are on top of the recent national regulations announced, including the rule of six and hospitality closures at 10pm. We know that we will have a challenging winter ahead, and we are likely to continue living with restrictions in place for some time yet.

The government restrictions apply to the whole city, even if you don't have an LS postcode. If your wheelie bin gets emptied by Leeds City Council, they apply to you. The restrictions will be regularly reviewed by government, depending on infection rates, but it is unlikely that they will be removed quickly. The key changes are:

- Not to meet people you do not live with inside a private home or garden, except where you have formed a support bubble
- Not to visit someone else's home or garden even if they live outside of Leeds, unless they are in your support bubble
- You are advised not to socialise with people you do not live with in any public venue in Leeds or elsewhere
- Examples of these include pubs, restaurants, cafes, shops, places of worship, community centres, leisure or entertainment venues, visitor attractions and parks
- Friends and family can still provide informal childcare for children under 14
- You are advised not to visit friends or family in care homes, other than in exceptional circumstances
- Exemptions to the home and garden rule include visiting a person who is dying, to fulfil a legal obligation, for work purposes, for the provision of voluntary or charitable services, for the purposes of education or training, to provide emergency assistance, to facilitate a house move, to provide care or assistance to a vulnerable person and to attend a birth at the mother's request

Here are details of the [local restrictions](#) put in place by government for the whole of Leeds, Bradford, Calderdale and Kirklees if you would like more detail.

The important advice continues to be:

- Keep social distances
- Wash your hands regularly and for 20 seconds
- Cover your face in enclosed spaces
- Stick to the new national "rule of six"
- Stick to the new local restrictions on social contact
- Isolate when you need to/are advised to
- Get a test if you're showing symptoms

We are acutely aware of the national testing issues and doing all we can to work around those, especially for the vulnerable and for key workers. Local testing options can be found on the following link:

<https://www.leedsccg.nhs.uk/about/covid-19-primary-care/resources-for-professionals/staff-testing/covid-19-testing-guidance/>

The NHS Covid-19 app was launched last week. The app will be an important part of outbreak management. Read more about [what the app does](#), or watch this short [video](#) from the NHS.

Across the city, there is a huge amount of effort across partners to limit the spread of Covid 19. We continue to work closely with primary care colleagues at all levels of our Covid-19 approach. This is from the Leeds Outbreak Control Board through to our work with Clinical Directors and Primary Care Networks and practices at a local level. Thank you for your ongoing commitment to keep the city safe and well.

### **New rules for controlling the spread of COVID-19**

Last week the latest measures were introduced in England to help combat a second peak of COVID-19 infections. This included much more stringent restrictions in Leeds, limiting households from meeting with one another. The UK's coronavirus alert level has also been being upgraded from 3 to 4, meaning transmission is "high or rising exponentially". Those of us on the front line of general practice know very well that general practice never stopped working or seeing patients during the height of the COVID-19 crisis despite reports to the contrary in the press. We know that the reality is that general practice is now experiencing significant workload demand and that this is rising rapidly.

From Saturday households in Leeds, Wigan, Stockport and Blackpool were not allowed to mix in one another's homes or private gardens.

BMA GP committee chair Dr Richard Vautrey, a GP in Leeds, appeared on BBC Radio Leeds on Saturday morning to take calls from listeners and discuss the new restrictions. You can hear the phone-in [here](#) (from 3-4 hours).

In Saturday evening Dr Vautrey also appeared on [BBC Look North](#) (from 1min20) to discuss the same issue and the situation in the region. He told the programme:

"In the last few weeks we've seen a rapid increase in the number of people contacting GPs, needing consultations. We need to anticipate this infection's going to be with us until we get vaccinations programmes up and running. That's not likely to happen until next year, so we need to anticipate and prepare ourselves for a long autumn and winter ahead."

GPC executive team member Dr Krishna Kasaraneni appeared on [BBC Politics North](#) on Sunday morning to condemn the recent letter from NHSEI warning GPs that they must provide face-to-face appointments. He stressed that GPs have been working tirelessly throughout the pandemic to provide face-to-face appointments whenever there is a clinical need for this, and that suggestions to the contrary are damaging and unwarranted. You can watch this from the 16 minute mark.

### **NHS contact tracing app**

The NHS Covid-19 app was launched yesterday in England and Wales. The more people who download the app, the more people who may have COVID-19 but otherwise wouldn't be traced should be identified and instructed to self-isolate. However, the use of the app does not diminish the pressing need to have sufficient testing capacity, and must complement a properly functioning national test and trace system which can also quickly identify local outbreaks.

The app has a feature that allows any premises to generate and print a QR code to allow visitors to 'check-in' by scanning it. The QR code functionality is intended to consolidate all existing digital check-in services that have largely been in use in pubs and restaurants. Although all commercial

premises are still obliged to offer a paper check in service, if they offer a QR one then it must be via the app. While GP surgeries are not obliged to offer either (appointment IT systems keep an accurate log of visitors) as part of wider efforts to encourage the public to download the app, practices may generate and display QR codes generated through the app on the understanding that these are not mandatory and patients are not obliged to scan them in order to attend. QR codes can be generated [here](#).

The app features the ability to turn contact tracing on and off – this feature was built in for users working in high-risk environments but with adequate PPE to ensure that they do not receive notifications to isolate where it is not necessary.

### **Local Covid 19 testing for key workers:**

Leeds City Council and Leeds Community Healthcare in partnership with LTHT labs have set up an additional test centre at Cinder Moor, Woodhouse Lane, Leeds, LS6 2NA. This is back up for those who are unable to get a local appointment through the national portal.

The site will be operational seven days a week 9am-3:30pm.

The service is for:

- Symptomatic teaching staff, health, social care and support workers
- A member of their household that is symptomatic e.g. child (potential index case) that is causing the key worker to be off
- We are unable to accommodate school children at this site, unless they are a child of a key worker

If you live outside of Leeds but work for the above you are still eligible for testing.

The first option for testing is the national portal, but if you have been unable to book a test through the national portal then please call [07544 377547](tel:07544377547). Once the time slots have been allocated for the day, an answer phone message will ask you to call back from 9am the following day.

Due to capacity, people will need to arrive at their exact allocated time spot and will be encouraged to do their own swabs, but support can be provided if required. Please remember to bring key worker ID, wear a face mask and bring hand sanitiser. Results will come back to Infection Prevention and Control (IPC) Team rather than through the national system and a text message will be sent. Please do not call for results, as soon as they are reported someone will be in touch.

If you require further advice you should go to the usual routes of contact PHE, 111 or 999 if your symptoms deteriorate.

### **GP appointment data**

The [GP appointment data for August](#) was released last week, which show that the number of appointments delivered by practices that month remained relatively stable, with the percentage of appointments delivered face to face having risen compared to previous months. However [new weekly appointment figures](#) have also been published for the first time, showing a jump in appointment figures in early September, with concerns related to COVID-19 adding to the expected rise in activity as we move into autumn and with schools returning. Read the GPC England response [here](#).

### **Face-to-face appointments**

Practices and GPs were seriously concerned to see how [NHSE/](#) briefed the media to suggest that practices were not offering face-to-face appointments to patients, implying that we are not available for the patients that need us. As we all know, the reality is that GPs and their teams have been working incredibly hard to keep their services as accessible as possible during the COVID-19 pandemic, with most offering telephone and digital triage as the first point of contact in order to help keep their workforce and communities safe. This is exactly what the Government has been encouraging us to do.

Throughout the pandemic practices have continued to enable face-to-face appointments when it was clinically necessary. Any inference that in-person consultations were not provided when needed is an affront to the thousands of committed GPs who have continued to deliver the best possible care to their patients, despite the many challenges we have faced. This is also an insult to the memory of the GPs who tragically died from COVID-19 which they contracted during face-to-face consultations.

Whilst we look forward to the time when it's possible for more face to face consultations to take place without the need for PPE, thanks to the dedication of practice teams across the country and the use of new arrangements, patients' concerns can now often be dealt with more efficiently, including redirecting patients to the appropriate professional service, such as to digital physiotherapy consultations, social prescribers or pharmacy. Surgeries should be commended, not criticised, for adapting so quickly and seamlessly to what is a massive shift in their usual working pattern and the Government needs to do much more to recognise and support practices doing this.

### **QOF amendments for 2020/21**

NHS England have now published [revised QOF guidance](#) which details the requirements for 2020/21. This guidance is effective immediately and the Statement of Financial Entitlement will be amended shortly to reflect this. GPC England have drafted a QOF at a glance document, which summarises the changes for QOF for the remainder of 2021/22. In light of COVID-19, QOF has been re-focussed to:

- support practices to reprioritise aspects of care not related to COVID-19
- serve those patients most in need of long-term condition management support
- guarantee significant income protection and the relaxing of some requirements for practices.

The attached 'QOF at a glance' guidance, which summarises the changes.

### **Revised Network Contract DES material published**

NHSE/I has now published the revised Network Contract DES materials on their website. This includes a cover note, amended 2020/21 Network Contract DES Specification and guidance, IIF guidance and SMR guidance. GPC England have summarised the changes [here](#).

### **Flu guidance 2020/21**

NHSE/I have published the updated [flu specification for 2020/21](#) and the updated [DES directions](#).

#### Delivering the flu vaccination programme

Practices working in their PCNs where appropriate are encouraged to work together with pharmacies to support a successful 2020/21 flu campaign. This is even more important in light of COVID-19, and the challenges that we face in delivering this year's flu programme. As in previous years, this is a national service with both practices and community pharmacies providing NHS flu vaccinations, and we all have a role to play in identifying and engaging patients and vaccinating to protect as many as possible at a very vulnerable time.

Practices and pharmacies should talk to each other about the vaccination service they are planning to offer to understand each other's plans. Where possible discussions should include how to reduce health inequalities and how to target harder to reach or under vaccinated populations which can help achieve an effective campaign.

This year the new Investment and Impact Fund includes a shared goal across the PCN to provide immunisations to patients 65 years and over and this includes those given both by practices and pharmacies in the area. Read more in the [GP contract agreement document](#)

### **GP earnings and expenses 2018/19 (England)**

NHS Digital has published the [GP earnings and expenses for 2018/19](#), which show an average increase in income before tax of 3.4% for GP contractors and 3.8% for salaried GPs in England. For non-dispensing GP contractors in England the increase was 4.1%. After many years of

sustained real-terms pay cuts for GPs, these figures show that this trend is slowly beginning to be reversed, although not yet for GPs in Northern Ireland. This is despite in 2018 the Government in England yet again failing to recognise the huge contribution of family doctors by going against its own pay review body and imposing an award that was half of what was recommended, which would have left GPs with another sub-inflation pay uplift.

That practices were able to offer uplifts to both employed doctors and partners shows how much they value their highly-skilled staff, which is vital to both recruitment and retention – and ultimately guaranteeing high quality patient care.

Pressures in general practice still remain as demand rises amid large workforce shortages - before we consider the huge challenges over the last few months - which practices were quick to meet with both innovation and compassion. The pandemic has shone a light on the huge contribution GPs make to the NHS, and it is crucial that doctors are rewarded appropriately for their hard work and dedication.

### **GP Pay and Pensions system**

The new GP pay and pensions system was planned to launch imminently. However, following final performance testing the launch has now been postponed. GPs and practices should continue to use Open Exeter until notified otherwise. PCSE are communicating to all practices and LMCs to confirm this.

NHSE/I wrote to practices last week, setting out the reasons for introducing the new system. The letter also explained that an end goal is to ensure that no practice should have their payments negatively affected by the system switch. Testing has shown that this is largely the case but that around 200 practices might experience that affect without further reconciliation work. PCSE have contacted those practices to offer patient list reconciliation exercises to correct these anomalies and the majority have responded.

### **Remote fit notes - please remember to sign them**

DWP has asked us to remind GPs that as per previously agreed guidance they will accept fit notes that are printed, signed, scanned and e-mailed to patients. This advice has also been given to employers, who should also be accepting signed, scanned and emailed fit notes.

However, DWP is receiving a significant number of unsigned fit notes which they cannot accept and this results in inconvenience for both patients and GPs. We would therefore remind GPs that fit notes must be signed. Read more about remote fit notes in our [COVID-19 toolkit for practices](#)

### **Template letter to private providers about screening**

A [template letter](#) has been produced jointly with the BMA and the Royal College of GPs, that practices can use to write to private providers offering non-approved screening tests. Numerous private companies are offering screening that is not recommended by the UK National Screening Committee and there is a lack of evidence of how results of private screenings are presented in NHS services and is of benefit to patients, which is a cause of serious concern. The letter can also be accessed [here](#)

### **Survey of Salaried GPs**

The BMA is conducting a [survey](#) to hear from salaried GPs in England, about their terms and conditions under the BMA's salaried GP model contract. In this survey we are particularly focusing on pay and the provision of parental leave rights under the model contract. Your answers will inform our work on reviewing salaried GPs remuneration package and analysis may be used in negotiating discussions with NHS England. The survey should only take five minutes, and your responses will be anonymous. The survey will close on 12 October. If you have any questions about the survey, please email us at [info.pcs@bma.org.uk](mailto:info.pcs@bma.org.uk) Thank you for taking the time to complete this survey – we appreciate your input

**Covid-19 Urgent Eyecare Services (CUES) launched in Leeds August.**

All eye conditions should be deflected to primary care Optometry, who will triage, offer face to face and appropriate referral for the patient.

Leeds Local Optical Committee will make contact within 4 hours and action within 48 hours and frontline staff will triage first to ensure the patient is suitable for CUES. Acute Health Authorities are not included unless vision is affected. Normal protocol would be followed in these cases.

Please see the attached list of Leeds Practices that can be contacted together with a CUES Service summary.

**COVID-19 rehabilitation pathway launched in Leeds – update from Dr Bryan Power  
Clinical Lead for Long-Term Conditions, NHS Leeds CCG**

Following collaboration between primary, community, acute care providers and NHS commissioners the new Community COVID-19 Rehabilitation Pathway for Leeds has been conducted.

The pathway includes guidance for general practice, a community rehabilitation team as part of the Leeds Community Healthcare NHS Trust (LCH) Neighbourhood Team and a community based specialist rehabilitation multi-disciplinary team which includes medical, nursing, therapy and psychology services.

They have developed guidance and a pathway for GP practices to support primary care to assess and manage patients with ongoing needs post COVID -19 infection. It applies to patients both with confirmed or suspected COVID- 19 infection who have either been admitted to hospital or cared for in the community.

If you need to offer self-management help and support for your patients, this can be accessed through the 'your COVID recovery' website which has been developed by clinicians and is available nationally.

The nature of long lasting problems may be very wide ranging, and could include fatigue, limited exercise tolerance, breathlessness, pains, anxiety, depression, brain fog/thinking problems, loss of appetite or weight, as well as other problems.

Access to the community based rehabilitation service is following assessment and referral by the person's GP. The community-based rehabilitation service will refer those people whom they have assessed with complex care needs to the Community COVID-19 Rehabilitation Multi-Disciplinary Team for further treatment and advice.

**The COVID-19 Rehabilitation Community service** has been developed to help people in Leeds. The service supports people who are experiencing new, long lasting problems after a confirmed or suspected COVID-19 infection from February 2020, which is significantly impacting how they are able to function in day to day life.

In the majority of cases post infection people will recover and begin to resume their normal activities of everyday life. However, in around 30% of cases, people may need additional assessment, treatment and care.

Two clinical pathway co-ordinators have been appointed who will work alongside colleagues in primary, community and acute care services to act as a central point of contact for advice and information.

As evidence based on complications and needs of patients post COVID-19 infection emerges and develops, guidance and pathways will be reviewed and updated to reflect best practice.

This is an example of how the Leeds health and care system has worked together to develop a patient-centred solution. The project has been led by colleagues from NHS Leeds CCG, Leeds Teaching Hospital NHS Trust and Leeds Community Healthcare NHS Trust, with involvement of local clinicians from primary care.

### Midwife Information recorded into GP Clinical System

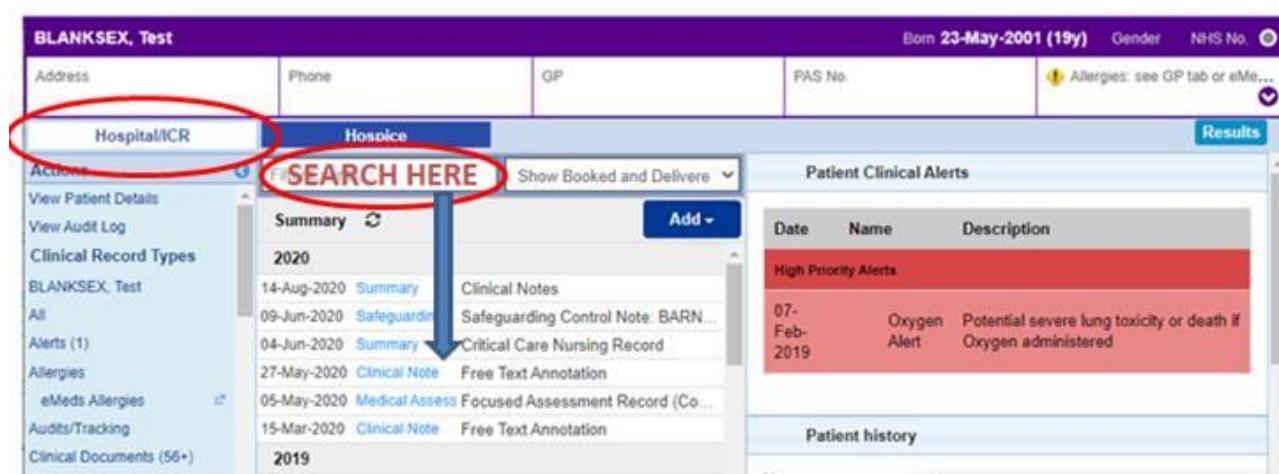
We have raised with LTHT that information from consultations with midwives does not appear in practice clinical systems. The Trust has informed that information in the K2 system is pulled through into PPM+/Leeds Care Record.

The below summaries pull through from K2. They are essentially PDF file links that hold information related to each summary.

- Mother Labour Delivery Summary
- Mother Patient Summary
- Mother Inpatient Stay Summary (Inpatient)
- Mother Booking Summary
- Mother Discharge Health Visitor Summary
- Infant Discharge Summary
- Mother Discharge Summary

These will be viewable in the Single patient view (patient record) > Hospital tab > then searching for that item in the filter events tool (see below) or selecting 'Clinical Documents' from the left hand panel.

The LTHT Digital Systems Support team work with the hospitals K2 system so if you require specific support with K2, they should be able to advise further by contacting the Informatics Service Desk so they can log your query ([leeds.lth@nhs.net](mailto:leeds.lth@nhs.net)).



### YORLMC Ltd – transfer of work survey

Please see the attached report that contains the results of a YORLMC (North Yorkshire and Bradford LMCs) survey on workload transfer from secondary to primary care that occurred since the restart from lockdown. It demonstrates the volume, impact and lasting effects of this transfer of work on primary care. The survey is not intended to be a solution. Instead it will inform conversations with our partners in care in developing an appropriate mechanism for managing this workload collaboratively.

### Report from The Cameron Fund (The GPs' own Charity) on the effect of COVID-19 on General Practice

Please circulate the attached report from the Cameron Fund's Council of Trustees within your practice.

### **New guidance for priority order for testing**

<https://www.gov.uk/government/publications/allocation-of-covid-19-swab-tests-in-england/allocation-of-covid-19-swab-tests-in-england>

### **LARC Fitters Forum**

Leeds Sexual Health are holding their next LARC Fitters Forum on the 15<sup>th</sup> October 6:30-7:30. Expressions of interest to [lshadmin.lch@nhs.net](mailto:lshadmin.lch@nhs.net).

The meeting will be held either on MS Teams or via Zoom (to be confirmed nearer the time) thank you so much.

### **BMA Wellbeing Services**

The BMA continue to offer [wellbeing services](#) and confidential 24/7 counselling and peer support for all doctors and medical students, as well as their partners and dependents, on 0330 123 1245. For hard copies of our Wellbeing [poster](#), please email [wellbeingsupport@bma.org.uk](mailto:wellbeingsupport@bma.org.uk)

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## **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
- TARGET information
- Dr Richard Vautrey, BMA GPC Chair letter to Simon Stevens re unacceptable media briefing
- Leeds LMC letter of thanks to Leeds General Practice
- Calling all newly qualified GPs: - are you interested in joining the 2 year GP Fellowship Scheme & within your first 12 months since qualifying

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## **COMINGS AND GOINGS**

- Re-election as Chair of GPC UK and GPC England Congratulations to Leeds LMC assistant medical secretary, Richard Vautrey, who has been elected unopposed as chair of GPC UK and GPC England for a second three-year term starting immediately.
- Beverley Knight has taken over as practice manager of Shadwell Medical Centre, all the best to Andrew Grimshaw.
- Welcome to 2 new salaried GP recently started at Dr Freeman & Partners – Oulton Medical Centre:  
Dr Myra Abbas and Dr William Cowie
- We would like to welcome Dr Fiona Venters and Dr Claire Young as salaried GP's at Oakwood Practice.
- Lingwell Croft Surgery have a new salaried GP Dr Temitope Ismail who started in August.
- Dr Fran Beanland is joining Kirkstall Lane Medical Practice as a salaried GP on 13<sup>th</sup> October.
- Hawthorn Surgery is delighted to welcome Dr Benjamas Brown as a new GP Partner to the Practice. Dr Brown was formerly a Salaried GP working at Hawthorn Surgery.

## ***PRACTICE VACANCIES AT....***

### **Lingwell Croft Surgery - Salaried GP**

We are looking for a permanent salaried GP to join our friendly surgery at Lingwell Croft in Middleton, LS10; ideally working 5-6 sessions a week.

The practice is a forward thinking, single site, GMS practice with 15,500 patients based in Leeds 10, West Yorkshire.

We currently have 5 GP partners and 6 salaried GPs, three ANP's, a Pharmacist, Pharmacy technician and excellent Nursing, Reception and Administrative teams.

Please contact [sophielee@nhs.net](mailto:sophielee@nhs.net) for more details or an informal visit.

Application by CV and covering letter.

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