



The newsletter of Leeds Local Medical Committee Limited September 2017

‘MORE THAN BRICKS AND MORTAR’

Developing General Practice premises fit for the future – a Leeds LMC event

On Tuesday 26th September Leeds LMC held a meeting for GPs and practice managers to focus on premises matters. Attendance at the event exceeded expectations, perhaps a reflection of the increasing importance of this issue with many practices in our city still struggling in outdated buildings and unable to expand to meet the needs of their patient populations. Dr Richard Vautrey, Leeds LMC Assistant Medical Secretary and Chair of GPC England and GPC UK, noted in his introductory remarks that problems with premises can lead practices to make big decisions about their future, perhaps whether to merge or even close altogether.

Robert Day, Senior Lawyer with BMA Law, gave a practical overview on the legal considerations with leased premises, including NHSPS leases, and also sale and lease back arrangements. He explored the potential issues with premises which practices should think about when contemplating a merger. Finally, Rob gave a helpful update on the current state of negotiations on the new Premises Cost Directions.

Ernest Ip, a Strategic Estates Advisor with Community Health Partnerships, was involved with the survey of Leeds CCG primary care estates which took place last year. He had some detailed data on the total Leeds NHS estate which revealed that GP sites accounted for just 5% of the annual property costs in 2015, compared to the Trusts at 89%.

Nigel Gray, Chief Officer for System Integration at Leeds CCGs Partnership, spoke about the role of premises in integrated delivery plans for the future. Nigel believed that the existing 13 neighbourhood teams were a key strength in Leeds and he emphasised the need to work jointly with partners across the public sector to make the best use of the existing estate.

Finally, Neil Coulter, Primary Care Manager with NHS England (Yorkshire and the Humber), looked at the ETTF process. There are currently 16 schemes under consideration in Leeds and Neil agreed that the approval process was “challenging”. First, schemes have to go through CCG governance procedures and then there can be up to five approval stages. Neil recommended that practices engage with professional advisors at an early stage.

The LMC would like to thank all our speakers and the many colleagues who attended the meeting. There was some very positive feedback received and an interesting discussion in the Q and A session at the end of the evening. Our speakers have kindly agreed to share their presentations and if you would like a copy, please contact the LMC office at mail@leedslmc.org or alternatively the slides are now available on the LMC website under ‘hot topics’ at www.leedslmc.org.

GP EARNINGS AND EXPENSES REPORT 2015-16

The latest GP income and expenses figures have been published by NHS Digital. The figures can be read [here](#).

The mean income before tax for combined GPs (contractor and salaried) in the UK in 2015/16 was £90,100 for those GPs working in either a GMS or PMS practice compared to £91,200 in 2014/15, a decrease of 1.2%. The median income before tax for combined GPs in the UK in 2015/16 was £85,100 compared to £86,800 in 2015/15, a decrease of 1.9%.

However, focusing on figures for GPs working in England, G/PMS contractors received an average increase of 1% but salaried GPs saw a decrease of 1.4%, although this could be explained by changes to the average number of sessions worked.

Dr Richard Vautrey, Assistant Medical Secretary of Leeds LMC and BMA GP Committee Chair, commented on the latest figures:

“The figures continue a near decade long financial squeeze on GP practices which is leaving many with a demotivated, understaffed workforce that is constantly struggling to deliver safe patient care on inadequate levels of funding. At a time when there is justified and rising anger at the government's prolonged 1% pay cap policy, GPs have been given a further 1.2% pay cut. It's no wonder young doctors are not choosing to become GPs, further impacting the workforce crisis in general practice.

“As the cost of running a local GP service continues to rise well beyond the funding increases provided by the government, it leaves many practices with insufficient funding to cover staffing and building costs, which now account for almost two thirds of most GP practices' budgets. This situation is exacerbating the wider workforce and workload problems that are undermining general practice throughout England. It is unsurprising that in this climate four out of ten GP practices in England told the BMA only last week that they were considering having to apply to NHS England to close their practice lists because of the unsustainable pressures they are under.

“The government needs to understand it cannot continue down this path and it must immediately implement a wide-ranging plan of investment in general practice before this vital part of the NHS falls further into crisis.”

LETTER RE CHP AND NHSPS PREMISES

On behalf of the BMA, please find attached to this edition of ViewPoint a letter for practices in CHP premises, and a separate letter for practices in NHSPS premises. The BMA's webpages for practices contain further useful guidance, please follow this [link](#)

WINTER INDEMNITY SCHEME (WIS)

Please click [here](#) to the NHS England Board paper, updating on winter resilience planning, and which provides some information on this year's WIS.

In the paper they state that: “We have agreed to re-run the GP Winter Indemnity Scheme to support out of hours and unscheduled care providers secure additional capacity this winter. Last year's £5m scheme was well used and helped support the delivery of an additional 80,000 sessions of GP cover and we will invest £8m in the scheme this winter.”

The official announcement regarding the WIS has been announced at this link <https://www.england.nhs.uk/gp/gpfv/investment/indemnity/winter-indemnity/>

PCSE – OUTSTANDING REGISTRAR PAYMENTS

The LMC have been advised that PCSE are developing a communications team to advise on pay arrangements for this cohort of GP trainees. All those whom PCSE have received K4 forms for which do not know if the trainee will be on the old contract or the new 2016 Junior doctors contract - PCSE will be making a reimbursement based on the old contract (temporarily to ensure that

some form of reimbursement is received rather than nothing). Once the updated information has been provided to PCSE they will be reconciling accordingly.

NHS England are arranging for the NHS Employers webinars to be held again as feedback from most Yorkshire & Humber practices is that it was missed as they were not made aware in time. PCSE will be collating questions to allow for a Q&A at the end of the webinar.

NET have also raised with the LMC that very few practices in Yorkshire have contacted the support service (commissioned only for a 9-month period) therefore have asked the LMC to support with spreading the message that there is a support service for all training practices which will support with implementing the 2016 Junior doctor's contract and answer any questions the practices have. Please use this service whilst it is still available.

The contact details can be found here: <http://www.nhsemployers.org/your-workforce/pay-and-reward/medical-staff/doctors-and-dentists-in-training/information-for-employing-gp-practices>. We will of course share details on the repeat webinars and any updates when available.

CHANGES TO PATIENT REGISTRATION REQUIREMENTS

Please see information below extracted from the Leeds Primary Care newsletter. We advise you to share within your practice:

As part of the 2017-18 GP Contract negotiations, contractual changes were agreed that will help to identify patients with a non-UK issued EHIC (European Health Insurance Card or S1 form or who may be subject to the NHS (Charges to Overseas Visitors) Regulations 2015. New recurrent investment of £5 million was added to global sum to support any associated administrative workload.

From 2 October 2017 practices will need to complete all new patient registrations using the new family doctor services registration (GMS1) form. This will require patients to self-declare that they hold either a non-UK issued EHIC or a S1 form.

For these patients, practices will be required to manually record that the patient holds either a non-UK issued EHIC or a S1 form in the patient's medical record and then send the form and supplementary questions to NHS Digital (for non-UK issued EHIC cards) or the Overseas Healthcare Team (for S1 forms) via email or post. Practices will be provided with hardcopy patient leaflets which will explain the rules and entitlements for overseas patients accessing the NHS in England. These are the only administrative requirements for practices. GP system suppliers are being asked to develop an automated process as soon as possible, and then an alternative data collection process can be agreed.

Under this system, the patient's country of origin will be charged where relevant. Patients themselves will not be charged.

The revised GMS1 form contains the same information as the current GMS1 form, as well as a supplementary questions section for overseas patients. Copies of the new form will be delivered directly to GP practices ahead of the 2 October 2017 date. Should any practice require further forms after that delivery, please order these from the Primary Care Service England (PCSE) portal <https://pcse.england.nhs.uk/>

The form can also be downloaded from the NHS Choices website.

Practices should be advised to review their New Patient Registration pack to ensure the revised GMS1 form is included and update any electronic versions available particularly via the practice website. This also might be a good opportunity for practices to review their New Patient Registration process against the [Patient Registration Standard Operating Principles](#) from Nov 2015 and the GMS contractual requirement to ensure they are capturing, recording and coding all the required information from patients.

NEW 'HOW TO' GUIDE FOR VIEWING GP REGISTRAR PAYMENTS ON OPEN EXETER STATEMENTS

In response to feedback from practices, a new guide on how to view GP registrar payments on Open Exeter statements is now available to download from the PCSE website. To view it, please click [here](#)

GMS 2017/18 FRAILTY CONTRACTUAL GUIDANCE ON CONTRACT BATCH-CODING STATEMENT

Please see attached, NHS England's statement following discussions around batch-coding in the context of the contract changes on frailty that came into effect this year. Please share this information within your practice.

INVASIVE GROUP A STREPTOCOCCAL (iGAS) INFECTIONS IN PEOPLE WHO INJECT DRUGS

Please see the attached letter and supporting information on behalf of Public Health England raising awareness about cases of Invasive Group A Streptococcal infection (iGAS) in people who inject drugs in Leeds.

LEEDS OCCUPATIONAL HEALTH ADVISORY SERVICE (LOHAS) - HELPING PEOPLE WORK WELL IN LEEDS FOR OVER 25 YEARS

LOHAS has provided the following update re their services:

The Leeds Occupational Health Advisory Service provides support, advice and guidance on health problems which affect work or are made worse by work. This includes things like:

- anxiety or depression related to bullying or harassment at work
- joint issues, musculoskeletal problems and RSI
- cancer
- caring for others
- work related stress

We can help with suggested modifications for a successful and sustained return to work; we can work with patients and their employers to overcome barriers to staying in work.

- We provide information on rights at work for patients and their carers
- We can meet patients at our offices, in GP practices, in community spaces or can hold consultations over the phone
- We give patients the time and space to explore their issues, meaning we can give them specific guidance to enable them to make informed choices
- We signpost to other services such as Welfare Rights Advisors where appropriate
- We provide feedback and recommendations to primary care, specifically GPs.

This is a completely free, confidential, impartial and professional service. It is helpful for practices because it can reduce the number of individuals accessing primary care services, such as seeing a GP to be signed off sick. Patients also really appreciate our service - here is what they have to say:

"Speaking to LOHAS has really helped me to understand what options I have other than just resigning. I really didn't know what to do, but LOHAS helped me so much. It's like a breakdown service, you don't realise how much you need them until you're stranded. Thank you, LOHAS."

We are currently producing 'prescription pad' referral sheets, but GPs and practice staff can also refer patients simply by emailing info@leedsohas.org.uk or telephoning 0113 3453303 and providing the patient's name and contact number. You will need the patient's consent to refer in this way. If patients would rather contact us, please just pass on these details.

We will be providing all GP practices in Leeds with flyers for the service in September and October. These will highlight the contact details and are ideal for passing onto patients that need our help.

PHE KEEP ANTIBIOTICS WORKING CAMPAIGN OCTOBER 2017

In October 2017 Public Health England (PHE) will launch a national campaign across England to support the government's efforts to reduce inappropriate antibiotic usage, by raising awareness of the issue of antibiotic resistance and reducing demand from the public.

The main aims of the campaign are to:

- Alert and inform the public to the issue of antibiotic resistance and increase recognition of personal risk of inappropriate antibiotic usage.
- Increase public understanding about why antibiotics might not be prescribed, helping to reduce demand.
- Support healthcare professional change by boosting support for alternatives to antibiotic prescribing.

How you can get involved:

You can sign up for campaign resources and updates here:

<https://campaignresources.phe.gov.uk/resources/campaigns/58>.

Also on the website is a link to recent Webinar with further details on the campaign:

<https://campaignresources.phe.gov.uk/resources/campaigns/58/resources/2371>

- To find out which of our local practices / trusts are signed up, please visit the [Getting Involved](#) page and follow the instructions.
- We are keen to encourage GP surgeries to display campaign materials where the public are likely to see them. They will also be displayed in pharmacies, libraries, children's centres and care settings.

What's happening in Leeds?

In Leeds, a joint partnership led by the Director of Public Health Dr Ian Cameron, made up of NHS Leeds Clinical Commissioning Group partnerships, Leeds City Council, Leeds Teaching Hospitals NHS Trust, Leeds Community Healthcare NHS Trust, Leeds University and Community Pharmacies West Yorkshire (CPWY) have been working together to develop joint work programmes to address antibiotic resistance. Local programmes are raising awareness amongst prescribers in Leeds, including at staff TARGET training events and amongst the public through the 'seriously resistant' campaign.

Local partnership activity also includes awareness raising of young people through targeted interventions in schools, universities and colleges. For more information, please contact Dawn Bailey, Head of Public Health, Leeds City Council. dawnbailey@leeds.gov.uk

IMPORTANT CHANGES TO PENSIONS, INCOME TAX AND THE ANNUAL ALLOWANCE

A summary relating to pension changes was recently produced by colleagues in Wessex LMC. We have reproduced this with their permission, however Leeds LMC does not provide financial advice and we would also recommend that you take professional advice on these matters.

The following guidance was prepared for Wessex LMC by two of their specialist accountants - Sally Sidaway from RSM UK Tax and Accounting Limited and Roger Morgan from Sandersons.

"One of the main topics of conversation at GP practice meetings this year should be unfortunately, the 'Tapering of the Annual Allowance limit' with regard to pensions. New rules from 2016/2017 are leading to huge increases to many GP's tax bills from January 2018 onwards. GP's ignore this legislation at their peril!"

2015/2016 in contrast saw the majority of GPs escape an Annual Allowance tax charge but the goalposts have now moved and this should be a clear message that you have taken and understood from your accountant or IFA.

2016/2017 saw the introduction of tapering of the annual allowance limit. Those earning over £110,000 may well see their annual allowance limit reducing from £40,000 down to a possible £10,000 depending on individual levels of total income. When this happens unused relief that may have been generated in 2015/2016 and earlier years is likely to be used up in full in 2016/2017 which may mitigate a tax charge but very often will not remove it altogether. This is real extra tax that will need to be paid for no extra growth in pension when a GP retires. The extra tax for 2016/2017 is payable in January 2018 and the position will be potentially worsened due to the knock on effect to the first payment on account towards 2017/2018 tax.

The tax year 2017/2018 gets worse as most higher earners will by that point have no unused relief left to offset and the CPI rate which will be used as part of the dynamising calculation is based on the September 2017 factor. September 2016 saw a factor of 1%, it is largely expected September 2017 will be higher thus giving more growth to pension pots. As an extra point, it should be noted that the growth rate in the new 2015 scheme is in fact faster than in the 1995 scheme so individuals in this scheme will see pension growth at a faster rate. A small growth in inflation with no other changes can have a large effect on annual allowance growth.

We are advised by the Specialist Medical Accountants acting for a number of our GPs that the increases in tax liabilities that they are seeing as a result of these rules are often staggering in size and this is an area that must be looked at very carefully.

If you have not been asked to already your first step is to download a Total Rewards Statement from NHS pensions website. You will need a government gateway login first to enable you to do this. Make sure this has been forwarded to your accountant for careful review. The Total Reward Statements will not be fully up to date they are likely to be live to 31st March 2015 but your accountant should be able to extrapolate forward from this with your last two years' pensionable earnings.

Whereas Life Time Allowance planning may well be a conversation that you need to have with your IFA, your accountant has a duty to review your Annual Allowance position if information can be obtained in order that your Income Tax Return can be prepared as accurately as possible. It is not advisable to await statements setting out your position from NHS pensions agency as under the current system these will be sent out after the date at which your Income Tax return has to be submitted. As always if with hindsight extra tax is found to be due, HMRC will charge interest on late payment of tax and there could be the possibility of penalties.

Eventually NHS Pensions Agency should advise you of your Annual Allowance breach although this cannot be relied upon without request.

Self-Assessment tax is clear that the individual remains responsible for declaring all tax due, NHS Pensions Agency will not be in any way responsible. Beware also:

- a) The NHS pension saving statement setting out any breach will not have considered any non-NHS pension contributions made.
- b) Will be potentially many months after the tax is due giving a nasty shock of tax effectively payable immediately.
- c) This is retrospective, once a tax charge has arisen it cannot be reversed if you know in advance what is likely to happen you have a chance to take mitigating action.
- d) In a number of cases the tax numbers are enormous and facility to pay this tax will need careful planning.
- e) These rules are not only a problem for GP's with big pension pots who are near end of career, many young GP's are also being hit where earnings are high.

If you are not getting the right advice on this area of your tax and pension affairs, please consider your position very carefully. There are ways to mitigate the tax and you need to consider if any of these are appropriate to you.

Below is a real example of Dr Smith (name changed to protect identity)

In 2016/17 it was estimated that Dr Smith had unused pension relief brought forward of £14,017. However, her tapered annual allowance for the year is calculated at £18,189 and it was estimate her deemed growth in her pension at £65,857. She therefore has 'excess' contributions of £33,651 (calculated as £65,857 less £18,189 and less £14,017) which gives rise to a tax charge of £13,460 for that year.

For 2017/18 (assuming she remains a member of the scheme for the whole year) and estimating CPI at 2.5% (we won't know this figure until September) the position is worse. She has now exhausted any unused relief from previous years. Her accountant estimated her deemed pension growth ay £72,202 and her tapered Annual Allowance at £15,485. If she had done nothing her excess for the year will be £57,717 resulting in a tax charge of £23,086.

Some of the AA tax charge can be paid by the pension scheme but not all. The GP partners do not receive any extra drawings to cover this tax and it is therefore a direct hit on the cash available to them to draw. The NHS pension scheme cannot advise the value of their pensions at the beginning and end of the year (and many GP's are unable to access their Total Reward Statements at all at present) so all of these figures are our best estimates based on the information known to us at this time. We have to make an entry on their tax returns to declare the potential liability and as you can see we are talking some very significant figures."

Please follow this [link](#) to the BMA website for more information.

ME & MY MEDICINES

Please find below a link to the invite and programme for an event taking place in Leeds on 12 October:

<https://www.events.england.nhs.uk/events/9722/me-and-my-medicines>

This is the launch of a campaign to help people get more benefit from their medicines by encouraging people to ask questions about medicines issues and finding solutions together. The aim is to reach a mixed audience of patients, carers and healthcare professionals and have discussions and share ideas.

Some people may find the booking system difficult so you could instead simply send details to graham.prestwich@nhs.net as an easy alternative.

MEDICINES MANAGEMENT – ASTHMA GUIDANCE FOR UNDER 16s.

Citywide clinical guidelines for the management of asthma in children less than 16 years have been published by the Leeds CCGs. It is important to note that due to differences in licensing of inhalers in children this can mean that the inhaler part of the adult asthma guideline is not always appropriate for children.

[Stepwise Management of Asthma in Children Less Than 5 Years](#)

[Stepwise Management of Asthma in Children Aged 5-12 Years](#)

[Stepwise Management of Asthma in Children Aged 13-16 Years](#)

CQC REPORT: GENERAL PRACTICE DELIVERING IMPROVEMENT & INNOVATION DESPITE FACING 'VERY REAL' PRESSURES

Please see below the press release and link to the CQC report, [The state of care in general practice 2014-2017](#). This outlines the significant achievement made by general practice at a time of

huge pressure, with almost 90% of practices rated good or outstanding. It is also clear that investment in general practice makes a difference to achievement.

ALCOHOL IN PREGNANCY – NEW GUIDELINES

GP practices in Leeds are being asked to follow the Chief Medical Officer's guidelines on alcohol in pregnancy – that the safest choice is to avoid alcohol completely. There is emerging evidence that any alcohol consumption during pregnancy is linked to the wider range of Foetal Alcohol Spectrum Disorders (FASDs) and preventable disabilities and defects.

More information for families can be found [here](#).

For pregnant women who are concerned, support can be found [here](#)

OFFICE MOVE FOR THE TUBERCULOSIS LIAISON NURSING TEAM

Please be aware that the Leeds Community Healthcare NHS Trust Tuberculosis (TB) team have now moved office base from The Reginald Centre to Beeston Hill. The telephone number remains the same 0113 8434344, email tbhealthvisiting@nhs.net

THIRD NEXT APPOINTMENT (TNA) COLLECTION FROM GENERAL PRACTICES – LAUNCHED 25th SEPTEMBER 2017

NHS England has commissioned the North of England CSU to collect third next appointment (TNA) data from each general practice in England. TNA is intended to give an indication of the amount of time in days a patient theoretically would need to have waited for an appointment at the time a booking was made. This will give NHS England a view of waiting times for GP appointments and play an important part in understanding the pressure on healthcare systems as we move into winter.

Every practice will receive a call during September and October 2017. Practices will wish to ensure their practice receptionists are aware. For more information, please contact Claire Parker at england.gpaccess@nhs.net

Please also see attached, the service specification for your information.

LEEDS CCG ENGAGEMENT EVENT – DATE FOR YOUR DIARIES

There will be a Leeds CCG Engagement Event held 7pm - 8.30pm with food from 6.30pm at the Village Hotel, Headingley. This is a city wide event and is an opportunity for all GPs across the city, including salaried GPs to help develop the Constitution for the new commissioning organisation for Leeds.

For further details or to book a place please contact Laura Parsons on laura.parsons2@nhs.net
Tel: 0113 8435488.

PRACTICE NURSES INTEGRATED NURSING CONFERENCE

The first conference in Leeds focusing on integration between primary care and community nursing is on 5 October at the Village Hotel, Far Headingley. With discussion about new models of care, collaborative and integrated ways of working, what does this mean for practice and community nurses? The event will be a chance to explore ideas, share expertise and knowledge and connect with others in the profession.

Please see the attached flyer for further information.

1ST ANNUAL LEEDS CITYWIDE PATIENT PARTICIPATION GROUP EVENT

Attached to Viewpoint is a flyer detailing an event which aims to review the positive work that is being undertaken in practices regarding patient engagement. The CCG primary care and engagement teams have developed a programme of work to support practices and their PPGs which has resulted in the event.

PROVIDER INCIDENT & QUERY REPORTING – SURVEY REMINDER

Leeds West CCG has reported a very low uptake of any feedback from practices around reporting hospital breaches and/or using the Leeds provider query email account. The CCG is aware practices are experiencing breaches and find your feedback very valuable to address these issues.

Leeds LMC have agreed to draw your attention to the short survey (link below) to complete if you experience a hospital breach. The CCG has asked that practice managers add it to their next practice meeting to encourage awareness.

<https://www.snapsurveys.com/wh/s.asp?k=149321739603>

Any other queries please email the CCG at leedsproviderquery@nhs.net. The account is monitored Monday – Friday and the practice will receive a response directly from the CCG.

IMPROVE YOUR OWN WELLBEING

Places are still available on the courses for practice staff wellbeing. These are free and confidential mindfulness resilience courses for primary care staff in Leeds. See attached poster to find out more.

THE IMPORTANCE OF LEEDS LMC SOCIAL MEDIA

The LMC would like to ask for your support in helping boost our social media channels, help us spread awareness and knowledge of who the LMC are, what we do and how we can help represent and support the interests of General Practitioners in Leeds. By doing so we want to help, support and engage better with GPs.

Visit our Social Media networks TODAY and be part of the professional voice of Leeds General Practice!



Facebook - **Like** our page [Leeds Local Medical Committee](#)



Twitter - **Follow** us at [@LeedsLMC](#)

LEEDS LMC
Local Medical Committee

Visit our **website** and contribute to our blogs [LeedsLMC.org](#)

CURRENT KEY DISCUSSION AREAS BY THE LMC
....please contact the LMC Office for current status.....

LMC Premises Event – 26/10/17
New GP Training Contract
Wound Management Model

GENERAL INFORMATION DISTRIBUTED TO PRACTICES THIS MONTH

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

- 1/9/17 – Email: Potential fraud scam re locums - please advise practices

COMINGS AND GOINGS

A warm welcome to.....

Dr Roxanna Amuzie who joins Leeds City Medical Practice and Parkside Surgery on 25th September

Advanced Nurse Practitioner (ANP) Carol Jackson and Carol Morgan will be joining the Dekeyser Group Practice in the next coming months, while ANP Hannah Lee has recently joined the Practice

Conway Medical Centre was in April taken over by Dr Shahzad Hussain and Dr Nazima Hussain. Practice Manager Liz Richardson, with a second site now at Church Street Surgery Hunslet.

Please welcome Dr Jenny Bond who is joining Leigh View Medical Practice as a salaried GP on the 21st September.

Good bye and best wishes to...

Fond farewell to Premises Manager Dave Wright who is leaving the Dekeyser Group Practice for pastures new, along with Dr Kay Jones, Dr Jenny McAlpine and Dr Karen Logan, GP Partner heading to New Zealand!

Practice vacancies at....

Priory View Medical Centre - Armley

Due to holidays an excellent short-term opportunity in Priory View Medical Centre in Armley has become available for a Practice Nurse Lead. Full time hours are available however part time applicants will also be considered. The opportunity will cover annual leave from 26th February 2018 until 23rd March 2018

Priory View is looking for a friendly, experienced Nurse. Parking is available onsite.

We would recommend a handover day at the start and end of the cover period to assist with continuity.

If you are interested, please email Helen Walker (helen.walker9@nhs.net) with your CV. Please state your preferred hours and remuneration on application.

There will be a short telephone interview followed by an interview meeting with our Lead Nurse. Applications will be reviewed October and interviews arranged in November 2018.

Ashford Medical Centre

GP opportunity - salaried/salaried with view to partnership

Due to an increasing list size we are looking for a further 6 session GP to join our practice

- Tuesday, Thursday, Friday
- Supportive of developing special interests
- Regular practice meetings
- Training practice
- Highly commended in YEP Best of Health Awards 2016

- Covering Crossgates and Seacroft, Leeds
- To apply please send your CV and a covering letter to:
- Lisa Smedley, Practice Manager

Please email: l.smedley@nhs.net Tel: 0113 2044 921

Whitehall Surgery

- Salaried GP or Partner required for 5 – 8 sessions per week, to join 3 GP partners and 2 salaried GPs.
- Partnership opportunities for the right candidate.
- Friendly and welcoming team. Good working environment and collaborative staff.
- 9000 patients in mixed urban/rural setting.
- Modern purpose built premises.
- Routinely high QOF achiever, 100% attained this year.
- Special interests welcome.
- Start date October 2017.
- 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 4677533.

E mail: joanne.woods@nhs.net

Salaried GP/GP Partner - 6-8 sessions per week

The Whitfield Practice, Hunslet Health Centre

The Whitfield Practice is a GMS practice, delivering traditional, high quality care to our patients. We are a family friendly team and offer flexible working practice. We are looking to recruit a GP, experienced or newly qualified, to start as soon as possible. Competitive salary – dependent on experience.

- 7750 patients
- 3 GP Partners and 1 Salaried GP
- 2 Practice Nurses, 2 HCAs & Supportive Admin Team
- EMIS Web clinical system
- Excellent terms and conditions – job share options available
- 6 weeks holiday pro-rata
- Indemnity fees paid
- Mentoring and support offered by our experienced team
- Opportunity to be involved in CCG & South East Leeds GP Federation

For further enquiries or applications (with CV & covering letter) please contact:

Julie Wilson/Susan Coleman - Practice Managers

The Whitfield Practice, Hunslet Health Centre, 24 Church Street, Leeds, LS10 2PT

0113 2705194; Julie.wilson24@nhs.net or Susan.coleman@nhs.net

Salaried GP/GP Partner – 6 sessions per week

Arthington Medical Centre, 5 Moor Road, Hunslet, Leeds, LS10 2JJ

Competitive Salary - dependent on experience

Arthington Medical Centre is a GMS practice, delivering traditional, high quality care to our patients. We are a family friendly team and offer flexible hours to suit. We are looking to recruit a GP, experienced or newly qualified, to start as soon as possible.

- 5,700 patients
- 2 GP Partners and 2 Salaried GPs
- 2 Practice Nurses, 1 HCA & Supportive Admin Team
- SystmOne clinical system
- Excellent terms and conditions
- 6 weeks holiday pro-rata
- Indemnity fees paid
- Opportunity to be involved in CCG & South East Leeds GP Federation

For further enquiries or applications (with CV & covering letter), please contact:

Liz Scott (Practice Manager), Arthington Medical Centre, 5 Moor Road, Hunslet. Leeds,
LS10 2JJ; Lizscott2@nhs.net

**Spa Surgery in Boston Spa are looking for a part time (around 15 hrs/week) practice nurse
with some chronic disease experience**

Salary dependent on experience.

If you are interested in applying, please send your CV to donna.foulkes@nhs.net

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