

LMC ViewPoint

The newsletter of Leeds Local Medical Committee Limited

January 2021

UPDATE FROM PUBLIC HEALTH ENGLAND

It is the one-year anniversary of the first Covid 19 case being identified in the UK this weekend. As the number of deaths nationally pass over 100,000 this week, it is a chance for us to remember all those that have sadly lost their lives during the pandemic.

The Leeds case rate is down to 286.1 per 100,000 people (as of 28/1) and positivity is down. Infection rates across the city continue to vary across wards with rapid increases and decreases. The latest figures show a range from 100 to over 400 per 100,000 in the wards. Leeds is doing better than many other areas of the country, with a gradually improving picture, but our rates are still higher than they were in October. The new highly transmissible variant – which accounts for over three quarter of the cases in Leeds - means that the number of cases is unlikely to reduce quickly and we need everyone to keep playing their part of help us reduce the number of infections to reduce the pressure on the NHS and save lives. The message continues to be to do all you can to reduce spread and protect yourself and others.

We are unlikely to see any major changes in the restrictions in the short term and things remain tough for many people. Vaccinations offer hope and the rollout across the city is going well. Around 80,000 people in the city - 10% of the eligible population - have been vaccinated with the first jab and we are on target to meet the mid-February deadline for the first priority groups – residents and their care homes and their carers; those over 80 years of age and frontline health and social care workers; those over 75 years; those over 70 years of age and clinically extremely vulnerable individuals. The teams working on this have done exceptionally well to make sure the programme was ready on time and is meeting all the targets. It is important that the vaccine is available to all in our communities. We have a Covid 19 vaccine inequalities plan, which will focus on increasing access to those most clinically and socially vulnerable - primary care teams are playing a crucial role in this. Thank you so much to everyone in primary care who has worked above and beyond to deliver vaccinations.

Contract agreement for 2021/22

GPC England and NHSE/I have agreed that only minimal contract changes will be made for 2021/22 whilst retaining the significant increases in funding already planned. Some of the previous agreements due to start in April will be delayed. This is to give practices support and stability through the continued pandemic and whilst practices are playing such a significant role in the COVID-19 vaccination programme. Some of these changes will be implemented throughout 2021/22 depending on the pandemic, and will be agreed later in the year. Practices will then be provided with adequate time to prepare.

The full details are available on the BMA [website](#), but in summary, from April:

- Funding increases previously agreed will be honoured
- Funding increase to global sum to allow a 2.1% uplift in pay
- QOF will be largely the same as for 2020/21 with some amendments to cancer and SMI domains to assist with the impact of the pandemic, and changes to vaccinations and immunisations as previously planned to continue with the move to an item of service payment arrangement for childhood vaccinations – these will see additional funding go into QOF
- QI modules from 20/21 to be repeated and slightly amended and the work already done will count towards this
- The core digital offer to patients has been defined, largely based on how practices are already operating due to the pandemic
- New ARRS roles will come on stream, with additional funding being made available to enable mental health practitioners to be part of the PCN workforce
- London weighting can be paid as part of ARRS max reimbursement amounts

- IIF 2020/22 indicators will remain unchanged. GPCE and NHSEI will have further discussion on other planned indicators for 2021/22, as the length and impact of the pandemic becomes clearer, utilising the additional investment to the IIF
- No new PCN service specifications from April (will be phased in later in the year with dates to be agreed depending on the pandemic), and current PCN services to receive minor amendments
- GPC England and NHSE/I will discuss the introduction (in-year) of a new enhanced service related to obesity and weight management

Full details are available on the [website](#) and further guidance will be provided in due course, but we hope that this will provide practices with some stability during this challenging time. Read the GPC England press statement [here](#)

In response to the increased funding for PCN workforce recruitment, Leeds PCNs have projected what their plans are the coming years. The aggregate ARRS plans for Leeds in relation to workforce plans for 2020/21 as well as the indicative plans up to 2024 are attached for information. This will clearly be a major increase in healthcare professionals working in general practice.

COVID-19 vaccination programme

A [joint letter](#) has been sent from the secretary of state Matt Hancock and Nadhim Zahawi, the minister with responsibility for the COVID vaccination programme, recognising and praising the significant role that GP practices have played in the successful rollout of the vaccination programme. They write: "We are enormously impressed with how readily primary care teams have come forward to play a vital role in the vaccination programme, under truly unique circumstances."

People aged 70 and over and those clinically extremely vulnerable to COVID-19 are now being invited to get their vaccinations as the [roll out of the vaccination for the next 2 priority groups begins](#). Vaccinating the first two groups (care home residents and staff, and those aged 80 and over and frontline health and care staff) will remain the priority, although most have now been done in Leeds, but vaccination sites which have enough supply and capacity for vaccinating further people are allowed to offer vaccinations to the next 2 cohorts. GPC England have however raised with NHSE/I our concerns about the way invitation letters are being sent to patients, and that these are not coordinated with local practice group sites, causing potential confusion for some patients and unnecessary travelling to more remote vaccination centres. This is an issue the LMC has also highlighted to regional leads.

NHS England has made it clear that vaccines should not be wasted, and sites should have reserve lists that they can use to make every effort to invite patients or healthcare professionals to ensure that they can make full use of any unused vaccines rather than have any go to waste. Read more about vaccine supply in the [BMA's advice webpage on healthcare worker vaccination](#) and report any concerns about this via the [feedback portal](#).

Following last week's announcement about [additional funding to support the rapid delivery of vaccinations to care home staff and residents](#), NHSE/I has now published [Process for the payment of Item of Service fees and Care Home Supplement payments to PCN groupings](#) (log in required, so document is also attached). GPCE have raised concerns about the complexity of this process but PCNs bringing in additional workforce between now and the end of January to ensure that all records for vaccination of priority cohorts are up to date and recorded properly in Pinnacle will be eligible to claim up to £950 per week (a maximum of £2500 per PCN grouping) of funding support.

The LMC is keen to ensure all healthcare workers, including GP locums, are given the opportunity to be vaccinated as soon as possible. We are therefore pleased that NHSE/I has reiterated that vaccinating all healthcare staff against COVID-19 is an absolute and immediate priority. NHS staff do not require an NHS number or GP registration to receive a vaccination and should never be denied one on this basis, in person when presenting for a vaccine, or through the design of booking systems. If a member of staff does not have an NHS number, then employers should vaccinate now, record locally via a paper system and ensure that the vaccination event is

more formally documented later. NHSE/I is working towards a longer-term solution, but employers should not wait for this before vaccinating. NHSE/I has also written a [letter](#) encouraging frontline health and social care workers to get the COVID-19 vaccine as soon as possible. All healthcare workers can be vaccinated at the Elland Road site. Book your appointment [here](#). [Please also see this briefing for full details](#) and additional [travel information](#)

The LMC believes that practice sites should be able to start planning for giving second doses by booking appointments. This requires confirmation of delivery schedules in March and April, particularly of the Pfizer vaccine. We hope NHSE/I will be able to confirm arrangements for this shortly. Practices should plan for six doses per vial for the second dose, but where there is not enough for a sixth dose, NHSE/I will look to make an emergency delivery of more vaccines.

As a result of IT problems, some vaccination sites have had to record patient information on paper rather than inputting it directly into the Pinnacle system. We would therefore encourage practice sites to upload this information as soon as possible, which also needs to be done for payment purposes. This will also help NHSE/I to plan properly for the timing of the second dose delivery. Extra funding has been made available to PCN groupings to bring in additional workforce until the end of January to ensure that all records for vaccination of priority cohorts are up to date and recorded properly in Pinnacle. PCN groupings will be eligible to claim up to £950 per week of funding support.

This week, NHSE/I has published guidance on [the transfer of COVID-19 vaccines between hospital hubs, vaccination centres and local vaccination services](#). The document sets out that as long as the relevant guidance is followed, local commissioners should be offering a supportive role in facilitating the movement vaccine within a PCN grouping and do not need to seek formal approval for moving the vaccine in line with the arrangements set out in the letter. It also advises that once moved, the vaccine should either be administered or immediately put in a refrigerator at a practice site within the PCN grouping and ideally administered within 24 hours or over the following days

NHSE/I has also published guidance on [access to national workforce supply routes for primary care network groupings](#) and written a [letter thanking colleagues in adult care homes](#) for the progress in delivering vaccinations and information about the next steps.

[Read all NHSE/I guidance for primary care about the COVID-19 vaccination programme >](#)

The RCOG (Royal College of Obstetricians and Gynaecologists) and the Royal College of Medicine have published a [statement](#) responding to misinformation around COVID-19 vaccine and fertility. RCOG has also published [information and advice for pregnant women about the COVID-19 vaccine](#), including an updated Q&A section.

There have been some concerns about the availability of the COVID vaccine for private patients. The easiest way for private patients to access the vaccination programme is to temporarily register with an NHS practice involved in the vaccination programme. If they have not got an NHS number they will be provided with one as part of the registration process. We would encourage practices to do this for private patients and for local vaccination sites to make the bookings. However if a patient does not want to do this if they have ever had any contact with an NHS service they should still receive a vaccination letter via the national database.

Read the BMA [guidance on the COVID-19 vaccination programme](#) which includes information about the added funding to support rapid care home vaccination, and other recent information about how to administer the vaccine, and further support to enable practices to prioritise vaccine delivery.

NHSE/I's guidance for primary care about the COVID-19 vaccination programme is available [here](#)

Change in legislation to allow any GMC registered doctor to administer the COVID-vaccine in primary care settings

The Government has announced that doctors who offer their support in delivering the [Enhanced Service](#) Specification COVID vaccination programme in primary care settings will be exempt from the requirement to be included on the England Medical Performers List. The [Regulations](#), which came into force on 14 January, remove previous barriers and mean that any GMC registered doctor will be able to administer the vaccine and any ancillary vaccine services under the enhanced service specifications in a primary care setting. We welcome this change in legislation which will support the rapid roll out of the vaccine, allowing more doctors to administer more COVID vaccines.

Practices are reminded of their existing obligations to ensure staff have the qualifications, skill, competence, training and experience to deliver safe care under the Health and Social Care Act 2008.

Supporting doctors throughout the second COVID-19 wave

The four Chief Medical Officers, NHSE/I, The General Medical Council and The Academy of Medical Royal Colleges have written [a letter to doctors](#) on working through the second wave.

Workload prioritisation: Level 4 or 5

GPC England have updated their joint [guidance with RCGP on workload prioritisation for primary care](#), which sets out what practices should consider doing are in a national lockdown, to help practices during the immense workload pressures are currently under. This is in addition to the set of [further measures](#) that we agreed with NHSE/I to help and support practices.

Update on CQC's regulatory approach

Following calls on CQC to suspend routine reviews they have now published an [update on their regulatory approach](#) during the pandemic, which states:

'For primary medical services we will only inspect in response to significant risk of harm – including concerns raised by people working in services and people using them – and when we cannot seek assurances through other routes. If an inspection is necessary, we will carry out as much activity off-site as possible'

PCN DES ballot results

In November, the LMC England conference passed the following resolution:

Conference notes that the BMA GPC (GP committee) England has never secured a robust democratic mandate for the PCN DES and so again asks the GPC England to secure a firm mandate from the entire profession by means of ballot before negotiating any extension or changes to the PCN DES for the year 2021 / 2022.

As a result GPCE have completed a ballot, with the question based on the motion: "Prior to any further negotiations, extension or changes for 2021/22, do you give GPC England a mandate for the PCN directed enhanced service?"

The result of the ballot was:

Yes: 80% (3,619)

No: 20% (915)

Total number responding: 4,534

This outcome provides a clear mandate from the profession for the PCN DES, and GPC England will therefore continue to negotiate on this, seeking improvements and further developing it, as part of the whole GP contract, for the benefit of practices and our patients. Read more [here](#)

Pulse oximetry guidance update

The guidance for [pulse oximetry to detect early deterioration of patients with COVID-19 in primary and community care settings](#) has been updated. Pulse oximeters can be used as a tool for patients

most at risk of poor outcomes from COVID-19. It is used to identify oxygen levels and warn the patient to the risk of 'silent hypoxia' and rapid deterioration at home.

Pre-registration for offenders leaving prison

The contractual requirement of the [General Medical Services \(GMS\) Contract 2017/18](#) (page 64) to accept patients from the secure estate prior to their release has increased importance during the COVID-19 pandemic. Among other benefits, pre-registration may help the smooth rollout of the COVID-19 vaccine. For individuals leaving the secure estate between the first and second doses of their vaccination who have been registered with a community GP, their GP record will be updated with their vaccination status. GP practices are asked to ensure that processes are in place to meet this contractual requirement, with information on how to do this [here](#).

Fit notes

GPs are reminded that they are still required to issue fit notes (med 3) as normal. There are specific scenarios relating to COVID-19 where patients can use the isolation note service, instead of seeing a GP, as outlined below. Please do not signpost patients to NHS 111 in order to get a fit note as they are not provided by the service. During the pandemic DWP is encouraging employers to use their discretion as to what medical evidence is required to support periods of sickness absence.

Previously advice was issued on issuing fit notes (med 3s) remotely during the pandemic, which remains in place until further notice. A properly signed and scanned fit note sent via email to the patient will be regarded as 'other evidence' and will be accepted by DWP for benefit purposes. Not signing fit notes can mean that they are rejected by employers and DWP, so we have been asked to remind GPs that fit notes must be signed. The original hard copy does not need to be retained if there is an electronic copy of the fit note in the medical record.

If the patient is unable to receive their fit note electronically, they will be required to collect a hard copy from the practice or it will be posted to them, at the practice's discretion. Isolation note service:

The isolation service does not provide fit notes (med 3s). It is an automated service that can be used to provide evidence of the need to self-isolate by those who:

- Have symptoms of coronavirus
- live with someone who has symptoms of coronavirus
- are in a support bubble with someone who has symptoms of coronavirus
- have been told to self-isolate by a test and trace service

It can be used to cover continuing periods of isolation if patients still have symptoms or develop new symptoms following their initial isolation period.

Domestic abuse letters

The BMA believes that there is no need for medical involvement in the process for gaining access to legal aid for domestic abuse victims. We feel that such requests can compromise the relationship between doctor and patient, and that legal aid agencies should take the word of victims without needing to consult a GP – who themselves may not be best placed to confirm whether domestic abuse has occurred. This is a position we continue to make clear through our input into the Government's ongoing [review into bureaucracy in General Practice](#).

While these letters are not funded by the NHS contract and practices are able to charge patients a fee for their completion, the BMA recommends that they do not. Ultimately, however, this is at the practice's discretion.

New to Partnership Scheme

The New to Partnership Scheme was launched in England in July 2020 (backdated to April 2020). So far about 400 applications have been approved.

NHSE/I has now finalised the S96 contract for GMS practices, which forms the agreement between the practice, the new partner and NHSE/I. This contract has been agreed with the BMA. Contracts are now being sent out to applicants from GMS practices to sign and seek their partner's signatures, within four weeks. The funding will then be released to the practice to pass onto the new partner. Contracts for PMS practices are expected to follow shortly.

You can read the BMA guide to applying for the [GP partnership scheme](#), which will help you navigate what can be a complicated application process.

The GP International Induction and Return to Practice Programmes

The GP Induction & Refresher Scheme has been rebranded as two separate programmes. All the features of the previous scheme have been retained but are now divided into distinct programmes:

- The GP International Induction Programme (IIP) offers a route into general practice for doctors who qualified overseas and who have no previous NHS general practice experience.
- The Return to Practice Programme (RtP) offers a route back to general practice for doctors who have previously been on the GMC register and NHS England's medical performers list.

For more information and to apply, please visit the [Health Education England website](#).

GP appointment data

The [GP appointment data for December](#) has now been published. The data shows that there was a drop of just over 1.25 million appointments from November to December (from 25 million to 23,7 million) but that is a significantly smaller drop than for November – December 2019 (26.8 million to 23.5 million), and there was an increase of around 170,000 appointments in December 2020 compared to the previous year.

Waiting times also appear to have dropped compared to the same period in the previous year, with the number of appointments within 7 days up by 1.9 million in December 2020 compared to December 2019, and appointments over 8 days down by 1.76m. This shows the incredible achievement of general practice with 100% of appointments in December 2020 as December 2019, in addition to launching and running the vaccination programme.

GP referrals to pharmacy

The PSNC (Pharmaceutical Services Negotiating Committee) has published an [animation](#) to explain how GP practices can refer patients with minor illnesses to local pharmacies, by using the referral pathway of the CPCS (Community Pharmacist Consultation Service), which is in the process of being rolled out to include GP referrals.

The CPCS enables the safe referral of patients from other parts of the NHS to community pharmacies and frees up other healthcare providers to provide more appointments for patients with more complex or higher acuity needs whilst improving access for those with lower acuity conditions.

Before the service can be rolled out in an area, there must be local discussions between the PCN, general practices and community pharmacies to agree how the referral process will operate – and practices are encouraged to begin those local conversations now. [Read more on the PSNC website >](#)

CCG Flu Dashboard summary

Please find attached flu dashboard summary update 2020-21 - Percentage Vaccinated, including current performance (1st week of Jan) by PCN against the priority groups. This clearly shows the improvement in uptake from last year and is a reflection of the hard work done by practices across the city.

COMINGS AND GOINGS

Good bye and best wishes to...

Victoria Allen is leaving Leigh View Medical Practice in March and shall be joining Aire Valley.

Practice vacancies at....

PRACTICE MANAGER – Leigh View Medical Practice

An exciting opportunity for an experienced senior manager to join our team as a Practice Manager. Our current vacancy closes on 22nd Jan.

Please email the current Practice Manager with a CV and covering letter to vallen1@nhs.net

Applicants are welcome to call the current Manager for a chat (Victoria Allen) on 0113 2537628 to discuss the post. Interviews are expected to be held the first week in Feb.

HYDE PARK SURGERY LEEDS - SALARIED GP (6 sessions per week)

- Friendly six GP practice close to University, serving a diverse population of 10,000 patients
- Enthusiastic & committed practice team
- Highly skilled nursing team
- Teaching practice for medical students and student nurses
- Consistently high QOF achievement
- Supportive induction for a newly qualified GP if appropriate
- Starting date: Late March/April 2020
- £10,200 per session (6 sessions) plus professional indemnity costs

CLOSING DATE: 5th February 2021

PLEASE CONTACT: Deborah Hollings, Practice Manager
or Helen Craggs, Asst Practice Manager, Hyde Park Surgery,
Woodsley Road, Leeds LS6 1SG (preferably by email)

Email: Deborah.hollings@nhs.net Telephone 0113 2001090

Informal visits welcome www.hydeparksurgery.co.uk

Closing date: 5th February 2021

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