

# LMC ViewPoint

*The newsletter of Leeds Local Medical Committee Limited*

*17<sup>th</sup> March 2023*

## **Pension Changes**

The Government has finally taken meaningful steps to address the impact of punitive pensions taxes by scrapping the lifetime allowance that means doctors will no longer be forced to retire early because of pension tax. The key elements were:

- The lifetime allowance for pensions will be abolished from April 2024, with the lifetime allowance charge withdrawn from April 2023.
- A new monetary limit for the tax-free pension commencement lump sum will be introduced for 2023/24 of £268,275 (equivalent to 25% of the current standard lifetime allowance).
- The annual allowance for pensions will increase by 50% to £60,000 from 2023/24 and the money purchase annual allowance will rise from £4,000 to £10,000 from 2023/24.
- The AA is subject to tapering when an individual's threshold income exceeds £200,000 and their adjusted income exceeds £260,000. The minimum AA resulting from the application of the taper rules will be increased from £4,000 to £10,000 (applying when adjusted income is £360,000 or more).

This is a significant win for the BMA and the many people over a number of years who have been campaigning on this issue. The additional rise in the annual allowance to £60,000 will mean that far fewer doctors will face large, unexpected tax bills and will significantly reduce the perverse incentive to reduce hours.

Whilst these are major and long overdue changes they don't fix all our pension problems as some will still face additional bills, and particularly those impacted by the taper threshold and who may still be disincentivised from taking on additional work. For example, those who are impacted by the tapered annual allowance will still need to be cautious about taking on additional work in case they are financially penalised. This is because the tapered annual allowance has not been meaningfully reformed with the only changes being an increase in the adjusted income level to £260,000 (increased from £240,000) and a minimum annual allowance when fully tapered of £10,000 (increased from £4,000).

## **New to partnership scheme deadline**

As you will be aware, many GPs and other clinicians new to GP partnerships have benefited from the national scheme agreed in 2019. We have though heard today that the scheme may not be open to new applications in the next financial year. NHS England have said:

*The new to partnership scheme was introduced in July 2020 for an anticipated two years. In December 2021, NHS England extended the scheme into 2023.*

*GPs and other clinical staff intending to apply for the scheme need to have entered into an equity partnership by 31 March 2023 to be able to submit an application by 30 June 2023.*

Find out more about the application process [online](#) or you can email [england.newtopartnershipenquiries@nhs.net](mailto:england.newtopartnershipenquiries@nhs.net).

Practices anticipating a new partner joining them soon should be aware of this deadline.

### **General Practice pay transparency guidance**

NHS England have published [GP pay transparency guidance](#) outlining the DHSC initial decision to delay the implementation of general practice pay transparency but that they have now decided that data collection will resume beginning with 2021/22 NHS earnings. The threshold for 21/22 declaration is £156,000, in 22/23 will be £159,000 and in 23/24 will be £164,000. The self-declaration of 2021-22 NHS earnings must be made by 11.59pm on 30 April 2023.

Individuals who are in scope are required to confirm their name and job title and to declare their NHS earnings for the relevant financial year and the organisation(s) from which the NHS earnings were drawn. Individuals may have drawn NHS earnings from more than one GP contract or clinical sub-contract and are required to list all the organisations from which they have drawn NHS earnings from for the relevant financial year. The definition of NHS earnings for the purposes of GP pay transparency is based on the definition of practitioner income in Schedule 10 to the [NHS Pension Scheme Regulations 2015](#)

The guidance outlines how individuals should access the [Strategic Data Collection Service](#) to declare their earnings.

[BMA guidance](#) on pay transparency states their significant concerns about this policy which provides no benefit to GPs or their patients, but will potentially increase acts of aggression and abuse toward GPs and practices. It will be damaging to morale and wholly reduce the ability to recruit and retain GPs. As GPCE did not agree to this amendment, they consider it to have been imposed on the profession and in breach of the original agreement. Now that NHS England have published this guidance we expect more information and advice from the BMA in response shortly.

### **GP Contract 2023/24**

BMA GP committee have produced [GP contract 23-24 guidance](#). They are also holding a series of 2023/24 GP contract update webinars. You can now [register](#) for the GP contract update webinars being held this month. The GPCE officers will deliver the same presentation at each webinar so attendees need only attend the event most convenient for them. The dates and times are:

21 March, 7–8.30pm  
22 March, 12.30–2pm  
29 March, 7–8.30pm  
30 March, 12.30–2pm  
30 March, 7–8.30pm

### **Vaccination and Immunisations**

The GP contract will also be updated in 2023/24 to reflect forthcoming changes to the routine vaccination schedule as recommended by the Joint Committee on Vaccinations and Immunisation (JCVI), specifically in relation to Human papillomavirus (HPV), and Shingles.

### Human papillomavirus

- [JCVI recommended](#) a move from a two-dose schedule to a one dose schedule for the routine adolescent programme up to the age of 25 years. This change will align HPV vaccine doses across age groups, aligning the school's programme, sexual health and general practice provision, therefore minimising the risk of conflicting or missing doses. This change will not apply to those who are immunocompromised and those known to be HIV positive for whom the three-dose schedule will remain.
- There will be a change from a two-dose to a one-dose HPV programme for those aged 14 to 25 years from 1 September 2023 to align with the school's programme.
- General practice delivery remains opportunistic or on request. Eligibility remains up to 25 years of age for girls born after 1 September 1991 and boys born after 1 September 2006. This difference is due to the programme for boys being introduced at a later date (2019).
- The IoS payment will continue to be paid at £10.06 per dose administered.

### Shingles

- The JCVI advised in 2018 that Shingrix had been shown to be effective and cost-effective, recommending its use in the NHS Shingles Programme for individuals for whom the live Zostavax was contraindicated. This change was implemented in the programme in September 2021.
- In [2019 JCVI recommended](#) the replacement of Zostavax with Shingrix and the expansion of the cohorts in the Shingles Vaccination Programme. JCVI have recognised that there may be more clinical benefit from starting Shingles vaccinations at a lower age, with modelling indicating that a greater number of cases would be prevented with vaccination at 60 years for immunocompetent and 50 years for immunocompromised.
- From 1 September 2023 changes to the Shingles Programme to implement the JCVI recommendations will be as follows:
  - replacement of Zostavax with the 2-dose Shingrix vaccine as Zostavax goes out of production.
  - 2-dose Shingrix vaccine for the current 70-79-year-old cohort with a period of 26 weeks to 52 weeks between doses following the depletion of Zostavax.
  - expansion of the immunocompromised cohort to offer 2-dose Shingrix to individuals aged 50 years and over with a period between doses of 8 weeks to 26 weeks.
  - expansion of the immunocompetent cohort to offer 2-dose Shingrix routinely to individuals aged 60 years and over with a period between doses of 26 weeks to 52 weeks, remaining an opportunistic offer up to and including 79 years of age.
- The expansion of the immunocompetent cohort will be implemented over two five-year stages as follows:
  - first five-year stage (1 September 2023 to 31 August 2028): Shingrix will be offered to those turning 70 and those turning 65 years of age in each of the five years as they become eligible.
  - second five-year stage (1 September 2028 to 31 August 2033): Shingrix will be offered to those turning 65 and those turning 60 years of age in each of the five years as they become eligible.
- Additionally, practice call/recall for the immunocompromised and immunocompetent cohorts as they become eligible for the programme will be implemented from 1 September 2023, as well as catch-up call/recall for the newly eligible immunocompromised 50-69-year-old cohort.

- Shingles can be delivered at any time during the year thus enabling practices to manage timing for when the individual is invited and can also be opportunistically delivered if clinically appropriate when an individual attends the practice for another reason.
- The Shingles GPES extraction will be updated to accommodate these changes.
- Further information on the programme changes and management of the immunocompetent cohort expansion will be provided in due course.

### **Patient materials to support practice referrals to community pharmacists**

The Department of Health and Social Care have produced some [patient information resources](#) to support referrals under the Community Pharmacist Consultation Service. The communication materials have been designed to help practice teams and ICBs explain to patients why they are being offered a consultation with a community pharmacist and what to expect from it, to increase confidence in the referral process.

### **Semaglutide**

Recent reports in the media focused on the availability of semaglutide as an NHS treatment for weight management. The Technology Appraisal (TA) for semaglutide (Wegovy) will be considered by the West Yorkshire Integrated Care Board alongside the Resource Impact Tool once published. The TA requires provision within a specialist weight management service providing multidisciplinary management of overweight or obesity which comes with considerable implications for current weight management services across West Yorkshire.

A West Yorkshire working group has been established to consider the health needs of people living with obesity and overweight, which will include the provision of weight management services. A West Yorkshire plan will be developed by late Spring 2023 with a view to reaching agreement on a harmonised commissioning position. The ICB is therefore not currently in a position to confirm the provision of this drug in West Yorkshire.

There have been significant supply issues with Ozempic (semaglutide given by injection) which is licenced only for type 2 diabetes and there is no supply currently available in the NHS of Wegovy (semaglutide given by injection) licenced for overweight and obesity.

### **HRT pre-payment certificate**

To reduce prescription costs for women receiving Hormone Replacement Therapy (HRT), on 1 April the government is launching the [HRT pre-payment certificate](#). To enable this, from 1 April prescribers will need to issue prescriptions for HRT items (which are listed in the Drug Tariff as being HRT licensed for the treatment of menopause) as single-item prescriptions (i.e., separate from other prescription items). Further guidance for prescribers on the HRT PPC will be published in due course.

### **Ferritin tests resume**

LTHT labs have received ferritin reagent. Due to the national shortage ferritin reagent is now being released on allocation as the company is trying to more closely match demand and usage. LTHT labs took this opportunity to perform an audit which showed the majority of inappropriate testing was when ferritin was used as first line rather than only when anaemia was proven. This means that they have had to introduce some new features when requesting. In primary care this will mean that the correct reason for the request must now be selected.

### **Spire Healthcare - potential imitation website and email domain**

Spire Healthcare have advised that an imitation email domain has been created pretending to be from Spire. The owner of the domain has sent a number of emails to external partners with an imitation of a genuine email signature. The false email address domain is '@spirehealthcaregroup.com' which is different to the official email domains which do not include 'group' at the end. Emails from Spire Healthcare will only ever come from '@spirehealthcare.com'.

### **West Yorkshire Workforce Summit - 27 April**

West Yorkshire Primary and Community Care Workforce Steering Group (part of the Primary Care Programme Board structure) is hosting a West Yorkshire Workforce Summit to bring colleagues together from PCNs, general practice teams, place primary care teams and primary care workforce leads to showcase the really great work that has been happening across West Yorkshire, sharing tangible solutions to problems and positive examples of what is working well.

The format of the summit will be a few keynote speakers but mainly workshops that delegates can choose to attend. It is being held at Village Hotel, Leeds South, Leeds, LS27 0TS between 09:30-16:00. Please use this link

<https://www.pccevents.co.uk/pcc/2952> before Friday 31 March 2023 to register.

### **Young Carer's Action day**

Unpaid carers who are under 18 years old. Family action Leeds provide support for unpaid young carers <https://www.family-action.org.uk/what-we-do/children-families/leeds-young-carers-support-service/>. They will be running practice development sessions to support practices in Leeds:

- Wednesday 15th March 1pm – 3:30pm\*\* New date added to celebrate National Young Carers Action Day. This years theme is "Make Time for Young Carers" – make time for young carers by booking your place on the session.
- Thursday 30th March 9:30am – 12noon
- Tuesday 18th April 9:30am – 12noon
- Wednesday 10th May 1pm – 3:30pm
- Wednesday 21st June 9:30am to 12noon

Leeds Young Carers Support Service - Family Action

### **Carers emergency planning**

Unpaid carers and the people they care for are being encourage to think about what they want to happen should an emergency arise and the carer be temporarily unable to provide the care they usually do. The message in a bottle campaign is ongoing and resources can be accessed at <https://www.wypartnership.co.uk/news-and-blog/news/message-bottle-initiative-calls-carers-plan-ahead>

An updated carers factsheet and professional briefing is being developed for Leeds.

### **GPMplus wellbeing support services**

This month is the second anniversary of GPMplus. Launched by YORLMC in March 2021, GPMplus offers a range of mentoring and wellbeing services to GPs and practice teams. Thanks to funding from NHSEI, these services are available to access free of charge. This [short animation](#) sets out what's been delivered over these two years and how to access GPMplus services.

If you would like to understand more about the GPMplus services offered, please email [info@gpmplus.co.uk](mailto:info@gpmplus.co.uk) or take a look at the website <https://gpmplus.co.uk/>

### **Leeds and Mid Yorkshire diabetic eye screening programme**

Please find attached the third stakeholder bulletin for the Leeds and Mid Yorkshire diabetic eye screening programme starting on 1<sup>st</sup> April 2023.

### **Death certification – Message from: NHS West Yorkshire Integrated Care Board**

We are trying to understand how you complete the Medical Certificate of Cause of Death (MCCD) prior to the changes planned for April 2023 when the Medical Examiners review comes into force.

The work underway aims to understand variability in the use of MCCDs regarding the causes of death presented in the certificates, and how much is influenced by training in the matter, by knowledge of WHO guidelines, and by experience.

Please help by sharing your GP views and experiences of death certification by completing a short survey, the findings of which will be shared with the team developing the service post April 2023.

The link to the survey is

[https://docs.google.com/forms/d/e/1FAIpQLSd1-GCrpFSElpo8SD4CO2VjvoFgHYPlId5s34bOXy3xUzp\\_CpA/viewform](https://docs.google.com/forms/d/e/1FAIpQLSd1-GCrpFSElpo8SD4CO2VjvoFgHYPlId5s34bOXy3xUzp_CpA/viewform) [you may need to use Chrome or Edge to access the survey]

### **Target steering group**

Plan is for April/May to be F2F (Bridge Community Church – Rider Street, LS9 7BQ).

#### Outline plan for April/May

Thursday 20 <sup>th</sup> April 2023 Group A
Tuesday 25 <sup>th</sup> April 2023 Group B
Thursday 18 <sup>th</sup> May 2023 Group C

Then breakout rooms:

- Nurse focused respiratory session (40 mins)
- [Safe surgeries](#) session (20 mins)
- GP/ACP focused session: headache in primary care and new brain 2ww pathway (30 mins)
- Gestational diabetes & health inequalities (30 mins).

## **PRACTICE VACANCIES**

**PLEASE BE AWARE THAT WE ARE NOW ADVERTISING PRACTICE VACANCIES ON THE LMC WEBSITE – PLEASE VIEW VIA WEBSITE LINK- [Leeds LMC: Jobs](#)**