

# LMC ViewPoint

*The newsletter of Leeds Local Medical Committee Limited*

*6th April 2023*

## **Contract changes 23/24**

NHS England have published [GP contract 2023-24](#) details. This includes the [letter](#) outlining the changes to the contract, [QOF 23-24 guidance](#) and [PCN DES 23-24 details](#).

Guidance has also been published about the [Capacity and Access Payment](#) which consists of re-purposed Investment and Impact Fund and will be paid in two parts, 70% paid unconditionally monthly to PCNs and 30% based on the outcome of an agreed access improvement plan. The payment of the Local Capacity and Access Improvement Payment should be made based on a PCN making improvements in three key areas: patient experience of contact; ease of access and demand management; and accuracy of recording in appointment books. The agreed plan is required by 12 May 2023, an incredibly short timescale despite NHS England repeatedly delaying the publication of their own access plan.

## **General practice pay declaration: guidance**

NHS England has published [guidance](#) setting out which individuals are required to make a pay self-declaration and outlines the definition of NHS earnings for the purpose of the general practice pay declaration. It also explains the process of making the self-declaration and how the data collected will be used. It could affect contractors, salaried GPs, self-employed locums and those employed through third party providers.

GPC England is opposed to this policy, believing that it will increase the risk of abuse on of GPs and practice staff. This may also lead to further GPs leaving the profession which will harm patient care. They have repeatedly lobbied for this policy to be reversed. They recommend that all GPs read our read their [guidance](#) which is in the process of being updated.

## **Updated GP COVID-19 vaccination service Enhanced Service specifications**

NHS England published [updated Enhanced Service Specifications for PCN groupings and community pharmacies who have agreed with their local commissioner to continue supporting the Spring COVID-19 vaccination campaign](#). For these providers, the documents are extended to 31 August 2023. [The template PCN grouping collaboration agreement has also been updated to include the new end date](#). Where there are changes to collaboration arrangements, or new collaborations being established, this updated document can be used. For pharmacies supporting the Spring booster campaign, regional teams will issue contract variation letters.

## **Resources for general practice indemnity schemes**

NHS Resolution has published new resources outlining whether a claim relating to general practice should be notified directly to NHS Resolution or the relevant medical defence organisation. This includes a [reporting flowchart, covering both Clinical Negligence Scheme for General Practice \(CNSGP\) and Existing Liabilities Scheme for General Practice \(ELSGP\)](#), along with a [short animation to help support future enquiries](#). There is also an updated [scheme scope table](#) explaining in detail what is covered under each scheme.

## **Junior doctors' and GP trainees strike action**

Following discussions with the Health Secretary, where no offer was made to begin negotiations, the [BMA has announced](#) further industrial action to be undertaken by [junior doctors \(including GP Trainees\)](#) in England. A 96-hour walkout will take place for shifts starting between 06:59 on Tuesday 11 April and 06:59 on Saturday 15 April 2023. The BMA have published [comprehensive guidance for GP practices](#), trainers and LMCs.

## LMC Survey Results Report

Thank you to all that completed our recent survey. This shows the extent of workload and workforce pressures which are seriously impacting general practice across the country. Please see the attached survey report.

### GP pressures

The latest [GP workforce data](#), published at the end of March, shows that GP practices across England are continuing to experience significant and growing strain with declining GP numbers, rising patient demand, and struggles to recruit and retain staff. We lost 95 GP practices in the past year – reflecting a long-term trend of closures, primarily due to lack of workforce. This coincides with a rise in patients with a record-high of 62.4 million patients registered in February 2023. The average number of patients each full-time equivalent GP is responsible for has also reached a record high of 2,286.

Over the past year the NHS has lost the equivalent of 522 fully qualified full-time GPs, which includes losing the equivalent of 399 partners. We now also have the equivalent of 2,087 fewer fully qualified, full time GPs than we did in September 2015. Despite all this, the Government is refusing to listen and make the meaningful changes general practice urgently needs. This is why the forthcoming workforce plan must include a fully-funded plan, based on published modelling, for expanding the workforce.

The latest [GP appointment data](#) shows that practices in England delivered 27.3 million appointments in February, almost 2 million more than they did in February last year. Eighty-five per cent of appointments were delivered within two weeks of booking, and around two-thirds were face to face. This is all despite practices in England having lost the equivalent of more than 500 full-time, fully-qualified GPs over that time, showing the intense pressures that practices are under.

### Financial support for practices to increase GP training capacity

The Yorkshire and the Humber GP School is offering a one-off payment to practices, to support them to increase their GP training capacity. It is open to new and existing GP training practices. There is a £10,000 payment available to practices that take on a full time GP training placement and £5000 that take on a part time GP training placement. Find out more:

- [Support to Increase training placements in Yorkshire and Humber](#)
- [Application form](#)

### Guidance on HRT Pre-Payment Certificate (PPC)

The government has a new policy from 1 April 2023 to support patients having menopausal symptoms with the cost of treatment. Patients who are not already exempt from NHS prescription charges will be able to purchase an [annual HRT Pre-Payment Certificate](#) for the cost of two single prescription charges - £19.60. This will only be valid for HRT preparations published in the [Drug tariff](#) Part XVI. These drugs can be prescribed for any clinical reason and still qualify for the HRT PPC.

The amended regulations require the script for HRT be issued separately from non-HRT items (whether paper or EPS). GPCE supports the Government's decision to make HRT medicines more accessible to patients at reduced cost, but they consider the introduction of this new prepayment certificate, specifically for HRT medicines, too complex. From 1 April, new FP10s will be introduced with a box 'w' for HRT PPC, but old stock can continue to be used with the patient selecting box 'f' general PPC and the dispenser checking for valid HRT PPC.

When applying for the HRT PPC patients will be advised that they must inform the practice/prescriber that they hold an HRT PPC and ask that the script be issued separately. Pharmacy Contractors and dispensaries may either:

1. First, refuse to dispense a 'mixed' prescription presented by a patient – refuse to dispense both the listed HRT medicine and the other non-HRT item – and ask the patient to return to the GP for two separate prescriptions, or
2. Second, either: dispense the listed HRT medicine, or dispense the other non-HRT item(s) with the prescription charge(s) paid, or (This may be appropriate if the patient has an urgent clinical need for the listed HRT medicine or non-HRT item(s); the patient will need to obtain another prescription for any items not dispensed)
3. Third, dispense both the listed HRT medicine and the non-HRT item(s) – and complete an FP57 refund form for the listed HRT medicine (there is a charge and refund for the HRT medicines, so no money changes hands) and take a prescription charge for the non-HRT item(s).

GPCE recommends that GP practices should discuss with their local pharmacies about local approaches to this guidance.

The patient can choose to apply for an HRT PPC backdated for up to 1 month. If they have not yet applied the pharmacy can issue a FP57 refund form. Patients who already have a valid 3 or 12-month pre-payment certificate for all their prescriptions will not need an HRT PPC. For patients that are stable on HRT we would recommend issuing via repeat dispensing at review, with one authorisation to cover a 12-month period, thus ensuring HRT is issued on a separate prescription. The items included all contain oestrogen/progestogen or both as listed in [DHSC guidance](#). Other medications sometimes used in menopause are not included and would need to be paid for as normal. For further information and guidance for dispensaries see [the full DHSC guidance](#).

### **Medical Examiners**

The new medical examiner system continues to be rolled out across England and Wales. While initially supportive of the increase in scrutiny of deaths, the BMA continues to have concerns around the system and its implementation. In England, the roll-out is expected to take place at a local level, with the risk of inconsistent decision making and unequal support for practices. Some members have found that the new system is working as intended, however others have found it to be difficult to implement without additional resourcing or capacity.

There is currently nothing within the GP contract requiring doctors to interact with this system. The role of the medical examiner has been created through the Health Care Act, however the way the medical examiner system is expected to operate is not currently subject to legislation

### **NHS satisfaction survey**

Public satisfaction with the NHS is now at the lowest level ever recorded in the 40-year history of the British Social Attitudes (BSA) survey, falling to 29% from 36% last year. The Nuffield Trust and The King's Fund have published [the latest BSA survey analysis](#) of public satisfaction with the NHS and health and care services. The survey by the National Centre for Social Research is seen as a gold standard measure of public attitudes and was carried out in September and October 2022.

Accident and emergency services saw the largest year-on-year increase in dissatisfaction with a record 40% of respondents either quite or very dissatisfied. This is an 11-percentage point increase from the previous year and the largest shift since the question was introduced in 1999. We also saw a jump in the number of people who chose improving A&E waiting times as a priority for the NHS, from 38% to 47% now putting it in the top three priorities. There were also falls in public satisfaction across all other individual NHS services, including general practice, dentistry, and in-patient hospital services, with all services now reaching record levels of low satisfaction.

The results show a sustained and worsening concern from the British public about how NHS and social care services are running. But despite this and consistent with last year's survey, the public continues to show very strong support for the principles underpinning the NHS.

### **DWP Special Rules update**

From 3 April 2023, individuals who are likely to have less than 12 months to live can now claim PIP, DLA, AA, UC and ESA via the [Special Rules](https://www.gov.uk/dwp/special-rules). For more information: [www.gov.uk/dwp/special-rules](https://www.gov.uk/dwp/special-rules)

### **Diabetic Eye Screening Programme (DESP)**

The LMC have written to the ICB highlighting concerns regarding the new expectations for practices to access the diabetic eye screening software, Spectra, and that GPs are expected to train staff to access Spectra software to download patient result letters.

We are concerned that this is yet another example of a system wide change that doesn't appear to have considered the impact on general practice or account for the additional workload for practices.

Leeds LMC cannot support the use of this system as it stands and our committee members strongly feel that practices do not engage with this until our concerns have been resolved.

### **Hewitt Review**

The government have published the outcome of a review in to ICB working arrangements, led by former health secretary Patricia Hewitt. [The Hewitt Review: an independent review of integrated care systems](#) includes recommendations relating to general practice which build on those made in the Fuller Stocktake produced last year and suggests that “, the contract held by GP contractors for ‘general medical services’, which is negotiated nationally between government and the BMA, provides far too little flexibility for ICSs to work with primary care to achieve consistent quality and the best possible outcomes for local people,” and suggests that “QOF needs to be updated with a more holistic approach that allows for variation. The new approach must also recognize that, in order to allow primary care to refocus resources on prevention, outcomes rather than just activity need to be measured.”

The review recommends:

- NHS England and DHSC should, as soon as possible, convene a national partnership group to develop together a new framework for GP primary care contracts. This partnership group should include a diverse range of GP partnership leaders currently delivering excellence across a range of different regions and demographics, as well as ICB primary care leaders, local government and - crucially - a number of patient and public advocates. As part of this work, NHS England and DHSC should, of course, engage with key stakeholders, including the BMA and the RCGP.
- A framework should enable systems to find the right solutions to fit their circumstances, including building on the partnership model, rather than sweeping it away entirely.
- The balance between national specifications and local flexibility and decision making - greater flexibility and appropriate local autonomy within a framework of national standards is needed to improve equity of access and care and to enable PCNs to take a greater role and responsibility in reducing health inequalities and population health management.
- incentivise and support primary care at scale
- Practices that are not delivering at a high enough standard need to be supported to improve and, where necessary, to be replaced so that residents in every community receive the support from primary care they need. This should include creating a centrally-held fund to buy out contracts or premises, or both, where that is essential to improve access, care and outcomes in a particularly disadvantaged community.

### **FIT Testing for Lower GI Urgent Suspected Cancer Referrals**

We are writing to update you on work to develop the FIT Pathway for Lower GI Urgent Suspected Cancer (Two Week Wait) referrals.

As you will be aware it has taken a significant amount of time to agree a pathway across primary and secondary care colleagues, the West Yorkshire Cancer Alliance and NHS England. This delay

has resulted from the need to address concerns around safety netting of vulnerable patients, management of FIT negative patients who may have cancers other than Lower GI, and ensuring that existing health inequalities are not exacerbated by the approach agreed. We are pleased to say that we have made significant progress towards agreeing a way forward which addresses these concerns.

As the substantial changes that are required to both the pathway and processes will take some time to implement safely, we are planning an interim pathway change which goes live on Monday 24<sup>th</sup> April. From this date, a FIT test should be requested concurrently with all Lower GI 2ww referrals. If a primary care clinician sees a patient with lower GI NG12 suspected cancer symptoms, please ensure that a 2WW lower GI cancer referral form is completed, blood tests requested, and that a FIT pack and ICE labels are given to the patient before leaving the surgery. Referrals will continue to be triaged as they are now, but returning a FIT test quickly will help our secondary care colleagues arrange the most appropriate investigation for patients.

We recognise that this interim pathway change doesn't fully meet the criteria set out under indicator CAN 02 in the newly published [IIF guidance](#) (which requires FIT results to be available up to 21 days before a referral is made), but we view the proposed pathway as an interim measure and are continuing to develop a fully compliant approach. By implementing this pathway now we aim to test laboratory capacity (and ensure that sufficient capacity is available to meet demand) and to give practices the opportunity to get used to the requirement to request FIT tests when referring on the Lower GI pathway.

We will agree further revisions to the pathway in Q1 of 23-24 ensuring that it complies with the updated IIF guidance. These revisions will make provision for centralised safety netting through FIT navigator posts and will include details of the work up required to speed up transition to the appropriate pathway for FIT negative patients who require investigation for cancers other than Lower GI. Further communications will follow over the next couple of months but if you have any queries please contact [Wyicb-leeds.primarycare@nhs.net](mailto:Wyicb-leeds.primarycare@nhs.net).

### **Feedback on the specialist mental health psychosocial assessment**

Another opportunity from the West Yorkshire Health and Care Partnership that relates to users testing an app to improve access to services for neurodivergent people or people experiencing communication difficulties.

#### Feedback on the specialist mental health psychosocial assessment following self harm in children and young people

The West Yorkshire Health and Care Partnership are seeking your views on how well places in West Yorkshire are meeting the guidelines and recommendations from NICE and NCISH on self harm in children and young people, particularly the specialist psychosocial assessment. Please contact [sadia.aslam1@nhs.net](mailto:sadia.aslam1@nhs.net) with your feedback.

#### Improving access to services for neurodivergent people

The WY Health and Care Partnership are looking for two service partners from West Yorkshire to user test the prototype of an app to support people to communicate their needs to different services and inform the next stage of its development. The app includes but is not limited to supporting people who are neurodivergent and/or who experience communication challenges.

Time commitment may include:

2 sessions with service staff

2 sessions with service users

Which can be 1:1 or as a group and either remotely or face to face but will take place between April to May 2023. The developers are very aware of the pressures in general practice and are very open to exploring what time practices may have and what that might look like.

Please submit expressions of interest by 17th April to [alison.jones142@nhs.net](mailto:alison.jones142@nhs.net) or [kirstin.blackwell@nhs.net](mailto:kirstin.blackwell@nhs.net). This should include:



- Brief description of your service
- Overview of how your service currently supports different people to communicate their needs and communication preferences (especially people who are neurodivergent)
- Any key challenges you are experiencing supporting the above
- Any work you are already engaged with to address development within this area

The app is being developed by the WY HCP with Thrive by design and Hive IT.  
Please see the attached document for more information.

### **Standard GP appointment categories**

The LMC have had a few queries about the GP standard appointment categories. NHS Digital has been collecting monthly data from GP appointment systems since 2018. Standard appointment categories have been introduced to provide a consistent view of appointments. PCNs have been incentivised through the Investment and Impact fund for practices to complete mapping of appointment slots to the new standard appointment categories. Link to the standard appointment categories <https://www.england.nhs.uk/publication/gpad-appointment-categorisation-guidance-2021-22/>

### **LARC Fitters Forum**

The next LARC Fitters Forum will take place on Wednesday 26th April 23' 6:30-8pm. If you are interested in attending please email [roslyne.armitage@nhs.net](mailto:roslyne.armitage@nhs.net)

### **GPM Plus wellbeing courses brochure - April to June 2023**

Launched by YORLMC, GPMplus provides a range of wellbeing services, support and courses, which are available free of charge to GPs and practice teams thanks to funding from NHSEI. Dates for courses from April to June have just been released – including several brand new courses. The attached brochure sets out more information about what's available, dates of forthcoming courses and links to book your place.

You can also visit the GPMplus website [here](#).

### **LMC Buying Group – Reminder**

Please see the attached letter for your information.

### **Merger update**

Morley Health Centre Surgery - Dr N Saddiq will be Merging with Fountain Medical Centre from 1/4/23. Dr N Saddiq will be working as a salaried GP.

Morley Health Centre is part of LCH and will stay open offering all their existing 'services'

All information and FAQ's are on both websites.

## **PRACTICE VACANCIES**

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