

# LMC ViewPoint



*The newsletter of Leeds Local Medical Committee Limited*

**29<sup>th</sup> June 2023**

## **Call to action for general practice**

The BMA's GP Committee for England (GPCE) has published their [Call to action \(CTA\) for general practice](#), outlining what we need to provide high-quality care for our patients. GPCE wants the Government to trust GPs and practices to deliver the care that our patients deserve, and to do this, we need:

- **more investment in general practice** to deliver better local, long-term care for patients
- support with **expanding the GP workforce** so that we have the equivalent of at least 40,000 full-time, qualified GPs in post by 2030/31
- **safer, greener infrastructure** to bring general practices into the 21st century and provide better care
- **more control** to practices so they can work collaboratively at scale, while offering continuity of care
- the necessary **time** to provide better quality care by removing unnecessary bureaucracy and box-ticking.

## **Consultants vote to take industrial action**

The BMA's consultants committee is calling on the Government to present a credible pay offer for consultants in England, and to commit to meaningful reform of the broken pay review process, in order to avoid strikes by senior doctors after members voted yes to industrial action. More than 24,000 consultants in England voted in the BMA's ballot (a turnout of 71%), with 20,741 (86%) voting for industrial action.

Consultants in England will take part in industrial action on 20 and 21 July. This industrial action will take the form of "Christmas Day" cover, with most routine and elective services cancelled but full emergency cover will remain in place. This action will follow 5 days of industrial action by junior doctors which will take place between 0700 on Thursday 13th July and 0700 on Tuesday 18th July.

## **GP workforce figures**

The latest [GP workforce data](#) showed that the number of fully qualified GPs continues to decline significantly. In May 2023, the NHS in England had the equivalent of 27,200 fully qualified GPs, which is 2,165 fewer than in September 2015.

The longer-term trend clearly shows that the NHS is losing GPs at an alarming rate: over the past year (between May 2022 and May 2023) it lost the equivalent of 427 fully qualified full-time GPs, and the equivalent of 36 fully qualified GPs per month over the past year.

This coincides with a rise in patients: as of May 2023, there was another record-high of over 62.49 million patients registered with practices in England, with an average number of patients each full-time equivalent GP is responsible for continues to rise, and now stands at 2,297. This is an increase of 360 patients per GP since 2015, demonstrating the ever-mounting workload in general practice.

Read more about the pressures in general practice [here](#)

## **Statement on "the primary care doctor"**

GPC UK and SASC UK [have produced a statement](#) in response to proposals from the GMC and NHS England for regulatory change and the creation of a "primary care doctor". They do not believe that general practice currently has the staff, financial or premises resources to accommodate an intake of "primary care

doctors", nor do we believe that the proposals are being designed to benefit doctors who want to make the switch into primary care. The statement outlines concerns with the different ways in which "primary care doctors" could be introduced.

### **New NHS England service to confirm GP registration status**

From July, patients transferring GP practice will receive confirmation that their registration has been successful via a [Notify a patient service](#). It aims to reduce practice admin burden by reducing the number of calls or visits from patients to confirm their registration status and is set to be rolled out for the majority of registrations by the end of the year. Confirmation is sent via NHS App, email, SMS or post. With messaging being handled centrally, practices may wish to consider how they manage the confirmations they currently send. For more information or to be involved in testing the service, please email [england.register-gp-surgery.support@nhs.net](mailto:england.register-gp-surgery.support@nhs.net)

### **Updated information – online access to GP health record**

[Online access to GP health records guidance](#) has been updated by NHS England. Practice staff can access detailed resources to help preparations including what practice staff should know, a practice readiness checklist and details of the process before 31 October.

### **NHS Pensions and PCN workforce**

The ability for PCNs to offer NHS pensions is the subject of a recent [DR Solicitors blog](#). When Primary Care Networks (PCNs) were first established, it was only possible for PCN staff to get the NHS pension if they were employed in a practice or (sometimes) a GP Federation. It quickly became obvious that many PCNs would benefit from setting up their own PCN company, but the lack of a pension was an obvious barrier to this. In late 2019 NHSBSA put in place a 'temporary determination' enabling PCN companies to provide the pension to their employees, and once this was available many PCNs decided to incorporate.

The legislation has now been updated and subsequent NHSBSA guidance has opened up two routes for PCN companies to provide the pension to their employees. One is based on the 'Independent Provider' model, and the other is an 'Open Determination', which the blog describes in more detail.

### **2023/24 PCN DES ready reckoner now available on NHSE website**

NHSE has updated the PCN DES [ready reckoner](#).

### **Leeds Tier 3 Specialist Weight Management Service no longer accepting referrals**

From the 1 July 2023, referrals into the Leeds Specialist Tier 3 Weight Management Service delivered by Leeds Community Healthcare (LCH) (lead provider), Leeds Teaching Hospitals (LTH) and Leeds Yorkshire Partnership Trust (LYPFT) will be paused.

The service was historically commissioned on the basis of 250 referrals per annum. In recent months the service has been receiving more than 140 referrals per month due to the closure of the local authority commissioned tier 2 weight management service and growing obesity need within the city, alongside increased patient expectations linked to new obesity medicines currently promoted in the media. As a result, waiting lists are unsustainable. In the absence of additional investment due to current NHS financial pressures, healthcare partners in Leeds, after careful and extensive consideration, have agreed that in order to preserve and manage our specialist weight management service, referrals into the service need to be paused.

Leeds LMC is seriously concerned about this situation and the significant deterioration in access to weight management services in the city. We had previously written to NHS England, Leeds City Council and WY ICB about the lack of tier 2 service, but this predictable knock-on impact to the tier 3 service just makes matters worse for many of our patients. In addition, it's yet another example of workload shift from specialist services that can close to referrals to general practice that cannot, which just compounds the workload

pressures practices are experiencing and adds to patient dissatisfaction often unfairly directed at GPs and their staff.

### **Closure of Bridging Hotels**

The Home Office recently announced that the Bridging Hotels housing Afghan families, which were set up in response to the events in Afghanistan in August 2021, are due to be closed by August 2023. Residents have been living in Bridging Hotels in Leeds within Garforth and Wetherby. Families are currently registered at York Street Health Practice and all initial screening and assessments have been completed, including completion of referrals and immunisation programmes.

Leeds City Council is supporting families to find new homes in their preferred area, both in and outside of Leeds. Those families staying in Leeds may choose to remain registered at York Street, whilst others may wish to re-register at a GP surgery closer to their new home. Practices may receive some new patient requests from Afghan families as a result of the Home Office action. BMA [patient registration guidance](#) reminds practices that immigration status makes no difference, any person in the UK is able to register with a GP practice and receive NHS primary medical services free of charge. Practice staff do not have to make any assessment of immigration status or [eligibility for non-primary NHS care](#). You are not expected to act as immigration officials.

### **COVID therapeutics**

CMDUs (Covid Medicines Delivery Units) are ceasing from 27 June 2023, and NHS England has written to ICBs to ensure provision of Covid therapeutics is commissioned. People who require this service will be expected to keep lateral flow tests at home in case they develop symptoms of COVID and people who require this service will be able to order further tests from <https://www.gov.uk/order-coronavirusrapid-lateral-flow-tests>.

People requiring this service who develop COVID symptoms will have to arrange to either a self-test or have someone else perform a lateral flow test on them. If they test positive they will need to record the positive test where possible at <https://gov.uk/report-covid19-result> or by calling 119, using their NHS number. They will also need to ring 111 who will refer them into the CMDU. After assessment by CMDU colleagues, if a prescription and dispensing of treatment is required this will continue to be undertaken by LCD clinicians and current providers.

### **COVID-19 vaccinations for children aged six months to four years**

From 12 June, the NHS started offering COVID-19 vaccinations for children aged six months to four years who are at increased risk from COVID-19 due to certain medical conditions, in line with JCVI advice. GP teams who manage the routine care of eligible children are encouraged to ensure parents and guardians are made aware that their child can receive two doses of a vaccine specific to this age group and understand how to arrange their child's vaccinations.

### **Funding for immunisations**

The Yorkshire and Humber Public Health Programme Team have some non-recurrent funding for use within this financial year to support commissioned screening and immunisation programmes and in particular our local agreed priorities as per the Health Improvement Plan. The criteria for submitting a bid are that the funding would create additional capacity to reduce health inequalities and increase uptake/coverage in screening and immunisations. For example you may want to trial vaccination clinics on a weekend, offer an outreach service or develop research opportunities for service user feedback. The application form is attached. For more information please contact [sarahmcmurray@nhs.net](mailto:sarahmcmurray@nhs.net)

### **HPV vaccination programme**

The UK Health Security Agency have announced that from 1 September 2023, there will be [changes to the HPV vaccination programme](#) from a 2 dose to a one dose HPV vaccine schedule for eligible adolescents and men who have sex with men (MSM) aged less than 25 years. This is because the Joint Committee on

Vaccination and Immunisation (JCVI) has advised that a [one dose HPV vaccine schedule has shown to be just as effective as 2 doses](#) at providing protection from HPV infection.

Children who become eligible for the HPV vaccine from the academic year 2023 to 2024 (date of birth between 1 September 2010 to 31 August 2011) onwards will only require one dose and this will continue to be routinely offered to children in school year 8 and those of an equivalent age who are not in mainstream education.

For those children who became eligible for the HPV vaccination programme in the 2022 to 2023 academic year (date of birth between 1 September 2009 to 31 August 2010) the following applies:

1. Those who started their HPV vaccination schedule and have already received one dose of the vaccine will be considered fully vaccinated.
2. Those who have not yet received any HPV vaccinations will be eligible to receive one dose of the HPV vaccine.

All other cohorts who require catch-up via their SAIS provider or general practice will move to a one dose schedule from 1 September 2023, and remain eligible until their 25th birthday.

### **GLP-1 RA shortage**

There is currently a national shortage of glucagon like peptide-1 receptor agonists (GLP-1 RAs). Attached is a letter from ICB leads for diabetes and a letter from the DHSC with more detailed information and advice about alternatives.

### **Update: NHS West Yorkshire Integrated Care Board, Primary Care Complaints Function**

As previously reported, NHS England have transferred their primary care complaints function to ICBs. The new WY ICB team will deal with all new complaints relating to primary care services, where the member of the public does not feel comfortable or believes it is inappropriate to raise their complaint directly with their primary care provider and those open complaints which were raised with NHS England between 1 July 2022 and 30 June 2023. More details can be found in the attached letter.

### **Research into eye movement problems - patient pathway**

We need GPs' help to understand how patient's eye movement problems are assessed.

Please complete the attached survey and be in with a chance to win a £30 Amazon voucher!

<https://forms.gle/UfyjLPiC4twBPYHaA>

## **COMINGS & GOINGS**

After nearly 30 years at Foundry Lane Surgery Dr Sarah Frost will be retiring on the 29<sup>th</sup> June 2023.

## **PRACTICE VACANCIES**

**PLEASE VISIT OUR LMC WEBSITE FOR PRACTICE VACANCIES VIA THE LINK**  
[Leeds LMC: Jobs](#)