

# LMC ViewPoint



The newsletter of Leeds Local Medical Committee Limited

14<sup>th</sup> July 2023

## DDRB report 2023

The Doctors and Dentists Review Body (DDRB) [2023 report](#) was published on 13 July and the government have accepted the recommendations.

They have recommended a 6 per cent increase to salaried GP pay, backdated to 1 April as necessary so that they would be paid in full for the 2023-24 financial year. As in previous years, they were not asked by government to make a recommendation for GP contractors in England because it is the 5<sup>th</sup> year of the 5 year deal, although the DDRB observe that *"In general medical practice, despite welcome increases in the size of training intakes, the effective size of the GMP workforce is stagnant, once falling participation rates are taken into account. Despite positive trends in the use of non-medical clinical staff, evidence suggests that practices and their GMPs are struggling to meet demand, and access is severely challenged."*

The DDRB have also recommended that they *"expect that expenses uplifts for GMPs should be sufficient for the full value of our recommendations to be reflected in earnings for contractor and salaried GMPs at typical general practices"* which would mean DHSC/NHSE would need to provide additional funding to practices as currently they are only funded for a 2.1% uplift. If this funding was not provided it would only compound the serious pressures practices are under and make the recruitment and retention crisis even worse.

## NHS Workforce Plan

The long awaited [NHS Long Term Workforce Plan](#) was published on 30 June. The number of medical school training places will be doubled, taking the total number of places up to 15,000 a year by 2031/32, with more medical school places in areas with the greatest shortages, to level up training and help address geographical inequity, with the first new medical school places available from September 2025. There is also a goal to increase the number of GP training places by 50% to 6,000 by 2031/32. They will work towards this ambition by increasing the number of GP specialty training places to 5,000 a year by 2027/28. The first 500 new places will be available from September 2025.

The plan aims to provide 22% of all training for clinical staff through apprenticeship routes by 2031/32, up from just 7% today and more controversially to introduce medical degree apprenticeships, with pilots running in 2024/25, so that by 2031/32, 2,000 medical students will train via this route. They will work towards this ambition by growing medical degree apprenticeships to more than 850 by 2028/29. They have suggested that medical schools would be supported to move to four-year degree programmes and pilot a medical internship programme which will shorten undergraduate training time. They have also restated plans to allow SAS doctors to work in general practice under the supervision of a GP, something that was opposed at the recent BMA Annual Representative Meeting.

More helpfully they state that all foundation doctors will have at least one four-month placement in general practice, with full coverage by 2030/31. They also commit to increase training and supervision capacity in primary care so GPs in training can spend the full three years of their training in primary care settings.

The plan refers to the PCN Additional Roles Reimbursement Scheme (ARRS), which has so far delivered an additional 29,000 multi-professional roles in general practice. They state they will build extra capacity by increasing the number of non-GP direct patient care staff by around 15,000 and primary care nurses by more than 5,000 by 2036/37. They plan for an increase in care co-ordinators from 4000 (September 2022) to 12,000, health and wellbeing coaches to increase from 1000 to 6000 and social prescribers from 3000 to 9000 by 36/37.

The plan acknowledges that additional infrastructure is essential to the workforce expansion if there is to be sufficient physical capacity for staff to be trained in and work in. There is though just a passing reference to the need for investment in NHS estate and equipment, including in primary care. The plan also notes the importance of workforce retention, but other than the pension changes already announced it makes few specific recommendations that would make a meaningful difference.

### **Inclisiran prescribing**

Leeds LMC have repeatedly raised concerns about plans for GPs to initiate the prescription of inclisiran and that its ongoing monitoring will not be funded through the local shared care drug monitoring arrangements. We support the [BMA and RCGP position statement on inclisiran](#) issued last year and believe the points made then remain relevant now. We believe that this medication should be initiated by specialist teams who have the time and expertise to do it. Whilst this has been done by the LTHT lipid clinic service up until now, they and the ICB have informed us that they intend to provide treatment advice in the future and expect practices to assess patients and initiate this treatment if appropriate.

We remain very concerned that this is yet another case of unfunded additional workload expected of general practice, with hospital services able to set boundaries to workload pressures that practices are unable to do.

We have similar concerns about the insufficient funding for shared care drug monitoring, which has not been increased for a number of years despite inflation and which is significantly less in Leeds compared with other areas within the ICB. We will continue to highlight these issues and seek a better and more sustainable outcome for practices and patients.

### **Amendment to annual flu letter 2023/24 – addition of secondary school children (yrs 7 to 11)**

The government has confirmed an amendment to the [annual flu letter 2023-24](#). It outlines the addition of secondary school children in Years 7, 8, 9, 10 and 11 to the programme. This includes those that are home-schooled and other children not in mainstream education.

### **Shingles vaccine programme changes from 1 September 2023**

The [shingles vaccine programme](#) has been modified to include expanding eligible cohorts to younger age groups so individuals, particularly those with a weakened immune system, who can be protected at an earlier age. The vaccine that is used in the programme is also changing with all newly eligible individuals to be offered two doses of the non-live Shingrix vaccine.

### **QRISK3**

TPP and EMIS have confirmed that the QRISK3 tool will not be embedded in to clinical systems. Clinicians are advised, where possible, to use QRISK3 outside of clinical systems however the inconvenience of this is recognised and NICE recommend that QRISK2 can continue to be used in clinical systems. When assessing risk for people taking corticosteroids or atypical antipsychotics or people with systemic lupus erythematosus, migraine, severe mental illness or erectile dysfunction, use QRISK3. QRISK2 does not take these risk factors into account and may underestimate the 10 year CVD risk in these populations.

### **New two-week wait lower GI pathway**

Following the publication of new national guidance a new two week wait Lower GI pathway incorporating FIT testing has been developed locally. Most patients presenting with undiagnosed

abdominal symptoms of suspected colorectal cancer should not be immediately referred. Instead a FIT test and bloods tests (including FBC, ferritin and U&Es) should be requested.

The following are exceptions of patients that should be referred immediately using the updated 2ww form:

- Patients with abdominal mass - Refer and request FIT and blood tests
- Patients with iron deficiency anaemia (males and post-menopausal females) – Refer and request FIT and blood tests
- Anal or rectal mass or unexplained anal ulceration – Refer and request blood tests (No FIT required)
- Patients with concerning symptoms and unable to complete FIT – Refer and request blood tests (No FIT required)

All positive FIT patients will automatically be upgraded to the 2ww pathway by LTHT. If a patient is referred immediately as a 2ww and does not supply a FIT test as requested (i.e. patients with abdominal mass or males/ post-menopausal females with IDA), they will still continue on the suspected cancer pathway, and this will not impede further investigation. If a patient does not supply a FIT sample despite input from the pathway navigator team, and has persistent and concerning symptoms for suspected cancer, please refer as a 2ww using the option “unable to complete FIT”.

If a patient is referred immediately as a 2ww and does not supply a FIT test as requested, they will still continue on the suspected cancer pathway, and this will not impede further investigation. If a patient has not been referred and has a negative FIT test, GPs should make a decision on further management according to presenting symptoms and test results.

A flowchart setting out the pathway is available [here](#) and the revised referral form is available [here](#). For further support information, [please click here](#).

### **Voice Committee briefing**

The Voice Committee (VC) is made up of colleagues and leaders from the Leeds GP Confederation, LMC and the ICB in Leeds. Its role is to review the outputs and opinions generated in a number of forums across the city and has been meeting regularly for some time. It doesn't make decisions but does direct any decisions that need to be made to the right place.

The VC has agreed to produce a monthly summary of themes / actions to ensure we keep general practice colleagues updated and have the opportunity to review and contribute. [Read the first briefing here](#).

Any feedback is gratefully received either on the briefing or on any agenda items you wish the Voice Committee to consider, please email [Kirsty.turner@nhs.net](mailto:Kirsty.turner@nhs.net), [jim.barwick@nhs.net](mailto:jim.barwick@nhs.net), or [mail@leedsimc.org](mailto:mail@leedsimc.org)

### **Online access to GP records – switching on access for EMIS practices in August**

EMIS practices can request patient access is enabled by completing an [opt-in form](#) and selecting an available date – there's still time to request enablement in August and NHS England will help practices prepare. There are only three more available dates when EMIS will update access rights on behalf of practices before 31 October. If EMIS practices do not take advantage of these enablement dates, then they will have to enable patient access manually.

### **QOF wellbeing quality improvement domain**

NHS England will be hosting a webinar on Wednesday 19 July from 12pm – 1.30pm for colleagues to share, learn, and develop ideas and initiatives to support the ambitions set out in this module. The webinar will include an overview of the module and its objectives and will be an opportunity to hear from colleagues who have introduced initiatives to support wellbeing in their practices. We'd also love to hear from you about any initiatives you have developed in your area. Follow this [link](#) to register.

### **AoMRC report: General practice and secondary care working better together**

NHS England in conjunction with Academy of Royal Medical Colleges (AoMRC) is hosting two webinars on 25 (17:30- 18:30) and 27 (18:15 – 19:15) July talking through their report [Primary and Secondary care working better together](#). The webinars are targeted at anyone with an interest in improvements in the primary/secondary care interface, such as clinicians, managers and ICB leads working in primary care and secondary care.

Both sessions will cover context, methodology and how to use the report, as well as showcasing some of the examples from the report. Delegates are asked attend one of the sessions only and can sign up via the individual links: [24 July](#) or [27 July](#)

### **HRT medication – availability of products**

Supplies of HRT medication Utrogestan® (progesterone) 100mg capsules will be intermittent until late 2023. The manufacturer is taking steps to increase supply, but in the meantime DHSC has issued a Serious Shortage Protocol to help ensure equitable distribution of available stock.

### **Are you making the most of your Buying Group membership?**

When was the last time you reviewed how much your practice is spending on the products and services you regularly buy? The cost of living crisis is really starting to bite and GP practices are looking for ways to reduce running costs.

This is where your free membership to the LMC Buying Group can really come in handy as it offers practices access to discounts on a wide range of products and services. They can help you save money on the following areas:

- Medical consumables and equipment
- Stationery, Office equipment and furniture
- Workwear
- Insurance
- Confidential information shredding
- Energy
- Recovery Oxygen
- Trade Waste Management
- Telecoms
- Test and Calibration
- Online Training
- DBS Checks Processing

The Buying Group suppliers won't just offer you a great price one week and then ramp up the price the next so you can be assured that if you order from their suppliers, you'll get a great price every time you shop meaning you don't have to 'shop around' to find the best deal every month anymore.

If you're not sure whether you're a member and/or have access to the Buying Group website (this is where you can view the pricing/discounts and get quotes) then contact the Buying Group team on 0115 979 6910 or [info@lmcbuyinggroups.co.uk](mailto:info@lmcbuyinggroups.co.uk). They can also help you with any questions you might have about your membership or the suppliers.

### **GPPLUS - 6 month fully funded Healthy Practice Programme**

GPplus is excited to announce that we are now accepting applications for our Healthy Practice Programme. This 6 month supported programme helps practices to become 'a good place to work, and a good place to be a patient'. As part of the programme you will be matched to a Healthy Practice facilitator who will support you throughout the 6 month programme.

The Healthy Practice Programme was piloted earlier this year; all practices involved in the pilot experienced positive changes in communication, culture and wellbeing within their teams, by the end of the programme.

Detailed information about the programme can be found in the attached brochure, and on our website [here](#). If you have any questions about the programme you can contact us using the details [here](#).

To apply please complete the expression of interest form and return to [info@gpmplus.co.uk](mailto:info@gpmplus.co.uk) by 28 July at the latest.

The programme is fully funded thanks to support from commissioners. We have 6 places available on this cohort, so if you are interested please ensure your form is returned as soon as possible.

### **June – Counter Fraud Newsletter**

For your information, please see attached June edition of the counter fraud newsletter.

### **COMINGS & GOINGS**

- Dr Katie Gaunt is retiring from City View Medical Practice this month after 25 years. She will be very much missed by the whole practice team, as well as by all her patients. We thank her for everything she has done over so many years and wish her all the very best for the next chapter in her life.
- From the 1<sup>st</sup> August – Guy Ovenden will be taking over at Leeds City Medical Practice as Business Manager. I will be staying with the Practice and the PCN in a managerial support role - part time. Congratulations Guy!
- Dr Sarah Frost has now retired (30.6.2023.) after 30 years with the practice.

### **PRACTICE VACANCIES**

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