

LMC ViewPoint



The newsletter of Leeds Local Medical Committee Limited

4th August 2023

Weight management service – letter to MPs

Following the ending of the tier 2 weight management service in Leeds, and now with the inability to refer to the tier 3 weight management service, the LMC has written to all Leeds MPs to raise our serious concerns about the lack of services for our patients.

Leeds has made a commitment as a “Marmot City”, central to which is to reduce health inequalities, and yet failing to provide a service to help people reduce their weight will only widen health inequalities further. It will be the poorest who cannot afford to pay for private weight management support who will be impacted the hardest.

In May we received a reply from Tom Riordan, chief executive of Leeds City Council after we raised our concerns with him. He said “the challenges facing local government finances have been extremely challenging over recent years, leading to difficult decisions around the best use of limited resources. This resulted in the decision to reduce the budget available from April 2023 onwards for some of our healthy living services, including the weight management element of our One You Leeds service.” The LMC recognise the financial pressures impacting local government. However, obesity currently costs the NHS £6 billion annually, a figure which is expected to rise to over £9.7 billion each year by 2050 if action is not taken. To cut the weight management service in Leeds will not only impact the health of our patients but also increase cost pressures on the NHS in the future.

It's critical therefore that we do all we can now to help our patients who need to lose weight and we would welcome your support to reinstate this essential service.

The letter is attached, and we would encourage you to use it to contact your own MP directly.

GPC England officer elections

Dr Katie Bramall-Stainer has been elected as the new chair of the BMA's GP Committee England. Three deputies have also been elected: Dr David Wrigley, Dr Julius Parker and Dr Samira Anane. Dr Bramall-Stainer is a GP in Huddersdon, Chief Executive of Cambridgeshire LMC and Chair of the UK Conference of LMCs since 2019. She said “I look forward to setting out our vision, strategy and plan this autumn: to restore trust in the patient-doctor relationship; champion GPs' unique role as independent health advocates for our patients; and focus on continuity of care – all three improve and lengthen patients' lives, and sustain our own professional wellbeing too.”

BMA Sessional GP committee officer elections

The BMA sessional GPs committee have also recently held elections for their officer team. The new Chair is Dr Mark Steggles with deputy chair Dr Veno Suri, supported by an exec team of Dr Bethan Roberts and Dr Paula Wright. Mark said, “At this time of crisis for our profession, I am committed to achieving improvements for sessional GPs to ensure safe and sustainable workloads, whilst promoting and celebrating all that is great about sessional GP working.”

COVID and flu vaccine enhanced service specification

NHS England have published the [COVID-19 Vaccination Enhanced Service 23-24](#)

Of significant concern is that the item of service (IoS) fee will be reduced to £7.54. Flu vaccination service specification IoS fee remains at £10.06. Therefore, co-administration results in £17.60 administration fee. There remains a £10 supplement for housebound patients.

Practices must have signed up to deliver the flu enhanced service for adults and at-risk patients to deliver the COVID-19 vaccination service and the expectation is that co-administration of flu and COVID-19 vaccinations is the default. Practices must create a vaccination record within 15 days to receive the IoS (records between days 2-15 will only be paid for in exceptional circumstances).

In addition, there are important changes to the existing [GP Seasonal Influenza Enhanced Service Specification \(adults and at risk\)](#). Flu vaccinations must be offered to eligible patients in line with the cohorts outlined in the Primary Care Bulletin. There will be a reduction in the payment claims period from 6 to 3 months, and if co-administering with COVID-19 vaccinations, it must be recorded in the PCN groupings' Point of Care system.

Medical Examiner Service

The Medical Examiner Service will become a statutory requirement from April 2023. This means that all practices will then be required to use this prior to issuing death certificates. The ME service has been working in secondary care since last year and now the Leeds team wants to reach out to all GP practices across our jurisdiction to begin the process of reviewing deaths in the community.

The statutory requirement commences in April 2024, but, ideally, they would like to have established the service this year and before the winter. By beginning this now, they are hoping that it will allow practices to become familiar with the process and enable them to help develop the system.

Attached is the current Medical Examiner process for community non coronial deaths. Early adopters will hopefully be able to shape and improve how the service develops. Please contact Lead Medical Examiners Dr Nicola Snook Nicola.Snook@nhs.net or Dr Lesley Kilshaw l.kilshaw@nhs.net.

Delay to introduction of non-GP doctors in General Practice

Plans to permanently introduce flexibilities to allow many non-GPs to deliver primary care services without being on the Medical Performers List in England have been delayed by DHSC, following a consultation exercise which saw significant opposition by the BMA, RCGP and others. DHSC still intends to press ahead with its plans at a future date but acknowledged further details need to be worked through in discussions with stakeholders.

Separate amendments to the regulations will come into force on 18 September, including changes to inclusion on the list, a streamlined process for returners, and changes to a wide range of specific processes and requirements. The [revised regulations](#) have been published, with new NHS England guidance expected in advance of commencement.

NHS Long Term Workforce Plan summary

On 30 June, NHS England published the long-awaited NHS long term workforce plan for England. It was written by NHS England but commissioned and accepted by the Government. The BMA has produced a [BMA briefing summary and analysis](#) of the plan's key announcements.

Health and Social Care Committee recommendations – government response

The Health and Social Care Committee produced a comprehensive report on General Practice in October 2022 which was well received by the profession. The Government has now [responded](#) to the report. It has rejected the committee's more controversial and unsupported proposal to implement a list system across general practice, but the LMC is disappointed that other

recommendations made by the committee to improve the support offered to practices were rejected, or only partially accepted, by the Government.

Pension arrangements and partial retirement

Following the Government's consultation on retirement flexibilities earlier this year, partial retirement will be implemented from October 2023. The BMA fought back on the requirement of a 10% reduction in pensionable pay to be eligible, but the Government have not budged on this. This adds unnecessary complexity and the BMA has already been made aware of inconsistent advice being given by NHS BSA and NHS trusts on this. We have queried the practical application of partial retirement for GPs with NHS BSA, which has replied:

In respect of GPs and partial retirement, they must drop their commitment by at least 10% to meet the requirements. If they are a partner (type 1 GP) in a practice this can be achieved by adjusting their partnership share ratio, or for a single-handed GP they may take on a partner. As alluded to, this may be easier for a salaried GP (type 2 GP) as they just need to demonstrate a drop in their commitment, for example the number of appointments they do. For a salaried GP this could be reflected in a change in their contract with the practice. It is a little harder for locums to demonstrate the 10% drop in commitment as they can choose whether to pension their GP locum work and are effectively as and when. However, if they are able to demonstrate this then it may be possible for them to meet the requirements for partial retirement.

Further information on partial retirement can be found at [NHS Pensions](#) and it has also published an [employer factsheet](#) and [slides](#) from a recent event held with pension administrators.

Volunteers to support patients at home

Primary care teams can arrange for patients to receive free, practical support from [NHS and Care Volunteer Responders](#). Verified volunteers can help patients with friendly phone calls, medication deliveries and food shopping. [Webinars](#) are also available to learn more.

Guide for TPP practices switching on patient access to GP records

Practices using the TPP system which are ready to switch on patient access to their records can now update their systems by following the [user guide](#) on the Future NHS site. EMIS practices can also sign up to be part of [automatic prospective record access enablement](#).

Cervical Screening guidance update

The NHS Cervical Screening Programme [good practice guidance for sample takers](#) has been updated to reflect recent developments in the programme. The guidance supports cervical sample takers and enhances practice by providing key information in one place. It also promotes good practice that is consistent with national policy and programme guidance in key areas to help to mitigate risk around sample taking incidents. All cervical screening sample takers are encouraged to access and read the publication.

Achieving Your Wellbeing QoF" and other fully funded August courses

GPMPlus have just introduced a brand new, fully funded course, to help practices achieve their Wellbeing QoF. The course will be available, on Zoom, on the following two dates: 24th August and the 31st August. There are only 12 places available, per course, so please [Book Now](#) to take advantage of this excellent guidance into your practice gaining the Wellbeing QoF.

We also have a small number of fully funded places available for other practice, team and individual courses we are hosting during August:

Tiny Habits for Wellbeing – 9th August (12.30pm-2pm) - a simple system to help you build strong habits in all areas of your life – including the workplace. [Book Now](#)

Team Values and Culture – 16th August (9.30am-11am) - We introduce case studies, individual /group exercises, tools and top tips, all relevant for leaders in primary care teams, and you will formulate your own action plan to take back to your practice to help support change. [Book Now](#)

Contingency Planning for Crisis Aversion – 22nd August (9.30am-11am) - We will discuss the steps in formulating a business continuity plan (a CQC requirement) and share ideas and best practice in facilitated group discussions.

Personal Resilience - 23rd August (1pm-5pm) - This programme is open to all members of the practice team and will provide practical tools and techniques to build personal resilience, including the following: 5 steps to wellbeing, 5 core skills and the resilience toolkit. [Book Now](#)

Practice Systems and Resilience – 30th August (9am-1pm) - The practice systems covered within this course will include: effectiveness of clinical systems, effectiveness of practice management systems, patient experience. [Book Now](#)

And finally – don't forget the GPMPlus Conferences to be held in October. This one-day event, for all members of the practice team, includes a choice of workshops, each offering practical tips. The day will also offer chance to hear more information about the range of wellbeing services offered by GPMplus, as well as a speech from Dr Zoe Watson from Well Good Wellbeing. To find out more and to book for the Bradford event ([Book Now](#)) and for the Harrogate event ([Book Now](#))

PRACTICE VACANCIES

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