

# LMC ViewPoint



*The newsletter of Leeds Local Medical Committee Limited*

*10<sup>th</sup> November 2023*

## **Thank you & update from Rob Webster, CEO, WY ICB**

Rob Webster, chief executive of NHS West Yorkshire Integrated Care Board (ICB) has written a letter to all who work within the NHS in West Yorkshire. He has written about the impact that national issues, such as the Covid-19 Inquiry and current NHS financial pressures and international crisis and conflicts can have on each one of us, people we work with and patients we care for. Please see attached letter.

## **General Practice pressures and data**

The latest [GP workforce data](#) showed that, the net outcome of those newly-qualified GPs joining the workforce in England this August, and those retiring, resulted in a net gain of a mere 56 more full-time equivalent (FTE) GPs by September. Noting the longer-term trend, compared with September 2015, there are still over 2,000 fewer FTE fully qualified GPs. The [NHS Long Term Workforce Plan](#) projects a shortfall of 15,000 qualified full-time equivalent GPs by 2036/37 without further policy action. That action cannot come soon enough.

Being a GP can be the best job in the world, but we need the Government to recognise the value and importance of investment and support for our profession, so that we can safely look after our patients, and effectively meet growing demand.

A single full-time GP is now responsible for an average of 2,300 patients. If we are 6000 GPs short as the Government have accepted, this is the equivalent of millions of patients without access to their GP. No wonder services feel so stretched, and no wonder patients perceive the keen loss of “their” family doctor. Click [here](#) for more infographics and data on General Practice

## **Accelerated Access to Records Programme update**

GPC England has a new webpage with [guidance for practices](#) on how they can provide prospective access to their patients’ GP-held medical records safely, where all our resources are available. GPC England is supportive of patients having access to their records so long as this is safe for patients and safe for GPs. They continue to put forward the case for making access to records on an opt-in basis.

If you have any examples of where your practice or patients are being put at risk as a result of the programme, please email them on [info.gpc@bma.org.uk](mailto:info.gpc@bma.org.uk)

In Leeds the ICB have prepared a DPIA for practices. However if you need it you can access the BMA [template DPIA](#), and other resources on our updated [guidance page](#)

Read also: [GPs urged to adopt opt-in approach to online patient record access \(bma.org.uk\)](#)

## **CVDPREVENT audit data for purposes of the National Obesity Audit**

The new National Obesity Audit (NOA) supports NHS England’s Long Term Plan commitment to build an evidence base for interventions for people who are overweight and living with obesity. For it to be successful, NHS England require a link to primary care patient level data which will enable critical analysis of longitudinal weight change and improvement aims.

To avoid creating a new audit and any additional burden on general practice, NHS England is reusing existing information from general practice to support the NOA and are looking to the CVDPREVENT (CVDP) audit to provide us with the relevant data.

A data provision notice has been issued last week to request that all general practices 'opt in' and approve reuse of CVDP data via the Calculating Quality Reporting Service (CQRS). General practice participation is critical to help to improve services for patients with overweight and obesity.

Further information about the NOA, the use of CVDPREVENT data and what it means for general practice, can be found in the attached letter.

### **Changes to eight WY commissioning policies including gluten-free prescribing**

At the NHS West Yorkshire Integrated Care Board (ICB) Transformation Committee on the 31<sup>st</sup> October, the changes to eight West Yorkshire commissioning policies were approved. Please see the attached Stakeholder Briefing.

### **Physician Associates**

GPC England have expressed concern over reports of Physician Associates (PAs) being used inappropriately to replace GPs, and/or not being provided with sufficient supervision. They have also highlighted the need to protect patients by ensuring appropriate processes and regulations are in place. This follows a [statement by UEMO](#) (European Union of GPs/Family Doctors) supporting GPs in the UK over their concerns.

The BMA recognises the vital role that multidisciplinary teams play in General Practice, but patients need to know and understand what each healthcare professional can and cannot do, and where their expertise is relevant. There have been some recent examples suggesting a potential blurring of lines between doctors and non-medically qualified professionals, leading patients to think they've seen a GP - when they haven't.

In Leeds we are aware of 13 PAs recruited across the 19 PCNs and 90+ practices via the ARRS scheme. These are, therefore, small numbers compared with the wider general practice workforce. They are valued colleagues, and it is important to ensure they are properly supported and supervised.

PAs are not doctors, they are not regulated, and they cannot prescribe. The distinction between GPs as expert medical generalists, and PAs, must be protected. PAs cannot be used as a substitute for GPs, or in place of a GP when supervising GPs in training.

The GP workforce crisis is a result of the failure of Government to plan for the recruitment and retention of GPs. Only by valuing and investing in the recruitment and retention of GPs will the experience and care of patients improve. While PAs may help reduce general practice workload in some well-defined cases and pathways, it should not come at the expense of patient safety.

Read the full statement [here](#)

### **Seasonal Vaccination Update**

The co-administration template has been available from 23 October. NHSE have advised that the delays to the co-administration template came about due to the accelerated timelines of the programme. "Pinnacle had to prioritise their workload to ensure that rapid development of POC systems could be achieved. Our digital colleagues worked with Pinnacle to introduce it as soon as possible, recognising that it is a very important functionality for sites."

The additional financial support, which came to an end on 31 October, was put in place to support programme acceleration (i.e. to administer as many Covid-19 vaccinations before the end of October) and to recognise the additional administrative, organisation and delivery costs associated with that task. The UKHSA and DHSC are responsible for monitoring the epidemiology and advising NHS England where further steps need to be taken in response to emerging Covid-19

variants. They have been monitoring the situation, and do not regard additional measures as necessary at this stage. Therefore, at this point in time, there are no plans to extend the additional financial support. However, it appears that patients are coming forward less quickly this Autumn compared with last. The UKHSA's uptake reports are available [here](#).

Regarding **staff vaccination for flu**, provision is an employer responsibility and not provided under the NHS flu programme. Frontline primary care staff are not eligible for a free NHS flu vaccination and therefore are not included in the Annual Flu Letter cohorts, but they do appear in the enhanced service spec because the decision was taken last year to include frontline primary care staff in the spec to allow for cover under the Clinical Negligence Scheme for General Practice, as provision of flu vaccinations to these staff is an employer responsibility.

### **Confirmation of national vaccination and immunisation catch-up campaign for 2023/24**

Thank you for all you are doing to support vaccinations and immunisations delivery. You will be aware that practices are required to participate in a national vaccinations and immunisations catch-up campaign each year, as a requirement of the GP contracts.

The 2023/24 national vaccinations and immunisations catch-up campaign will once again focus on measles, mumps, and rubella (MMR). The campaign will run from November 2023 to March 2024 in two stages:

From November 2023 to March 2024 – practices will be required to undertake local call and recall for eligible individuals aged 12 months up to and including 5 years.

From January 2024 to March 2024 – practices are asked to support requests for vaccination from eligible individuals aged 6 years up to and including 25 years.

Further details can be found [here](#)- Please review Annex A for next steps.

If you have any questions, please direct these to [england.pccovidvaccine@nhs.net](mailto:england.pccovidvaccine@nhs.net)

### **Update COVID Medicines Distribution Unit (CMDU) testing arrangements**

Further to previous updates regarding the changes to supply of Lateral Flow Device (LFD) Tests, please see attached a letter sent on behalf of David Smith, NHS West Yorkshire Integrated Care Board, Chief Pharmacist about arrangements for the COVID Medicines Distribution Unit (CMDU) and further information on changes to testing arrangements for patients, due to take place from Monday 6 November.

Practices may wish to use the key messages information to update the Coronavirus patient information sections on their website.

### **Navigating GP Premises Service Charges**

In 2022, the cases of *Valley View & Others v NHS Property Services* ([which were supported by the BMA](#)) considered five different scenarios where service charges (charged by landlord NHS Property Services) were disputed.

Service charges usually arise where the GP practice doesn't own the premises and the landlord provides repair and maintenance. Here, NHS Property Service's default position was to charge pursuant to its Charging Policy.

However, the Court concluded that the Charging Policy doesn't override the terms of the tenancy agreement. While these cases don't set a universal precedent, there are useful points that may assist GP practices in resolving disputes or pushing back on service charges raised.

The sums initially demanded by NHSPS in the cases of Valley View & Others were significantly higher than what was ultimately paid by the practices. The BMA successfully assisted the five practices in the cases to significantly reduce service charge claims, with one practice agreeing to a reduction of more than 80%.

BMA Law has a team of legal professionals specialising in healthcare related law and [can advise GP practices in respect of service charge issues](#). To discuss NHSPS service charges and other related matters please BMA Law on [0300 123 2014](tel:03001232014) or email [info@bmalaw.co.uk](mailto:info@bmalaw.co.uk)

### **NHS Suicide Postvention Guidance for staff**

The University of Surrey, Keele University, and the University of Birmingham have developed postvention guidance for NHS services on how to support staff after the death by suicide of a colleague. The Social Partnership Forum Workforce Interest Group, of which the BMA is a member, have been asked to circulate the [executive summary](#) and [full report](#) for your information. Read the latest [Sessional GPs newsletter](#)

### **Switching to digital telephony contracts**

As part of the [Delivery Plan for Recovering Access to Primary Care](#) funding is being made available to all general practices that are still on analogue telephone lines, to transition to new digital telephony systems. [In a letter published on Monday, practices that have signed up in principle to transition must sign contracts by 15 December to take advantage of the funding offer.](#) Analogue phone networks will be switch off nationally by December 2025.

[Practices are also encouraged to join the general practice improvement programme's](#) free support and training offers, which will help them get the best out of digital telephony.

### **New Medical Certificate of Cause of Death for statutory medical examiner system**

Ministers previously announced that the [statutory medical examiner system](#) will commence from April 2024. The NHS Business Services Authority (NHSBSA) and the Department of Health and Social Care are developing a digital Medical Certificate of Cause of Death (MCCD) for England and Wales. Anyone involved completing or handling MCCDs in any capacity, can take part in the research and be involved in shaping the design of the future digital MCCD. As many people as possible are needed to take part to build an effective and inclusive digital service.

The research sessions will be convenient to staff and NHSBSA will make sure they fit around colleagues' availability. [To participate, please complete the survey](#) and provide your contact details email [UserResearch.DCR@nhsbsa.nhs.uk](mailto:UserResearch.DCR@nhsbsa.nhs.uk) for more information.

### **Veteran friendly GP practices**

GP practices are encouraged to become [Veteran Friendly Accredited](#) to support veterans who may need support with their mental or physical health. Taking just 20 minutes to join, the scheme by the Royal College of GPs is a free, and quick-to-implement programme, which provides practice teams with a simple process for identifying, understanding, supporting and, if needed, referring veterans to specialist healthcare services.

### **Anastrozole licensed for the prevention of breast cancer**

NHS England has announced that anastrozole has been licenced as a preventative option for breast cancer. They suggest this could help prevent around 2,000 cases of breast cancer in England. Details can be found [here](#). Whilst this is an important initiative, the LMC has raised concerns directly with NHSE about the way the announcement was made and the additional GP appointments it could generate.

[The NICE guideline on familial breast cancer recommends anastrozole](#) as a preventative treatment for postmenopausal women at increased risk of breast cancer and provides information on assessing risk and referral criteria.

### **Recording GP appointments – consolidated guidance**

[NHS England has produced consolidated guidance bringing together guidance from key GP appointment data documents.](#) The guidance supports the [Delivery Plan for Recovering Access to Primary Care](#) and Capacity and Access Improvement Payments and includes details of where to access support.

**New guidance: Musculoskeletal (MSK) orthopaedic approach to referral optimisation**

Developed with the involvement of key stakeholders including the British Orthopaedic Association, the Chartered Society of Physiotherapy and the Arthritis Musculoskeletal Alliance (ARMA), this guidance explains how specialist advice can be used to ensure people with MSK conditions are seen at the right time, in the right place. [Read the guidance.](#)

**Planning for TARGET 2024/25**

The ICB are in the process of arranging the dates for TARGET in 2024/25 and arranging out of hours cover and will share the dates with you once confirmed. The ICB and LMC would like to gather views from all general practice colleagues on the future format of TARGET. Over the past year we have delivered various TARGET programmes with pre-recorded content for you to view during your TARGET afternoon or view back any time. We also delivered in-person events across all three geographical groups in Leeds in April and May 2023 which evaluated well, and we are planning to deliver another in person TARGET in 2024.

Please can you ask your practice and PCN colleagues to complete this brief survey here: [General Practice staff views on online TARGET \(smartsurvey.co.uk\)](https://smartsurvey.co.uk) before Monday 20 November 2023.

**PRACTICE VACANCIES**

**PLEASE VISIT OUR LMC WEBSITE FOR PRACTICE VACANCIES VIA THE LINK**

[Leeds LMC: Jobs](#)