LMC ViewPoint

The newsletter of Leeds Local Medical Committee Limited *1st March 2024*

GP contract 2024-25

NHS England have published a letter outlining details of the GP contract 2024/25. They have stated that their intent is to cut bureaucracy, help practices with cash flow and increasing financial flexibilities, giving primary care networks (PCNs) more staffing flexibility, supporting practices and PCNs improve outcomes by simplifying the PCN direct enhanced service (DES) requirements, and continuing to improve patient experience of access.

However, contract funding will only be increased to allow for a 2% pay uplift, pending any further increase when the DDRB report in the summer.

The contract has not been agreed with GPC England. NHS England will though now begin the process of implementing the 2024/25 contract changes with detailed guidance and further information to be published in the coming weeks.

The BMA GP committee have issued a statement in response and have been clear how unacceptable and damaging this below inflation rise will be.

The Kings Fund Report

The Kings Fund have published an important report highlighting years of underfunding in primary and community care.

The report authors argue that the failure to grow and invest in primary and community health and care services, despite successive governments stating a commitment to this agenda, is one of the most significant and long-running policy failures of the past 30 years.

The vast majority of interactions with the NHS are through primary and community services – such as general practice (GPs), community pharmacy and district nursing. On average there are more than 876,164 GP appointments in the NHS every day, an increase of 34,219 appointments a day since 2018/19.

Despite this rise in demand, and despite repeated pledges to boost out-of-hospital care, the proportion of Department of Health and Social Care (DHSC) spending on primary care has actually fallen (8.9% in 2015/16 to 8.1% in 2021/22).In 2021/22 the largest proportion of DHSC spending, £83.1 billion, went to acute hospitals, compared to £14.9 billion spent on primary care.

The NHS has received additional funding in recent years, but while acute hospital trusts saw 27% funding growth since 2016/17, community trusts saw just half that level of growth, at 14%.

Trends in staffing reveal a similar pattern, with the number of NHS consultants growing by 18% between 2016/17 and 2021/22, but just a 4% increase in the number of GPs over the same period. There has also been a significant jump in social care staff vacancies rising from 110,000 vacant posts in 2020/21 to 152,000 in 2022/23.

Please see the BMA response to the Kings Fund Report and the response statement from Royal College of General Practitioners.

Spring 2024 COVID-19 vaccination campaign

Details of the Spring 2024 COVID-19 vaccination campaign have been published. The following cohorts have now been announced and authorised for vaccination:

- Residents in care homes for older adults
- Adults aged 75 years and over
- Individuals aged 6 months and over who are immunosuppressed (as defined in the Green book, chapter 14a: tables 3 and 4). includes those who turn 75 years old by 30 June 24.

Visits to older adult care homes and eligible housebound patients should begin on 15 April. For all other eligible cohorts, vaccinations should start by 22 April and end on 30 June.

MMR vaccinations for practice staff – for onward cascade to practices
In light of the national measles outbreak and urgency to support rapid uptake of the MMR vaccine, we are permitting practices to administer MMR vaccines to their eligible staff who are registered with another practice under INT (immediately necessary treatment). Please note this is a time limited arrangement until 31 March 2024 in light of the on-going national incident and only applies to MMR vaccinations.

An item of service fee cannot be claimed for the administration of MMR vaccines to staff registered with another practice. However, indemnity cover will be provided through CNSGP, and nationally supplied MMR stock can be used to vaccinate eligible staff. Staff must be strongly encouraged to inform their registered practice that they have received an MMR vaccine, requesting it be included in their medical record.

2024-25 Funding opportunities for increasing vaccination uptake
West Yorkshire Screening and Immunisation Team have advised that there will be some funding available for 2024-25 to support practices and PCNs to undertake activities to increase vaccination uptake. This could be for childhood or adult immunisations.

Practices and PCNs can submit proposals for non-recurrent reserve funding bids to support S7a Public Health services. Requests may be in relation to: Service Improvement, Increased Uptake, Inequalities, Other. All bids will be assessed by the Public Health Commissioning & Finance Leads with final approval by Commissioning Management Group and Public Health Commissioning Committee.

Proposals can be submitted up to 31st March 2024 with funding being made available from April 2024 onwards. Completed proposals should be sent to england.wysit@nhs.net

Pertussis Vaccination
We have been alerted by UKHSA that, as expected, there has been an increase in pertussis across all age groups in the last few months. Their concern is that this increase is occurring in the context of an ongoing decline in the uptake of the childhood immunisation programme, and particularly large declines in the uptake of the maternal pertussis programme. The latest data can be found in the UKHSA updates on pertussis activity in England and prenatal pertussis vaccination coverage.

NHS e-Referral Service browser address change
From 12 April, users who continue to access the NHS e-Referral Service (e-Rs) using the legacy URL will be directed to a new page that will require them to select an option to access e-RS on the new URL (https://ers.nhs.uk).
Users should update and replace the legacy URL with the new URL in favourites/ shortcuts in line with the online guidance.
Reducing antibiotic use in primary care

The latest research on antibiotic stewardship, and safe and effective prescribing for those working in primary care from the NIHR.

Communication to practices regarding Cardiobase issue
Through the investigation of significant incident, in which a new finding of Atrial Fibrillation (AF) on 24 ECG wasn't made apparent to a GP practice, it has come to light that an IT issue means that GP practices may not be aware of other results. Whilst the LTHT system called Cardiobase is linked to the ICE system for results in the hospital, unfortunately it wasn't linking in the same was to the GP ICE platform.

Practices that requested the following tests using the ICE system between January 2022 and November 2023 will not have had the results forwarded to them via ICE. However, the results have been available via PPM+/Leeds Care record, so it is possible practices and patients are aware of the results.

The results that are affected are: -

- 24-hour BP monitors
- 24-hour ECGs
- ECHOs

Discussions between clinical colleagues have concluded that any significant abnormal results should have been escalated automatically, except where AF is identified on a 24 Hour ECG or moderate LV impairment/valve disease is identified on ECHO (see protocol appendix 2 for full standard operating procedure).

The plan therefore for the backlog of results is as follows: -

- Ambulatory ECG results will be reviewed by LTHT and flagged to general practice if there is action to take.
- ECHO results will be reviewed by LTHT and if moderate LV impairment or valve disease is identified then advice and guidance will be provided to practices.

In the unlikely event that there are any findings that require secondary or tertiary care input (i.e., missed by SOPs) they will be escalated internally and communicated to Primary care accordingly.

- Ambulatory BP results will be filtered through in due course (timescales TBC)

There are over 7,000 results in total so as you will appreciate this will take a bit of time.

If any practices have the capacity to take and manage all their own results and would prefer this please contact andrewfitzpatrick@nhs.net.

Preparing for Death Certification Reforms
In anticipation of the introduction of the new death certification reforms, all GP practices and healthcare providers are being encouraged to begin testing processes with medical examiner offices to avoid distress and disruption for bereaved people and frontline staff when the new processes become statutory.

The government announced that under the new regulations, all deaths will be independently reviewed by either a medical examiner or a coroner, without exception. The changes include a new Medical Certificate of Cause of Death, and it will no longer be necessary for the attending doctor to have seen the deceased 28 days before death.

Medical examiners have now provided independent scrutiny of over 700,000 deaths. In October to December 2024, around 41% of deaths in the community were scrutinised by medical examiners.

Two podcasts, GPs and Medical Examiners Working Together and Changes to the Death Certification Process and Introduction of the Statutory Medical Examiner System, help explain the changes and further information can be found on the medical examiner webpages. There was also information shared via the last TARGET session.

Have your say on standardisation of encounter activity in general practice
The Professional Records Standards Body (PRSB) is working with NHS England to make it easier to accurately record encounter activity in patient records. This will help improve data quality, local planning and drive better outcomes. The project aims to get consensus on a set of terms for consultation modes and care related activities, which can then be built into GP IT systems.

Practices are invited to share their thoughts on the proposed terms for consultation models and care related activity types, and ideas on implementation by 8 March.

WYHCP Guidelines for Management of Chronic Kidney Disease in Adults
Chronic Kidney Disease is a leading cause of premature death and often progresses undiagnosed until later stages when invasive and life changing therapies are needed. This disease can affect anyone, and prevalence is growing rapidly.

WY Guideline for management of CKD in adults 310124 supports the appropriate management of people living with chronic kidney disease has been recently updated.

Pharmacy First – Q&A
Community Pharmacy WY and West Yorkshire ICB will be hosting a series of drop-in clinics on Microsoft Teams to answer any queries you may have about the new Pharmacy First Advanced Service that launched on the 31st January 2024.

The drop-in clinics are for anyone working in West Yorkshire who may be involved in Pharmacy First. We are actively encouraging any member of the pharmacy and GP practice team to drop in to one of these sessions to ask any questions you have. These clinics are also open to locums so please pass on the details if your locums have queries that they are searching for answers to.

You do not need to register to attend, simply drop in to one of our clinics listed below using the links provided.

- Wednesday 14th February 1-2pm Click here to join the meeting
- Monday 19th February 7-8pm Click here to join the meeting
- Wednesday 28th February 1-2pm Click here to join the meeting

Pharmacy Blood Pressure Check Service – Update from Community Pharmacy West Yorkshire
The objectives of the Community Pharmacy NHS Hypertension Case Finding Service are to:
• identify people aged 40 years or older – or, at the discretion of pharmacy staff, people under the age of 40 – with high blood pressure (who have previously not had a confirmed diagnosis of hypertension), and to refer them to general practice to confirm diagnosis and for appropriate management.
• at the request of a general practice, undertake ad hoc clinic and ambulatory blood pressure measurements for adults of any age. These requests can be in relation to people either with or without a diagnosis of hypertension.

• Promote healthy behaviours to patients.

Having identified a person who meets the service inclusion criteria the pharmacy staff should then conduct a face-to-face consultation in the pharmacy consultation room and will take blood pressure measurements following best practice as described in NICE guidance (NG136) Hypertension in adults: diagnosis and management. i.e. having gained consent from the patient the pharmacy should take a BP measurement from each arm. If the results are inconclusive, a third measurement should be taken.

Once the result is confirmed, the pharmacy is required to take one of the following actions:
Low <90/60mmHg with symptoms = Advise patient to make a GP appointment within 3 weeks
Low <90/60mmHg with no symptoms = Give advice on healthy behaviours and the retake Blood pressure within 1 year.
Normal 90/60 to 139/89mmHg = Give advice on healthy behaviours and the retake Blood pressure within 5 years.
High 140/90 to 179/119mmHg = Offer ABPM or if refused, advise patient to make a GP appointment with 3 weeks
Very High >180/120mmHg = Pharmacist to request a same day appointment with GP or refer patient to Urgent Care.

Where the clinic blood pressure measurements are 140/90mmHg or higher but less than 180/120mmHg, then ABPM should be offered to the patient in a timely manner. For example, either on the same day as the clinic reading where an ABPM device is available, as soon as convenient to the patient, or as soon as an ABPM device will become available. While this should ideally be within a few days of the initial clinic measurement, contractors should ensure they have appropriate procedures in place to manage provision in any periods where an ABPM is not going to be available.

TV campaign to encourage blood pressure checks in community pharmacy
Practices should be aware of a new campaign to help detect undiagnosed hypertension using free resources on the Campaign Recourse Centre website, including printed pharmacy toolkits, social media assets, digital screens and a communications toolkit.

Leeds Drug & Alcohol Healthcare Subgroup
A GP or Primary Care representative is invited to join a Leeds Drug and Alcohol Group.
The Purpose of the Group is to:

- Bring together healthcare providers across the city.
- Develop, explore, promote, and share initiatives and collectively contribute to the city-wide Drug and Alcohol strategy and its ambitions.

Objectives:

- Ensure a co-ordinated approach to addressing drug and alcohol use within the healthcare providers in Leeds.
- Promote and improve practice to help address drug and alcohol misuse and related harm and ensure integration of support interventions into healthcare services.
- Develop and implement a city-wide healthcare drug and alcohol action plan.

The Group meets every quarter on Teams, it has met twice to date and the next meeting is 3rd March at 9am.

If you are interested, please contact Charlotte Orton, Public Health Specialist Programme Manager at Leeds Teaching Hospitals Trust by email: **charlotte.orton@nhs.net**

Buying Group Recruitment Support
The LMC Buying Group understand that recruitment is often an expensive and time-consuming business, so they created an eye-catching, easy to use recruitment page where any registered member can post their clinical and non-clinical vacancies at no cost. They also offer practices the opportunity to feature their vacancies with a featured package which comes at a small fee.

What they offer
As well as posting the job on their website, they also highlight any new job posting at least once across their social media platforms. This is a free service to any member practice interested in expanding their vacancy reach beyond their region.
They have also introduced a 'Featured Job' option for those members that want to draw more attention to their advert. The featured role will appear at the top of the Jobs page in a bright colour and be highlighted on their social media channels each week for a month. This service only costs £50+VAT.
To place an advert, visit the Jobs page and upload your vacancy using the application form template here. If you choose the Featured Advert option, they will send you an invoice once the advert has been posted online.

GPMplus 3-year anniversary: Podcast special
March 2024 marks the 3-year anniversary of GPMplus, which offers mentoring and wellbeing services for primary care across Humber & North Yorkshire and West Yorkshire.

A new podcast is released looking at the services available for primary care teams from GPMplus. You can listen here. The podcast is a discussion between Dr Danielle Hann, GPMplus Wellbeing Lead, Dr Jonathan Dixon, GPMplus Mentoring Lead, and Dr John Bibby, GPMplus Healthy Practice Lead, talking about:

- How to access GPMplus mentoring services.
- Healthy Practice education courses.
- The 6-month Healthy Practice programme.

To find out more and to access these services, please visit the GPMplus website.

Comings & Goings

Dr Jasmine Salih has left the Garden Surgery as a Partner of 15 years.
She will be missed by colleagues and staff. We would like to thank her for her care, commitment, and friendship over the years.
We are looking forward to including Dr Sharon Foley in our team of salaried GP's

PLEASE VISIT OUR LMC WEBSITE FOR PRACTICE VACANCIES VIA THE LINK
Leeds LMC: Jobs

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