

# LMC ViewPoint

*The newsletter of Leeds Local Medical Committee Limited*

*18th March 2024*

## **2024-25 GP contract referendum England Webinars**

GPC England has rejected the 2024/25 GP contract changes. The contract will now be put to BMA members in a referendum. The referendum cannot prevent the Government from choosing to impose their changes to the contract, but it will send a strong signal as to how the profession feels about a potential third successive contractual imposition by Government and where we collectively go next.

Find out more about the current contract changes [here](#).

GPC England are holding a series of webinars with a presentation from GPC England officers outlining the context of the 2024/25 contract and what it means both for your practice, and you as a GP. There is also an opportunity to have your questions answered – please send your questions in advance to [gpreferendum@bma.org.uk](mailto:gpreferendum@bma.org.uk)

Webinar dates, times and Microsoft Teams joining links:

Yorkshire & Humber: Wednesday 20<sup>th</sup> March 19:30 – 21:00

[Microsoft Teams link](#)

**National Catch-Up:** Thursday 21<sup>st</sup> March

12.30 - 14.00 [Microsoft Teams link](#)

19.30 - 21.00 [Microsoft Teams link](#)

## **Contract letter from NHSE – RCGP response**

The RCGP have also responded to the contract changes and sent an [open letter](#) to Health Secretary Victoria Atkins and NHS CEO Amanda Pritchard expressing dismay and disappointment at the poor uplift on offer.

## **RCGP strengthens 'red lines' on Physician Associates working in general practice**

The Royal College of General Practitioners has strengthened and updated its position on the role and regulation of Physician Associates (PAs) working in general practice, following discussion at its recent council meeting. The College issued a [statement](#) providing more detail.

The RCGP's updated position now stipulates:

- PAs working in general practice must always work under the supervision of qualified GPs.
- PAs must be considered additional members of the team, rather than substitutes for GPs.
- PAs do not replace GPs or mitigate the need to urgently address the shortage of GPs.
- PAs must be regulated as soon as possible.
- Public awareness and understanding of the PA role must be improved.

- Training, induction, and supervision of PAs within general practice must be properly designed and resourced.
- At a time of significant GP workforce challenges, funding allocations, resources and learning opportunities within general practice must be prioritised for the training and retention of GPs.
- The significant responsibility and skills required for supervision must be recognised and resourced, with GPs able to choose whether they are willing to undertake supervision of PAs. PAs should not be employed unless sufficient supervision can be provided.

### **RCGP raise concerns about parity of esteem for GPs**

General Practitioners have long faced additional burdens due to inequitable funding and treatment, compared to other specialty medical professions. Examples of a lack of parity include the significant year-to-year under-resourcing and funding of general practice in comparison to other areas of NHS services, disproportionate representation in leadership roles and system structures in the NHS, inequitable exposure to, and training in, general practice within the undergraduate medical curriculum, and a lack of opportunities and recognition in senior academic positions and clinical academic settings.

The RCGP have produced a paper [Achieving parity for general practice](#). This outlines a range of recommendations for the NHS and government to address this issue. Please follow this [link](#) to have your say related to parity of esteem. The RCGP are particularly interested in hearing specific examples from members, including but not limited to the areas of training & education, academia & research, access to and representation in roles at a leadership level.

### **Community Urgent Eyecare Service (CUES) extended while revised pathway is developed.**

Since September 2020, Primary Eyecare Services Ltd (PES) have been the lead provider for a network of 35 optical practices providing assessment for patients with recent-onset symptomatic/urgent ocular or visual symptoms (Community Urgent Eyecare Service). This network of optometrists undertakes telemedicine assessment, or where necessary face-to-face assessments within suitably equipped premises.

As with other services there has been a rise in activity in the service, with 24/25 projections for further increased growth. Given the current significant financial gap in the ICB a review was undertaken, and the decision was made by the ICB (Leeds Office) not re-contract with PES for the current service model.

The LMC have been concerned about this and believe this is an important service which should not be stopped. We have raised this with the ICB, so we welcome the extension of the scheme for 4 months but would want this to be for the long term.

Over the next few months, the ICB will work with the Leeds Local Optical Committee and others in primary care to develop alternative provision that minimises the impact on patients and primary care urgent care services. If you would like to participate in the development of an alternative service or if you have any questions, please email [wyicb-leeds.sdrprogramme@nhs.net](mailto:wyicb-leeds.sdrprogramme@nhs.net).

### **Leeds Pathology Laboratory - Inadequate Request Forms/Labels**

Please refer to the attachment for an update on recurrent issues with sample labelling causing delays and, in some cases, results not being processed correctly.

## **Update on Consultant Led ENT and Adult Hearing Loss Community Services**

The West Yorkshire Integrated Care Board (ICB) in Leeds has re-accredited successful providers to deliver the Consultant Led ENT and Adult Hearing Loss Community Services (AHL). The awarded contracts will start from the 1 April 2024.

Below is the list of accredited providers:

1. Chevin Medical Practice – c/o Tredgold Crescent, Bramhope, Leeds LS16 9BR
2. Meanwood Medical Practice - 548 Meanwood Rd, Meanwood, Leeds LS6 4JN
3. Fountain Diagnostic Ltd t/a LivingCare - 4600 Park Approach, Leeds LS15 8GB
4. Westcliffe Health Innovations Ltd - Eccleshill Treatment Centre, Harrogate Rd, Bradford BD10 0JE

Further updates will be shared in the coming weeks with regards to transition arrangements for some AHL patients as we work with the network of providers to minimise the impact of any changes for patients who access these services currently.

### **Key stats page update**

The RCGP have updated the [key stats](#) page on their website, providing members with an easily accessible source of information on the workload and workforce pressures being experienced by general practice.

### **HRT PPC single-item prescribing – GP IT automation update**

More than half of GP surgeries now have a digital solution available, which will automatically issue HRT items on separate prescriptions (one for each item) at the point of prescribing. NHS England and DHSC are continuing to work together with suppliers to implement changes across all GP IT systems over the coming months.

In the meantime, where a change hasn't yet been automated, please remember that prescribers are required to issue all HRT items as single-item prescriptions.

### **Management of Treatment Resistant Scabies – New Service**

In response to the increased number of cases of treatment resistant scabies, from Monday March 4<sup>th</sup>, the Leeds Community Dermatology Service has introduced a service for the assessment of patients for whom the referrer is satisfied that the condition is scabies, and where first line management in primary care has not succeeded.

The service will comprise of examination of the patient, and prescription of oral Ivermectin if appropriate, after which the patient will be discharged. Review of this treatment will be the responsibility of the referrer.

In order to facilitate this change, also from Monday March 4<sup>th</sup>, an additional pathway option was added to the dermatology DART form, called, "Treatment resistant scabies".

In making the referral for this service, the referrer will need to confirm that: -

- The patient and close family members/close contacts had been provided with first line treatment, and that the treatment protocol had been complied with.

- The full two weeks after treatment completion had elapsed before referral, so we can be sure that treatment is ineffective, rather than incomplete.

The service also recommends sharing the following helpful patient information leaflets/links with patients, to reassure them that whilst distressing, this is a common and curable condition; and to encourage treatment compliance.

[Scabies-update-PIL-Oct2023.pdf \(bad.org.uk\)](#)

[Scabies \(pcds.org.uk\)](#)

### **Collaborative Review of the MindMate Single Point of Access – Your Views**

Leeds ICB are leading a collaborative review of the MindMate Single Point of Access (SPA). This has been initiated following a significant increase in waiting times for signposting children and young people to appropriate services and presents an opportunity to review and refresh processes and pathways to reduce waiting times and to improve the experience for referrers, staff and young people and their parents/carers.

The review will inform commissioning and provider partners in determining which parts of the service are effective and which parts of the service require improvement, providing an evidence base for future service improvement plans.

To help them to understand referrers experience of the SPA referral/triage process, the ICB have produced the following survey: [Link to survey](#)

### **National Measles Mumps and Rubella call / recall**

Practices are advised that the national Measles Mumps and Rubella (MMR) vaccination call/recall to support the 2023/24 GP Contract Vaccination and Immunisation campaign continues and their eligible registered patients will be receiving national MMR reminders during March.

When patients have received this national MMR vaccination reminder, thank you for checking immunisation records, booking, and administering vaccination if clinically appropriate.

Further information on the practice role in support of national MMR call and recall is available [in Annex A](#) on NHS England's website.

### **‘No Wrong Doors for Young Carers’: statutory duties relating to young carers and young adult carers**

Updated guidance is now available to support the implementation of the [‘No Wrong Doors for Young Carers’](#) Memorandum of Understanding (MoU) to help local authorities, Integrated Care Boards (ICBs) and other system partners ensure they are complying with their statutory duties relating to young carers and young adult carers.

The [guidance](#) provides further detail, practice examples and links to relevant legislation, policy and resources, including a template that local systems can adapt to meet their local context.

## **Patient choice materials**

Patient-facing materials have now been produced to promote the benefits of patient choice. Patients have a legal right to choose which hospital they are referred to for their first outpatient appointment when they are being referred for treatment by a healthcare professional.

Materials include posters, graphics, an explainer video, and information leaflet that outline how choice works and the potential benefits. Primary care colleagues can use these materials with patients and display in their practices or other care settings. They can be downloaded [here](#)

## **Patient Choice when Referring from a GP Practice to Community Pharmacy**

The introduction of the Pharmacy First service (which now includes the former Community Pharmacy Consultation Service (CPCS)), offers the opportunity for treatment of minor health conditions in the most appropriate health care setting. It is important to ensure that the patient has free choice of which pharmacy they wish to use, and that this choice is not directed by the practice. Referrals made via PharmRefer will enable practices to see which pharmacies offer Pharmacy First services via the Directory of Services (DoS).

Pharmacies located within practice buildings, or closest to practices are receiving very high rates of referrals, and whilst this may be the most convenient option for walk in patients, it is still important to check what the patient's choice of pharmacy for onward referral may be, particularly if they contact you by phone or electronically.

## **NHS funded training for Pharmacy First**

Pharmacy First is here – build your pharmacy future with fully funded, flexible training tailored to your skills, experience, and individual learning requirements. Learn new skills, support peer development, and expand your clinical knowledge. Courses include:

- Clinical Examination Skills and Independent Prescribing for Community Pharmacists
- Advancing your role for Community Pharmacy Technicians
- Educational Supervisor Training for Community Pharmacists and Pharmacy Technicians.

[Find out more and apply now.](#)

## **Research career development opportunities in primary care**

Applications are open for the [NIHR in-Practice Fellowship \(IPF\)](#), to develop research skills and experience. For 2024, funding is also available to health and care professionals working in primary care, together with GPs and dentists who are already eligible. IPF funding is for two years or part-time, over 30 or 40 months. [Apply by 3<sup>rd</sup> April.](#)

## **RCGP well-being mini retreat 23/3/24**

RCGP Yorkshire Faculty are hosting a limited number of fully-funded places to a three hour mini-wellbeing retreat for GPs at a private yoga studio in Ilkley on the afternoon of Saturday 23<sup>rd</sup> March. They will be guided through journaling, short Hatha flow yoga sequences, tailored meditation for stress reduction and tips on self-massage by an experienced instructor, followed by a late lunch. No previous yoga experience or equipment is required. Please register [here](#) or <https://rcgp.my.site.com/s/lt-event?id=a1USg0000007dJBMAY&site=a0d1i00000aKQbhAAG>

### **GPMplus mentoring for Practice Managers**

GPMplus mentoring is available for GPs, Practice Managers, Practice Nurses and other staff in leadership roles. You can access up to 8 hours of mentoring – and thanks to funding from NHSE, this is available free of charge.

We are very pleased to welcome four new Practice Manager mentors to our mentoring team, making a total of nine Practice Manager mentors available. All our Practice Manager mentors are experienced Practice Managers themselves as well as being trained mentors. Please have a look at the [GPMplus website](#) to see biographies and photos of all our mentors.

Our mentors can help you to:

- Move forward with personal and career goals
- Work through a problem
- Consider opportunities
- Manage transitions positively
- Build confidence
- Improve your work life balance
- Build your resilience
- Achieve your aspirations

You can request mentoring by [completing this form](#) on the GPMplus website. You can let us know your preferred mentors and we will do our best to accommodate this.

You can find out more about Practice Manager mentoring in this [edition of our podcast](#), recorded by Practice Manager mentors Chris Brennan and Joanne Rowe.

### **Cameron Fund Spring Newsletter and Annual Review for 2023**

Please find attached our Spring newsletter which contains the latest news about the work of the Cameron Fund, along with our Annual Review for 2023.

These are also available on our website at:

[www.cameronfund.org.uk/news-updates/spring-2024-newsletter-and-annual-review/](http://www.cameronfund.org.uk/news-updates/spring-2024-newsletter-and-annual-review/)

## **Comings & Goings**

### **Hyde Park Surgery**

Deborah Hollings - Practice Manager

Debby is retiring on 31<sup>st</sup> March 2024 after seven years' service at Hyde Park Surgery. Debby has worked in general practice since 1995, starting out at Chevin Medical practice and was Practice Manager at Westgate Surgery for 23 years before coming to Hyde Park Surgery.

We wish her a happy retirement. She will be greatly missed by the Partners and staff.

Dr David Watson - GP Partner

After 30 years Dr David Watson is retiring on 30<sup>th</sup> April 2024. We wish him a very long, happy and healthy retirement and thank him for his dedicated service and care to many patients over the years. He will be greatly missed by the Partners, staff and patients.

### **Gibson Lane Practice**

Dr Jenny Calvert is leaving Gibson Lane Practice after 10 years' service to take up a new post.

### **Foundry Lane Surgery**

Dr Simon Hall will be retiring 31.3.2024.

### **Garforth Medical Practice**

Senior Partner Dr Andrew Robinson is retiring on 31/3/24 after 30+ years service at Garforth Medical Practice. We know the patients will miss him and we will all miss his presence here at the practice. We wish him all the best for his future endeavours

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

[Leeds LMC: Jobs](#)