



## **Update from Victoria Eaton – Director Public Health**

Following meetings with government this week, Leeds and the rest of West Yorkshire will be moving into Tier 3 (Very High) restrictions on Monday, the 2<sup>nd</sup> of November. This is not something that West Yorkshire Leaders have agreed to lightly, as we know it will impact on many people, communities and businesses across Leeds, however we are aware of the seriousness of the situation within our region. The negotiations have ensured that our communities and businesses get as much support as possible, with the aim of reducing the financial uncertainty. For now, to enable us to take the advised measures to protect people's health and wellbeing, we have secured a financial package worth an additional **£59.3m** to begin to help support West Yorkshire through this time. Moving into Tier 3 signals the seriousness of the situation and will hopefully encourage everyone to reduce contact to help break the chain of transmission.

The key restrictions in Tier 3 (Very High) include the following and the attached government infographic provides a summary:

- Pubs and bars closed unless serving alcohol with a substantial meal. All venues that remain open are still subject to the 10 pm curfew
- Households (other than in bubbles) cannot mix indoors or outdoors, other than in parks and other public outdoor spaces such as beaches (and then must be within rule of 6)
- Shops, schools and universities will remain open
- Wedding ceremonies with up to 15 people are permitted but receptions are not. Funerals are permitted up to 30 people
- Guidance also advises against travel into or outside of the area except for certain purposes such as education, work and caring responsibilities

I am keen to give you an update on current infection rates. The 7-day average infection rate is 416 per 100,000. On the 9<sup>th</sup> September, just over 6 weeks ago, the 7-day rolling average rate for Leeds was 73.6. Transmission remains widespread across all wards, with the pattern dynamic. All wards now have a rate of over 200 cases per 100,000, and 18 (out of 33) now having a rate of over 400 per 100,000. The main issue is the rising rate in the over 60s – this is now 370.2 and is being reflected in the hospital admissions, where they have opened 6 wards at SJUH and 3 (soon to be 4) at LGI. The majority of the over 60s are attending without a positive test with other symptoms. The number of Covid patients in LTHT now exceeds the number of cases in hospital in April during the national lockdown, with the additional pressure of trying to maintain other priority services. Gold have asked for a harm minimisation plan to be put in place by Monday to support over 60s to reduce physical contact but promote their mental health. Primary care can support this through contacting their over 60s most at risk through the new CCG Quality Improvement scheme focusing on risk of COVID, and by asking their social prescribers to support.

The universities have been doing some excellent work with partners and we are starting to see the number of cases in university students decreasing. University case numbers continue to fall and are around 20% lower than the previous week. A plan is being jointly developed for the Christmas holidays for student departure from the city and the January return.

Regrettably, the rate of deaths has started to rise again, with the latest figures showing 719 covid-19 related deaths registered so far, 704 (98%) were Leeds residents, 404 (56%) were in hospitals, 273 (38%) were in care homes, 13 (2%) in a hospice, and 29 (4%) in their own home. To date, 17% of all deaths registered have been covid-19 related.

I recognise the incredible response from the NHS during Covid 19. Your teams are working incredibly hard to maintain a wide range of services in a safe way, despite a significant increase in demands from Covid. As we head into Winter, our shared aim in the city is to help more people, to do more of the right thing, more of the time, because they choose to. Restrictions are only one part of the jigsaw, and that the overall aim is to reduce contacts to help break the chain of the virus. The key messages remain the same:

- Make **space** and stay 2m away from people you do not live with;
- Wash your **hands** regularly and for 20 seconds;
- Cover your **face** in enclosed spaces; and
- **Isolate** when you need to/are advised to, and getting a test if you have symptoms.

Please also see attached useful infographic.

### **GP appointments data**

The latest [GP appointments data](#) has been published this week, which shows that there were 6.5 million more appointments in September than in August and almost a million more appointments than in September 2019. The data also shows that there were:

- 4.7 million more face-to-face appointments in September than in August
- 56% of appointments in September 2020 were face-to-face and 38% of appointments were via telephone, compared to 81% and 13%, respectively, in September 2019
- 1.8 million more same-day appointments in September than in August, with 1.5 million more same-day appointments than in September 2019
- Over 2 million more same or next-day appointments in September this year compared to August 2020 and September 2019.

This data clearly shows that despite the pandemic and what has been portrayed in the media, general practice remains open and is delivering more appointments than we did at this time last year. Our [tracker survey](#) (see Q30) also shows that remote consultations actually take longer than face-to-face ones, leaving GPs more tired and with longer working days as a result – so simple appointment numbers only tell half the story of the change taking place. [Read the BMA response >](#)

The BMA have [written to NHSE/I today](#) to highlight their serious concerns over the increasing pressures in general practice as evidenced both in the GP appointment data and their latest tracker survey, and the immediate need for NHSE/I support.

Secretary of State for Health and Social Care, Matt Hancock, has recorded a [video message](#), thanking all NHS staff for their work during COVID-19 and going into the winter. Nikki Kanani, medical director of primary care for NHSE/I has also sent a [message of thanks](#) to primary care.

For more updates, follow the BMA on Twitter [@TheBMA](#) and [@BMA\\_GP](#)

### **Thank You – Letter from Leeds CCG Clinical Chair & Chief Executive**

The city's health and care leaders wanted to express our thanks for all that you've done in response to the Covid-19 pandemic. Please find attached a letter.

We know the next few months are going to be especially difficult. With your support, we will get through them, but please look after yourselves.

### **Tracker survey results**

The BMA's [latest tracker survey](#) was published this week which shows that more than 74% of GPs responding are quite or extremely anxious about work in the coming months and 47% say their levels of stress, anxiety and emotional distress had got worse since the pandemic began.

64% of GPs reported higher than normal levels of fatigue or exhaustion from working during the pandemic and 62% reported that they or a clinical colleague in their practice had been forced to

self-isolate within the past two weeks – with 39% of all respondents reporting a 'moderate' or 'significant' impact on patient care. [View the GP specific results >](#)

The survey also demonstrated that worries about workload pressures are more from non-COVID related issues – underlining why we need more support from NHSE/I to help practices maintain some degree of services at a time when hospitals can and are stopping doing routine elective work.

These figures clearly highlight the increasing pressure on general practice during the second wave of the pandemic. Staff are working harder, they are very tired and concerned that they are going to have difficulty satisfying demand in the next few months and the overwhelming reason for moving to remote consultations is to keep staff and patients safe.

[Read the BMA statement about the survey here >](#)

### **Drastic surge in video doctor appointments amid pandemic**

The Yorkshire Evening Post article from 26/10/20 reported 'Telephone and video GP appointments increased by almost 500,000 in Leeds during the first six months of the Covid-19 pandemic compared to the preceding six months, new figures reveal.

Statistics released by Leeds Clinical Commissioning Group (CCG) reveal the scale of the shift to a new way of working at 94 GP practices over 130 sites in Leeds'.

### **New advice for patients at high risk of COVID-19 infection**

Following the announcement of the three-tier lockdown approach in England, the Department of Health and Social Care published [updated guidance for those considered most clinically vulnerable, depending on the level of risk in their local area](#), in line with the new Local COVID Alert Levels framework.

This new guidance provides advice for the clinically vulnerable to follow in addition to the new rules and guidance for everyone based on the level of risk in their local area. The government are not yet suggesting the reintroduction of shielding arrangements that were paused in the summer. More restrictive 'shielding' measures could be considered in the future in areas facing the highest risk and if that happens the Government will write to relevant people separately to inform them directly should they be advised to shield.

Whatever the current local COVID alert levels are, as we have repeatedly made clear, GP practices remain open and whilst remote consultations should be the main way in which patient care is delivered, when it is clinically necessary to see vulnerable patients face to face we would normally expect them to attend the surgery with good infection control arrangements in place.

Read more in the BMA's [updated guidance for patient at high risk](#)

### **Ordering additional adult flu vaccine stock**

[DHSC has written to practices](#) to confirm the process by which they will be able to access the additional adult flu vaccine stock secured to support the expanded vaccination programme this season.

GP practices are now invited to begin ordering or pre-ordering the following vaccines:

- Flucelvax® Tetra (Seqirus) for 18-64 years
- Adjuvanted Trivalent Influenza Vaccine (Seqirus) for over 65s
- Quadrivalent Influvac® sub-unit Tetra (Mylan) for 18-64 year olds

If a GP practice has a provisional order with Sanofi for QIVe, please contact them to confirm this, before placing another order for QIVe for this cohort.

On placing an order, practices will be asked by manufacturers to verify that stock is being ordered for NHS eligible patients or frontline social care workers, where there is a genuine shortage for this

cohort. Orders should only be placed where you have a shortfall in supply for existing eligible patients at this stage.

Further instruction on timing of extension of eligibility to all 50 to 64 year olds will follow and stock should not be ordered for this cohort at this stage.

### **Influenza immunisation FAQs**

NHSE/I have now produced a set of FAQs relating to the influenza immunisation programme and can be found [here](#). They have also issued guidance, which is attached, on how practices and CCGs can make use of the additional £15.4m made available to local systems and primary care providers to cover reasonable additional costs (over and above the usual fee structures) associated with this year's extended flu programme.

### **JCVI advice on priority groups for COVID-19 vaccine**

The Joint Committee on Vaccination and Immunisation (JCVI) has published [updated advice on the priority groups to receive COVID-19 vaccine](#). The committee has advised that vaccine should first be given to care home residents and staff, followed by people over 80 and health and social workers, then to the rest of the population in order of age and risk. The advice will continue to be updated as more information is available on vaccine effectiveness, safety and clinical characteristics.

### **Pensions newsletter**

The BMA's pension committee has been at the forefront of fighting to maximise your pension benefits. Please see the first quarterly newsletter [here](#). The newsletter provides an update you on what actions the committee is taking on a range of issues, including the annual allowance, and also provides access to educational resources, blogs and information on how to access BMA support regarding your pension.

### **GMS contract amendments**

NHSE/I has [written to practices](#) to outline amendments to the contract, as agreed in the last round of negotiations in February this year, as well as extending/amending some of the amendments that have been made in order to assist with managing the pandemic. The Friends & Family Test remains suspended, as does the requirement for individual patient consent for electronic repeat dispensing.

NHSE/I has listened to the BMA's concerns and relaxed the requirement for practices to make appointments available for NHS111 to directly book. The maximum that should be made available remains 1 per 500 patients, but practices can now only make available what is necessary to meet demand. This may therefore be covered by the previous arrangement of 1 per 3000 patients. We are aware that most practices do not see all of the slots available being booked into, so practices can now reduce this and only make available what they believe is required. Practices should though monitor this to ensure they are offering sufficient opportunity for direct booking.

Some of the contractual agreements made earlier this year for 2020/21 implementation have been delayed due to the pandemic, but the ones that commence today include a contractual requirement for practices to participate in the Appointments in General Practice data collection, participating in the NHS Digital Workforce Collection, new measures around list cleansing and patient removal and assignment, as well as a relaxation of subcontracting arrangements for the PCN DES.

### **CQRS system supplier change**

NHSE/I is overseeing a programme to ensure the CQRS system supports efficient GP incentive-based payments. As part of this work NHSE/I is working with NHS CSUs to bring the running and development of the CQRS system in-house from 1 November 2020 and to introduce a new centrally funded system (CQRS Local) to support locally commissioned schemes by April 2021. These changes aim to streamline processes and reduce the administrative errors in GP payments as called for in GPCE's [Saving General Practice](#).

A structured transition from the existing supplier is in place to ensure the continued provision of the CQRS system from November with minimal interruption for end users. How users access and use the CQRS system is not changing and no action is required from practices or commissioners.

From 1 November the new number for the CQRS service desk will be **0330 124 4039**, although the email address remains [support@cqrs.co.uk](mailto:support@cqrs.co.uk)

While the system itself will look and feel the same a new [CQRS welcome page](#) is now live providing direct links to the CQRS system and online training modules, guidance and news updates.

### **PPE reimbursement**

The Department of Health and Social Care (DHSC) are working with us to develop a process to reimburse primary care contractors (general practice, dental, optometry and community pharmacy) for the additional PPE they have purchased to meet the COVID-19 infection control requirements from 27 February 2020.

Information on the process and cut-off dates for this reimbursement exercise will be announced shortly and providers must register on the DHSC [PPE Portal](#) to ensure they can continue accessing their COVID-19 infection control PPE free of charge. COVID-19 PPE is classed as the PPE that providers are required to use over and above Business-as-usual (BAU) use, due to COVID-19 infection control guidance, rather than what would have been used pre-pandemic. Processes and cut off dates may differ between different contracting groups and will be announced shortly.

The CCG will be working with representative bodies in the coming weeks to ensure the processes are a good fit for each contracting group. Any PPE obtained from a source other than the [PPE Portal](#) after the cut-off date(s) will not be reimbursed. PPE for COVID-19 infection prevention and control is currently available to the above-mentioned providers for free from the portal. Further details providing clarity on the individual processes for each provider group will be communicated shortly

### **Workforce data – reminder to practices**

From October 2020, NHS Digital will be publishing general practice workforce statistics on a monthly basis. The next data extraction will be on **31 October**; please could practices ensure that they have recorded any changes in the last month, including any locum support, on the [National Workforce Reporting System \(NWRS\)](#) before the deadline. More information on [how to register and use the NWRS](#) and the latest published statistics are available on the NHS Digital [website](#).

### **General practice workforce initiatives**

The BMA have published a guide to inform GPs, PCNs and LMCs about the range of [workforce initiatives and schemes](#) in England. The guide includes helpful information about what is on offer in each of the schemes and how to apply for them.

The BMA have also published a new guide to applying for the [GP partnership scheme](#), which will help you navigate what can be a complicated application process. The scheme was launched on 1 July and supports clinicians who are interested in becoming a practice partner. Read more in this [blog](#) by Krishna Kasaraneni, member of GPC England's executive team and workforce lead. [Access these guides >](#)

### **The GP Fellowship Scheme**

[The GP Fellowship Scheme](#) was one of the main recommendations of the [GP Partnership Review](#), was then included in the [NHS Long Term Plan](#). To start to address the recruitment and retention challenges that general practice faced there needed to be an offer which incentivised newly qualified GPs to become a salaried GP or GP Partner. The offer needed to include support for the individual and provide additional experience of different practices, the ability to develop a portfolio career with the opportunity of to develop clinical expertise which could lead to the becoming a GP with extended scope of practice and providing protective time for personal development and a [GP Mentor](#). The aim of the GP Mentors was to utilise the experience and wisdom of later career GPs

and create an offer that would encourage the retention of GPs whilst supporting newly qualified GPs.

The Scheme was launched recently and will now be offered to every GP in England once they complete their training. All areas must have a scheme in place to support this and funding is now available to cover the costs of every GP who is eligible.

As with any new scheme there are often more questions than answers – so we asked those responsible for designing and implementing the scheme to join us and explore those question and seek greater clarification.

This informative webinar includes a presentation about the scheme and also a discussion with the experts about how the scheme will benefit newly qualified GPs as well and general practice more widely. We have made a recording of the Webinar available as a video podcast, an audio podcast and also provided the slides that were used at the event.

The panel included:

- Dr Nigel Watson, GP and Chief Executive of Wessex LMCs and Independent Chair of the GP Partnership Review
- Dr Nikki Kanani, GP and Primary Care Medical Director, NHS England
- Dr Samira Anane, GP in Manchester and Education & Workforce Lead, GPC
- Faye Sims, Head of Primary Care Workforce NHS England and Lead for General Practice Fellowships

This webinar will be of interest to GPs in Training, practices who are looking to recruit salaried GPs or GP Partners and those responsible for delivering the scheme locally.

Below are the links to the video and audio podcasts, the slides used and the guidance documents.

[Webinar](#)

[Q&A Session](#)

[Audio podcast](#)

[Presentation Slides](#)

[Guidance document](#)

### **Parental leave guidance**

The BMA have published [a guide for GPs – maternity leave and other types of parental leave](#) which contains key information and useful links on the full range of parental leave topics. It will serve as a checklist for each stage of your leave. Read more in this [blog](#) by Sarah Westerbeek.

The BMA will also be hosting a webinar and workshop for more in-depth guidance to explain these issues:

2 December, 12.30– 2pm – Webinar – 'GP maternity and parental leave: launch and introduction to the guide'. The session will also touch on local maternity workshops and there will be a Q&A session. [Register here >](#)

9 December, 12.30– 2.30pm – Workshop – 'GP maternity'. An in-depth run through everything you need to consider before, during and after maternity leave, including advice on leave and pay entitlements, notifying your practice, appraisals, CPD and preparations for the return to work. [Register here >](#)

### **Complaints (KO41b form) data collection for 2019/20**

Following GPC England lobbying for a reduction in bureaucracy impacting practices, and particularly in light of the current pressures that general practice face in responding to COVID-19, NHS Digital have confirmed that the annual complaints (KO41b form) data collection relating to 2019/20 will not be collected as usual. Practices are instead encouraged to continue to use the information collected locally for local service improvement purposes. Read more [here](#)

### **CQC state of care annual report**

The [Care Quality Commission \(CQC\) state of care report](#) for 2019/20 has been published today. The report showed that before COVID-19, care was generally good. In primary care, the overall

ratings picture remained almost unchanged, with excellent ratings of 89% of GP practices rated good and 5% outstanding. They did though suggest that this masked a more varied picture, with some practices deteriorating and a similar number improving.

In response to this Richard Vautrey, GPC England chair and Leeds LMC assistant secretary said: “GP practices across the country continue to provide safe, high quality care to their patients, as shown by the CQC’s own figures with the vast majority delivering good or outstanding care, but of course there will always be variations, and there must be a supportive, not punitive, approach from regulators to help struggling practices improve, particularly in the midst of this unprecedented pandemic. Practices overcame huge challenges in recent months. As this report notes overhauling services ‘almost overnight’ to ensure patients could continue accessing their GP safely, whether that was via telephone, online or face-to-face where that was safe and appropriate.

The increase in remote access and triage during the first wave of the pandemic was there to keep patients and staff safe – and it is what the Government instructed practices to do. Of course, remote consultations are not suitable for everyone and will never be a complete replacement for in-person care. Practices have been working incredibly hard, remaining open for patients throughout this time, to ensure everyone has access to the right professional, and the latest data has shown a significant rise in face-to-face appointments in recent weeks.” Read the full response [here](#).

Leeds LMC officers recently met with local CQC inspectors and were pleased to see that all practices in Leeds were now rated either good or outstanding. However, we continue to call for CQC inspections to be suspended for the duration of the pandemic and do not believe their transitional regulatory approach is appropriate or necessary at this time.

### **Supporting effective collaboration between primary, secondary and community care**

As we know prior to the pandemic the NHS was already struggling to cope with increased activity, capacity constraints and financial pressures. It now faces a huge uphill struggle to deal with the inevitable backlog of care that has developed since March, not least as beds in Leeds hospitals are again filling up with patients being treated for COVID-19.

Tackling these challenges over the coming months will require effective collaboration between systems and clinicians across primary, secondary and community care. However, there are a number of barriers to making this happen, including high workload, the need to adapt physical spaces to prevent the spread of infection, lack of joined up IT, historic workforce shortages and a lack of consistent communication and trust between different parts of the health system.

Building on the work of the [BMA’s Caring, Supportive, Collaborative project](#), the BMA have published a paper which sets out what needs to happen to empower doctors to work together to tackle the backlog. The key recommendations include:

- Bringing together local clinicians to establish a local approach for how to review and process the backlog of referrals which helps to achieve effective prioritisation
- CCGs should establish and increase the commissioning of locally based services for blood tests, ECG, spirometry, ultrasound or other diagnostic services in the community, and allow clinicians regardless of the care setting they work in to book these tests and monitor results
- Investment in IT systems, especially in secondary care, which respond to the need of clinicians, including information sharing and an ability to continue remote consultation.
- Developing locally agreed joint prescribing budgets and open access to EPS to secondary care clinicians to enable them to issue prescriptions more easily using community pharmacy and so reduce GPs workload

Read the report and full list of recommendations [here](#)

Professor Mike Richards presented the recommendations from his report [Diagnostics: Recovery and Renewal](#). The report was commissioned as part of NHS Long Term Plan implementation.

However, in the context of the response to the COVID-19 pandemic and the re-start of NHS core services, the centrality of diagnostics to the NHS's ability to deliver patient care has come to the fore like never before.

The report confirms that the last six months have underlined the need to change the structure of and increase diagnostics capacity. Professor Richards suggests improved clinical models – such as the separation of acute and elective diagnostics – which, along with additional investment, will enhance health outcomes for all patients.

The main recommendation of the report is the creation of *Community Diagnostics Hubs* which will both relieve the burden on primary care and acute hospital sites and provide patients with easier access to one stop diagnostic services. It will also lead to major efficiency gains in terms of procurement of diagnostic equipment, workforce and skills mix requirements, and savings for the NHS.

We have met with Leeds CCG and medical directors at LTHT to talk about how some of the recommendations in this report can be implemented locally, including the establishment of community based diagnostic services. We have also asked that LTHT clinicians can again be reminded of the need to use Trust phlebotomy services rather than passing on requests for tests to general practice.

### **Impact of transfer of work from secondary care in Leeds**

Dr George Winder is leading on work to assess and respond to the impact of working being transferred from secondary care. He provides us with an update here:

Now more than ever it is vital that primary care only undertakes work that is absolutely appropriate.

During the first wave of Covid19, changes in working patterns moved work around the Health Care System in new ways. During the first peak, everyone tried to do the right thing by patients to ensure their issue was dealt with in a timely manner. Some of this work may not be appropriate because it was either inefficient, unfunded or dangerous to the patient. There may also be historic issues causing the same problems, which also need further consideration. We need to understand where and when it is happening so we can address it.

To do this we want to develop and strengthen the use of a feedback tool across the system. We will be ensuring that we are able to receive feedback from secondary care as well, so that the whole system benefits for example around the quality of two week wait referrals.

Feedback already received is helping to focus areas of improvement. Current work streams include:

1. Working to enable secondary care colleagues to utilise ICE, so that phlebotomy can be arranged remotely, with the results going directly back to the requester.
2. Working with LTHT to improve the quality of letters sent to primary care.
3. Ensuring Fit Notes are issued within secondary care where appropriate.
4. Exploring diagnostic hubs within community settings, to enable patients to access testing directly from LTHT.
5. Improving the advice and guidance system.

### **Because of feedback received from you, LTHT are committed to addressing these issues and are actively supporting change in their staff.**

[This form](#) allows you to alert the CCG when you see any opportunity for feedback that will help improve the “primary-secondary care interface”. Please add remarks where possible as the qualitative feedback helps us to understand the impact.

For ease of access, for SystmOne practices the link can be found on the home/bluedot template. For EMIS practices the URL (<https://www.smartsurvey.co.uk/s/EnhancingClinicalInterface/>) can be added to your home page.

If you need and further advice re using the reporting tool please contact [Leedsccg.primarycare@nhs.net](mailto:Leedsccg.primarycare@nhs.net) so that we can help.

Please note: this does not replace Datix, which should still be utilised where there are incidents that may have led to patient harm.

Please support positive change, funnel any frustration regarding these issues to this tool, and together we can improve the system for us all.

### **Lack of freed up resources – Impact on practices – Have your say!**

Please complete the 2-minute survey below re the impact of the lack of freed up resources. The LMC will collate responses and feed back to the CCG.

<https://www.surveymonkey.co.uk/r/MNHCGF6>

### **BMA Library resources**

The BMA library is providing trial access to [Clinical Key](#) for BMA members throughout October. Clinical Key provides access to the full text of the latest editions of hundreds of medical e-books published by Elsevier. It also provides full text access to a large number of e-journals and other key online medical resources produced by Elsevier. Read more in a [blog](#) post by the BMA library team.

BMA members can also access the collection of *Oxford Medical Handbooks*, including the brand new, 5<sup>th</sup> edition of the Oxford Handbook of General Practice. Access the collection [here](#)

### **Mental health and wellbeing**

The BMA continues to offer [wellbeing services](#) and confidential 24/7 counselling and peer support for all doctors and medical students, as well as their partners and dependents, on 0330 123 1245. Access the [BMA's COVID-19 wellbeing pages here](#).

### **PCAL Information – update rom LTHT**

Please see and share the updated link below relating to the emergency and same day emergency care pathways provided by the LTHT Primary Care Access Line (PCAL).

This information has been updated on Leeds Health Pathways at [http://nww.lhp.leedsth.nhs.uk/referral\\_info/detail.aspx?id=339](http://nww.lhp.leedsth.nhs.uk/referral_info/detail.aspx?id=339)

### **Recruiting placements for medical students**

Please see attached flyer from the University of Leeds, School of Medicine-Medical Student Placements in General Practice re placements for medical students

### **The LMC Buying Group Update – October 2020**

The team has been working remotely since March and will continue to do so for the remainder of this year. However, we are still operating a full service and can be contacted Monday-Friday from 9-5 pm on 0115 979 6910 or by email at [info@lmcbuyinggroups.co.uk](mailto:info@lmcbuyinggroups.co.uk). We are also reachable via live chat on our [website](#) for an instant response from a member of the team.

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## **GENERAL INFORMATION DISTRIBUTED TO PRACTICES THIS MONTH**

Listed below is the information the LMC has sent to Practices recently. If for any reason you would like another copy and/or further information, please contact us.

- LMC Weekly Update
  - CCG Briefings re Covid-19
  - Survey – Lack of freed up resources, impact on practices
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## **COMINGS AND GOINGS**

- Street Surgery - Anita Hampson – Previous Practice Manager recently retired on the 30<sup>th</sup> September 2020 after 8.5 years. Sarah-Jayne Humphries has taken over as Practice Manager from the 1<sup>st</sup> August 2020. Dr Keith Miller – GP Partner joined the practice on the 1<sup>st</sup> September 2020.
- Laurel Bank Surgery would like to wish lots of luck, happiness and joy to Dr Nazneena Zimri who leaves the surgery in November to begin her maternity leave. She will be greatly missed but we look forward to meeting her beautiful new arrival very soon. Congratulations to you and your family from all your colleagues at Laurel Bank!
- Dr Frances Wilson - sadly will be leaving Whitehall Surgery mid November to take up a locum post at Laurel Bank Surgery.
- Whitehall Surgery would like to welcome Dr Leila Amel a Salaried GP who has joined 4 sessions per week.
- Welcome Dr Anam Noel who will be joining Whitehall Surgery mid November 4 sessions per week.
- Dr Chris Barraclough Salaried GP will be joining Manston Surgery from the 1<sup>st</sup> November.

## **OBITUARIES**

### Mrs. Phaik See Smith (known to friends as Pixie) RIP

An amazing colleague and friend who worked tirelessly for the NHS and Leeds Community Health Care, most recently as a Clinical Care Co-ordinator at Abbey Grange Medical Practice.

Started work in 1975 as a staff nurse at the LGI, worked as a Midwife, a Tutor in Social care, and a District Nurse, before moving into Joint Care Management work and as a Co-ordinator for Palliative Care services.

Joined the GP team at Abbey Grange Medical practice in 2015 where she helped the most frail, vulnerable and socially isolated patients to have a better life.

Always smiling and positive in her outlook, she will be very sorely missed by colleagues and patients across Leeds.

Died on 15th October 2020 from Covid-19.

RIP Pixie

### Dr David Adshead

We were saddened to hear of the death of former Chapeltown GP Dr David Adshead. He was a well-loved and highly respected GP by all who knew him. His warmth, understanding and compassionate approach to patients and colleagues alike laid the foundations for the future ethos of St Martins Practice. We offer our sympathy to Lorna his partner and his friends and family at this time.

## **PRACTICE VACANCIES AT....**

### **Lingwell Croft Surgery in Middleton**

We are looking for an enthusiastic and motivated GP to join our forward-thinking GP Practice at Lingwell Croft Surgery in Middleton, Leeds. We are looking for 5-6 sessions per week.

We have just one site and have a patient list size of 15,500, 11 GP's, three Advanced Nurse Practitioners, a Pharmacist, Pharmacy technician and a highly qualified Nursing team of 11.

We are a well organised, high performing practice who prides themselves on continuous improvement.

Competitive Salary

Contact [sophieleech@nhs.net](mailto:sophieleech@nhs.net) for further details, application by CV and covering letter to Sophie Leech.

**Park Edge Practice, Asket Drive, Leeds, LS14 1HX**  
**Salaried GP required for Training Practice in North East Leeds**

We are looking for an enthusiastic caring GP, with excellent clinical skills and warmth who is newly qualified or experienced, with a commitment to positively contributing to our provision of high quality patient centred care.

The role:

- 6-8 sessions (All day Friday required)
- Salary: £9000 per session
- Pro rata holiday entitlement and study leave
- Dedicated protected paperwork time included in sessions
- Limited clinical correspondence workload due to established practice processes
- Portfolio GP welcome
- Medical subscriptions reimbursement

About us:

- SystemOne practice
- GMS Practice with a list size of 5650 patients in a mixed suburban area
- Modern purpose built premises with ample staff parking
- We have recently been CQC inspected and rated as Good
- High achieving practice for QoF and local Quality Improvement Scheme
- Professional nursing team with a wide skill mix including delivery of long term condition management
- Minor Illness Practitioner
- Weekly clinical team meetings including palliative care, significant events and safeguarding.

- A full complement of reception and admin staff who use care navigation to triage appointment requests to the most appropriate clinician

Attached staff include: Community Midwife, Primary Care Mental Health Workers and newly appointed PCN Pharmacist.

We are currently made up of one Partner and three salaried GPs. We have a close knit, valued practice team which is one of our strongest and most valued assets. We are a high achieving training practice of medical students and doctors in training. We have strong and committed relationships with South East Leeds GP Federation Group as well as our newly formed Primary Care Network.

We are ultimately looking for an enthusiastic, forward thinking and motivated GP to join our team.

If you have any questions or wish to arrange an informal visit, please contact Michelle Little, Practice Manager and/or Senior Partner, Dr Sarah Harding on 0113 2954650.

Applications to be made in writing, including an up to date CV to: Michelle Little, Practice Manager - [michelle.milnes@nhs.net](mailto:michelle.milnes@nhs.net)

**ASHFIELD MEDICAL CENTRE - Dr's Walling and Nathan**

We require a maternity locum GP for a 6-8 month contract to start in June 2020 to provide first class care in general practice. We are a two site practice in Leeds 14 and 15

Our practice provides excellent care and are high achievers for treating and caring for patients with long term health conditions

We are high QOF achievers year on year, and this is down to a team work ethic and a team with a can do attitude

You will be required to take part in a variety of duties such as seeing patients including home visits, telephone consultations and e-consults, practice administration, duty tasks. We are a very friendly and extremely supportive team.

Our team comprises 2 GP partners, 4 salaried GP's, registrar, FY2 along with a team of Practice Nurses (2) and ANP (1) and HCA'S (2) with a wide skill mix.

We have an excellent and friendly reception and administrative team.

Rated 'good' by CQC (December 2018).

The position is available from June 2020 and we are looking to appoint a 6 session GP working days Monday, Tuesday and Thursday with a good rate of pay.

The position will be subject to references. Applicants must be registered to practice with the GMC. To find out more about this excellent opportunity

Please contact: Michaella Guilfoyle, Practice Business Manager telephone 0113 2213536 or email [practicemanager.ashfield@nhs.net](mailto:practicemanager.ashfield@nhs.net) . Closing date for this position is 17<sup>th</sup> April 2020

### **ASHFIELD MEDICAL CENTRE - Dr's Walling and Nathan**

An exciting opportunity has arisen for a high calibre, enthusiastic and forward-thinking GP to be part of our team delivering a first-class care in general practice.

We are a two-site practice in Leeds 14 and 15

Our practice provides excellent care and are high achievers for treating and caring for patients with long term health conditions including receiving a highly commended award in the Yorkshire Evening Post Health Awards 2016 for community care and winners of our CCG's celebrating success award, both for the significant work delivering house of care approach for patients with long term conditions.

We are high QOF achievers year on year and this is down to a team work ethic and a team with a can do attitude

We are also a training practice and currently have a number of staff who are progressing through the healthcare profession with our support.

We look to offer GP's opportunities for development should there have a specialised interest

You will take part in a variety of duties such as seeing patients including home visits, telephone consultations and e-consults, practice administration, duty tasks.

We are a very friendly and extremely supportive team.

Our team comprises 2 GP partners, 4 salaried GP's, registrar, FY2 along with a team of Practice Nurses (2) and ANP (1) and HCA'S (2) with a wide skill mix.

We have an excellent and friendly reception and administrative team.

Rated 'good' by CQC (December 2018).

The position is available with immediate effect and we are looking to appoint a 7 session GP split over 4 days with a good rate of pay. The position offers NHS Pension and Medical Indemnity.

The contract is permanent and subject to references and a subsequent agreed probation period. Applicants must be registered to practice with the GMC. To find out more about this excellent opportunity

Please contact: Michaella Guilfoyle, Practice Business Manager telephone 0113 2213536 or email [practicemanager.ashfield@nhs.net](mailto:practicemanager.ashfield@nhs.net) . Closing date for this position is

### **PART TIME SALARIED GP (4 sessions – Monday & Wednesday) South Milford, North Yorkshire**

A great opportunity to join our friendly, innovative and expanding GMS practice in a beautiful semi-rural location. We are looking for a dedicated GP to join and enhance our team.

We have 10,100 patients, High QOF Achievement, Enhanced Services, Dispensing patients as well as an on site Pharmacy.

Excellent Remuneration package  
commensurate with experience

The practice provides a full nursing team, admin support, PHCT and integrated liaison with specialist nurses, district nursing and health visiting teams.

#### Job summary

To work as an autonomous practitioner, responsible for the provision of medical services to the practice population, delivering an excellent standard of clinical care whilst complying with the GMS contract. Furthermore, the post-holder will adhere to the GMC standards for good medical practice, contributing to the effective management of the practice, leading by example, maintaining a positive, collaborative working relationship with the multidisciplinary team.

Please contact Stephanie Drury for details of full job description.

Applications with CV & covering letter to:  
Stephanie Drury, Practice Manager  
14 High Street, South Milford, Leeds, LS25 5AA  
Email: [Stephanie.drury@nhs.net](mailto:Stephanie.drury@nhs.net)  
Telephone 01977 682202

Please see attached job description.  
Closing date 13<sup>th</sup> November 2020

#### **LEEDS CITY MEDICAL PRACTICE**

Beeston Health Centre, Parkside Surgery & Crossland Surgery. Salaried GP / Partner Opportunity - 6 to 8 sessions per week

We are seeking an enthusiastic and committed GP to join our friendly GMS training practice in the Beeston area of Leeds, operating from three sites with a patient population over 17,000.

- 8 GP partners
- Strong nursing team including Nurse Practitioners and Practice Matron.
- Training both registrars and FY2s.
- System One
- Full range of Enhanced Services delivered
- Member of the South and East GP Federation
- The practice is a proactive member of Beeston and Hunslet & Middleton PCN's
- No buying in requirement

We are a democratic and supportive team. If you have any special interests to develop this would be supported and encouraged in the Practice. We have a diverse population of patients which makes work here stimulating and fulfilling.

Competitive salary depending on experience.

Informal visits are welcome: please contact our Business Manager, Bev McLean Tel: 0113 385 7870 or email: [bev.mclean1@nhs.net](mailto:bev.mclean1@nhs.net)

Closing date: 8<sup>th</sup> November 2020

Applications made by emailing CV and expressing your interest to: [bev.mclean1@nhs.net](mailto:bev.mclean1@nhs.net)

Leeds City Medical Practice  
Beeston Hill Community Health Centre  
123 Cemetery Road  
Leeds, LS11 8LH  
Tel. 0113 467 7500

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