**Medical Secretary’s Report 2020**

This year has been surreal in so many ways. In 2019 GPC England had negotiated a period of stability for 5 years. A funding increase into general practice was agreed and there was a suggestion that general practice was going to see some better times. The negotiated deal would see the development of PCNs, a growing workforce and the ability to develop services for our local populations within our control.

In 2020 the face of the world changed with the appearance of Covid.

Healthcare systems in England changed overnight. General practice had to adapt instantly. Massive changes in our working practices had to be made and were made. GPs started to utilise the technologies available instantly and manage patients remotely with telephone and video consultations. The restrictions related to social distancing requirements meant that the number of patients brought into surgeries had to be limited. Practices needed to manage the absence of staff due to illness or isolation periods/quarantine with the added worries of family illness or death to manage. Although the workforce issues crippled many practices, patients were still managed with their multiple healthcare needs.

There was an initial period where the NHS was revered and celebrated. Thankful public, weekly claps in gratitude and recognition for everyone who worked through the potential difficulties and dangers of the first wave of Covid. It appeared that the population united by the traumas of the Covid world, recognised the difficulties faced by healthcare systems in the country and that they had learned not to unnecessarily waste GP or their practices time with trivial issues and that we could start afresh with systems where general practice could manage the demands better and not have the unmanageable workloads of the past. We could “reset” and clear backlogs and go forwards in control without chasing our tails constantly.

Unfortunately, the grace period was short, and the workloads increased hugely within a short period of time through the summer. The backlogs of patients who were waiting for Covid to disappear before they attended the surgery again now had to be dealt with.

Having had adulation and gratitude from the government and the public, we suddenly found that general practice was being criticised whilst we again struggled to cope with the massive demands of the population and the recognition of all the work that had been done in managing the pandemic seemed to have been dismissed by government figures and the media. Despite general practice being the major facet of the healthcare system that was open for service throughout the pandemic, we were being slated for being closed for business and told that we were not seeing patients.

The workloads have increased back to previous levels and in some ways are more difficult to manage with reduced staff available at any time, lengthier consultations required to manage patients remotely, increasing workload shift from secondary care to primary care ( when for so long we have been trying to correct this and gradually having some impact too). In addition, we have had to deal with the difficulties of not having services that we can refer into for further care due to the impacts of Covid on the secondary care system. There are numerous people trying to stem the inappropriate flow of work from secondary care, but it is difficult, despite attempted cooperation from the LTHT team.

The LMC has continued to have close liaisons with the CCG throughout the pandemic period and we are grateful for the support that has been provided to general practice through this very difficult period.

Within their budgetary restrictions the CCG has provided support, Covid expenses funding and helped secure PPE after times when stocks were very difficult to obtain for the front line and to some degree, try and protect practice income.

However, despite the government’s initial promises to protect practice income, there have been clear losses in funding. Local authority funded work such as LARC and NHS Health checks reimbursement has been impacted with the loss of quarter one income and a subsequent likely deficit for the whole year due to the inability to bring in sufficient numbers of patients due to Covid related issues. The loss of freed up resources (that practices have previously used to cover significant expenses) has been a significant blow to practices already struggling with income deficits this year. It has been recognised that the significant overspend in budgets exaggerated by Covid meant that FURs have not been available this year and this is not a withdrawal of funding.

**Flu vaccination campaign**

With Covid in play this year’s influenza vaccination campaign has been a particular challenge. There were fears about how practices would manage to vaccinate patients safely with social distancing in play and with the increased numbers of patients in eligible cohorts and the increased uptake of our usual cohorts due to Covid. However general practice has been managing the complexities of this.

Practices have developed safe traffic flows through their buildings, early vaccination has been encouraged and actioned and the initial fears around the process have been overcome.

Ensuring that high levels of flu vaccine are administered across all eligible cohorts is imperative and we all need to work together to achieve this. Although there have been reports of competitive practices in Yorkshire between general practice and pharmacy – on the whole practices and pharmacies have been working in partnership to help this happen.

There have been difficulties across the board in terms of obtaining enough vaccines for the population but together we appear to be overcoming these problems.

Most of us will still have a significant amount of work to do with flu immunisations and this will further be exaggerated if the 50-64 cohort work starts.

There is of course the challenge for us in having to administer a Covid vaccine in the near future. We await further details regarding this. The first drafts of the scheme are coming out now. More will be evident by the time this report reaches everyone.

**GP Mentorship Scheme**

The LMC developed mentorship scheme has been a success to date. The feedback from users has continued to be positive and following the initial pilot we have now developed a more substantial service with YORLMC. We hope this will continue to support GPs with a varied range of issues and concerns such as workload management, partnership issues, time management, employment issues to name a few examples. The aim continues to be to provide mentorship for GPs that do not require support for any health related issues. The GP health service should continue to support any GPs with health issues. Please contact the LMC directly if you wish to be considered for the scheme.

**Leeds LMC update**

The LMC website is updated by the executive officers and we continue to add to our library of guidance, focus on documents and newsletters. We have also added any presentations from our local events on to our website for access by interested parties. We hope that GPs and practices will be continuing to find this useful.

The LMC Facebook page remains active and you will be able to see regular tweets from the team with up to date news from our Twitter account.

We continue to see many GPs and practices under strain and in need of help and advice. The LMC is available to offer support and we would encourage people to contact us at an early stage. The LMC is working with the CCG regularly to recognise practices and GPs in difficulty at an earlier stage and this has enabled us to provide support and resolve some of the arising issues.

The LMC provides regular representation for GPs to the Performance Advisory Group and we are also now involved in the Performer’s List Decision Panel dealing with GPs in difficulty for a variety of reasons.

The LMC has continued to have excellent support from committee members and we continue to elect new members to our committee from a wide variety of backgrounds. We work hard to maintain strong working relationships with the CCG, NHS England’s regional team, Public Health and also LCH, LYPFT, Leeds City Council, The CQC Regional Inspectors and the Confederation and the Local Representatives Committee.

We are always keen to encourage new members to join us and would value their input. If anyone wishes to join the LMC as a committee member we would be grateful if you could contact the office or myself directly to discuss this further. If any committee members wish to attend the national conference next time, please contact us at mail@leedslmc.org.

The next conference of England LMCs is being held remotely on 27th November 2020. This will be an unusual experience for us all and it will be interesting to see how the IT and logistics of the remote conference are managed.

Please feel free to email us with any queries or concerns or speak to us by phone or we can even arrange a video conference. When things calm down come and see us at the LMC offices where Jodie, Kate or I would be happy to see you. We do have rooms available for use for people wishing to meet their appraiser or for mentoring sessions (again Covid willing!).

**DR RAJ SATHIYASEELAN Medical Secretary, Leeds LMC**

8th November 2020