

LMC ViewPoint

The newsletter of Leeds Local Medical Committee Limited

May 2021

UPDATE FROM Victoria Eaton - Director of Public Health

I want to give you an update on the latest Covid 19 situation in Leeds, the new variant B.1.617.2 and progress with the vaccination program across the city.

The overall case rate in Leeds remains relatively stable. It has decreased slightly and as of the 28th May 2021 is 38.8 per 100,000. The rate for West Yorkshire 51.9 per 100,000, which reflects the increased rate across Kirklees. The current rate for England is 22.5 per 100,000, an increase of 5% from last week. Though rates of infection are stable locally, there continues to be fluctuations week to week across the wards as relatively few cases of infection impact on the rates.

The rate in working age adults is stable. The rate in all age groups is levelling off with the highest rate continuing to be observed in 10-19 year olds, which reflects the testing program in schools and subsequent case finding. There are no outbreaks or cases of Covid 19 amongst residents in care homes for older people for the fourth consecutive week. Three small well managed workplace outbreaks have been reported with low numbers affected. Environmental Health colleagues continue to support as required.

It is anticipated that rates may rise in the coming weeks with the easing of restrictions and the potential spread of the new variant of B.1.617.2 variant originating from India. We still need to be cautious as we progress through the roadmap. In the UK, there are now over 5000 cases of the new variant according to the latest PHE data, a 50% increase in the past 7 days. Surge testing is taking place in several areas, mainly across the North West, but also Kirklees locally and Bedford. Early scientific research indicates the current vaccine is effective against this variant. It is, however, up to 50% more transmissible than the current dominant UK strain which first emerged in Kent. Public Health England data and local intelligence report low numbers of cases of B.1.617.2 variant originating from India in Leeds. To date, all have been well managed with contacts followed up, most cases were returning travellers.

The Covid 19 vaccination is the most important thing people can do to protect themselves and their community against serious illness. The Covid-19 vaccine programme is continuing to be rolled out at pace across the city. People aged 30 and over are now being offered the vaccine. Over 424k people have had a 1st vaccination (57.9% of GP registered). Importantly, 85.9% of CEV and 79.7% of 'at-risk' have been vaccinated. Two thirds of 40-49 year olds have now been vaccinated (68.0%). Almost 300k people have had a 2nd vaccination (40.8% of GP registered). There are still challenges around vaccine hesitancy, though, and Public Health are working closely with Primary Care Network Clinical Directors and many other colleagues to address this. I recognise the crucial role that Primary Care plays and the pressure it is under. Thank you so much for everything you do.

Appointment and workload pressures

General practice has been through a hard and difficult time over the last year that has left many physically exhausted and mentally drained. It's tested every GP team and individual like never before. But it has shown the profession at its best. We have been there for our patients. We have not let them down. We have responded to this unprecedented situation and we have risen to and met the challenge. The hard work and dedication of so many people in general practice has saved countless lives and the nation owes you all a huge debt of gratitude.

GPs and practices are under unprecedented pressure, delivering a far greater [number of consultations](#) with almost 5 million more appointments in March than they did the month before, and nearly 3 million more than they did in the same month two years ago, long before the onset of the pandemic. This is not just due to the serious impact of the COVID-19 pandemic, but also the major scale of the NHS backlog with millions more waiting for treatment, combined with a falling numbers of GPs relative to the growing population, despite government pledges to address this. On top of this GPs and their teams are working incredibly hard to deliver the hugely impressive COVID vaccination programme quickly and effectively.

So, the media headlines of recent weeks and the subsequent letter relating to the [Standard Operating Procedures](#) from NHS England has completely understandably left many GPs and practice teams demoralised, angry and feeling that the immense workload pressures that practices are currently experiencing is not recognised or appreciated. Practices need help and support not condemnation and criticism.

Instead of knee-jerk responses to press headlines there needs to be proper acknowledgement from the Government and NHSE/I that practices are under huge pressure at the moment, that you are doing the right thing by working in line with national infection protection and control guidance as set out by the CMO and that you have been using telephone and online consultations appropriately to both keep patients and staff safe. This also needs to be much more clearly explained to the public.

It is for practices to determine how best to manage and deliver their services and the best arrangements for appointments, based on their expert knowledge of their local community. Practices have the contractual freedom to do this taking in to account their capacity and workload pressures, and by doing so delivering a safe service to their patients.

None of us trained to be call-centre GPs and we all want to get back to a time when we have the freedom to see more patients face to face but we need to do that in a way that matches capacity and safety within each practice. However triage and telephone/online assessment can help to prioritise patients and provide better face-to-face consultations for those that need them. As covid-19 prevalence falls and, through the incredible efforts of general practice, vaccination levels rise practices are rightly and wisely adapting the arrangements they have had during the height of the pandemic. At present we know there is no spare capacity, there is no surplus workforce waiting to come and assist and the impact of the wider NHS backlog is having a massive impact on every practice. We know that practices have been and will continue to offer face to face appointments for those patients who need them as well as trying to protect our patients and colleagues from becoming infected in our surgeries.

We don't just need our patients' understanding, we have often had that throughout this last year, we need governments to act. We don't just need short term fixes, or more letters and guidance telling us what to do, but a return to the freedom to deliver services in the way that best meets the needs of our patients, as well as long-term commitment to investment and development of general practice.

The LMC issued a joint statement of support to practices with the CCG, and has been working with the CCG and Leeds GP Confederation on how we can best support practices at this time and we will continue to do all we can locally at this crucial time.

Urgent meeting held with ministers to seek action to address pressures in general practice

Richard Vautrey GPC England chair and Leeds LMC assistant medical secretary, together with Chaand Nagpaul (BMA council chair) and Ben Molyneux (Sessional GPs committee chair), have met with the Secretary of State for Health, Matt Hancock, and Parliamentary Under-Secretary of State for Primary Care, Jo Churchill to highlight the huge concern of the profession about the current pressures facing general practice.

They stressed the urgent need to support surgeries to reduce workload pressures and to deliver care and appointment arrangements in the way they knew their patients would benefit from. They called for an urgent end to national directives and criticism, and more help and understanding for practices trying to care for those patients who are now part of a huge NHS backlog, caused by the pandemic.

Although it is encouraging that senior members of the Government prioritised this urgent meeting following the BMA's request, and showed that it is listening and taking this issue as seriously as we are, it is clear that this must now go beyond supportive words and very quickly they need to turn these into meaningful action. Read the full statement [here](#)

Online consultations – the contractual position

Before the pandemic, as part of the [2019 GP contract deal](#) (paragraph 5.10 (i)) GPC England agreed that it would eventually become contractual for practices to offer online consultations during core hours. This agreement has not yet been added to the contract regulations, so is not currently a contractual requirement. However, GPCE also agreed that practices should offer online consultations as early as possible, provided that the necessary infrastructure is in place, but it would not become a requirement until it is entered into the contract regulations. It is therefore for practices to determine how best they use online consultation systems, including what hours they are available, and they should try to use them in such a way that helps with triage and workload management, enabling the delivery of a safer and more accessible service to all their patients.

The reality for practices and patients

The COVID pandemic has necessitated the implementation of online consultations and remote triage ahead of time. Many practices have found remote triage and online consultation systems useful as a way of gathering more information from patients to assess whether they need to be seen face to face, and to direct them to the most appropriate service/healthcare worker as well as manage demand, workload and crucially safety during the pandemic. However some practices find these systems can increase demand and workload pressures, and many practices as well as patients want a return to arrangements that we last saw in 2019.

It is clear that patient experiences and their expectations have changed due to the pandemic, and that both patients and practices are now using technology to support consultations to a greater extent, but it is also clear that practice workload and demand (which was very high before the pandemic) has also increased over the last few months as we move into the recovery phase.

GPCE has been rebutting suggestions in the media that practices have been preventing patients from accessing services face to face, as any patient who needs it can, and has always been able to, have a face to face appointment. Telephone and online consultations have been appropriately used by practices as a safer way of consulting during the pandemic period, and has allowed many millions of patients to access appointments. Many lives may have been saved as a result.

The future

We all hope to get back to a greater proportion of face to face appointments when it is safe to do so and government restrictions allow, as this is at the heart of good doctor patient relationships and why many of us became and continue as GPs, but that also depends on the capacity of a limited and exhausted workforce to cope with growing demand. We therefore need the government and NHSEI to do far more to support general practice at this critical time, not just with IT, but practical support for the workforce and funding to improve practice premises to create safer environments.

The whole model of access to general practice, including the impact on practice workload and the patient experience, must be reviewed as we move toward a new normal. Practices need the flexibility to find a model that works for their patient population and for the practice workforce – this cannot be a one-size-fits-all approach with total or majority online service, but equally cannot be a total face to face service; there will be a need for a balance.

Storage of Pfizer vaccine

Following [reports by the European Medicines Agency](#) that the approved storage period in a fridge for the Pfizer vaccine could be extended from days to weeks, the [MHRA has approved](#) new storage conditions for the vaccine, extending the length of time the thawed vaccine can be stored at normal fridge temperatures from 5 days to 31 days. NHSE/I has also published a [letter](#) about the change to shelf life of the Pfizer vaccine when stored in refrigerators at 2-8C. This change makes a big difference to the remaining vaccination campaign and potentially simplifies the giving of boosters at the same time as flu vaccines later in the year. However work still needs to be done on trying to reduce pack sizes. We have also questioned again the continued need for a 15 minute observation period after vaccination.

COVID vaccine status

The [Government has announced](#) that from 17 May 2021, people will be able to demonstrate their COVID-19 vaccine status for travelling purposes, by accessing the NHS app, or by calling 119. People are also strongly advised not to contact their GP to prove their vaccine status.

“Do not contact your GP surgery about your COVID-19 vaccination status. GPs cannot provide letters showing your COVID-19 vaccination status.”

This was also supported in a motion proposed by Leeds LMC at the recent LMC UK Conference, which called for easy access to complete vaccination and immunisation record, to provide evidence for employment and travel purposes, to reduce the need for patients to request this from their GP.

In preparation for the requests that may arrive in general practice, practices can use the following draft text to inform messages on your websites and to signpost patients to:

“Thank you for contacting the surgery enquiring about COVID vaccination certification.

We are unable to issue this certificate at the practice.

Please see the [Gov.uk website](#) for further information.

Proof of your vaccination status will be available on the NHSapp, which is also valuable for accessing your health records and ordering repeat prescriptions.

The NHSapp can be downloaded from [here](#) for iPhone or [here](#) for android.

Alternatively, you can call the NHS helpline on 119 (from 17 May) and ask for a letter to be posted to you. This must be at least 5 days after you’ve completed your course of the vaccine, the letter may take up to 5 days to reach you.

Kind regards *Your Surgery* “

Vaccination media campaign ‘*Spread the word, not the virus*’

The BMA has launched a [social media campaign to encourage a better uptake of COVID-19 vaccinations amongst communities from minority ethnic backgrounds](#).

Working with a group of influential social media creators, who have developed short video posts for Instagram, it is hoped that the campaign will pass on the message that everyone who can be, needs to be vaccinated so that the risk of infection and illness reduces and life can get back to normal. Find out more [here](#).

New PCSE GP Pay and Pensions portal

The new PCSE GP Pay and Pensions portal is due to go live next week, on 1 June. PCSE has advised that via this new portal, practices and GPs working in general practice will be able to

access a range of new services to help manage their payments and pensions administration online.

PCSE has written to all practices to ensure they have the correct details on file for the correct contact who will control the access within their practice to the new system. We have been assured that this work is complete but if a practice believes that they have not had this correspondence or they are unsure who their assigned contact is they should email pcse.user-registration@nhs.net Once the service is live, these 'User Admins' will then be able to log in to the portal and assign the roles to their practice staff. A suite of guidance for using the new system can be found on the PCSE website [here](#).

The payments element of the new system should allow practices to submit payment claims, such as for premises or Locum cover, online. Monthly practice statements will also move to the portal from 1 June. These will only be available via this route.

Practices should find it easier to submit pension information such as an Estimate of GP and Non GP Provider NHS Pensionable Profits with the new system. Practices should also be able to provide updates on salary changes in real-time to ensure the correct pensions contributions are being deducted. Approving Locum A forms and other pensions administration work should also be easier.

Any GP who is a member of the NHS Pensions Scheme as a GP partner, salaried GP or locum GP will be able to access an improved service from PCSE to administer their pension account and access their pension records from 2014/15 onwards. Members will be able to do the following via PCSE online with the new service: Type 1 Annual Certificate of Pensionable Profit and Type 2 self-assessment forms; Estimates of Pensionable Profit/Pay form; Retirement, 24 hour retirement and death in service; GP Locum contributions; GP Solo contributions; opting members in or out of the NHS pension scheme; amending member's Additional Voluntary Contribution (AVC). Further information can be found [on the PCSE website](#)

Members of the scheme are encouraged to log onto the new portal from 1 June 2021. To access this functionality you will need to have a verified PCSE Online account. If you don't have an account, or have yet to verify your existing account, please contact the PCSE User Registration team at pcse.user-registration@nhs.net. If you already have an account but have forgotten your log in details you can set up a new password on the [PCSE login page](#)

NHS Standard Contract 2021/22 – New “interface” provision (England)

Following reports from GPs regarding inconsistent implementation of [NHS Standard Contract](#) requirements on secondary care providers relating to the interface with local primary care teams, the BMA has worked with NHS England on the introduction of a new provision in the contract to improve collaboration between clinical teams.

The new provision requires that secondary care providers work with their local commissioners to assess by the end of September, and annually thereafter, their compliance to the interface requirements of the contract. The commissioners and providers will have to agree an action plan to address any deficiencies identified by their assessment and ensure that this action plan is informed by discussion with and feedback from the LMC, and they also need to ensure that the action plan is adopted in public by their Governing bodies, and that progress on its implementation is shared with the LMC.

In addition to previous changes, this year there is an additional requirement which is set out in Sections 3.17 and 3.18 of the [NHS Standard Contract](#):

“3.17 The Co-ordinating Commissioner (in consultation with the other Commissioners) and the Provider must jointly assess, by no later than 30 September 2021 (and annually thereafter), the effectiveness of their arrangements for managing the interface between the Services and local primary medical services, including the Provider's compliance with SC6.7, SC8.2-5, SC11.5-7,

SC11.9-10, SC11.12 and SC12.2 of this Contract.

3.18 Following the assessment undertaken under SC3.17, the Co-ordinating Commissioner and the Provider must then:

3.18.1 agree, at the earliest opportunity, an action plan to address any deficiencies their assessment identifies, ensuring that this action plan is informed by discussion with and feedback from the relevant Local Medical Committees;

3.18.2 arrange for the action plan to be approved in public by each of their Governing Bodies and to be shared with the relevant Local Medical Committees; and

3.18.3 in conjunction with the relevant Commissioners, implement the action plan diligently, keeping the relevant Local Medical Committees informed of progress with its implementation.”

GP Data for Planning and Research, legal direction

On Wednesday 12 April, NHS Digital issued a [Data Provision Notice](#) (DPN) to all practices notifying them of their intention to begin extracting data as part of the GP Data for Planning and Research (GPDPR) programme. GPDPR is the successor to the GP Extract Service (GPES) and it is a legal requirement for practices to comply with the DPN. Your IT supplier will be in touch separately with instructions on how to comply as these vary by system.

These are the next steps that practices need to take include complying with DPN, update your Privacy notice, consider as a practice if you will proactively be contacting patients to inform them of what is changing and register type1 opt outs in a timely fashion

See also these key documents/links:

[Data Provision Notice \(DPN\)](#)

[Privacy statement](#)

[Patient information on GPDPR](#)

[Transparency notice](#)

[Type 1 opt-out form](#)

[Next steps for GPs](#)

A joint statement from BMA and RCGP can be found [here](#)

PCV Hib MenC and Childhood 6 in 1 data collection for payment

A communication has been sent out from CQRS to commissioners regarding the automated data collection for PCV Hib MenC and Childhood 6 in 1. Due to a delay in the automated collection from the GP Clinical system, data for PCV Hib MenC and Childhood 6 in 1 will not be extracted until June 2021. To enable practices to claim for payment in respect of these services for April and May prior to this extract, GP practices will need to manually submit the data for these periods via CQRS.

The manual submission will need to be declared and approved within CQRS to generate a payment instruction to the payment systems. Where there has been no manual submission, the June automated extract will include April and May. If there has been a manual claim for April and May, the first automated extraction will be for June only.

Information and guidance documents for each of the available services can be found [here](#)

Details of these services, including the live collections timetable, can be found on the [NHS Digital's GP Collections website](#)

LMC UK Conference 2021

The LMC UK Conference 2021 was held earlier this month, where Leeds LMC representatives joined others in debating a wide range of motions – many focused, not unexpectedly, on the workload and workforce pressures in general practice which have been exacerbated even further during the pandemic. We also passed some very important motions, including ones calling for zero

tolerance to racism and two proposed by Leeds LMC and accepted by the conference, on the role general practice can play in addressing climate change and another on the development of vaccination information to promote uptake, building on the current NHS App covid certification.

In his [speech](#) to the conference, Dr Richard Vautrey highlighted that the past 14 months have tested every GP team and individual like never before and called for the Government to act to address this and provide real and meaningful support for practices as they continue to play a vital role in the country's pandemic recovery. We cannot allow another crisis to hit us without being better prepared.

This comes as the recent [GP appointment data](#) revealed that there were 3million more appointments in March this year than there were in March 2019, before the onset of the pandemic, and the [workforce figures](#) published last week which showed that NHS in England lost more than 900 GP partners between March 2020 and March this year. This at a time where the number of patients per practice is 22% higher than it was in 2015. Resulting now in 0.46 fully qualified GPs per 1000 patients in England - down from 0.52 in 2015.

This issue was also illustrated in the latest [BMA survey](#), which found that a third of GPs said they were more likely to retire early following the pandemic and one in five said they were more likely to leave the NHS for another career, citing workload and their own health and wellbeing as the primary reason. Read the BMA's full analysis of the figures on the [GP pressures page](#).

Final Seniority Factors for 2017/18 (England)

The [Final Seniority Factors for 2017/18](#), for England, have now been published by NHS Digital.

Leeds Mental Wellbeing Service (LMWS)

It is now over a year since the LMWS has been running at full capacity and providing a service despite the significant impact of COVID. As such it is time to take stock of this new service which of course has incorporated the previous IAPTs offer and several of the pilot projects around mental health in primary care. Whilst we are going to do this directly with PCNs and other stakeholders we would very much appreciate what the LMC and its members have to say on what impact the service is having and in particular in what ways it could be improved.

For your information, please see attached LMWS update for leadership teams and LMWS guide and update for referrals.

Health inequalities toolkit – call for examples

The BMA is producing a toolkit for frontline clinicians, including those in general practice, who feel frustrated by the health inequalities they see in their work, and who wish to do something about it.

The initiative is part of a project by BMA president Sir Harry Burns, who is making inequalities the focus of his one-year term in office. The BMA also [published a paper](#) in March recommending actions UK governments could take to mitigate the effect of the pandemic on health inequalities and the social determinants of health.

They would like to hear from those who have seen or participated in schemes to address health inequalities in their local area, and hope the final published toolkit will support clinicians to tackle health inequalities, either through direct action on behalf of their patients, through joint working with other local organisations, or indirectly through lobbying local, regional or national government.

Please send any examples of projects or initiatives you have seen in your local area to reduce health inequalities, by filling in this [webform](#). If you have any general feedback on what you would find useful in a toolkit, as a GP, please email Liv Clark at oclark@bma.org.uk

Cameron Fund – 10 top tips for financial wellbeing

The [Cameron Fund](#) has had a difficult year in common with the rest of the world, but has continued to support our colleagues and families including those who have been affected by Covid. One of

the objects of the Cameron Fund is the prevention of hardship and being aware of the financial pitfalls that can cause so much worry and stress to those who ask the Fund for help, they have produced: ["10 Top Tips for Financial Wellbeing"](#).

COMINGS AND GOINGS

Leeds LMC are pleased to announce that Ruth Colbeck, Lead Practice Nurse at Manston Surgery, Crossgates Medical Centre has been successfully appointed as the Healthcare Professional member representative on the Leeds Local Medical Committee for a 1 year term commencing June 2021.

Good bye and best wishes to...

- Joanne Gration recently started as Assistant Practice Manager at Morley Health Centre
- Dr Harry Brown will be retiring as a GP Partners from Dr S Laybourn and Partners after 34 years of loyal and dedicated service to the Practice and its patients. He will be greatly missed and we wish him a happy, long and healthy retirement with his wife and family.
- Dr Charlotte Brookes will be moving up from a salaried GP to become a Partner at Dr S Laybourn and Partners and we wish her a long and fruitful partnership ahead of her.
- Dr Laura Pipe will become the new Salaried GP at Dr S Laybourn and Partners, stepping up from 2 to 6 sessions a week with us having completed her training at the Practice a few years ago.

Vacancies

Advanced Nurse Practitioner

An exciting opportunity to join a forward-thinking, friendly surgery in North Leeds! We are reorganising and would like you to become part of our inclusive clinical team. We have a great reputation for offering quality care to a diverse patient population of 21000. Working within an experienced team you will be able to choose a role which suits you.

We are keen to consider the right candidate for the practice and will consider full time or part time roles!

Key Information

- Work part of a clinical team with a view to career progression;
- Clinical support and training available
- No weekend work
- Organised, well-structured training practice
- Personal development through internal clinical educational sessions and 1-1 PDP sessions
- Assess patients presenting with acute illness
- Diagnose, plan, implement and evaluate treatment/interventions and care for patients presenting with an undifferentiated diagnosis
- Proactively identify, diagnose and manage treatment plans for patients at risk of developing long term conditions

Key Benefits

- Excellent induction and training available;
- Agenda for change pay scales and annual leave
- Excellent clinical and admin support;
- Salary negotiable dependent on experience;
- NMC Membership paid;
- Named mentor;
- NHS Pension;
- Flexibility to support work/ life balance.
- Annual leave as per agenda for change with the flexibility to buy more;

You can talk to us in confidence by calling our Practice Manager, Deehan Mair on 0113 218 5794 or by emailing pm.nlmp@nhs.net.

Closing date 1st July 2021

Salaried GP

An exciting opportunity to join a forward-thinking, friendly surgery in North Leeds! We are reorganising and would like you to become part of our inclusive clinical team. We have a great reputation for offering quality care to a diverse patient population of 21000. Working within an experienced team you will be able to choose a role which suits you.

We are keen to consider the right candidate for partnership!

Key Information

- Well defined tiered career progression plan
- Flexible sessions
- One doctor does visits
- No weekend work
- Organised, well-structured training practice
- Personal development through external and internal coaching to further enhance your career
- Flexibility to support work/ life balance

Key Benefits

- Salary circa £8500 to £11000 per session depending on level of responsibility and experience;
- Indemnity and GMC fees paid;
- Named mentor;
- 7 weeks leave as standard with ability to negotiate
- NHS Pension.

You can talk to us in confidence by calling our Practice Manager, Deehan Mair on 0113 218 5794 or by emailing pm.nlmp@nhs.net.

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