

# LMC ViewPoint

*The newsletter of Leeds Local Medical Committee Limited*

*June 2021*

## **Update from Victoria Eaton - Director of Public Health - Accurate 24/6**

Covid rates in Leeds have increased significantly over the past couple of weeks. The rates are now up to 229.2 per 100k. Ward range is now 69.2-1073 per 100,000, with only 4 wards below 100 per 100,000. Ten wards have statistically significant increases in the past week. As a reminder, you can see the localised rates on the map [here](#). The rates are still the highest in 18-24 year olds. The over-60s rate has increased to 34.8 per 100,000 and we are focussed on limiting spread in this group. Hospitalisations are low but are increasing and deaths are sadly averaging two per week. Rates in Headingley & Hyde Park and Little London & Woodhouse areas, in particular, are very high and increasing, so there is enhanced activity in these areas. Rates in these wards have increased again as the Delta variant is spreading quickly. Headingley & Hyde Park is now 1073 per 100,000, with Little London & Woodhouse is now 579 per 100,000. We have been working closely with primary care colleagues in those wards – thanks to all the support they've given. Extensive activity is underway in the area, with a significant range of partners very actively engaged in daily planning meetings. This includes additional testing sites, some door-knocking to encourage take up of testing and vaccination, enhanced community engagement work and extensive communications (including outdoor advertising and digital van, significant liaison with universities and health colleagues to use every avenue to push all individual and organisational comms routes, links to businesses and a leaflet being produced for use in the area). We are encouraging people in these areas to get a [PCR test](#), including for those without symptoms, so that we can find more cases and encourage people to self-isolate and stop the spread of the virus. The media release about the enhanced activity is [here](#).

Extensive activity – such as vaccination promotion, testing, contact tracing, communications, compliance and enforcement activity – is happening across the city through the [local outbreak management approach](#) we are taking. Here are the key links for local [testing](#) and [vaccination](#) information, and here is the [guide to what you can and can't do](#)

The local vaccination work is going well. Almost 486k people in Leeds have had a 1<sup>st</sup> vaccination, with over 383k of these having had a 2<sup>nd</sup> vaccination. There has been a focus on those most clinically vulnerable - 81.7% of CEV and 75.14% of 'at-risk' have had a 2<sup>nd</sup> vaccination. We want to ensure that no one is left behind and there is a vaccine health inequalities groups, with a strong representation from primary care, that is looking at an increased and intensive focus on those areas with lowest uptake, putting actions in place to address any gaps. This includes assessing local provision of vaccine clinics, accessibility and appropriateness of the local offer for culturally diverse groups and community engagement.

I appreciate the incredible contribution primary care has given to this work and the pressures that you are under. Thank you again for all that you do.

## **Long-COVID and weight management enhanced services**

NHSEI have published two new [enhanced services](#), relating to long-Covid and weight management. In addition, and following BMA lobbying, they have also confirmed a further welcome extension to pay the full sessional payment to PCN clinical directors, recognising the significant workload they have been carrying.

Whilst the additional support for practices to help care for patients with long-Covid has some merit, it does not recognise the need for support for those in the general practice workforce who need access to occupational health services, or practices that need financial support to enable them to better help colleagues on prolonged sick leave. This must still be addressed if we are to reduce the loss of much needed members of our workforce.

The weight management enhanced service will present practices with additional work at a time when practices are already stretched to the limit. The BMA have also raised concerns that this service specification is overly bureaucratic, further micromanages clinical consultations, is clinically flawed and demonstrates a lack of trust in GPs and their teams to do what is best for patients. Furthermore, it is not clear that local weight management services in Leeds have the necessary capacity to respond to increased referrals.

### **Long COVID NHS plan for 2021/22**

NHSE/I has also published a [Long COVID plan for 2021/22](#) which outlines the 10 key next steps to be taken to support those suffering from long COVID. The plan is underpinned by a £100million investment, £30million of which will go towards the enhanced service, highlighted above, for general practice to support patients with long COVID. The remaining £70million will be used to expand other NHS long COVID services and establish 15 new [‘paediatric hubs’ to coordinate care for children and young people](#) who are suffering from the condition, one of which will be in Leeds. These hubs will have specialists who can directly treat the children and young people, advise GPs or others caring for them or refer them into other specialist services and clinics. The plan, which builds on the [five-point plan](#) for long COVID support outlined by NHSE/I last year, also highlights the need for equity of access, outcomes and experience in long COVID support.

However, we remain concerned about the need for more help for members of the workforce with long COVID and for practices that need to support them, and continue to [call for the government to provide a compensation scheme](#) to support healthcare staff and their families who are living with long COVID.

### **GP appointment data**

The [GP appointment data for April](#) in England has been published with revised data so that it now also includes COVID vaccinations delivered via general practices. The figures for April 2021 (23.8 million) are very similar to those in April 2019 (23.85 million), but with an additional 7.5 million appointments for COVID-19 vaccinations.

There were also more appointments being seen within the same or next day (13.1m vs 11.8m), and within a week (18.2m vs 16.2m), compared to April 2019 as well despite the additional workload from the COVID vaccination programme.

This highlights the immense pressures that GPs and their teams continue to operate under, as they battle to provide care to their communities alongside the ever-increasing workload generated by the pandemic and associated backlog of patients needing care.

It is testament to general practice that in April, the majority of appointments were done the same day as booking. The number of consultations taking place after a two-to-seven day wait is going up, which is a sign that practices are responding appropriately to the needs of their patients who want to wait for a specific timed appointment, often face-to-face. However, it could also be an indicator that practices are struggling to meet same day requests, and illustrates the serious toll that increased patient demand is having on surgeries across the country, and how much harder it is for GPs to give patients the timely care they need. Read the BMA full statement [here](#)

### **Delay in roll-out of patient data sharing programme (GPDPR)**

It was announced in the [Parliamentary health questions](#) that the planned roll-out of the GP Data for Planning and Research (GPDPR) in England would be delayed by two months, from 1 July to 1 September 2021.

This follows extensive engagement by BMA and RCGP with NHS Digital and with the health minister, [calling on NHS Digital and the Government to delay the introduction](#) of their new data programme until patients and the public have had time to be aware of and understand the programme and choose to opt-out if they wish.

The Government and NHS Digital now need to initiate a proper in-depth public information campaign to give the public a chance to make an informed decision about whether they want their data collected as part of the new GP data extraction programme.

Read the BMA's full statement about the announcement to delay [here](#)

### **New PCSE pay and pension system**

PCSE's new pay and pension system was launched on 1 June and we have been contacted by concerned practices and GPs about the disparities in information and the difficulty in finding the relevant information on the system. We would urge all GPs to log on and check their details and data. Any errors or issues identified should be [raised with PCSE](#) at the earliest opportunity.

The issues are wide-ranging and involve both historical migrated data and current data. We are aware of some of this data being incorrect, some of it being missing and still more just being unclear to users. It is affecting GPs' pension data in many instances, locum and solo performers being particularly affected, and there have also been early issues with some payment runs to practices. PCSE assures us that all of this is being addressed urgently but we need to see more evidence that this is happening.

The BMA, along with the Institute of General Practice Management, have [written to the Chief Commercial Officer of NHS England](#) to raise concerns about this and demand urgent action to ensure that GPs and practices are able to use the system as intended as we approach a critical time for many users.

GP engagement with the new system remains low according to the data we have seen, so we would urge GPs to log in and check their records as a priority and to [inform PCSE](#) of any errors.

We would also ask all system users to make use of [PCSE's guidance materials](#). We understand that a significant number of calls and emails to PCSE are being answered with information from the guidance.

### **Changes to annual complaints collection (K041b form)**

NHS Digital has published their [response to their consultation on the proposed changes to the annual complaints collection \(K041b\)](#) and the plan for its reintroduction. These changes were initiated by the GP bureaucracy review NHS Digital paused the collection of the 2019/20 KO14B form, from general and dental practices, but have now confirmed that collections will resume from the 9 August to capture complaints recorded in 2020/21. The NHSD response sets out:

- A range of simplifying changes that will be introduced - some will commence at the next collection whilst others will commence at future collections.
- There will be an extended 12 week collection window for the next collection
- Improvements to the portal to address specific technical issues that previously occurred, which should make the experience of uploading the return easier.

### **Spirometry**

NHS England have suggested that spirometry services should be restored. [This guidance document](#) comprises information from the Association for Respiratory Technology and Physiology (ARTP) and the Primary Care Respiratory Society (PCRS). It was developed from a task and finish group established by NHS England's Clinical Policy. Recent TARGET sessions in Leeds have also encouraged practices to do spirometry.

However the BMA guidance, which the LMC supports, for [spirometry in general practice](#) remains unchanged. We believe this important diagnostic and monitoring tool should be properly commissioned and sufficient capacity should be made available for practices to be able to access this for their patients. The CCG as commissioner needs to do more to make this service fully available, particularly to enable accurate diagnosis of both asthma and COPD. There is no contractual obligation for practices to do this themselves, and with the current infection protection

and control restrictions still in place it is not practical for most practices to set aside treatment rooms to be able to complete this.

### **Integrated Care System**

NHSE/I have published [Integrated Care Systems: Design framework](#) which outlines how they expect the new arrangements to work as the regional West Yorkshire and Harrogate ICS takes over responsibility from Leeds CCG next year. As part of the proposals there is an expectation for someone from a general practice provider to be a member of the ICS board. However, it is also expected that where possible decision making is devolved back to “place” level i.e. providers working together in Leeds.

*It states that “Primary care should be represented and involved in decision-making at all levels of the ICS, including strategic decision-making forums at place and system level. It should be recognised that there is no single voice for primary care in the health and care system, and so ICSs should explore different and flexible ways for seeking primary care professional involvement in decision-making. Primary care contracts will continue to be negotiated nationally. In particular, primary care should have an important role in the development of shared plans at place and system, ensuring they represent the needs of their local populations at the neighbourhood level of the ICS, including with regards to health inequalities and inequality in access to services.”*

Work is being done on the development of local arrangements for partnership working between providers in the city and we have had discussions with the CCG and Leeds GP Confederation about this. The LMC worked to develop the Leeds GP Confederation and we work closely together. However, as the statutory representative of all GPs, it's also important for the LMC to have a central role in the new arrangements to ensure the voice of all GPs is heard and acted on, and we will be discussing this further with those planning the new governance arrangements.

### **Extending the medical examiner into primary care**

The National Medical Examiner (NME) and other parties this week published a [letter](#) announcing the extension of the medical examiner (ME) scrutiny to non-acute settings. The new ME system is likely to be enabled through primary legislation (the Coroners and Justice Act 2009) and is due to be implemented across England and Wales through statutory instrument. There are proposals for the work of the ME to begin before the legislation is passed. The LMC is seeking a meeting with the regional ME office to discuss how this might impact practices in Leeds.

### **FAQs to support students in higher education institutions access covid vaccination**

NHSE/I has published [FAQs to support general practice and higher education institutions](#), which advises that although in general, patients should return to the place they had their first dose of covid vaccination to have their second dose, students in higher education are able to receive their second dose in a different location to their first dose if they have relocated. The National Booking Service has an option to book or re-arrange the second vaccination appointment at a different location to the first appointment.

### **Enhanced shared parental leave system for salaried GPs**

The new [enhanced shared parental leave](#) system for salaried GPs has been launched across the UK and will allow for up to 50 weeks of the 52 weeks maternity leave to be shared between the parents. Eligible parents are also able to share up to 37 weeks of statutory shared parental pay (equivalent of statutory maternity pay). The ESPL system will be offered by employers at GMS and some PMS practices. Employees may request for this new form of leave to be included in their contracts, in line with provisions for junior doctors and agenda for change staff. This change to a more flexible form of leave supports the BMA's commitment to address the gender pay gap. [Find out more about enhanced shared parental leave entitlements](#) and read the updated [Salaried GPs handbook](#)

### **Contact your MP about punitive pension tax**

The BMA will begin its campaign addressing the taxation issues within the NHS Pension Scheme with a Parliamentary briefing event on 1 July. They are looking to gather support and attendance

from MPs from all parties and nations to address this vital issue. BMA members are encouraged to support this event by [tweeting their MP](#) to highlight the event directly to them. Please join us and invite your MP along to the event by using our [template form](#)

### **NHS Pension Scheme taxation and the Government response to the changes to the transitional arrangements to the 2015 scheme**

For your information, please see the attached slides provided by Chase de Vere, the BMA's financial partners for Leeds.

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### **COMINGS AND GOINGS**

- Dr Mike Sweeting will take early retirement from Laurel Bank Surgery in July 2021. He has been a dedicated and well-loved partner of the surgery for 10 years and he will be greatly missed by both patients and colleagues. Dr Frances Wilson will join the partnership in July and we welcome Dr Neil Singh to the practice as a salaried GP.
- Welcome Joanne Gration who joined Morley Health Centre in April as Assistant Manager.
- Dr Davide Chiarelli from The Street Lane Practice is moving back to live in Italy at the end of June this year.
- Hyde Park Surgery welcomed Dr Fran Thompson as a Salaried GP in May 2021.
- Simon Beer will be leaving Burton Croft Surgery as Practice Manager after 12 years at the end of July. Simon wishes the practice all the very best for the future.
- Dr William Cowie is now a Partner at the Practice of Dr Freeman & Partners.
- Leeds LMC welcome Dr Sophie Till and Dr Amil Rahemtulla as joint GP Registrar committee members from June 2021

### **VACANCIES**

#### **GP Vacancy – Oakwood Lane Medical Practice**

Come and join our expanding team at Oakwood Lane Medical Practice on a mission to deliver high quality health care whilst striving for a happy work life balance.

We are looking for GPs to complement our team and would consider people looking for between 4 and 8 sessions per week. We are also able to support applications for a Retainer Scheme post.

Every day our clinical team meets for coffee (socially distanced) for laughs and when needed the occasional moan!

In addition to our doctors we are blessed to have:

The wonderful Mel, our ANP, who means we have a very low visiting burden for GP's.

Mariam and Sue, our in-house Pharmacist and Pharmacy Technician on a mission to abolish the need for GP's to do any repeat prescribing and provide additional excellent clinical capacity and medicines management support.



Raph, a highly experienced mental health worker, directly employed by the practice. Raph works with patients who we feel need the extra support.

The nursing team are highly experienced and have a great skill mix, able to manage our Long-Term Conditions Patients with high levels of autonomously.

Our admin team who can “Stream letters” meaning GP`s only see the important stuff, and jobs that are better done by the rest of the team have already been assigned.

The front of house team is expanding in numbers and remit. They are becoming ace “ care navigators” helping patients reach the best service for them including accessing our “PCN Hubs” offering extended hours physio and pharmacy support.

We are a work in progress, but have an excellent management team ensuring we are moving ever forward to higher quality care with happier staff.

For further information please contact: [Oakwoodlane.manager@nhs.net](mailto:Oakwoodlane.manager@nhs.net)

### **Park Edge Practice, Asket Drive, Leeds, LS14 1HX**

#### **Advanced Care Practitioner required for Training Practice in North East Leeds**

We are looking for an enthusiastic caring Advanced Care Practitioner, with excellent clinical skills and warmth, who will provide care for the presenting patient from initial history taking, clinical assessment, diagnosis, treatment and evaluation of care. You will demonstrate safe, clinical decision-making and expert care, including assessment and diagnostic skills, for patients within the community, with a commitment to positively contributing to our provision of high quality patient centred care.

#### **The role:**

- 20-30hrs per week (one working day must be a Friday)
- Salary: negotiable, dependant on experience
- Pro rata holiday entitlement and study leave
- Dedicated protected paperwork time included in sessions
- Limited clinical correspondence workload due to established practice processes
- Indemnity reimbursement

#### **About us:**

- SystmOne 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 Seacroft Primary Care Network.

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

If you have any questions, wish to arrange an informal visit and/or would like to request the full Job Description and Person Specification, please contact Michelle Little, Practice Manager by email (address below) or telephone 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)