

LMC ViewPoint

The newsletter of Leeds Local Medical Committee Limited

January 2022

LMC Wellbeing Event – 8th February 2022 – Register your place today

With high workload pressures, the impact of the pandemic and rising expectation of patients, many working in general practice are feeling more under pressure than ever before and this is having a serious impact on personal wellbeing.

The LMC is therefore holding a LMC event that will take place on Tuesday the 8th February 7-9pm. Inviting all GPs, Practice Managers, PCN Manager, CCG and GP Confederation staff to attend.

We are delighted to be joined by Professor Dame Clare Gerada, Dr Rob Hendry, MPS Medical Director, and offers to help us explore the importance of this issue.

Please see the attached event agenda (including zoom link / joining details).

Please email us at mail@leedslmc.org to register your place.

Update from Public Health - Accurate 27/1

I hope you are well and are having a good start to the New Year. I want to start by saying thank you for the incredible work you and your teams did over the festive period to offer booster vaccines to people in Leeds, which went above and beyond and has made a real difference.

Although rates are still high across all ages bands and wards in Leeds, the overall case rate for Leeds has decreased over the latest week and has been decreasing since the recent peak on the 4th January. All ages groups are seeing a reduction in cases except for the 0 to 3 and 4 to 11 year-olds which are seeing increases. This mirrors the regional and national trend of case rates being driven by early years and school age children. Leeds has robust processes in place for early years and school settings and the vast majority of cases in younger people continue to be mild symptoms. As of 24th January 2022, Leeds had a 7-day rate of 1190.2 per 100,000, which is a 14% decrease. The current rate for Leeds in the over 60s population is 450.8 per 100,000, which is a 39% decrease from the previous week. The current rate for over 60s in Yorkshire and Humber is 420.5 per 100,000, which is a 39% decrease from the previous week.

The government has set out its long-term strategy for living with Covid-19. This stresses that the pandemic is not over, and Omicron can be serious for some people, with the NHS still under significant pressure. Plan B restrictions are lifted in full in England on Thursday 27 January (although some changes came into effect sooner). This is further to scientific advice that the Omicron wave is likely to have peaked. Here is the [revised guidance](#) and a summary of the main changes:

- People will no longer be required to work from home, from today, and can speak to employers about arrangements to return to offices.
- The wearing of face coverings will no longer be mandated, from 27 January, but it will still be recommended in crowded and enclosed spaces.
- Mandatory use of the Covid Pass will end on 27 January, but venues can continue to use it voluntarily.
- From 20 January, secondary school pupils will no longer be required to wear face coverings in classrooms, and DfE will update guidance on their use in communal spaces.
- Restrictions on visiting care homes will be eased, with guidance to follow.
- Self-isolation remains legal a requirement – but government has stated an intention that self-isolation regulations won't be renewed when they expire on 23 March.

As we learn to live with Covid through winter, I would like to promote the Leeds City Council [Winter Wellbeing](#) campaign to promote Covid safe behaviour and general advice and support. This includes advice and support on Covid 19, flu, severe weather and flooding, mental health and how to keep warm in winter. Thank you again for the vital work that primary care does and the Public Health team and I look forward to working closely with you this year.

Vaccination as a condition of deployment

Last year the Government made [new legislation](#) which means that health and care employers in England will not be allowed to deploy anyone who hasn't had at least two doses in a patient-facing CQC-regulated role, unless they are [exempt](#). This therefore applies to all practices and almost all those who work in general practice.

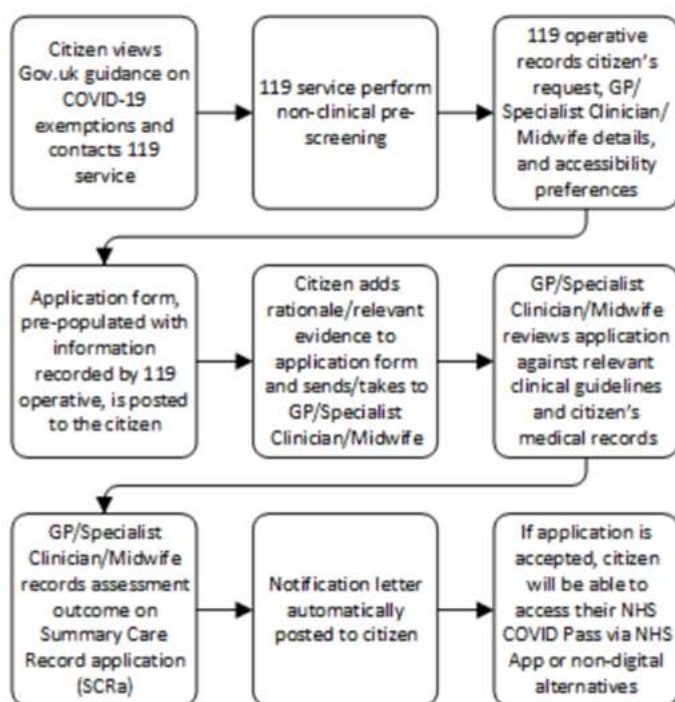
To be fully vaccinated, anyone who has not yet had their first dose will need to do this by 3 February 2022, in order to have received their second dose by the 1 April 2022 deadline.

The BMA have produced [VCOD guidance](#) outlining how practices should respond to this. [NHSEI guidance](#) has also been produced and a set of [FAQs](#) to support employers. For more information on the implementation of the regulations and materials to support local communications and engagement, you can also go to the [Vaccination as a Condition of Deployment](#) workspace on the Future NHS web platform.

As the deadline for first vaccination is 3 February, practices may be contacted by NHS colleagues seeking an exemption. All those seeking exemption must use the 119 service in the first instance. Should the 119 assessments conclude that the person could be eligible for an exemption they will be provided with a pre-populated application form and they may then approach their practice with this. Please note practices are contractually required to review these applications and a £44 fee is payable for doing so. The full process and role of the GP and the practice is stated here <https://digital.nhs.uk/services/summary-care-record-application/covid-pass-medical-exemption> A BMA version is here <https://www.bma.org.uk/advice-and-support/covid-19/gp-practices/covid-19-toolkit-for-gps-and-gp-practices/covid-19-patient-vaccination-exemptions>

It is important to recognise that the GP is checking against strict nationally agreed criteria whether eligible for exemption or not, i.e. meets or does not meet national exemption criteria. There is no discretion.

This flow chart is as below:



Winter Access Fund

Practices will have received funding from the CCG to support them during the winter. This local allocation has helped practices with the significant workload pressures all practices are experiencing.

However, the national Access and Support funding provided last year by the government has yet to be made available to practices. Proposals to use this money from the LMC, PCN clinical directors and Leeds CCG, have not been agreed by NHS England and so there is a real risk this funding will go unspent and neither practices nor patients will benefit from the help it could have provided. We will continue to do what we can to resolve this issue.

Extension of free PPE for practices

The government has announced its decision to extend the central, free provision of all items of COVID-19 PPE to the health and care sector by up to one year to March 2023 or until the infection prevention and control (IPC) guidance on PPE usage for COVID-19 is either withdrawn or significantly amended (whichever is sooner). The press release announcing the decision to extend is available [here](#).

In addition, if after a risk assessment it is considered that an FFP3 face mask is necessary to be worn, they are now available for general practices to order via [the PPE portal](#). Practices must have undertaken the necessary [risk assessments](#) and arranged for staff to have been fit tested before ordering the equipment. It is a [legal requirement on employers](#) that all tight fitting RPE, such as, FFP3 masks must be fit tested on all health and care staff who may be required to wear one to ensure an adequate seal/fit according to the manufacturer's guidance. Fit testing is specific to the brand of FFP3 mask being deployed. Details on the requirements and how to access fit testing are available in the letter sent to all practices from the DHSC.

Continued use of face coverings in healthcare settings

Following the Government announcement that from 27 January face coverings will no longer be mandatory in public places, it is important to be aware that the UK Health Security Agency's [infection prevention control \(IPC\) guidance](#) remains in place for all staff and patients, in GP practices. Patients should therefore wear a face covering to keep staff and other patients safe.

COVID-19 self-isolation can end after 5 full days following 2 negative LFD tests

From [Monday 17 January](#), people with COVID-19 in England can end their self-isolation after 5 days, as long as they test negative on day 5 and day 6 with LFD tests. The health service is experiencing disruption from widespread absences due to the rapid spread of Omicron but healthcare workers do not want to risk infecting colleagues and patients - many of whom are clinically vulnerable – and should therefore be cautious about an early return to work. Read the [NHSE/I guidance](#) on isolation for NHS staff

Covid vaccination programme update

Following update [JCVI guidance](#) the NHS is now offering boosters to all 16 and 17 year olds, and to 12 to 15 year olds who are in a clinical risk group or are severely immunosuppressed (or are a household contact of someone who is immunosuppressed). PCNs across the city are providing these.

Extending the post-thaw expiry date of specific batches of Comirnaty® (30 microgram/dose)

After discussions with Pfizer Inc. and the Medicines and Healthcare products Regulatory Agency (MHRA), certain post-thaw expiry dates of unpunctured and undamaged Comirnaty (30mcg/dose) vials in batches detailed in this [NHSE/I letter](#) may be extended from 31 days to 45 days.

Updated PGD and National Protocol for Spikevax (Moderna)

An updated [PGD and National Protocol for Spikevax](#) (formerly COVID-19 Vaccine Moderna) V05.00 have now been published.

The Caribbean and African Health Network has [issued a statement](#) pledging to support Black African and Black African Caribbean communities to take up their COVID-19 vaccinations.

NHSEI - Next Steps for General Practice

NHSEI has published a letter to practices, which can be seen [here](#) and is attached, about next steps for general practice during this pandemic.

The letter outlines 3 key priorities that NHSEI would like practices and PCNs to focus on until the end of March this year:

- continued delivery of general practice services based on clinical prioritisation
- management of symptomatic COVID-19 patients in the community
- ongoing delivery of the COVID-19 vaccination programme

Fit notes

The Department for Work and Pensions suspended the requirement for fit notes for benefit purposes between 17 December 2021 and 26 January 2022. These arrangements have now ended and fit notes will again need to be provided from 27 January.

Fit notes for Statutory Sick Pay purposes will be required for absences which begin on or after 27 January and last for longer than 7 days. Individuals whose sickness began between 10 December and 26 January inclusive will continue to be able to self-certify their absence for up to 28 days.

New Standard GMS, PMS and APMS Contracts Published

NHSEI have published [new standard General Medical Services \(GMS\), Personal Medical Services \(PMS\) and Alternative Provider Medical Services \(APMS\) contracts, along with their contract variation notices](#). The documentation incorporates changes made to the contract Regulations and Directions in December 2020, April 2021 and October 2021.

Greener Practice Leeds

Following the successful event held by the LMC last month, a new Greener Practice group has been established in Leeds. The aim is to promote planetary health to benefit the health of our population and be instrumental in helping the NHS achieve its target for a net zero carbon footprint. The hope is that the group will be as diverse as possible, with perspectives from across healthcare to allow us to share ideas, innovations and networks. They want to learn from what has

already been achieved, to influence and progress whilst minimising the burden on any one individual. We are a group who like to focus on what can be achieved rather than what cannot.

They have set up an email group and intend to use the existing Greener Practice Whatsapp streams to stay informed and spark ideas. They already have interest from across primary care and recently held their first meeting. They plan to hold meetings 2 monthly remotely, with the occasional face to face get together. It doesn't matter where you are on your journey to embracing greener practice, if you want to get involved you are welcome here. If you would like to join please email n.gordon@nhs.net

Inclisiran briefing

Leeds CCG produced an [update](#) on the use of inclisiran on 30.12.21. Inclisiran has been recommended by [NICE](#) for treating primary hypercholesterolaemia and mixed dyslipidaemia for secondary prevention in patients who have a history of cardiovascular events and a persistent LDL-C level of 2.6mmol/l or more, despite maximum tolerated lipid lowering therapies (maximum tolerated statins with or without other lipid-lowering therapies or other lipid-lowering therapies when statins intolerance has been truly established or statins are contraindicated). Inclisiran is not indicated for primary prevention or for patients with familial hypercholesteremia.

NHS England has directed that this to be prescribed and managed in primary care. For the first 3 years its drug cost will be subsidised by NHS England and is available for primary care to purchase at £45 per dose and reimbursed at £55 per dose, after which it is unknown what commercial arrangement will be in place, but the usual price is £1,987.36 per dose.

In Leeds there is concern about how NHSE have introduced this new drug which has been echoed by the BMA and RCGP in a recent [statement](#). Therefore, in Leeds steps are being taken to ensure this new drug is introduced in a safe and managed way. 2-3 early adopters PCNs are being asked to be pilot sites to develop a model for enhanced lipid management using a Population Health Management approach which includes the use of inclisiran. This will help to co-produce a holistic lipid management pathway that will include effective management of statin intolerance and offer of inclisiran as one of the treatment options, before evaluating and agreeing the best approach and rolling out across Leeds. This is supported by the LMC and will ensure we have a safe, manageable and consistent approach.

Practices and PCNs who are not part of the pilot project should not proactively identify patients for inclisiran but continue to treat patients with high cholesterol following lipid guidelines focussing on all available options starting with lifestyle changes and statins, escalating patients to high intensity statins and ezetimibe where appropriate as per [Leeds Guidance for Lipid Management in Primary and Secondary Prevention of CVD](#) and re-challenge of statins where appropriate according to the [Leeds statin intolerance guidance](#). If prescribers outside the pilot are asked to prescribe Inclisiran for patients who are eligible according to the [NICE TA733](#) it is recommended that advice is sought from the CCG medicines optimisation team to ensure that all relevant points have been considered including:

- Eligibility criteria, long-term cost-effectiveness and place in therapy of inclisiran
- Optimisation of other treatment options including management of statin intolerance
- Lack of long-term safety and outcome data with inclisiran
- Black triangle status of inclisiran
- Importance of shared decision-making and documenting informed consent
- Appropriate advice from lipid specialists where necessary including referral into Familial Hypercholesteremia and PCSK9i pathways where appropriate
- Mechanisms for dispensing

If you receive any inappropriate recommendations to prescribe this please inform the Medicines Optimisation Team.

NHS pressure

The BMA have published new webpages that bring together up-to-date and accessible information on the [main pressure points on the NHS in England](#). The pages combine regular analysis of data

for both primary and secondary care, including information on workforce, capacity, funding and bed availability with commentary, including the actions the BMA is calling for in the short, medium and longer term.

NHS England Planning Guidance 22/23

NHSE has published it [22/23 Planning Guidance](#) and this includes a key priority to “improve timely access to primary care and to expand the capacity available”. It is worth practices being aware of the expectation placed on commissioners in the coming year. It states:

“We expect systems to maximise the impact of their investment in primary medical care and PCNs with the aim of driving and supporting integrated working at neighbourhood and place level. Systems are asked to look for opportunities to support integration between community services and PCNs. Systems should also consider how community pharmacy can play a greater role in local plans as part of these integrated approaches.

Expanding the primary care workforce remains a top priority to increase capacity. Systems are expected to:

- support their PCNs to have in place their share of the 20,500 FTE PCN roles by the end of 2022/23 (in line with the target of 26,000 by the end of 2023/24) and to work to implement shared employment models
- expand the number of GPs towards the 6,000 FTE target, with consistent local delivery of national GP recruitment and retention initiatives.

In line with the principles outlined in the October 2021 plan, systems are asked to support the continued delivery of good quality access to general practice through increasing and optimising capacity, addressing variation, and spreading good practice. Every opportunity to secure universal participation in the Community Pharmacist Consultation Service should be taken. Systems should drive the transfer of lower acuity care from both general practice and NHS 111 under this scheme, supported by a new investment and impact fund indicator for PCNs which incentivises contributions to a minimum of two million appointments in 2022/23. Performance at the rate of the best early implementers of 50 referrals a week would move more than 15 million appointments out of general practice. Systems will need to implement revised arrangements for enhanced access delivered through PCNs from October 2022.

Systems are asked to support practices and PCNs to ensure the commitment that every patient has the right to be offered digital-first primary care by 2023/24 is delivered. By ‘digital-first primary care’ we mean a full primary care service that patients can access easily and consistently online, that enables them to quickly reach the right service for their needs (whether in person or remotely), that is integrated with the wider health system, and that enables clinicians to provide efficient and appropriate care.

2022/23 will see the implementation of GP contract changes, including those to the DES. In addition to the five services already being delivered by PCNs, from April 2022 there will be a phased introduction of two new services – anticipatory care and personalised care – and an expanded focus on cardiovascular disease (CVD) diagnosis and prevention.

Systems are asked to support their PCNs to work closely with local communities to address health inequalities. Practices should continue the critical job of catching up on the backlog of care for their registered patients who have ongoing conditions, to ensure the best outcomes for them and to avoid acute episodes or exacerbations that may otherwise result in avoidable hospital admissions or even premature mortality.

Systems are asked to take every opportunity to use community pharmacy to support this; for example, in the delivery of care processes such as blood pressure measurement under new contract arrangements.”

Alternative hexavalent vaccine for childhood vaccination

From 31 January 2022 there will be a new vaccine available, Vaxelis® as an alternative to Infanrix hexa® (DTap/IPV/Hib/HepB). There will be no change to the ordering process. Both vaccines are interchangeable, however where possible, it is preferable that the same vaccine is used for all three doses of the routine primary immunisations scheduled at 8, 12 and 16 weeks of age. Vaccination should not be delayed if the vaccine used previously is not available or unknown.

National Standards of Healthcare Cleanliness 2021

Some practices have been asking if the implementation of the [National Standard of Healthcare Cleanliness](#) is mandatory for general practice. NHSEI have confirmed that, while contractors must have regard to NHSEI guidance, it is not a mandatory requirement.

CQC acknowledge in their advice on [Infection prevention and control in General Practice](#) that it will continue to regulate in line with its own regulations and the existing Code of Practice.

Medicines Supply Tool

The Department of Health and Social Care and NHSE/I have now launched an online [Medicines Supply Tool](#), which provides up to date information about medicine supply issues. To access the Medicines Supply Tool you will need to register with the [SPS \(Specialist Pharmacy Service\) website](#).

Nominating for national honours

It was good to see a number of GPs recognised in the recent New Year's Honours. The Department of Health and Social Care is looking for potential nominees from across the health and care system to be considered for the [Queen's New Year Honours list 2023](#). There are many people who have made a huge difference to general practice, their practices and their patients who should be recognised. If you know someone who has made an outstanding contribution, at any level, they would like to hear from you.

More information on the honours system and guidance [on how to write a nomination](#) is [in this video](#). DHSC is also running a couple of drop-in sessions that you can join.

Feedback from PCSE update webinar for CCGs and LMCs

The 26 January 2022 recording is now available to view on our YouTube channel [here](#). Below are useful links to the documents and resources that were referred to throughout the webinar:

GP Payments and GP Pensions user guides

Guides for all PCSE Online processes relating to GP Payment and GP Pensions, including GP Joiners and Leavers, Contract Variations and Solo contributions, can be found on our website [here](#).

GP Payments Calendar

This can be found on the GP Payments page for Commissioners [here](#).

GP Pensions End of Year admin webinars

Webinars demonstrating how to complete Type 1 and Type 2 pensions certificates in PCSE Online, will take place 15th and 16th February. Places will be offered to all GPs via a PCSE bulletin with recordings made available for those who cannot attend live.

GPMplus Mentorship – Activity report

Please see the attached GPMplus mentoring end of year activity report showing GPMplus mentoring activity to date.

The LMC would encourage those groups below to apply to join the GPMplus programme by contacting Jodie McNeil by email at leeds@gpmplus.co.uk

- GPs including trainee and returning GPs
- practice nurses
- practice/business managers and other qualifying nonclinical staff

Latest Cameron Fund Video

We would be very grateful if you could share the fifth video in our series about the Cameron Fund with your colleagues and contacts:

CF Video 5: Who We Are

www.youtube.com/watch?v=3eLXvVaA590

This short video explains who the Cameron Fund are and why members are so important.

If you have time to retweet the following messages about membership of the Fund and the video, that would be hugely appreciated:

<https://twitter.com/TheCameronFund/status/1485953789668569091>

<https://twitter.com/TheCameronFund/status/1486309187332321281>

Many thanks for your continued support and, if you are aware of a GP who is struggling financially, please do ask them to contact us at info@cameronfund.org.uk.

COMINGS AND GOINGS

- Leeds LMC are delighted to welcome Colette Young-Breeze, who joined the LMC as a Joint Executive Officer on the 7th January 2022
- Dr Angela Rickards is retiring from Alwoodley Medical Centre on 3/2/22.
- Garforth Medical Practice welcomed Dr Bryony Talbot joined on 5th January 2022

PRACTICE VACCANCIES

City View Medical Practice, Beeston Hill Community Health Centre, 123 Cemetery Lane, Leeds LS11 8LH

City View Medical Practice is recruiting an experienced Salaried GP. Come and join our dedicated team of healthcare professionals, who have an appetite for innovation and have been part of building a successful new Primary Care Model. We are looking for someone who would like to enhance their job satisfaction by taking on extra responsibilities and by sharing their experience with more recently qualified GPs.

To support you in your role, we employ ANPs, a full-time Mental Health Nurse, a Pharmacist and Pharmacy Technician, a team of experienced nurses and HCAs, and a Patient Services Team who are skilled at care navigating and who work hard to minimise your workload.

We play an active part in Beeston PCN and make full use of the hub services. Our PMS contract is held by South & East Leeds GP Group, our local Federation, who are fully involved in the running of the Practice. We love to give GPs the chance to develop their careers by getting more involved in the areas of medicine that particularly interest them, and by taking on extra areas of responsibility, such as Medicines Management or Safeguarding, when they are ready to do so.

We are looking for a GP to work up to 8 sessions per week. We are a training practice, welcoming GP Registrars, Student Nurses and Apprentices. We look after 15,000 patients across two sites. Our branch surgery at Shafton Lane is only 5 minutes away from our main site. We also hold a licence to sponsor GPs who need a Tier 2 visa.

If you have any questions and/or wish to arrange an informal visit, please contact Victoria Keys, Business Manager by email (address below) or telephone 07915 768881 . Applications to be made

in writing, including an up to date CV to: Victoria Keys, Business Manager – victoria.keys@nhs.net.

Dr Freeman & Swillington Health Practice (Leeds 26) - Oulton Medical Centre, Marsh Street Surgery

- Salaried GP
- 4 Sessions (no weekend or OOH currently)
- Salary negotiable

Due to retirement, we are looking for an enthusiastic and highly motivated GP to join our well established, friendly Practice in the suburbs of Leeds.

The successful candidate will positively contribute to our provision of high quality, patient-centred care and have a good strong work ethic.

- We are a 9 Partner training practice
- Training practice for GP, FY2, medical students, and nurses
- Operating across 3 sites, (Oulton, Rothwell & Swillington)
- A well-structured, forward thinking practice, enthusiastically engaging in innovation
- High achievers in QoF and local quality improvement scheme
- SystmOne Practice
- List size of approximately 15,600
- We have an experienced nursing team, including an ANP who co-ordinates and leads our delivery of long term condition management and care home services
- A full complement of administration and support staff.
- Strong commitment and working partnerships with our Primary Care Network.
- Robust links with the community and allied service providers
- Attached services; midwife, physiotherapist, practice pharmacist, mental health nurse, Palliative Care Doctor and Counsellors.
- Weekly Practice Meetings and regular MDT meetings for Frailty and cancer

Informal visits recommended – please telephone Hilary Farrar on 0113 2059683

To apply please forward your CV, with a covering letter to Hilary Farrar, Practice Manager

By Post Oulton Medical Centre, Quarry Hill, Oulton, Leeds, LS26 8SZ

By Email hilary.farrar@nhs.net

Closing Date: February 2022

Ashfield Medical Centre is seeking an experienced Healthcare Assistant to join our practice. We are looking for dedicated and compassionate Health Care Assistant who is passionate about their job. Preferably with experience in General Practice. We are a two site practice with surgeries 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 and friendly atmosphere.

Our GP team comprises of 2 GP partners, 4 salaried GP's, registrars and FY2, who work great as a team providing excellent patient care. They are complemented by two fantastic ANP's who support our GP's with core practice work. Our brilliant nursing team have a wide skill mix of Practice nurses who are prescribers and HCA's with vast knowledge of long term conditions. We have an excellent and friendly reception and administrative team.

Please contact: Michaela Guilfoyle, Practice Manager telephone 0113 2044916 or email practicemanager.ashfield@nhs.net

**4 Salaried GP / Nurse Practitioner required for 4 sessions per week
Whitehall Surgery, Leeds LS12 5SG.**

- Salaried GP / or Nurse Practitioner required for 4 sessions per week , working Thursday & Friday . To join 3 GP partners and 4 salaried GP's. Our clinical team also consists of a highly qualified Nurse Practitioner, 3 Practice Nurses and 2 Health Care Assistants.
- Partnership opportunities for the right candidate.
- Friendly and welcoming team. Good working environment and collaborative staff.
- Pharmacists within the practice who work on tasks, repeat medication requests etc.
- 9000 patients in mixed urban/rural setting.
- Modern purpose built premises.
- Routinely high QOF achiever, 100% attained this year.
- Special interests welcome.
- Start date early December 2021.
- Informal visits and enquiries welcome.
- For further information regarding the practice please see our website, www.gpnhs.net

Applications to be made with CV to Mrs Joanne Woods, Whitehall Surgery, Wortley Beck Health Centre, Ring Road, Lower Wortley, Leeds LS12 5SG. Tel: 0113 3058150. E mail: joanne.woods@nhs.net