

# LMC ViewPoint

*The newsletter of Leeds Local Medical Committee Limited*

*11th March 2022*

## War in Ukraine

We have all been appalled and horrified by the war and dreadful situation in Ukraine. The BMA has issued a [statement](#), which the LMC supports, calling on the Russian Government to acknowledge the role that doctors and the wider health service plays within Ukraine, to respect the Geneva Conventions and international humanitarian law more broadly, including the moral obligation to ensure that the medical workforce can freely continue to care for patients, and save lives, without threat of violence or interruption.

A donation of £25,000 through BMA Giving has been made to support the British Red Cross Ukraine Crisis Appeal. This appeal is focussed on providing those in need with essentials such as food, water, first aid, medicines, warm clothes, and shelter.

The [World Medical Association](#) are also posting updates about the medical response to the conflict in Ukraine on their Twitter account.

The Office for Health Improvement and Disparities has produced updated [Ukraine migrant health guidance](#)

## GP contract arrangements 2022-23

NHSEI have published a letter outlining [GP contract arrangements for 2022-23](#). This was not with the agreement of GPC England. A summary prepared by the LMC is attached. BMA have published [guidance on GP contract changes 2022/23](#)

The letter outlines key changes to the contract from April which includes:

- Combining extended hours and extended access schemes based on PCNs providing bookable appointments outside core hours within the Enhanced Access period of 6.30pm-8pm weekday evenings and 9am-5pm on Saturdays, utilising the full multi-disciplinary team, and offering a range of general practice services, including 'routine' services such as screening, vaccinations and health checks. PCNs will be able to provide a proportion of Enhanced Access outside of these hours, for example early morning or on a Sunday, where this is in line with patient need locally and it is agreed with the commissioner
- All appointments which do not require triage to be made available to be booked online, as well as in person or via the telephone
- To respond to Access to Health Records Act (AHRA) requests for deceased patients and to remove the requirement for practices to always print and send copies of the electronic record of deceased patients to PCSE
- QOF quality improvement modules will be on optimising patients' access to general practice and prescription drug dependency
- Minor modifications to some vaccination schedules
- Expansion of the Cardiovascular Disease Prevention and Diagnosis PCN service specification, and the Anticipatory Care and Personalised Care services will be introduced in a phased approach from April 2022
- The digitally enabled personalised care and support planning for care home residents will be delayed until 31 March 2024, with 2022/23 becoming a preparatory year
- Anticipatory care plans delayed until December 2022. The Anticipatory Care service itself, which will be ICS led, will start in 2023/24.
- Modification to the early cancer diagnosis service specification
- Three new Investment and Impact Fund (IIF) indicators focused on Direct Oral Anticoagulants (DOAC) prescribing and FIT testing for cancer referrals, in addition to the previously announced indicators for 22/23, and will increase the total fund by £34.6m in addition to the planned £225m

PCN ARRS workforce funding increases remain in line with the current plan.

Of concern, there are no plans to provide practices with additional funding to cover the increase in employers national insurance payments from April. This, in addition to inflationary pressures, will therefore have an impact on practices and the ability to recruit and retain staff.

The BMA's GP committee issued a [press statement](#) in response.

"The BMA says it is 'bitterly disappointed' with changes to the GP contract in England announced today, which fail to help patients and support practices at this critical time. Despite negotiations between the BMA and NHS England, the changes, [laid out in a letter from NHS England](#) today and which come into effect from 1 April, have not been agreed or endorsed by the BMA. The BMA and NHS England began negotiations this January over annual amendments to the five-year contract deal agreed in 2019, and discussions around what further support was required for general practice as it faces unprecedented pressures and pandemic recovery.

These negotiations reached a stalemate in mid-February when it became clear that NHS England would not be offering an update that would impact meaningfully on patient care.

Dr Farah Jameel, BMA England GP committee chair, said: "We are bitterly disappointed that NHS England has chosen to ignore the appeals from the profession and the needs of patients in today's letter. Despite our best efforts to outline a number of positive and constructive solutions that would make a difference to practices' ability to improve care for patients, NHS England has instead decided to follow a path laid out three years ago, long before the arrival of Covid-19, and roll over a contract that fails to address the current pressures faced by general practice.

"Failing to offer practices something as simple as reimbursement to cover additional costs for national insurance contributions means they are losing funding that should be going towards looking after patients. Therefore, a tax aimed at funding the NHS, has become a tax on the NHS itself. The result will be fewer members of staff to care for the growing needs of patients. Today's letter attempts to sell the changes as stability. Whilst stability is important, the reality is that general practice needs an emergency rescue package. Without this emergency life support, patient care will suffer. The waiting lists currently seen across the NHS are now going to become more of a reality in general practice."

### **GPC UK election – vote now**

The election for a new representative for the Calderdale/Kirklees/Leeds/Wakefield constituency is being held from 10<sup>th</sup> March until Thursday 7<sup>th</sup> April. Two candidates are standing to succeed Dr Richard Vautrey who held this position since 2001. They are Dr Ansar Hayat, a GP at Maybush Medical Centre in Wakefield, and Dr Lucy Clement, a GP at Oakwood Lane Medical Practice in Leeds, and a newly appointed officer of Leeds LMC.

To vote in this election, please visit the following link <https://elections.bma.org.uk/>. We would encourage all eligible GPs in Leeds to use your vote.

Voting is open to member and non-member GPs. Non-member GPs must have a BMA web account to access voting. Please click [here](#) to create one. Please follow the [link](#) to 'request a temporary non-member account' and email your temporary membership number to [elections@bma.org.uk](mailto:elections@bma.org.uk) to get access to vote in this election.

### **Influenza campaign 2022/23**

Following the successful 2021/22 influenza campaign that is drawing to an end this month, details have been published about the cohorts eligible for influenza vaccination in 22/23. In 2022/23, the NHS flu vaccination programme will be offered to patient groups eligible in line with pre-pandemic recommendations. This means it will not include those aged 50 to 64 years or secondary school

children in Years 7 to 11 (i.e. between 11 and 15 years of age). Details of the [reimbursable vaccines and eligible cohorts](#) can be found in the letter.

### **Update from Victoria Eaton – Director of Public Health - Accurate 10/3/22**

I wanted to update you on the latest government guidance and the Covid 19 situation in Leeds. You will have seen the news about the removal of all Covid restrictions as part of the Government's Living With Covid plan ([COVID-19 Response: Living with COVID-19 - GOV.UK \(www.gov.uk\)](#)). This plan outlines how England will move into a new phase of managing Covid, with vaccines being the first line of defence and updated guidance to encourage safe behaviours.

The infection rate is still high in Leeds but continues to go down. It is currently 239.7 per 100,000, a reduction of 31%. The over 60s rate is 196.7 per 100,000. Rates in half our wards have reduced with half stable. The number of Covid patients in hospital is largely stable, although hospitals and Primary Care remain very busy. There are still risks for those who are clinically extremely vulnerable and the pressures on health and care will continue. Many thanks for the crucial roles that you all continue to perform.

The availability and reliability of certain Covid information will reduce in the coming weeks with reduced testing impacting on surveillance and greater reliance on the less regular national ONS surveillance reports. We recognise that there will be underreporting as there is less testing. Close working with UK Health and Security Agency and local partners will also continue to ensure there are strong and robust systems in place to manage Covid-19 locally. As we move into this next phase, decisions around testing for health and care settings will be critical to how we monitor infections and ensure our response is proportionate to the level of risk. We await guidance around future testing arrangements to be announced soon.

There will be challenges ahead, but I think we can look forward to Spring and living with Covid. The [local outbreak management plan](#) has been updated for this next phase. People in Leeds should continue to proceed with caution and are still advised to self-isolate if symptomatic and follow standard public health advice for a significant highly transmissible infection. Many thanks for the role that primary care have played in Leeds Covid vaccination effort. Over 600,000 of the city's residents have received their first dose of the vaccine, over 560,000 their second, and over 429,000 their booster dose. This has been, and continues to be, an incredible achievement we should all be proud of.

Details of all public walk-in vaccination clinics are on [Leeds CCG website](#).

### **Safe working in general practice**

GPC England has published an updated [safe working guide](#) to enable practices to prioritise safe patient care, within the present bounds of the GMS contract. Present resource in general practice is finite, though we must continue to deliver high quality, safe care to our patients. As a result of resource decisions by practices, it may be the case that some patients will regrettably wait longer to access GP care for their non-urgent problems, or are directed to another more appropriate provider.

### **Secretary of State for Health and Social Care's speech**

Savid Javid, Secretary of State for Health and Social Care has made a [speech on health reform](#). In it he outlined his plans to focus on prevention, personalisation and performance. Despite his forward to the controversial [Policy Exchange report](#) suggesting a move to a salaried service for general practice, he did not refer to this in his speech.

*He said " So as we look at every part of the NHS, naturally we must look at Primary Care where the bulk of prevention already happens. Primary care and all our GPs, pharmacists and dentists must be at the heart of this new agenda on prevention. I know there is a sense that primary care is far too stretched to be proactive on prevention – even though it wants to. Claire Fuller is currently conducting a stocktake on how primary care networks can be supported in ICSs – and I'm looking forward to hearing her views on how we can best help primary care deliver for the communities*

*they serve. We need a reform that works for populations and the profession alike – because primary care represents one of the very best ways of preventing and managing illness in the community. We need to make patients a 21st Century offer – and give frontline innovators the tools to deliver it.”* He went on to talk about the role of community diagnostic centres, a greater focus on routine vaccinations and preventing cardiovascular disease. He also outlined plans to enable patients to choose where to have their hospital procedure, something many will remember from previous healthcare reform agendas.

The BMA issued a [response](#) stating “While the Secretary of State articulated a vision for the future, ultimately this omitted the most fundamental element of any recovery strategy which is tackling the chronic workforce shortages in the NHS. The Government must now show how it will prioritise recruitment and retention otherwise patient care will continue to suffer. As of December 2021, more than 110,000 posts in hospitals are vacant, almost 8,200 of which are medical posts. In general practice, the Government is set to miss its target to recruit 6,000 more GPs by 2025, with England having lost the equivalent of 1,608 fully qualified full-time GPs in the last seven years alone. Meanwhile the BMA estimates England has a shortage of around 46,300 doctors when compared with the average doctor to population ratios of our most comparable EU neighbours. Fundamentally, the public will want to see the additional investment from the health and care levy being invested in frontline staff. Many will therefore be concerned to see that for the almost £36bn promised over the next three years for health and social care spending, nothing has been mentioned in today’s plan about how to boost staffing.”

### **Institute of Government review of General Practice**

The Institute of Government have published a detailed and helpful [performance tracker](#) summary of many of the challenges face general practice. It includes clear analysis and detailed graphics illustrating tracking data. They conclude that General practice will require more funding to identify and provide care to people whose conditions have been missed or grown worse during the pandemic. However the biggest single constraint on general practice’s ability to clear the backlog and return to pre-pandemic performance is staff numbers, with both GP and nurse numbers down on last year.

### **Data on the pressures facing general practice**

Pressures on general practice such as workforce shortages are still as severe as ever, and is evident in the latest data from [NHS Digital for the GP workforce](#) in January which shows that there is now the equivalent of 1,608 fewer fully qualified full time GPs than in 2015. This is in addition to the average number of patients each GP is responsible for having increased by around 300 since 2015.

### **ARRS review**

The King’s Fund have published an [analysis](#) of how some of the PCN ARRS roles are integrating in to general practice. The report focused on four roles — social prescribing link workers; first contact physiotherapists; paramedics and pharmacists — to examine the issues related to the implementation of these roles, looking at the experiences of working in these roles and of the people managing them.

The report found a lack of shared understanding about the purpose or potential contribution of the roles, combined with an overall ambiguity about what multidisciplinary working would mean for GPs. It also found that successful implementation of the scheme requires extensive cultural, organisational and leadership development skills that are not easily accessible to PCNs.

### **Living with Covid strategy**

The BMA has published a briefing in response to the Government’s [‘Living with COVID-19’ strategy](#) which sets out the timeline for the removal of all remaining legal restrictions related to COVID-19 over the coming months, and plans for managing COVID-19 going forward. The briefing provides an overview and analysis of the Government’s plans, including what it means for patient safety, public health, and the medical profession. Read the full briefing [here](#).

### **Ordering DWP leaflets**

A new contract for Managed Print Services with HH Global Associates Ltd (HHG) started on 21 February 2022, which provides the supply of items to DWP's external customers / partners, such as the MATB1 maternity certificate, Med 3s and Med 10s for health care professionals. Read more on [GOV.UK](https://www.gov.uk)

### **Working through intermediaries - IR35 update**

NHSEI have updated their guidance relating to [IR35 update - working through intermediaries](#). IR35 applies to individuals such as some locums who provide services through an intermediary, such as a personal service company. The purpose of these HMRC rules is to ensure that individuals who provide these services are paying the correct amount of tax, and in particular that individuals who are employed, as distinct from self-employed, are taxed appropriately.

### **NHSPS service charges dispute update - trial dates**

The BMA is supporting five test claimant GP practices who have received demands from NHS Property Services (NHSPS) to pay inflated service charges based on its "full cost recovery" approach, outlined in NHSPS' Consolidated Charging Policy ('the Policy'). These court proceedings were brought against NHSPS for a declaration that the Policy does not form part of their tenancy and therefore NHSPS cannot base their charges on it. The trial will begin on 17 March 2022 and will be concluded no later than 5 April 2022.

The [Lawyer magazine](#) has selected the case as one of the top 20 cases to watch in 2022. The case was pursued because of its national significance and has required a huge amount of time and effort from everyone involved, and it is good to see this being recognised. Read the [statement from our legal team](#) at Capital Law.

## **VACCANCIES**

### **Clinical Medical Adviser, NHS England and Improvement North East and Yorkshire Region (Yorkshire and the Humber)**

2-4 x 3.75-hour sessions per week  
Location: Yorkshire and the Humber

Please see attached advert / expression of interest

### **PRIMARY CARE PRACTICE NURSE VACANCY Oakwood Surgery Leeds LS8 4AA West Yorkshire**

28.5 hours per week over Monday, Tuesday, and Thursday.

Pay dependent on experience and there may be some flexibility in the days stated.  
Annual bonus and guaranteed annual pay rise for successful candidate

Oakwood Surgery is a friendly, enthusiastic and dynamic practice serving over 5000 patients in this desirable area of Leeds.

We are seeking a self-motivated registered Practice Nurse capable of working autonomously and within our supportive team consisting of an experienced Practice Nurse and exceptional HCA.

The successful candidate will have experience of basic treatment room duties such as Long-Term Condition Reviews, routine immunisations, simple dressings, cytology as well as excellent interpersonal skills.

To apply please send your CV to Mrs Donna Marks, Managing Partner at [donna.marks@nhs.net](mailto:donna.marks@nhs.net) or call her on 0113 2000587 for an informal chat/visit.

Closing date: Monday 14<sup>th</sup> March 2022

**Salaried or Retainer GP, to start wc 29<sup>th</sup> August 2022**

*4 sessions pw Wednesday to Friday (including all day Fridays)*

£9,500 - £9,700 per session according to length of NHS experience

We are seeking a salaried or retainer GP with strong clinical skills to join our democratic and forward-thinking practice. We'd like you to bring a commitment to serve our varied practice population, and you will have the opportunity to play a full role in all aspects of the practice.

We are a co-operative team, meeting daily for mutual support in our modern spacious new premises. We want all our clinicians to have a good work-life balance and an enjoyable working day.

St Martin is an urban training practice, caring for a patient list of 7500. Excellent QOF and target achievement and a track record of innovation. 5 partners. Excellent skillmixed nursing team doing long-term condition management. Well-developed Patient Support Team who are "care navigating" & managing the clinical letters. Wide range of attached staff and services. Active member of Chapeltown Primary Care network.

For a full information pack see our website [www.stmartinspracticeleeds.nhs.uk](http://www.stmartinspracticeleeds.nhs.uk) which will also tell you more about our practice. The information pack has job description, person specification, and terms and conditions.

To arrange an informal chat please contact Camilla Hawkes, Practice Manager,  
[camilla.hawkes@nhs.net](mailto:camilla.hawkes@nhs.net), or 07493 877922

Closing date: Monday 11<sup>th</sup> April 2022

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