

LMC ViewPoint

The newsletter of Leeds Local Medical Committee Limited

23rd August 2022

Government agree to principles to reducing GP bureaucracy

The government have published [Bureaucracy busting concordat: principles to reduce unnecessary bureaucracy and administrative burdens on general practice](#). These are seven principles they have agreed to adopt with the aim of reducing unnecessary bureaucracy impacting general practice.

This follows a review in 2020. Government departments who follow the concordat pledge to move to alternative pathways for gathering evidence where possible. Departments agree to embed these principles into their policy and decision-making to enable a more effective and timely system for all.

The principles are:

1. All policies should be designed with the patient and patient journey at the heart of the process, to ensure a minimum administrative burden for people accessing government services.
2. General practice should only be required to provide evidence of a medical nature when it is unavailable by other means. Always consider why factual medical evidence or opinion is required and only request if it is absolutely necessary with as little frequency and depth as possible. Due consideration should be given to how this request for evidence should be funded if the request is made of general practice staff.
3. When introducing or reviewing an existing requirement for a medical certificate or examination, ensure that the most appropriate professional for the job is able to certify, promoting alternatives to the GP, including other members of the primary care team whenever possible and appropriate.
4. When requesting medical information, ensure standardised forms are available for use and ensure that all information requests are as clear and concise as possible.
5. Always consider digital forms rather than paper-based approaches, with standardisation and the potential for automation or data sharing where appropriate, though digital solutions in themselves do not always reduce bureaucracy. Where possible these solutions should be integrated into general practice systems.
6. When changing or designing a new process or form, ensure it has been co-designed with those who will be using it, for example GPs or other appropriate healthcare professionals, to ensure it is user friendly and supports our aim to reduce bureaucracy.
7. If only medical history is required, where appropriate make provision for the option for patients to provide this themselves rather than requiring it from a GP or health professional. Where possible, this process should be designed without need for GP ratification.

We now expect government departments to put these principles in to action and take rapid steps to reduce the burden on practices. They are also principles we would encourage other local and regional bodies to adopt.

COVID-19 booster and flu vaccine programme

NHS England have published a letter outline the latest details of the [autumn COVID-19 booster and flu vaccine programme](#). Following JCVI recommendations, the NHS will deploy a single type of vaccine (bivalent vaccines) – the mRNA bivalent Omicron BA.1/Original 'wild-type' vaccines for adult booster doses. There is an expectation that sites will be vaccinating care home residents from 5 September, the formal launch will be on 12 September and site are intended to be fully operational from 19 September. We have though been concerned that practices and PCNs are not receiving confirmation about the necessary vaccine supply they require which is making booking clinics very difficult to do. We have raised this as an urgent issue locally and nationally.

Enhanced service specifications have been published for seasonal influenza vaccination for adults and children delivered by general practice. In addition, there is also a [collaboration agreement](#) similar to the one published for COVID-19 vaccination for practices who wish to work together as a PCN, or with multiple PCNs, to deliver flu vaccination services. The enhanced service specification for seasonal influenza vaccination delivered by community pharmacy has also been published. Practices have until 23:59 on 31 August 2022 to sign up to both adult and children's ES via CQRS. [Enhanced service specification: Seasonal influenza vaccination programme 2022/23](#)
[Seasonal influenza service specifications and collaboration agreement](#)

Flu collaboration letter – LMC/CPWY

Please see the attached joint letter from Leeds Local Medical Committee and Community Pharmacy West Yorkshire with information on the COVID-19 and flu vaccination programme that will begin in the coming weeks.

Inflation impact in pension tax payments – contact you MP.

The continued rise in inflation above 10% will have a serious impact on the tax charge many GPs will have to pay in the future. The BMA has produced a [tool](#) for GPs to give them clarity over the way changes in inflation and the unfair way these are used in calculations around their pensions leaves them liable for potentially significant tax charges. Charges for exceeding the tax-free annual allowance (AA) are based on deemed pension growth – not contributions. Only growth above inflation should be tested against the annual allowance but because of the anomalous use of two different values of inflation in the calculations, the dramatic rise in CPI over the last year could severely impact doctors, in particular GPs – leaving them facing significant AA charges.

Pension growth should only be based on growth that is above inflation. However, due to anomalies in the Finance Act, the pension can only increase by inflation as measured in the September preceding the relevant tax year (3.1% in September 2021) before testing against the Annual Allowance. But the pension is increased by the inflation as measured in September of the tax year (ie September 2022). Given the rapid rise in inflation above 10% this year - this means that GPs will face significant AA tax charges simply as a result of these two different measures of inflation being used.

Meanwhile, if inflation stabilises next year as predicted, those who have already faced these unfair penalties this year that were based on “artificial” pension growth will see this growth largely disappear and hence will have been taxed in a benefit that they will never actually receive.

Dr Vishal Sharma, BMA pensions committee chair, said: “Punitive pension tax rules that leave senior doctors facing large and unexpected penalties for staying in work, are a huge disincentive for them to continue in the NHS, providing much-needed care for patients, even if they want to. And the system is not only unfair, but incredibly complex, meaning doctors will not realise they have a large bill coming their way until they receive it. This creates a great deal of uncertainty and anxiety for hard-working doctors when they are already dealing with unprecedented pressures.

“We cannot tell doctors what these decisions should be, and some may well continue to work regardless of the impact on their pensions. However, with a long-standing GP workforce crisis, the Government must urgently act to prevent hard-working doctors from taking what they might feel is the only option of either reducing their hours or retiring entirely to prevent being unfairly penalised for their dedication to the health service and their patients.”

We would encourage all GPs to contact their local MP about this and seek urgent changes to avoid seriously impacting GP retention further.

Pensions annual allowance compensation charge and scheme

NHS England have published a paper for commissioners and practices which [describes the 2019/20 pensions annual allowance compensation charge policy and scheme](#) which some GPs can benefit from when they retire. It also describes an approach to accounting for these payments

that they require primary care GP practices to use. Practices should discuss this with their accountants as necessary. We are seeking additional BMA Pensions guidance on this.

Pay Transparency update

In April 2022, amendments to the GP contract regulations were made that removed the requirement for individuals within scope of the general practice pay transparency provisions to make a self-declaration of their 2020/21 NHS earnings by 30 April 2022. Individuals within scope of the pay transparency provisions are not required to take any action in relation to their 2020/21 NHS earnings at this stage. Pay transparency remains part of the current regulations, however DHSC has confirmed that commissioners should not enforce the requirement at this time.

Currently the individuals in scope of the regulations introduced in October 2021 will need to make a declaration of their 2021/2022 earnings in April 2023 as the provision remains in the GP contract. The latest position on Pay Transparency is available on the NHSE website: [NHS England » General practice pay transparency](#). However the BMA continue to request further suspension of the requirement to declare earnings as we believe this is harmful to morale of the profession and could lead colleagues to reduce their working commitments or to retire. It is also inequitable to single out general practice for this requirement.

Trust Registration Requirements

On 10 January 2020, the Fifth Money Laundering Directive (5MLD) was transposed into UK law. One objective of the 5MLD was to broaden the scope of trusts required to comply with and sign up to the Trust Register Service (TRS), which may apply to some GP surgeries depending on how they are structured.

Property-owning GP partners may be required to register, particularly where the names on the land registry entry do not match the names of the property-owning partners, or where there are more than five surgery-owning partners. Similarly, and depending on the precise wording of your Primary Care Network (PCN) agreement, monies held by one practice on behalf of a PCN could be construed as the formation of a trust and may trigger a registration requirement.

Unless exempt, 5MLD requires the express trusts to register with the TRS. HMRC has published guidance on what may constitute an express trust [here](#) and instances where exemptions may apply [here](#).

If you are unsure whether you need to register with the TRS, it is important that you receive independent legal advice, as a failure to register may result in financial and criminal penalties. The deadline for registration is **1 September 2022**.

General practice representation for the Maternity Delivery Board

Population and Care Delivery Boards are part of the Leeds Health and Care Partnership and we are pleased that most of these bodies now have representatives from general practice as members. They are responsible for driving improvements in outcomes and experience as well as achieving value for NHS spend. They agree outcomes and where to allocate additional funding.

Leeds LMC and Leeds GP Confederation are seeking a general practice representative for the Maternity Care Delivery Board. This is to bring a perspective of general practice as a provider. It is anticipated that the commitment will be up to six hours a month to include any preparation, attendance at the Board and dissemination of information. A full description of the role, support and application/assessment process is available and can be provided by contacting the LMC or Confederation.

Expansion of the NHS Bowel Cancer Screening Programme's home testing (FIT kit)

From April 2022 eligible 58 year olds in England have started to receive a Faecal Immunochemical Test (FIT) kit as part of the expansion of the NHS Bowel Cancer Screening Programme from the current age group of 60-74 years. This is the second phase of the wider plan to lower the starting age of bowel cancer screening to aged 50 years by 2025. As age extension is gradually

introduced, 58 year olds will now automatically receive an invite to do the FIT home testing kit when they become eligible.

Patient Lists

NHSE/I has asked PCSE to recommence data quality checks on GP practice patients lists, this includes a reconciliation of practice patients lists. This work was paused during the COVID-19 pandemic but started again on Monday 1 August 2022. Copies of the communication circulated to practices can be found here: [Patient list reconciliation](#) and [Patient list maintenance](#).

Although some targeted list reconciliation activity continued during the pandemic as essential groundwork for the decommissioning NHAIS, it was now been un-paused as a 3-year rolling cycle for all GP practices. The reconciliation checks the practice-held list with the NHAIS list held by PCSE. PCSE plan to start a new 12-month cycle, meaning a third of practice will be contacted over the next 12 months that have not previously had a reconciliation request.

Guidance on supporting information for appraisal and revalidation

The RCGP has produced new [appraisal guidance](#) to help you get the most out of your appraisal, and they have provided additional information to support GPs doing this. They are clear that documenting your pre-appraisal reflections should certainly take less than two hours and that your reflection in the appraisal discussion will carry equal weight to reflection included in your portfolio beforehand. They also confirm that GPs should be selective about the supporting information you provide to illustrate your practice. It is not helpful or necessary to submit an exhaustive list of all your professional activities.

Support for General Practice - join the discussion

GPs and practice staff are invited to join a series of focus groups, which will look at ways to support general practice across West Yorkshire.

There's more information about the project, the time commitment involved and how to register interest on the attached flyer. Attendance at the focus groups will be funded and there is more detail about this too on the attached flyer.

As there will be different needs within practice teams, we will have practice team focus groups (inviting managers, administrative staff, receptionists, nurses, other clinicians) and GP focus groups (inviting partners, salaried, locum and trainee GPs). We are keen to ensure we have a wide range of attendees to ensure good representation so please do share this invitation with all members of the practice team.

FREE - Essentials in Menopause course

LCHT are holding an 'Essentials of Menopause Care' course on Friday 9th of September 22. This is an interactive course for healthcare professionals working with women during menopause and perimenopause. It is produced by the FSRH using current standards and practice and has been quality assured. The approaches taken are evidence based where possible with the aim of improving clinical practice. All the teaching materials that will be needed are provided.

This course is designed to provide basic information and understanding about menopause. This is not a competency-based course, and it is not assessed. At successful attendance and completion of this training half day, the delegates will be issued a Faculty of SRH Essentials in Menopause certificate.

Please see the attached flyer for information on how to enrol.

GPDF Annual Report and Financial Statements 2021

The Annual Report and Financial Statements for the year to 31 December 2021 has been published and distributed to Members of the Company with details of the Annual General Meeting.

The Report is available on the GPDF website by following this link: <https://www.gpdf.org.uk/wp-content/uploads/2022/08/GPDF-Annual-Report-and-Financial-Statements-2021.pdf>.

VACANCIES

Nova Scotia Medical Centre Salaried GP to work Mondays/ Tuesdays/ Wednesdays (2 to 6 Sessions)

An exciting opportunity has arisen for an enthusiastic GP to join our friendly, well-organized, forward thinking practice. We are looking for either a newly qualified or experienced GP to work in our PMS practice in Allerton Bywater near Garforth in Leeds.

Nova Scotia Medical Centre is a respected General Practice established in 1935, with traditional GP values offering compassionate personalised care and patient services to a list size of c.5900 which has grown through reputation and local residential development. The working environment is friendly, respectful, warm, and valued, with a low staff turnover.

The surgery is supportive of any candidates wanting to develop a professional portfolio with specialist interest and for any candidates looking to work flexible hours around family or other professional commitments.

The current surgery team comprises of

- GP Partner
- Two salaried GPs
- Experienced Nursing and HCA team
- Physician Associate
- First contact practitioner physio
- Attached PCN pharmacists • System One Clinical System
- High Qof achievement
- We offer a wide range of services to patients including contraception services, maternity learning disability health checks etc.
- Extended hours provided by the Hub
- Rated Good for CQC
- Part of the Leeds 25/26 Primary Care Network
- Close links and good working relationships with locality practices
- Regular clinical meetings
- Competitive salary of £10000 per session, MPS Professional Indemnity and NHS Pension
- Supportive induction for newly qualified GP's
- Partnership opportunities
- BMA salaried GP contract is offered.

To apply please send your CV with a covering letter to Dr Vishal Kapoor, at vishalkapoor@nhs.net. We would welcome practice visits or phone 07894 874626 to discuss the role.

Dr Freeman & Partners are seeking to employ a full time experienced Practice Nurse

to complement our nursing team. Interested applicants will hold a strong work ethic and be passionate in providing high quality patient care and provide a range of practice nursing duties, including; chronic disease management, sexual health, cytology, wound care, and immunisations.

We are located in Leeds 26, operating over three sites (Oulton, Rothwell & Swillington) with a patient population of approximately 15.5k patients. The clinical team comprises 9 GP partners, three GP registrars, 5 practice Nurses and 4 HCAs. We hold strong links within our PCN (Leeds 25/26) and host a number of shared staff such as Physician Associates, First Contact Physiotherapists and pharmacists.

For further information please see full advertisement on NHS Jobs <https://www.jobs.nhs.uk/xi/vacancy/917406162>

SALARIED GP REQUIRED - Permanent, 5-6 Sessions Per Week**Salary £76,539-£95,338 FTE/DOE**

We are looking for an enthusiastic and flexible GP to work five-six sessions. The post will be based at New Croft Surgery, Horsforth, Leeds initially and will move over to Ireland Wood Surgery, Leeds from January 2023. We offer excellent working conditions in modern surgery settings with benefits including NHS contributory Pension Scheme, six weeks annual leave per annum, pro rata, plus bank holidays and study leave.

Practice Profile

Ireland Wood & Horsforth Medical Practice is one of the largest in Leeds. We are a dynamic forward-thinking training Practice which operates from two purpose-built surgeries in Leeds postcode areas 16 and 18. Our aim is to continue to grow and develop.

- Our PMS Practice serves over 26,500 patients, having over 60 employees with 19 GPs
- As a training practice we have five GP Trainers to support GP Registrars
- We have a full nursing team consisting of an Advanced Nurse Practitioner, Nurses, Nursing Associate, Healthcare Assistants and Phlebotomists
- We have Secretarial, Administrative and Medical Reception staff with two Surgery Managers supporting both sites. Our Practice Manager, Deputy Practice Manager, HR Manager and GP Partners form our Senior Management Team
- We offer a range of general medical services which include a full range of disease management clinics (asthma, diabetes) largely run by the nursing team
- We offer contraceptive services, minor surgery, physiotherapy, and counselling covered by a range of health care professionals
- We have an Ophthalmology Clinic based at our Ireland Wood Surgery which delivers a service to our patients as well as the wider Leeds population
- We use EMIS Web and full training is provided

If you are interested in this post, please forward a CV with an accompanying covering letter to: Lucy Threlfall, HR Manager at lucy.threlfall@nhs.net. Informal visits/enquiries are welcomed.

Please note: the closing date is 30th September 2022.