

# YORLMC News

For practices in North Yorkshire & York and Bradford & Airedale

## Message from Dr Brian McGregor

Dear colleagues

### YORLMC GP contract roadshows – book your place today

YORLMC has GP contract update meetings planned for [6 March in Bradford](#) and [7 March in North Yorkshire](#), and a [virtual meeting on the 11 March](#). I will also have a more informal [Q&A on 29 February](#), and again on [21 March](#). Ideally, we want the face-to-face meetings to be your priority – we need as much engagement as we can get to answer questions and ensure everyone knows where they stand. Please do book your place and join us at one of these roadshows.

### YORLMC podcast – 1 year anniversary

This week marks the 1 year anniversary of the YORLMC podcast. Over the past year we have released 28 episodes, covering a wide range of topics including contract updates, GPAS, GPMplus mentoring and a GP trainee special. We've also been joined by guests from Greener Practice, LMC Law and the Cameron Fund to record special editions. You can listen to the [podcast here](#).

Best wishes

*Brian*

Dr Brian McGregor, YORLMC Medical Secretary

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Dr Brian McGregor

**14 February 2024**

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## YORLMC podcast



**1 year anniversary**



# GP contract 2024/25

## Please see below a message from GPC England:

[GPC England has rejected the formal contract](#) from the DHSC and NHS England (NHSE) for the General Medical Services (GMS) contract for 2024-25.

After consideration at its meeting on 1 February 2024, the committee unanimously voted that the current proposal, including a 1.9% uplift, is unacceptable. The committee was clear that in order to prevent practices from reducing services or closing down altogether, a contractual uplift sufficient to keep practice finances stable for the 'stepping-stone' contract year ahead is imperative. The proposal as it presently stands ignores the compelling evidence presented by the BMA GPC England officer team, which quantifies the attrition in the item of service fees for vaccs and imms; the reimbursements eligible under the SFE and the contract value since 2019. A contractual uplift of 1.9% to the global sum would also be disastrous for the employees of practices, including salaried and locum GPs and GP nurses.

Details of the contract come at a time when a BMA survey of 10% of practices in England found almost two in three (64%) report being concerned about their short and long-term viability, and more than half (57%) have experienced cashflow issues within the last 12 months. We had estimated that up to one in four GP surgeries would need to reduce their services to ensure they can remain open for patients, yet this was before this year's derisory contract position and proposed below inflation funding uplift. GPC England was unanimous in providing us with a mandate to return to the DHSC, NHSE and ministers in Government to continue urgent talks ahead of a final position, which the profession will be asked to vote upon, in a referendum next month.

We've said from the beginning, our door will always be open to ministers and their teams. We're willing to do all in our power to find a solution. As such, GPCE officers will now seek further discussions with the Government and NHS England to improve the GP contract to bring back hope, safety and stability to all GP practices across England.

## Referendum and next steps

### Please see below a message from GPC England:

GPC England has produced a [webpage](#) with everything you need to know about the current GP contract changes and what we plan to do next.

Remember, whatever is on the table come March 1<sup>st</sup> will be put to you in a referendum which will enable the profession to decide whether the offer sufficiently supports general practice in England for the forthcoming financial year, or not.

**To be eligible to vote in the referendum, you need to be a member of the BMA to have your say.**

**This means making sure your details are up to date and spreading the word to colleagues about joining the BMA.**

The referendum won't prevent the Government from imposing changes to the contract, but it will give us vital insight into how the profession feels, and where we go next.

Update your member details on [www.bma.org.uk/my-bma](http://www.bma.org.uk/my-bma) and share this email with your colleagues and encourage them to [join the BMA today](#) to have your say.

[Visit GPCE's contract page here](#)





# PCSE 2022/23 End of Year Pensions process webinars – register for new dates

PCSE has provided the revised dates for 2022/23 End of Year Pensions process webinars, in collaboration with NHS Pensions and the BMA.

These sessions will cover how to submit Type 1 Annual Certificates and Type 2 Self Assessments:

- Type 1 Annual Certificates Tuesday 20 February 6.00 – 7.30pm
- Type 2 Self Assessment forms Wednesday 21 February 6.00 – 7.30pm
- Type 1 Annual Certificates Tuesday 12 March 6.00 – 7.30pm
- Type 2 Self Assessment forms Wednesday 13 March 6.00 – 7.30pm
- Type 2 Self Assessment forms Tuesday 26 March 6.00 – 7.30pm

As the 2022/23 forms published by NHS Pensions are different to previous years, we would encourage members and their advisors to sign up for one of the events even if you have used PCSE Online to complete and submit a certificate before.

To register, [click here](#), enter your email address and select a webinar. PCSE will send you a confirmation email with the link to join.

If you have already registered to join a webinar and received your confirmation email PCSE asks that you please delete that email and register again using the above button. This is because the event link(s) has now changed to accommodate the revised dates.

## GPCE letter to NHSE regarding the Measles outbreak

GPC England wrote to [NHSE](#) highlighting serious concerns around the current Measles outbreak and the need for urgent support and resources in general practice.

The [communications from NHSE](#) and UKHSA show the lack of accompanying infrastructure, planning and resources to help address the outbreak within general practice.

GPCE has explained how the increase in workload generated by patient queries, requests for vaccination history cross-checking, and un-resourced catch-up vaccination clinics, seriously risks impacting upon practice service delivery. GPCE reiterated our request and belief that lowering the thresholds for vaccination QOF payments would enable greater coverage, rather than the current financially punitive approach that is in place.

GPC England has requested an NHSE-mandated urgent rollout of time-limited packages of support for ICBs, and a Measles Vaccination Enhanced Service. The enhanced service would also cover the inherent costs to set-up and staff necessary clinics to limit the impact on normal day-to-day care.

The letter was also shared in a meeting with the parliamentary under-secretary for primary care, Andrea Leadsom.



# Access to records – ICO response to DPIAs

Following DPIAs being submitted by many practices relating to the accelerated access to records programme, the ICO (Information Commissioner's Office) this is a reminder that the [ICO published its advice last month](#). The ICO is content that 'potential data protection risks have been identified, and that sufficient mitigations are in place.' Practices that haven't completed a DPIA are encouraged to do so and make their commissioners aware. If practices identify particular data protection risks associated with providing online access, which they do not consider to be mitigated, they should consult and engage with the ICO and their commissioner to find a way forward.

The ICO is technically correct that in theory, a practice could expend whatever infinite resource it wished in order to comply with the contractual requirement to give access. Because a practice could theoretically mitigate (at enormous cost) the ICO is content that the Data Protection Act will not be broken.

It's what the ICO has not said which is telling. Reading between these lines, one may infer that if mitigations were not in place (i.e. access was blanket switched-on, as may have happened in many cases) there may be questions over the legality. **Hence the BMA's advice is that as a practice you must still construct a DPIA and keep your commissioners updated. If you are facing local issues, please get in touch with YORLMC on [info@yorlmc.co.uk](mailto:info@yorlmc.co.uk)**

## Pharmacy First

On Wednesday 31 January, NHS England launched the [Pharmacy First initiative](#), whereby patients in England will be able to get treatment for seven common conditions at their high street pharmacy without needing to see a GP.

Community pharmacists can play an important role in delivering non-urgent basic care, which in theory can help reduce our incredibly busy workload as GPs.

However, there are concerns that this scheme is being rolled out too quickly, and will rely on an inadequate IT infrastructure that will ultimately increase the administrative burden on practices, not lessen it. With almost 2,000 fewer fully qualified, full-time GPs than in 2015, this will put further pressure on a system already close to breaking point.

What patients want, and have always wanted, is the ability to access what they need from their local practice in a timely manner, and this must remain a priority. This remains in the Government's gift; GPC England urges them to allow existing ringfenced funds, currently used to employ non-medical practitioners, to be used more flexibly so that practices can hire more GPs and nurses who are ideally placed to manage simple conditions.

If you encounter any recurring problems at your practice please contact YORLMC on [info@yorlmc.co.uk](mailto:info@yorlmc.co.uk)





# GPC England Response to The Times Health Commission report

## Please see below an update from GPC England:

The [Times Health Commission report](#) has been published, making some key recommendations for immediate future NHS commissioning, with a lot of attention focused on how IT and data isn't able to link up across NHS organisations. A seductive vision of all shared health and care records and data in one place sounds good, but fundamental missing steps along the way risk making that distant dream an impossibility.

To free up millions of appointments, we need hospitals to be able to produce electronic prescriptions, and to be able to explain to a patient where they are in a queue after disappearing down a referral 'black hole.' Hospitals should be following a patient; the same way online shopping follows a parcel.

Those of us working on the 'shop floor' of the NHS, stand ready to suggest many practical ways to improve financial efficiency and operational productivity (that won't cost us millions to implement) but which will need genuine integrated thinking outside of the acute hospital model. This is what we need, which we are glad to see recognised in this report.

The elephant in the room is resource, and we note difficult requests for detailed capital investment requirements are not outlined, which is a missed opportunity. GPC England believes that the million patients which GPs see every day recognise that if we are to make any progress, we need additional funds for additional activity, serving additional patients. We also need to recognise the forgotten millions on mental health waiting lists who aren't included in media headlines but who GP and community teams feel are being ignored, especially children and adolescent mental health need.

## Workforce data

BMA teams collate monthly workforce and appointment data on the [pressures in general practice data analysis webpage](#), which is a great resource for signposting PPGs, local press and MPs.

The overall number of GPs has seen little growth since 2015, with the number of GP partners declining significantly over that time. [As of December 2023](#), there were 37,068 fully qualified GPs working in the NHS in England, with around 7.8 GPs per 10,000 people, and would need an additional 16,700 GPs to be on equal footing with the OECD average of 10.8.

Despite the Government's promise to recruit an additional 6,000 GPs by 2024 to reverse the stasis in GP workforce numbers, there are now the equivalent of 1,877 fewer fully qualified full-time GPs compared to September 2015.

[See more infographics and data showing the pressures in general practice >](#)

There's also local information on the [YORLMC website](#).

The BMA urges practices to continue to use its [safe working guidance](#) to limit contacts to 25 per day in order to prioritise safe patient care, within the present bounds of the GMS contract.





# COVID-19 vaccination programme update

NHS England have published an [extension to the COVID vaccination service specification](#) ahead of the proposed spring/summer booster programme.

The specification remains mostly unchanged from the current Autumn/Winter programme, however, following discussions with GPC England, there will be an additional £2.50 payment per vaccination for vaccinations from April-August 2024, in addition to the £7.54 Item of Service fee.

Whilst this move is welcome, GPC England retains strong concerns about the future financial viability of the programme, and again recommends that practices and their partners make a full assessment of whether delivery of the vaccination programme remains viable for them.

## Cloud based telephony

GPCE has written to NHSE to raise concerns over the rollout of CBT (cloud-based telephony) and the financial and workload impact this is having on practices along with pressure to sign complex contracts on very short deadlines.

NHSE advised last year that there would be no increased costs to practices for their monthly contracts. GPCE relayed concerns raised about these issues and are seeking an urgent meeting with NHSE while calling for a pause of the roll-out of this contract mandated procurement exercise.

## Greener Inhaler Study

Taskforce member Asthma + Lung UK are launching their Greener Inhaler Survey to gather data on greener inhaler switching and gain insight into how patients and clinicians engage with this service. [The survey is available here](#)

Greener inhaler switching sees patients offered a more environmentally friendly inhaler where possible. This is a practice that Asthma + Lung UK supports, provided that all switching is clinically led and done with the informed consent of patients.

The survey is now live ahead of its official launch shortly.

## Workforce & Training Information Collation

Please visit the HNY Primary Care Workforce and Training Hub's [news page and Information Collation](#) for details of more training and information available.

## York Medical Society meeting 23 February

### Presentations from the 2023 HYMS Elective Bursary Winners

Drinks in the library from 7pm. Meeting starts at 7.30pm. The winners will give short presentations of their travels and medical experiences. Please [email York Medical Society here](#) to book your place.



# YORLMC news

## Contacting YORLMC

Please get in touch with YORLMC if there are any matters with which we can help. Our general email address is [info@yorkmcltd.co.uk](mailto:info@yorkmcltd.co.uk). Please remember that queries sent through to the Corporate Affairs Team should not contain any patient identifiable information and should be redacted before sharing.

## Jobs page

YORLMC has a job page on our website at <https://www.yorkmcltd.co.uk/jobs>. Please visit this page to view current vacancies and details of GPs seeking work. NHS Practices in the YORLMC area seeking to fill GP and staff vacancies and GPs seeking work in the YORLMC area can place adverts on the job page free of charge. To place an advert please email [info@yorkmcltd.co.uk](mailto:info@yorkmcltd.co.uk)



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YOR Local Medical Committee Limited (YORLMC Ltd)

Registered office: First Floor, 87-89 Leeds Road, Harrogate, North Yorkshire, HG2 8BE  
t. 01423 879922 e. [info@yorkmcltd.co.uk](mailto:info@yorkmcltd.co.uk) w. [www.yorkmcltd.co.uk](http://www.yorkmcltd.co.uk)

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### YORLMC's Corporate Affairs Team

Angela Foulston

Chief Executive

[angela.foulston@yorkmcltd.co.uk](mailto:angela.foulston@yorkmcltd.co.uk)

Dr Brian McGregor

Medical Secretary

[info@yorkmcltd.co.uk](mailto:info@yorkmcltd.co.uk)

Antony Radley

Director of Finance

[antony.radley@yorkmcltd.co.uk](mailto:antony.radley@yorkmcltd.co.uk)

Stacey Fielding

Director—GPMplus

[stacey.fielding@yorkmcltd.co.uk](mailto:stacey.fielding@yorkmcltd.co.uk)

Kate Mackenzie

Communications Officer

[kate.mackenzie@yorkmcltd.co.uk](mailto:kate.mackenzie@yorkmcltd.co.uk)

Simon Berriman

Executive Officer—GPMplus

[simon.berriman@yorkmcltd.co.uk](mailto:simon.berriman@yorkmcltd.co.uk)

Jack Burgess

Strategy & Organisational

Development Officer

[Jack.burgess@yorkmcltd.co.uk](mailto:Jack.burgess@yorkmcltd.co.uk)

Ariana Frankis

Executive Officer - ICSs

[ariana.frankis@yorkmcltd.co.uk](mailto:ariana.frankis@yorkmcltd.co.uk)

Sandra Warriner

Executive Officer - North Yorkshire & York

[sandra.warriner@yorkmcltd.co.uk](mailto:sandra.warriner@yorkmcltd.co.uk)

Natasha Ori-Orison

Executive Officer - Bradford & Airedale

[natasha.ori-orison@yorkmcltd.co.uk](mailto:natasha.ori-orison@yorkmcltd.co.uk)

Nicola Brownlow

Committee Support Officer

[Nicola.brownlow@yorkmcltd.co.uk](mailto:Nicola.brownlow@yorkmcltd.co.uk)

Linzi Oldfield

Business Support Officer

[linzi.oldfield@yorkmcltd.co.uk](mailto:linzi.oldfield@yorkmcltd.co.uk)

Tim Bennett

Business Support Project Officer -  
GPMplus

[tim.bennett@yorkmcltd.co.uk](mailto:tim.bennett@yorkmcltd.co.uk)