

YORLMC News

For practices in North Yorkshire & York and Bradford & Airedale

Update on DDRB report

The Government has announced that they have agreed with the [DDRb's recommendation](#) of a 2.8% pay uplift. This applies to salaried GPs, GP trainers and GP appraisers, with payments to be backdated to April 2020, but does not include junior doctors or GP contractors in England.

The long-term pay deals for both GPs and junior doctors were agreed before anyone could have predicted the serious impact COVID-19 would have on the NHS, nor the financial pressure it would put practices under, and this must be rectified.

This is the second year of the 5 year contract agreement, which not only provides 100% funding for a large workforce expansion to help manage practice workload pressures but also provided for the removal of the significant cost of indemnity last year. For 2020/21, it secures additional funding to cover annual pay increases of 1.8%. This is at a time when RPI is currently at 1.1% and CPI at 0.8%. However this is far from a normal situation and the government made clear in their announcement that this higher pay award was "in recognition for doctors efforts on the frontline during the battle against COVID-19."

It is unacceptable therefore that the government failed to fund the gap to support GP contractors in funding the increases for staff and salaried GPs and Dr Richard Vautrey, GP Chair, has raised this at a national level.

The GPC has updated [their salaried GP pay ranges webpages](#) following the DDRB uplift announcement, along with our guidance on how practices should apply that uplift.



August 2020

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Message from Dr Brian McGregor

Medical Secretary YORLMC Ltd

Dear Colleagues

COVID-19 - daily primary care pressures report

In late March YORLMC commenced a daily survey to determine the impact on the workforce of COVID 19 self-isolation and management. The survey was adapted to meet the evolving situation and the information gathered has been invaluable in:

- assessing the overall resilience of general practice
- assessing staffing levels
- raising awareness around PPE issues; specifically the PPE data has helped inform commissioners of where there were gaps and it also helped with collaborative approaches and sharing of PPE, for example within PCNs
- informing discussions regarding hot/cold hubs
- helping inform collaborative working between practices
- assessing the challenges and gaps in care provision and in identifying areas under strain before they collapse to allow targeted support

Additionally RAG data has been used to review capacity as per the DoS requirements.

On a daily basis YORLMC has reviewed and analysed the data gathered and this has then been shared with local partners i.e. the CCGs, Federations, NHSE, HEE, STPs and PCNs to help practices obtain any support they require. Although very much a Corporate Affairs Team effort, special thanks are due to Stacey Fielding, YORLMC's Director of Liaison and Dr Jim Woods, YORLMC, NY who have led the work.

We were acutely aware the survey was another task for someone to complete in practices each morning and we are grateful to practices and especially practice managers who this task generally fell to - thank you.

With COVID-19 activity falling and services starting to resume, now feels like the right time to pause the survey. None of us know what the future holds. There are still risks to practice resilience from test and trace and the possibility of a second wave or localised outbreak. We will continue to keep things closely under review and if the situation changes it may be necessary to restart the survey at some point.

YORLMC has a responsibility to periodically review all its services to ensure these remain appropriate and deliver value for money. In the near future we will be inviting constituent GPs and practice managers to complete a number of short surveys designed to inform this review. To ensure the survey results are meaningful we hope there will be similar high levels of support as has been the case with the COVID-19 - daily primary care pressures report.

Thank you again

Brian



GPC England update

I am the elected GPC member for Bradford & Airedale and North Yorkshire & York and attend meetings of both GPC UK and GPC England.

GPC England (GPCE) met via video on 16 July and matters discussed included:

- The GPC's [Trust GPs to lead](#) report, which sets out GPC's vision for addressing the need for change in general practice following the pandemic
- GPCE noted the updated [toolkit](#) for GPs, partners and practice managers to manage employment and contractual issues and service provision during the pandemic.
- The committee discussed on-going issues relating to PCSE and the transformation projects they are taking forwards.
- We also had an update on our support for a legal case being brought against NHS Property Services.

Dr John Crompton

As some of you will already be aware, John Crompton has decided to step down from the role of PCN & System Integration Lead with effect from 31.07.20.

The advent of COVID and ensuing pandemic have led to the most rapid pace of change any of us will experience in our working lifetimes. Because of this changed landscape it is likely closer working on all aspects of primary care will need to develop and John felt the time was right for the work he had been carrying out to be consolidated at CCG and place level and led by the LMC Chairs, [Sally Tyrer](#) for North Yorkshire & York, and [Steve Patterson](#) for Bradford & Airedale.

In addition to their LMC Chair roles, Sally and Steve are both CDs so they both have a detailed understanding of the day-to-day issues and challenges involved in being a CD. They will work closely with Brian McGregor, who, as YORLMC's Medical Secretary, will integrate the local information with contractual and national guidance from GPC and the BMA to ensure a solid link in communication from locality to ICS level.

YORLMC remains committed to PCNs and system integration as the only sustainable route for maintaining the resilience of General Practice going forward. Despite the unusual events of the last few months, I am convinced that the only way to attract sustainable funding and resource into primary care is via the changes agreed during the February 2020 contract negotiations and by supporting the system to ensure that the investment promised is fully realised within our communities.

Prior to taking up his YORLMC PCN role in May 2019, John was a Member of YORLMC for more than 20 years, including 12 years as Chair of NY LMC.

The hard work and dedication John has shown towards his GP colleagues is without question and the Corporate Affairs Team has also received many comments from colleagues in partner organisations thanking John for his support over the years.

We thank John for his time and for the effort, expertise and experience he has dedicated to YORLMC. John will be very much missed and we wish him well in his future endeavours.



Report on PCNs

NHS Confederation has published a report about [Primary Care Networks – one year on](#), to mark the one-year anniversary of PCNs being established across England and assess their progress so far. The report sets out a national picture of variability but does describe how some networks are now delivering tangible benefits for the health of their populations and offering mutual support to their member practices.

Flu vaccines

The Department of Health and Social Care has [announced their plans for this year's flu programme](#), which has been expanded to potentially include a new cohort of people aged 50 to 64, who will be eligible for free vaccination. The programme will also include households of those on the shielded patient list and for the school programme to be expanded to the first year of secondary schools.

The GPC has been in discussions with NHSE/I about the delivery of the programme, including the operational issues, implications for PPE, vaccine provision and for additional funding to support the programme. Any decision on the delivery of the vaccination to 50-64-year-olds will be made later in the year and will depend on vaccine availability following the initial focus on those most at risk. The CMO's next flu letter outlining more details of the programme will be issued shortly.



NHS England/Improvement: “Third phase of NHS response to COVID-19”

NHSE/I have released their [Third phase of NHS response to COVID-19](#) letter. It highlights the priorities for the NHS as a whole, including accelerating the return of non-Covid services, in particular cancer services, and Trusts are asked that they should ensure, working with GP practices, that every patient whose planned care has been disrupted by Covid receives clear communication about how they will be looked after, and who to contact in the event that their clinical circumstances change. A modified national contract will be in place giving access to most independent hospital capacity until March 2021 and Trusts should ensure their e-Referral Service is fully open to referrals from primary care.

The restoration of primary and community services is also seen as a priority and they state that “we recognise that capacity is constrained, but will support practices to deliver as comprehensive a service as possible”. They encourage a focus on childhood and flu immunisations, cervical screening, building on the enhanced support practices are providing to care homes and reaching out to clinically vulnerable patients and those whose care may have been delayed.

CCGs are told to work with GP practices to expand the range of services to which patients can self-refer, freeing-up clinical time. All GP practices are now expected to offer face to face appointments at their surgeries as well as continuing to use remote triage and video, online and telephone consultation wherever appropriate – whilst also considering those who are unable to access or engage with digital services.

The letter restates the commitment to increase the GP workforce by 6,000 and the extended primary care workforce by 26,000.

Dispensing Services Quality Scheme

NHSE/I have now confirmed that the DSQS will be reinstated from 1 August 2020; dispensing practices wishing to participate in the Scheme this year will need to inform their commissioner. Following further discussions with GPC England, NHSE/I plan to revise the scheme’s requirement in relation to patient medication reviews this year.

The scheme currently requires dispensing practices to deliver medication reviews for at least 10% of their dispensing patients. This requirement will be reduced to 7.5% this year in light of the current circumstances. Practices are asked to prioritise patients who they consider to be higher-risk or would benefit most from a review. Practices will also be able to undertake these reviews remotely if they so wish and it is clinically appropriate. The Statement of Financial Entitlements (SFE) will be amended to reflect this. All other requirements of DSQS remain the same. A letter will be sent to dispensing practices soon confirming the position.



Support for doctors affected by discriminatory pension scheme changes

The Government has opened a consultation on changes to the transitional arrangements to the 2015 schemes after conceding that the protection offered to older members resulted in unlawful age discrimination. Following legal cases brought against the Government, they have conceded that the protection offered to older members when introducing new public sector pension schemes resulted in unlawful age discrimination.

The BMA brought legal cases on behalf of its members which are currently on hold. However, similar protection to older members was offered when the NHS 2015 career average revalued earnings scheme was introduced and as such this is also likely to amount to unlawful age discrimination. It is important to note however that it was the offering of protection to older members rather than the introduction of the new scheme that is unlawful.

To remedy this age discrimination, the Government has released a consultation proposing two options for the period in which the discrimination occurred (1 April 2015 to 31 March 2022). The consultation outlines that the likely solution to rectify this discrimination is to offer affected members the choice of whether they are transitioned to the 2015 scheme or remain in their legacy scheme (1995/2008) for the remedy period. After the remedy period, all scheme members are likely to move to the 2015 scheme, probably in April 2022.

The BMA will be making a considered response to the consultation in due course. The deadline for the consultation is 11 October 2020. In addition, the BMA will continue with its own legal case to ensure members are fully supported. Read the [BMA statement](#) and the [consultation](#)

Obesity strategy

The Government has published its [strategy](#) to tackle obesity. The BMA has long campaigned for government to hold industry to account as its main policy on obesity, rather than asking the public to shoulder the bulk of the responsibility. The BMA has done this both as an individual organisation, and as part of the Obesity Health Alliance.

The main policies outlined in the strategy include:

- A 9pm watershed on HFSS (food high in fat, sugar or salt) adverts on TV and online (with a short consultation on a total ban online) – to be brought in by end of 2022. Ahead of this, the Government will also hold a new short consultation on whether the ban on online adverts for HFSS, should apply at all times of day.
- Restrictions on multi-buy and location promotions of HFSS in retailers and online. There will also be a ban on these items being placed in prominent locations in stores, such as at checkouts and entrances, and online. In the UK we spend more buying food products on promotion than any other European country and a survey from 2018 shows that around 43% of all food and drink products located in prominent areas were for sugary foods and drinks, compared to just 1% for healthy items.
- Calorie labelling in large out-of-home outlets. New laws will require large restaurants, cafes and takeaways with more than 250 employees to add calorie labels to the food they sell.
- Consultation on front of pack food labelling and calorie labelling of alcohol. The government will launch a consultation to gather views and evidence on our current 'traffic light' labelling system to learn more about how this is being used by consumers and industry, compared to international examples.
- Expansion of weight management services. Weight management services will be expanded so more people get the support they need to lose weight. This will include more self-care apps and online tools for people with obesity-related conditions and accelerating the NHS Diabetes Prevention Programme.

The BMA will be discussing with NHSE/I the potential of QOF indicators for 2021/22 relating to obesity which NICE recently consulted on. Primary care network staff will also have the opportunity to become 'healthy weight coaches' though training delivered by PHE. Separately, GPs will also be encouraged to prescribe exercise and more social activities to help people keep fit, but the details on this are not yet clear.

In their submission to that consultation the BMA emphasised that the indicators would need to accurately reflect the role of GPs in the wider healthcare ecosystem when it comes to obesity, and that weight management services must be significantly ramped up to ensure accessibility. These will form part of negotiations later in the year.

Alongside the obesity strategy, DHSC launched a '[Better Health](#)' campaign, which announced prescriptions for cycling. The BMA understands this initiative will commence in 2021/22 as limited pilots in a small number of areas with further information to be provided soon. We will continue to keep you updated.

GP Specialist Trainees (GPSTrs) - Risk Assessments

As a new cohort of GPSTrs are due to join their training practices from August, YORLMC has sought clarity over where the responsibility lies for the completion of individual risk assessments.

Health Education Yorkshire and Humber have clarified that the GPSTrs are employees of the Trust, however GPC advice is that GPSTrs should be included in the practice risk assessment processes. It is suggested that assessments are carried out by practices during the GPSTrs' induction period using the practice's chosen risk assessment tool and processes. A copy of the completed assessment should then be shared with the Trust and placed on the GPSTrs' individual record.

LMC Law Book of Updates

The LMC Law Book of Updates is available to YORLMC constituent practices. Access to the updates is password protected and constituents can contact the CAT on info@yorlmcld.co.uk to obtain the relevant password.

Tax on COVID-19 testing by employers

The HMRC published guidance on 6 July which advised that employees would face a taxable benefit in kind when their employer pays for COVID-19 testing. The GPC raised concerns over this with the Department of Health and Social Care, and they have now advised that HMRC has removed the guidance. It is in the process of being updated to provide some clarity regarding NHS staff, with the expectation that they will not be subject to tax for COVID-19 testing.

NHS pressures and backlog of services

The [latest tracker survey](#) and the newly released BMA report [The hidden impact of COVID-19 on patient care in the NHS in England](#), also show the struggle many face to tackle the backlog built up as social distancing remains in place.

The GPC's latest [commentary](#) on the most recent data release from NHS England revealed the continued indirect impact of COVID-19 on patient behaviour and NHS activity in May and June. The monthly number of GP-made referrals made in May has started to climb since dropping in April, however the size of the waiting list remained low due to GPs being unable to refer. Despite this, more and more patients are waiting longer than ever for treatment. This reflects a large backlog of care needs that have accumulated beyond the focus on COVID-19, and we have analysed the potential magnitude of these changes in our [Hidden impact of COVID-19 report](#). Read the BMA statement [here](#)

View the GP specific results of the tracker survey [here](#)

IGPR scheme to be paused and reviewed

It has been confirmed that NHS England have terminated all contracts with the [International GP Recruitment Scheme](#) recruitment companies as of 30 November 2020. This means that the programme will be paused ahead of a full review next year. Health Education England will retain funding to see any doctors through the scheme who are already in the system, while the Induction & Refresher scheme will continue to take international doctors on an individual basis.

Given the current challenges presented by COVID-19 and Britain's future relationship with the EU, it is a difficult period for international recruitment and it is logical that the scheme should be paused. While the scheme supported some GPs from abroad to work in the NHS, it is now clear that it will fall far short of meeting both its initial target of recruiting 500 GPs and the vastly increased number of 2,000 set more recently. It is now important that we evaluate how much value it delivered for the investment made.



GP trainee recruitment

Health Education England has [released figures which show that GP trainee numbers in England have risen for the third year in a row](#), with recruitment up by 15% compared to the same time last year.

3,441 doctors have so far been accepted to GP specialty training in 2020, with one more recruitment round to go, HEE is hoping to reach its overall target for recruiting 3,500 doctors in training to general practice this year.

It's good to see that more and more young doctors are being attracted to a rewarding and varied career in general practice. There remains an urgent need, however, to capitalise on the rising number of GP trainees by fully supporting and retaining our existing qualified GP workforce so that they do not burn out. [According to the latest statistics](#), there are 1418 fewer full time equivalent qualified GPs now than there were in late 2015, the year we embarked on our collaborative approach with HEE, RCGP and NHSE/I. This means the NHS is still losing more qualified GP hours than it is gaining even with the increase in doctors entering GP training each year.

It is also vitally important that we increase the support for the GPs that will be supervising and training these new GP trainees, and those that come in the future. GPC will continue its tireless lobbying to improve resourcing and conditions for GP trainees.

Doctors' use of social media

The [GMC](#) & [BMA](#) have both produced guidance for doctors that describe the benefits and risks to consider when using social media.

Mental health & wellbeing

BMA report

The BMA published a [new report](#) last week which warns of a mental health crisis as we emerge from the COVID-19 pandemic and outlines key recommendations for the Government to take, including the recruitment of more mental health staff.

Read the BMA's report on the [mental health and wellbeing of the medical workforce](#) which sets out ten recommendations to be addressed to protect staff during the pandemic and in the future.

The BMA continues to offer [wellbeing services](#) and confidential 24/7 counselling and peer support for all doctors and medical students, as well as their partners and dependents, on 0330 123 1245. For hard copies of our Wellbeing [poster](#), please email wellbeingsupport@bma.org.uk

Mental health support in practices

The King's Fund and Centre for Mental Health have published a [report on Mental health and Primary Care Networks](#), which suggests that more and better mental health support is needed in GP surgeries following the pandemic. The report found that current provision of mental health support in general practice is variable and often inadequate, and calls for PCNs to seize the opportunity to strengthen mental health provision in primary care, to help to fill the gap at a time of increased need for mental health care in the aftermath of the pandemic. This is an important issue and the GPC is in discussion with NHSE/I about the potential to include mental health workers within the scope of the PCN workforce.

YORLMC wellbeing services

YORLMC's wellbeing programme brings together a range of services, schemes and events that will support wellbeing and enable individuals to look after their own health and know when to seek help before difficulties arise.

Please visit the [wellbeing page](#) on the YORLMC website for more information about wellbeing resources, mentoring and pastoral support.



Action to improve vaccine coverage rates across the UK

The BMA has published a report on what [actions need to be taken to improve vaccine coverage rates across the UK](#).

The report says that many immunisation programmes have been disrupted because of the pandemic as the NHS focused on responding to immediate health concerns and that it is now imperative that they are re-started and that people are encouraged to be immunised.

It also notes that childhood vaccination in particular has plummeted during this time – dropping by around a fifth in total – despite advice that childhood immunisation should continue during COVID-19. Read the BMA press release [here](#).

RCGP guidance on delivering mass vaccinations

The Royal College of GPs has published [guidance on delivering mass vaccinations during COVID-19](#), including guidance on using non-traditional vaccination settings.

The guidance is written with the understanding that a number of mass vaccination programmes may need to be delivered during mid-2020 to 2021, while COVID-19 continues to be in general circulation, and addresses approaches to delivering large-scale vaccination programmes in this context.

Read more on the RCGP COVID-19 Guidance [page](#)

Joint statement on GP performance management processes

A joint statement on GP performance management processes has been published which sets out a range of NHSEI commitments secured through discussions with GPC England.

NHSEI have agreed to implement improvements to the performance management process for NHS GPs and support fair decision making among everyone involved in the handling of performance concerns. The commitments include further work to increase early resolution and consistency of approach, improved performance management data capture and analysis, and a commitment to ensuring equal treatment of GPs with protected characteristics. [Read the full statement >](#)

NHS People Plan published

The [NHS People Plan](#) has been published. The People Plan highlights several areas for improvement that the BMA has been calling for such as a focus on wellbeing, research and education, equality and diversity and flexible working.

YORLMC services

Buying Group

Members of the LMC Buying Group can access discounts with any of the suppliers on the attached list at [Appendix 1](#). To access these discounts, you can either login to the Buying Group website and request a quote or if you contact the supplier directly, you need to make sure you mention your practice is a member of the LMC Buying Group or state the discount code from the suppliers page of the Buying Group website.

If you were using an approved supplier before you became a Buying Group member or have been using a supplier for a long time and aren't sure if you are receiving the correct rates, you can email to check: info@lmcbuyinggroups.co.uk. For further information on LMC Buying Group member benefits or to speak to a member of the team, you can live chat via their website: <https://www.lmcbuyinggroups.co.uk/> or give them a call on: 0115 979 6910.

Jobs page

YORLMC has a job page on our website at <https://www.yorlmcld.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@yorlmcld.co.uk

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