

YORLMC News

For practices in North Yorkshire & York and Bradford & Airedale

Update from Dr Brian McGregor YORLMC Medical Secretary

Dear Colleagues

I sit on the General Practitioners Committee (GPC) representing GPs across North Yorkshire & York and Bradford & Airedale. Below is an update on just some of the matters currently being dealt with at a national level:

GPC UK meeting

GPC UK met on 1 October, for its first meeting of the new session 2020/21. We had to cancel our last meeting in March at the beginning of the pandemic and so this virtual meeting provided a good opportunity to reflect on the profound changes that have taken place over the last 6 months. The national GPC chairs described the significant COVID related activity being undertaken in each part of the UK.

We also received update reports from the sessional GPs committee, GP trainees committee and GPC policy leads. The BMA Treasurer, Trevor Pickersgill and the Deputy Chair of Council, David Wrigley also attended and provided an update on the GPDF/BMA Deed of Grant negotiations which have now concluded with a three year agreement.

Update on CQC inspections and appraisals

The GPC has provided an update on CQC inspections, appraisals and revalidation – see more information at [Appendix 1](#).

There's more in the rest of this newsletter to keep you informed of national and local developments. In addition, I regularly send an update to GPs and practice managers with the latest news on requirements and news around COVID. The latest edition is on the [YORLMC website](#).

If YORLMC can be of help on any matters, please do not hesitate to contact us. As well as offering advice to practices, we can also help with a range of wellbeing and pastoral services (more detail available [here](#)). Please get in touch any time.

With best wishes
Brian



Primary Care representation on ICS boards

Dr Richard Vautrey, GPC Chair, and Dr Chandra Kanneganti, GPC policy lead for commissioning and service development, have written to Ian Dodge, National Director at NHS England and NHS Improvement, with responsibility for Primary Care, to urge him to issue guidance to all ICSs (integrated care systems) stressing the importance of primary care provider representation on their boards and other decision-making bodies.

The BMA believes that LMCs, which are the local representative voice of general practice and PCNs, should also form part of the leadership team of ICSs and 'have a seat at the table'. Since ICSs were first established, YORLMC has made it a priority to attend meetings. Many decisions are now taken at this level and YORLMC officers and I ensure that the GP voice is heard.

New advice for patients at high risk of COVID-19 infection

Following the announcement of a new three-tier lockdown approach in England, the Department of Health and Social Care published [updated guidance for those considered most clinically vulnerable, depending on the level of risk in their local area](#), in line with the new Local COVID Alert Levels framework.

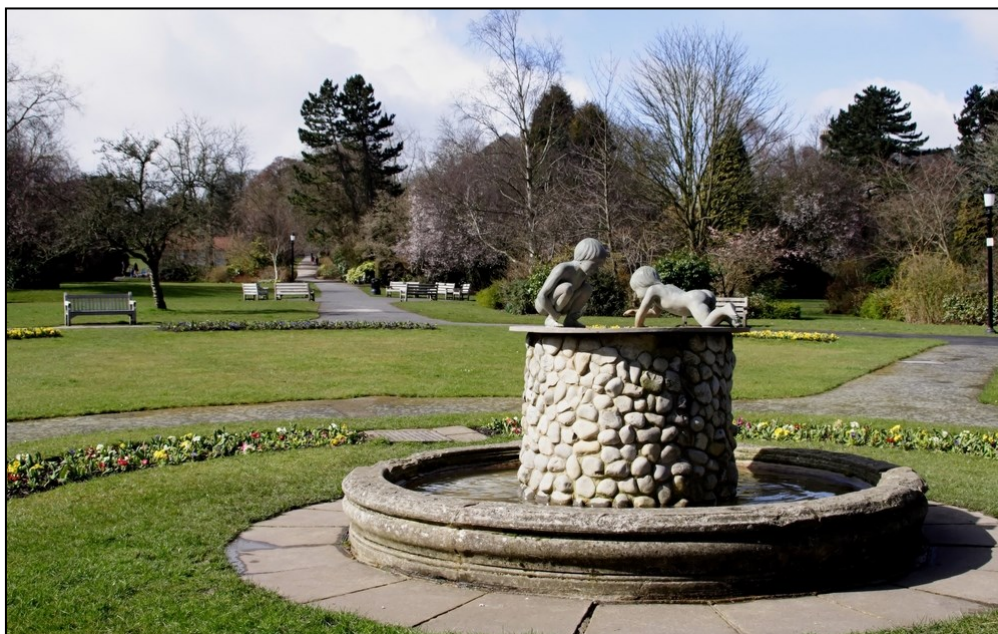
This new guidance provides advice for the clinically vulnerable to follow in addition to the new rules and guidance for everyone based on the level of risk in their local area. The government are not yet suggesting the reintroduction of shielding arrangements that were paused in the summer. More restrictive 'shielding' measures could be considered in the future in areas facing the highest risk and if that happens the Government will write to relevant people separately to inform them directly should they be advised to shield.

Whatever the current local COVID alert levels are, as the GPC has made clear, GP practices remain open and whilst remote consultations should be the main way in which patient care is delivered, when it is clinically necessary to see vulnerable patients face to face we would normally expect them to attend the surgery with good infection control arrangements in place.

Read more in [updated guidance for patient at high risk](#)

JCVI advice on priority groups for COVID-19 vaccine

The Joint Committee on Vaccination and Immunisation (JCVI) has published [updated advice on the priority groups to receive COVID-19 vaccine](#). The committee has advised that vaccine should first be given to care home residents and staff, followed by people over 80 and health and social workers, then to the rest of the population in order of age and risk. The advice will continue to be updated as more information is available on vaccine effectiveness, safety and clinical characteristics.



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Supporting effective collaboration between primary, secondary and community care

As we know prior to COVID-19 the NHS was already struggling to cope with increased activity, capacity constraints and financial pressures. It now faces a huge uphill struggle to deal with the inevitable backlog of care that has developed since March.

Tackling these challenges over the coming months will require effective collaboration between systems and clinicians across primary, secondary and community care. However, there are a number of barriers to making this happen, including high workload, the need to adapt physical spaces to prevent the spread of infection, lack of joined up IT, historic workforce shortages and a lack of consistent communication and trust between different parts of the health system.

Building on the work of the [BMA's Caring, Supportive, Collaborative project](#), the BMA published a paper which sets out what needs to happen to empower doctors to work together to tackle the backlog. The key recommendations include:

- Bringing together local clinicians to establish a local approach for how to review and process the backlog of referrals which helps to achieve effective prioritisation
- CCGs should establish and increase the commissioning of locally based services for blood tests, ECG, spirometry, ultrasound or other diagnostic services in the community, and allow clinicians regardless of the care setting they work in to book these tests and monitor results
- Investment in IT systems, especially in secondary care, which respond to the need of clinicians, including information sharing and an ability to continue remote consultation.
- Developing locally agreed joint prescribing budgets and open access to EPS to secondary care clinicians to enable them to issue prescriptions more easily using community pharmacy and so reduce GPs workload

Read the report and full list of recommendations [here](#)



NHS Community Diagnostics Hubs

Professor Mike Richards has presented the recommendations from his report [Diagnostics: Recovery and Renewal](#). The report was commissioned as part of NHS Long Term Plan implementation. However in the context of the response to the COVID-19 pandemic and the re-start of NHS core services, the centrality of diagnostics to the NHS's ability to deliver patient care has come to the fore like never before. The report confirms that the last six months have underlined the need to change the structure of and increase diagnostics capacity. Professor Richards suggests improved clinical models – such as the separation of acute and elective diagnostics – which, along with additional investment, will enhance health outcomes for all patients.

The main recommendation of the report is the creation of *Community Diagnostics Hubs* which will both relieve the burden on primary care and acute hospital sites and provide patients with easier access to one stop diagnostic services. It will also lead to major efficiency gains in terms of procurement of diagnostic equipment, workforce and skills mix requirements, and savings for the NHS. This follows lobbying we have been doing on the need for increased commissioning of diagnostics capacity in the community, as highlighted in our paper [Supporting effective collaboration between primary, secondary and community care in England in the wake of Covid-19](#) and we will continue to engage with NHS Diagnostics Board to ensure appropriate capital and revenue funding is provided for these changes that the report suggests.

Flu vaccines

Accessing additional flu vaccine supplies

The Department of Health and Social Care have outlined how practices will be able to access additional supplies of influenza vaccinations. It has secured an additional supply of influenza vaccines, which arrive later in the season to top up local supplies once they run low. Expected first delivery dates are included within the attached letter at [Appendix 2](#).

Practices will be provided the DHSC vaccines free of charge but will only be able to claim an Item of service fee for each DHSC supplied vaccine that is administered. The majority of the additional DHSC stock will arrive from November onwards, and GP practices will be able to access this only once their own local stocks are depleted.

The MHRA has granted a dispensation to allow movement of vaccines locally between practices and other NHS provider organisations and we would encourage you to work with your regional NHSEI Public Health Commissioning team to understand what stock is available locally before accessing the national DHSC supply. The DHSC supply should only be used when there are no other alternative options to accessing more vaccines locally.

DHSC stock is available for GP practices to order from 4 different suppliers, across different products. This ensures that there are sufficient vaccine supplies to cover the extension to the flu programme and mitigate the risks to overall supply if there are serious problems with the delivery or manufacture of one of the products. Practices should follow JCVI guidance and use the recommended vaccines for each cohort as set out in the Second Annual Flu Letter.

Ordering additional adult flu vaccine stock

[DHSC has written to practices](#) to confirm the process by which they will be able to access the additional adult flu vaccine stock secured to support the expanded vaccination programme this season.

GP practices are now invited to begin ordering or pre-ordering the following vaccines:

- Flucelvax® Tetra (Seqirus) for 18-64 years
- Adjuvanted Trivalent Influenza Vaccine (Seqirus) for over 65s
- Quadrivalent Influvac® sub-unit Tetra (Mylan) for 18-64 year olds

If a GP practice has a provisional order with Sanofi for QIVe, please contact them to confirm this, before placing another order for QIVe for this cohort.

On placing an order, practices will be asked by manufacturers to verify that stock is being ordered for NHS eligible patients or frontline social care workers, where there is a genuine shortage for this cohort. Orders should only be placed where you have a shortfall in supply for existing eligible patients at this stage.

Further instruction on timing of extension of eligibility to all 50 to 64 year olds will follow and stock should not be ordered for this cohort at this stage.

Influenza immunisation FAQs

NHSE/I have now produced a set of FAQs relating to the influenza immunisation programme and can be found [here](#). They have also issued guidance, which is attached, on how practices and CCGs can make use of the additional £15.4m made available to local systems and primary care providers to cover reasonable additional costs (over and above the usual fee structures) associated with this year's extended flu programme.

Influenza vaccination: Principles for collaboration

The RCGP and the Royal Pharmaceutical Society have published a joint statement on [Influenza vaccination: Principles for collaboration across Great Britain](#), setting out the need to ensure a high uptake of flu vaccination to keep people well and negate excessive pressures on NHS services.

This is particularly important this winter, with COVID-19 still in circulation. The following principles have also been developed to ensure a high uptake of the flu vaccine:

1. General practice and community pharmacy should take a collaborative approach to delivering the flu vaccine programme;
2. The skills and experience of all eligible, trained and available healthcare professions should be utilised to ensure widespread take-up of the vaccine;
3. The safety of staff undertaking the administration of vaccinations is paramount.

Read the statement [here](#)

GMS contract amendments

NHSE/I has [written to practices](#) to outline amendments to the contract, as agreed in the last round of negotiations in February this year, as well as extending/amending some of the amendments that have been made in order to assist with managing the pandemic. The Friends & Family Test remains suspended, as does the requirement for individual patient consent for electronic repeat dispensing.

NHSE/I has listened to GPC's concerns and relaxed the requirement for practices to make appointments available for NHS111 to directly book. The maximum that should be made available remains 1 per 500 patients, but practices can now only make available what is necessary to meet demand. This may therefore be covered by the previous arrangement of 1 per 3000 patients. The GPC is aware that most practices do not see many of the slots available being booked into, so practices can now reduce this and only make available what they believe is required. Practices should though monitor this to ensure they are offering sufficient opportunity for direct booking.

Some of the contractual agreements made earlier this year for 2020/21 implementation have been delayed due to the pandemic, but the ones that commence from 1 October include a contractual requirement for practices to participate in the Appointments in General Practice data collection, participating in the NHS Digital Workforce Collection, new measures around list cleansing and patient removal and assignment, as well as a relaxation of subcontracting arrangements for the PCN DES.

DDRB pay award and template letter

The Sessional GPs Committee has received reports that some salaried GPs are struggling to get their 2.8% paylift, as recommended by DDRB and approved by the government, despite being entitled to it.

The GPC believes it is only fair that this uplift is awarded to all doctors, and this includes all practice-based salaried GPs. Practices are encouraged to apply this uplift across all of their employed GPs, regardless of individual contractual requirements. However, it is worth noting that there is a contractual requirement to implement this pay increase for salaried GPs employed on the model contract.

If you are a salaried GP struggling to obtain the pay increase, even after having a conversation about the matter with your practice manager, you may wish to send a formal letter. The [BMA DDRB template letter](#) can be adapted to reflect your individual circumstances. Please [get in touch with the BMA](#) if you need further assistance in this area. Read more in the [Sessional GPs newsletter](#).

New to Partnership scheme

Practices are now making applications so that their new partners can benefit from the new to partnership payment. The GPC would encourage all practices with partners who have joined the practice since 1 April to do so. However, the GPC recently became aware of a potential issue with the '[New to Partnership Payment Scheme](#)' which apply to new clinical partners from 1 April 2020, causing a 'catch 22' situation.

The GPC knows that new partners often commence with fixed share 'probationary' period, before moving to a full equity share. They have discussed this issue with NHSE/I and have agreed that in these situations, an individual will be accepted on to the scheme once they become a shareholding partner on an equity basis, as long as the probationary period commenced after 1 April 2020.

NHSE/I has also considered the barriers to individuals obtaining the evidence required to support their application to the [New to partnership Payment Scheme](#), and have identified alternative evidence that can be submitted:

- Where a Partnership Agreement is not available, a headed letter from the practice to confirm details will be accepted.
- To evidence the practice contract type NHSE/I will now check the CQC website to obtain this information for GMS and PMS contracts. They will still require a copy of any APMS contracts.

These changes are effective immediately and the [guidance documents](#) have been updated. Those who have already applied to the scheme will be contacted by NHSE/I and do not need to reapply.

Premises news

Practice rental payments

As reported in the last edition of YORLMC News, the issue of some tenants of GP practices either decreasing, or threatening to decrease their rents, was recently raised with GPC. Tenants cannot unilaterally change the existing arrangements without due process and discussions, and to do so is not acceptable. The legal principle is that subject to the lease arrangements that are in place, no one party can unilaterally change the terms of the agreement and adjust the rent without agreement and without being transparent. Both parties must work together and the entire process must centre around collaboration, with both parties acting reasonably and responsibly in reaching any agreement. The GPC has now written to the Chief Executive of Well Pharmacy, one of the larger tenants, to further highlight concerns. A copy of this letter is at [Appendix 3](#).

NHSPS charging for COVID-19 related requests

NHS Property Services (NHSPS) has announced its intention to increase service charges and facilities service charges for practices across England to meet costs associated with COVID-19. This is a deeply disappointing decision made unilaterally by NHSPS, and will be extremely unwelcome news to NHSPS practices.

GPC premises policy lead Dr Gaurav Gupta has written to acting Chief Executive of NHSPS Mark Steele NHS PS seeking an immediate reversal of this increase to charges. In his letter, he set out the extraordinary challenges facing General Practice and the severely misjudged nature and timing of this decision taken to increase financial pressure on an already beleaguered profession as it prepares for a second wave of the pandemic.

Practices have received increasingly unreasonable and inflated service charge demands from NHSPS for several years. These demands are often made without reference to contractual arrangements (or lack thereof), and practices are rarely even given an itemised list of charges.

The GPC continue to advise that practices should only make payments if they agree with the legal basis on which they are due. You can find more guidance on this issue [here](#).



General practice “Green Fund”

GPC Chair Dr Richard Vautrey has written a letter ([Appendix 4](#)) to Parliamentary Under-Secretary of State for Prevention, Public Health and Primary Care, Jo Churchill MP, to request support for primary care to meet net zero carbon emissions.

At a time when our primary focus is on responding to the massive challenges brought by the COVID-19 pandemic, we cannot forget and must do more as a country to reduce the serious impact of climate change. The NHS, including general practice, can play a role in this. The GPC has therefore called on the Minister to back recommendations for a general practice ‘Green Fund’ to enable GPs to put in place more sustainable and environmentally friendly practices. The GPC has also called for an extension of arrangements in place during the pandemic such as promoting use of technology, labelling medicines to allow for carbon footprint tracking and continuing the ability to make use of previously prescribed but unused medicines to reduce waste.

Complaints (KO41b form) data collection for 2019/20

Following GPC’s lobbying for a reduction in bureaucracy impacting practices, and particularly in light of the current pressures that general practice face in responding to COVID-19, NHS Digital have confirmed that the annual complaints (KO41b form) data collection relating to 2019/20 will not be collected as usual. Practices are instead encouraged to continue to use the information collected locally for local service improvement purposes. Read more [here](#)

GMC guidance on decision making and consent

Updated GMC guidance is available at [Appendix 5](#).

Clinical validation of surgical waiting lists framework and supporting tools

NHSE/I has published the [clinical validation of surgical waiting lists framework and supporting tools](#), designed to support systems to clinically validate their waiting lists and establish patient's wishes regarding treatment. This project is centred around making the best mutually agreed decisions with patients regarding their treatment and is not an exercise to reduce numbers on waiting lists.

The hospital will contact all patients on an admitted pathway by 23 October 2020 to establish their wishes about their preferred next steps. The patient's GP practice will then be notified of the outcomes of discussions regarding their procedure.

Responding to the death by suicide of a colleague: a postvention framework

The Louise Tebbboth Foundation and the Society of Occupational Medicine have launched [a report which provides a framework to support primary care organisations](#) following the death by suicide of a colleague. The report draws on interviews with people working in practices who have personal experiences of a death by suicide within their team, and includes useful practical advice suicide postvention guidelines proposals to put appropriate support in place to help people and organisations recover.

Letter & response to Cervical Cytology Screening Team

Dr Richard Vautrey wrote to the Cervical Cytology Screening Team on behalf of the Y&H LMC Alliance about local practices' concerns over the significant changes in information required when carrying out a cervical smear, which is adding a significant increase to GPs and practice nurse time in carrying out routine smear tests. The Cervical Cytology Screening Team have replied and agree there are more questions on ICE for a Cervical Screening test than for any other Pathology test, this is because the questions that are asked in ICE must replicate those in the manual HMR101 form. They have shared the newsletter at [Appendix 6](#) which goes into more detail about some of these changes.

NHS.net email address

There is currently a process of upgrading the Outlook system for NHS.net users. Those who use NHS.net email addresses might have noticed that for nhs.net emails, the icon with your initials now appear back to front. The GPC has raised this with NHS Digital who informed us that this is due to the email naming convention on NHSmail, the initials in O365 are driven by the users email display name.

Due to the scale of the service they have had to implement a standard naming convention for all users, and to aid searching the directory the discussion was taken several years ago to have this formatted as SURNAME, First Name (Organisation). NHSDs own legacy O365 environment uses the hscic.gov.uk directory which only has ~4000 entries, so was able to use First name, Surname. However, with over 2 million entries in the new directory, NHSD is not able to change this at source, but are investigating whether there is a way of making a change in O365 to reverse the order.

Pensions newsletter

The BMA's pension committee has been at the forefront of fighting to maximise your pension benefits. Please see the first quarterly newsletter [here](#). The newsletter provides an update you on what actions the committee is taking on a range of issues, and also provides access to educational resources, blogs and information on how to access BMA support regarding your pension.



CQRS system supplier change

NHSE/I is overseeing a programme to ensure the CQRS system supports efficient GP incentive-based payments. As part of this work NHSE/I is working with NHS CSUs to bring the running and development of the CQRS system in-house from 1 November 2020 and to introduce a new centrally funded system (CQRS Local) to support locally commissioned schemes by April 2021. These changes aim to streamline processes and reduce the administrative errors in GP payments as called for in GPCE's [Saving General Practice](#).

A structured transition from the existing supplier is in place to ensure the continued provision of the CQRS system from November with minimal interruption for end users. How users access and use the CQRS system is not changing and no action is required from practices or commissioners.

From 1 November the new number for the CQRS service desk will be **0330 124 4039**, although the email address remains support@cqrs.co.uk

While the system itself will look and feel the same a new [CQRS welcome page](#) is now live providing direct links to the CQRS system and online training modules, guidance and news updates.

CQC state of care annual report

The [Care Quality Commission \(CQC\) state of care report](#) for 2019/20 has been published.

The report showed that before COVID-19, care was generally good. In primary care, the overall ratings picture remained almost unchanged, with excellent ratings of 89% of GP practices rated good and 5% outstanding. They did though suggest that this masked a more varied picture, with some practices deteriorating and a similar number improving.

The GPC continues to call for CQC inspections to be suspended for the duration of the pandemic and do not believe their transitional regulatory approach is appropriate or necessary at this time. Read the full GPC response [here](#).

One career endless opportunities #Choose GP

Applications for Round 1 of 2021 GP specialty training will be open from **2 November to 1 December 2020**.

Please 'like' and follow the **#Choose GP** [Facebook page](#) to keep up to date with news and views, and forward this information to any doctors who may be thinking about career options.

The [GP National Recruitment Office](#) (GPNRO) website is the place to go for more information or there are a number of GPs and trainees who are able to help with local or general enquiries. Email Daryl at gprecruitment@hee.nhs.uk to be put in touch.

Social media guidance

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

General practice is open, get checked for cancer – social media campaign

[Londonwide LMCs](#) has launched a new social media video campaign, highlighting that GP practices are open and seeing patients.

To mark the start of Breast Cancer Awareness Month, they are launching the campaign with [this video](#) and have released further videos, as part of a month-long campaign.

All the videos can be viewed [here](#)

COVID Virtual ward

Wessex LMC recently held a webinar on Virtual Wards – with Karen Krikham (GP and NHSE/I primary care advisor) and Matt Inada-Kim (Consultant and national lead for sepsis) as speakers, both part of a group developing national proposals.

View the webinar [here](#). It is also available as [audio podcast](#).

BMA survey on physician-assisted dying - results

The BMA has published the [results of a survey into BMA members' views on physician-assisted dying](#).

Nearly 29,000 members responded, making it one of the largest surveys of medical opinion carried out on this issue.

[Read an update from medical ethics committee chair John Chisholm](#)

GP Fellowship scheme

The [GP Fellowship Scheme](#) was launched recently to address the recruitment and retention challenges in general practice. The scheme incentivises newly qualified GPs to become a salaried GP or Partner, and include support for the individual and provide additional experience of different practices, the ability to develop a portfolio career with the opportunity of to develop clinical expertise and providing protective time for personal development and a [GP Mentor](#).

GP Fellowship scheme podcast

This [podcast](#) produced by Wessex LMC explains how the scheme will benefit newly qualified GPs and general practice more widely, and will be of interest to GPs in training, practices who are looking to recruit salaried GPs or Partners and those responsible for delivering the scheme locally. The panel included:

- **Nigel Watson**, GP and Chief Executive of Wessex LMCs and Independent Chair of the GP Partnership Review
- **Nikki Kanani**, GP and Primary Care Medical Director, NHS England
- **Samira Anane**, GP in Manchester and Education & Workforce Lead, GPC
- **Faye Sims**, Head of Primary Care Workforce NHS England and Lead for GP Fellowships

Changes to the Supporting Mentors scheme

NHSE/I has amended its guidance in relation to the recognised accredited mentorship qualification that mentors should receive via the [supporting mentors scheme](#).

In the original national guidance, the ILM Level 5 in Coaching and Mentoring was cited as a benchmark example, however it is now recognised that there are a number of other mentorship qualifications that are equally high quality and will equip mentors with the right mentoring skills and knowledge. The [guidance](#) has therefore been updated so that systems have the flexibility to deliver other appropriate mentorship qualifications that are equivalent to ILM Level 5, with the agreement of NHSE/I regions.

BMA GP maternity guide

The BMA has announced the launch of the [GP Maternity guide](#) and webinars, produced by the GPC Education, training and workforce policy group.

The webinars will take place on the dates and times below and are open to all GPs: trainees, sessionals (salaried and locum) and partners. Register to attend at <https://register.gotowebinar.com/register/2642573253865165069>

2 December from 12.30pm – 2.00pm – Webinar - 'GP Maternity and Parental leave Guide: launch and introduction to the guide'

9 December from 12.30pm – 2.30pm – Online Workshop - 'GP Maternity' – an in depth run through everything you need to consider before, during and after your maternity leave, including advice on leave and pay entitlements, notifying your practice, appraisals, CPD and preparations for return to work.

BMA COVID-19 guidance

Read the BMA [COVID-19 toolkit for GPs and practices](#), to help answer questions on a large range of topics relating to COVID-19. There is also guidance on the following topics:

- [Model terms of engagement for a GP providing temporary COVID-19 services](#)
- [Terms and conditions for sessional GPs](#)
- [Risk assessments](#)

GP workforce initiatives

The BMA has developed [a guide](#) designed to inform GPs, PCNs and LMCs about workforce initiatives and schemes.

BMA and GPDF confirm agreement on GPC grant arrangements for 3 years

The BMA and GP Defence Fund (GPDF) have agreed a new long-term deal that will provide additional funding for GPC UK for a further three years up to June 2023.

The agreed deal will provide support on top of BMA funding for the work of GPC and the negotiating teams in England, Scotland and Wales, as well as enabling the ongoing support provided to LMCs in the form of guidance and advice by the BMA.

The work of GPC is essential to ensuring that national negotiated terms and conditions are protected, and that GPs are represented at the highest levels amongst governments and policy makers. Both the BMA and GPDF are pleased that a long-term funding settlement has been agreed and look forward to working together in the coming years.

*Dr Douglas A Moederle-Lumb,
Chair, GPDF*

*Dr David Wrigley,
Deputy Chair, BMA Council*

*Dr Trevor Pickersgill,
BMA Treasurer*

Mental health and wellbeing

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

Access the [BMA's COVID-19 wellbeing pages here](#). There's more information about YORLMC's wellbeing services [here](#).

YORLMC services

Buying Group

Members of the LMC Buying Group can access discounts with any of the suppliers on the attached list at [Appendix 7](#). 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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