

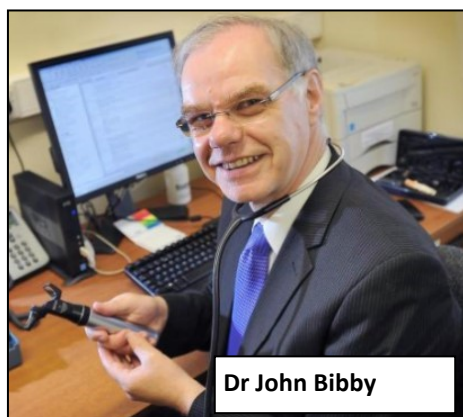
# YORLMC News

For practices in North Yorkshire & York and Bradford & Airedale

## YORLMC wellbeing

March has been **YORLMC wellbeing month**. During the past month we have shared information about our range of wellbeing services, including our new GPMplus mentoring service. There's more information about all the services available on the YORLMC website at <https://www.yorlmcld.co.uk/wellbeing> and don't forget to [follow YORLMC on Twitter](#) for the latest news on wellbeing, and other services.

Dr John Bibby is YORLMC's Wellbeing Lead. There's more information about John and his experience on the [YORLMC website](#) and in this update John goes into detail about [YORLMC's wellbeing programme](#) and the services available for GPs and the wider practice team.



Dr John Bibby

### How does the YORLMC service support wellbeing?

John: "There's a variety of different schemes and support available. These range from resources to enable individuals to look after their own health and know when to seek help before difficulties arise, to mentoring and training. March is YORLMC Wellbeing Month and we're taking the opportunity to promote the selection of services

available – there's more detail on our [website](#)."

### Tell us about the new mentoring service

John: "GPMplus is a peer mentoring service that we provide for GPs, nurses, and other practice staff with leadership responsibilities. There's no charge to access this service and all our mentors are trained and have experience of working in frontline General Practice. There's been a great take up since the service launched last month and there's more detail including how to access the service on our dedicated [GPMplus website](#)."

### How has covid 19 affected services available?

John: "In this challenging time it's more important than ever that we look after our own wellbeing. We've used Zoom to make sure we can continue to provide our mentoring services as well as for training and events. I've also collated a [series of resources](#) targeted at helping healthcare worker and the wider public through this time."

YORLMC also offers pastoral services, led by Dr Brian McGregor, and there is more information about this support on the [YORLMC website](#).

Keep in touch  
via Twitter....



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Today is [#worldsleepday](#), this year focusing on Regular Sleep, Healthy Future. Prioritise your wellbeing all year round with YORLMC's range of wellbeing services at [yorlmcld.co.uk/wellbeing](https://www.yorlmcld.co.uk/wellbeing)



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Find out more about the YORLMC GPM+ service at [gpmplus.co.uk](https://www.gpmplus.co.uk) offering free peer mentoring [#wellbeingwednesday](#)



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Visit the YORLMC website at [yorlmcld.co.uk/wellbeingresources](https://www.yorlmcld.co.uk/wellbeingresources) for a selection of resources to support your wellbeing



YORLMC  
Wellbeing

14:13 · 08/03/2021 · Twitter Web App

# COVID-19 news

## £120m additional funding for general practice

Following significant pressure, GPC England has now secured an additional £120m for general practices from April. Whilst the funding will be available to all practices it will be weighted towards those practices involved in the vaccination programme.

The extension of the General Practice Covid Capacity Expansion Fund will be from 1 April to 30 September 2021. £120 million of revenue funding will be allocated to systems, ringfenced exclusively for general practice, to support the expansion of capacity until the end of September. Monthly allocations will be £30m in April and May, £20m in each of June and July and reach £10m in August and September. The letter at [Appendix 1](#) contains more information.

## Reduction of vaccine supply in April

NHSE/I has published [a letter](#) setting out the next steps on uptake and supply of the COVID vaccinations, over the next six weeks. There will be a reduction of supply from the week beginning 29 March for about four weeks due to reductions in national inbound vaccines supply. The letter also encourages vaccination sites to continue their efforts in maximising uptake in cohorts 1-9.

## Frequently Asked Questions for second doses

NHSE/I has published some [FAQs to help answer some questions relating to second doses of the COVID-19 vaccination](#), including location of second doses, interval period and consent.

## MHRA confirms that people should continue to receive the AstraZeneca vaccine

The [MHRA made a statement](#) confirming that the available evidence does not suggest that venous thromboembolism is caused by COVID-19 Vaccine AstraZeneca. This follows a detailed review of report cases as well as data from hospital admissions and GP records. The MHRA's advice remains that the benefits of the vaccines against COVID-19 continue to outweigh any risks and that the public should continue to get their vaccine when invited to do so.

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## March 2021

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# COVID-19 news

## COVID-19 vaccines and pregnancy

There has been some confusion around the eligibility of pregnant women for the COVID-19 vaccine. While it is not currently available to all pregnant women, those who are at high risk of exposure to the virus, including health and care workers, or with high risk medical conditions *are* eligible. This includes women diagnosed with gestational diabetes in pregnancy or those with a BMI of more than 40 at their antenatal booking appointment.

The benefits and risks of COVID-19 vaccination in pregnancy should be discussed on an individual basis. The discussion should include acknowledgement that, while there is no known risk associated with giving other non-live vaccines to pregnant women, there are no specific data as yet about the safety of COVID-19 vaccination in pregnancy. More information including FAQs and a decision aid are available from the [RCOG website](#).

In addition, the National Clinical Director for Maternity and Women's Health, and the Chief Midwifery Officer, have published a [letter setting out actions for maternity services to identify and invite pregnant women for vaccination](#), and enabling them to make an informed choice about receiving it.

## Quality Assurance Framework and SOP for lateral flow devices for COVID-19 vaccination sites

NHSE/I has published a [Quality Assurance Framework for COVID-19 vaccination sites](#), to use as a tool aligned to the operating frameworks and standard operating procedures underpinning the delivery models for these settings.

NHSE/I has also published a [Standard Operating Procedure \(SOP\) for usage of lateral flow devices for asymptomatic NHS staff testing](#) at vaccination sites.

## Shielding for clinically extremely vulnerable to end

It has been announced that clinically extremely vulnerable (CEV) people in England will no longer need to shield from 1 April 2021. The Department of Health and Social Care are writing to CEV patients informing them of this and that they can begin to follow the national restrictions alongside the rest of the population. However, the letter does advise to continue to take extra precautions to keep themselves safe, even after they receive both doses of the COVID-19 vaccine.

Practices are reminded to continue to add and remove patients, as appropriate, from the Shielded Patient List, as it may be necessary to identify this cohort in the future. Information on how to do so is available on the [NHS Digital website](#).

## Updated BMA COVID risk assessment tool

The BMA has updated its [risk assessment tool \(PDF\)](#). This can help you to quantify your biological risk and should be used to facilitate your work-based risk assessment. It does not replace the need for a comprehensive risk assessment that employers must undertake in addressing the risks posed by COVID-19.

[Read the BMA's full guidance](#)

## Recruiting and maintaining your vaccination workforce

The BMA, NHSE/I and the RCGP have developed *Vaccination workforce top tips guide for use by practices, PCNs and LMCs*, available at [Appendix 2](#). This can be used in conjunction with the BMA's own online guidance for [former NHS doctors willing to support the vaccination workforce](#) and [recruiting retired and former NHS doctors back into fully licenced clinical practice](#).

Please note that, although there are national initiatives to [bring back staff](#) (NHS England and Improvement) and recruit [the vaccination programme workforce](#) (NHS Professionals), willing former NHS GPs and doctors of any age can also approach local practices / PCNs directly to offer their services. This can either be as fully licensed doctors, which requires going through the formal return to practise process, or as registered healthcare practitioners or clinical supervisors in the vaccination workforce.

For any questions, queries or concerns about bringing staff back into the workforce, please do [contact the BMA](#) for advice and support in undertaking recruitment or overcoming any issues you may encounter.

## Patients ordering PCR tests without symptoms

Patients are now able to order a PCR test without having any symptoms, and the [COVID-19 PCR test booking webpage](#) includes an additional reason for getting a test, to make it easier for patients to book a test when recommended by a GP.

This aims to support patients in accessing testing where they have been instructed to by a GP, no matter what their symptoms are. No referral is required to book a test under this option.



# Update from Dr Brian McGregor *YORLMC Medical Secretary*



*Dear Colleagues*

## **GPC UK & GPC England meetings**

GPCUK met on 18 March where we had updates from each of the four nations on COVID related work and also contractual issues, and also from the Sessional GPs Committee and Trainees Committee.

There was a presentation from the Chair of the Pensions Committee about life time allowance and other current pension issues affecting doctors. Hopefully

elements of their very successful webinars will shortly be available on the BMA website.

The BMA's President, Sir Harry Burns, gave a very interesting presentation about his project looking at how doctors can take local action to reduce health inequalities. This is something we will be working on in the coming months.

GPC England met later that day. Items discussed included the COVID vaccination programme and the 2021/22 GP contract.

There was a valuable and important discussion on the Integrated Care Systems (ICS)/White Paper proposals, and the BMA health policy team introduced a briefing paper about the proposals.

## **Q&A sessions - book your place at the next event**

Thanks to colleagues who joined the first of my regular Q&A sessions on zoom. Around 30 GPs and practice managers joined the call. I provided an update on the GP contract and the latest news on ICS proposals before opening up the meeting to questions.

These Q&A sessions will take place on the last Thursday of each month and are a chance for you to raise your questions. The next session will take place on Thursday 29 April at 6pm and you can book your place [here](#).

*With best wishes,  
Brian*

## **Covid-19 Assisted Lateral Flow Device test results to GP records**

Positive assisted lateral flow device (LFD) test results will shortly be sent to GP records, including historic results (assisted refers to LFD test results being interpreted and reported by a trained operative at a test site).

This does not apply to unassisted LFD tests which are self-administered, interpreted and reported by the individual, such as LFD tests that primary care staff are regularly undertaking twice weekly. Negative and void assisted LFD tests and all unassisted tests will not be flowed to GP records.

There is no action for practices following receipt of these LFD results and no need for GP practices to report them to PHE as a notifiable disease.

## **School absence note requests**

The Department for Education (DfE) has published [operational guidance for reopening schools](#) reminding schools they should not encourage parents to request unnecessary medical evidence i.e. doctors' notes from their GP when their child is absent from school due to illness.

Parents can use other evidence such as prescriptions, appointment cards, text/email appointment confirmations, and input from GPs should only be sought for complex health needs or persistent absence issues.

The guidance also confirms the procedure for clinically extremely vulnerable children, and for those absent from school due to COVID-19 and self-isolation.

# Supporting GP trainees

## *Interview with Dr Helen Ward*

Helen Ward is a GPST3 in York and has held one of the GP trainee seats on YORLMC since March 2019. Last year she was fortunate to obtain a place on the Future Leaders programme run by HEE Yorkshire and Humber and spent her time exploring primary care integration with its surrounding communities.



Dr Helen Ward

### **What did you gain from the Future Leaders experience?**

In a climate of despair around the NHS and its burnt-out work force, what I took from the FLP year was a sense of hope.

I chose general practice because I want to deliver personalised, holistic care, but I quickly realised that whilst the potential is there, we cannot achieve it alone.

Going into the year I felt frustrated about a lack of joined up working. But after connecting with people from a wide range of organisations; from local authority to voluntary, arts and cultural sectors, I discovered a strong desire throughout: to work with GPs to help patients. This was both eye-opening and reassuring to me.

It appears that the challenge lies not in carrying the burden of population health alone; but instead in finding ways of working together, across boundaries, building upon the existing assets our communities possess.

A challenge that to me seems far more appealing.

### **How has your involvement with the LMC helped?**

At first my LMC experience was about observing; meeting people; hearing opposing views and learning about the ways in which the system works. This has been invaluable and something that standard training doesn't really offer.

Following on from the project work I have been involved in, I now hope I also have something of value to bring to the committee and hope to share my enthusiasm for integration and collaboration in this forum.

### **As a GP trainee, what are your hopes for the future of general practice?**

I believe communities play a key role in health and wellbeing. I perceive an urgent need for collaboration between a primary care under strain and its asset-rich communities. Having now returned to clinical work, supporting the growth of social prescribing has become an important focus for me. I believe it is a key step in the right direction, hopefully one of many strands of collaboration on the horizon.

During my year I noticed a powerful impact upon my own wellbeing. I no longer felt so frustrated trying to achieve high quality patient care alone. Not only are my patients becoming embedded in a community that supports them; through connection to likeminded, caring people I also feel part of one too.

My hope for the future of general practice, for the benefit of patients and staff, is that a sense of community continues to grow.

## **Leadership seminar for GP trainees, 28 April - BOOK NOW**

On 28 April, 1pm-2pm, YORLMC is hosting a video seminar on leadership, exclusively for GP trainees. The seminar will be held on Zoom, there is no charge to attend, and full details including how to book are on the flyer at [Appendix 3](#).

GP trainees are also welcome to attend their local YORLMC locality meetings. There are more details, including meeting dates, on the YORLMC website for meetings in [Bradford & Airedale](#) and [North Yorkshire & York](#).

# Overworked doctors must be allowed to rest and recover so we can keep patients safe, BMA warns

Doctors must be allowed to rest and recuperate from the exhaustion of working throughout the pandemic if we want to have safe patient care in the future.

In a new report, *Rest, recover, restore: Getting UK health services back on track*, the BMA argues that the pandemic has left the health service running on empty, with staff burnt out, disillusioned, and even considering leaving the NHS as a result of the intense pressures and stress of the past year.

The report points out that pushing doctors to 'get the NHS back to normal', without giving them the respite and support they need, will not only result in increasingly high absence rates and staff reducing their hours, but also threaten patient care and safety.

Against a backdrop of current workforce shortages, patient demand outstripping staffing levels, and tens of thousands of clinical and non-clinical vacancies in hospitals and a shortage of GPs, the need for a strong and healthy workforce is obvious. As a result, the BMA has set out a series of recommendations to UK Governments to ensure that services resume safely for both staff and patients, including:

1. All Governments and system leaders across the UK to have an honest conversation with the public about the need for a realistic approach to restoring non-Covid care, and support for systems to tackle the backlog.
2. Health, safety, and mental wellbeing of the workforce to remain a top priority.
3. Additional resourcing to help tackle the backlog.
4. Measures to expand system capacity.
5. Measures to expand the workforce and retain existing staff.

The report and press statement can be found [here](#).

## Guidance for QOF payments

The BMA has now published [guidance about QOF payments for 2020/21](#). Due to the pandemic, these payments will be calculated differently to normal. Some indicators are based on achievement, some are awarded in full and some will be income protected.

Income protection is based on achievement in previous years but uprated for the 2020/21 QOF point value, prevalence and list size adjustment. Therefore, it is not the case that practices will have a floor for payments equal to payments in previous years – it will be a different calculation.

Read the NHSE/I letter and QOF guidance for 2021/22 [here](#)

The Department of Health and Social Care has published the [amended QOF SFE for 2020/21](#).

## Greener Practice

Engaging General Practice in actions for the health of patients and planet



The YORLMC newsletter will regularly include news about environmental initiatives, groups and events that may be of interest to GPs and practices.

This edition focuses on the Greener Practice network – there's more information from their website below:

[Greener Practice](#) is a primary care climate and sustainability network which aims to raise awareness and support the primary care community to take practical action towards greener practice.

The Greener Practice group includes GPs, medical students and others working in primary care. The group started in 2017 in South Yorkshire and has now grown to become a national network leading the way for GP practices to decarbonise.

The greener practice website offers a 'one-stop shop' for general practices to find the information, resources and links they need to start their greener practice journey.

The latest blog features information on the updated [Green Impact for Health Toolkit](#) a DIY guide to help practices become more environmentally sustainable by making small step-by-step changes.



# VAT removal for primary care

The BMA has written the letter at [Appendix 4](#) to the Financial Secretary to the Treasury, Jesse Norman MP, about VAT removal for primary care, following the consultation on [VAT and the Public Sector: Reform to VAT refund rules](#) published last year.

The BMA called on the Financial Secretary, whose ministerial portfolio includes VAT, to make costs for patient facing services exempt for practices and PCNs, and we also emphasised that this approach would allow practices and Primary Care Networks to use the 20% VAT normally spent on hiring practice staff to instead directly support patient services.

## Flu vaccination orders and reimbursement

The BMA is aware that prior to the publication of the [flu letter for the 2021/22 programme](#), some practices had already placed orders for QIVe vaccines for their 18-64 year old cohort, and are now struggling to change their orders to QIVc as set out in the flu letter. NHS England and NHS Improvement have now confirmed that, given that QIVe is still recommended for the 18-64 at risk cohort, practices should feel confident that they will be reimbursed for any QIVe administered to this group over the 21/22 season if unable to change their orders.

[NHSBSA](#) has also published information for practices administering flu vaccines, about claiming for reimbursement, completing end of season 2020/21 flu vaccine declaration, and guidance around NHSBSA's post payment verification process.

## General Medical Services (GMS) Ready Reckoner

The BMA has been working with NHSE/I on the production of a [ready reckoner](#) which has now been published and is intended to provide an indication of the changes in income streams that may affect a GMS practice and primary care network (PCN) from 1 April 2021.



## Implementing the 2021/22 GP contract changes to personal medical services and alternative provider medical services contracts

NHSE/I have published [this document](#) which sets out the approach to the funding changes that we will apply to Personal Medical Services (PMS) and Alternative Provider Medical Services (APMS) contracts. Commissioners will update local PMS and APMS contracts as soon as possible, applying the funding changes identified in this guidance with effect from 1 April 2021.

## Vaccination and Immunisation guidance

NHSE/I has published a [letter confirming the changes to the provision of routine vaccination and immunisation \(V&I\) in general practice](#) from 1 April 2021, which includes:

- The provision of V&I services becoming an essential service for all routine NHS-funded vaccinations with the exception of childhood and adult seasonal influenza and COVID-19 vaccinations.
- The introduction of five core contractual standards to underpin the delivery of immunisation services.
- A single item of service fee for all doses delivered in vaccination programmes funded through the GMS contract, including where additional doses are required to meet clinical need and where children are vaccinated outside the routine schedule.

The Childhood Immunisation Target DES will be retired on 31 March 2021 and a new V&I domain in the Quality and Outcomes Framework introduced for 2021/22.

# Locum income support

The recent budget announcement included an extension of the Self-Employment Income Support Scheme (SEISS) to provide self-employed individuals with a grant (up to a total of £7,500) to cover lost earnings due to COVID-19 through February, March and April of this year. If you've been operating as a locum during this time and have seen your income impacted by the pandemic you may be eligible for this grant.

Applications will open in April. To check your eligibility, the full list of criteria and details on how to apply is available on the [gov.uk website](https://www.gov.uk)

## NHS Pension scheme webinar for sessional GPs and locums

The BMA's Sessional GPs Committee recently held a webinar about navigating through the NHS Pension scheme, to guide through the process and highlight the key things you need to know and do.

You can now watch the webinar [here](#) to learn about Locum A and B forms, Type 2 forms, how to access PCSE, how to raise complaints and how to raise escalations amongst other key topics. We also provide practical advice to guide you through the process.

The BMA's Pensions committee also held four webinars last month about [the unlawful age discrimination](#) that resulted when transitional protection was offered to older but not younger members when the 2015 NHS pension scheme was introduced. Guidance about this will be published in due course. Read more about pensions [here](#)

## Medicine Delivery Service

A Community Pharmacy Home Delivery Service during the COVID-19 outbreak was originally commissioned throughout England from community pharmacies (and a similar service from dispensing doctors) on 10 April 2020 to ensure delivery of medicines to eligible patients who should not present in the pharmacy. This service may continue to be commissioned as necessary nationally or for patients living in local outbreak areas.

Read more [here](#), including the revised Service Specifications.

## NHS Digital Research Session Request – NWRS (National Workforce Reporting System)

NHS Digital is currently carrying out research focused on improving the NWRS and wishes to engage with users to understand current experiences and potential opportunities.

The workforce data GP practices and PCNs share via the NWRS is absolutely essential to ensuring there is an accurate national primary care work-force picture, prudent workforce planning can take place and General Practice can ultimately recruit sufficient and safe levels of staffing. NHS Digital staff would like to speak to people who use NWRS in both practices and Primary Care Networks.

Participants would be asked to join a Microsoft Teams meeting for 30-60 minutes and tell NHS Digital colleagues about your job, work practices and what that entails in relation to NWRS. They would also find it helpful if you could share your screen, and talk them through how you use NWRS and comment on some design ideas they have.

There will be two NHS Digital staff on the call with you: a User Researcher and a Designer. They are ready to speak to willing participants now, so we urge willing GP practice and PCN staff to get in touch and assist NHS Digital with this vital research via [Katherine.tyte@nhs.net](mailto:Katherine.tyte@nhs.net)

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# Advice Note on Criminal Finances Act 2017 and Corporate Criminal Offences

[Appendix 5](#) is copy of an Advice Note, prepared by Mazars at the GPDF's request, concerning Corporate Criminal Offences (CCOs) and the associated Criminal Finances Act 2017.

Mazars spoke to Sam Dean, the CCO lead at HMRC but did not share the note with him. He was unable to provide any sector specific information due to HMRC's confidentiality policy but reiterated that companies and partnerships ought to bear in mind that CCO enquires could (and would likely) initiate from HMRC investigating other matters within a business and/or the affairs of other entities. Consequently, HMRC does not need to have a focus on the medical

profession for it to identify CCO issues. For example, HMRC undertaking a PAYE enquiry of a company or partnership could identify irregularities which result in a CCO offence being investigated; also whilst undertaking a VAT review of a third party, HMRC could identify that the businesses with which it is working have allowed the facilitation of tax evasion.

He emphasised that organisations in the medical sector should keep in mind that the CCO legislation applies to an entire supply chain, and in particular, care should be taken to assess how each associated person could facilitate tax evasion, even if the organisation within the medical profession itself does not.

## New to Partnership Payment - Physician Associates

As of 1 March, the [New to Partnership Payment Scheme](#) has been expanded to include Physician Associates. Although there is currently a delay in launching the regulation of this profession, the additional scheme criteria in place is that for those on the [Physician Associate Voluntary Register](#) at the time of application, registration with their professional body will be required at a later date once this is in place. In line with the current eligible professions, applications to the scheme can be made via the [online portal](#).

The [guidance](#) has been updated, and more information including FAQs is available on the [Future NHS platform \(GP career support hub\)](#).

This addition brings this group of healthcare workers in to the scheme alongside others who are nationally regulated. However we also believe that many practices want to and would benefit from making their practice manager a partner in the practice, and so we continue to push for practice managers to be involved in this scheme.



## YORLMC Ltd – privacy policy

This policy was reviewed in January 2021 and is available on the [website](#)

It is reviewed regularly and updated in line with current data protection legislation, regulation, and guidance. Please check this policy occasionally when you access YORLMC's website to ensure you are aware of the most recent version that will apply.

## Remote fit notes - please remember to sign them

DWP has asked the BMA to remind GPs that as per previously agreed guidance they will accept fit notes that are printed, signed, scanned and be mailed to patients.

This advice has also been given to employers, who should also be accepting signed, scanned and emailed fit notes. However, DWP is receiving a significant number of unsigned fit notes which they cannot accept and this results in inconvenience for both patients and GPs. We would therefore remind GPs that fit notes must be signed.

Read more in the Service Provision section of the [COVID-19 toolkit for practices](#).

## Medical assessments for prospective foster carer and adopters

The BMA has published a [joint statement](#) with the Royal College of GPs, to support GPs in considering requests for medicals for prospective adopters and foster carers. These assessments play an important role in safeguarding vulnerable children and are the final requirement for many families across the country.

# NHS Operational Planning and Contracting Guidance 2021/22

NHSE/I has published the [NHS Operational Planning and Contracting Guidance for 2021/22](#), setting out the priorities for the year ahead, to restore services, meet new care demands and reduce the care back logs caused by the pandemic, whilst supporting staff recovery.

One of the priorities is expanding primary care capacity, which will largely be done through the increased ARRS allocation, and a renewed focus on recruiting and retaining an additional 6000 GPs.

## BMA report on impact of COVID-19 on health inequalities

The BMA has launched a report, '[Mitigating the impact of Covid-19 on health inequalities](#)', outlining a range of measures for Governments across the UK to ensure that those who have been most impacted by COVID-19 are protected in the immediate and longer term.

The report highlights concerns that the unacceptable inequalities that existed before the pandemic will only worsen for families who have been pushed into poverty, and disadvantaged communities that face further hardship due to job losses and COVID-19's socio-economic impact.

The BMA wants to work towards addressing the underlying inequalities which lead to unacceptable and avoidable differences in life expectancy, as well as quality of life across all communities. Read more and read the report [here](#)

## Everyday sexism survey

The BMA has launched a new survey which aims to tackle sexism in medicine by exploring what doctors have experienced or witnessed. Sexism, sexist practices, gender bias and discrimination have a negative impact on the whole workforce. The results of the survey will be used to support the BMA's work in creating a fair and inclusive culture which gives doctors and medical students equal access to opportunities, free from prejudice and discrimination. Doctors of all genders are invited to complete this [survey](#). Read more in Dr Chelcie Jewitt's [blog](#)

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## The latest BMA tracker survey showing gender disparity

The BMA is already aware that gender inequality exists in medicine and the latest BMA [survey](#) found that 27% of women and 23% of men had undertaken additional hours of work over and above their contractual requirement as part of the response to COVID within the last month.

In addition, 44% of women and 35% of male doctors responding to the survey considered themselves to be currently suffering from depression, anxiety, stress, burnout, emotional distress, or other mental health conditions relating to or made worse by their work or study, compared with 31% of women and 25% of men in the survey in April 2020.

While an increase in levels of burnout and emotional distress are to be expected for all doctors, the disparity between the sexes is marked and growing. Read more [here](#)

## Investment in General Practice report and data quality statement 2015/16-2019/20

NHSE/I has published the annual [Investment in General Practice Report 2015/16-2019/20](#), [Data quality statement](#) and [GP investment](#). This shows the level of investment in 2019/20 compared with previous years. The increased funding received by general practice in England is in a greater proportion compared to other sectors in the NHS and is as a direct result of the 5 year contract agreement.





# BMA moral distress survey

The BMA has launched a [survey on moral distress](#), open to all UK doctors, including retired doctors, although it is not aimed at medical students. The survey will remain open until Sunday 11 April.

The survey asks about your understanding of moral distress and moral injury, whether you have come across these terms before or have experienced them. The impact of COVID-19 and potential solutions are also considered. The findings will be used to make recommendations and allow the BMA to help mitigate this problem throughout the UK's medical workforce. Take the survey, and read more about moral distress and how it impacts doctors, [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 6](#). 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](mailto: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](mailto:info@yorlmcld.co.uk)

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