

YORLMC News

For practices in North Yorkshire & York and Bradford & Airedale

Unsustainable, unsafe, and unfair *General Practice in crisis*

Dear Colleagues

GPs and practices are under unprecedented pressure, delivering a far greater [number of consultations](#) with almost 5 million more appointments in March than they did the month before, and nearly 3 million more than they did in the same month two years ago, long before the onset of the pandemic. This is not just due to the COVID-19 pandemic, but also the major scale of the NHS backlog with millions more waiting for treatment, combined with a falling numbers of GPs relative to the growing population, despite government pledges to address this. On top of this GPs and their teams are working incredibly hard to deliver the hugely impressive COVID vaccination programme quickly and effectively.

It is unsustainable, unsafe and unfair for GPs and their teams to be working such excessive hours at an intensity that is increasingly at the expense of their own physical, mental, social and families' health. This is putting patients at risk.

The first duty for GPs, as doctors and professionals, is to do no harm. GPs must, therefore, take all steps possible to deliver care that is safe for patients and protects their staff. With social distancing and infection protection and control measures still necessary, patients should only receive a face-to-face appointment if they need one, not simply because they demand one. Many surgeries have restricted and unventilated reception areas and are not yet safe for patients to walk-in without an assessment.

GPs must be [trusted to lead](#) and given the autonomy to look after their patients as they think best in their expert judgement. GPC England and BMA, as well as YORLMC, are here to support you in doing that.

Over the next few weeks, the BMA will be producing a series of support and guidance resources which YORLMC will share via our newsletter.

Please remember too that YORLMC's wellbeing services remain available for GPs and the wider practice team - please see the [YORLMC website](#) for more details.

*With best wishes,
Brian*

Dr Brian McGregor
YORMC Medical Secretary



Trusting GPs to lead

It is for practices to determine how best to manage and deliver their services and the best arrangements for appointments, based on their expert knowledge of their local community, and with regard to the need to maintain good infection, protection and control measures in place.

Practices have the contractual freedom to do this in a manner determined by each practice, taking in to account their capacity and workload pressures, and using their best clinical judgement to interpret any guidance, and by doing so delivering a safe service to their patients and a sustainable working environment for their workforce.

Full analysis of the latest GP workforce and activity data can be found on the BMA's [GP pressures page](#).

COVID-19 news

COVID-19 Vaccine Enhanced Service specification

The [COVID-19 Vaccine Enhanced Service specification](#) has been updated to include the following amendments:

1. Introduction of a 3 month-maximum period for payment claims.

From the beginning of June, the deadline for practices claiming payments for COVID-19 vaccinations will be 3 calendar months following the calendar month in which the vaccination was administered, to ensure good financial governance.

2. Restriction for PCN groupings to use a single Point of Care system.

To minimise the risk of duplicate payments resulting from a PCN grouping entering vaccination events on two Point of Care systems simultaneously, PCN groupings can now only use a single Point of Care system within a single calendar month to enter new vaccination events (except for changes to existing events or during the transition period to the new Point of Care system).

3. A change to permit the administration and payment claim of a single dose vaccine

With the introduction of new vaccines that can be given as a single dose, the specifications have been amended to allow the administration and payment claim of a single dose vaccine.

Vaccine cohorts

Those aged [25 or over](#) (within cohort 12) are now eligible for the COVID-19 vaccines and will be receiving texts inviting them to book a vaccination via the national booking service, at an NHS vaccination centre, pharmacy or GP vaccination site. Sites should also continue to work through vaccination of cohort 11 who are yet to receive their first dose.

Vaccine data

Nearly [70 million doses of COVID-19 vaccines](#) have now been delivered in the UK, and nearly 29 million have also received their second dose. Over 70% of all doses have been delivered by general practice teams. It is through the hard work and dedication of GPs and their staff that the UK is emerging from the restrictions imposed by the coronavirus crisis.

Accelerating second doses for priority cohorts 1-9

In addition, sites should continue to [bring forward the appointments for a second dose of a vaccine from 12 to 8 weeks for the remaining people in the top nine priority groups](#) who have yet to receive their second dose.

Funding and support for COVID-19 vaccination sites

NHSE/I has published a document outlining the [funding and support available for PCN and Community Pharmacy-led COVID-19 vaccination sites](#). This includes an additional £20 million to ICS/STPs to support primary care providers to draw down additional staff to help deliver the COVID-19 vaccination programme between 16 June and 14 July 2021.

Read the BMA's [guidance page about the COVID-19 vaccination programme](#).

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Key features in this issue

Page 1

[General Practice in crisis - message from Dr Brian McGregor](#)

Page 2

[COVID-19 news](#)

Page 3

[Delay in roll-out of patient data sharing programme \(GDPR\)](#)
[Extending the medical examiner into primary care](#)
[Final seniority factors for 2017/18](#)

Page 4

[New PCSE pay and pension system update](#)
[Mask exemptions for airline passengers in relation to COVID-19](#)
[GP registration for un/under-documented migrants](#)

Page 5

[PCN funding](#)
[Pension guidance for retired doctors](#)
[RCGP statement on NHS pressures](#)
[General Practice Fellowship Scheme](#)
[WY&H resilience hub - therapy service for staff](#)

Page 6

[Recycling schemes](#)
[Inhaler Recycling](#)
[Medicine Blister Packs](#)
[Greener Prescribing](#)

Page 7

[Health inequalities toolkit – call for examples](#)
[NHS cervical screening management system to be introduced on 30 October](#)

Page 8

[Deadline for EU Settlement Scheme](#)
[NHSEI review of urgent and emergency care standards](#)
[Buying Group](#)
[Jobs page](#)
[Contact details](#)

Follow [YORLMC](#) on Twitter for the latest updates and job listings

Delay in roll-out of patient data sharing programme (GPDPR)

It has been announced in the [Parliamentary health questions](#) that the planned roll-out of the GP Data for Planning and Research (GPDPR) will be delayed by two months, from 1 July to 1 September 2021.

This follows extensive engagement by BMA and RCGP with NHS Digital and a direct meeting with the health minister, [calling on NHS Digital and the Government to delay the introduction](#) of their new data programme until patients and the public have had time to be aware of and understand the programme and choose to opt-out if they wish.

Along with the RCGP, the BMA made it abundantly clear to both the Government and NHS Digital that this programme needed to be delayed to allow for a proper in-depth public information campaign to give the public a chance to make an informed decision about whether they want their data collected as part of the new GP data extraction programme. The BMA knew there was insufficient time until the first extraction to allow for the public and patients to have a proper understanding of what the programme was intended for and to give enough time to make fully informed choices on whether they should opt-out or not. It is clear that previous communications from NHS Digital on this programme had been either inadequate or non-existent.

While data sharing plays a key role in planning and research as well as developing treatments, the BMA also knows that the crux of the GP-patient relationship relies on trust, transparency and honesty, and therefore allowing the public and patients to make fully informed decisions is paramount.

It is important that the Government now takes full responsibility for ensuring that there is an adequate public engagement ahead of the roll out so that all patients across England can make an informed choice. The BMA will also continue to hold NHS Digital to account, to ensure that there are appropriate safeguards in place as to how the data collected is used, and that the views of the profession are represented in all discussions pertaining to patient data.

Read the BMA's full statement about the announcement to delay [here](#)

Find out more on the [BMA twitter page](#)



Extending the medical examiner into primary care

The National Medical Examiner (NME) and other parties have published a [letter](#) announcing the extension of the medical examiner (ME) scrutiny to non-acute settings. The new ME system is likely to be enabled through primary legislation (the Coroners and Justice Act 2009) and is due to be implemented across England and Wales through statutory instrument.

Due to the multinational aspect of the roll-out, the BMA's Professional Fees Committee (PFC), which retains negotiations in all four nations, have been involved in the discussions on how to best implement the new arrangements with the aim of minimising both the financial and operational impacts upon GPs and their practices. There have been two small trials of the ME system in primary care in Gloucestershire and the results are not yet published.

The letter presents a significant shift in the pace of implementation in primary care. The BMA is looking to analyse any secondary legislation which may underpin the new ME system. PFC has contacted the National Medical Examiner to clarify the plans and exact legal status of his letter.

Final Seniority Factors for 2017/18

The [Final Seniority Factors for 2017/18](#), for England, have now been published by NHS Digital.

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New PCSE pay and pension system update

PCSE's new pay and pension system was launched on 1 June and 3,500 GPs have logged onto the system so far. The BMA would urge all GPs to log on and check their details and data ahead of the any need to use it. Any errors or issues identified should be [raised with PCSE](#) at the earliest opportunity.

The BMA had been made aware post-launch that PCSE don't have contact details for approximately 6,000 GPs. PCSE has assured the BMA that they are working on solutions for this but the BMA would advise any GP who hasn't received one or more emails from PCSE since 30 May giving access to the system to contact pcse.user-registration@nhs.net in the first instance.

In the same period around 2,500 practices have logged on to the system and allocated roles to their own users. The BMA and YORLMC would encourage all practices to do this and ensure that all details and data are correct at the earliest opportunity, [reporting any issues to PCSE](#).

The BMA has been meeting with PCSE almost daily since launch and have raised myriad of issues relating to missing and incorrect data along with poor usability. The BMA has concerns about the volume of these issues but have been assured that they are all being addressed and will continue to monitor and pursue the progress of this and other remedial work over the coming weeks.

PCSE have posted user guidance for [practices](#) and [GPs](#) on their website.

Mask exemptions for airline passengers in relation to COVID-19

The BMA has received some reports of airlines asking for medical evidence to support mask exemptions for passengers. The BMA's response to these requests is that Government guidance clearly states that there is no requirement to have written evidence for an exemption for face covering rules and that people do not need to ask for proof from a doctor. The BMA has stated in response to such queries that this is exactly the kind of activity that hardworking staff should not be distracted by while doing their utmost to care for ill patients, and practices are not obliged to undertake it.

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GP registration for un/under-documented migrants

GPC England would encourage practices to use the Safe Surgeries [toolkit](#) developed by Doctors of the World (DOTW).

The toolkit - endorsed by RCGP and RCN - is an accessible presentation of existing DHSC and NHSE guidance and supports clinical and non-clinical NHS staff to promote inclusive care through GP registration.

Notably, it aims to address specific barriers to primary care faced by vulnerable, un/under-documented migrants by ensuring that GP practices are aware of all relevant guidance and rules. This includes, for example, that patients should not be turned away if they lack a proof of ID, address, or immigration status.

GPs and practices are encouraged to consider and adopt the recommendations set out in the toolkit, particularly as it is now more important than ever that patients are registered with a GP. GP registration will likely mitigate the effects of the pandemic on health inequalities by improving equitable access to care and ensuring that marginalised and excluded communities are not missed in the COVID-19 vaccine roll-out.

DOTW also offer FREE [training](#) to clinical and non-clinical NHS staff that aims to improve awareness of migrant entitlements to NHS care and enables staff to better advocate for their patients.



PCN funding

GPC England has had some concerns from practices about payments for IIF for 2020/21. NHSE/I has informed the GPC that this is in progress and calculations of achievement will be available for declaration within CQRS on or around 11 June, with PCN declaration required by 24 June, and payments being made before 31 July.

GPC England has also received some concerns about local funding being removed where it was invested in services similar to the PCN DES services previously. The *Update to the GP contract agreement 2020/21 – 2023/24* stated “all funding previously invested by CCGs in LES/LIS arrangements which are now delivered through the DES must be reinvested within primary medical care” and primarily to bolster the PCN funding. This is a principle for the duration of the GP contract period (so until April 2024), not just for 2020/21, so if any PCN or practice experiences difficulties please let YORLMC know.

Pension guidance for retired doctors - reminder

From 25 March 2020, due to the COVID-19 pandemic, the [UK government's emergency legislation](#) temporarily suspended some of the regulations governing the administration of NHS pensions, allowing doctors who have recently retired from the NHS to return to work, and for retired doctors who had already returned to work, to increase their commitments without affecting their pension benefits.

These measures include the temporary suspension of the 16-hour rule when members of the NHS Pension Scheme take retirement.

Following the end of the COVID-19 outbreak, a six-month notice period will be given to staff and employers at the end of which the suspended regulations will take effect again. Staff and employers will therefore have six months' notice to readjust their working patterns, where necessary.

Read more in the [NHSBSA guidance on the rules currently on hold](#)

RCGP statement on NHS pressures

The BMA has been working closely with the RCGP on how to both highlight and tackle the workload pressures impacting general practice. As part of this they have published a [statement](#) saying that NHS pressures are not just about hospitals, as GPs deliver record numbers of consultations.

Professor Martin Marshall, RCGP Chair, said: “GPs and our teams are working flat out, delivering record numbers of consultations - almost 13 million in the last four weeks. This is in addition to their remarkable contribution to the COVID-19 vaccination programme, with 75% of vaccines currently being delivered in general practice alone.”

General Practice Fellowship Scheme

The [General Practice Fellowship programme](#) is a national commitment announced in the NHS Long Term Plan, and restated in the February 2020 'Update to the GP Contract agreement 2020/21–2023/24'.

It is a two-year programme of support, available to all newly-qualified GPs and nurses working substantively in general practice. Participants receive learning and development post-registration, funded mentorship and funded CPD opportunities, of one session per week, and rotational placements within or across PCNs to develop experience and support transition into the workforce.

The mentoring elements of the HCV and WY programmes are provided by [GPMplus](#).

More information about the WY programme can be found [here](#)

More information about the HCV programme (Catalyst) can be found [here](#)

WY&H resilience hub - therapy service for staff

NHSEI has funded the development and ongoing delivery of a [mental health and wellbeing hub](#) to support staff who work in West Yorkshire & Harrogate HCP organisations – free of charge, across all sectors.

The hub brings together individual therapeutic services with mechanisms and services that emphasise prevention and developing a culture of wellbeing including a team of psychologists and psychological therapists trained to deal with trauma, stress and burnout; depression and anxiety.

Recycling schemes

Inhaler Recycling

Teva have developed an inhaler recycling scheme called TevaOne. Many pharmacists are participating to collect any type of inhaler (not just Teva brands) to return to Teva for recycling. You can find out [here](#) on an interactive map where your nearest participating pharmacy is.

Over a million inhalers have been recycled in the UK by the combined efforts of recycling schemes but that's still less than 1% of all inhalers every year. The plastic and aluminium from inhalers are recycled, and more importantly, any leftover propellant gas is captured and sold to the refrigeration or air conditioning industry, where its use and disposal should be tightly regulated.

If you advertise the scheme at your practice, this will count towards the [Green Impact for Health Audit](#). You could put a collection box in your waiting room which the pharmacy could arrange to collect. Or if space is short a display or prompt to encourage patients to return all unused inhalers to a local pharmacy for safe and environmentally friendly disposal. Local pharmacies will accept returned inhalers even if they are not part of the TEVA scheme. Patients may not be aware that inhalers disposed of with household waste via the kerbside recycling bins, are not recycled.

Medicine Blister Packs

Medicine blister packs are just one of the many products that are covered by the national Terracycle free recycling scheme. Once collected, the empty blister packets are separated by polymer type and cleaned (if necessary). The material is then extruded into plastic pellets to make new recycled products. See more at <https://www.terracycle.com/en-GB/brigades/medicine-packet-uk>

The Terracycle website contains details of the scheme including drop off points. Only community pharmacies can sign up to host the Medicine Packet Recycling Programme. However, TerraCycle are looking for more pharmacies to sign up as collection points and it may be worth linking up with your local pharmacies to ask if they are interested in participating this scheme. [This link](#) on the Sustainable Practices York website provides details of three pharmacies participating in the Vale of York area. There is [an interactive map](#) that shows participating pharmacies across the country.

Greener prescribing

Prescribing contributes by far the largest carbon footprint of all our activities in General Practice. [NICE guidance](#) suggests that medicines optimisation should be part of routine practice. The [Open Prescribing](#) website allows you to access the prescribing data for your practice and sends you monthly bulletins on the prescribing data for your individual practice. This can help identify areas of unnecessary, expensive, or environmentally costly prescribing, and acts as a useful way to monitor your progress. OpenPrescribing is currently funded by NHS England and the [Oxford NIHR Biomedical Research Centre](#). The website contains a 10 min video on how to use the data and get the most out of it for your practice. [The Greener Practice](#) website has a range of further information on prescribing and deprescribing.

Spirometry

NHS England have suggested that spirometry services should be restored. The guidance document at [Appendix 1](#) comprises information from the Association for Respiratory Technology and Physiology (ARTP) and the Primary Care Respiratory Society (PCRS). It was developed from a task and finish group established by NHS England's Clinical Policy.

The BMA's guidance for [spirometry in general practice](#) remains unchanged. The BMA believes this important diagnostic and monitoring tool should be properly commissioned and sufficient capacity should be made available for practices to be able to access this for their patients. NHS commissioners in many areas are failing to make this service fully available and must do more to support accurate diagnosis of both asthma and COPD. There is no contractual obligation for practices to do this themselves, and with the current infection protection and control restrictions still in place it is not practical for most practices to set aside treatment rooms to be able to complete this.

Fall in prescription items dispensed

The number of prescription items dispensed in England during 2020-21 fell by almost 2 %, the annual [Pre-scriptio Cost Analysis](#) shows. This equates to a decrease of 21.5 million items, compared to 2019-20, taking total dispensing volume to 1.11 billion. However, the cost of the prescription items (each item on a prescription) dispensed in the community in England during 2020-21 rose – by 3.49 % (£324m) to £9.61 billion. This is the second consecutive year that the cost of items dispensed in England has increased following three consecutive years of decreases between 2015/16 and 2018/19. Read more on the [Dispensing Doctors Association website](#).

Health inequalities toolkit – call for examples

The BMA is producing a toolkit for frontline clinicians, including those in general practice, who feel frustrated by the health inequalities they see in their work, and who wish to do something about it.

The initiative is part of a project by BMA president Sir Harry Burns, who is making inequalities the focus of his one-year term in office. The BMA also [published a paper](#) in March recommending actions UK governments could take to mitigate the effect of the pandemic on health inequalities and the social determinants of health.

The BMA would like to hear from those who have seen or participated in schemes to address health inequalities in their local area, and hope the final published toolkit will support clinicians to tackle health inequalities, either through direct action on behalf of their patients, through joint working with other local organisations, or indirectly through lobbying local, regional or national government.

Please send any examples of projects or initiatives you have seen in your local area to reduce health inequalities, by filling in this [webform](#).

If you have any general feedback on what you would find useful in a toolkit, as a GP, please email Liv Clark at oclark@bma.org.uk

NHS cervical screening management system to be introduced on 30 October

NHS Digital has been commissioned by NHSX to develop and implement a new IT system, which they say will be simpler and easier to use. It will replace the current call/recall IT system for cervical screening, which sits on the National Health Application and Infrastructure Services platform. As a first step in the transition to the new system, NHS Digital will be working closely with local IT teams and registration authorities for providers to ensure readiness. We will keep you updated on developments.



Specialist and Professional Committee elections

Nominations for the Specialist and Professional Committee elections are now open for the following committees:

[Private Practice Committee \(PPC\)](#)
[Professional Fees Committee \(PFC\)](#)
[Committee of Medical Managers \(CMM\)](#)
[Civil and Public Services Committee \(CPSC\)](#)
[Armed Forces Committee \(AFC\)](#)

The deadline for nominations is **12pm Wednesday 7 July 2021**. For more information about the roles please visit the committee webpages linked above.

To participate in any of the elections, you must hold the relevant position for the specified seat. You must also register for a [BMA web account](#) to use the online election system if you do not already have one.

To submit your nomination in any of the above elections please login to the BMA's [election system](#).

If you have any queries regarding the election process, please contact elections@bma.org.uk.

GP partners and practice managers sought for research on locum doctors

Manchester University, funded by the Institute for Health Policy and Organisation, is conducting research exploring how temporary or locum doctors work in the NHS, what they do, how their work is organised, and what effects that might have on the quality and safety of healthcare for patients. They aim to find ways to improve the working arrangements for locum doctors.

[Find out more information, including how to take part](#)

Deadline for EU Settlement Scheme

The deadline for applications to be made to the EU Settlement Scheme (EUSS) is **30 June 2021**. If you are a doctor currently in the UK and arrived before the 31 December 2020, you must apply by 30 June. It is free of charge, and in applying and being granted pre-settled or settled status, you will have secured your rights to continue living and working in the UK.

In addition, an application must be made for every eligible child within your family. If you and your family members have lived in the UK for many years or have a permanent residence document or EEA Biometric Residence Card (BRC), you still need to apply to the EUSS (or apply for British citizenship) to secure your existing rights in the UK. [Apply on GOV.UK](#) and check your immigration status [here](#).

NHSEI review of urgent and emergency care standards

Based on the responses to their consultation, NHS England and NHS Improvement (NHSEI) have announced on 26th May their intention to replace the four-hour A&E target by a bundle of new standards and an overall new approach to measuring performance in Urgent and Emergency Care (UEC) services. Any final proposals will however require government sign-off, which has not yet been given.

They are proposing to introduce 10 new standards which they say would provide system-wide information rather than focusing on one-part of the system. They argue that the current four-hour target focuses on only one part of a now much more complex range of urgent services for patients, including ambulance care, UTCs and NHS 111. A summary of the proposed new metrics is attached at [Appendix 2](#).

Buying Group

Members of the LMC Buying Group can access discounts with any of the suppliers on the attached list at [Appendix 3](#). 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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