

YORLMC News

For practices in North Yorkshire & York and Bradford & Airedale

YORLMC Annual Report *Summary of the year published*

YORLMC has published its annual report for the year 1 April 2020 to 31 March 2021, attached at [Appendix 1](#) and also available on the [YORLMC website](#).

To introduce the report, please see below reflections on the year from YORLMC Chief Executive Mrs Angela Foulston:

As mentioned in this Annual Report, the COVID pandemic is a once-in-a-lifetime occurrence and the pressures experienced in General Practice have been unprecedented. Every practice has turned their service delivery upside down and produced completely new pathways of care whilst coping with a developing national crisis that has had significant impact on local services and local practices.

In March 2020 and in response to the challenges faced, YORLMC's established infrastructure responded quickly, providing the leadership and co-ordination needed to bring together a range of support measures. Just some of these are included in the panel opposite.

It would be remiss of me not to mention the regular COVID updates put together by Brian McGregor throughout the past 12 months. These updates have summarised the latest guidance and advice and many of you have taken the time to contact the CAT to say how useful, concise and easy to read Brian's updates have been. Thank you, Brian.

This very positive feedback received from so many of you has been greatly appreciated. It has really sustained the YORLMC Officers and Members as well as staff working within the CAT and I am very grateful that at such a busy and challenging time so many of you have been in touch to say thank you – it means a great deal to all of us.

A significant amount of work has also taken place this year developing YORLMC's Wellbeing programme. This is available to all GPs and practice managers as well as the wider practice team which thanks to local commissioner support is funded chiefly through GP Forward View grant income.

*With best wishes,
Angela*

Angela Foulston
YORLMC Chief Executive

Just some of the action taken by YORLMC this year:

- Regular liaison with the commissioners and colleagues working in community pharmacy, dentistry and optometry. This framework facilitated a collaborative approach and was instrumental in supporting General Practice and more widely Primary Care at a critical time.
- Development of the "YORLMC Chain of Command" which provided an effective way of ensuring GP and practice manager COVID queries were responded to without delay.
- Additions to YORLMC's wellbeing programme including the COVID-19 Support Programme which offered 30 minute one-off virtual mentoring support to GPs and other members of the practice team.
- Creation of a dedicated COVID page on the YORLMC website, bringing the key guidance documents together in one place.
- Daily status report, circulated to all practices and designed to feed into discussions with local partners such as CCGs, PCNs, Federations and NHSE/I to help practices obtain the support required. This valuable data was also used to feed into and help strengthen national discussion, for example, NHS staff testing.

Update from Dr Brian McGregor

Dear Colleagues

Latest news from the GPC

At the GPC England meeting in May, the committee passed a vote of no confidence in the senior leadership of NHS England and Improvement. Among other things, the motion also instructed the GPC England executive team to cease all formal meetings with NHSEI until such time a motion could be brought back to the committee recommending that NHSEI had taken sufficient steps to restore the confidence in its leadership. This is an instruction GPC England has followed. On 15 July, GPC England met again to discuss progress and the direction we may wish to go next.

In the eight weeks since our last meeting we have seen some positive signs and change in tone from both the Department of Health and Social Care and NHSEI, including from senior NHSEI executive directors, with [public thanks](#) and [recognition](#) of the pressures currently facing general practice, while communications have taken on a more factual tone.

But while GPC England acknowledges and welcomes these positive signs, and in particular the recognition of the important role that general practice has played throughout the pandemic as well as the pressures GPs and the whole of general practice is currently experiencing, kind words have not yet always been followed by the actions we would like to see. In recent weeks we've seen [flawed and overly bureaucratic enhanced services](#) announced and [activity targets](#) introduced when the profession is on its knees. Most recently, the specifications for the [Covid booster programme ignored calls from frontline GPs](#) to be given more clinically appropriate flexibility and support in enabling practices to deliver the programme in a way that best benefited their communities.

So, despite some signs of progress, after discussion at the 15 July meeting, a recommendation was not brought to return to formal meetings with NHSEI at this point.

We must be clear, however, that this is not a situation that GPC England wants to continue and we recognise that getting to a place where we are able to negotiate effectively on behalf of the profession with an NHSEI that clearly demonstrates that it understands and acts on the needs of general practice is in the best interests for everyone, not least our patients.

England has a new Health Secretary and in the coming weeks NHSEI will have a new chief executive, and these appointments provide an important opportunity for both the Government and NHSEI to demonstrate their clear commitment to general practice, that we hope could potentially pave the way for beginning to engage on fresh terms.

GPC England continues to discuss how we may proceed and YORLMC will keep you informed of developments.

Health & Care Bill

[Page 10](#) of this newsletter contains the latest update on the Health & Care bill. This piece of legislation will have a huge impact on the whole healthcare system. YORLMC is working with colleagues across HCV & WY to ensure that there is GP representation at a system (ICS) level as well as making sure the GP voice is also engaged with other partners in care working within the ICS, for example, Local Authority and Trust colleagues.

*With best wishes,
Brian*

Dr Brian McGregor
YORMC Medical Secretary



NHS Forest



[The NHS Forest](#) works with healthcare professionals and organisations to make green spaces available for health purposes. There are a range of programmes which seek to inspire healthcare professionals to use green space to improve patients' lifestyles and aid recovery processes. Details of three initiatives which may be of interest to general practice are outlined below.

Planting the NHS Forest. Since 2019 over 190 NHS sites have collectively planted thousands of trees on NHS land, creating shade, locking up carbon and enabling more people to access green spaces whilst at hospital. You can find a list of sites [here](#). If space is limited there are programmes for individuals and organisation to arrange to [sponsor a tree](#) or to set up smaller projects such as the [Bee Healthy initiative](#).

Green Health routes. This involves working with GP practices and other community partners, such as schools and care homes, to develop Green Health Routes. Maps and leaflets and the walking groups can be offered as part of a 'green prescription'.

Workplace wellbeing and green space. The Space to Breathe project investigated the impact of green space on staff wellbeing at three NHS sites and put forward recommendations for good practice. You can read the conclusions of the project [here](#)

If you would like to find out more about the various initiatives or are interested in joining the NHS Forest click [here](#) to register.

Climate consultations

Radio Four recently featured an interview with Dr Tamsin Ellis, a GP interested in exploring ways to improve her patients' health and the environment.

This interview can be downloaded at [BBC Radio 4 - Four Thought, Climate Consultations](#)

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COVID-19 news

Easing of COVID restrictions and face coverings

A [BMA survey](#) released ahead of the [Government's announcement](#) confirming the easing of the restrictions on 19 July, found that a vast majority of doctors who were asked said they were in favour of keeping rules around face coverings and social distancing. 91% of doctors surveyed believe masks should continue to be worn in healthcare settings - where practical – and 86% say the same for social care settings. 90% of those surveyed wanted to see masks remaining mandatory on public transport, and most think face coverings should continue to be worn in shops, in hospitality and workplaces, like offices.

The BMA has also co-signed a [letter](#) with the Royal Pharmaceutical Society and other stakeholders, to the Prime Minister, calling for the continued use of face masks in healthcare settings.

NHSEI have now made a [statement](#) that the government's [infection control guidance for healthcare settings](#) has not changed, and so will continue to apply following the lifting of restrictions, and healthcare settings should therefore maintain face coverings among other IPC measures.

The BMA has produced a poster that practices can display about the continued use of face coverings for healthcare settings – download it [here](#)

COVID-19 vaccination programme

NHSE/I has published the [Enhanced Service Specification](#) for phase 3 of the COVID-19 vaccination programme and other assorted document.

It is very disappointing that NHSE/I are not listening sufficiently to practices and have not done more to enable local groups to safely transfer vaccines delivered to PCN sites on to member practice sites should they choose to do so. Yet at the same time we have seen vaccinations safely delivered in care homes, through buses, pop-up sites and smaller pharmacies. Moreover, earlier in the pandemic vaccinations has been provided to practices to deliver to their patients elsewhere in the UK. The BMA will continue to challenge this unnecessary restriction which could lead to poorer uptake.

Local community delivery of both COVID-19 and flu vaccination is essential to the success of this programme and it's vital that local systems support practices to do this. Read the BMA [statement in response](#) to the publication of the ES documents.

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FAQs to support general practice and higher education institutions

NHSE/I has published [FAQs to support general practice and higher education institutions](#), which advises that although in general, patients should return to the place they had their first dose to have their second dose, students in higher education can have their second dose in a different location to their first dose if they have relocated. The National Booking Service has an option to book or re-arrange the second appointment at a different location to the first appointment.

The guidance also advises on what the options are for students who had their first dose in Wales, Scotland or Northern Ireland, but are in England at the time of their second dose. If a person has received a first dose of COVID-19 vaccine overseas with a vaccine that is also available in the UK, they should receive the same vaccine for their second dose. If the vaccine they received for their first dose is not available in the UK, the [most similar alternative](#) should be offered.

Acceleration of second doses for all cohorts

The government has published guidance advising that appointments of a second dose of the COVID-19 vaccine should be brought forward from 12 to 8 weeks for the remaining people in all cohorts who have yet to receive their second dose, to ensure everyone has the strongest possible protection from the Delta variant of the virus at the earliest opportunity possible. Read the NHSE/I letter [here](#)



COVID-19 news

Extension of the pandemic regulations

The new Secretary of State for Health has announced that the three [pandemic regulations 2020](#) relating to general practice have been extended to 30 September 2021.

The BMA is concerned about the implications of DHSC's extension of the pandemic regulations, which includes three particular elements of eRD, Friends and Family Test and NHS111, and have told them this. The experience of general practice in England has been that these regulations have led to a command and control approach by NHSE/I through their various letters, guidance and SOPs, and most recently with the latest NHSE/I target to increase appointment numbers outlined in their [board paper on NHS metrics for 2021/22](#) at a time when general practice is already overwhelmed. These directives provide less flexibility and whilst we have been clear that they are only guidance they have led to many practices feeling that they must operate in a specific way.

The BMA has therefore called on the Secretary of State to direct NHSE/I to end their restrictive and prescriptive direction of the profession and allow general practice to return to the way it operated in line with existing contracts, and support GPs and practices to provide the care they know their patients need.

Given the current state of general practice, with workload and appointments being at an all-time high, the impact of the ongoing respiratory epidemic across the country, alongside rising COVID cases, NHS care backlog and other patients who have not come forward during the pandemic now coming forward, the BMA would again advise practices that it is for them to determine how they meet the reasonable needs of their patients in line with their contract.

Home delivery of medicines and appliances during the COVID-19 outbreak

The Medicines Delivery Service for self-isolating patients was commissioned from community pharmacies and dispensing doctors in March 2020 and commissioned until 30 June 2021. The DHSC has now announced the medicine delivery service will be extended until 30 September 2021

Read the [letter on home delivery of medicines and appliances during the COVID-19 outbreak](#), which explains that to help provide support to people who have been notified of the need to self-isolate by NHS Test and Trace, the Community Pharmacy Home Delivery Service and the Dispensing Doctor Home Delivery Service will be extended from 1 July 2021 to 30 September 2021 for anyone living in England who has been notified by NHS Test and Trace to self-isolate.

Exemptions for care workers

Following a public consultation, it was recently announced by the Government that, from October, [people working in care homes will need to be fully vaccinated against COVID-19](#).

This will impact those who visit care homes, including GPs and community teams. The government has said that a small number of people would be exempt and have indicated that individuals may be directed to their GP to provide evidence for their exemption.

The BMA believes a better approach would be for local authorities to receive support in commissioning a dedicated service to assess exemption requests that does not require GP involvement, as is the case in many areas for disabled parking badge and that the Government should support local authorities with this. This would lead to a consistent approach as well as reducing a further workload burden for practices. Should the government continue to suggest GP practices should do this, the BMA believes this will require practices to refer to a secondary care service to do the necessary assessment as many of these patients will be receiving specialist care.

The government also plans to launch a further public consultation on whether or not to extend this to include all those employed in health and care settings. Read the [BMA's response](#) to the announcement on a consultation on mandatory COVID-19 vaccinations for healthcare workers.

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COVID-19 news

COVID-19 booster vaccine and flu vaccine programmes

Following the [guidance](#) published by JCVI about the COVID-19 booster programme, and the subsequent guidance from [NHSE/I guidance on COVID-19 vaccinations](#), the BMA remains seriously concerned that this may be interpreted as a cap on general practice involvement in the flu vaccination campaign this winter or that practices will be limited in their ability to provide this to their patients as they would normally do because of overly restrictive arrangements set by NHSEI.

GP practices are already preparing for this winter's flu campaign, as they do every year, and will be keen to continue to play a pivotal role in protecting their patients against COVID-19 with booster jabs alongside this. GP practices have shown, for many years through the annual flu programme and recently through the COVID vaccination programme, that general practice through its place in the community is best placed to provide effective and efficient vaccination programmes to the population of England. Many patients and members of the public expect such a service to be widely available from their local GP practice. The BMA believes delivering the flu vaccination and COVID-19 booster vaccination programme concomitantly through general practice is the best way forward and that most practices will want and expect to deliver them.

As Phase 3 begins, practices must be able to administer COVID booster jabs during the same appointment as flu vaccines within their own practice buildings if they wish – which has not always been possible for COVID vaccines, with many practices who wanted to continue to provide COVID-19 vaccination to their patients being prevented by NHSE/I from doing so. Working at practice level can reduce the bureaucracy for staff, limiting the impact on other GP services that are also important. It is also vital that existing resources are retained for additional staff who support the programme.

The BMA is therefore calling on the Government and NHSE/I to support practices and PCNs in delivering Phase 3, not just through appropriate funding, but also through the ongoing workforce support provided during phase 1 and 2, through managing workload (including the continued suspension of PCN service specifications), and improvements to IT systems.



Long-covid and weight management enhanced services

NHSEI have published two new [enhanced services](#), relating to long-Covid and weight management. In addition, and following GPC lobbying, they have also confirmed a further welcome extension to pay the full sessional payment to PCN clinical directors, recognising the significant workload they have been carrying.

Whilst the additional support for practices to help care for patients with long-Covid has some merit, it does not recognise the need for support for those in the general practice workforce who need access to occupational health services, or practices that need financial support to enable them to better help colleagues on prolonged sick leave. This must still be addressed if we are to reduce the loss of much needed members of our workforce.

The weight management enhanced service will present practices with additional work at a time when practices are already stretched to the limit. The GPC also has concerns that this service specification is overly bureaucratic, further micromanages clinical consultations, is clinically flawed and demonstrates a lack of trust in GPs and their teams to do what is best for patients. Furthermore, it is not clear that local weight management services have the necessary capacity to respond to increased referrals. You can read the BMA's [press statement](#) on this.

GPC UK and GPC England committee pages

Read more about the work and priorities of [GPCUK](#) and [GPC England](#) in the newly updated committee pages, which also includes surveys undertaken, membership of the committee, meeting dates and a link to the [GP practices page](#). You can also follow the GPC on [twitter](#)

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Workload crisis

As everyone who works in general practice is only too well aware, the profession is in crisis. We are faced by a profound [workload crisis](#) which has been in the making for years. While GPC England will continue to campaign at a national level for the resources and workforce levels which primary care needs not only to flourish but simply to survive, it is now abundantly clear that GPC England cannot wait for others to resolve this.

However, GPs as independent practitioners are innovators and have the ability to manage their practice in the way they think best meets the needs of their patients, and as we have demonstrated during the COVID-19 pandemic, and through our delivery of the largest vaccine programme in the history of our nation's healthcare, when GPs are [trusted to lead](#) they can do incredible things.

Simply put, the response from GPs and their teams to COVID-19 is compelling evidence of what can be done when practices are afforded the trust, autonomy, flexibility and freedom to act as the leaders of the profession in their local communities, acting in the best interests of their patients.

To help GPs to push back against the unmanageable and inappropriate workload demands which we are faced with, GPC England previously published [Workload control guidance](#).

The information in this guide will arm practice managers and GP partners with a range of practical tools to reduce your practice's workload. The benefits of implementing this strategy include helping to define what unacceptable and dangerous workload looks like, improved GP morale and wellbeing, locality working with CCGs and practices providing support, and integrated primary care systems giving general practice a stronger voice.

This [guide](#) will help you to agree quantitative limits to individual safe practice for GPs. Appropriate limits on workload will depend on the unique circumstances of each practice and the preferences of each individual GP, as well as the complexity of care being provided. There will also be variation in the amount of spinoff work depending on the complexity of the case mix and also on the contractual status of the doctor.

In addition, the BMA has also published a paper on [Medical staffing in England: a defining moment for doctors and patients](#)

PCN handbook

The new PCN handbook for 2021/22 has now been published and is available on the [BMA website](#). The handbook has been updated to include the changes agreed as part of the [2021/22 GP contract](#), including additional ARRS workforce and new PCN service specifications, as well as other operational aspects.

The full service specification setting out the requirements of the PCN DES for 2021/22, as well as further guidance, is also available from [NHS England](#).

ICS framework document

NHS England's [ICS Design Framework](#), sets out how ICSs are expected to develop in the coming years and to prepare for statutory status, in line with the Government's [Health and Care White Paper](#). The framework includes key detail around the roles and responsibilities ICSs are set to take on ahead of April 2022 – including managing NHS funding, commissioning, and co-ordinating services. The framework will shape how GP and primary care services are planned and organised, as well as the role clinicians take in delivering system transformation. So, it is essential that all doctors – and GPs in particular – are aware of and engaged in this process.

General practice will have a seat on the ICS board but must also be fully involved in local place-based integrated care partnership arrangements. The framework says that "Primary care should be represented and involved in decision-making at all levels of the ICS, including strategic decision-making forums at place and system level". The BMA [summary](#) provides a comprehensive overview of the key details of the framework.

ARM 2021

This year's [annual representative meeting](#), which is taking place on 13 and 14 September, will be held fully virtually as last year.

Following the ballot of LMC UK conference members who registered their interest in attending the BMA ARM, there are still some ARM seats remaining. You need to be a BMA member and provide your BMA number. If you would like to register your interest in attending can you please email Karen Day at KDay@BMA.org.uk

Medical Examiners roll out

On Tuesday, 8 June, the UK Government [formally announced](#) the roll out of the [medical examiner system](#) into primary care in England and Wales, although medical examiners have already been in place in Scotland and in acute settings in England and Wales.

Many have expressed deep concern about the impact this could have on an already overstretched, underfunded, primary care system. Complicating matters was that at the time of the announcement, there was no statutory instruments in place for the roll out.

The BMA's Professional Fees Committee are making representations on behalf of the BMA to both the National Medical Examiner's (NME) and the UK Government to express our concerns over the medical examiner system roll out into primary care.

Department of Health and Social Care draft data strategy

The Department of Health and Social Care has published their [draft data strategy](#), setting out their plans to harness the potential of data in health and care.

When used effectively, ethically and legally, data can play a pivotal role in improving the health of the population, whether this is for planning, research or for direct patient care. Everyone has a right to know what is happening with their healthcare data, however, as we have seen in recent weeks with the pausing of the GDPR roll-out what happens when these issues are not communicated properly, and patients are not given an opportunity to take part in such important discussions.

Therefore, the Government and NHSX must follow through with commitments to engage fully with both the public and the profession, addressing any concerns they may have about this strategy and specifically proposals around sharing data more widely than for direct care.

The BMA will be considering the draft strategy in detail and responding formally on behalf of our members and their patients in due course. Read the full statement in response by Farah Jameel, GPC England Executive team IT lead, [here](#)

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Praise for the NHS and general practice

Responding to the announcement that [Her Majesty the Queen has awarded the George Cross to the NHS](#) to acknowledge its remarkable efforts throughout the pandemic and contribution over the last 73 years of service since the birth of the NHS, BMA council chair Dr Chaand Nagpaul said:

"This is a worthy honour for all NHS staff who have worked tirelessly throughout the pandemic to protect the health of the nation, providing care to hundreds of thousands suffering with illness and have also saved the lives of so many. The fight against Covid has been largely down to their enormous contribution, and with many putting their own health at risk as they cared of patients with a deadly and infectious illness, and with sadly several hundred losing their lives from the virus. It is only right that they should be recognised for their brave and dedicated commitment."

NHSE/I has published a [video](#) this week marking the birthday of the NHS, to thank general practice and primary care teams for our phenomenal hard work and dedication. This follows the praise and acknowledgement of the significant activity and related workload pressures in general practice by NHSEI executive directors in a recent [NHSE/I board meeting](#).



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

Following extensive lobbying by the BMA and RCGP, Government announced a delay to the rollout of GDPR, with full rollout now expected on 1 September rather than 1 July. BMA is now engaged in discussions with NHS Digital and other stakeholders to ensure no additional burden is placed on GPs to facilitate the implementation of this programme, and that patients are properly informed about it. The BMA has been lobbying MPs on this issue.

In view of the extension to date of the first extraction, we will keep you informed on all next steps that practices will need to take as we approach this deadline. Read the BMA's full statement about the announcement to delay [here](#)

If patients register a Type 1 Opt-out, practices must process this in a timely fashion. Codes for opt-out can be found [here](#) and are copied below for ease

Opt-out - Dissent code

9Nu0 (827241000000103 | Dissent from secondary use of general practitioner patient identifiable data (finding))

Opt-in - Dissent withdrawal code

9Nu1 (827261000000102 | Dissent withdrawn for secondary use of general practitioner patient identifiable data (finding))

Further information, including a transparency notice, is available [here](#)

This was reported by the [Eastern Eye](#).

PCSE pay and pension system update

The BMA continues to work hard at challenging the considerable shortcomings of the new portal. The BMA is aware of the many unacceptable issues being faced by practices and GPs but it is of critical importance that users log these with [PCSE](#) to ensure PCSE can be held accountable. Those interactions are also causing frustration and the BMA is applying pressure for improvements and greater transparency around their customer service work.

The BMA advises practices to keep a record of the issues they are raising with PCSE and the length of time taken to get resolutions.

Regular and ongoing meetings have led to a considerable number of 'fixes' to the system but there are many more outstanding. This will take time, but the BMA is committed to ensuring a much improved service for the profession to use.

NHSE/I and PCSE have assured the BMA that the current run of global sum payments is going well but the BMA is keeping a particularly close eye on this.

Proposed changes to annual complaints collection (K041b form)

NHS Digital has published their [response to their consultation on the proposed changes to the annual complaints collection \(K041b\)](#) and the plan for its reintroduction. These changes were initiated by the GP bureaucracy review NHS Digital paused the collection of the 2019/20 K041B form, from general and dental practices, but have now confirmed that collections will resume from the 9 August to capture complaints recorded in 2020/21. The NHSD response sets out:

- A range of simplifying changes that will be introduced - some will commence at the next collection whilst others will commence at future collections.
- There will be an extended 12 week collection window for the next collection
- Improvements to the portal to address specific technical issues that previously occurred, which should make the experience of uploading the return easier.

Review of the England Medical Performers List Regulations

The DHSC has commissioned NHSE/I to review the England Medical Performers List Regulations in the context of the wider regulatory landscape. This review has the potential to identify where regulatory requirements can be streamlined and simplified, while maintaining the high professional standards that ensure patient safety.

This questionnaire aims to gather information from stakeholders about their views of the existing regulatory landscape for GPs in England and thoughts on how this landscape might be transformed. The feedback will contribute to the content of a series of focus group discussions and inform an options appraisal that will be shared with the DHSC during autumn 2021. Take the survey [here](#) - the survey closes on 2 August.

Health & Care Bill

The Government has introduced the [Health and Care Bill](#), which will deliver significant health reforms in England. These include making ICSs (integrated Care Systems) statutory bodies, dissolving CCGs and transferring their responsibilities, staff and powers to ICSs, formally merging NHS England and NHS Improvement, removing Section 75 of the 2012 Health and Social Care Act and mandated competitive tendering, and conferring new powers over the NHS to the Secretary of State.

[Responding](#) to the publication, the BMA raised concern over the timing of the bill given the huge pressures facing the health and care system as a result of the pandemic, as well as highlighting critical areas where we believe the bill needs to be amended and strengthened to protect the NHS from unnecessary private sector involvement and establish a healthcare system that is collaborative and fit for the future.

The BMA will continue to lobby to ensure the Bill addresses our concerns and that reform is in the best interests patients and doctors, and supports the NHS to be a publicly-funded provider to care for the health needs of our population.

The BMA has been working to shape the guidance that will underpin the Bill the in practice, including through a [response](#) to NHSE's consultation on the new provider selection regime and feeding into the newly published ICS Design Framework.

The BMA has also been clear on the critical role LMCs should play in the new arrangements and has produced [a member briefing on that framework](#), including our immediate reaction.

GPC and the BMA have produced a [briefing](#) outlining the key implications and potential impacts of the new legislation on GPs and General Practice. This covers key changes including the transfer of powers from CCGs to ICSs, GP voice within ICSs, and changes to funding flows. Further information on the Bill and the BMA's work this is available on a [dedicated webpage](#).



New guidance for health and social care providers on CQC's monitoring approach

The CQC has published [new guidance for health and social care providers on their monitoring approach](#).

The BMA is seriously concerned about CQC's new approach to monitoring practices and have raised this with them directly.

Practices will understandably be anxious about the implications, not least when they are struggling with record demand and significant workload pressures.

Whilst CQC has a legal responsibility to inspect health care providers and ensure the safety of services to patients, it has been doing this throughout the pandemic through its Emergency Support Framework.

The BMA has called for a continuation of this ESF approach which is much more proportionate and have misgivings about a move towards greater inspection numbers linked to a risk stratification approach that is new and not widely trialled.

Survey about CQC inspections and their effect on ethnic minority GPs

BAPIO GP forum is [seeking views](#) of GPs and GP Practices effected by CQC inspections, particularly from ethnic minority GPs or practices owned and/ or led by ethnic minority GPs.

This will help inform the discussions with CQC on issues facing ethnic minority GPs and the practices they work in.

Please feed in your views [here](#). If you have any questions, please contact Kalindi Tumurugoti (Kalindi.Tumurugoti@nhs.net)

Do you hold a GP sponsorship licence?

If so, the BMA is keen to hear from you. Whether you already hold a sponsorship licence or are considering getting one to employ non-UK nationals, the BMA would like to know how you found the application process and any barriers that you faced.

The Home Office introduced a new sponsorship system last October, in preparation for the introduction of the new immigration system which came into force in January 2021. The new system is designed to alleviate many of the complexities of the old system and it is hoped the new application process will support employers to apply for a sponsorship licence with relative ease. As detailed in the updated [guidance](#), employers can now apply [online](#).

The Home Office wish to survey small businesses, including GP practices to get a sense as to any barriers in the system. If you have any insights into the sponsorship process that you wish to share, please contact Caroline Strickland, Senior Policy Advisor in BMA's International Affairs on the following email CStrickland@bma.org.uk

Cervical screening adverse incident

In December 2020, a national health service board in Scotland conducted its annual invasive cervical cancers audit and discovered that a very small number of women had developed cervical cancer after being wrongly excluded from the screening programme following a hysterectomy that was carried out more than 20 years ago. The Scottish Government have apologised for this [cervical screening incident in Scotland](#), but it is now clear that a small number of those affected now live in England (currently believed to be 19 individuals).

NHSE/I will be contacting the respective practices for those patients (via regional screening leads) to ask them to notify the patients identified that they're impacted by the incident and provide advice on the appropriate next steps e.g. follow up appointment in colposcopy. They'll be providing supporting materials to those practices, including a patient letter, based on the NHS Scotland response.



Enhanced shared parental leave system for salaried GPs

The new [enhanced shared parental leave](#) system for salaried GPs has been launched across the UK and will allow for up to 50 weeks of the 52 weeks maternity leave to be shared between the parents. Eligible parents are also able to share up to 37 weeks of statutory shared parental pay (equivalent of statutory maternity pay).

The ESPL system will be offered by employers at GMS and some PMS practices. Employees may request for this new form of leave to be included in their contracts, in line with provisions for junior doctors and agenda for change staff. This change to a more flexible form of leave supports the BMA's commitment to address the gender pay gap.

[Find out more about enhanced shared parental leave entitlements](#) and read the updated [Salaried GPs handbook](#)

Patient survey results

The annual [GP patient survey](#) results have been published, and with 83% of patients rating their overall experience of general practice as good, an increase on the previous year, this is testament to just how hard GPs and their teams have, and continue to, work in order to provide care to their patients and communities.

Such excellent feedback from patients about all members of the practice team will also lift morale amongst an exhausted workforce who have clearly gone the extra mile and beyond for their patients.

These results also clearly show how out of touch with the real views of patients NHSE/I's damaging and demoralising letter earlier this year was.

Thank you for Cameron Fund donations

As part of the GPMplus service, a range of wellbeing courses are available for GPs and practice staff – see the [GPMplus website](#) for more details of these events including how to book.

We request a £10 donation on booking (collected by LMC Services Yorkshire CIC) to the Cameron Fund – the GP's own charity – which provides support to current and retired GPs, as well as their families, in times of financial distress, whether through ill-health, disability, death or loss of employment. £513 has been raised through course donations so far this year – thank you very much to everyone who has made a donation to support this important charity.

One career, endless opportunities #Choose GP

Final applications for 2021 GP specialty training, opens on the **27 July – 18 August 2021**. Please 'like' and follow the **#Choose GP** [Facebook](#) and [Instagram page](#) to keep up to date with news and views. Please **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 guidance or there are a number of GPs and trainees who can help with local or general enquiries. Email Daryl gprecruitment@hee.nhs.uk to be put in touch.

RCGP report on relationship-based care

The RCGP has published a new report '[The power of relationships: what is relationship-based care and why is it important?](#)'

Buying Group

The summer edition of the Buying Group LMC e-update is now available [here](#). Members of the LMC Buying Group can access discounts with any of the suppliers on the attached list at [Appendix 2](#). 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.

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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