

YORLMC News

For practices in North Yorkshire & York and Bradford & Airedale

NEW: Environmental resources on YORLMC website

Dear Colleagues

Launched this month is a new environmental section on the YORLMC website at <https://www.yorlmcld.co.uk/environmental>

Climate change and environmental sustainability is a matter that affects all our lives. These pages are intended to be a dynamic resource hub, specifically targeted at GP practices, with new information added regularly.

Topics covered include:

- Directory of general resources for practices
- Clinical Resources
- Local environmental initiatives / groups and events
- Courses, Development and Training Opportunities
- Patient Resources
- YORLMC's Environmental Pledge
- Success and feedback

YORLMC Bradford member Dr Maria Foulds has been instrumental to this project and it's been great to have her knowledge and enthusiasm. We asked Maria to put together a few words for this newsletter about her interest in environmental matters – see more on [page 2](#).

Please do have a look at <https://www.yorlmcld.co.uk/environmental> and let me know if there is any other information you would like to see included. We are keen to promote local success stories and ideas – please do let me know if there are any schemes or changes that you have implemented in your practice that you think others would like to hear about.

*With best wishes,
Brian*

Dr Brian McGregor
YORLMC Medical Secretary



Supporting General Practice - letter from NHS England

The GPC has received a [letter](#) from Ian Dodge, National Director at NHSE/I. This follows the meeting GPC Chair Dr Richard Vautrey had with Amanda Pritchard, the newly appointed NHSE/I chief executive, and which was one of the first face to face meetings with any professional representative she had had since taking up her new role.

The letter acknowledges the pressures facing the profession, recognises its contributions and in doing so demonstrates a change of tone. It shows the steps NHSE/I is taking to rebuild relations with GPC England.

The GPC is expecting NHSE/I to shortly publish more detail on the service specifications and IIF with a focus primarily on 2022/23. As the letter suggests, NHSE/I has heard the GPC's call to delay as much as possible of this until April 2022 at the earliest, whilst also still investing the planned additional £150m for 2021/22.

About Dr Maria Foulds

Dr Maria Foulds is a Bradford locality member on YORLMC. Maria has a keen interest in environmental matters and is helping to lead YORLMC's work around this. Here's a bit more information from Maria:



I've always enjoyed the Great Outdoors & open spaces. From the wild familiarity of Crosby beach where I grew up, to discovering the Scottish hills whilst studying, I've found being in nature relaxing and uplifting. It's always felt like a natural progression from that to care about and respect the environment and value sustainability.

I've been working on the Green Impact toolkit in our practice over the last couple of years and making slow progress, but it's important to recognise slow progress is still progress! There are details of resources for practices on the [YORLMC website](#). We've recently been doing some work across our PCN on reducing [MDI inhaler prescribing](#) – which has been really successful and well received by both staff and patients. It's gratifying to see this reflected in our [Open Prescribing](#) data, and we are continuing to work on this. It was great to get involved in using some [reusable PPE](#) and cut down use of single use masks; reusable masks are also much, much nicer to wear!

Considering 'over consumption' in its various guises from my corner of my GP practice, has made me a better doctor. I have become much more mindful of my prescribing and moreover, de-prescribing, and more open to holistic/ social approaches. This ties in with my values around health and societal equity and environmental sustainability. I see big opportunities for our whole sector in this area.

I sometimes feel overwhelmed with the scale of the climate crisis, but what's helped me with that is seeing all the activity taking place; lots of people becoming more aware, more engaged, more active in the green agenda – both in healthcare and elsewhere. I've learnt that that even when people aren't already vocal about this area, they are usually very happy to join an organisational movement/make a change, when it's presented as doable. The Ripple Effect of those small actions happening all over the world is uplifting and hopefully will drive more governmental action.

Please visit YORLMC's new environmental pages on [our website](#).

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COVID-19 news

COVID-19 vaccine dashboard

NHS Digital has developed the GP COVID-19 vaccine dashboard to enable general practices and PCN-led local vaccination services to view the uptake of COVID vaccines of their registered patients. This dashboard is now live and can be [accessed via NHS Futures](#).

The platform aims to enable staff at GP practices to view and understand uptake for all patients registered to practices. Access is controlled by NHS smartcard and is subject to an organisation and role code B0360 being available for relevant organisations on a user's smart card. The dashboard provides contact information for registered patients who are eligible for the vaccine and have not received their first dose, and those whose second dose is pending or overdue.

It is an optional tool to help practices to support patients in the vaccination rollout in local communities.

Updated PHE guidance on NHS staff self-isolation and return to work following COVID-19 contact

As of 16 August 2021 the government has changed the requirements to self-isolate following a positive COVID-19 contact, and PHE has updated its [guidance on how this changed will impact NHS staff and students working in the NHS](#)

Fully vaccinated staff and students who are identified as a contact of a positive COVID-19 case will no longer be expected to isolate and will be expected to return to work, after a number of safeguards have been implemented, such as a negative PCR test prior to returning.

It's important to remember that the updated guidance applies only to people who have the infection but are not showing symptoms. Anyone who develops symptoms should still self-isolate and end isolation only following a negative PCR test.

Read the BMA statement in response, by Dr Penelope Toff (BMA public health medicine committee co-chair) [here](#)



Vaccines for 16- and 17-year-olds

The JCVI has [confirmed that 16- and 17-year-olds will be offered a COVID vaccine](#).

NHSEI have amended the enhanced service specification accordingly to incorporate 16- and 17-year-olds into cohort 12, and published a [letter](#) outlining details. The updated [COVID-19 enhanced service specification for phases 1 and 2](#) and the [enhanced service specification for phase 3](#) now include the new eligible patients. Practices delivering COVID-19 vaccinations under the phases 1 and 2 arrangements can start vaccinating eligible children and younger people immediately subject to meeting the requirements of the ES.

The revised enhanced service specifications clarify that the Clinical Negligence Scheme for General Practice (CNSGP) will provide clinical negligence indemnity cover for all staff engaged by a GP practice under the CNSGP Regulations. Cover under CNSGP is not restricted to a GP practice's registered patients so would apply to the provision of any NHS COVID-19 vaccinations by a GP practice to a person, including where they are not on the registered list of that GP practice.

The BMA is aware of a number of GP groups having problems sourcing, securing and/or funding venues for the booster programme, particularly when previous venues are no longer available. If practices/PCN groupings are having difficulties finding venues, they should raise this with their local commissioner in the first instance.

It is expected that PCN groupings will, where possible, use existing premises within their collaborating GP practices' control. If any other NHS estate is used the costs should be covered by the commissioner (NHSE) via the CCG.

COVID-19 news

COVID-19 pandemic recovery workload prioritisation guidance

As the COVID-19 restrictions are easing across the UK, and despite the success of the vaccination programme, the workload pressures caused by the pandemic remain at record levels.

The UK is currently moving through a third wave of infections, driven by the delta variant, leading to large numbers of COVID-19 cases, albeit often less severe than in previous waves, many of whom are managed by GPs and their teams. General practice not only continues to deliver the vaccination programme, but also provides routine acute and long-term care to patients and supports large numbers of individuals who are awaiting specialist assessment or treatment.

In light of these workload pressures, GPC England and RCGP have updated their [joint COVID-19 Pandemic Recovery Workload Prioritisation Guidance](#)

GPC England urges commissioners to understand that there is significant variation in local capacity in general practice - subject to local circumstances, COVID-19 prevalence, and staffing levels – and that *it is for practices to determine how they meet the reasonable needs of their patients*.

Clinicians should continue to review and reprioritise workload, using clinical judgement and reflecting both patient need and local circumstances (e.g. staffing levels, local disease prevalence and patient demographics). Commissioners should also continue to limit or suspend additional expectations of practices, such as local enhanced services. However, with the withdrawal of the national Standard Operating Procedure (SOP) for general practice, following the GPC's intervention last month, the RCGP and GPC have amended their own national guidance. The GPC will though be keeping the situation under close scrutiny and the winter approaches. Read more in the updated section on service provision in the BMA's [COVID-19 toolkit for GP practices](#)

New and updated COVID-19 National Protocols

The following new or updated COVID-19 national protocols and PGDs have been published:

The updated [PfizerBioNtech mRNA vaccine BNT162b2 National Protocol v04.00](#)

The new [Comirnaty COVID-19 mRNA vaccine National Protocol](#) v01.00

The updated [PfizerBioNtech mRNA vaccine BNT162b2 PGD](#) (v04.00)

NHSE/I will also be publishing the new Comirnaty PGD v01.00 shortly.

Mandatory requirement for vaccinations to enter care homes

DHSC [has published guidance](#) on new [regulations which make COVID-19 vaccination a requirement for NHS staff entering care homes](#) in England. This includes all staff in NHS commissioned services going into care homes. The last date for a care home worker to get their first vaccination in time to be fully protected is 16 September as the regulations requiring two vaccinations will come into force on 11 November. Booster doses are not currently covered by the regulations but may be added in the future. There are only a limited number of exemptions, and the BMA is currently discussing this with DHSC.

Chief Midwife urges pregnant women to get NHS Covid Jab

Professor Jacqueline Dunkley-Bent, Chief Midwifery Officer for England, has written to midwives and GP practices stressing the need to encourage pregnant women to be vaccinated to protect them and their baby. [England's top midwife is urging expectant mums to get the Covid-19 vaccine](#) after new data shows the overwhelming majority of pregnant women hospitalised with the virus have not had a jab. The Royal College of Obstetricians and Gynaecologists (RCOG) and the Royal College of Midwives have both recommended vaccination as one of the best defences for pregnant women against severe COVID-19 infection.

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BMA infection control guidance

The BMA has updated its [guidance on reducing risk in healthcare settings](#) following the easing of restrictions on 19 July, to reflect the fact that COVID-19 is still circulating in the community, and the need to continue to reduce the risk of infection in healthcare settings.

The report sets out a number of measures that need to be taken by employers and government to reduce the risk of infection in all healthcare settings, including, adequate workplace and individual staff risk assessments; providing staff facilities that support infection control; a greater focus on ventilation in healthcare environments; the provision of safe and sufficient PPE; and reporting and investigation of COVID-19 cases suspected to have arisen from work.

The government's [infection control guidance for healthcare settings](#) still applies following the lifting of the restrictions and as confirmed by the [government](#), healthcare settings should maintain face coverings among other IPC measures. Download our poster for practices to display, about the continued use of face coverings for healthcare settings, [here](#).

DDRB pay uplift – BMA statement

The BMA has issued [a statement](#), expressing disappointment at the announced pay uplift for doctors.

Appraisal payments

Following the BMA's submission to the DDRB, and the recommendation of a 3% uplift for GP appraiser pay and trainers grants being accepted by government, NHSE/I has confirmed the [standard appraisal fee](#) will be uplifted by 3% and applied from 1 April 2021. It is anticipated that the September 2021 payment will reflect the new recalculated fee and include back payments for appraisals undertaken and paid. It is positive that the award has been applied to this area as GP appraisers had been severely affected during the pandemic, with many appraisals being paused.

Fraud prevention training

To help protect practices from fraud YORLMC is pleased to share details of a series of one hour-long fraud prevention masterclasses delivered via Microsoft Teams. There is no cost attached to attending and to book a place please see [Appendix 1](#).



Reimbursement for use of GP practice services by external providers

YORLMC reminds practices that they are entitled to apply a reasonable and proportionate service charge per room, per session for use by external providers.

This charge is not set by YORLMC and practices are at liberty to negotiate their own rate for their own circumstances including uplifts for inflation. The amount may take into account heating, lighting, wear and tear etc and it would also be appropriate for practices to adapt their charges, where applicable, to include other overheads such as use of telephones, receptionist time etc. Although the length of the session is not specified this could be either morning or afternoon. This is a service charge and not a rental amount - any rental received by a practice could have an immediate negative effect on notional or cost rent.

For the avoidance of any doubt, practices are reminded that:

- It is for individual practices to decide whether or not to offer space to external providers, and if they do whether or not they wish to charge for this.
- Individual practices are responsible for contacting external providers directly to negotiate reimbursement
- Practices should not submit invoices to external provider organisations until agreement has been reached between the practice and the external provider
- If the external provider does not wish to agree a reimbursement rate for use of GP practice services, it is for individual practices to decide whether or not to accommodate those external providers in the future

YORLMC wellbeing



Dr Jonathan Dixon

YORLMC's wellbeing programme brings together a range of services, schemes and events that will support wellbeing and enable individuals to look after their own health and know when to seek help before difficulties arise. This programme is available to all GPs and practice managers as well as the wider practice team. In addition, YORLMC has launched GPMplus which is the trading name of LMC Services Yorkshire CIC. GPMplus includes a mentoring hub and there is more information at www.gpmplus.co.uk. These areas of work are directly supported by NHSE/I resilience funds.

Dr John Bibby leads on this and his work covers two distinct areas, as YORLMC Wellbeing Lead and Mentor Lead for the GPMplus service. John is now supported by a YORLMC Associate Wellbeing Lead and Associate Mentor Lead for the GPMplus service with Dr Jonathan Dixon commissioned to deliver both roles. Jonathan worked with YORLMC and John Bibby on an initial GP Mentoring pilot, helping to design the GP Mentoring service. He is a GP Partner in an urban Practice in Bradford, West Yorkshire and has been in practice for 20 years. He was previously a GP trainer and continues as a GP Appraiser and NHSE/I Appraisal Lead.

Below, Jonathan gives a bit more information about himself and his experience as well as his commitment to wellbeing and mentoring support:

I have worked in a GP partnership in Bradford for over 20 years and have always been acutely aware of my good fortune in finding a family practice that puts patients first (the main meaning of family) but as importantly, concentrates on looking after its own 'family' members too. The principle that high quality care is often delivered by motivated teams who look after each other, has been a core value for our practice-team in Eccleshill over many years of constant change.

Over this time we have increased in capacity and services, moved premises, and expanded our training programme greatly. I have thoroughly enjoyed a parallel role in medical education and practitioner support.

I was involved in the appraisal programme as a appraiser and trainer since its inception and subsequently as an appraisal lead. I have very much welcomed the recent changes ensuring that wellbeing sits at the very heart of appraisal, and the recognition that self-care isn't just important, but is a professional responsibility.

When the opportunity to help shape the new GPMplus mentorship service arose, I jumped at the opportunity. I saw its unique place in filling the gap between the appraisal programme (compulsory for GPs in NHS practice), and the practitioner health programme (offered to those with health issues impacting on their ability to work effectively, who may or may not be in practice).

My experience has been that providing the right support at the right time to a GP (and more recently practice managers, nurses and extended practitioners) can have far reaching implications and ultimately improve workforce morale and retention.

We are undoubtedly working in a health care system that needs a radical overhaul. Although we might not be in the 'golden-age' of general practice, I think we could be on the brink of a 'golden-age' for practitioner support. I believe the LMC are ideally placed to provide this support - not just to individuals, but also to whole teams to help them navigate changes and manage demand better.

In addition to the GPMplus mentorship programme (for individuals) we also provide a suite of workshops (for teams and team leaders) to promote solution-focussed decision making, peer-to-peer support and increased organisational resilience. Ultimately these will help us all to deal with whatever the future holds in a more healthy, self-caring and mutually supportive way.

Becton Dickinson blood specimen collection supply disruption

NHSE/I has issued urgent [guidance on recommended actions](#) following an alert by Becton Dickinson to a global shortage of products from their Blood Specimen Collection Portfolio, which is expected to last a significant period of time. They advise that, other than in exceptional circumstances, vitamin D testing should be stopped, retesting and monitoring intervals should be extended when clinically safe to do so and that routine screening for pre-diabetes and dyslipidaemia, allergy testing and routine infertility testing should be deferred until a resolution to the supply problem. The GPC has raised this issue with the NHSEI primary care team and are seeking assurances that this will not impact tests required for contractual areas such as NHS health checks, QOF and drug monitoring. It would be unreasonable for practices to delay tests and then be expected to catch-up later, so adding to the current care backlog.

NHS Supply Chain has issued a [Customer Notice](#) which details the products impacted and the measures they have put in place. Practices that secure these products from Primary Care Support England (PCSE) should continue to order in this way. GP practices that do not usually order from PCSE can also order via [their process](#).

GP payments and pensions system update

As we approach the end of the second month of its use, we continue to see an unacceptably high level of issues being raised about the new online portal. The BMA continues to liaise with PCSE several times a week but the progress is frustratingly slow. Individual issues can be raised [directly with PCSE](#).

The BMA knows that practices are the biggest users of the portal and is aware of the many issues practices are facing. The BMA's intention is to release a survey of practices in England at the start of September which it hopes to use as a 'snapshot' of progress after three months of its use. There will be further information on this in the coming weeks but, again, the purpose is to help the BMA hold PCSE accountable for their performance. Please be assured that practice use of the portal continues to be central to the work the BMA is doing on this issue.

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Delegation of NHS England commissioning functions to integrated care systems

NHSE/I has [written](#) to ICS (integrated care system) leads and CCGs to outline their plans to delegate some of NHSE/I's direct commissioning functions to integrated care boards within each ICS as soon as operationally feasible from April 2022. The letter outlines that subject to the will of Parliament relating to the Health and Care Bill, NHSE/I's expectation is that from April 2022 ICBs will assume delegated responsibility for primary medical services currently delegated to all CCGs (and continuing to exclude Section 7A Public Health functions).

Improving the NWRS (National Workforce Reporting Service)

NHS Digital has [improved the way they collect primary care workforce data](#) making the new NWRS is easier to use, and as simple and efficient as possible to help minimise the burden placed upon practices and primary care networks.

From July, users should access the new NWRS via the [Strategic Data Collection Service](#) (SDCS) - using the same login you use to complete other data collections, such as the General Practice Annual Electronic Self-Declaration (eDEC). Visit the [SDCS Data Submission site](#) to check that you have access to the new system. If you have never used SDCS, [you will need to register for an account](#).

It is important to understand staff capacity in the health service - this information helps shape GPC England's negotiating strategy and how investment, training and resource is directed across the primary care workforce. It is therefore critical that the information you submit to NHS Digital about your staff is accurate and complete. Provision of workforce data is also a contractual requirement for practices and PCNs as it is crucial for understanding changing capacity across the primary care workforce.

GDPR delays

Joint statement and letter to GPs

The Parliamentary Under Secretary of State for Health, Jo Churchill, has [written](#) to all GPs in England, setting out plans for the next steps for the [GPDPR](#) (GP Data for Planning and Research) programme and extending the timeframe indefinitely beyond 1st September.

The BMA and RCGP (Royal College of General Practitioners) have been closely involved in discussions over the steps that are necessary before any data collection can commence under GPDPR, and welcome the commitments made in these latest plans.

The BMA has always recognised the crucial role that GP data has to play in research and planning which can improve public health but has made it clear that it is important for patients and the public that this data is only made available for appropriate purposes, and in a secure and trusted manner and with minimal administrative burden on the profession. Read the full joint statement by the BMA and RCGP [here](#) and the press statement by Farah Jameel, GPC England executive team IT lead, [here](#).

Seasonal Influenza Vaccination Programme 2021/22 enhanced service specifications

Following the publication of the [annual flu letter](#) on 17 July 2021, NHSEI has published the two [Enhanced Service Specifications for the Seasonal Influenza Vaccination Programme 2021/22](#).

The service specifications are practice-based and similar to the 2020/21 flu service specification, except they now allow practices to vaccinate certain non-registered patients, including care home staff, in line with the current COVID-19 enhanced service. They may, though, be modified subject to any further JCVI advice or government policy. The enhanced services would be offered to all GP practices providing essential services and would not be capable of amendment by CCGs.

It is important to note that we are still awaiting the outcome of clinical trials which will help to determine which vaccine general practice will be using. This could clearly have a significant impact on the practicalities of programme delivery, so it is important that practices are given this information as soon as possible. Public Health England has updated its [guidance](#) to explain to patients how they can help to protect themselves and their children against flu this winter.



Vaccines and undocumented migrants – safe surgeries toolkit

There have been some reports of undocumented migrants not being registered by GP practices, despite the requirement on GP surgeries [to register all patients](#) (if open to new patients).

The BMA would therefore like to encourage practices to use the Safe Surgeries [toolkit](#) developed by Doctors of the World (DOTW), which is an accessible presentation of existing DHSC 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.

The BMA continues to work with DOTW to encourage GPs and practices 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.

Read the BMA and DOTW joint [letter](#) to support practices to remove barriers for this group of vulnerable patients.

Support Your Surgery campaign

The GPC plans to shortly to launch their latest campaign – **Support Your Surgery**. This follows the unfair criticism that has been levelled at general practice in the news and across social media over the last few months due to the way practices have had to work during the pandemic because of the necessary infection, protection and control measures. All too often this has resulted in GPs and their team members receiving abuse, as the GPC has highlighted in [The Doctor](#) magazine and through widely reported latest [survey results](#).

To counter these perceptions and to put pressure on the Government to act to do more to support general practice, the campaign will provide practices with resources to help patients understand the reality of the issues facing general practice and to encourage them to join us in lobbying for the changes needed to address them.

BMA survey reveals worrying levels of abuse against doctors and staff

A [BMA survey](#) of doctors in England, Wales and Northern Ireland showed that more than half of GPs responding have faced recent verbal abuse from patients, or those close to them. The survey was widely reported in national and local media, including in [this powerful piece in the Guardian](#), and key findings include:

- 51% of GPs respondents had experienced verbal abuse first-hand in the most recent month and one in five GPs reported being threatened
- 67% of GPs had witnessed violence or abuse against other staff and 96% of these said this was directed at reception staff
- Two-thirds of GPs said their experience of abuse, threatening behaviour or violence had got worse in the last year
- The most common place for abuse experienced by GPs was in their consulting rooms (53%)

While respondents reported a number of factors they felt were behind the incidents, 75% of GPs said the perpetrator was dissatisfied with the service or access. The last year and a half has been an incredibly challenging time for doctors, the staff they work with and patients. Many doctors share the frustrations of their patients around unfamiliar ways of working and increasing waiting times. However, abuse, violence and threats are unacceptable and should never be tolerated. Read a statement from GPC Chair Dr Richard Vautrey [here](#)

Workforce data concerns

The latest quarterly [GP workforce data](#) has been published by NHS Digital. However changes have been made to the way this information is produced, and the BMA has raised [concerns](#) that it is now misleading and fails to accurately reflect staffing shortages. The methodology no longer includes estimated data to allow for the small proportion of practices that upload no or only partial workforce figures each quarter. As a result, this makes it look like the decrease in the GP workforce is less than the reality shown across previous datasets. We can't make improvements without understanding the extent of the problem, which is why NHS Digital must be allowed to revert to its original methodology as a matter of urgency.

RCGP report echoes BMA call to tackle general practice pressures

The RCGP has published a [report](#) reinforcing many of the key public messages regularly made by the BMA in recent months including that general practice is now 'at breaking point'. It proposed a five-point recovery plan to prevent GPs and other members of the practice team from burning out and ensure patients can continue to receive the care they need, well into the future.

The RCGP described the pressures within general practice as unsustainable and said that they must be urgently addressed as we move beyond the 'emergency' pandemic period. During this time, GPs have to deal with the aftermath of COVID in their local communities, including long COVID, and the additional mental and physical health problems it is causing in patients of all ages.

They call for much more work to be done by the Government on recruitment and retention of GPs and the wider workforce. There is an urgent need for investment in premises so staff have space to work safely while providing care for patients. In addition, [workload pressures must be reduced](#), including the removal of unnecessary bureaucracy, and GPs need to have a strong voice in the new ICS arrangements. The BMA would agree that all these goals must be delivered to see a real change in the crisis currently faced.

Fit notes

Now that many coronavirus regulations are being relaxed, practices are reminded that DWP Medical Certificates should normally be issued only following evidence of a related consultation with the patient.

Guidance to support GP practices obtain a sponsorship licence

The BMA and NHS England and NHS Improvement have published guidance to support GP practices obtain a sponsorship licence to recruit a GP from outside of the UK or a UK medical graduate switching from a Tier 4 visa. After hearing from GP practices, it will address the questions that are often raised and is designed to support GP practices to complete the online registration process and identify the right documents to send to the Home Office. Please note this does not replace the official [Home Office guidance](#).

You can access the guidance on the following [link](#)

Changes in visa sponsorship for trainee GPs

The BMA has [written](#) to the minister responsible for workforce, Helen Whately MP, to ensure adequate support is being given to international GP trainees on completion of training to find employment with a licensed sponsor. The BMA is asking that the DHSC work with the Home Office to take action to ensure a long-term solution is found to support future cohorts of doctors.

Practices call for more PCN funding, support and autonomy

The NHS Confederation PCN Network has published a new report, [PCNs: Two Years On](#), which highlights how PCNs have risen to the challenges and demands of COVID-19, galvanising their communities to deliver the most successful vaccination programme in the history of the health service.

It has reinforced BMA messages about the impact of the huge workload pressures on general practice and the scale of the challenge from the nearly 5.3m people who are now awaiting elective treatment, with the pandemic having led to increased and more complex demands on all NHS services.

Earnings and expenses report 2019/20

NHS Digital has published the [GP earnings and expenses figures for 2019/20](#). This is a UK report and provides details of both average earnings and expenses for contractor and salaried GPs in each of the four nations. However, as practice contracts now vary so much between nations, this annual report no longer produces any combined UK data. There were also significant factors in each of the nations in 2019/20 that impacted the outcomes and make interpretation and comparison more difficult, for instance in England it was the first year of the five year contract package with the introduction of the widely welcomed new Clinical Negligence Scheme for General Practice, and in Northern Ireland some payments were delayed from the previous year. For reference, the DDRB recommendation for 2019/20 was for a 2.5% pay increase.

Overall the figures suggest that years of repeated, real-terms pay cuts for GPs are slowly reversing for both salaried GPs and GP contractors. They also highlight the rising expenses in running practices, with in England the expenses to earnings ratio (the proportion of gross earnings taken up by expenses), at a record high of almost 70%. This indicates how much GP contractors need to invest in their practices to maintain services for their patients.

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HEE is looking to the future for the health and social care workforce

HEE has been commissioned by the DHSC to work with partners and review long term strategic trends for the health and social care workforce. The [Long-Term Strategic Framework for Health and Social Care Workforce Planning](#) will review, renew and update [HEE's Framework 15](#), last published in 2014, to help ensure we have the right numbers, skills, values and behaviours to deliver world leading clinical services and continued high standards of patient care.

The BMA will make a submission, but HEE also wants to hear from as many stakeholders and partners as possible, including people who need care and support, service users, patients, carers, members of the workforce, as well as students and trainees.

They have launched a 'Call for Evidence' which is live until the 6 September - please do [complete the survey and have your say](#) if you have capacity to do so.

Support the Cameron Fund

Anyone can support The Cameron Fund by choosing it as their selected charity when shopping through [Amazon Smile](#). The Amazon Smile website works in the same way as the usual Amazon site, but Amazon will donate 0.5% of the price of your eligible purchases to your chosen charity.

Cameron Fund is the GPs' own charity. It is the only medical benevolent fund that solely supports general practitioners and their dependents. There's more information on the [Cameron Fund website](#).

YORLMC services

Buying Group

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.

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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