YORLMC News

For practices in North Yorkshire & York and Bradford & Airedale

Message from Dr Brian McGregor

Dear Colleagues

The BMA has launched a Support Your Surgery campaign. YORLMC has already circulated an email about this campaign to GPs and practices with more information about the tools available such as poster and social media graphics, to manage expectations and to provide patients with the reality of issues facing general practice.

Alongside this, the BMA has also launched a new petition asking GPs and the public to support the call on Government to provide the resourcing needed to increase the number of GPs in England. More than 10,000 people have already signed this petition including members of the profession and the public.

The BMA has launched this campaign to be upfront with patients, so they understand the reality that GPs are all facing and the underlying reasons for this, and that, despite the easing of lockdown, the pressures experienced by general practice and the rest of the NHS are unlikely to ease soon. The BMA has therefore developed this campaign with insight from not just GPs, but also patient representatives and the wider public.

I write this message just a few days after a sickening attack on a practice in Manchester, which left several members of the practice team injured, some so badly hurt that they were taken to hospital. The BMA has responded nationally on this matter and our thoughts and prayers are with all those affected. It is a terrible reminder of the pressured situation we are in and please remember that YORLMC stands ready to support GPs and practice staff, through advice, wellbeing services and pastoral support.

Please get in touch any time via the Corporate Affairs Team.

With best wishes, Brian

Dr Brian McGregor
YORLMC Medical Secretary

Blood bottle supply update

NHSE/I has sent a letter to practices updating on the supply disruption of BD blood bottles.

The availability of alternative products and improvement in BD's production capabilities, alongside the efforts of NHS staff to manage use, mean that the supply situation is no longer as constrained as it was. However, the issue has not yet been completely resolved.

The letter advises that testing activity in primary and community care, in line with the best practice guidance, can resume, stocks permitting from 17 September.

Practices are advised to work through any backlog of tests over a period of at least eight weeks, prioritising as required, in order to spread out demand for tubes.

All organisations are asked to regularly review their stock holding and upcoming planned care requirements and aim not to re-stock to more than one week's worth of tubes based on demand from June and July 2021.

Blood tests in hospital will still be more limited and the BMA has asked NHSE/I to send messaging to hospitals to stop them shifting blood test requests to general practice.

Primary Care Networks plans for 2021/22 and 2022/23

Following the letter from NHSE/I, which acknowledged the pressures facing the profession, NHSE/I has published guidance outlining the changes to, and support for, practices working in PCNs as part of the wider GP contract agreement. The key points are:

- £43m new funding for PCN leadership and management in 2021/22
- PCNs to decide how their IIF achieved money is spent – not CCGs
- While CVD and Tackling Neighbourhood Health Inequalities services will commence from October 2021, these will be much reduced allowing practices and PCNs to focus on managing pressures over the winter period
- The anticipatory care or personalised care, which was due to be implemented from April 2020, has now been deferred again until April 2022 - allowing practices and PCNs to focus on managing pressures over the winter period
- Significantly reduced requirements for all four service specifications from April 2022
- PCNs will deliver a single, combined extended access offer funded through the Network Contract DES from April 2022
- Full details of the IIF indicators for 2021/22 and 2022/23, providing advanced information for PCNs and practices to be able to prepare

Practices will be auto enrolled into the revised PCN DES, but with an option to opt-out for one month from 1 October – which is what GPC England had previously stipulated should happen when there are any changes to the PCN DES and which NHSE/I has chosen to implement.

These changes are further evidence that NHSE/I has begun to listen to the BMA by pushing back these service specifications and delivered an additional £43m to support those GPs and practice managers who are working hard with their local practices in PCN leadership and management roles. However the BMA still has concerns about some of the IIF indicators and the approach of micromanaging practices and PCNs in this way.

Following recent pronouncements about its gratitude to general practice and its recognition of just how hard GPs and their colleagues are working, it is now a positive sign that this change in tone is beginning to be backed up with more tangible action. Of course, even with these specifications deferred, this winter will still be incredibly difficult for all working in general practice, and we need assurances that individual practices, as well as PCNs, will be given all of the support, flexibility and resources needed to care for their communities in the coming months. The story was covered in Pulse, and GPOnline.

September 2021

Key features in this issue

COVID-19 news

COVID vaccinations for 12-15 year olds

The UK CMOs have now advised that the additional likely benefits of reducing educational disruption provide sufficient extra advantage in addition to the marginal advantage at an individual level identified by the JCVI, and therefore recommend on public health grounds to extend the offer of vaccination with a first dose of Pfizer-BioNTech vaccine to *all* children aged 12 to 15.

The Enhanced Service Specifications have been updated to include the expanded "at risk" group for 12-15 year olds, which means that practices will be covered by indemnity and can start vaccinating this group.

The Collaboration Agreement which has been approved by MHRA for phase 3 of the vaccination programme has been updated. Practice vaccination groups are required to have a Collaboration Agreement, although not required to use the template.

Healthy school-aged children aged 12 to 15 will primarily receive their COVID-19 vaccination in their school, and practices will only be involved in the vaccination of this group where the commissioner requests, *with the agreement of the practice*, and in collaboration with the school-aged immunisation service. GP vaccination sites should not therefore proactively vaccinate this group unless they been requested to do so. Read the guidance from NHSE/I here

Booster vaccines

The BMA welcomes that the JCVI has now confirmed that booster vaccines should be offered to those more at risk from serious disease, and who were vaccinated during Phase 1 of the vaccine programme (priority groups 1 to 9). The booster vaccine dose should be offered no earlier than 6 months after completion of the primary vaccine course, in the same order as during Phase 1. The BMA would anticipate that many GP practices will want to co-administer these boosters with flu vaccination and would expect local teams to facilitate this. There is also a need for government and NHSE/I to do far more to support practices, not only in the delivery of this important programme for our patients, but also to address the wider workload pressures practices are experiencing, something which is only likely to increase as the winter progresses.

NHSE/I have announced a further increase to the funding for PCN clinical directors from October to March 2022 although this will be from 0.25WTE to 0.75WTE rather than the higher 1WTE payment made previously. Whilst it is necessary to recognise the significant work clinical directors and those working with them are currently doing, it is disappointing that this has been reduced rather than increased further as is really needed. The updated Phase 3 specification has now been published.

The BMA has also written to the MHRA asking for clarification with regards to the continued recommendation for a 15-minute observation period following provision of the Pfizer-BioNTech 'Comirnaty' vaccine for COVID-19. The BMA highlighted that this causes a particular problem for GP practices participating in the vaccination programme as many practice premises lack the facilities or space to safely undertake the required 15-minute observation period following provision.

Recording overseas vaccinations

The BMA continues to raise the issue of recording overseas vaccinations on practices' IT systems, a technical solution for recording on the NHS immunisation management service (NIMS) is still being worked up but not yet ready to roll out.

In the meantime, NHS Digital has advised that vaccination sites should follow the guidance from Public Health England (see pages 13 and the table on page 34-35), relating to vaccines given abroad, in terms of which vaccine should be given in England depending on which was given abroad.

If someone has had their first dose outside of the UK, they should be directed to a walk-in clinic which administers the same brand of vaccine they have had for their first dose, or a GP practice (especially if they have had a brand of vaccine not available in the UK) to arrange their second dose. Patients should be told that at this time, only vaccines delivered in the UK will count towards UK COVID-19 certification and that the NHS is working on a solution.

If a patient registered with a GP in England informs you that they have had a vaccination overseas, you may choose to record the details in the usual clinical notes section of the patient's GP record. Overseas vaccinations should not be added to the Pinnacle (Outcomes4Health) point of care system as this will result in incorrect GP payments.

Supportive call from WHO for investment in primary care post COVID

Attached at **Appendix 1** is a statement by the WHO Regional Committee for Europe, about reinventing primary health care in the post-COVID-19 era, which calls for more investment in primary care.

COVID-19 news

COVID-19 Response: Autumn and Winter Plan 2021

The BMA has produced a short briefing regarding the Government's Winter Plan, outlining the main points expressed in the Secretary of State's recent speech and the Prime Minister's press conference.

- Although the worst case scenarios of the models look to be quite unlikely, there is still considerable risk of hospitalisations reaching unsustainable levels in the Winter.
- That the expected peak of infections in August may be delayed until October – coinciding with winter pressures.
- There is a significant degree of uncertainty and predicting the trajectory of infection is difficult.

There is a great deal of consensus that acting earlier and introducing certain measures to limit contacts such as working from home could have a significant potential to mitigate the scale and speed of the infection trajectory; these would preferably be done when hospitalisations are already at a manageable level.

Read the BMA press statement

End of the shielding programme and closure of the Shielded Patient List (SPL)

The Government has announced that the shielding programme has now ended and patients will no longer be advised to shield. The Shielded Patient List will also be closed, and NHS Digital will retain the capability to identify high-risk patients in the future. Relevant patients will be written to inform them of this change and that support still available. Practice do not need to inform patients themselves, and any future changes to the COVID-19 risk status for patients will no longer be captured on the national list.

Changes to the COVID-19 test kit distribution service

From 4 October, an amended COVID-19 test kit distribution service will begin from and as part of the changes, people will be asked to register on www.gov.uk or via 119 for a collect code to pick up test kits. More information is available from the Service Specification on the NHS BSA website.

Vaccinations for NHS staff entering care homes

New government regulations come into force on 11 November 2021, requiring all CQC regulated care home staff to refuse entry to anybody who cannot prove that they have had two doses of COVID-19 vaccine, or that they are exempt.

NHSE/I has issued a letter and FAQs on how this will be delivered operationally. All providers delivering NHS-funded services into a care home will need to have actively supported staff to have their first COVID-19 vaccine by 16 September 2021 and to carry out proactive workforce planning to ensure that only staff who are vaccinated, or exempt, are deployed to enter a care home from 11 November. The FAQs, which will be updated on a regular basis, should be read alongside DHSC operational guidance.

Appraisal fees

NHSE/I has confirmed that the appraisal fee in 2020-21 was £530 (i.e. the 2020 uplift of 2.8% applied to the 2019 fee of £515) and the 2021-22 appraisal fee is £546 (i.e. the 2021 uplift of 3% applied to the 2020 fee of £530). There is a discrepancy with the fees quoted by the DDRB, which we have drawn to their attention and asked them to correct.

NHSE/I is in the process of calculating and paying arrears for appraisals in the current financial year but this process in not complete yet, so GP appraisers will not yet have seen the uplift in any fees since April.

LMC role in Integrated Care Systems

The BMA continues to lobby on a range of issues relating to the Health and Care Bill, including strengthening the involvement of general practice, and the role of LMCs. As part of this work the BMA has co-signed a letter with other representative bodies for primary care, to Ministers and the Health and Care Bill Committee, asking for a commitment from Ministers in Committee that:

- The government honours its commitment for primary care to be represented and involved in decision-making at all levels of the Integrated Care Systems (ICS) including strategic decision-making forums through formalised roles for GPs, dentists, pharmacists, primary eye care and primary hearing care audiologists in Integrated Care Partnerships (ICPs).
- These roles are remunerated to ensure parity of availability and voice with NHS Trusts, NHS staff, social care and public health colleagues in strategic thinking and decision-making.
- That existing statutory Local Representative Committees, such as LMCs, have the right put forward nominations for those roles.
- Transparency and accountability - ICBs and ICPs to be under duty to explain in writing in public when they choose not to heed advice from local primary care bodies.

A briefing outlining what collectively these organisations want government to do has also been sent to Ministers. BMA council chair, Dr Chaand Nagpaul, provided oral evidence to the Public Bill Committee on the Health & Care Bill, alongside Sara Gorton (Unison, Head of Health).

YORLMC is working to ensure general practice and primary care more widely has a strong voice in our local ICSs and is collaborating with neighbouring LMCs and our dental, optometry and pharmacy colleagues to make sure this happens.

Integrated Care Boards guidance

NHSE/I has published some additional resources in supporting system leaders to establish integrated care boards (ICBs) which are broadly centred around effective partnership working within ICSs. The documents are:

Guidance on the development of place-based partnerships as part of statutory ICSs

ICS implementation guidance on effective clinical and care professional leadership

ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector

ICS implementation guidance on working with people and communities

NHS X has also published: ICS 'What Good Looks Like' Framework (Digital & Data)

Backlog of fitness to drive assessments

When combined with the backlog of, primarily car, driving licence holders who need 'fitness to drive' assessments for their applications, the BMA estimates the total number of patients requiring medical assessments for licence applications to be over 200,000 - rising by thousands each month. At present standard driving licence holders are advised to request fitness to drive assessments from their GP, but there is also the option of going to any registered medical practitioner. However, they will not have access to the full lifelong medical history of a patient.

Because of these concerns, BMA has written to the Department of Transport calling for the Government to guarantee a 'safety-first' approach for plans to manage backlog and expressing "concerns that this style of self-reporting is neither sensible nor safe". Read the full statement here

Inhaler recycling - local pharmacy requirements

From 1st September it has become a requirement for customer facing pharmacy staff to have a verbal discussion with all patients, their carer or representatives, for whom they have dispensed an inhaler about the environmental benefits of them returning all unwanted and used inhaler devices to a community pharmacy for safe and environmentally friendly disposal.

Used or unwanted inhalers can be returned to pharmacies for safe disposal and can be disposed of with other medicines waste which is then thermally treated to destroy the greenhouse gases. If all used inhalers in the UK were returned for safe disposal, this could save 512,330 tonnes of CO2eq annually - the same as a VW Golf car being driven around the world 88,606 times! Further information regarding inhaler prescribing and disposal can be found on the YORLMC website

Health inequalities and climate change

The BMA has written to the President of the UN COP26 Climate Conference, Rt Hon. Alok Sharma MP, to highlight our concerns about health inequalities and climate change. The BMA made a number of recommendations to the Minister including the action government could take to support general practice to become carbon neutral, implementing a practice of return and recycling for medicines such as inhalers and for resources to meet the needs of practices in areas suffering from high levels of deprivation.

Society of Occupational Medicine (SOM) with PHE - free factsheets

In early 2021 the SOM worked with Public Health England on a series of COVID-19 Work, worklessness and wellbeing webinars (recordings and presentation slides are here). The factsheets have been developed to support employers, local authorities and regional governments, and health and social care workers to maintain and improve good health and work outcomes in their communities during the pandemic and its aftermath. Download the factsheets below:

Supporting businesses to build back better: The benefits of age diversity

Supporting your approach to workplace diversity and inclusion

Creating better quality work and workplaces

Managing stress, burnout and fatigue in health and social care

Supporting workplace mental health and wellbeing in COVID-19 and beyond

Developing a COVID-19 secure mental health and wellbeing strategy

Managing change – restructuring, redundancy, and homeworking

ARM update

The BMA's Annual Representative Meeting was held 13-14 September, where the Council chair Chaand Nagpaul's speech highlighted the pressures GPs are under, and that GPs and primary care teams have worked incessantly 7 days a week in vaccination centres while practices at the same time continued to provide essential services to their patients. He pointed out that it's therefore soul destroying for GPs to be publicly vilified for not being able to operate normally and that it was a failure of leadership by the NHS not to defend GPs. He said "what we needed was for ministers and NHS leaders to visibly congratulate and thank GPs and primary care teams for their heroic efforts in saving tens-of-thousands of lives." Read the resolutions here and listen to Dr Richard Vautrey's report to the ARM

A motion was passed at the ARM, which stated that 'primary care did not shut during the pandemic, but appropriately changed working practices to protect both patients and staff, continuing to see patients face to face where this was necessary' and called on 'the BMA to demand NHS England cease and desist from negative briefings suggesting otherwise'.

Social Prescribing Link Worker Day Conference

The National Association of Link Workers will be hosting a virtual Social Prescribing Link Worker Day Conference on 8 October 2021, with the theme of *The Creative Disruptors Reducing Inequalities & Powering Up Integrated Care,* to celebrate and showcase Social Prescribing Link Workers' impact and role in creatively disrupting inequalities and powering up integrated care. This event is open to GPs, social prescribing link workers, community health and social care industry leaders, PCNs and clinical directors. There are 20 free tickets available for BMA members – first come first served - via this link

GPC England meeting with NHSE/I

Please see below an update from GPC England on the resumption of meetings with NHSE/I:

We have held our first formal meeting with NHSE/I since May, following agreement by the committee last week that we should do so. It was an opportunity to convey the significant strength of feeling and anger of the committee and profession about the current low morale of the profession, the workload and demand pressures, and the impact of abuse from patients and media. We described specific examples of the impact this was having on GPs and others and how it was leading to some thinking about leaving the profession. We also clearly articulated that NHSE/I, DHSC and government were not sufficiently supportive of the profession, whether through funding, through policy/contract initiatives or through explicit public statements of support and this must urgently change.

We stated that, first and foremost, the profession needs a public and repeated show of support for GPs and practices from NHS England, DHSC and wider Government, including defending the profession when criticised and a more proactive and reactive approach to counter the negative media coverage, as well as strong public statements about the unacceptability of any aggression toward GPs or practice staff. Following the meeting, NHSE/I issued a statement as highlighted above.

We pressed for rapid and significant actions to address the current situation, including an immediate suspension of QOF with income protection, not least with the ongoing blood bottle shortage but also in expectation of significant pressures with rising covid-19 cases in the coming winter, support for practices against complaints, renewed efforts to recruit and retain GPs, and an emphasis on practices rather than PCNs, highlighting the professions strength of feeling that PCNs are not the panacea for all primary care ills and cannot be the only avenue for services and funding for general practice. We made it clear that PCNs were established to build on and support their member practices as a response to rising workload, so we must develop, support and fund practices as the foundations for not only their networks but the rest of the NHS. We have also called for more ongoing support for managing the impact of the pandemic and the backlog of patients both in general practice and secondary care.

We reiterated our significant concerns with the decision to impose the declarations of earnings provisions into the GP contract, despite our protestations to NHSE/I and DHSC and without the involvement of other healthcare professionals as was agreed in 2019, and we called out the unacceptable way it was enacted. We also called for a delay to the implementation of the PCN access arrangements, so that they can be appropriately negotiated and considered by the Committee, and so that practices and PCNs are able to prepare for the implementation. The immediate priority must be resolving the current pressures for GPs and practices before spending time looking ahead to next year, not least as we face what many predict to be the worst winter for a generation.

We also insisted that the government must fund the additional employers National Insurance contributions planned for next April so that this did not fall as an added burden on to practices. NHSE/I highlighted the wording included in the Government statement that it intends to compensate departments and other public sector employers in England, including practices, at the Spending Review for the increased cost of the Levy. We have asked for NHSE/Is assurance that this will be implemented ASAP.

NHS Digital GP workforce data releases switch to monthly from quarterly

The latest quarterly GP workforce data for England has been released by NHS Digital. As reported last month, the methodology NHSD now used no longer includes estimated data to accommodate for the small proportion of practices that have historically uploaded no or partial workforce data.

For July 2021, the new way of collecting data suggests that the fully-qualified full-time equivalent GP workforce has shrunk by 253 since June 2021 and 616 since September 2015 respectively. In reality, when reinstating previous historical estimates, fully-qualified FTE GP numbers have actually shrunk by 1,904 and GP partner numbers have also decreased by 18% since 2015

The BMA remains in dialogue with NHSD and GPCE representatives strongly raised their objection to the methodology change during our last meeting together in August. Changing the baseline now is only going to exacerbate the GP workforce crisis because we need to know where we started from in order to make positive improvements. NHSD counterparts committed to consider reinstating the estimates and to working with GPCE to find a workable solution going forward.

Looking After You Too - coaching support for BAME staff

NHSEI is offering one to one wellbeing coaching support offer for BAME colleagues in the NHS workforce. Further bespoke health and wellbeing offers can be accessed here.

Details of this and other schemes and resources are available as part of the wellbeing pages of the YORLMC website.

Advice and Guidance

Statement from GPC England

GPC England has drafted the following statement relating to *Advice and Guidance (A&G)*, following a query from an LMC who had been invited to sign up to a local scheme to use Advice and Guidance before making referrals.

Advice and Guidance (A&G) is defined as non-face-to-face activity delivered by consultant-led service, which provides primary care with continued access to specialist clinical advice, enabling a patient's care to be managed in the most appropriate setting, strengthening shared decision making and avoiding unnecessary outpatient activity.

> *Advice and Guidance as a service needs to be clearly defined in its role and what it is trying to achieve. When used to support and enhance professional interaction between GP and specialist it can be a helpful tool and a good adjunct to the normal referral arrangements, reducing waiting time, preventing delays to care. It should provide GPs with quick and relevant advice and guidance from a consultant.*
>
> *Whilst A&G can be helpful as an option when it is clinically appropriate, GPC England would be concerned about any scheme that compelled its use prior to onward referral for further specialist assessment. This could result in unnecessary and avoidable delays to care, it will result in additional unresourced transferred workload in primary care, and thereby impact the care of others, but could also theoretically result in greater medicolegal risk if GPs became responsible for patients and treatments they did not have the competence to deal with appropriately.*
>
> *If A&G is being used as part of referral management or waiting list initiative by acute trusts or commissioners, it must be adequately resourced and appropriately commissioned with the wider implications for general practice clearly assessed. Unfunded transfer of workload into general practice is unacceptable as this does not only add further burden to an already overstretched service, but also has the potential to worsen access to general practice services for all patients.*
>
> *It should always be voluntary for practices to take part in schemes such as this and the principle should be similar to shared care agreements, in that the clinician must feel able and competent to carry out any recommended investigations and ongoing management as advised, they should be aware that they will carry clinical responsibility for the patient until seen by secondary care.*
>
> *Practices should never be put in the position of having a financial incentive not to refer a patient, which goes against GMC responsibilities (78. You must not allow any interests you have to affect the way you prescribe for, treat, refer or commission services for patients) and the GMS contract regulations:*
>
> *17.5 (b) making available such treatment or further investigation as is necessary and appropriate, including the referral of the patient for other services under the Act and liaison with other health care professionals involved in the patient's treatment and care.*

Government imposes pay transparency regulations

The Department of Health and Social Care have published regulations which will require GPs and their staff with NHS earnings of £150,000 and over in 2019/20 to declare these through national arrangements. This information will then be published by NHS Digital as part of the government's pay transparency agenda. In the 2019 contract negotiations, government and NHSE/I insisted on the inclusion of new pay transparency arrangements for higher earners as part of the overall package but it was also agreed that this should not solely relate to general practice but would be progressed for all those working in the NHS.

While the Government has now published regulations for general practice, to ensure GPs and their staff will have to declare their earnings over certain limits, there are at present no similar proposals for pharmacists, optometrists, dentists, consultants or other doctors in the NHS, anywhere else in the UK. As such the Government and NHSE/I have chosen to single out general practice in England and have breached the 2019/20 agreement. The BMA has not agreed the change. However, health ministers have instead decided to impose this on the profession.

The 2019 agreement that was reached in principle did not take into the account the significant changes that have happened since, including the effect of the pandemic that has seen many GPs being willing to work longer hours and do more sessions to cope with the demand, and more recently the increased levels of abuse suffered by GPs and their teams.

The BMA strongly believes that these imposed changes risk dedicated hardworking doctors being subjected to abuse and that they will worsen the current workforce crisis if GPs seek to reduce their working commitments. It could also make it harder to recruit doctors to fill out-of-hours sessions and thereby have an impact on A&E pressures. Ultimately patients will be impacted by these unacceptable changes. The BMA has made it clear that the government will be responsible for the consequences of this.

NHS-Galleri cancer test trial

The NHS has launched a trial of a new blood test that can detect more than 50 types of cancer before symptoms appear. The participants, are aged 50-77 and asymptomatic of cancer, are identified and invited through NHS DigiTrials to register their interest in being part of the study. Those who consent will be invited up to a mobile screening unit to give a blood sample.

The NHS Galleri test trial checks for the earliest signs of cancer in the blood and only those who have a positive Galleri test will be referred by the study team to a 2WW clinic based on the predicted cancer signal origin. Hence, any GP involvement in this study is only if participants choose to contact them at any point in the trial process. A few GP practices have, in addition, volunteered to undertake trial recruitment from their lists and are liaising with the study team.

BMA clinical academic trainees conference 2021

Academic trainees: join an exciting evening event on *Wednesday 13 October 2021, 6.30 – 8.30 pm,* which aims to help you make the most of your academic training and develop your career. You'll hear from Dr Sarah Alderson, clinical associate professor in primary care at the University of Leeds, who'll be sharing tips for building an academic career and talking through her own career journey. Professor Fiona Denney, professor of business education at Brunel University London, will speak about developing leadership in academia.

You'll also have the opportunity to hear from a range of other knowledgeable speakers and to join breakout discussions on getting published, wellbeing and writing successful grant applications. Find out more and book your place.

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.

The Cameron Fund has launched a video which provides an introduction to its work.

New Community Pharmacy Contract and Hypertension Case Finding

The contract changes for Community Pharmacy for 2021/22 have been announced.

Starting in October 2021, or as soon as possible thereafter, it is expected that Hypertension Case-Finding Service as an advanced service will be introduced to support the NHS Long Term Plan ambitions for prevention of cardiovascular disease.

This service will have two stages. The first is identifying people at risk of hypertension and offering them blood pressure monitoring (clinic check). The second stage, where clinically indicated, is offering ambulatory blood pressure monitoring (ABPM). The blood pressure test results will then be shared with the patient's GP to then inform a potential diagnosis of hypertension. This scheme therefore links to the PCN service specifications. The details of the contract are available here

Doctors' use of social media

There are many benefits to using social media, but the legal consequences of improper use can be serious.

Please remember that any communication you send, whether from work or privately, and in whatever form, can lead to legal claims against you and can be used as evidence in those claims. You must always avoid any communication that could lead to legal claims, e.g you must not send anything that is abusive, obscene, discriminatory, or bullying.

The GMC, BMA & RCGP have each produced guidance for doctors that describe the benefits and risks to consider when using social media platforms such as Twitter, WhatsApp, and other messaging services, Facebook and YouTube.

Use caution and common sense and read further guidance from these organisations if you need to.

BMA guidance
RCGP Social Media Highway Code
GMC guidance

YORLMC services

Wellbeing services

YORLMC is committed to providing its constituents with a variety of services to give modern General Practice the support it needs.

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. There's more detail about the services available on the YORLMC website.

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.yorlmcltd.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@yorlmcltd.co.uk

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