



## **GP and practice COVID-19 toolkit**

GPC England has published a [toolkit for GPs and practices](#) which should hopefully answer many of the questions we have been getting on a large range of topics relating to COVID-19.

The toolkit covers: service provision, home visits and care homes, redeploying staff, working in hubs and furlough, indemnity, annual leave, dispensing and medications, locum doctors, primary care networks and has links to our updated guidance on returning doctors, IT, homeworking and remote consultations.

## **PPE**

Leeds LMC completed a survey of practices two weeks ago that highlighted the real concerns many practices still had about inadequate supplies of PPE.

This situation comes despite repeated assurances by the government that additional stock is being delivered to practices. We are grateful for the steps Leeds CCG and Leeds GP Confederation have taken to try to support practices with local supplies. Many practices have also received help from local schools, groups and individuals which has also been appreciated.

NHSEI has now set up a [PPE supply page](#) which includes options available for primary care, via wholesalers that routinely supply to GPs or through Local Resilience Forums. Other systems are being rapidly tested and likely to be introduced shortly.

Public Health England's [PPE guidance](#) advises that in primary care PPE should include eye protection and should be worn for all contacts. All patients must be assumed to have [COVID-19 infection](#), and it is recommended that they should wear a mask during any face-to-face consultation. We will continue to work hard to ensure that everyone gets the necessary PPE that they need to work safely. Read the latest BMA guidance on PPE [here](#)

Please see [YEP article](#) 9/4/20, with an interview with Dr Richard Vautrey about the lack of supplies which could be putting staff 'at risk'.

## **PPE Survey to Leeds Practices**

Thank you to the 46 practices that responded to the rapid PPE survey the LMC circulated earlier this month. Information provided by practices were collated and raised nationally.

Please see the summary below of the responses we received:

- Most practices do have sufficient supplies of PPE aprons
- Most practices do have sufficient supplies of PPE gloves
- 13 practices reported that they do not have sufficient PPE face masks or are running low in stock
- 13 practices reported that they do not have sufficient PPE eye protection or are running low in stock
- Some practices have sourced their own PPE equipment from, local schools, B&Q or Amazon
- The vast majority of practices did not feel confident in future PPE orders.

## **Identifying high risk patients and shielding**

NHSE/I and NHS Digital informed practices how to complete the process of identifying patients at highest clinical risk, as set out in the [CMO letter](#) and subsequent [NSHEI guidance](#). The work of

keeping clinical records up to date will be an on-going task should further information about individual patients be provided by hospital specialists or if patients develop new conditions that require them to shield. Find more information in this [letter from NHSEI and NHS Digital](#).

GPC England has published guidance for practices about steps to take about the list of shielded patients. Read the guidance [here](#)

The daily [NHSEI primary care bulletin](#) explained that additional people have now been flagged to be at highest clinical risk, and that letters and text messages will be sent to this group. It's likely that practices will now have already contacted all the people on their patient list who are shielding, but if not they should still do so. NHSEI also confirmed that splenectomy patients should be included in the Shielded Patient List.

Please also see attached slides with an update on shielded patients, which was part of the NHSEI webinar yesterday.

### **Self-referrals to the NHS Volunteer Responders scheme**

People who feel they are vulnerable at home during the COVID-19 pandemic, and who would benefit from support from NHS Volunteer Responders, can now self-refer to the scheme rather than depending on their GP practices or other professionals to refer them.

The number for people to call to make a self-referral is 08081963646 – and you can share this with your patients.

The range of professionals who can now also refer people in for support with tasks like shopping, prescription deliveries, biological sample collections and transport to medical appointments has been expanded to include some charities, all emergency services staff, local councillors and MPs

### **Leeds CCG daily bulletins**

We are grateful for the hard work of all those at Leeds CCG have been engaged in to support practices at this extremely challenging time. The [daily briefings](#) sent by the CCG have been appreciated by practices and we wish to thank all those involved.

### **Bank holiday arrangements**

Following agreement with Leeds CCG, practices will not need to be open on Friday 8 May or Monday 25 May. These bank holidays will be covered by the Leeds GP Confederation as per usual bank holiday arrangements.

### **Practice expenses for bank holidays**

With the support of the Association of Independent Specialist and Medical Accountants (AISMA) the BMA have produced a template that practices in England can use to claim for the expense of opening as normal on Bank Holidays. This includes staff expenses, salaried GPs, locum (up to maximum rate), partners, and an amount to cover daily non-staff expenses. Access the template [here](#)

### **NHSEI letter on second phase of NHS response to COVID-19**

[NHSEI sent a letter](#) to NHS organisations yesterday setting out the second phase of NHS response to COVID-19.

The letter outlined what practices have already been doing in proactively contacting their high-risk patients with ongoing care needs, including those in the 'shielding' cohort, to ensure they are accessing needed care and are receiving their medications. It highlighted that practices should continue to triage all patients, complete work on implementing digital and video consultations, and deliver as much routine and preventative work as can be provided safely including vaccinations immunisations, and screening.

With the nationally recognised increase in the number of deaths of patients in care homes there is now a greater focus on the need to provide greater support for care homes. The letter suggested that one part of this response would be to take key components of the previously planned Enhanced Care in Care Homes service and do this as a collaboration between community and general practice teams with weekly virtual 'care home round' of residents needing clinical support. This raised understandable concerns as the care home specification required an expanded PCN workforce and new funding to make it practically deliverable. However, since then GPC England have discussed this with NHSEI and government and a better approach is now outlined in this [letter](#).

Following concerns from many practices and patients about the inability to make referrals to secondary care, NHS local systems and organisations are now advised to step up non-COVID 19 urgent services as soon as possible over the next six weeks. Urgent action should be taken by hospitals to receive new two-week wait referrals and provide urgent outpatient and diagnostic appointments (including direct access diagnostics available to GPs) at pre-COVID 19 levels. This is something Leeds CCG and our local Trusts are now exploring.

The letter also responds to the serious concerns raised by the BMA about the need to take action in response to the emerging UK and international data suggest that people from Black, Asian and Minority Ethnic (BAME) backgrounds are also being disproportionately affected by Covid19. Public Health England have been asked by DHSC to investigate this. In advance of their report and guidance, on a precautionary basis they recommend employers should risk-assess staff at potentially greater risk and make appropriate arrangements accordingly. Practices should consider how they can do this and take action to protect members of their team.

It should also be noted that potential new treatments for COVID-19 are being researched and many practices are being approached to take part in this. The letter was also referred to in the [NHSEI primary care bulletin \(29 April\)](#).

### **Testing**

Guidance on staff testing has been updated [online now](#) – but this is under review to reflect the expansion of the testing availability and criteria.

Those working in primary care can continue to access the drive-through testing service at Temple Green. To do this please can you forward the following details to [leedsccg.openclinic@nhs.net](mailto:leedsccg.openclinic@nhs.net) - full name, mobile number, email address.

Colleagues should book a test as soon as they go off work with symptoms as testing should ideally be done in the first 3 days and at the most, 5 days. The turnaround from the labs is 48 hours and results are made available to the staff member via text/e-mail. Household members aged less than 18 years cannot be tested by staff. Arrangements for them to be tested by parents/carers are presently being put in place.

### **Death in Service benefits**

On Monday, the Government announced the introduction of a life assurance scheme for health and social care workers, including GPs, who die from COVID-19 in the course of essential frontline work, meaning their families would receive a £60,000 payment in compensation.

The BMA said that although this may provide some immediate financial relief, it could leave families bereft of longer-term financial security, particularly if the doctor was not a current member of the NHS pension scheme or had only recently joined the scheme. Read the statement [here](#)

### **BMA COVID-19 locum contract for temporary engagements**

The BMA has produced a [model contract with terms for the engagement of a GP providing temporary COVID-19 services](#). The model terms are intended to provide practices with the ability to flexibly employ additional GPs to deal with the demands of responding to COVID-19. In particular, it is aimed at locum GPs in order to provide access to employment benefits such as

maintaining continuous coverage of death in service benefits while supporting COVID-19 services, and access to the employer's occupational sick pay and annual leave entitlements.

### **Verification of death and cremation forms**

BMA guidance for GPs has been published on the BMA's [death certification and cremation webpage](#) which outlines the key issues, protocols and principles that should be considered during this time for verification of death, completing MCCDs and cremations forms. Read the guidance on [Verification of Death, Completion of Medical Certificates of Cause of Death and Cremation Forms](#)

They have also worked jointly with the RCGP to produce guidance that can be accessed remotely by various people to assist clinicians in verifying death remotely. Access the [Guidance for Remote Verification of Expected Death Out of Hospital](#)

The [Cremation Medical Certificate \(form 4\)](#) has been updated to provide for a medical practitioner completing the form on their computer or other device to embed an electronic signature. This will enable the form to be sent via another person's email account, such as a medical administrator, without the form having to be first printed and signed.

The LMC is discussing this with Leeds CCG who are developing local guidance to support verification of death and reduce pressures on practices and out of hours services.

### **NHS111 CCAS appointments update**

The [NHSEI preparedness letter](#) highlighted that all practices in England must now make a minimum of 1 appointment per 500 patients available for direct booking from NHS 111 through the CCAS clinical triage service. This replaces the previous requirement to make 1 in 3000 appointments available for NHS111. CCAS has been established to help reduce the pressure on practices by providing direct support for patients with suspected COVID-19. Patients directly booked by NHS 111 will not be given a specific appointment time but added to a practice list as these are not 'traditional' appointments. Practices should then deal with these patients based on their priority and need.

### **Coronavirus (COVID-19) is a notifiable disease**

As [COVID-19 remain on the list of notifiable diseases](#), practices are reminded that all registered medical practitioners, including GPs, have a statutory duty to notify any clinically suspected cases of COVID-19. They should not wait for laboratory confirmation to notify the cases. Read more [here](#).

### **GP contract changes**

Annual GP contract changes were made on 1 April. Whilst most of the requirements have been suspended, funding guarantees have been provided. Global sum will increase to £93.46, and the new value of a QOF point will be £194.83. Other measures will also come in, but practices will rightly be focussing on COVID-19 issues rather than contractual requirements. [Read our guidance for practices](#)

### **Primary Care Network DES guidance**

The revised [PCN DES](#) commenced on 1 April 2020. Given that the climate and the pressures have changed significantly since the original specifications were agreed, the focus of the PCN DES is now to mainly support practices to increase their workforce and deal with the national emergency of novel coronavirus (COVID-19) and [many elements of the DES have been suspended](#). GPC England has produced this short guidance to support practices to work together locally by navigating the DES in a straight forward manner. Read the guidance [here](#)

### **QOF year-end process**

Some practices have raised concerns after seeing lower than normal QOF year-end actual achievement data. However this is before NHSEI have carried out the planned analysis in order to make a one-off adjustment for practices who earned less in 2019/20 than 2018/19 as a result of COVID-19 activities. More details will follow about final payments to be made.

### **Remote review of long term conditions**

Although QOF is suspended, it remains important, where capacity and priorities allow, to support our patients with long term conditions. The BMA have therefore produced a short guide to the management of long term conditions using remote consultations.

In addition Leeds CCG have produced [tips for managing long term conditions](#) during the COVID-19 period.

### **Remote consultations**

Read about the rapid move to telemedicine in primary care, and some of the practical and ethical issues related to this, in the article '[The doctor will hear you now](#)'. Updated guidance on remote consultations is also available [here](#)

NHSE/I has published an [appendix to The Primary Care \(GP\) Digital Services Operating Model](#) to support remote working across general practice during the COVID-19 pandemic.

### **JCVI statement on immunisation prioritisation**

The Joint Committee on Vaccination and Immunisation (JCVI) has published a statement on the importance of maintaining immunisation services to reduce the risk of vaccine-preventable disease during the COVID-19 outbreak. This will provide important protection to children and other vulnerable groups and will also avoid increasing further the numbers of patients requiring health services because of vaccine-preventable diseases. Read the full statement [here](#)

### **Advance care planning**

The BMA has issued a [joint statement](#) with the RCGP, CQC and the Care Provider Association, about the importance of continuing with advance care planning during the COVID-19 emergency. For those patients who are at greater risk of developing severe illness from coronavirus, discussions about their wishes and preferences with regard to future care and treatment has taken on increased importance.

When developing advanced care plans with patients, practices should adhere to some key principles:

- Careful consideration needs to be given to which patients may specifically benefit from having these discussions at this time, based on relevant clinical factors.
- All discussions must be tailored to the individual circumstances of the patient.
- It is unacceptable for blanket decisions about advance care plans, and decisions about do not attempt cardiopulmonary resuscitation (DNACPR), to be applied to particular groups of people.
- Care needs to be taken when considering how patients are first contacted with a view to initiating these discussions.
- Discussions need to be managed sensitively and compassionately, ensuring that patients understand why they have been contacted and what they are being invited to do.
- When discussing the possible treatment options in the event of them becoming ill with COVID-19, it is important that patients are not given the impression that decisions about access to intensive treatment will be made on the basis of their age or disability. It should be made clear that every patient will be considered individually based on clinically relevant factors, such as their physical ability to benefit from the complex and demanding treatment provided in intensive care.
- Whilst patients should be encouraged to think about their wishes for future care and treatment, they must not be put under pressure to do so, or to reach a particular decision.

NHSEI has also published a letter from Professor Stephen Powis and Ruth May about [Maintaining standards and quality of care in pressurised circumstances](#).

The Leeds CCG [advance care planning webpage](#) is also a helpful resource and includes access to a new COVID-19 ReSPECT FAQ document and a discussion guide.

### **Returners guidance**

The [RCGP has published guidance](#) for colleagues returning to the general practice workforce in response to COVID-19. The guidance aims to help returners identify the types of roles which are right for their own personal skills, abilities and preferences, and to provide a high-level guide on how to return to the workforce, including by directing returners to relevant guidance from government and other organisations. This follows the BMA and RCGP [joint letter](#) regarding returning GPs and the BMA's [guidance for returners](#).

### **GP Induction and Refresher scheme and International GP Recruitment Scheme**

The government have published [new regulations](#) which enable medical practitioners who are not on the performers list to provide GP services during the pandemic. In addition to GPs on a devolved nation performers list being able to apply to be included on the Performers List in England, those on the GP Induction and Refresher (I&R) or International GP Recruitment (IGPR) schemes, can also use the Fast Track COVID-19 application process to seek approval to be added to the Performers List for the duration of the COVID-19 crisis.

Some doctors who had been pursuing the I&R and IGPR routes into general practice had been left unable to work due to the cancellation of the MCQ and Simulated Surgery Assessments.

The online application form can be accessed [here](#) while questions about the application process should be directed to the NHS England national team using [england.ftc19@nhs.net](mailto:england.ftc19@nhs.net). NHS England will be contacting all scheme applicants and inviting them to make a Fast Track application.

If a doctor decides to pursue this route they must continue with their standard application alongside the Fast Track process. The evidence obtained during the COVID-19 period may be used to support full inclusion on the Performers List. While this may negate the need for any additional assessment or supervised placement, some doctors may be asked to complete the standard programme when the COVID-19 crisis period is over.

The Fast Track route will only be available to doctors who are considered by Health Education England / NHS England leads to be safe to start a clinical placement without completing the MCQ and simulated surgery assessments. The Fast Track process is also open to applications from MoD GPs, performers on the respective lists in Wales, NI, Scotland, Isle of Man and the Channel Islands, private GPs and NHS GPs who wish to return to work as a general practitioner having been off the performers list for more than 5 years.

### **GP retention scheme**

NHSEI has extended the relaxation of the maximum number of in-hour sessions retained GPs can conduct until further notice so they can contribute to the COVID-19 response. For the retained GPs due for their scheme annual review, CCGs will now be able to:

- agree with retained GPs, who are due for a scheme annual review before the end of September 2020, to defer their annual review until a later date
- consider granting retained GPs, who are approaching the end of the scheme (e.g. those in their final three months of the scheme), with a scheme extension until the end of September 2020.

### **GP trainees on Tier 2 visas**

The Government has announced that doctors, nurses and paramedics with visas due to expire before 1 October 2020 will have them automatically extended for one year. This is particularly relevant for GP trainees with on tier 2 visas which will expire at the end of their training (August 2020 for most). Read more [here](#)

### **GP trainers and employment tribunals**

Following issues raised by LMCs regarding possible GP trainer exposure to Employment tribunal risk, GPC England has worked with Health Education England (HEE) to address the issue.

HEE has written to all GP trainers to provide reassurance. The letter, which is attached, states: "HEE has considered the question of GP trainers who may face claims relating to employment and equality actions in an Employment Tribunal. Recognising that such claims are not within normal insurance cover, HEE has determined that it will manage and meet the legal costs and any settlement or damages arising on the basis that it is vicariously liable for the actions of GPs and their staff. This means that it will bear the liability in the same way as it does for its employees and officers, acting in accordance with its guidance and in fulfilment of their obligations to HEE. HEE will therefore decide the conduct of such cases liaising with the employer and GPs involved."

### **NHS staff absence tracker**

NHSEI has launched a [new staff absence tracker service](#), which is a tool for staff and managers to report COVID-19 related absence from work and subsequent return to work. It will provide a source of national data on the absence rate in general practice that will allow them to better target support. Staff can register using their NHS email address and if they provide the details of their practice manager or rota manager, they will be automatically informed of the absence. Although there is no obligation for practices to use this service, this would be a way to demonstrate the pressures on general practice.

### **Carrying over annual leave**

Government has announced [that rules on carrying over annual leave to be relaxed to support key industries during COVID-19](#), which appears to suggest that practices as employers do have an obligation to follow it. The BMA legal department has confirmed that the annual leave entitlements through the Working Time (Coronavirus) (Amendment) Regulations 2020 (SI 2020/365) do indeed apply to GP practices. Therefore annual leave should be allowed to carry over into future years. However, the wording of the regulations is quite broad.

However, at present the law does not say that people are unable to take holiday because of the impact of coronavirus, therefore employees will be expected to take annual leave in the normal way unless it is not reasonably practicable for them to do so, for example because of COVID-related obligations.

### **Clinical negligence indemnity**

The Department for Health and Social Care, NHS Resolution, and NHS England and NHS Improvement have written a letter with regards to the clinical negligence indemnity in response to Coronavirus. As part of efforts to respond to the Coronavirus outbreak, they have reassured healthcare professionals and others working in the NHS in England about the position in relation to indemnity for clinical negligence incidents. [Read the letter >](#)

### **Temporary removal of the routine D4 medical**

The government has announced the temporary removal of the routine DV medical for bus and lorry drivers. Under the new scheme, drivers will be able to receive a temporary 1-year licence, providing they do not have any medical conditions that affect their driving and their current licence expires in 2020, and they do not have to provide further medical evidence. Read full details [here](#).

### **DVLA medicals**

The DVLA has now confirmed that they have ceased requesting any form of medical examinations with effect from 24 March.

### **IR35 tax deferral**

The Government recently published a raft of financial measures aimed at alleviating pressure on businesses and taxpayers due to COVID 19. Among these was the [1 year deferral](#) of the IR35 tax legislation (relating to contactors) to now be implemented in April 2021. The working group that has been regularly meeting to ensure the smooth implementation of IR35 will be meeting again to discuss what the deferral means for the BMA group and will update you accordingly.

### **Ethical guidance on COVID-19**

The BMA has published [ethical guidance on COVID-19](#). The Royal College of Physicians has also published [Ethical guidance for frontline staff dealing with pandemic](#).

### **NHS Volunteer Responders: open to referrals from health professionals**

NHSEI has published [guidance for health professionals](#) about the NHS Volunteer Responders programme and how to refer patients for support who are considered to be vulnerable and at risk.

Any member of practice staff, not just GPs, can make the referral, by using their nhs.net address. You can refer people who are at very high risk from coronavirus where no local support is available, for example if they have been asked to self-isolate and 'shield', if they are over 70 and have underlying health conditions, or if they are self-isolating and you consider them to be especially vulnerable. You can continue to use your local schemes where they exist and please speak to your patients if in doubt about whether they require support.

Requests can be made via the [NHS Volunteer Responders referrers' portal](#) or by calling 0808 196 3382. Read more about how the referrals work [here](#)

### **LMC Covid19 Peer Support Programme – extending support to the wider practice team**

Leeds LMC understands the pressures faced by all staff working on the frontline of General Practice during the COVID19 emergency and is extending its COVID19 Mentoring Support Programme offering virtual peer support to GPs via video calling facilities, to nursing and non clinical staff working within General Practice within the YORLMC area.

The support available is not intended to provide individuals with solutions to specific challenges but is instead designed to help individuals explore their own thoughts and support their own strategies for coping with challenging situations. By way of additional information the support offered aims to help those members of the practice team with responsibility for:

- making decisions on behalf of patients
- other colleagues, i.e. individuals with supervisory duties and/or with leadership responsibilities

The support will be provided on a 1:1 basis by trained GP mentors usually in 30 minute one-off sessions; however longer sessions and follow up sessions can be arranged as required on a case by case basis. GPs who have previously accessed the GP mentoring service can access the COVID19 Mentoring Support Service.

If you would like to arrange a call with one of our GP mentors, or if you would like more information, please contact: Jodie McNeil / Kate Gagen, Leeds LMC Joint Executive Officers by email at [cpsleedslmc@gmail.com](mailto:cpsleedslmc@gmail.com)

### **Individual coaching support for primary care staff**

NHSEI and RCGP have developed individual coaching support service for clinical and non-clinical primary care staff which is available by video link or telephone with highly trained, experienced coaches. The aim is that this will provide staff with opportunities to process experiences, develop coping skills, deal with difficult conversations and develop strategies for self-management in difficult circumstances. Primary care staff can register and book individual coaching [here](#). This service complements the wider range of health and wellbeing resources launched at [www.people.nhs.uk](http://www.people.nhs.uk).

### **Wellbeing**

At times of crisis it is vital that we all look after our emotional as well as physical health, which is clear from the recent [BMA survey](#) which showed that almost half of UK doctors suffering from burnout, depression or anxiety. The BMA offers [wellbeing services](#), including 24/7 counselling, for your emotional health.

If practices or LMCs would like hard copies of our Wellbeing [poster](#), with tips for doctors supporting each other during the crisis, please email [wellbeingsupport@bma.org.uk](mailto:wellbeingsupport@bma.org.uk).

### **NHSEI health and wellbeing offer for NHS staff**

NHSEI have launched a package of support for NHS staff this includes:

- A [suite of free guides and apps](#) offering support via guided meditation, tools to reduce anxiety and help with sleep problems.
- A [wellbeing support helpline](#) (including coaching, bereavement care, mental health and financial help) on 0300 131 7000, or alternatively, you can text FRONTLINE to 85258 for support 24/7.
- [Wellbeing webinars](#), including further details on the national NHSE/I offer. The sessions will be held every Wednesday between 4pm and 5pm. Previous sessions are recorded.

### **Practitioner Health Update**

In the light of the COVID-19 pandemic, on behalf of Sue Elton - Clinician and Clinical Lead Yorkshire and Humber at NHS Practitioner Health - please visit <http://www.practitionerhealth.nhs.uk>

The front page has a section on support for all NHS workers during the covid-19 pandemic with resources for support and care. There are multiple groups available, some of Balint-type, some general support, and therapy groups run by clinicians and therapists, some open and non-confidential, some specific and confidential, (eg addicted doctors) There is also a link to bereavement services run by the Samaritans as well as lots of self care content.

This will hopefully provide care and support for distressed NHS workers, and there will also be the opportunity for unwell individuals to be identified and provided with specific clinical support through the service in the normal way.

If you have any queries and want to speak directly to Sue Elton please contact her on her on 07889014173.

### **Outpatient parenteral antibiotic treatment service**

The outpatient parenteral antibiotic treatment service provides intravenous antibiotics to patients in their own home to facilitate early discharge from hospital or to avoid hospital admission. This service is run by the Infection Team at LTHT in partnership with CIVAS in LCH. Most patients on OPAT have deep-seated infections requiring long courses of intravenous antibiotics such as bone and joint infections. The service is looking at ways to expand this service to more patients who would not otherwise need to be in hospital. If you have views on this they would be grateful to hear from you, particularly with specific examples of (anonymised) patients who you think would benefit. Please email [opat.ltth@nhs.net](mailto:opat.ltth@nhs.net)

If you have patients who you feel may need intravenous antibiotics but who do not otherwise need to be in hospital, the infection team are always happy to discuss options with you. These options may be alternative oral antibiotics including highly bioavailable antibiotics, access to OPAT or attendance to CDU/JAMA. Please contact the infectious diseases or microbiology doctor on-call via LTHT switchboard 0113 2433144.

### **Public satisfaction with NHS and social care increases in annual British Social Attitudes survey**

The Nuffield Trust and The King's Fund have published new annual findings on the NHS and social care from the British Social Attitudes survey, the gold standard in tracking public views over time. Their analysis of the [survey](#), which was carried out between July and October last year, shows a sharp and significant rise of 7 percentage points in public satisfaction with the Health Service, to 60% satisfied overall. This marks a reversal after drops in satisfaction in 2017 and 2018. Satisfaction with GP services was 68% in 2019 – a 5 percentage point increase on the previous

year, taking satisfaction with GP services back to just below the level it was in 2015. They have published a [blog](#) reflecting on these results can be seen on our websites.

### **Delivery of medicines – Covid-19**

The LMC is aware that community pharmacy is seeing a significantly increased demand for prescription delivery in response to the Covid-19 situation. CPWY (Community Pharmacy West Yorkshire) is keen to ensure that the messaging and expectations regarding delivery of medicines is carefully managed and have asked that information given to patients does not suggest that delivery of their prescription will be the norm.

Patients who request or require delivery of prescriptions should be asked if they have a family member, friend or local volunteer who can collect the prescription from their usual pharmacy. Pharmacies are asking 'who is getting your shopping for you' to help identify this person. Only where the patient cannot identify someone to pick up their prescription should a request for delivery be made to the pharmacy. An information sheet with full details is attached to this edition of Viewpoint.

### **Letter from Yorkshire Ambulance Service to all GPs**

On behalf of Ben Wyatt, GP and Senior Medical Adviser for NHS Yorkshire Ambulance Service, please see the attached letter re Working together in the pandemic.

### **GPDF Newsletter**

Please click on the link to view the latest GPDF [newsletter](#) This is a shorter than previous given the many challenges being faced at present but we did not wish to cease communication altogether.

The content includes information on:-

- Rebate of 2020 Quota
- Election of GPDF Directors
- Annual General Meeting
- Articles of Association
- GPDF Medium to Long Term Strategy

### **LMC Buying Group – April Update**

Please see link below to the LMC Buying Group [update](#) for your information.

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## **GENERAL INFORMATION DISTRIBUTED TO PRACTICES THIS MONTH**

Listed below is the information the LMC has sent to Practices recently. If for any reason you would like another copy and/or further information, please contact us.

- Daily CCG Briefing COVID19 reports
- Letter from Yorkshire Ambulance Service to all GPs
  - PPE Leeds Practice Survey
- New Covid19 Peer Support (CPS) Programme

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## **COMINGS AND GOINGS**

- We welcome Dr Richard Moss who joins Allerton/Westfield Medical Centres as a salaried GP. We are delighted to have him as part of our team.
- Dr Foluke Ibrahim is new GP who joined The Practice Harehills Surgery on 1.4.2020 and Dr Gujral is leaving us at the end of June 2020.

- Dr Richard Hall retired as the Senior Partner of Crossley St Surgery on 6/4/20 after 29 years. Both patients and colleagues wish him a very Happy Retirement
- Dr Mary Boland retired last week leaving Dr S Laybourn and Partners as a Partner having worked for the Practice for 23 years. We wish her a long and happy retirement.
- Farwell to Dr Rachel Crabbe, Senior Partner from Collingham Church View Surgery who retired on 31.3.2020. We wish her a long and happy retirement. Welcome to Dr Deri Trigg who joined the practice in April 20.
- Dr David Kirby left Westgate Surgery in December 2019, we are currently advertising for a Clinical Lead GP.
- Dr Philip Townsend retired 31st March after 28 year's service at Gibson lane Practice

### ***PRACTICE VACANCIES AT.....***

#### **Salaried GP / Nurse Practitioner required for 4 sessions per week - Whitehall Surgery, Leeds LS12 5SG.**

- Salaried GP / or Nurse Practitioner required for 4 sessions per week, working Thursday & Friday . To join 3 GP partners and 3 salaried GP's. Our clinical team also consists of a highly qualified Nurse Practitioner, 3 Practice Nurses and 2 Health Care Assistants.
- Partnership opportunities for the right candidate.
- Friendly and welcoming team. Good working environment and collaborative staff.
- Pharmacists attached to the practice who work on tasks, repeat medication requests etc.
- 9000 patients in mixed urban/rural setting.
- Modern purpose built premises.
- Routinely high QOF achiever, 100% attained this year.
- Special interests welcome.
- Start date 1<sup>st</sup> July 2020.
- Closing date for applications 30<sup>th</sup> May 2020.
- Informal visits and enquiries welcome.
- For further information regarding the practice please see our website, [www.gpnhs.net](http://www.gpnhs.net)

Applications to be made with CV to Mrs Joanne Woods, Whitehall Surgery, Wortley Beck Health Centre, Ring Road, Lower Wortley, Leeds LS12 5SG. Tel: 0113 3058150.  
E mail: [joanne.woods@nhs.net](mailto:joanne.woods@nhs.net)

#### **ASHFIELD MEDICAL CENTRE Dr's Walling and Nathan**

An exciting opportunity has arisen for a high calibre, enthusiastic and forward thinking GP to be part of our team delivering a first class care in general practice.  
We are a two site practice in Leeds 14 and 15

Our practice provides excellent care and are high achievers for treating and caring for patients with long term health conditions including receiving a highly commended award in the Yorkshire Evening Post Health Awards 2016 for community care and winners of our CCG's celebrating success award, both for the significant work delivering house of care approach for patients with long term conditions.

We are high QOF achievers year on year and this is down to a team work ethic and a team with a can do attitude

We are also a training practice and currently have a number of staff who are progressing through the healthcare profession with our support.

We look to offer GP's opportunities for development should there have a specialised interest

You will take part in a variety of duties such as seeing patients including home visits, telephone consultations and e-consults, practice administration, duty tasks.

We are a very friendly and extremely supportive team.

Our team comprises 2 GP partners, 4 salaried GP's, registrar, FY2 along with a team of Practice Nurses (2) and ANP (1) and HCA'S (2) with a wide skill mix.

We have an excellent and friendly reception and administrative team.

Rated 'good' by CQC (December 2018).

The position is available with immediate effect and we are looking to appoint a 7 session GP split over 4 days with a good rate of pay. The position offers NHS Pension and Medical Indemnity.

The contract is permanent and subject to references and a subsequent agreed probation period. Applicants must be registered to practice with the GMC. To find out more about this excellent opportunity

Please contact: Michaella Guilfoyle, Practice Business Manager telephone 0113 2213536 or email [practicemanager.ashfield@nhs.net](mailto:practicemanager.ashfield@nhs.net) .

Closing date 15<sup>th</sup> May 2020.

## **ASHFIELD MEDICAL CENTRE Dr's Walling and Nathan**

We require a maternity locum GP for a 6-8 month contract to start in June 2020 to provide first class care in general practice. We are a two site practice in Leeds 14 and 15

Our practice provides excellent care and are high achievers for treating and caring for patients with long term health conditions

We are high QOF achievers year on year and this is down to a team work ethic and a team with a can do attitude

You will be required to take part in a variety of duties such as seeing patients including home visits, telephone consultations and e-consults, practice administration, duty tasks. We are a very friendly and extremely supportive team.

Our team comprises 2 GP partners, 4 salaried GP's, registrar, FY2 along with a team of Practice Nurses (2) and ANP (1) and HCA'S (2) with a wide skill mix.

We have an excellent and friendly reception and administrative team.

Rated 'good' by CQC (December 2018).

The position is available from June 2020 and we are looking to appoint a 6 session GP working days Monday, Tuesday and Thursday with a good rate of pay.

The position will be subject to references. Applicants must be registered to practice with the GMC. To find out more about this excellent opportunity

Please contact: Michaella Guilfoyle, Practice Business Manager telephone 0113 2213536 or email [practicemanager.ashfield@nhs.net](mailto:practicemanager.ashfield@nhs.net) .

Closing date 15<sup>th</sup> May 2020

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LMC ViewPoint is published by Leeds Local Medical Committee Limited  
Registered Office: 2 Farrar Lane, Leeds, West Yorkshire. LS16 7AA  
Tel: 0113 295 1460 email: [mail@leedslmc.org](mailto:mail@leedslmc.org) website: [www.leedslmc.org](http://www.leedslmc.org) Twitter: @Leedslmc